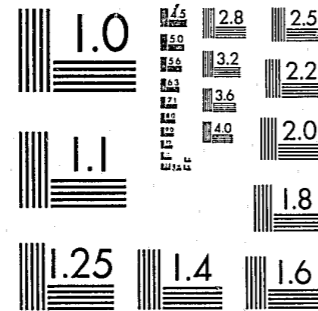


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Patterns of Police-Referral Agency Interaction



a publication of the National Institute of Justice

PATTERNS OF POLICE-REFERRAL AGENCY INTERACTION

**Eric J. Scott
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Introduction

This report represents an attempt to examine the polyglot of community social service agencies that accept referrals from the police. The research was conducted jointly by the Workshop in Political Theory and Policy Analysis at Indiana University and the Center for Urban and Regional Studies at the University of North Carolina at Chapel Hill. It grew out of an original interest at the Workshop in analyzing police referral. Under a grant from the National Institute of Law Enforcement and Criminal Justice, Law Enforcement Assistance Administration, the Workshop collected and analyzed the existing literature on police referral. Our findings were published in January 1979 as Case Disposition: An Assessment of Literature on Police Referral Practices. The current report attempts to address some of the key questions raised in the literature assessment, including: what is police referral, how common is its practice, what kinds of agencies accept referrals from the police and what are the primary services they provide, and what are patrol officers' and citizens' attitudes toward referral?

We see this report as an initial step toward understanding the complex phenomenon of police referral. It perhaps raises more questions than it answers. Although referral has been discussed and practiced by the police for some time, it has not been subjected to much empirical scrutiny. Thus we view our research, and the resulting report, as an attempt to place referral in perspective, to see if what we have read about is actually occurring "on the street." To begin this process, we had to design our research such that broad-brush comparisons became a necessity. To some extent, the report suffers from this approach; in places it reports comparisons between accumulations of diverse organizations. It does not

address the issue of the utility of referral for either citizens or police. In its defense, however, the research upon which this report is based is the first attempt that we know of to address police referral in a comparative manner.

In Chapter 1, we explain our conception of police referral. Chapter 2 details the research design and methodology. Chapter 3 is primarily devoted to an examination of referral agency characteristics, while Chapter 4 reviews officers' referral activity while on patrol. It looks at officer and citizen perceptions of and attitudes toward police social service provision in general and toward referral in particular. The final chapter suggests avenues for further research.

CHAPTER 1

REFERRAL AS A POLICE SERVICE

In recent years alternatives to traditional arrest-to-trial criminal justice processing have received widespread attention. The major goal of these alternatives has been improved treatment of citizens who come in contact with the police. Other goals stem from police administrators' desires to reduce officer workload and improve response to calls for service. One alternative that has enjoyed increasing popularity is police referral of citizens to community agencies. Referral is designed to increase the effectiveness of the criminal justice system by, among other means, helping clients avoid the stigma of arrest while reducing police officer workload. Officers have informally referred citizens to helping agencies for years; only recently, however, has referral been identified and encouraged as a legitimate means of police case handling.

There is a substantial literature about the "proper" police role (Wilson, 1968; Myrren, 1976; Reiss, 1971) in dealing with juveniles, public inebriates, persons involved in domestic disturbances, the mentally ill, victims of crime, and other groups requiring services (see Scott, et al., 1979, for a review and assessment of this literature). Much discussion focuses on citizen characteristics that affect the likelihood of police referral, effects of individual police officer characteristics and agency referral policies, and the impact of police agency structure and the presence and availability of community social services.

This volume attempts to fill that gap. It presents a comparative study of referral agency characteristics, police-referral agency relations, and officer and citizen attitudes toward referral. This chapter defines police referral, while Chapter 2 presents the methodology of a study of referral agencies, patrol officer referral practices and attitudes, and police-referral agency interaction. Chapter 3 offers an in-depth view of the organizational characteristics and services provided by more than 100 agencies receiving police referrals in three metropolitan areas. Chapter 4 examines officers' referral activities in the field, their attitudes toward referral and social services, and their relations with referral agencies and citizens. The final chapter suggests improvements and directions for further research.

Referral as a Police Service

Although frequently mentioned in the literature about police and social service calls, referral has rarely been explicitly defined. This is partially the result of confusion between the terms "referral" and "diversion," the latter currently in vogue among police administrators, corrections personnel, and criminal justice funding agencies. Diversion is most often considered to be a process by which police, courts, prosecution, or corrections agents turn suspects or offenders away from the formal criminal justice system altogether or to a lower level of that system. Referral, on the other hand, is a process by which active steps are taken to connect citizens to another agent or agency better able to handle their problem. Diversion turns offenders away from the formal processing of the criminal justice system, thereby reducing the potential for negative labeling and

stigma, while referral implies an effort to direct or attach individuals to a different system agent for treatment and counseling, usually prior to arrest. Often applied to patrol officer actions upon initial field contact with citizens,¹ referral implies avoiding the justice system in favor of assistance from other sources (Klein, 1973; Long, 1973; Kuykendall and Unsinger, 1975; Wilbanks, 1975). Advantages purportedly accrue to individuals who are able to avoid criminal justice processing by undergoing counseling, rehabilitation, or other treatment from outside agencies. Police case handling time is also supposedly reduced, fewer cases enter the court system, and criminal justice resources are conserved.

Referral here denotes a wider range of situations encountered by police than is usually discussed in the literature; it encompasses both criminal and noncriminal incidents. Police referral is defined as the act of directing certain citizens (i.e., suspects, offenders, persons in need) to either specialized units of the police department or to community resources outside the department for more appropriate case handling. Community resources are agencies or individuals that provide certain special services.

As a result of the interest in juvenile diversion, most discussion of police referral has focused on juvenile delinquents or predelinquents. Public inebriates or persons involved in family disturbances are also frequently mentioned as referral subjects. But certainly persons other than

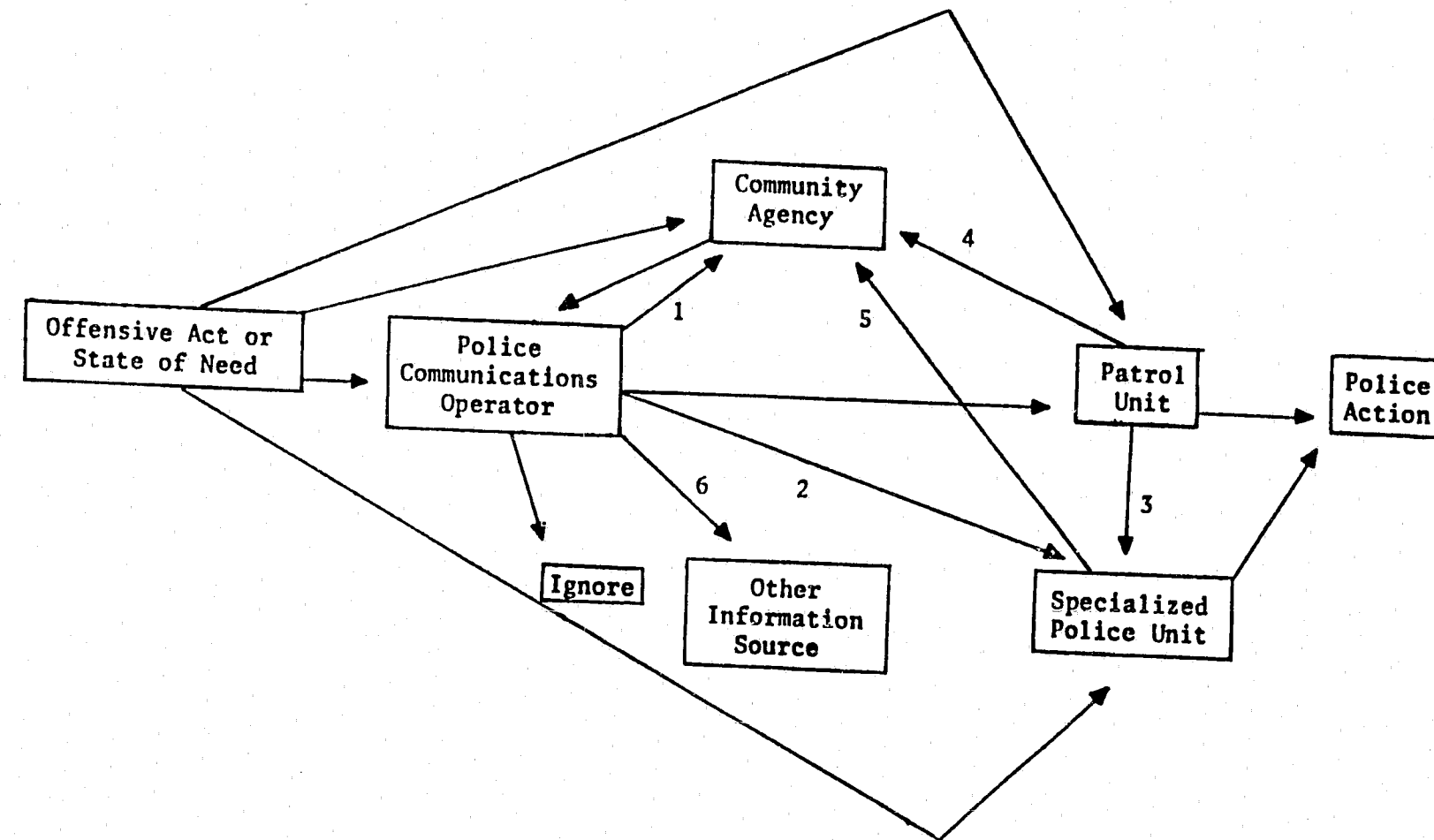
¹A recent report by Scott (1980) notes that police referral can also be initiated by police telephone operators. Scott found that nearly one fifth of citizen calls to the police were referred either to external sources or to internal units of the police department. Referrals were the second most frequent operator response, trailing only the promise that a police unit would be sent.

offenders or potential offenders may be referred. Citizens requesting information may be referred to the proper source. Crime victims may be directed to an assistance program designed to help them cope with their problems. Witnesses or complainants in criminal proceedings may be referred to a coordinator who can take their testimony or prepare them for court appearance.

Referral is also suited to a variety of encounters with which police must deal. It is not limited to criminal incidents only and in fact may be more common in noncriminal cases. Figure 1 is a police referral decision chart. Each numbered path represents a specific referral decision. Figure 1 diagrams only initial decisions, not the entire referral process; it does not indicate the ultimate effects of referral for the individuals involved. It shows that police referrals can be made by patrol officers, members of specialized units (including juvenile officers or family crisis team personnel) or departmental telephone operators and dispatchers. Figure 1 concentrates on police actions once a state of need has been brought to police attention, a crime has been committed and reported, or a citizen has requested service either by calling the department or by contacting an officer in the field.

Figure 1 highlights the importance of both telephone operators and patrol operators in the referral process. If an operator ignores or otherwise prevents a citizen's request from being filtered to the dispatcher or other departmental representative, no referral occurs. Social service calls to police that do not require departmental action are usually referred to community agencies outside the department (path 1). Calls involving obvious social service needs may be referred directly to a specialized police unit equipped to handle such calls (path 2) or may also be given to

Figure 1
Police Referral Decision Chart



dispatchers for patrol unit assignment. The latter action, of course, would not be considered a referral. Calls not involving social services may also be referred to other agencies outside the department (path 6).

Our definition also includes more traditional police referral activities -- those performed by officers on the street. In Figure 1, paths 3 and 4 show patrol officer referrals to specialized internal units and to outside community agencies, respectively. An example of a path 3 referral would be a patrol officer directing members of a quarreling family to report to a police family crisis intervention counselor. A path 4 referral might be a recommendation to a juvenile that to avoid criminal charges he should enroll in a counseling program operated by a community youth services center. Information provision in the field by patrol officers may also constitute referral. Path 5 suggests that there may be referrals from specialized police units to nonpolice social service agencies; an example is a family crisis intervention team that refers an alcoholic family member to a detoxification center.

Community agencies can both initiate and receive referrals from the police. Child abuse cases, for example, are often detected by agency case-workers before they are brought to police attention; in these instances the agency may notify police of a need for intervention. Since our focus is on police referral only, however, there is no numbered path between community agencies and police telephone operators. Similarly, referrals by juvenile courts or community agencies are excluded. Police referral activities are designed to more appropriately meet citizens' needs while simultaneously avoiding traditional means of case handling. Our focus in Figure 1 and in this report will be on the initial referral option, on the immediate decision to direct citizens to other sources of information or assistance.

The referral process has several dimensions that may vary from case to case: referral may be internal or external, formal or informal, voluntary or coercive. For instance, there are many specialized internal police units that provide social services and that accept referrals directly from either telephone operators or patrol officers. Most discussions of referral have ignored the role of juvenile aid bureaus, victim assistance programs, and family crisis intervention teams. Both path 2 and path 3 involve one branch of the department referring a case to another branch. A patrol officer remanding a problem juvenile to a youth officer, although a common police practice, is not usually discussed as a referral. Yet, if specialized units are present, internal referral may be more likely than external referral since procedures within an agency may be more routinized than between agencies; officers are more likely to be aware of internal than external units and may place more confidence in members of their own department than in outside personnel.

Referral may also be formal or informal, according to departmental policy and the nature of its agreements with community agencies. Informal referrals are normally handled on-scene by patrol officers constrained by few departmental guidelines; they often involve only information provision and require little or no police follow-up. Formal referrals, on the other hand, are governed explicitly by departmental policy or agreements between police and outside agencies. They involve filing written reports on officer activities, usually include police follow-up with the outside agency, and may represent

official transfer of jurisdiction from police to other agencies. Purchases of services from community agencies are examples of formal referrals. Where financial resources are available, departments may contract with professional service providers for services otherwise publicly available or in cases in which a client cannot afford the expected fee. Formal purchase agreements almost always require strong coordination to ensure that referrals are handled uniformly and that mechanisms for providing feedback to the department are well-established.

Referral programs may be voluntary or coercive for a client, although it is often difficult to determine when a "voluntary" referral is truly voluntary. If an officer offers a citizen the choice between being cited for a violation, and thus subjected to criminal charges, or enrolling in a community agency-sponsored remedial program, thereby avoiding charges, the citizen may feel coerced into choosing the latter option. Chapter 3 discusses some of these referral dimensions. In addition, it relates the level of social service agency interaction with the police to various agency characteristics. For police officers, referral is one available means for case handling. For referral agencies, however, police referral is a source of clients. Chapter 3 then examines agency characteristics and perspectives on police referral.

CHAPTER 2

DATA COLLECTION AND METHODOLOGY

In the summer of 1977 a research team from the Indiana University and the University of North Carolina at Chapel Hill initiated a study of police referral practices in three metropolitan areas: Rochester, New York; St. Louis, Missouri; and Tampa-St. Petersburg, Florida. This research was coordinated with a major study of police patrol service delivery in 24 departments serving 60 neighborhoods in the same three SMSAs. The companion studies were designed to improve understanding of referral activities of patrol officers and police telephone operators, of community referral agency services and activities, and of patterns of police-community agency interaction. The research team examined activities of officers on patrol and ways in which the structure of both police departments and communities affect patrol officer behavior. Effects of differences in patterns of patrol service on residents were also studied. This chapter presents an overview of data collection and sampling procedures. It briefly describes site selection and reviews the types of data collection that are discussed in later chapters.

Criteria for Site Selection

The Rochester, St. Louis, and Tampa-St. Petersburg metropolitan areas were selected for study after careful consideration. Selection was determined by a number of criteria, including number and size of police departments present, range of organizational arrangements

for providing patrol service, diversity and extent of activity of both internal police department and community social service agencies that accepted police referrals, perceived police referral activity, and ease of access to both police departments and community agencies. Information was gathered from field interviews with police and referral agency officials and from baseline data obtained in an earlier phase of a study of police services in 80 metropolitan areas.¹

The basic unit of analysis for most data collection was the neighborhood, although not all samples relate to that unit. The neighborhoods are contained in 24 police jurisdictions in the three metropolitan areas. A total of 60 neighborhoods were selected for study: 11 in the Rochester SMSA, 25 in St. Louis, and 24 in Tampa-St. Petersburg. Four police agencies were studied in Rochester, 8 in Tampa-St. Petersburg, and 12 in St. Louis. The neighborhoods were originally selected within income and racial composition strata to provide variation on both of these important social dimensions. They are located on these two dimensions as shown in Table 2-1. The range of average family income in the neighborhoods is from \$5,850 to \$23,500, with an average across the 60 of \$12,500. The percentage of nonwhite residents in the 60 neighborhoods ranges from 0 to 99 percent.

Several criteria in addition to income and racial character were employed in selecting these neighborhoods. One was a high degree of homogeneity in land use patterns -- the neighborhoods are predominantly

¹See Elinor Ostrom, Roger B. Parks, and Gordon P. Whitaker, Patterns of Metropolitan Policing. (Cambridge, Massachusetts: Ballinger Publishers, 1978).

residential in character. A second was size -- the neighborhoods were nominally 5,000 to 10,000 in resident population although application of other criteria caused small deviations from this norm (as did the fact that the neighborhoods were selected in 1977 in the absence of recent census counts). Two final criteria aimed at matching neighborhood boundaries to existing police service delivery areas (patrol unit assignment areas, usually called beats), to 1970 Census Tract and Block Group boundaries, or both. The first of these was highly desirable for focusing many data collection activities. The second enabled sample selection for some data collection to be done using automated files of household lists.

Table 2-1

Income and Racial Characteristics of the 60 Study Neighborhoods

Racial Composition (Percent Nonwhite)	Average Family Income		
	\$5,000 to \$7,499	\$7,500 to \$14,999	\$15,000 or Higher
Predominantly White (0 to 25)	0 ^a	20	16
Mixed (26 to 75)	0	10	1
Predominantly Nonwhite (76 to 100)	8	4	1

^aNumber of neighborhoods.

Types of Data Collection

This report concerns agencies that accept referrals from the police and their interactions with patrol officers, officer attitudes

toward referral and their awareness of referral agencies, officer referral activities while on patrol, and attitudes of referred citizens toward both officers and agencies. A variety of data were collected besides those presented here; other reports will be prepared using these data. Among other types of information collected were data on citizen attitudes toward and perceptions of their police, citizen calls for police service, patrol officer deployment, citizen organizations, and perceptions of community leaders.

Data on Referral Agencies

The Referral Agency Interview Form (Appendix 1) was designed to record information about the characteristics and practices of social service agencies that accepted police referrals, and their patterns of interaction with the police. Information obtained from this form enabled us to classify community agencies according to the extent of their cooperation with police, the scope of services they provide, their history of service provision, their availability to both the police and the public, their revenue sources and expenditures, and the number and professional status of their personnel.

The form was designed as a conversational guide to elicit information about the agencies, not about the attitudes, perceptions, or values of individuals representing those agencies. Structured answers were coded on the interview form. Lengthy unstructured answers were recorded in narrative style on the Referral Agency Narrative Form. Detailed discussion of the questions and types of information available from these forms is presented in Scott (1978).

Criteria for Agency Selection

An agency was selected for interviewing if it met the following criteria: it had to handle cases dealing with at least 1 of 10 selected social problems, and it had to accept police referrals. The 10 problems, chosen after a careful on-site review and a thorough literature search, were:

- Public intoxication,
- Mental illness,
- Drug abuse,
- Juvenile delinquency,
- Family crises,
- Runaways,
- Victim assistance,
- Aid to the elderly,
- Aid to the indigent, and
- Suicide prevention.

Referral agencies were identified through interviews with police administrators and patrol officers, community leaders, established community agencies such as the United Way or Community Chest, and published lists of service-providing agencies. Agency officials were then contacted by telephone to determine the types of services they provided and whether they received police referrals. If an agency met our selection criteria, an appointment was arranged to interview the agency director or other knowledgeable official. Because of differences in the structure of social service provision across the three metropolitan areas, selection procedures differed slightly, but the basic pattern was followed in all three sites (see Scott, 1978, for a detailed discussion of agency selection and sampling procedures).

Data on Patrol Officers' Attitudes Toward and Perceptions of Referral Agencies

The Police Officer Interview Form was designed to solicit opinions of the patrol officers serving our study neighborhoods. Several questions dealt with their views on police provision of social services. Officers were asked whether there were any agencies to which they could refer persons who had been involved in domestic disturbances, had a serious drinking problem, or were problem juveniles. They were also asked the names of as many as three agencies to which they could make each type of referral, and whether they made referrals to any one of these agencies on a routine basis.

Data on Officer Referral Activities While on Patrol

Data on patrol officer referral activities were recorded on the Patrol Encounter Form. Observers rode with officers assigned to patrol in the 60 study neighborhoods; neighborhoods were generally defined as coterminous with police beats. All days of the week and daily shifts were observed. The Encounter Form was designed to describe encounters between citizens and observed officers. Included were questions about whether the officer referred citizens involved in the encounter to a special police unit or outside agency; if so, the name and type of the agency was noted. Another question asked if the observed officer suggested that the citizen contact a specific police unit or outside agency; if so, space was again provided for coding the name of the suggested agency.

Data on Citizen Attitudes Toward Police Referral Activities

Residents of study neighborhoods who had had recent contact with police through a victimization, assistance, traffic accident, or call for information, were asked about their experiences with and evaluations of police; their opinions were recorded on the Citizen Debriefing Form. Additionally, citizens were asked a series of questions about police referral. They were asked if the patrol officer or telephone operator with whom they talked had told them to contact anyone else about their problem; if so, the name(s) of the agency mentioned were coded. Citizens were then asked if the police had helped them contact the agency, and if so, how. Citizens were asked to rate their satisfaction with the police referral response. Finally, citizens told us if they had contacted the agency suggested by the police, and if so, they described what the agency did and whether it had been helpful. If citizens had not contacted the agency, they were asked why they had not.

All data in this report, except that from the Referral Agency Interview, apply to perceptions and experiences of citizens living within selected neighborhoods, or of the patrol officers serving those areas. Our conclusions are therefore not generalizable to areas other than study neighborhoods or referral agency service areas, but may indicate patterns that are commonly found elsewhere.

Agency Auspices and Scope of Services Provided

Accompanying the growth of referral as an acceptable police service has been a concomitant growth of social service agencies that accept police referrals. Rochester-Monroe County, New York, an area of about 700,000 people, supports nearly 200 agencies providing assistance to juveniles; many accept referrals from the police (Council of Jewish Women, 1974). Referral agencies are sponsored by various public and private sources. More than half of the agencies we interviewed were private (Table 3-1). These included family service agencies, mental health or alcohol treatment centers, and special care units of hospitals. Of the public agencies, most were sponsored by state governments. This reflects the structure of social service provision in the states where research was conducted; in Florida, the Department of Health and Rehabilitative Services governs most community helping agencies. Public welfare is also primarily a state government function. Police-sponsored referral agencies account for only 9 percent of those examined; these are mostly family crisis intervention or victim assistance programs established through federal funding.

Table 3-1

<u>Types of Referral Agencies</u>		
<u>Type of Agency</u>	<u>Number of Agencies</u>	<u>Percent of Agencies</u>
Private	60	58%
Local Police	9	9%
State Government (nonpolice)	19	18%
County Government (nonpolice)	9	9%
City Government	3	3%
Special District	2	2%
Other	1	1%
	<u>103</u>	<u>100%</u>

CHAPTER 3

REFERRAL AGENCY CHARACTERISTICS

Except for program descriptions, agency annual reports, and some program evaluations, discussion of referral agency characteristics has been scant; almost no comparative analysis is available. Yet government-sponsored social service referral programs have been proliferating since the 1960s while private organizations have remained viable. Most American cities today feature a myriad of organizations and agencies that provide a wide array of social services under increasingly complex sets of funding and sponsorship arrangements.

This chapter examines the characteristics of social service agencies that accept police referrals. It discusses agency auspices, staffing practices, services rendered, revenue sources and expenditures, clientele, and relations with police agencies. Data are drawn from the Police Referral Interview and Narrative Forms. Representatives of 103 agencies were interviewed across the three research sites. Readers should be aware that the existence of referral agencies and the extent of their interaction with police may be affected by state laws. For example, Florida has passed a uniform statute mandating that persons picked up for alcoholism be remanded to a treatment center rather than arrested. Thus some types of referrals that we will be discussing are legally mandated; the officer has no choice but to make a referral.

Each referral agency interviewed provided services related to at least 1 of the 10 social service problems we identified. Many agencies handled several problems, so representatives were asked to designate a primary area of interest. Some respondents had difficulty specifying this interest since their agencies handled multiple social problems. For some, such as crisis counseling centers, designation of a primary interest area would have been misleading. These agencies were equipped to deal with almost any problem a client might have, and deliberately did not limit their function to a single area.

Table 3-2 shows that one third of the agencies able to identify a primary interest handled juvenile problems, more than twice the percentage of agencies handling any other problem. Included were agencies dealing with delinquent and pre-delinquent children, status offenders, and dependent, abused, or neglected children. Fifteen percent named both family crises and problems of the indigent as their primary interest, and 11 percent dealt with public intoxication. No more than 8 percent of the agencies mentioned any other problem as a primary interest. Settlement houses, relief missions, and government welfare offices all handled problems of the indigent. Agencies stating that family crises were their primary concern were often special police intervention units or private agencies that provided counseling services. Agencies mentioning public intoxication were usually privately sponsored alcohol treatment or detoxification centers.

Table 3-3 examines the differences in primary interest area of private, police, and other public referral agencies. Private agencies exhibit the most variety; nearly one-fourth provide service primarily

to the indigent and one-fifth handle juvenile problems. Two thirds of police-sponsored referral agencies handle juvenile problems and about one-fifth provide assistance to victims of crime; agencies for juveniles are mostly juvenile aid bureaus or counseling centers that employ both full-time sworn youth officers and civilian counselors. Forty-four percent of nonpolice public referral agencies primarily provide services to juveniles; 16 percent handle problems of the elderly.

Table 3-2

Number of Referral Agencies, by Area of Primary Interest

<u>Primary Interest Area¹</u>	<u>Number of Agencies</u>	<u>Percent of Agencies</u>
Public Intoxication	10	11%
Mental Illness	6	6%
Drug Abuse	8	8%
Juvenile Problems	31	33%
Family Crises	14	15%
Runaways	1	1%
Problems of Crime Victims	6	6%
Problems of the Elderly	5	5%
Problems of the Indigent	14	15%
Total	95	100%

Although most agencies were able to pinpoint an area of concentration, few limited their efforts to a single problem. Tables 3-4 and 3-5 indicate the variety of problems handled and services provided by

¹Some of the areas noted, especially juvenile problems and family crises, are extremely broad. Comparative research using such designations is clouded by a lack of clear delineation of categories. Nevertheless, we feel we can still draw general conclusions that compare categories. The reader is cautioned, however, about the possibility of the problem.

referral agencies. Table 3-4 shows the number of agencies that routinely handle social problems other than that of their major area. Organizations whose main focus is family crises or juvenile problems deal with the broadest range of other social problems; more than 75 percent of family crises agencies also deal with problems of mental illness, drug abuse, juveniles, and the elderly. More than 75 percent of agencies serving juveniles also handle problems of drug abuse, family crises, and runaways.

Table 3-3
Referral Agency Sponsorship, by Area of Primary Interest

Primary Interest Area	Agency Sponsorship		
	Private	Police	Other Public
Public Intoxication	13%	--	9%
Mental Illness	7%	--	6%
Drug Abuse	11%	--	6%
Juvenile Problems	20%	67%	44%
Family Crises	19%	11%	9%
Runaways	--	--	3%
Problems of Crime Victims	6%	22%	3%
Problems of the Elderly	--	--	16%
Problems of the Indigent	24%	--	3%
Total Percent	100%	100%	100%
Total Agencies	54	9	32

We also asked referral agency representatives about the kinds of specific services they provided. Table 3-5 shows the number and percentage of agencies that provided each of 12 selected services. More than 80 percent provided crisis counseling and another 63 percent psychological counseling. Sixty-two percent helped clients receive welfare while about half helped clients to find jobs or provided temporary shelter. Less than one-fifth provided medical services such as emergency treatment, alcohol detoxification, or methadone maintenance.

Table 3-4

Referral Agencies Handling Multiple Social Problems,
by Primary Interest Area

<u>Problem Handled</u>	<u>Agencies Whose Primary Interest Area Is:</u>							<u>Problems of the Elderly</u>	<u>Problems of the Indigent</u>
	<u>Public Intoxication</u>	<u>Mental Illness</u>	<u>Drug Abuse</u>	<u>Juvenile Problems</u>	<u>Family Crises</u>	<u>Runaways</u>	<u>Victim Assistance</u>		
Public Intoxication	10	4	3	19	5	0	0	3	9
Mental Illness	6	6	4	15	10	1	2	4	5
Drug Abuse	7	4	8	26	10	1	1	2	8
Juvenile Problems	3	3	6	31	10	1	2	0	7
Family Crises	8	6	6	26	14	1	2	2	11
Runaways	0	2	4	24	8	1	0	0	6
Victim Assistance	1	0	0	6	2	0	6	2	4
Problems of the Elderly	4	2	0	1	10	0	1	5	12
Problems of the Indigent	5	1	2	2	8	0	0	3	14
Suicide	3	1	3	8	4	1	1	2	1
Total Agencies	(10)	(6)	(8)	(31)	(14)	(1)	(6)	(5)	(14)

Table 3-5

Number and Percentage of Referral Agencies Providing Selected
Social Services

<u>Social Service Provided</u>	<u>Number of Agencies</u>	<u>Percent Providing Service</u>
Emergency Medical Care	20	19%
Psychological Counseling	64	63%
Crisis Counseling	85	83%
Shelter	48	47%
Halfway House	17	17%
Legal Aid	14	14%
Finding Jobs	55	53%
Help Getting on Welfare	63	62%
Finding Homes	37	36%
Drug Rehabilitation	43	42%
Alcohol Detoxification	14	14%
Methadone Maintenance	4	4%
Total	103	

Table 3-6 indicates the number of agencies that routinely provide each of the 12 social services according to their primary area of interest. Agencies whose major focus was drug abuse, public intoxication, or mental illness generally provided the widest range of services; more than half of these agencies each provided psychological and crisis counseling, assistance in obtaining welfare, and drug rehabilitation. Agencies whose primary concerns were victim assistance or the problems of the elderly generally provided fewer of those services examined.

Referral Agency Funding

Given the diversity of referral agency sponsorship and scope of services, we would expect sources of program revenues to be similarly diverse. Table 3-7 shows the percentage of agencies receiving funds from each of 12 different sources and examines funding patterns among

Table 3-6

Number of Referral Agencies Providing Selected Services,
by Area of Primary Interest

Agencies Whose Primary Interest Area Is:

<u>Service Provided</u>	<u>Public Intoxication</u>	<u>Mental Illness</u>	<u>Drug Abuse</u>	<u>Juvenile Problems</u>	<u>Family Crises</u>	<u>Runaways</u>	<u>Victim Assistance</u>	<u>Problems of the Elderly</u>	<u>Problems of the Indigent</u>	<u>N</u>
Emergency Medical Care	6	2	3	4	1	0	0	0	2	18
Psychological Counseling	6	6	8	19	10	1	4	2	3	59
Crisis Counseling	9	6	7	25	11	1	4	5	12	80
Shelter	6	2	5	15	3	1	1	3	9	45
Halfway House	4	3	1	1	1	0	0	0	4	14
Legal Aid	0	0	1	3	2	0	0	2	4	12
Finding Jobs	4	3	5	20	7	1	0	2	9	51
Help Getting on Welfare	6	4	4	13	10	0	4	5	13	59
Finding Homes	4	2	4	6	5	0	1	3	10	35
Drug Rehabilitation	9	3	8	8	4	1	0	0	6	39
Alcohol Detoxification	7	2	2	0	0	0	0	0	1	12
Methadone Maintenance	0	1	1	0	0	0	0	0	0	2
Total Agencies	(10)	(6)	(8)	(31)	(14)	(1)	(6)	(5)	(14)	

private, police, and other public agencies. The federal government provides at least some operating money to 45 percent of the agencies interviewed. At least 15 agencies were operating partially on grants from the Law Enforcement Assistance Administration. State governments follow closely, funding 41 percent. The United Way or Community Chest and both county and municipal governments, along with contributions from the general public and fees for service, provide revenues to between 20 and 30 percent of the agencies. Fourteen percent receive money from private foundations. Members, churches, and national organizations contribute to between 4 and 7 percent of the agencies. Some relief missions earn a small share of their operating budgets by selling clothing, furniture, and other goods that have been donated to them; these funds are included in the "Other" category in Table 3-7.

There are significant differences in funding patterns according to agency sponsorship. Nearly three fourths of police-sponsored referral agencies receive revenues from municipalities, compared to one fourth of other public agencies and 11 percent of private organizations. Almost 60 percent of internal police referral agencies receive federal money, compared to 46 percent of private agencies and 36 percent of nonpolice public agencies. All police agency funds come from government sources. Almost half of all private agencies interviewed received United Way or Community Chest contributions; money from these organizations was not channeled to public agencies. Private organizations received money from a wider variety of sources than did others; about one third of them received fees for service or contributions from the general public. These sources provided almost no funds to

Table 3-7
Referral Agencies by Type and Source of Funds
 Percentage¹ of Agencies Receiving Funds from Each Source:

<u>Source of Funds</u>	<u>Private Agencies</u>	<u>Police Agencies</u>	<u>Other Public Agencies</u>	<u>Total Agencies</u>	<u>Total Percent</u>
Federal Government	46%	57%	36%	37	45%
State Government	30%	43%	68%	34	41%
County Government	26%	14%	41%	24	29%
Municipal Government	11%	71%	27%	17	20%
Contributions from the General Public	30%	0%	5%	17	20%
Contributions from Members	11%	0%	0%	6	7%
Fees for Service	32%	0%	0%	17	20%
Contributions from Foundations	21%	0%	5%	12	14%
Church Funds	7%	0%	5%	5	6%
Contributions from National Organizations	6%	0%	0%	3	4%
United Way or Community Chest	47%	0%	0%	25	30%
Other	26%	0%	14%	17	20%
Total Agencies	(54)	(7)	(22)	(83)	

¹Percentages are column percentages.

public agencies. Fewer public agencies, on the other hand, received federal funding. County governments also contributed significantly to nonpolice public agencies.

Only 19 percent of the agencies received funds from a single source. Thirty-five percent received revenues from two sources, 24 percent from three sources, and 23 percent from four or more sources. Yet these figures may be misleading, since more than half (53 percent) of all agencies received 75 percent or more of their revenues from a single source. Many of the multiple sources include those furnishing less than 5 percent of an agency's operating revenues. Because of the great variety in agency size and purpose, comparison of expenditure levels reveals little useful information. Agency expenditures varied, from \$5,000 per year for a counseling service to \$8 million a year for a state mental hospital. Nearly one third of the agencies reported expenditures of more than one quarter of a million dollars annually, while about one-fifth spent less than \$50,000 annually.

Agency Size

With the exception of data on citizen evaluations (discussed later), we were unable to collect information that would allow us to address questions of service quality. Certainly agency sponsorship and funding sources reveal little about the kinds or quality of services that a referral agency is able to provide. The number and type of available staff personnel, however, directly affect the level of service that can be provided. Although 55 percent of the agencies

interviewed employed fewer than 10 full-time paid staff members, some family service agencies and legal aid societies maintained permanent staffs of more than 100 (Table 3-8). Two agencies employed no full-time personnel, relying solely on part-time and volunteer workers. The median number of full-time paid employees was nine. There were only minor size distinctions between public and private agencies. More than 90 percent of the agencies reported that they employed some paid professionals (persons with specialized skills or training) among their full-time personnel (median of six).

Many agencies augmented their personnel by hiring part-time or voluntary workers. Nearly three fourths of the agencies interviewed employed part-time paid personnel, although most agencies hired less than 10 part-timers (median of four). Few part-time employees were professional (median of only one). Fifteen agencies hired full-time volunteers (median of fewer than one); seven of these employed full-time volunteer professionals. Among these were juvenile agencies that used a "Big Brother" approach to juvenile counseling, crisis centers, and legal aid societies. More than 60 percent of the agencies employed part-time volunteers; about half of these hired part-time volunteer professionals.

Most referral agencies examined thus have a modest complement of full-time staff, usually fewer than 10, about half of whom are professional. Permanent staff are augmented by both part-time paid and voluntary help, some of whom may be professionally trained. The median number of total employees in the sample, including part-time and volunteer staff, is approximately 15.

Table 3-8

Number and Status of Referral Agency Employees

Employee Status	Number of Agencies with:						Total Agencies
	No Employees	1-10 Employees	11-20 Employees	21-50 Employees	51-100 Employees	More than 100 Employees	
<u>Paid Staff</u>							
Full-Time Employees	2	54	16	17	10	2	101
Full-Time Professionals	6	57	13	16	4	1	97
Part-Time Employees	27	40	6	10	7	9	99
Part-Time Professionals	76	19	3	0	1	0	99
<u>Volunteer Staff</u>							
Full-Time Volunteers	84	13	1	1	0	0	99
Full-Time Volunteer Professionals	92	7	0	0	0	0	99
Part-Time Volunteers	29	19	4	10	3	9	74
Part-Time Volunteer Professionals	52	17	0	4	0	1	74

Geographic Coverage and Hours of Operation

Another factor influencing the level of services provided by referral agencies is their availability to both clients and the police. A common complaint about referral agencies is that they are frequently closed when the police want to use their services (after 5 pm and on weekends) (Norman, 1972; Bard, 1970; Liebman and Schwartz, 1973). Another complaint is that agencies accept clients only from specific locales, not from broad areas that subsume several police jurisdictions. Police referral operations are therefore hampered by confusing eligibility requirements.

Table 3-9 belies the complaints about geographic coverage; 63 percent of the agencies studied provided services to areas equal to or larger than an entire county; only 10 percent were restricted to a neighborhood or designated service area not coterminous with municipal boundaries or larger areas. Very few agencies were actually neighborhood-based; exceptions were three settlement houses in Rochester and a victim assistance program in St. Petersburg which had selected a high-crime neighborhood in the city as its target area. With the exception of the Family Crisis Intervention Team organized by the Rochester Police Department, all police social service agencies were restricted to the sponsoring department's jurisdiction.

Many of the agencies restricted to a single city or neighborhood were branches of an organization that served the entire county or metropolitan area. For instance, the Florida Department of Health

and Rehabilitative Services, under a decentralized service delivery arrangement, had two service networks in each of the two counties included in the study. District 5, for example, split Pinellas County into a north county network serving Clearwater, Tarpon Springs, and Largo, and a south county network serving St. Petersburg and Pinellas Park.

Table 3-9

Geographic Area Served by Referral Agencies

<u>Area Served</u>	<u>Number of Agencies</u>	<u>Percent of Agencies</u>
Part of City	10	10%
Entire City	13	13%
Part of County	15	15%
Entire County	33	32%
Area Larger Than County	32	31%
Total Agencies	103	100%

Table 3-10, showing agencies' hours of operation and their areas of primary interest, lends some support to those who complain about agency unavailability during certain periods. More than half of the agencies whose primary concerns were juvenile problems, family crises, victim assistance, and aiding the elderly were open only during regular business hours Monday through Friday. These agencies represent slightly more than half of those examined. More than 60 percent of agencies handling juveniles, the most common primary interest area, were open only during daytime hours. Conversely, more than half of agencies whose primary concerns were public intoxication, mental health, runaways, and problems of the indigent were open 24 hours a day; these agencies represent less than one third

Table 3-10

Agency Hours of Operation
and Area of Primary Interest

Percent of Agencies Whose Primary Interest Area Is:

<u>Hours of Operation</u>	<u>Public Intoxication</u>	<u>Mental Illness</u>	<u>Drug Abuse</u>	<u>Juvenile Problems</u>	<u>Family Crises</u>	<u>Runaways</u>	<u>Victim Assistance</u>	<u>Problems of the Elderly</u>	<u>Problems of the Indigent</u>
Monday-Friday Daytime Hours Only	0%	17%	38%	61%	54%	0%	67%	80%	20%
Daily Monday-Friday Plus Some Evenings Or Weekend Hours	20%	17%	38%	29%	39%	0%	0%	20%	27%
24 Hours a Day	80%	67%	25%	10%	8%	100%	33%	0%	53%
Total Agencies	(10)	(6)	(8)	(31)	(13)	(1)	(6)	(5)	(15)

of the total. Very few agencies for juveniles, family crises, and the elderly were open 24 hours daily, although some were open some evening or weekend hours. Since police encounters with problem juveniles or quarrelling families during evening and nighttime shifts are common, complaints that few referral agencies are open during those hours may be justified. Agencies which operate 24 hours daily are no more likely than others to receive a large proportion of their clients from the police, however. This may reflect the fact that the most common means of police referral does not involve direct contact between police officers and helping agencies (see Chapter 4). Rather, most referrals involve police provision of information to citizens who then contact the agency themselves. If this is true, then police complaints of referral agencies keeping "bankers' hours" are in many cases inapplicable.

Agency Clientele

Another factor affecting referral agency service levels is the number and type of clientele the agency handles. Agencies with many employees do not necessarily handle as many clients as those with fewer personnel. Agencies included in this study handled as few as 2 and as many as 3,000 clients per week; the median was 85 clients per week, about 12 per day. Nearly 80 percent of these clients were "carryovers"; they were under the agency's care for a week or longer, either in-house or on an "out-patient" basis. Nearly one third of the agencies handled their entire clientele for

a week or longer. An average of about 15 percent of an agency's clientele were "repeaters," persons who had been treated by the agency in the past and had returned. Many agencies had established procedures to keep clients from receiving free services by insisting that they not return to treatment for specified periods after their program concluded. Persistent clients were a serious problem for agencies providing food and shelter such as settlement houses, alcoholic rehabilitation centers, and half-way houses. Only 11 agencies reported that more than three fourths of their clients were repeaters, however.

Table 3-11 shows that public and private referral agencies differ considerably in the number of clients they handle each week. Almost twice the percentage of private as public agencies process more than 150 clients per week. Police social service units, such as juvenile aid bureaus and victim assistance or family crisis programs, are much more likely than other referral agencies to handle a small (between 2 and 50 clients) weekly case load. This may reflect a generally low police referral rate. Most police-sponsored referral programs take only clients referred by officers, but private and nonpolice public agencies receive only a portion of their clients from the police; they have alternate sources of clients that police-sponsored referral programs do not. Agencies handling problems of mental illness, the indigent, family crises, and the elderly have the largest weekly case loads (Table 3-12); agencies providing victim assistance and aid to public inebriates have the smallest.

Referral agency representatives sometimes claimed that their services were underutilized by the police. They were asked if they felt their organizations had either staff or facilities to take on additional clients. Nearly 60 percent said they were currently operating at capacity, about one-fourth felt they could handle both additional staff and facilities, and the remainder were evenly divided between feeling they could add either facilities or staff but not both. Among the agencies equipped to handle additional clients, the median desired increase in clientele was approximately six per day (42 per week).

Table 3-11

Number of Clients Handled Per Week by Referral Agencies,
by Agency Type

<u>Number of Clients Per Week</u>	<u>Private Agencies</u>	<u>Police Agencies</u>	<u>Other Public Agencies</u>	<u>Total</u>
2 - 50	35%	71%	41%	38
51 - 150	24%	29%	38%	28
More than 150	41%	0%	22%	31
Total	100%	100%	100%	

Agency Perspectives on Police Cooperation and Referral

In this section we discuss agency representatives' perceptions and opinions of police referral and of their agency's relations with the police. Although one of our criteria for selecting agencies for interviewing was that they accepted police referrals, we included a small percentage that received no police referrals directly. Some

Table 3-12
Number of Clients Handled Per Week,
by Area of Primary Interest

<u>Clients Per Week</u>	<u>Public Intoxication</u>	<u>Mental Illness</u>	<u>Drug Abuse</u>	<u>Juvenile Problems</u>	<u>Family Crises</u>	<u>Runaways</u>	<u>Victim Assistance</u>	<u>Problems of the Elderly</u>	<u>Problems of the Indigent</u>
2 - 50	56%	17%	38%	37%	21%	0%	83%	40%	23%
51 - 150	33%	17%	50%	32%	36%	100%	17%	20%	15%
More than 150	11%	67%	13%	21%	43%	0%	0%	40%	62%
	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total Agencies	(9)	(6)	(8)	(28)	(14)	(1)	(6)	(5)	(13)

were interviewed to obtain a more accurate picture of social service provision in an SMSA. Among them were two district administration offices of the Florida State Department of Health and Rehabilitative Services (HRS). Neither received police referrals nor provided any direct services. Yet their staffs were responsible for planning and administration of two complete decentralized networks of social service agencies. In addition, formal arrangements with police for cooperation and coordination of services were often made by HRS personnel. Several other agencies did not accept referrals directly, but did broker them for their subsidiaries.

Some referral agency representatives who were interviewed did not know what percentage of their agency's clients came from the police. The Information and Referral Service of Pinellas County, for instance, was named by many police officers as an agency to which they frequently referred citizens. Because of the nature of their service -- telephone counseling and referral -- the respondent could not say by whom the agency's clients were referred.

Nearly three fourths of private agencies received 10 percent or fewer of their clients from police referral; only 4 percent received more than half of their clients from the police (Table 3-13). Public agencies were almost equally divided in the percentages of clients they received from referral; just as many public agencies received from 1 to 4 percent of their clients from police as received more than 50 percent. However, clients referred by police comprise a larger share of the case load of public agencies than of private ones. Police-sponsored referral units receive a majority of their

clients from police referrals. Agencies whose primary monetary support is from government rely on police for a larger share of their clients than do agencies supported by private contributions, the United Way, or other sources.

Several studies have hypothesized that the extent to which police refer to agencies depends on officer perceptions of how effective the agency is and professionalism of its staff (Sundeen, 1972; Wilbanks, 1975; Kelley, Schulman, and Lynch, 1976). While measures of agency effectiveness are beyond the scope of this report, we do know the percentage of agency employees that are professional. Table 3-14 shows the effect of the percentage of full-time professional employees on the percent of an agency's clients referred by police. It indicates that agencies with a higher proportion of full-time professional employees generally receive a larger percentage of their clients from police referral. Most agencies receiving more than half of their clients from the police employ staffs that are at least three fourths professional; less than half the agencies receiving fewer than 5 percent of their clients from police employ staffs that are at least three fourths professional. It appears that police place more confidence in agencies with a higher proportion of professional staff members, although other unmeasured factors may help account for this finding.

Agencies receive referrals from the police through a variety of methods. Some clients who are referred by police are subject to further legal sanctions if they do not cooperate with referral agency personnel; the referral stipulates that the client must cooperate --

attend counseling sessions or complete a treatment program -- or be subject to prosecution for the original offense. Referrals made under these circumstances are coercive. The client has little choice about whether to accept the recommendation of the police. A coercive referral is often diversionary. That is, the referral represents a reprieve, an alternative to arrest and prosecution; it diverts the client away from the criminal justice system. For example, an officer who detains a person for possession of drugs may refer him or her to a drug treatment agency in lieu of arrest.

Table 3-13

Police Referral as a Source of Agency Clients, by Agency Type

<u>Percent of Clients Referred by Police</u>	<u>Private Agencies</u>	<u>Police Agencies</u>	<u>Other Public Agencies</u>	<u>Total Agencies</u>
1 - 4 Percent	44%	0%	28%	27
5 - 10 Percent	30%	0%	24%	20
11 - 50 Percent	22%	25%	20%	17
More than 50 Percent	4%	75%	28%	15
Total	100%	100%	100%	79

Table 3-14

Effects of Size of Professional Staff on Police Referral

<u>Percent of Clients Referred by Police</u>	<u>Percent of Full-Time Employees that are Professional</u>			<u>Total Percent</u>	<u>Total Agencies</u>
	<u>Less Than 50%</u>	<u>51-75%</u>	<u>76-100%</u>		
1 - 4 Percent	30%	30%	40%	100%	23
5 - 10 Percent	42%	11%	47%	100%	19
11 - 50 Percent	25%	13%	63%	100%	16
More than 50 Percent	7%	14%	79%	100%	14

One half of the representatives interviewed stated that their agencies accepted clients from police who would otherwise have been charged with an offense. Forty percent said their agencies did not provide an alternative to formal charges, while the remaining 10 percent were not sure of the police use of their agencies. Drug treatment, mental health, and juvenile agencies received these coercive referrals most frequently; representatives of these agencies, not surprisingly, reported that a substantial proportion of their clients resulted from police referral. Forty-six percent of the representatives said their clients were not subject to prosecution if they did not cooperate, 30 percent said that clients were sometimes prosecuted, and 24 percent said that clients were definitely subject to court sanction for noncompletion. All but one agency advised clients of this potential penalty before accepting them into the program.

Police officers employ several methods for placing clients in contact with helping agencies. The most common, authorized by three fourths of the referral agencies studied, is for the patrol officer to offer the agency's name and address to the citizen. The least common, used by only 31 percent of the agencies, is for an officer to call the agency to come to the scene to assist police or to pick up the client. This is most common among alcohol treatment and drug abuse agencies that provide immediate medical assistance in cases of inebriation or overdose. Police transport persons directly to nearly half of the agencies studied, but do so infrequently. Police suggested the names of persons who might benefit from an

agency's services to representatives of 60 percent of the agencies interviewed; these referrals of course carry no threats of sanctions or coercion. There is little relationship between the extent to which an agency relies on police for clients and the manner in which it receives police referrals; regardless of the percentage of its clients from police, the most common method of referral is police provision of the agency's name and address to the client.

Not all police referrals are accepted by agencies. Ninety percent of the agency representatives interviewed said they accepted 98 percent or more of the police referrals they received, 7 percent accepted between 75 and 95 percent, and only 2 percent accepted less than three fourths of police referrals. No agency accepted less than 50 percent, however.

Some police departments request that agencies to which they refer provide them with follow-up information or progress reports; 63 percent of the agencies studied provided this information in various forms. Types of follow-up information provided include progress reports to police (14 percent), notification of client-agency contact (63 percent), notification of client completion of the program (52 percent), length of client stay in program if not completed (42 percent), and agency recommendations to police for further action (47 percent). Agencies receiving a larger percentage of their clients from police are more likely to have arranged to provide the police with follow-up information. Only half the agencies that obtain less than 5 percent of their clients from the police provide follow-up information, compared to 87 percent of

agencies receiving more than 50 percent of clients from police. Many agencies, especially mental health and drug treatment centers, are governed by strict regulations about client confidentiality and are limited in the amount of information they are allowed to furnish the police.

Whether for this or other reasons, clearly not all eligible police departments make use of referral agency services. When we asked agency representatives if there were police departments in their areas who could, but did not, use their services, 38 percent said yes. More than one-fourth indicated that officers in these departments did not know about the agency. Nineteen percent said that these departments relied on other agencies for services while 13 percent indicated that officers were not aware of the agency's usefulness.

Summary

This chapter inventoried and compared characteristics of the referral agencies examined in three metropolitan areas. We studied a mix of public and private agencies, some of which were sponsored directly by police departments. Each agency provided services related to at least 1 of 10 selected social problems; more agencies handled juvenile problems than any other. Since the categories of social problems were quite broad, most of the agencies provided several different, although interrelated, social services. For example, agencies providing help to juveniles or persons involved in family crises also assisted persons with problems of drug abuse, mental illness, and the elderly.

We found that nearly half of the agencies studied received at least some revenue from federal sources. United Way or Community Chest funds supported about half of the private organizations. Private groups generally enjoyed a broader range of support than did public agencies. Most agencies received monies from several different sources; less than one-fifth relied on only a single revenue source. Yet more than half received at least 75 percent of their revenues from a single source.

Given the great diversity in types of agencies interviewed, we were not surprised to find a wide variety in the size of agency staffs. More than half of the organizations examined employed at least 10 full-time staff members, and many augmented their staffs with part-time or volunteer assistance. Most agencies employed at least some professionals who were able to apply specialized skills or training to their work.

We could only partially substantiate police complaints that referral agencies were often unavailable when needed most. More than 60 percent of the agencies interviewed served areas equal to or larger than entire counties, and were available to all police agencies within those areas. Only 10 percent maintained neighborhood-level service areas. Although they generally served wide areas, many referral agencies were open only during the 8 am to 5 pm business hours on Monday through Friday and were unavailable to receive referrals in the evenings and on weekends. Many of the organizations that were not open 24 hours daily provided services primarily to juveniles, victims of crime, the elderly, and persons with severe

family problems. Certainly police confront these issues at night and on weekends as well as during "regular" business hours. However, we found that agencies which were open 24 hours a day were no more likely to receive referrals than were agencies open only during the daytime.

Private agencies generally handled more clients per week than public agencies. Most had sources of clients other than through referral by police and received fewer than 10 percent of their clients from the police. While police-sponsored agencies received most of their clients through referral, other public agencies also relied on police for a significant share of their clientele. Data indicate that police may refer more frequently to agencies with higher proportions of professional staff members, but we were unable to examine control variables to confirm this finding.

Police employ several methods for placing clients in contact with social service agencies; the most common is simply providing the agency's name and address to the citizen. Yet not all eligible police departments make use of referral agency services; agency representatives generally attribute this to lack of knowledge about either the existence or usefulness of their organizations.

CHAPTER 4

PATROL OFFICER REFERRAL ACTIVITIES DURING POLICE-CITIZEN ENCOUNTERS

We have examined police referral from the agency perspective. We now turn to an analysis of referral from the patrol officer perspective. This chapter discusses officers' referral behavior in initial response to calls for service, their attitudes toward referral and social service provision in general, and their relations with referral agencies. Data is drawn from observation of officer activities while on patrol and from interviews with observed officers and their supervisors. Only officers patrolling the selected study neighborhoods, their supervisors, and a subsample of other patrol officers were interviewed.

Patrol Officer Referral

The data from Chapter 3 provide only an indirect indication of the prevalence of patrol officer referral. Data from the Patrol Encounter Form offer a count of observed referrals as a percentage of officers' activities during encounters with citizens. Trained observers rode more than 900 full patrol shifts with officers from each of the 24 departments studied, collecting detailed information on police-citizen encounters. Information was gathered about police officer actions including whether they took steps to initiate citizen contact with referral agencies and whether they suggested that citizens contact another agency. The type of agency mentioned was coded in both cases.

Table 4-1 shows the percentage of encounters in which at least one referral occurred and the percentage of total referrals to each of six different types of referral agencies. (See Appendix 2 for a listing of agencies within each category.) The incidence of patrol officer referral is quite low; we observed referrals in only 5 percent of police-citizen encounters. Officer referrals to internal offices nearly equal those to external sources. More than twice as many referrals were made to internal law enforcement offices than to any other type of agency. These referrals, accounting for 36 percent of the total, were to detective bureaus, community relations offices, supervisory personnel, and numerous other offices. Referral to other law enforcement agencies (including other state, county, or municipal police departments, courts, and prosecutors) comprised 18 percent of all referrals, but occurred in less than 1 percent of all observed encounters. Social service referrals accounted for 29 percent of the total and were equally divided among internal and external agencies; these referrals were observed in less than 2 percent of encounters. Referrals to internal social service units included those to juvenile aid bureaus, police-sponsored victim assistance programs, and family crisis units. Referrals to external social service units were generally made to welfare offices, health departments, emergency medical units, and community social service agencies handling the range of problems discussed in the previous chapter. The remaining 17 percent of observed referrals went to general public and private service providers including government offices, attorneys, and insurance agents.

Because the number of citizens involved in any encounter with police may vary widely, our coding conventions allowed inclusion of as many as five participants or groups per encounter, any one or more of whom might have been referred by police. Although we observed nearly 5,700 encounters, we also observed approximately 8,700 citizens or groups of citizen participants. Table 4-2 indicates the number of citizens referred as a percentage of the total number of citizens involved in encounters. There is little change from the results in Table 4-1, which are based on total encounters; the number of citizens referred as a percentage of citizens involved in encounters is slightly less than the percentage of encounters in which at least one referral occurred. Referrals to internal law enforcement agencies comprised the highest number of referrals in both data sets. The number of citizens referred to internal social service units as a percentage of total citizens referred was slightly higher than the percentage of encounters in which a referral to an internal social service unit occurred. This may reflect the fact that officers occasionally referred entire families or groups of citizens to the same agency, such as a counseling center.

In addition to making direct referrals, in which they took citizens to agencies, contacted agencies on behalf of citizens, or called the dispatcher to ask that an agency representative contact citizens, patrol officers often suggested that citizens contact another agency for assistance. Table 4-3 indicates the number of police-citizen encounters in which at least one referral was suggested, by type of referral agency. "Suggested" referrals are more common

Table 4-1

Number of Police-Citizen Encounters in Which at Least One Referral Occurred, by Type of Referral Agency

<u>Type of Agency to Which Referral Made</u>	<u>Number of Encounters in Which Referral Occurred</u>	<u>Percent of Total Encounters in Which Referral Occurred</u>	<u>Percent of Total Referrals</u>
Internal Social Service Unit	40	0.7%	14%
Internal Law Enforcement Unit	106	1.9%	36%
External Social Service Agency	43	0.8%	15%
Other Law Enforcement Agency	51	0.9%	18%
General Public Service Agency	21	0.4%	7%
Private Service Provider	30	0.5%	10%
Total	291	5.2% (5,687)	100% (291)

Table 4-2

Total Number of Citizens Referred as a Percentage of the Total Number of Citizens Involved in Police-Citizen Encounters, by Type of Referral Agency

<u>Type of Agency to Which Referral Made</u>	<u>Number of Citizens Referred</u>	<u>Number of Citizens Referred as Percent of Total Citizens in Encounters</u>	<u>Percent of Total Citizens Referred</u>
Internal Social Service Unit	65	0.7%	18%
Internal Law Enforcement Unit	128	1.5%	35%
External Social Service Agency	54	0.6%	15%
Other Law Enforcement Agency	60	0.7%	16%
General Public Service Agency	22	0.3%	6%
Private Service Provider	42	0.5%	11%
Total	371	4.3% (8,700)	100% (371)

than "actual" referrals. A much lower proportion of suggested than actual referrals was made to internal offices. Private service providers, notably lawyers, insurance agents, and tow truck operators, were most commonly offered by patrol officers as sources of assistance, along with other law enforcement agencies. Patterns remained the same when all citizens involved in encounters were examined (Table 4-4). Because of the relatively small number of cases in which a referral of either type occurred, further analysis must be considered tentative.

The type of agency to which patrol officers referred citizens is naturally dependent on the type of problem involved. Table 4-5 shows the problem precipitating the citizen-police encounter (not the problem as dispatched, but as it developed during the encounter) and the type of agency to which officers referred those citizens primarily involved in the encounter. A higher percentage of encounters involving medical assistance were referred than any other type; dependent persons and violent crimes followed closely. No more than 10 percent of the encounters in any other category were referred. It is hardly surprising that police would refer citizens in need of medical assistance to the proper agency, such as an ambulance firm or hospital. That 11 percent of citizens involved in encounters concerning violent crimes were referred is surprising, although the number of cases in this category is quite small. Citizens involved in encounters concerning violent crimes, when referred, were sent to social service agencies just as frequently as to law enforcement agencies. Included are referrals of crime victims and offenders,

Table 4-3

Number of Police-Citizen Encounters in Which at Least One Referral was Suggested,
by Type of Referral Agency

<u>Type of Agency to Which Referral Made</u>	<u>Number of Encounters in Which Referral Suggested</u>	<u>Percent of Total Encounters in Which Referral Suggested</u>	<u>Percent of Total Suggested Referrals</u>
Internal Social Service Unit	18	0.3%	4%
Internal Law Enforcement Unit	61	1.1%	15%
External Social Service Agency	56	1.0%	14%
Other Law Enforcement Agency	86	1.5%	21%
General Public Service Agency	44	0.8%	11%
Private Service Provider	145	2.5%	35%
Total	410	7.2% (5,687)	100% (410)

Table 4-4

Number of Citizens to Whom Police Suggested a Referral as Percentage of Total
Number of Citizens Involved in Police-Citizen Encounters, by Type
of Referral Agency

<u>Type of Agency to Which Referral Made</u>	<u>Number of Citizens to Which Referral Suggested</u>	<u>Number of Citizens Receiving Suggested Referral as Percent of Total Citizens Involved in Encounters</u>	<u>Percent of Total Citizens to Whom Referral Suggested</u>
Internal Social Service Unit	25	0.3%	4%
Internal Law Enforcement Unit	76	0.9%	14%
External Social Service Agency	76	0.9%	14%
Other Law Enforcement Agency	116	1.3%	21%
General Public Service Agency	55	0.6%	10%
Private Service Provider	217	2.5%	38%
Total	565	6.5% (8,700)	100% (565)

in encounters, except in those involving dependent persons. Internal law enforcement offices also received less mention. However, patrol officers serving study neighborhoods were much more likely to suggest that citizens contact either other law enforcement agencies or private service providers. The latter are often agencies or individuals to whom police often hesitate to make direct referrals. For example, 64 percent of suggested referrals in traffic-related encounters were to private service providers, mostly tow-truck operators. More than half of nonviolent crime referrals were to private service providers, many of them insurance agents. It appears then that patrol officers make referrals to internal and external sources with equal frequency, but tend to suggest referrals to external and nonpolice agencies with greater frequency than to internal sources.

Factors Affecting the Likelihood of Referral

We attempted to assess several characteristics of police-citizen encounters that might affect the likelihood of a referral occurring. We have already examined the most important characteristic: the nature of the problem. We also examined whether the type of police and support personnel present at an encounter affected whether a patrol officer made a referral. We found that citizens were referred in 25 percent of encounters in which other government agencies arrived on the scene after the officer (including social workers, highway crews, and any other representatives of government offices), compared

to only 2 percent of encounters where no other agency was present. Similarly, 18 percent of citizens involved in encounters in which police officers from other departments were present were referred, compared to 2 percent in other encounters. When patrol supervisors from the responding officer's department were present at an encounter, citizens were referred 11 percent of the time. It thus appears that the presence of actors other than just the responding officer increase the likelihood of referral; this may be a function of the type or seriousness of the encounter. The number of cases is quite small (25 in the first instance, 60 in the second, and 416 in the third) and results should be interpreted with caution. Sometimes officers indicated that an encounter had not involved "real police work." This occurred for only 2 percent of the encounters observed, but in 44 of them officers indicated that another agency should have handled it. Referrals were made in 21 percent of encounters not involving "real police work," indicating at least an occasional acceptance of referral as an appropriate technique.

Table 4-7

Effect of Citizen Role in Encounter on Referral

<u>Citizen Role</u>	<u>Percent Referred</u>	<u>Percent Suggested Referral</u>	<u>Total</u>
Victim	7%	13%	1,912
Suspect	3%	3%	2,015
Injured Person	20%	0%	91
Witness	4%	5%	159
Requested Service	6%	8%	941
Possessor of Information	7%	3%	414
Other	7%	5%	149

We also examined the effects of citizens' roles in an encounter. As Table 4-7 shows, persons who were injured were naturally referred more frequently than any other participants in encounters, usually to ambulance companies. Victims and persons who possessed potentially useful information but who were not witnesses were referred 7 percent of the time. Suspects, often considered the major target of police referral, were referred only 3 percent of the time.

We looked at the impact of the characteristics of citizens involved in encounters on their likelihood of being referred. Neither sex nor race had any appreciable effect, although females and blacks were slightly more likely than males and whites, respectively, to be referred. Similarly, there were only minor differences by sex and race in the type of agencies to which citizens were referred. Citizens representing business concerns were slightly more likely than others to be referred. Persons who were obviously under the influence of drugs were twice as likely as others (10 percent to 5 percent) to be referred. Persons who appeared mentally disordered were three times more likely than others (15 percent to 5 percent) to be referred.

Emotional state also affected likelihood of referral; citizens who were upset or angry during an encounter were nearly three times as likely as those who were calm to be referred. However, the demeanor of citizens during encounters was less likely to affect referral. Persons who were friendly or apologetic to the officer were just as apt to be referred as persons who were business-like, sarcastic, or hostile. Finally, occasionally citizens requested that an officer contact another police or community agency on their behalf. This

request was made 67 times, and police complied 31 times, a referral rate of 46 percent. Obviously, referral was much more likely when the citizen could articulate a specific request. Citizens requesting the assistance of either an internal or external social service unit were put in contact with that unit 57 percent of the time, a higher rate than that for any other type of agency.

Structural Variables

With the increasing emphasis on the importance of social service provision by police agencies, many departments have established internal units that can either provide services to citizens who contact them directly or assist citizens referred by other units of the department. These specialized units are usually established to compensate for the perceived inadequacy of existing service providers or to improve police effectiveness in dealing with specific problems. By legitimizing referral of citizens with particular needs, police administrators may also increase officer acceptance and use of community referral services, ultimately reducing police workload. On the other hand, officers from police departments with specialized units such as crisis intervention teams or victim assistance programs might accept only these internal units and reduce their referrals to outside sources. By referring internally, officers may avoid perceived problems in transferring jurisdiction over a client to a nonpolice agency.

Several departments studied maintained special social service units which accepted referrals. The Rochester Police Department

operated both a Family Crisis Intervention Team (FACIT) and a victim assistance program, while the Clearwater Police Department established a victim assistance program. Several departments maintained special juvenile aid bureaus, some staffed with civilian counselors, which were available to accept juvenile referrals. In St. Louis, the department placed special emphasis on referral in specific districts. Nearly 58 percent of all encounters involved officers that worked for departments with designated juvenile officers. We examined whether the presence of these units contributed to increased referral activity among patrol officers.

Data presented in Table 4-8 must be interpreted with caution because of the small number of cases. Also, in some instances, surrounding departments were granted access to the social service units of sponsoring departments. Because of the similarity of services offered by most police agencies supporting juvenile officers, referrals to juvenile officers were considered internal referrals along with referrals to specialized juvenile units. This explains why departments with "no" internal social service units still made internal social service referrals.

It appears from Table 4-8 that officers from departments with internal social service units refer internally nearly three times as often as do officers from departments with no special units. However, increased internal referral does not result in increased external referral; there was no difference in the percentage of referrals to external agencies. Results are similar for suggested referrals. Internal referral may be partially a function of department

size; larger police agencies often support more specialized units. The rate of internal referral increases with department size; there appears to be no relationship, however, between external referral and department size.

Table 4-8

Effect of Presence of Internal Social Service Units
on Police Referral

Departments With:	<u>Percent of Actual Referrals to:</u>				<u>Percent of Suggested Referrals to:</u>			
	Internal Social Service Units	External Social Service Agencies	Other Agencies	N	Internal Social Service Units	External Social Service Agencies	Other Agencies	N
Internal Units	27%	15%	58%	74	9%	11%	80%	112
No Internal Units	9%	15%	71%	214	3%	14%	82%	298

Patrol Officer Attitudes Toward and Awareness of Referral

Data from observation of patrol officer activities and from discussions with referral agency representatives indicate that referral, while commonly practiced by officers in the field, is not a particularly frequent occurrence. Even though Chapter 3 indicated that many agencies were available to accept police referrals, most do not receive a large proportion of their clients from the police. Similarly, only in a small percentage of observed encounters was any police referral activity noted. One hypothesis for this relatively low referral activity is that officers do not believe referral to be a viable alternative to other means of handling encounters. To test this, we asked officers serving our study neighborhoods, including those whose behavior we observed plus a sample of other patrol officers and patrol supervisors,

if they felt that referring a citizen to a social service, health, or welfare agency was in most cases a waste of time. Only 15 percent of the more than 1,400 officers interviewed agreed that referral was a waste of time; the remainder felt that it was worthwhile, and one-fourth strongly disagreed with our statement that referral was a waste of time.

There are only minor differences in officer attitudes toward referral by rank (Table 4-9) or race (Table 4-10). Patrol officers are more likely than patrol supervisors or other command personnel to feel that referral is a waste of time. Command officers almost unanimously feel that referral is worthwhile. A higher percentage of white (16 percent) than black (7 percent) officers agree that referral is a waste of time.

Table 4-9

Effect of Officer Rank Differences on Attitudes Toward Referral

<u>Officer's Rank</u>	<u>Referral is a Waste of Officers' Time</u>				<u>Total</u>
	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	
Patrol Officers	2%	15%	58%	25%	1,066
Patrol Supervisors	3%	9%	60%	27%	255
Other Command Personnel	0%	1%	61%	37%	83

Table 4-10

Effect of Officer Race on Attitudes Toward Referral

<u>Officer's Race</u>	<u>Referral is a Waste of Officers' Time</u>				<u>Total</u>
	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	
White	2%	14%	59%	25%	1,245
Black	2%	5%	58%	35%	144

That officers generally feel that referral is worthwhile is borne out by their answers to several questions on the officer survey dealing with police provision of social services. Only about one third of officers interviewed felt that the police should use their squad cars to transport sick or injured persons, and one-third felt they should handle public nuisance calls such as barking dogs or burning rubbish. The majority of officers apparently felt that these calls should either be handled by another agency directly or referred elsewhere by police telephone operators.

Are Officers Aware of Referral Agencies?

Another hypothesis explaining the low observed referral rate is that police officers are unaware of the presence of agencies which accept referrals. This is not supported by our data, however. Among the sample of officers we interviewed, referral to agencies handling domestic disturbances, alcohol treatment, and juvenile problems is routine. These problems are commonly mentioned as among those in which police referral activity has been most concentrated. We asked officers if, when handling encounters involving any of these three problems, there was any agency to which they could refer citizens for help. For each problem, more than 90 percent of the officers responded affirmatively (Table 4-11). When asked if they routinely referred citizens with these problems, more than three-fourths said they referred people involved in domestic crises or problem drinking, and 95 percent said they routinely referred juveniles. Whether "routinely" means every applicable case, once per week, or once per

month was left to the discretion of the individual officer. Clearly, however, officers in our sample are aware of the presence of agencies which accept police referrals.

Table 4-11

Patrol Officer Awareness and Use of Referral Agencies
Handling Selected Problems

	<u>Domestic Disturbance Agency</u>	<u>Alcohol Treatment Agency</u>	<u>Juvenile Problems Agency</u>
Percent of Officers Mentioning	92%	95%	97%
Percent of Officers Using Routinely	78%	78%	95%
Total Officers	1,409	1,409	1,409

Officers mentioned about 60 percent of the agencies that we selected for interviewing. One reason for the seeming disparity is that we interviewed many agencies that provided services other than the three discussed by the officers. Another is that some agencies interviewed provided mainly indirect services, brokering information and referrals to other agencies. Certain agencies were mentioned repeatedly. For example, among officers in the Rochester metropolitan area who indicated their awareness of agencies handling domestic disturbances, more than three-fourths mentioned the FACIT team of the Rochester Police Department. More than half of the officers interviewed in the St. Louis area mentioned that they could refer persons with serious drinking problems to the Detoxification and Diagnostic Evaluation section of the St. Louis State Hospital.

We attempted to examine the effects of police-referral agency interaction on various patterns of patrol officers' awareness of

referral agencies. We tested for the effects of a single authority structure guiding referral in a metropolitan area. We hypothesized that the presence of a community coordinating agency mediating the relationship between the police and social service agencies would be positively related to the incidence of referral. Our measure of the presence of a coordinating agency was very crude; if an agency received United Way or Community Chest funds it was considered to be at least influenced by a coordinating agency. United Way or Community Chest organizations were present at all three study sites. They varied in the degree to which they played an active role in coordinating referral activity. At the time of the study the United Way in St. Louis was actively engaged in arranging formal referral agreements between the Seventh District police team and social service agencies within the team area. However, these agreements were still in an early stage of negotiation at the end of the summer and had not been implemented when interviews were conducted.

In Rochester the Community Chest appeared to be especially concerned with agency effectiveness and was actively encouraging the use of program evaluation among its agencies. In the case of one agency dealing with problem youths, concern about its relationship with the police entered into the evaluation process and became part of the evaluation committee's final recommendations. The United Way in the Tampa-St. Petersburg area, on the other hand, did not appear to be especially active in any aspect of social service provision; researchers there obtained almost no information on the organization except that some of the referral agencies interviewed

received United Way money. Many referral activities in Tampa-St. Petersburg were more heavily influenced by the Florida Department of Health and Rehabilitative Services.

Roughly one fourth of the agencies interviewed received some United Way or Community Chest funds. However, there seems to be very little difference in the percentage of officers who said they referred to United Way-sponsored agencies and the percentage who said they referred to other agencies. In fact, the existence of a coordinating agency has a slight negative effect on officers' awareness of referral agencies. One explanation is that agencies receiving United Way monies are all privately-sponsored and referral to public agencies is more likely than to private ones. When agency type is controlled, the negative relationship disappears and presence of a coordinating agency has no apparent impact on officers' referral awareness.

We also hypothesized that organizations whose officers shared membership on coordinating bodies or boards of directors would be more likely to interact. When police officials sit on agency boards or share membership on councils or committees with social service agency personnel, is the level of officer awareness of that agency increased? Representatives of only 13 agencies indicated that a police officer was a member of their agency's board or shared a committee membership with an agency staff member. Only 3 of these agencies were named by 25 percent or more of the officers patrolling their service areas as agencies to which they routinely referred, however. Even with a small sample, it appears that membership on coordinating bodies does not increase officer awareness of referral agencies.

Another factor presumed important in interagency cooperation is the basis of interaction: voluntary or formal agreement or legal mandate. Interaction may be increased when agreements are mandated or formalized. Laws of several states prescribe instances in which disposition for juveniles and public inebriates is referral to remedial programs or treatment centers instead of arrest. Under these circumstances, the incidence of formal relations between police and referral agencies may result in a higher officer awareness of referral agencies.

Not surprisingly, officers said they routinely referred to agencies that interacted with police only on a voluntary basis less frequently than they did to agencies that had established formal agreements with police or that operated under a legal mandate (Table 4-12). Of course, only one half as many agencies had established formal agreements with police as had established voluntary relations, and only 10 agencies accepted referrals under legal mandate. Conversely, agencies with formal agreements with police or with legal mandates were much more likely than those cooperating voluntarily with police to be named by officers. However, despite these trends the percentage of officers mentioning that they routinely referred to one of the agencies in our sample remains relatively low.

We also examined whether referral agencies in our sample that derive their operating funds primarily from local sources receive police referrals more frequently than agencies supported by state

or federal funds. This is not the case. Table 4-13 shows that agencies receiving less than half of their funds from local sources were generally named by officers more often than were agencies receiving more than half of their funds locally. This may reflect the dimension noted in Table 4-12 in that agencies which enter into formal agreements with police or which employ legal mandates are more likely to receive federal or state funds. Agencies receiving LEAA monies were much more likely than others to be named by higher percentages of officers as ones to which they routinely refer.

Table 4-12

Officer Awareness of Referral Agencies,
by Basis of Interaction Among Police and Referral Agencies

<u>Percent of Officers Naming Agency</u>	<u>Voluntary Basis</u>	<u>Formal Agreement</u>	<u>Legal Mandate</u>
0 Percent	48%	33%	20%
1 - 5 Percent	38%	18%	40%
6 - 25 Percent	8%	21%	20%
26 Percent or More	5%	27%	20%
	100%	100%	100%
Total Agencies	(60)	(33)	(10)

Table 4-13

Officer Awareness of Referral Agencies,
by Source of Referral Agency Funding

<u>Percent of Officers Naming Agency</u>	<u>Less Than 50% Local Funds</u>	<u>50% or More Local Funds</u>
0 Percent	29%	48%
1 - 5 Percent	27%	36%
6 - 25 Percent	24%	7%
26 Percent or More	20%	10%
	100%	100%
Total Agencies	(62)	(41)

Perceived Police Evaluation of Referral Agency Performance

No direct measure of police evaluation of referral agency performance was available for analysis. The Referral Agency Interview did include, however, items asking respondents to note the cooperation between their agencies and local police, and to estimate the police rating of their services. More than three-fourths thought cooperation was outstanding or good, and less than 10 percent thought it was inadequate or very poor. These figures were consistent regardless of the type of agency or its primary interest area. Despite rating cooperation highly, agency representatives apparently felt that police would not rate their services as highly. Only half the representatives thought patrol officers would think their services were outstanding or good, 12 percent thought they would be rated adequate, and 12 percent thought they would be considered inadequate. Again these results were consistent across all interest areas; representatives of public agencies (other than those affiliated with police departments) were more likely than those of private agencies to think police would rate their services as inadequate or very poor. There was no relationship between the percentage of officers naming one of our agencies and agency representatives' perceptions of officer ratings of their services.

We also examined differences in agency representatives' perceptions of officers' ratings by whether the agency was an internal police unit or an external organization. We anticipated that officers would be more aware of internal units and that their representatives

would be confident of a high officer rating. Representatives of six of the nine internal police social service units interviewed believed patrol officers would rate their services as either outstanding or good. Of these six, five were named as agencies to which they frequently referred by more than 25 percent of the officers in their service area. Despite this relatively high awareness factor, the actual rate of observed referrals to internal units was no higher than that to community agencies.

Citizens' Experiences With and Evaluation of Referral

We interviewed nearly 1,700 citizens who had had recent contact with the police. Both citizens who had had face-to-face encounters with patrol officers and those who had had only telephone contact were interviewed. Citizens were selected for interviewing through a complex process that included sampling citizens whom we observed in officer-citizen encounters, monitoring calls for service, and identification through departmental complaint logs. Two basic rules governed sampling. First, we debriefed only citizens who had participated in encounters that occurred in our study neighborhoods, or who had called about an incident that had occurred in a study neighborhood. Second, we debriefed only individuals who participated in encounters or called the police during patrol shifts that we monitored. The following analysis involves both citizens who telephoned police only and citizens who participated in face-to-face encounters.

We asked citizens if the police official with whom they spoke, over the telephone or in-person, told them to contact anyone else

about their problem; 16 percent (263 persons) indicated they had been referred. Table 4-14 shows the types of agencies receiving the referrals. Most (47 percent) went to private service providers. Earlier analysis showed that most referrals to private service providers were suggested, i.e., no direct steps were taken to place the citizen in contact with the agency. Another 21 percent went to internal law enforcement offices, and 16 percent went to other law enforcement agencies. Only 10 percent went to social service agencies.

Table 4-14

Types of Agencies Receiving Referrals, Debriefing

<u>Agency Type</u>	<u>Number of Referrals</u>	<u>Percent of Referrals</u>
Internal Social Service Unit	4	2%
External Law Enforcement Unit	52	21%
External Social Service Agency	19	8%
Other Law Enforcement Agency	41	16%
General Public Service Agency	19	8%
Private Service Provider	119	47%
Total	253	100%

Only one third of those referred said the police helped them to get in touch with the agency recommended, further indication that the majority of referrals were suggested. Of the 61 persons who said the police helped them contact the agency, only one said the police made

an appointment on his behalf. Fifty-six percent said the police provided a phone number or address and 33 percent said the police contacted the agency for them, but did not make an appointment. We asked respondents to evaluate the referral response by their police department. One-fourth were very satisfied, 43 percent were satisfied, 11 percent were dissatisfied, and 2 percent were very dissatisfied; the remaining 17 percent were neutral.

Nearly 60 percent of those referred indicated they had contacted the agency mentioned by the police; 41 percent found the agency very helpful, 26 percent somewhat helpful, 24 percent found them no help at all, and the remainder were not sure. Thus despite their satisfaction with the police referral response, fewer citizens were satisfied with the eventual outcome of referral. Among those not contacting the agency to which they were referred, one-fifth felt that the agency's services were no longer needed. Another 12 percent said that contacting the agency would not help, and less than 7 percent each said that contacting the agency took too much time or trouble, might make the problem worse, or that the problem was not important enough to bother with. The remainder (over half) listed other reasons for not contacting the agency.

The picture of referral emerging from this data is that most police referrals are suggested, i.e., police infrequently take steps to place a citizen in contact with a referral agency. Most referrals are to private service providers. When they are referred, citizens are generally satisfied both with the police handling of the problem and the referral agency response, although a higher percentage of citizens are satisfied with the police than find the agency's services helpful.

Summary

Despite a growing interest in police referral in the literature, it appears that police patrol officers infrequently refer citizens they meet during encounters. In only 5 percent of more than 5,700 observed police-citizen encounters did a referral occur; referrals were suggested in 7 percent of encounters. It may be that when we discuss a "low" referral rate during encounters, we are really witnessing the "normal" rate. Referral may be an inappropriate method of handling more than about 5 percent of the situations that confront police. Whether police administrators are willing to redefine the limits within which referral is appropriate, or whether agency administrators are willing to redesign the programs they offer, will in large part determine the growth of referral as a method of handling police-citizen encounters. Because of the limited number of cases in which a referral occurred, conclusions drawn in this chapter must be considered tentative and preliminary.

We found that half of all referrals were to internal offices, although most of these went to law enforcement branches of the departments such as the detective bureau rather than to social service offices such as crisis intervention programs. Other law enforcement offices and community social service agencies together accounted for one third of all referrals. In addition to encounters in which officers took steps to connect citizens with helping agencies, there were several occasions in which officers suggested that citizens contact other agencies or police units. Suggested referrals were slightly more common than actual referrals and were much more likely to be

made to external sources than to internal police offices. Officers suggested that citizens contact private service providers more often than any other kind of agency.

The type of agency to which citizens were referred of course depended on the nature of the problem at hand. A higher percentage of encounters involving medical assistance were referred than any other type, largely because no department studied provided its own ambulance service. Referrals of these problems along with those involving interpersonal conflict and dependent persons went to social service units more frequently than did those for any other type of problem. Patrol officers often suggested that citizens contact general public or private service providers, especially when the problem involved a nonviolent crime, traffic problem, or general assistance.

We examined several factors that might affect the likelihood of referral, including characteristics of police-citizen encounters, the role of the citizen in the encounter, and characteristics of the citizen involved. The nature of the problem is usually the primary factor which determines if a referral is to be made. Referral was more likely when representatives of other government agencies, including other police departments, were on the scene, or when patrol supervisors from the officer's department were present; of course, supervisor presence is usually dictated by the nature of the encounter. Referral was also more likely when the responding officer felt that the problem was not "real police work" and was more properly handled by another agency.

Citizens' roles had less effect on referral outcomes than expected. Suspects were the least likely persons to be referred, although a large literature holds that referral is designed primarily for their benefit. Injured persons were the most likely participants to be referred. Citizen characteristics and demeanor had little effect on referral outcomes, perhaps indicating that officers acted without regard to extraneous factors, instead heeding only the merits of the case. Citizens' sex and race had no effect on the likelihood of referral. Citizens who appeared under the influence of drugs or alcohol or who seemed mentally incapacitated were more likely to be referred than others. Citizens who requested that they be placed in contact with another agency were granted their wish about half of the time, although persons wishing help from a social service agency were referred more often than not.

We examined the effects of several structural variables on patterns of referral. One fourth of observed referrals were made to internal social service units. Officers from departments fielding these units referred internally nearly three times as often as did officers from departments with no special units. Increased internal referral, however, did not result in increased external referral. Internal referral may be partially a function of department size; larger police agencies tend to support more specialized units, and the rate of internal referral increases with department size.

Since officer referral activity was infrequent, we hypothesized that it might be a function of officer attitudes. However, 85 percent of patrol officers and supervisors interviewed felt that referral was

not a waste of time. We also considered the hypothesis that infrequent referral activity was a function of officers being unaware of the existence of community service agencies. However, 75 percent of officers interviewed indicated that they routinely referred citizens to agencies handling domestic disturbances or problem drinking, and 95 percent said they routinely referred citizens to agencies involved with problem juveniles. When asked to list the agencies to which they commonly referred, officers mentioned about 60 percent of the agencies that we interviewed and discussed in the previous chapter. We did not expect a higher congruence since officers were only asked about 3 of the 10 social problems used in selecting agencies for inclusion.

We examined the effects of various patterns of police-referral agency interaction on officers' awareness of referral agencies. Few of the patterns studied had significant impact on officer awareness. The presence of a single authority structure influencing referral in a metropolitan area had no impact when agency type was controlled. Similarly, joint presence of police and referral agency officials on agency boards of directors had no impact on officer awareness, although the number of cases was very small. However, officers were more aware of referral agencies that had established formal working agreements with police or that operated under a legal mandate than they were of agencies that interacted with police on a voluntary basis. We also found that officers named agencies receiving less than half of their funds from local sources as ones to which they routinely referred more frequently than they named other agencies. Apparently officers are more aware of agencies that receive a large portion of their operating funds from federal and state sources.

We examined police-referral agency cooperation by asking referral agency representatives for their perceptions. More than three fourths of the representatives thought cooperation was outstanding or good and only 10 percent thought it was inadequate or very poor. When asked how they thought police officers would rate the quality of their agency's services, only half of the agency representatives thought patrol officers would rate their services as outstanding or good, and 12 percent thought services would be perceived as inadequate.

Finally, we looked briefly at citizens' experiences with and evaluation of referral. The citizens we interviewed were referred infrequently, mostly to private service providers. When they were referred, however, citizens were quite satisfied with the manner in which the police handled the case and generally pleased with the helpfulness of the referral agency. In the next chapter we suggest avenues for further investigation.

CONTINUED

1 OF 2

CHAPTER 5

DIRECTIONS FOR FURTHER RESEARCH

As we noted in the introduction, this report has perhaps raised more questions than it has answered. It has attempted to conceptualize police referral in a clearer and more consistent manner than has characterized previous literature. It has described the characteristics and practices of a wide range of referral agencies located in three metropolitan areas. It has examined police-referral agency relations from both the agency and patrol officer perspectives. It has assessed the extent to which officers refer citizens with whom they interact in field encounters. It has looked briefly at the impressions of citizens who have been referred.

Our goal was one of describing the polyglot of community social service agencies. We did not attempt to make prescriptions on whether, how, or with whom the police should engage in referral activities. Similarly, we were not concerned here with one of the central questions about referral: what is its impact upon both citizens who are referred and the police agencies referring them? We have attempted to demonstrate that police referral exists, that it involves specific police officer actions (which are sometimes not openly identified as such), that it is commonly if infrequently applied in police-citizen encounters, and that the extent of its application is largely dependent upon the type of problem at hand. Additionally, we have examined and compared the characteristics of several different types of agencies which accept referrals, the nature and extent of their referral activities, and their representatives' perceptions of the amount of cooperation they receive from the police.

As important as we think the information contained in this report is for understanding police referral, there is still much to be done. Hopefully this effort represents merely the first step in a continuing investigation. For one thing, the level of analysis in this report lends itself to only the most general policy applications. What is needed is further research on those police-citizen encounters in which policy may dictate that referral is a viable means of handling the problem. Although our focus was on patrol officer activities and referral agency characteristics, we attempted to collect data on departmental policies related to referral. We discovered almost no stated or written policies or general orders except those dealing with legally mandated referral (usually of alcoholics). Yet there were certainly informal policies in effect that guided officers' referral decisions; these need to be investigated. For example, our analysis showed that the likelihood of referral was increased when representatives of other agencies besides the police were present at the scene of an encounter. Their presence may reflect prior departmental decisions that these units are routinely summoned in certain instances. Referral in these cases may be routine, the effect of a prior policy decision. We need research that not only aids development of police referral policy, but that examines whether current policies are in effect.

A second but related recommendation is that others who examine police referral first carefully review federal and state laws relating to the disposition of certain categories of citizens who might be referred such as juveniles, alcoholics, or the mentally ill. Several

states, including Florida, have decriminalized alcoholism, thereby obliging police officers to refer persons deemed alcoholics to detoxification or treatment centers rather than to arrest them. We found a low incidence of referral of persons involved in alcohol-related incidents, possibly because of the lack of facilities or because they were charged with another offense. A "drunk" may act much differently than an "alcoholic"; persons found inebriated in public are sometimes arrested under statutes pertaining to public disturbances, public nuisances, or disorderly conduct. Researchers would be well-advised to review both the legal mandate offered police and ways that officers can circumvent legal constraints.

This discussion suggests a third recommendation, one voiced most strongly by Herman Goldstein (1979) that to understand policing, and to improve it, requires a problem-oriented approach. Our approach was to examine police-citizen encounters and to look for those in which a referral was made; this is most helpful in understanding the extent to which referral occurs and the types of problems that are most often referred. But to investigate the impact of referral, one must choose a particular type of problem such as public drunkenness, note those encounters in which a referral occurs, and examine the activities of both the police and the referred individual. Goldstein suggests that the end product of policing consists of dealing with a broad range of problems which are rarely precisely identified and which may require extremely costly methods of identification and elaboration, including direct observation in the squad car. Focus on a specific problem may allow researchers to identify relevant

departmental policies or state laws, then to observe how police handle only those incidents of interest. Much more detailed data on the type of problem and persons involved could be gathered with a specific focus; the greatest drawback is the monumental cost of such data collection.

A fourth recommendation also stems from the need to narrow the generality of our report. Some information was invariably lost because of our comparison of so many divergent types of referral agencies. Now that we have an idea of the range and types of agencies that exist, a more specific approach is in order. Whether an officer refers depends not only on the problem, but on the nature of available referral resources, the genesis of community agencies and their patterns of funding, the availability of agencies to the police, and agency proximity to the communities they serve. Future research on police referral practices should be undertaken in conjunction with an examination of the presence and availability of referral agencies, an understanding of how they evolved, and a clear knowledge of pertinent laws and policies. The broad-brush approach has been useful, but it provides little interaction data. We now need to move from general concerns about social services to analysis of specific problems.

A final recommendation stems from the previous four: there is a need to assess referral's effectiveness in meeting the goals for which it was designed. Does police referral reduce the impact of the criminal justice system on individuals? Are they helped significantly when referred by patrol officers? What are referral's

effects on police departments? Is patrol officer time spent handling certain kinds of problems significantly reduced? Is manpower freed for assignment to other duties? Is overall police workload reduced and shifted to other agencies? Are police-sponsored referral programs more effective than those offered by community service agencies? We have only begun to scratch the surface of these issues in this report. We have suggested that officers in departments that sponsor their own referral programs will refer more often to these programs than they will to others. Is this the result of increased awareness or of a belief that police referral plans are more effective than others? Answering questions of effectiveness will go far toward developing police referral policies and improving referral practices; first, however, administrators and planners must decide on the goals they wish referral to achieve.

Finally, those who choose to examine referral in the future would do well to heed Goldstein's advice. He notes that referral to community agencies is a step toward improved police response.

But there is a great danger that referral will come to be an end in itself, that the police . . . will not concern themselves adequately with the consequences of referral. If referral does not lead to reducing the citizens' problem, nothing will have been gained by this change. It may even cause harm: expectations that are raised and not fulfilled may lead to further frustrations; the original problem may, as a consequence, be compounded; and the resulting bitterness about government services may feed the tensions that develop in urban areas (Goldstein, 1979: 251).

Careful analysis that assists police planners in developing an informed referral policy can help keep expectations attuned to reality.

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Police Services Study
 Referral Agency Interview

COVER SHEET

1. Form Number	_____	1	2	0	
2. Jurisdiction	_____	3		+	+
3. Organization Name/Seq. Number	_____	9		0	1
4. Interviewer Name/Number	_____	14			
5. Date of Interview	____/____	17	mo		day
6. Total time, in minutes, of interview	_____	20			
7. Type of interview: 1__phone 2__in-person 3__mixed		23	1	2	3
8. Name and title of respondent	_____				
9. Position in organization		24	1	2	3 8
1__director					
2__other administrative officer					
3__other staff member					
8__other					
10. If more than one person interviewed to complete the form, code position of second person using codes in question 9.		25	1	2	3 8 +
11. Is this referral agency part of:					
1__private agency					
2__police agency					
3__state government agency			1	2	3 4
4__county government agency (nonpolice)					
5__city government agency (nonpolice)		26	5	6	7 8
6__city-county government agency					
7__special district					
8__other					
12. If this referral agency is part of one of our study departments, code that department's jurisdiction number		27			
and code the generic Agency and Police Unit Type Code		29			
13. If this referral agency is part of a community organization code the Jurisdiction/Sequence number for that organization		31		+	+
		37			

APPENDIX 1

Referral Agency Interview Form

Police Services Study
Referral Agency Interview

INTRODUCTION

My name is _____. I am working with Indiana University and the University of North Carolina on a study of police services in the _____ metropolitan area. We are particularly interested in ways police deal with social service problems. I would like to talk with you about your program and the contacts your agency has with police (patrol officers).

NOTE: HERE AND THROUGHOUT THIS INTERVIEW REFERENCES TO POLICE DEPARTMENTS ARE OFTEN FOLLOWED BY THE WORDS "PATROL OFFICERS." THIS IS THE ALTERNATIVE PHRASING TO BE USED WHEN INTERVIEWING A POLICE DEPARTMENT'S OWN INTERNAL REFERRAL SERVICE ABOUT RELATIONSHIPS BETWEEN THAT UNIT AND PATROL OFFICERS IN THE SAME DEPARTMENT.

Time Interview Started _____ : _____

First of all, I would like to read you a list of problems that social service agencies sometimes deal with. Would you tell me which of these your agency routinely handles?

- | | | | | |
|--------------------------------------|----|---|---|---|
| 1. Public intoxication 1__no 2__yes | 40 | 1 | 2 | + |
| 2. Mental illness 1__no 2__yes | 41 | 1 | 2 | + |
| 3. Drug abuse 1__no 2__yes | 42 | 1 | 2 | + |
| 4. Juvenile delinquency 1__no 2__yes | 43 | 1 | 2 | + |
| 5. Family crises 1__no 2__yes | 44 | 1 | 2 | + |
| 6. Runaways 1__no 2__yes | 45 | 1 | 2 | + |
| 7. Victim assistance 1__no 2__yes | 46 | 1 | 2 | + |
| 8. Aid to the elderly 1__no 2__yes | 47 | 1 | 2 | + |
| 9. Aid to the indigent 1__no 2__yes | 48 | 1 | 2 | + |
| 10. Suicide prevention 1__no 2__yes | 49 | 1 | 2 | + |

IF NONE OF THE ABOVE SERVICES ARE HANDLED BY THIS AGENCY
TERMINATE THE INTERVIEW.

INDICATE WHICH OF THE ABOVE SERVICES IS THIS AGENCY'S PRIMARY
AREA OF INTEREST. IF THIS IS NOT CLEAR, ASK.

11. Area of primary interest (Code number of service from
above)
NQ 21

Now I'd like to find out which of the following services your agency provides directly to those in need. ASK ONLY THOSE WHICH ARE REASONABLE.

12. Does your agency provide emergency medical assistance?

1__no 2__yes

52 1 2 +

IF YES: How long have you provided it? (years)

53 _____

Why did you start providing this service?
NQ 22

IF NO: Did you ever provide this service?

1__no 2__yes

55 1 2 +

IF YES: Why did you stop providing it?
NQ 23

13. Does your agency provide psychological counseling?

1__no 2__yes

56 1 2 +

IF YES: How long have you provided it? (years)

57 _____

Why did you start providing this service?
NQ 22

IF NO: Did you ever provide this service?

1__no 2__yes

59 1 2 +

IF YES: Why did you stop providing it?
NQ 23

14. Does your agency provide crisis intervention or counseling?

1__no 2__yes

60 1 2 +

IF YES: How long have you provided it? (years)

61 _____

Why did you start providing this service?
NQ 22

IF NO: Did you ever provide this service?

1__no 2__yes

63 1 2 +

IF YES: Why did you stop providing it?
NQ 23

15. Does your agency provide shelter? (a place for people to stay temporarily)

1__no 2__yes

64 1 2 +

IF YES: How long have you provided this service? (years)

65 _____

Why did you start providing it?
NQ 22

IF NO: Did you ever provide this service?

1__no 2__yes

67 1 2 +

IF NO: Why did you stop providing it?
NQ 23

16. Does your agency run a half-way house?

1 no 2 yes

68 1 2 +

IF YES: How long have you run it? (years)

69 _____

Why did you start running it?
NQ 22

IF NO: Did you every run a half-way house?

1 no 2 yes

71 1 2 +

IF YES: Why did you stop running it?
NQ 23

17. Does your agency provide legal aid?

1 no 2 yes

72 1 2 +

IF YES: How long have you provided this service? (years)

73 _____

Why did you start providing it?
NQ 22

IF NO: Did you ever provide this service?

1 no 2 yes

75 1 2 +

IF YES: Why did you stop providing it?
NQ 23

18. Does your agency provide help finding jobs?

1 no 2 yes

76 1 2 +

IF YES: How long have you provided this service? (years)

77 _____

Why did you start providing it?
NQ 22

IF NO: Did you ever provide this service?

1 no 2 yes

79 1 2 +

IF YES: Why did you stop providing it?
NQ 23

NEXT CARD
DUPLICATE 1-12

19. Does your agency provide help getting on welfare?

1 no 2 yes

13 2

IF YES: How long have you provided this service? (years)

14 1 2 +

Why did you start providing it?
NQ 22

15 _____

IF NO: Did you ever provide this service?

1 no 2 yes

17 1 2 +

IF YES: Why did you stop providing it?
NQ 23

20. Does your agency provide help finding housing?

1__no 2__yes

18 1 2 +

IF YES: How long have you provided this service? (years)

19 _____

Why did you start providing it?

NQ 22

IF NO: Did you ever provide this service?

1__no 2__yes

21 1 2 +

IF YES: Why did you stop providing it?

NQ 23

21. Does your agency provide alcohol or drug rehabilitation?

1__no 2__yes

22 1 2 +

IF YES: How long have you provided this service? (years)

23 _____

Why did you start providing it?

NQ 22

IF NO: Did you ever provide this service?

1__no 2__yes

25 1 2 +

IF YES: Why did you stop providing it?

NQ 23

22. Does your agency provide alcohol or drug detoxification?
("sobering-up" or "drying-out" facilities?)

1__no 2__yes

26 1 2 +

IF YES: How long have you provided this service? (years)

27 _____

Why did you start providing it?

NQ 22

IF NO: Did you ever provide this service?

1__no 2__yes

29 1 2 +

IF YES: Why did you stop providing it?

NQ 23

23. Does your agency provide methadone maintenance?

1__no 2__yes

30 1 2 +

IF YES: How long have you provided this service? (years)

31 _____

Why did you start providing it?

NQ 22

IF NO: Did you ever provide this service?

1__no 2__yes

33 1 2 +

IF YES: Why did you stop providing it?

NQ 23

24. What criteria do you think should be used to judge how well your agency is doing?
NQ 24

25. What sorts of information do you (does the agency head) rely on to know how the agency is doing?
NQ 25

26. What geographic area do you serve?

- 1 part of this city/town (specify boundaries below)
- 2 this entire city or town
- 3 part of this county (specify boundaries below)
- 4 this entire county
- 5 area larger than this county (specify boundaries below)

	1	2	3
	4	5	

BOUNDARIES:
NQ 26

27. What hours during the week are you open?

Monday from ____ : ____ (CODE ON 24 HOUR CLOCK) 35 ____ : ____
to ____ : ____ 39 ____ : ____
Tuesday from ____ : ____ 43 ____ : ____
to ____ : ____ 47 ____ : ____
Wednesday from ____ : ____ 51 ____ : ____
to ____ : ____ 55 ____ : ____
Thursday from ____ : ____ 59 ____ : ____
to ____ : ____ 63 ____ : ____
Friday from ____ : ____ 67 ____ : ____
to ____ : ____ 71 ____ : ____
Saturday from ____ : ____ 75 ____ : ____
to ____ : ____
Sunday from ____ : ____ 14 ____ : ____
to ____ : ____ 18 ____ : ____
to ____ : ____ 22 ____ : ____

NEXT CARD 13 3

CODE THE MOST INCLUSIVE HOURS. IF THE AGENCY CLOSES FOR LUNCH OR DINNER, IGNORE CLOSED TIME IN ABOVE CODING. DESCRIBE SUCH PERIODS IN A NARRATIVE. IF CLOSED ON THIS DAY CODE 88:88 IN BOTH TIME SLOTS FOR DAY, IF OPEN 24 HOURS THIS DAY, CODE 00:00 TO 24:00. ALSO DISCUSS IN NARRATIVE IF ONE PART OF THE ORGANIZATION IS OPEN WHILE OTHERS ARE CLOSED.
NQ 27

IN THE FOLLOWING SECTION SUBSTITUTE "DOCTOR, NURSE, LAWYER, COUNSELOR" FOR THE TERM "PROFESSIONAL" AS APPROPRIATE.

28. How many people work here full time? 26 ____
INCLUDE ONLY THOSE ASSIGNED TO THIS PART OF A LARGER, MULTI-SERVICE AGENCY SUCH AS A POLICE DEPARTMENT OR COUNTY SOCIAL SERVICES AGENCY.
NQ 28

29. FOR POLICE DEPARTMENTS ONLY: How many of these are sworn officers? 29 ____

30. How many of the full-time staff are volunteers? 32 ____
IF THERE ARE FULL-TIME VOLUNTEERS:
How many of these are professionals? 35 ____

31. How many of the full-time paid staff are professional? 38 ____

32. How many people work here part time? 41 ____
INCLUDE ONLY THOSE ASSIGNED TO THIS PART OF A LARGER, MULTI-SERVICE AGENCY.
NQ 28

33. FOR POLICE DEPARTMENTS ONLY: How many of these are sworn police officers? 44 ____

34. How many of the part-time staff are volunteers? 47 ____
IF THERE ARE PART-TIME VOLUNTEERS:
How many of these are professionals? 50 ____

35. How many of the part-time paid staff are professionals? 53 ____
CLIENTS ARE THE "PEOPLE THE AGENCY WORKS WITH."

36. How many clients does your agency deal with during the average week? 56 ____

37. Do you have facilities and staff to handle more clients than that?
1 no
2 no, have extra facilities, but not staff
3 no, have extra staff, but not facilities
4 yes, have extra staff and facilities 60 1 2 3 4

38. IF AGENCY HAS EXTRA STAFF AND FACILITIES: How many more clients could your agency accommodate per week?
NQ 29

61 — — —

39. What proportion of your clients are carry-overs? (are with your agency for more than one week)
NQ 30

64 — — —

40. What proportion of your clients have been to your agency before? (are repeaters, returnees)
NQ 31

66 — — —

REMINDER: IN THE NEXT SET OF QUESTIONS, THE ALTERNATIVE WORDING (patrol officers) IS TO BE USED IN INTERVIEWS WITH PARTS OF POLICE DEPARTMENTS.

41. What proportion of your clients are referred to you by police (patrol officers)?
NQ 32

68 — — —

42. Do police (patrol officers) send people to your agency rather than charge them with crimes?
NQ 33

1__no 2__yes 9__don't know

70 1 2 9

43. Do police (patrol officers) call your agency to have you pick up clients?
NQ 34

1__no 2__yes 9__don't know

71 1 2 9

44. Do police (patrol officers) bring clients to your agency?
NQ 34

1__no 2__yes 9__don't know

72 1 2 9

45. Do police (patrol officers) call your agency to join them at the scene of a problem?
NQ 34

1__no 2__yes 9__don't know

73 1 2 9

46. Do police (patrol officers) give your agency's name and address to people who might need your services?
NQ 34

1__no 2__yes 9__don't know

74 1 2 9

47. Do police (patrol officers) suggest to your agency the names and addresses of people who might need your services?
NQ 34

1__no 2__yes 9__don't know

75 1 2 9

48. What proportion of the clients referred to your agency by police (patrol officers) do you accept?
NQ 35

76

49. FOR POLICE AGENCIES ONLY: What proportion of your clients are handled by sworn officers?
NQ 35

78

NEXT CARD
DUPLICATE 1-12

13 4

50. Which police departments in this metropolitan area refer the most clients to you?
NQ 36

14

ENTER CODES ("JURISDICTION ID") FOR UP TO FOUR OF OUR STUDY DEPARTMENTS IN THE SPACES TO THE RIGHT. USE 98 TO INDICATE A DEPARTMENT WE ARE NOT STUDYING. NOTE NAME OF OTHER DEPARTMENTS IN NARRATIVE.

16

18

20

51. Are there some police departments you could serve that do not currently use your services?

1__no 2__yes 9__don't know

22 1 2 9 +

IF YES: Which departments are these?
NQ 37

23

ENTER CODES AS IN QUESTION 50 AND NAMES IN NARRATIVE.

25

Why don't they use your services?
NQ 37

27

29

1__don't know about them
2__have other programs they use;
don't need them
3__don't understand their usefulness
8__other
9__don't know

1 2 3

31 8 9 +

52. Does your agency provide police departments (patrol officers) with follow-up information on the clients they refer you?
NQ 38

1__no 2__yes

32 1 2 +

IF YES: What kinds of information do you provide?

- a. progress reports 33 1 2 +
- b. whether the client contacted your agency . . . 34 1 2 +
- c. whether the client finished the program. . . . 35 1 2 +
- d. how long the client was in the program if he/she did not finish 36 1 2 +
- e. recommendations for further police action. . . 37 1 2 +
- f. recommendations for other legal action 38 1 2 +
- g. other. 39 1 2 +

53. If a client in your agency does not cooperate, or does not finish the program, is he or she subject to further legal action?
NQ 39

1__no 2__yes 3__sometimes

40 1 2 3 +

IF YES OR SOMETIMES:

Are clients aware of this?

1__no 2__yes 3__sometimes

41 1 2 3 +

Who decides to return clients for further legal action?
NQ 39

54. How would you rate the cooperation between members of the staff and local police (patrol officers)? Would you say it is:

1__outstanding
2__good
3__adequate
4__inadequate
5__very poor

DON'T READ: 9__don't know

42 1 2 3 4
5 9 +

55. Describe some of the ways in which they cooperate? (meetings, case consultations, training sessions)
NQ 40

56. How do you think most police (patrol officers) in the area you serve rate your agency's services? Would they say:
NQ 41

1__outstanding
2__good
3__adequate
4__inadequate
5__very poor

DON'T READ: 9__don't know 43 1 2 3

Now I'd like to discuss your agency's (division's) expenditures and revenues.

57. What was your total expenditure for the fiscal year including December 1976? CODE IN THOUSANDS
NQ 42

\$ _____
44

58. Approximately what proportion of your funds come from:
NQ 43

- a. federal government. 49
- b. state government. 51
- c. county government 53
- d. municipal government. 55
- e. contributions from the general public 57
- f. contributions from members (and dues) 59
- g. fees for service. 61
- h. contributions and grants from private foundations 63
- i. church funds. 65
- j. national affiliated organizations 67
- k. other 69

59. What reports have been prepared on your agency's activities and accomplishments? May I have a copy for our files?

CODE THE NUMBER OF REPORTS AND OTHER DOCUMENTS OBTAINED.
ENTER THE NAMES OF THESE IN NQ 44

71 — —

Thank you for your cooperation. Would you like a copy of our report?

1__ no 2__yes

IF YES BE SURE TO FILL OUT A REQUEST FOR REPORT FORM.

DURING THE COURSE OF THIS INTERVIEW DID THE RESPONDENT INDICATE THAT THE AGENCY VIEWS ITS MISSION AS "CURING PEOPLE" OR "SOLVING PEOPLE'S PROBLEMS" ON THE ONE HAND OR "PROVIDING TEMPORARY RELIEF" ON THE OTHER? IF SO, INDICATE WHAT WAS SAID IN NQ 45?

IF THERE IS OTHER IMPORTANT INFORMATION ABOUT THIS AGENCY THAT HAS NOT BEEN RECORDED ABOVE, PLEASE REPORT IT IN NQ 46.

APPENDIX 2

Types of Referral Agencies

Time Interview Completed _____ : _____
(Post length of interview on cover page)

Types of Referral Agencies

Internal Social Service Agencies

- 03 - Juvenile officer; juvenile division; juvenile counseling by police officer
- 04 - Family crisis intervention unit
- 05 - Victim assistance unit

Internal Law Enforcement-Related Agencies

- 01 - Patrol units
- 02 - Detective; investigative service; TAC squad; plainclothes
- 06 - Community relations officer, bureau, or division
- 07 - Complaint bureau; someone to make out a complaint about the police
- 08 - Internal affairs division; someone to take information or handle question about officer conduct
- 09 - Police review board; citizen advisory board
- 10 - Police chief/sheriff
- 11 - Line supervisory personnel (lieutenant, district commander)
- 12 - Traffic bureau or division; someone to talk to about traffic ticket
- 14 - Canine unit
- 15 - Crime lab
- 16 - Police garage
- 17 - Jail
- 18 - Records bureau or division
- 19 - Animal control unit
- 20 - Marine patrol
- 21 - Helicopter patrol
- 22 - Property clerk
- 23 - Police headquarters
- 24 - Paddy wagon
- 25 - District police station
- 26 - Police report writer
- 27 - Civil branch, Sheriff's Department
- 29 - Other unit or individual within own department (specified or unspecified)

Community Social Service Agencies

- 50 - Welfare office (government department or other agency specifically mentioned)
- 51 - Housing department; building inspector; someone to handle code violations
- 54 - Unemployment office; government job training programs
- 55 - Social Security Office

Community Social Service Agencies (continued)

- 60 - Health department
- 61 - Nonpolice crime prevention unit
- 70 - Legal aid; legal advice; legal services organization
- 71 - Drug counseling, rehabilitation
- 72 - Alcoholic rehabilitation; counseling/detox center
- 73 - Mental health assistance; psychiatric counseling; commitment advice
- 74 - Other medical advice or service, including hospitals, emergency rooms, clinics
- 75 - Juvenile problem counseling; institutions for dealing with juveniles
- 76 - Family crisis intervention; family problem counseling
- 77 - Victim assistance program
- 78 - Aid for the elderly (other than questions about Social Security)
- 79 - Emergency food assistance
- 80 - Emergency shelter or clothing
- 81 - Financial assistance; help with poverty problems
- 85 - Ambulance, emergency medical unit
- 89 - Other specified or unspecified public or private social service agency

Other Law Enforcement-Related Agencies

- 30 - Magistrate; getting complaint, warrant sworn out
- 31 - Courts
- 32 - Other municipal police department
- 33 - Other county police or sheriff
- 34 - State police or highway patrol
- 35 - Other law enforcement agencies
- 36 - Prosecutor; city attorney
- 37 - Public defender
- 38 - Bail bondsman
- 39 - Crime lab
- 40 - Probation/parole
- 41 - County jail
- 42 - Coroner
- 43 - Central breath testing
- 44 - Other department's jail (not county jail)
- 49 - Other law enforcement/judicial agencies, specified or unspecified

General Public Service Agencies

- 52 - Sanitation department; garbage/trash removal service
- 53 - Schools; school board; truancy officer
- 56 - Fire department
- 58 - Dog catcher; humane society; dog pound
- 59 - Mayor or council person
- 62 - City hall
- 63 - Drivers license bureau or branch

General Public Service Agencies (continued)

- 64 - Parks and recreation
- 65 - Street department and other public works
- 69 - Other specified or unspecified agencies providing general public services

Private Services

- 82 - Clergy
- 90 - Insurance agent or company
- 91 - Private lawyer or attorney
- 92 - Tow truck; service station; wrecker; private garage
- 93 - Funeral home
- 95 - Telephone company
- 96 - Private alarm company
- 97 - Own family
- 98 - Other specified or unspecified private agencies

END