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EXAMINING COMMUNITY-BASED LINKAGES:

AN EXPLORATORY COMPARATIVE ANALYSIS

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CHAPTER I

PURPOSES OF THE RESEARCH, SIGNIFICANCE AND
BACKGROUND

Like prior revolutionary approaches to the
reformation of delinquents, the reintegrative phi-
losophy was an outgrowth of two things: signifi-
cant societal change and new theories of delin-
quency (Empey 1978, p. 526).

Community corrections is an ambitious and
ambiguous term. It suggests corrections program-
ming that takes place outside prison walls, is
located in or near population centers and utilizes
locally available services and resources. Beyond
that, there are as many definitions as there are
definers (Blackmore 1980, p. 4).

Overview and Purpose

Various ideas, grass root efforts and the evolving

national political climate set the stage for the emergence

during the Kennedy Administration of the President's Commit-

tee on Delinquency and Youth Crime. As part of Kennedy's

grand design to open the "new frontier," the committee was

the vehicle to bring about a redefinition of delinquency,

that is to say, how youth crime could best be understood and

what could be done about it.

Established on May 11, 1961, the President's Committee

was formally charged to

'review, evaluate and promote the co-ordina-
tion of the activities of the several departments
and agencies of the Federal government relating to
juvenile delinquency and youth crime'; 'stimulate

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experimentation, innovation and improvement in
Federal programmes'; 'encourage co-operation and
the sharing of information between Federal agen-
cies and state, local and private organizations
. . .' and 'make recommendations to the Federal
departments and agencies on measures to make more
effective the prevention, treatment, and control
of juvenile delinquency and youth crime' (Execu-
tive Order 10940, section 2, as quoted in Marris
and Rein's [1973, p. 22] excellent account).

As it turned out, the President's Committee served as an
executive branch lobbying body which provided a means to 1)
organizationally sidestep the entrenched and inflexible gov-
ernmental bureaucracy and 2) set in motion the disbursement
of planning and seed money for programs developing opera-
tional models of the principles specified by Cloward and
Ohlin's version of strain theory (Cloward and Ohlin 1960;
Cloward and Ohlin 1961; Empey 1978, particularly chapters 11
and 18; Kahn 1969, pp. 64-68; Marris and Rein 1973, pp.
20-25; Moynihan 1970).

Cloward and Ohlin's theory essentially stated that
delinquency, notably the subcultural variety found in lower-
class adolescent males, largely resulted from blocked oppor-
tunities to conformity. Legitimate channels to success and
upward mobility were deemed limited or non-existent and
therefore strain and frustration developed which in turn
produced delinquent subcultures of several types. Drawing
attention to the role and importance of societal root
causes, the obvious solution implied by the theory was wide
ranging social reforms directed at poverty, discrimination,

education, jobs, community organization and empowerment, and specialized services targeted toward individuals, groups and families.

In social planning terms

> What had occurred was a new definition of the planning task and what emerged were new social strategies, service approaches, sponsoring organizations, staffing patterns, public definitions of access and much more. Furthermore, variations in the more detailed specifications of the planning task among the cities chosen for experiments by the President's Committee and granted funds for planning led to variations in emphasis significant enough to identify and characterize each (Kahn 1969, p. 67).

This newly defined planning task and view of the problem inexorably led to a national strategy emphasizing reintegration, prevention and youth development. It is ironic, perhaps incomprehensible to some, that after more than twenty years and all the subsequent developments relating to juvenile justice reform, John Blackmore could write in a 1980 issue of <u>Corrections</u> <u>Magazine</u> that there still remains no agreement on what precisely is meant by community corrections.

The problem can largely be attributed to the fact that the terms community-based alternative or community corrections (almost always used interchangeably) have been quite intentionally used to describe an extraordinarily diverse assortment of services and arrangements ranging from group homes, foster homes, halfway houses, alternative schools, therapeutic communities and adventure stress activities to

advocacy, day treatment, tracking programs, probation and youth service bureaus. Clearly, the term has been loosely used to describe an overall approach or philosophy which is commonly contrasted with institution-based sanctions. Kahn captures the gist of the problem in his statement above where he casts the redefinition in social planning terms; how does one decide when the "variations in emphasis" become so great that basic models of operation violate theoretical assumptions and guiding principles? Uncertainty about this and differences of opinion on what factors (or indicators) differentiate community-based from institution-based sanctions have created a number of serious problems.

First, it has allowed programs to identify themselves as community-based which are as isolated, if not more, from the community as some closed, maximum security facilities. Second, it has fostered weak or invalid research because programs assumed community-based may, in fact, have developed few if any meaningful community linkages. Third, insufficient attention has been paid to the unique set of structural components, program features and critical processes in different community-based models of operation which may be responsible for success with particular clients. In short, all of these factors make it difficult, if not impossible, to determine whether programs purporting to be community-based actually are, and if so, in what ways.

Answers to these questions can only be found if the details and specifications of community-based operation, as they're implemented, are enumerated and understood. Consequently, the purposes of this research are twofold. First, the dissertation was designed to discover and compare the various forms that client and staff involvement with key social networks and community subsystems could take, what functions each served and how the programs were organized and operated to carry out these tasks. Second, the research also examined how well a commonly used set of organizational indicators of community could discriminate among the programs and what, if any, problems arose in applying and interpreting what they meant.

A Brief History of Community-Based Corrections in Concept and Practice

When looking at community-based intervention from an implementation perspective, it is important to understand the origins of the approach; the statutory, policy and administrative developments; and some of the ambiguities and problems which have emerged. In examining the statutory developments which followed the introduction of the reintegrative philosophy, Empey (1978, p. 529) has observed that "some contrasting, partly inconsistent themes" were built into the recommendations proposed in 1967 by President Lyndon Johnson's Commission on Law Enforcement and Administration of Justice (hereafter called the President's Commis-

sion). A general summary and nine task force reports were issued, two of which specifically addressed juvenile justice, Task Force Report: Corrections and Task Force Report: Juvenile Delinquency and Youth Crime. Consistent with the earlier direction favored by President Kennedy's Committee, the President's Commission offered a series of recommendations predominantly reintegrative in nature.

Empey (1978, pp. 529-534) describes the recommendations as possessing two broad reintegrative themes, a heroic set which reflected the earlier emphasis on delinquency prevention and large-scale social change and a hands-off set which stressed saving youth from the stigmatizing and destructive effects of juvenile justice processing. The heroic recommendations involved the provision of educational, social and work opportunities since the problems were seen as inequality, discrimination and poverty, and the hands-off recommendations concerned limiting the power and jurisdiction of the juvenile court because the problem was viewed as the way society reacts to youthful offenders. This latter theme is generally referred to as labeling theory.

While both themes are essentially reintegrative, Empey (1978, p. 534) notes that unless they are somehow reconciled or one gains precedence, each could lead to sharply different social policies:

> It is conceivable, of course, that both sets
> of recommendations might have been adopted and

applied, despite their theoretical
inconsistencies. As it turned out, however, a
modified version of the hands-off recommendations
proved the more attrative and became the core of
the reintegrative philosophy. The heroic recom-
mendations were gradually forgotten, while the
four Ds--decriminalization, diversion, due proc-
ess, and deinstitutionalization--became the hall-
marks of reform. The change, however, was grad-
ual.

The Commission itself did not specifically offer its views

on how the theoretical inconsistency might be reconciled. A

later report issued by the Advisory Commission on Intergo-

vernmental Relations (1977, p. 11), in fact, noted that the

President's Commission ". . . did not discuss or set priori-

ties for its recommendations, nor did it give direction

regarding their implementation." Consequently, the

extremely important questions of priorities and implementa-

tion direction were left up to Congress, the federal

bureaucracy and the states.

As noted by Empey then, reintegration refers to a

broad philosophy or approach which places its hopes in the

capacity of community socializing institutions and forces to

solve delinquency problems through 1) the provision of

opportunities to remedy inequality, discrimination, and pov-

erty and/or 2) limiting the power and jurisdiction of the

juvenile court by relying on diversion, deinstitutionaliza-

tion, and decriminalization. Deinstitutionalization, one of

the proposed strategies for accomplishing these aims, may

seek to keep offenders from entering "institutional" facili-

ties and/or to get juveniles in such facilities out of them (for a detailed discussion of various ways to define institutions of the traditional and nontraditional variety, see Lerman 1982). Community-based service (whether defined in terms of size, restrictiveness, proximity of clients' homes, community programming, or community contacts) may or may not accompany or result from deinstitutionalization efforts. It is possible that no alternative service will be used (see, for example, Schur 1973) or the alternative may not be community-based as defined.

Lerman (1975, p. 3) has suggested that the Commission report writers were convinced corrections could be reformed without the more fundamental reforms to which they referred and he speculates that this apparent optimism stemmed from a belief that individual reformation was considered possible if it took place outside traditional institutional walls. This, of course, represents the ascendancy of classic labeling theory over strain theory, or put differently, the hands-off theme over the heroic theme.

Consistent with this interpretation, the President's Commission (Task Force Report: Corrections, pp. 35-37) gave examples of special community programs it thought worthy of widespread application in a variety of modifications. These included guided group interaction programs, foster and group homes, prerelease guidance centers, intensive treatment programs and reception center parole. The Commission (Correc-

tions, p. 7) envisioned the task of corrections in general
as

> building or rebuilding solid ties between the
> offender and community, integrating or reintegrat-
> ing the offender into community life-- restoring
> family ties, obtaining employment and education,
> securing in the larger sense a place for the
> offender in the routine functioning of society.

The main treatment implication of reintegration was seen as
community-based corrections and the major socializing insti-
tutions specified as important were the family, the school
and employment. Concerning prejudicial dispositions, the
Juvenile Delinquency and Youth Crime Task Force (1967, p.
19) also took the position that it was inappropriate to
specify preferred agencies or to limit the forms. There-
fore, it provided examples of a screening, referral and ser-
vice scheme in the form of a community agency and a youth
service bureau.

The avoidance of specific prescriptions and instead
the presentation of suggested directions can be understood
as a justifiably cautious and deliberate response to two
fears, the appearance of the *federal* government preempting
state and local law enforcement prerogatives and responsi-
bilities, and concern that the way was being paved for the
development of a national police force (Advisory Commission
1977, p. 32). Indeed, given the fragmented pattern of
authority characterizing American government and administra-
tion, it should come as no surprise that "every major reform

has therefore to deal with a question of its structure, as difficult as the social problems it seeks to solve" (Marris and Rein 1973, p. 9). In addition, by 1968 a full fledged law and order backlash had developed in response to the tumult of antiwar radicalism, black militancy, urban civil disorder and political assasination (Advisory Commission 1977, p. 12-14; Walker 1978, p. 11). In short, due to these kinds of constraints and factors as well as to conflicting views about the ultimate goals of correctional sanctions (e.g., deterrence, incapacitation, rehabilitation, retribution, reintegration), it is clear why the reintegrative philosophy in general and community-based corrections in particular have been subject to inconsistent interpretation, varying conceptualizations and ambiguity.

Early Legislative Developments

Although a detailed account of all the legislative developments and commission recommendations which followed the President's Commission is beyond the scope of this review, a brief overview helps to place in perspective 1) the emphasis ultimately reflected in the Juvenile Justice and Delinquency Act of 1974 and 2) subsequent attempts to construct a set of guidelines outlining community-based characteristics for the purpose of implementing the Deinstitutionalization of Status Offenders (DSO) program.

The Office of Law Enforcement Assistance (OLEA), the Law Enforcement Assistance Administration (LEAA) predecessor, came into existence through the Law Enforcement Assistance Act of 1965. Part of the Attorney General's office, OLEA was established to administer the first federal aid program directed toward state and local law enforcement and criminal justice. According to the Advisory Commission (1977, p. 32), OLEA awakened many state and local officials to the availability of federal aid while lessening their fears that such support would result in a diminution of state authority. It also provided substantial funds for law enforcement training and for trying new approaches to crime reduction. On the other hand, OLEA did experience problems in the areas of research and innovative projects.

> Among the most significant obstacles were: a scarcity of well-designed experimental projects, the lack of adequate resources (both personnel and financial) at the state and local level to carry out such projects, insufficient Federal resources to effectively demonstrate project success through replication, and the absence of a complementary Federal grant program to meet basic state and local needs that would allow OLEA to support fewer and larger grants of longer duration focused more narrowly on research (Advisory Commission 1977, p. 33).

Designed to solve some of these problems, Congress passed the Omnibus Crime Control and Safe Streets Act of 1968 (hereafter called the Safe Streets Act) which established LEAA within the Department of Justice and provided improvement grants through State Planning Agencies. While

juvenile justice was not specifically mentioned, the ". . . Act's broad crime control and prevention mandate authorized funding of delinquency control and prevention programs" (LEAA 1974, p. 1). Accompanying this Act was the Juvenile Delinquency Prevention and Control Act of 1968 (hereafter called the Juvenile Delinquency Act).

The Juvenile Delinquency Act assigned to the Department of Health, Education and Welfare (HEW) responsibility for developing a national approach to juvenile delinquency. It explicitly stated that "states were to prepare and implement comprehensive juvenile delinquency plans, and, upon approval, receive Federal funds to carry out prevention, rehabilitation, training, and research programs" (LEAA 1974, p. 1).

In 1970, the Youth Development and Delinquency Prevention Administration (YDDPA) was established within HEW to administer the Juvenile Delinquency Act. According to the Advisory Commission (1977, p. 26), "HEW was expected to give leadership to the states in developing comprehensive plans for juvenile justice that incorporated innovative practices and techniques to deal with the problems of juvenile delinquency." Problems, however, plagued the Act: there were limited appropriations, overlapping authority with Safe Strees programs, administrative delay, inefficiency and confusion, and duplication of HEW's efforts by four different agencies. Dissatisfaction with the Juvenile Delinquency

Act, the 1972 amendments on community-based preventive services and with the administrative performance of HEW led to the inclusion of juvenile delinquency in the 1971 and 1973 amendments to the Safe Streets Act (Advisory Commission 1977, p. 26; Comptroller General 1975, p. 21-22).

In 1971 the Juvenile Delinquency Act was extended for one year and the Interdepartmental Council to Coordinate All Federal Juvenile Delinquency Programs was established. In addition, the Safe Streets Act was amended. Criticism had been raised which ". . . focused on the competence of the states to administer to program, the inadequate distribution of action funds to high-crime areas and the failure to spread funds equitably across criminal justice functional areas" (Advisory Commission 1977, p. 16). Moreover, House and Senate hearings brought out much criticism of the State Planning Agencies (SPAs) and Regional Planning Units (RPUs) which had been established in the Safe Streets Act and concern was expressed about the disproportionate amount of funding for police-related functions with little remaining for corrections. As a consequence of these criticisms, a variety of changes were made, among which was that the definition of law enforcement under Safe Streets was amended to include prevention, control and reduction of juvenile delinquency.

The 1972 Juvenile Delinquency Prevention and Control Act extended the 1971 Juvenile Delinquency Prevention and

Control Act.   Placed into the 1972 Juvenile Delinquency Act
was an earlier agreement between HEW and the Department of
Justice which gave HEW the responsibility for funding pre-
vention programs outside the juvenile justice system with
LEAA continuing to assume responsibility for combating
delinquency within the juvenile justice system.   The
Interdepartmental Council was continued and grants or con-
tracts were authorized to meet the cost of planning, estab-
lishing or operating community-based coordinated youth ser-
vice systems.   Personnel could be trained,   curriculum
developed, and information collected and published on delin-
quency prevention and treatment.   Agencies such as the
police, courts, correctional institutions, detention homes,
and probation and parole authorities were ineligible for
assistance.

It was in the 1973 Omnibus Crime Control and Safe
Streets Act that juvenile delinquency was specifically
required as a component of the comprehensive state plan. No
state plan could be approved unless there was a comprehen-
sive program for juvenile justice. LEAA accelerated its own
national juvenile delinquency effort .and it established a
Juvenile Justice Division within the National Institute of
Law Enforcement and Criminal Justice to further delinquency
research. There remained, however, a fragmented and confus-
ing division of responsibility (Office of Juvenile Justice
and Delinquency Prevention--OJJDP--1980, p.   11).   In an

assessment of Federal efforts to coordinate juvenile delin-
quency programs, the Comptroller General of the United
States, in a 1975 report (p. 51) commented:

> Specific efforts to address the juvenile
> delinquency problem have been limited to either
> planning and funding programs outside of the jus-
> tice system or programs within the justice system.
> They have not been used in conjunction with each
> other because of the legislation of the Federal
> agencies involved [emphasis added]. No effective
> mechanism has been developed for planning and
> funding programs and projects across functional
> lines.

It was also during the year 1973 that the National
Advisory Commission on Criminal Justice Standards and Goals
(NACCJSG) came out with its six reports. In the report
entitled Corrections (1973), NACCJSG provided a succinct
overview of community correctional programming. The report
was based on a nationwide study of corrections and among the
task force members were leading correctional administrators,
judges, lawyers, law enforcement personnel and academicians.
Committees from the American Correctional Association and
the Association of State Correctional Administrators
reviewed proposed standards and made suggestions. It is
worthy of a cursory review because its recommendations were
reflected in the Juvenile Justice and Delinquency Prevention
Act of 1974, a landmark piece of legislation which ". . .
called for major reforms in current practices relating to
the administration of juvenile justice" and for the first
time in American history made juvenile justice a Congres-

sional priority (OJJDP 1980, p. 1; Bengur and Rutherford 1975, pp. 13-14).

The National Advisory Commission's Principles and the Meaning of Community-Based Corrections

In a chapter on corrections and the community (1973, pp. 221-246), the NACCJSG report describes three basic principles which underlie the philosophy of community-based corrections:

1. reduced involvement of individual offenders with the institutional aspects of corrections which are alienating and dehumanizing;

2. extensive involvement with the multiple aspects of the community beginning with the offender and his or her world and extending to the larger social system; and

3. shaping staff recruitment, job descriptions, patterns of training and performance expectations to conform to the radically new roles of inmates, staff and citizens.

These principles are of particular interest because they highlight the difference between guiding principles on the one hand and implemented models of operation on the other. This distinction raises a crucial concern for planners and administrators as they move from the realm of abstraction to program development and operation. It is therefore important to briefly examine the consequences this move can have on developing "variations in emphasis."

Reflected in the NACCJSG principles is the premise that the behavior of offenders in an instutitional or closed setting can neither predict future behavior in the community

nor meaningfully prepare an individual to resume life in the open community. Belief in this premise has prompted many researchers, practitioners and planners to emphasize the importance of the nature and effectiveness of 1) the community reentry process, and 2) the pre- and post-program experience (see, for example, Coates, Miller and Ohlin 1978; Glazer 1964; Haley 1980; Morris 1974; Whittaker 1979).

Paraphrasing Daniel Glazer's contention, Morris (1974, p. 16) has written:

> . . . observation of the behavior of prisoners while in prison is of little assistance . . . Their records before they came to prison, the preservation of such family ties as they have or their improvement while they are in prison, the availability of a place to live and a job to do, all these and similar extra-institutional factors are closely related to later avoidance of criminality.

Coates, Miller and Ohlin (1978, p. 155), in their seven year study of deinstitutionalization in Massachusetts empirically confirmed that the more a program enhances its model of operation by improving its social climate and by increasing the extent and quality of community linkages, the less likely it is that juvenile offenders will either reappear in court or receive a severe disposition if they do reappear. In short, they claim that the more "normalized" the setting, the better the youngster's chances of not recidivating. Moreover, they also found (1978, p. 150) that recidivism rates varied across different regions of the state with the recidivism rates lower for regions offering the greatest

diversity of community-based options. One possible explana-
tion the researchers suggest for the mixed recidivism
results is that the reforms were unevenly implemented across
the state. Indeed, differences were found in terms of the
number of programs, the types of programs being used and the
quality of service.

The Coates, Miller and Ohlin findings were not unex-
pected. In fact, a trend that has historically character-
ized community-based corrections "is the rapid proliferation
of structures and processes" (Adams 1976, p. 82). Given
this wide range of possibilities, a predictable result has
been the tremendous variation in the developed models of
operation. "Models of operation" refers to the specifics of
day-to-day operation with reference to components, features
and processes. This includes details such as who the staff
are and how they relate to clients, what kinds of incentive
systems and award structures are used, how much access to
the community is permitted and what form it takes, how lim-
its are set, what sanctions are used, how much structure is
imposed, how client movement or progression through the pro-
gram is directed, in what way community reintegration is
approached, how case monitoring works, and what the facility
offers by way of physical plant. The point is that the
principles specified by the NACCJSG can be achieved in dra-
matically different ways.

In further support of this, Altschuler and Armstrong (1982, p. 48) have observed that "programs which draw inspiration and direction from various theories of causation and change will share a set of common assumptions and guiding principles, but at the same time, will exhibit different models of operation." It may well be that a specific type of client and staff involvement with particular social networks or community subsystems is emphasized in certain programs. On the other hand, it may turn out that little to no effort is made or action is taken to work with or affect family, schools, peers, employers, etc. thereby rendering a program indistinguishable from a traditionally rehabilitative, client-centered service. It is for these reasons that aggregating data from a variety of so-called community programs for the purposes of comparing outcomes is often methodologically unsound and empirically uninformative.

Moreover, the mistake often made by some is that they confuse the theoretical base of intervention with actual program practice. While implementing a particular program model requires a connection between the theoretical base of intervention and actual program operations, "this linking of descending levels of abstraction involves the movement across 1) grand theories, 2) guiding principles, 3) models of operation, and finally 4) program components, specific structural features and critical processes" (Altschuler and Armstrong 1982, p. 48). Unfortunately, however, it is often

the details of daily operation (or the intervention used)
which tends to receive the least attention in published lit-
erature and distributed reports (see, for example, Reid and
Hanrahan 1982). Consequently, many reports and evaluations
often contain a statement of goals, an idealized program
design and data on some set of outcome measures. Typically
omitted are those details on the model of operation which
are most likely related to measured outcomes.

Another phenomena contributing to the variation in
structures and processes found in so-called community cor-
rectional programs is that historically these programs have
involved a long time to take shape and have in the process
become "intertwined with older traditions and practices."
The effect, according to Empey (1978, p. 558), is that in
some cases reforms are better recognized by the ideals they
propose than by the actual practices to which they give
rise. In fact,

> many "community" programs involve full-time resi-
> dence for youngsters in "group homes," "private
> shelters," or "ranches" in which they remain as
> isolated from family, friends, school and neigh-
> borhood as if they were in a training school.
> Many new programs neither change community net-
> works nor provide legitimate alternatives. They
> may be located in or near a community, but they
> are not part of it. (Empey 1978, p. 556)

The problem with this lack of clarity and precision in dis-
tinguishing community-based programs from institutional set-
tings is that it becomes practically impossible to know what
success or failure can be attributed to. What forms can

community-based characteristics take, on what basis can a set of underlying continua be established, what functions do they serve, how are they achieved, and how can alternatives be organized to promote different types of community-based programming?

The Juvenile Justice and Delinquency Prevention Act of 1974

It was the Juvenile Justice and Delinquency Prevention (JJDP) Act of 1974 which established a national policy directed toward the development of community-based programs and services as a means to prevent delinquency and to divert juveniles from the juvenile justice system in general and from detention and correctional facilities in particular. About the same time that the NACJJSG came out with its six reports, work began in the Congress on a new bill which would restructure the Federal effort in juvenile justice and delinquency. It was designed to formally consolidate the fractured Federal effort in juvenile justice and to explicitly state in one legislative enactment the goals and standards of national policy in this area.

Deliberation continued until the summer of 1974 when a conference committee convened to resolve the differences between the Senate and House versions of S.821. The House bill (H.R.15276) placed administrative control in HEW. It was the judgement of the House Committee on Education and Labor (U.S. Congress, House 1974) that HEW was the logical

locus of administrative responsibility. In their report the Committee stated that HEW already offered the full range of human resouces with which any juvenile delinquency program must interact. It was felt HEW demonstrated commitment by significantly increasing its budgetary requests and by reorganizing the administrative machinary necessary to meet mandated responsibilities. Moreover, the Committee considered the Justice Department too limited and narrow. LEAA was seen as too committed to "crime and punishment" and ineffective in bringing about effective coordination of Federal juvenile delinquency programs.

In a supplemental view filed by Congressman Albert Quie (U.S. Congress, House 1974, pp. 21-22), HEW was strongly criticized for being unable to reach many juveniles, provide leadersip, maintain responsibility, affect coordination and integration, and even spend its authorized funding. LEAA, on the other hand, already had a network or 50 state planning agencies and would keep juvenile justice and delinquency prevention together rather than as separate entities.

Rejecting the recommendations of the Senate Subcommittee to Investigate Juvenile Delinquency, the Senate Judiciary Committee accepted a bill supporting LEAA as the appropriate administrative body. LEAA's already established program in juvenile justice and its efforts to develop truly comprehensive plans were noted as evidence of commitment to

juvenile justice. In addition, fiscal 1972 spending on prevention, diversion, rehabilitation, upgrading resources, drug abuse programs, and developing a comprehensive component was used as an argument against the charges of parochialism and punitiveness directed at LEAA by some. A strong case was made for housing prospective state and local planning and administrative organizations in the already existing state planning agencies:

> Each state planning agency determines needs and priorities for the improvement of law enforcement throughout the entire state. The state planning agency then defines, developes and correlates programs to improve and strengthen law enforcement for its state and all the units of local government within the state. All of this material and information is incorporated into a comprehensive statewide plan for the improvement of law enforcement and criminal justice throughout the State which is annually submitted to LEAA for review and approval. (U.S. Congress, Senate 1974, p. 36)

In the compromise worked out in the conference committee, the newly created Office of Juvenile Justice and Delinquency Prevention (OJJDP) was lodged inside LEAA within the Department of Justice.

Just as the NACCJSG had essentially followed the 1967 President's Commission in support of a policy built around the four Ds, the Juvenile Justice and Delinquency Prevention Act similarly endorsed them. In explaining the intent of the Act, Senator Birch Bayh, Chairman of the Senate Subcommittee on Juvenile Delinquency, commented (Congressional Record 1974, p. 333) that in the first instance, preventive

services outside the juvenile justice system should be available for identifiable, highly vulnerable groups. Bayh further indicated that when a court referral is called for, attempts should be made to divert youth from the juvenile court and even when youths commit serious crime the preferred disposition should be community-based treatment. For the purposes of the Act

> the term "community-based" facility, program, or service means a small, open group home or other suitable place located near the juvenile's home or family and programs of community supervision and service which maintain community and consumer participation in the planning, operation, and evaluation of their programs which may include, but are not limited to, medical, educational, vocational, social, and psychological guidance, training, counseling, alcoholism treatment, drug treatment, and other rehabilitative services. (Sec. 103(1))

The Act further specified that community-based programs and services could be instituted through the development of foster care and shelter care homes, group homes, halfway houses, homemaker and home health services, 24-hour intake screening, volunteer and crisis home programs, day treatment, home probation, and any other designated community-based diagnostic, treatment or rehabilitative service.

The legislation specifically called for the removal of status offender -- and in the 1977 Amendments such nonoffenders as dependent and neglected children -- from juvenile detention and correctional facilities. It also called for reducing the percentage of juveniles committed to any form of juvenile facility by means of probation subsidies and other financial incentives.

Implementation and OJJDP's Definitional Guidelines

To a large degree the 1974 Act represents the ultimate ascendance of labeling theory over strain theory. Even though prevention is referred to, Empey notes (1978, p. 536) that it is not of the heroic society-changing variety but rather a version emphasizing public and private community agencies providing mostly remedial services. The OJJDP position, as reflected in a discussion paper prepared for the Sixth United Nations Congress on the Prevention of Crime and the Treatment of Offenders, is quite clear on this point as well (1980, p. 11):

> The JJDP Act's emphasis on delinquency pre-
> vention reflected the view of the Congress that
> the juvenile justice system of the U.S. was over-
> crowded; that it should be reserved for the han-
> dling of youth who had committed offenses of such
> seriousness as to warrant official action by its
> agents of formal control; that most youth would be
> better off left alone; and that delinquency pre-
> vention is a community responsibility. Thus, con-
> sistent with the new Federal policy on development
> of alternatives to incarceration, the Congress
> called for community-based prevention programs
> [emphasis added].

In short, whether for prevention, diversion or deinstitu-tionalization purposes, the legislation quite clearly pro-posed alternative strategies and programs which were commu-nity-based in nature. As described, however, all along there has been some ambiguity or at least imprecision in what was specifically meant by reintegration in general and community-based alternatives in particular.

The importance of clarity on definition and program rationale cannot be underestimated, specifically on matters of national policy and initiatives. Klein (1979) points out, for example, that major impediments to diversion and deinstitutionalization program implementation have been definitional ambiguity and insufficiently developed program rationales. This can create significant problems in terms of giving programs, particularly those designed for demonstration or research and development purposes, the proper direction and strength. This in turn influences whether programs will serve the appropriate target population and provide the specified intervention strategy. According to Klein (1979, p. 147), the effect of this ambiguity on so-called juvenile diversion and deinstitutionalization programs has been a failure of implementation "exemplified by programs being established where they were not needed, in ways that effects could not be objectively assessed or in ways that have not properly implemented the basic tenets of diversion and deinstitutionalization."

Clearly then, it is essential that factors or dimensions characterizing community-based intervention be understood. Even in cases where there is ambiguity and contrasting goals, it appears prudent to heed Klein's observation (1979, 153) that a mutual comprehension of the pivotal issues in the defining process be sought in order to minimize misunderstanding. Therefore, the following discussion

will highlight OJJDP's experience in attempting to set compliance standards with the requirement that status offenders be removed from detention and correctional facilities and instead be placed in "nonsecure, small community-based alternatives" (OJJDP 1980, p. 5). It will illustrate the difficulties inherent in trying to define on a national level what features or characteristics a community-based alternative should possess.

The job of administering, implementing and monitoring the legislation fell to the newly created OJJDP. It was not until March 24, 1978 that OJJDP published in the Federal Register the proposed criteria for determining whether a placement constituted a detention and correctional facility within the meaning of the OJJDP's placement restrictions for status offenders and nonoffenders (e.g., dependent and neglected, abused). After comments and reactions were solicited, received and reviewed, the final guidelines were published in August 1978. As defined, a detention and correctional facility would consist of the following:

> (a) Any secure public or private facility used for the lawful custody of accused or adjudicated juvenile offenders or non-offenders; or (b) Any public or private facility, secure or non-secure which is also used for the lawful custody or accused or convicted adult criminal offenders; or (c) Any non-secure public or private facility that has a bed capacity for more than 20 accused or adjudicated juvenile offenders or non-offenders unless: 1. The facility is community-based and has a bed capacity of 40 or less; or 2. The facility is used exclusively for the lawful custody of status offenders or non-offenders.

In addition, the guidelines contained a clarification of key terms used in the JJDP Act's definition of community-based:

> (1) Small: Bed capacity of 40 or less. (2) Near: In reasonable proximity to the juvenile's family and home community which allows a child to maintain family and community contact. (3) Consumer Participation: Facility policy and practive facilitates the involvement of program participants in planning, problem solving, and decision making related to the program as it affects them. (4) Community Participation: Facility policy and practice facilitates the involvement of citizens as volunteers, advisors, or direct service providers; and provide for opportunities for communication with neighborhood and other community groups.

Much concern was generated over these definitional criteria and in March 1979 OJJDP published in the Federal Register its decision to reexamine them. As a result of comments and recommendations from interested organizations and individuals, criterion (c) was entirely eliminated. In terms of the evolving administrative definition of what should appropriately be deemed a community-based service, program or facility, there are a number of important points which can be drawn from the developments that took place. It confirms how difficult it can be to distinguish community-based from institutional facilities. It puts into perspective how critically important definition, program goals and conceptualizaton are for implementation on the one hand and for monitoring and accountability on the other. Finally, it emphasizes the role that both practical and political considerations play in the administrative function of public policy implementation.

Due to the elimination of criterion (c), the national guidelines designating what kind of program or service was appropriate for status offenders and nonoffenders (hereafter called nondelinquents) fell largely silent. As finally revised and restated, there was no specific requirement in the guidelines for an alternative to be community-based as defined; there remained only a call for using public and private "nonsecure" facilities. As a result of this, for many in the field the attempt to promulgate definitions on what they considered the sine qua non of a new system of human service alternatives proved disappointing and retreatist.

In a recent book on deinstitutionalization, Paul Lerman (1982) noted that in defining compliance with the standard of least restrictive environment, the August 1978 OJJDP guidelines made use of a combination of five institutional characteristics: size, distance from home, degree of security, restricted population mix and community programming. Following the revisions, of course, all of these characteristics with the exception of the degree of security were omitted. It should be noted, however, that even the security standard is not unambiguous or without its own set of problems. Lerman argues, for example, that by employing the OJJDP secure facility prohibition ". . . a majority of residential (program) types for nondelinquents that classify themselves as open would be unable to meet the official

interpretation of the security standard" (1982, p. 41). Lerman goes on to argue that under the OJJDP regulations a state can be in compliance with a reduction in traditional correctional facilities even when accompanied by a corresponding increase in the use of "nontraditional" and "noncorrectional" institutions such as those utilized by child welfare and mental health.

Lerman's point concerning security is on the mark because "facilites authoritatively prohibiting residents from leaving <u>at</u> <u>any</u> <u>time</u> <u>without</u> <u>approval</u> [emphasis added]" are by definition secure (Federal Register 1978, p. 36402). At the same time that OJJDP advanced this definition of security it also went on record as recognizing "the need for a balance between allowing residents free access to the community and providing facility administrators with sufficient authority to maintain order, limit unreasonable actions on the part of residents, and ensure that children placed in their care do not come and go at all hours of the day and night or absent themselves at will for days at a time" (Federal Register 1978, p. 36402). One might understandably be hard pressed to differentiate in actual practice between a facility authoritatively prohibiting a juvenile from leaving at <u>anytime</u> without approval and a facility ensuring that children in their care do not come and go at all hours of the day and night. Nonetheless, according to the guidelines the former is prohibited as a placement for nondelinquents and the latter allowable.

What is noteworthy about the elimination of the one criterion which specifically required that nondelinquents be place in community-based facilities as they defined it is that the criterion was originally conceived as a compromise allowing for ". . . a certain degree of latitude for facilities over twenty, based on specific community-based programmatic features." The subsequent failure to retain the criterion in any form whatsoever really represents a failure to formulate for the nation as a whole a set of demonstrable standards enabling states and the Federal government to classify appropriate placement facilities for any kind of deinstitutionalized or diverted population. Therefore, it is useful to review OJJDP's rationale for originally devising this criterion as well as reasons for its ultimate elimination.

In August 1978 OJJDP issued its final criteria to determine whether a placement was a detention and correctional facility for the purposes of restricting the entry of nondelinquents. The criteria had been issued and then reissued a second time in order for states and other interested organizations and individuals to comment and make recommendations. In addition to the comments that were received, OJJDP considered research, theory, standards and then current practice so that it would adopt the most appropriate and viable criteria.

OJJDP indicated that documentation it had collected promoted the establishment of 20 or less as the ideal size of a facility suitable for placing youth. In support of this they cited statutory intent (the JJDP Act), recent literature and research, and leading authoritative bodies and standard setting organizations in the juvenile justice and delinquency prevention field. All these sources tended to indicate a capacity of 20 beds as representing the upper range of optimality in terms of cost efficiency and program effectiveness. OJJDP summarized some of the reasons for this. Larger facilities were thought to foster regimentation and routinization as a way for staff to maintain control; to convey an atmosphere of anonymity, powerlessness and isolation; to produce informal, negative resident subcultures; to develop more in-house programs and less utilization of available community resources thereby minimizing the potential for reintegration; and to maintain higher youth-to-staff ratios.

In spite of this, however, OJJDP felt that an absolute restriction of 20 beds was impractical. This was because they felt that normalized, open and cost effective settings might be developed in programs which exceeded 20 beds, and in addition, that factors other than size might make a program desirable. These included nearness to home, client and community participation, degree of security, extent of normalization and the targeted population's composition. More-

over, too many of the existing facilites between the size of
21 and 40 held nondelinquents and these placements would
have immediately been out of compliance which in turn jeop-
ardized Federal funding for the states in which they were
located.

Therefore, OJJDP established a policy of preference
for placing nondelinquents into facilities with a bed capac-
ity of 20 or less. These facilities were given more flexi-
bility in their operations which meant that they did not
have to conform to any of the required features specified as
being central to community-based programming. Small size
coupled with a nonsecure environment as defined would be
sufficient. This allowed these facilities, for example, to
be located outside of the immediate community served and
they could commingle (i.e., mix) delinquents and nondelin-
quents. They could also presumably omit community and con-
sumer participation in program planning, operation and eval-
uation.

What about the requirements for facilities exceeding
20 beds but under 41? As it turns out they would also not
have to be community-based as defined! If they were, how-
ever, they could commingle nondelinquents and delinquents.
If they were not community-based, no commingling was
allowed. In effect, those larger programs not possessing
all the characteristics contained in the community-based
definition could still hold nondelinquents, but not in com-

bination with juveniles who were criminal-type offenders.
Table 1 below summarizes the various requirements.

TABLE 1

PERMITTED POPULATION MIX IN NONSECURE FACILITIES

| | | Size | |
		1-20	21-40
Are C-B Features Required?	Yes	NA*	Nondelinquents and Delinquents
	No	Nondelinquents and Delinquents	Exclusively for Nondelinquents

*According to the guidelines all facilities with less than
21 beds were exempt from having to demonstrate conformance
to community-based operation.

It should be noted that the reasons commingling was
being permitted by OJJDP in this way was because they
believed absolutely restricting it might have resulted in
jurisdictions being forced to develop and fund a dual ser-
vice system of nonsecure facilities. Moreover, OJJDP read-
ily acknowledged that neither definitive research nor statu-
tory intent supported a mandatory prohibition on commingling
delinquents and nondelinquents. In short, either a communi-
ty-based facility or one with a bed capacity of 20 or less
were allowed to commingle delinquents and nondelinquents,
but this was only as long as the nondelinquent population
was never outnumbered by the delinquent population. As the
chart clearly shows, it is only when nondelinquents are
mixed with delinquents in facilities between the size of 21
and 40 that the guidelines specifically require program

operations to conform to the rather loose set of character-
istics defining community-based intervention. In spite of
OJJDP's belief that the three criteria constituted a viable
and realistic national standard with reasonable and thought-
ful flexibility built-in, seven months later OJJDP called
for another reexamination.

The March 1979 announcement of reexamination stated
that the scope and underlying basis of the definition had
raised concern and that the impact on such groups as private
nonprofits and community-based organizations as well as the
potential impact on the eligibility of a number of jurisdic-
tions made it clear a reexamination was in order.

A variety of comments and recommendations were
received as a result of the reexamination process. OJJDP
noted that there was broad support for eliminating criterion
(c) on the reasoning that the criterion 1) went beyond the
intent of Congress, 2) provided little or no flexibility
because it forced placement according to a label and not the
child's needs, 3) prevented many "good" facilities from
operating, and 4) did not take into consideration individual
juveniles or rural situations where community-based facili-
ties could not be readily established. Other comments sug-
gesting only modification in the criterion generally
believed a bed capacity of 40 was arbitrary and prevented
larger facilities from being classified as community-based.
Criterion (c) was finally eliminated leaving the guidelines

only with criteria (a) and (b). The placement facility for nondelinquents would therefore only have to be nonsecure as defined and not used to hold accused or convicted adult criminal offenders.

The great danger emanating from the developments described in this chapter is that the fundamental character- istics and processes which form the basis of community-based program implementation and operation never became explicitly enunciated and accepted at the federal level. As a result, ambiguity remains and consequently accountability at all levels is hampered, research is hamstrung and the probabil- ity that programs will get started on the right track in terms of client population, overall goals and program con- tent is diminished.

It is quite clear that what is most needed at this point is a systematic, comparative case study analysis which utilizes reintegration and its principles as a point of departure in identifying and categorizing community-based characteristics and types, analyzing how they are developed and exploring processes underlying their development. Put somewhat differently, the question can be stated as to whether established programs display in their ongoing opera- tions a variety of underlying continua characterizing their form of community-based intervention, and if so, what are their critical components and how can these inform and guide the development of a conceptualiztion and definitional framework.

In short, if standards and guidelines are to offer prospective and ongoing programs direction and strength, if program designs and goals are to genuinely reflect the ideals and principles underlying reintegration, and if evaluation research (formative and summative) is to validate and reliably determine how and why "success" and "failure" is obtained, then the definition and understanding of community-based intervention must be advanced beyond its current state; a state which is variously characterized as ambiguous, inconsistent and in its infancy. This research is based on the view that this understanding can be accomplished through the systematic collection of qualitative and quantitative data on the nature of community-based intervention in a carefully selected set of "promising, innovative or commendable" programs located throughout the United States.

This research is not a summative or outcome analysis; neither is it a test of a theory or hypothesis. As noted earlier, a lack of clarity and precision in distinguishing community-based characteristics from institutional features has made it impossible to know whether the findings of many studies are based on programs which are, in fact, community-based, much less how particular outcomes are achieved with different offenders in the same program. In this connection, Austin and Krisberg (1982, p. 377) state:

> While the research on alternatives offers important information on policy, the quality of

> the research is, in general, poor. We reviewed
> scores of studies, but found only a few employing
> rigorous methods . . . A major flaw in virtually
> all the studies is the absence of process descrip-
> tions of program conceptualization, context,
> implementation, and demise. Most studies are,
> instead, narrowly preoccupied with evaluating pro-
> gram outcome.

It is, therefore, imperative that future research on pro-
grams and interventions empirically determine to what degree
and in which ways programs are operating as community-based
interventions. This study is intended to provide a frame-
work for movement in this direction.

CHAPTER II

METHODOLOGY

Research Questions and Organization of the Dissertation

Studying the practical nature and implementation of community-based intervention draws attention to a variety of issues including client preparation for and exposure to the community, community reentry and the pre- and post-program experiences of clients. Preparation for and exposure to the community, community reentry and the pre- and post-program experiences of clients refer to an overall reintegration process by which community contact and involvement is promoted, initiated, supported, and monitored. The ways this has been achieved by a carefully selected set of programs, what guidelines for action they imply and the meaning they have for understanding what constitutes community-based intervention are examined in this study.

As discussed in Chapter I, the history of community-based corrections is replete with concern over these kinds of issues. Moreover, treatment-related and policy-oriented research have for many decades analyzed and explored this topic. Drawing upon the research of Allerhand, Weber, and Haug (1966); Apter (1977); Cavior, Schmidt, and Karacki

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(1972); Collins and Pancoast (1976); Dokecki and Hutton (1977); Garbarino (1977a, 1977b); Gatti and Colman (1976); Mayer, Richman, and Balcerzak (1977); Wolins (1974); and others, Whittaker (1979, pp. 124-136) concludes:

> A child's later experiences in school, family and neighborhood will largely determine whether gains achieved in the group life program are maintained. For this reason alone, the group care program needs to link itself with those powerful community institutions that will have an impact on the returning child: family, peer group, school, and others.

In a general sense, the importance of social and environmental factors in delinquency prevention and amelioration has long been recognized. Classic theories of delinquency such as control theory (see, for example, Empey 1978, pp. 207-247; Hirschi 1969; Kornhauser 1978; Matza 1964; Reckless 1961; and Sykes and Matza 1957), cultural deviance theory (see, for example, Empey 1978, pp. 248-282; Glaser 1956; Miller 1958; Shaw and McKay 1942; and Sutherland and Cressey 1970), and strain theory (see, for example, Brennan and Huizinga 1975; Cloward and Ohlin 1960; Empey 1978, pp. 283-312; and Elliott and Voss 1974) all place various degrees of importance on social roles, societal integration, personal bonds and attachments. This can be contrasted with biological (see, for example, Cortes and Gatti 1972; Gluecks 1956; Sheldon 1949) and psychological theories (see, for example, Abrahamson 1960; Cohen 1966; Feldman 1969) of delinquency causation.

Some of the most recent research on social integration and bonding factors continue to make the case for pursuing this emphasis. The Harvard deinstitutionalization study (Coates, Miller and Ohlin 1978), for example, came to the conclusion that it was the community experience both before and after program participation which overwhelmed even the more constructive elements of the programs. The Harvard researchers note that the programs were having little positive effect on the networks to which the clients return and that work with families, schools, employers and the community was clearly called for. Since the Harvard research studied 132 programs, specific details on how programs might be structured and operated were beyond the scope and intent of the research.

Shannon (1982) suggests the critical role played by community institutions, particularly the school system and the very limited effect exerted by more traditional police referrals to court and judicial sanctioning on the continuation into adult life of criminal behavior. Shannon concludes that increasing the variety of alternatives available to the judges should be considered as an approach to greater effectiveness, that the structure and role of school needs rethinking, perhaps by focusing on alternative education programs and that "the ultimate question is not one of how to most expeditiously remove miscreants from the community but how to integrate them into the larger social system so

that their talents will be employed in socially constructive ways."

The National Center for the Assessment of Delinquent Behavior and its Prevention, in a report suggesting a set of theoretically based intervention strategies to prevent serious delinquency (Weiss and Sederstrom 1981), recommends a general model of delinquency which focuses on the roles of the institutions of socialization and peer influences such as the family, school, law, and peers. The ongoing federally sponsored Violent Juvenile Offender initiative (OJJDP 1981) is currently funding four violent offender programs in order to test the efficacy of intervention models which to various degrees incorporate youth involvement in and attachment to family, schools, careers, and peers (i.e., social networking, youth opportunities, and social learning).

In summary, the roles played by family, school and/or work, and peers are paramount in strategies focusing on community-based intervention. Accordingly, Chapters III through V will analyze and discuss the ways in which the programs focus on and deal with the three principal intervention areas of family, peers, and schooling.

In any research focusing on the practical nature and implementation of a concept, the organizational context is an extremely critical aspect, particularly as it relates to program development and design. In terms of community-based interventions, the central concern posed by such considera-

tions is how can the programs be organizationally and structurally tailored so that they can maximize their ability to become part of the community rather than simply being located in the community. Referring to this issue as "organizational integration," Whittaker (1979, p. 128) notes that in addition to facilitating community ties for clients, community-based programs must achieve their own legitimacy and integration within the community of which they are a part:

> These two objectives -- successful integration of graduates and organizational integration -- suggests a certain overlapping of tasks and are mutually reinforcing: when a group child care program is linked with its constituent communities, its graduates will be more readily integrated into the community; when the treatment of an individual child is socially validated by parents, neighbors, schools, and other referring agencies, the agency will be more readily accepted and integrated into the larger community.

Citing the work of Wolf (1976), Bronfenbrenner (1977), and Wolfensberger (1972), Whittaker argues strongly for focusing attention on various ways in which programs can become significant and meaningful parts of the community. However, questions still remain as to how programs can become linked with their constituent communities and what are valid measures indicating this linkage. In a recent Illinois study on the deinstitutionalization of status offenders, Spergel and Korbelik (1979) have explored this question and identified a number of organizational indicators which they believe measure the extent to which an

organization is embedded in the structure of the community, i.e., related physically, culturally, socially, and economically. These same indicators will be used in Chapter VI to discuss and analyze the organizational context of community-based intervention.

In short, the point highlighted here is that there is a great deal of evidence indicating the theoretical importance of and practical value in programs developing community-based intervention strategies. It is equally clear that there remains uncertainty about the variety of ways in which community-based strategies can be achieved. Put somewhat differently, there is a lack of information on the specific nature of these strategies and how they can best be implemented. How and on what basis might these programs differ? What specific tasks are they designed to accomplish? Are clients working with staff on problems or difficulties in the principal intervention areas of family, peers, and school or work? Do these programs differ by type or format, and if so, how? Finally, how are the programs organized and operated and does knowing this advance the current state of knowledge regarding the development of methods which can be used to select the most suitable linkage mechanism for different kinds of youngsters?

Recognizing that community contact can take a number of forms, can be accomplished in a variety of ways, and can be intentionally geared to dealing with only some or very

few support systems, the research questions pursued in each of the intervention areas can be roughly grouped into three categories:

1. the extent, nature and locus of contact,

2. client perceptions and attitudes, and

3. the specific intervention strategy and organizing model used to implement the programs' community-based goals and objectives.

In more specific terms, the questions can best be identified by outlining those which apply to each intervention area:

1. Family Involvement

a) Socially Integrative Interaction

   i) What is the extent of family visitation?

   ii) What is the extent of home visitation?

   iii) What is the extent of family involvement in group activities run by the program?

   iv) Do staff members actively encourage, passively accept, or not want family visits?

b) Problem Engagement and Staff-Family Contact

   i) Are clients working with program staff on family problems or difficulties?

   ii) Do the clients consider these problems or difficulties serious?

   iii) Are family members themselves involved in working on these problems or difficulties?

iv) Do staff members work with the family in other ways or maintain contact with family?

2. Peer Involvement

    a) Socially Integrative Interaction

        i) Do clients' friends come to the program?

        ii) Have staff members met the clients' friends and where does this take place?

        iii) What are the clients' feelings about staff members' views on client-peer involvement?

    b) Problem Engagement and Staff-Peer Contact

        i) Are clients working with staff on peer problems or difficulties?

        ii) Do the clients consider these problems or difficulties serious?

        iii) Are the peers themselves involved in working on these problems or difficulties?

3. Schooling

    a) In-House Educational Components

        i) Principal features and processes

    b) Community Schools

        i) Principal features and processes

    c) Problem Engagement and Staff-Teacher Contact

        i) Are clients working with staff on school problems or difficulties?

        ii) Do the clients consider these problems or difficulties serious?

iii) Are the teachers themselves involved in working on these problems or difficulties?

Data which were gathered on a variety of commonly used organizational indicators of community are also analyzed and discussed in terms of their implications for designing, organizing, and implementing the various kinds of community-based programs described and their apparent usefulness in differentiating the programs.

To reiterate a point made in Chapter I, a longstanding problem that has impeded both the development of a conceptual and practical foundation for community-based services and the elaboration of precise models of community-based programming is the lack of clarity surrounding the features, processes, and conditions characterizing community-based intervention. It is clear from extensively reviewing the work of past commissions and committees, current legislation, administrative guidelines and standards, and earlier research that there is a large body of knowledge and experience from which ideas can be drawn.

Tapping what has been learned from all these efforts as a point of departure, this research utilizes eleven purposively selected, "promising, innovative or commendable" community-based programs throughout the United States in order to comparatively and systematically analyze what they share in common and how they may differ. The intent is to arrive at a greater understanding of what constitutes commu-

nity-based intervention in practical terms and what elements might best be used in establishing a series of underlying continua of community-based interventions. It is also hoped that program planners, administrators, and practitioners can learn about some of the possible strategies to employ and the ways they can be accomplished. It remains the job of future research to test out the resulting formulations on larger numbers of programs, on programs which contain other populations, and on effectiveness.

Initiation of the Study, Research Design, and Site Selection

During the time at which the purpose of the dissertation research and the attendant research questions were being formulated, the University of Chicago's federally funded National Center for the Assessment of Alternatives to Juvenile Justice Processing had begun to plan a study of community-based alternative programs in which serious juvenile offenders participated. Since the dissertation was concerned with discovering and comparing the various forms that client and staff involvement with key social networks and important community subsystems could take, what functions each served and how the programs were organized and operated to carry out these tasks, it was decided that the dissertation research would be conducted in conjunction with the Assessment Center's broader study of alternative programs for serous offenders.

Using additional funding provided through the Graduate Research Fellowship (GRF) Program of the now defunct Office of Criminal Justice Education and Training (GRF is now operated out of the National Institute of Justice), it became possible for the dissertation research to utilize an exploratory and comparative case study analysis of eleven programs (one was subsequently dropped for reasons explained below) which were located throughout the United States. The reasons for using a nonprobability purposive sample had to do with both the kinds of questions being asked and the relative scarcity of primary care, community-based alternative programs specializing in seriously delinquent juvenile offenders.

In order to identify and categorize community-based characteristics and types in various kinds of programs and to examine the processes underlying their development, it was important to be sure that the sample of programs reflected as wide ranging a set of community-based serious juvenile offender programs as could be located. The Massachusetts deinstitutionalization study conducted by Coates, Miller and Ohlin (1978, pp. 77-94) showed that the conventionally accepted typology of correctional settings (e.g., traditional group homes, teaching family model group homes, foster care, day care) generally reflects variation in the degree of emphasis given to the extent and quality of client and staff linkages with the community. Based on this find-

ing, it seemed reasonable to assume that by including pro-
grams of numerous varieties and orientations, the sample
would generally reflect differences in the degree and type
of community-based program characteristics and conditions.

Following this decision, a nationwide search was
undertaken to locate alternative programs in which serious
juvenile offenders participated. During the summer of 1979
a telephone survey was conducted with the designated youth
planner or juvenile justice specialist in each of the 50
State Planning Agencies (SPA) and the District of Columbia.
Each respondent was asked to suggest programs in their state
which they believed offered promising, commendable, or inno-
vative approaches to handling serious juvenile offenders.
Intentionally, no definition of "serious" was given to the
respondents. This was because one of the important ques-
tions guiding the broader Assessment Center's study was what
kind of offenses and/or offense histories led juvenile jus-
tice authorities to consider certain juvenile offenders in
alternative programs as serious.

Approximately 25 programs were identified through this
procedure. Recognizing that SPA officials might not be
aware of all the possible alternative programs in which
serious offenders participated, additional programs were
identified through published literature, federal agencies,
private research organizations, and the Assessment Center's
own collection of "fugitive" literature. Confirming the

findings of the Mann study (1976), it became quite clear that only a few states were pushing forward with the development of community-based alternative programs for serious juvenile offenders and that not many of these programs existed. Moreover, serious juvenile offenders considered suitable for such programs were mixed in with other less seriously delinquent juvenile offenders.

Each of the suggested programs was contacted and Assessment Center staff filled out fact sheets on them. At this point, preliminary screening revealed that some of the initially identified programs were either not dealing with a serious enough population (in terms of severity of the instant offense or chronicity of unlawful behavior) or were, in fact, more closed, institution-based facilities unlikely to yield meaningful observations and data on the nature of community-based characteristics.

Each program remaining in the sample was then profiled according to 14 distinct characteristics which were felt critical to the planned analysis. These characteristics were:

1. residential/nonresidentail

2. area served

3. auspice

4. date of program origination

5. intake critera and the reasons for referral of current clients

6. current clients' demographic information

7. average length of stay

8. sources of referral

9. definition of "serious"

10. program goals and conception of what the program is an alternative to

11. services provided and intervention strategy

12. method of treatment and clinical techniques stressed

13. kind of follow-up and aftercare provided

14. staff composition

A conscious decision was made to exclude programs not engaged in direct service provision as distinct from service brokerage and case management in order to obtain a purposive sample of <u>primary</u> <u>service</u> <u>providers</u>.

Once the 12 potential site-visit programs were selected, they were again contacted, collected information was confirmed, and each was asked if a three-day site visit would be possible. All 12 agreed to participate in the study. During the course of the study, one of the six residential programs was dropped from the sample when it became apparent during the site-visit that the program was almost entirely devoid of any functioning programmatic components, possessed few, if any, community- based characteristics, and closely resembled a traditional closed correctional institution. Consequently, the final sample consisted of 11 programs which exhibited a wide range of programmatic and

organizational possibilities across the 14 characteristics.
Tables 2 and 3 summarize the programs' locations and sizes
(in terms of numbers of clients and staff) as well as the
clients' average age, age range, sex, racial or ethnic back-
ground, and average length of stay.

Since not all the clients were interviewed in some of
the programs, another set of tables (4 and 5) containing
data only on the respondents is presented. Comparing data
in Tables 2 and 3 with Tables 4 and 5 shows that the respon-
dents in the residential and nonresidential programs respec-
tively are quite similar to the programs' total populations
in terms of sex, age, and race/ethnicity. Among residential
respondents, whites are slightly overrepresented (47 percent
as compared to 37 percent) in the sample and among nonresi-
dential respondents whites are again overrepresented (57
percent as compared to 51 percent) but to a lesser degree
than in the residential programs. This is not expected to
introduce any significant problems since the study is prima-
rily concerned with the most serious offenders in the pro-
grams and it was on this basis that the respondents were
chosen.

To check on the comparability of the respondents in
the residential and nonresidential programs, one can look at
the data in Tables 4 and 5. In order to determine whether
the seriousness of the referring offense was similar for
both residential and nonresidential respondents, a compari-

TABLE 2

PROGRAM INFORMATION AND CLIENT DEMOGRAPHICS: RESIDENTIAL PROGRAMS

Name	Location	Avg Lngth of Stay (in mos.)	No of Staff	Total no. of Clients	Age Range	Avg Age	SEX		RACE (%)			
							M	F	W	B	H	I
Esperanza Para Manana (EPM)[a]	Salt Lake City, Ut.	4.5	9	4	11-15	13.8	4	0			4	
Port Boys Group Home (PORT)	Rochester, Minn.	4.3	2[b]	7	13-16	14.3	7	0	6			1
Alternative Rehabilitation Communities, Inc. (ARC)	Harrisburg, Pa.	9	13[c]	10	15-18	16.3	10	0	8	2		
Florida Keys Marine Institute (FKMI)	Key West, Fla.	3.7	18	18[d]	14-17	15.6[e]	18	0	12	6		
Vindicate Society (VIN)	Newark, N.J.	18	14	40	14-17	15.9[f]	40	0	3	36	1	
				79	11-18	15.5			29 (36.7)	44 (55.7)	5 (6.3)	1 (1.3)

[a] The abbreviations in parentheses will be used to denote programs in subsequent tables.

[b] Excludes 2 substitute houseparents and 1 executive director.   [c] Excludes 1 10 hr/mon consultant.

[d] Excludes 37 day students.   [e] Avg. Age based on 17 cases.   [f] Avg. Age based on 18 of the most serious cases.

TABLE 3

PROGRAM INFORMATION AND CLIENT DEMOGRAPHICS: NONRESIDENTIAL PROGRAMS

Name	Location	Avg Lngth of Partic (in mos.)	No of Staff	Total nos. of Clients	Age Range	Avg Age	SEX		RACE (%)			
							M	F	W	B	H	I
Key Tracking Plus (PLUS)[a]	Springfield, Mass.	5	14[b]	11	15-17	15.9	11	0	11			
Katahdin: A Workshop for Youth (KATA)	Minneapolis, Minn.	6	6[c]	13	12-17	15.2	10	3	6	6		1
Copper Mountain Adolescent Day Treatment Center (CM)	Murray, Utah	12	14	14	14-18	16.3	13	1	12		2	
Project Vision (VIS)	New Haven, Conn.	9	6[d]	28	12-16	14.4	27	1		27	1	
Transitional Center (TRANS)	Gretna, La.	9	26[e]	31	13-17	15.2	28	3	20	11		
Viable Alternatives to Institutionalization (VAP)	St. Petersburg, Fla.	4.8	8[f]	NA[g]	13-18	15.8	NA					
				97	12-18	15.2	89 (91.8)	8 (8.2)	49 (50.5)	44 (45.4)	3 (3.0)	1 (1.0)

[a] The abbreviations in parentheses will be used to denote programs in subsequent tables.

[b] Excludes 9 caseworkers working both with Plus and Outreach and Tracking clients. Anywhere from 1/2 to 3/4 of all clients completing Plus enter Key's other program, Outreach and Tracking for an additional 5 months or more. Both programs operate out of the same facility and share some staff. [c] Excludes 1 part-time cook.

[d] Excludes 1 executive director. [e] Excludes 4 staff who drive buses and supplemental staff spending intermittent time at program.

[f] Includes 2 teachers and 1 deputy director at no cost to program.

[g] Program not operational at time of visit; 45 was maximum no. preferred. The age range and average age noted are based on 54 clients who participated during VAP's last full year of operation, 1979-80.

TABLE 4

RESPONDENT DEMOGRAPHICS: RESIDENTIAL PROGRAMS

	No. Interviewed	SEX		RACE (%)				Avg. Age	Age Range	Md Lngth of stay	Seriousness of Self-Reported Instant Offense*		
		M	F	W	B	H	I				Md Score	Mode	Range
EPM	4	4				4		13.8	11-15	1.38	6	6	6-7
PORT	6	6		5			1	14.7	13-16	5.25	11	11	4-12
ARC	7	7		5	2			16.9	15-18	7.0	7	--	5-10
FKMI	8	8		5	3			15.6	15-17	3.93	6	6	2-10
VIN	9	9		1	7	1		16.1	14-18	6.0	5	6	2-10
	34			16 (47)	12 (35)	5 (15)	1 (3)	15.6	13-18	4.05	6	6	2-12

*Self-reported reasons for referral were coded 1-12 on the following basis:

Homicide	1	Burglary 6	Juvenile Status Offenses 11
Armed robbery	2	Larceny 7	Self-referral 12
Robbery	3	Auto theft 8	
Aggravated Assault	4	Vandalism 9	
Assault	5	Misdeameanor (Drugs) 10	

TABLE 5

RESPONDENT DEMOGRAPHICS: NONRESIDENTIAL PROGRAMS

	No. Interviewed	Sex		RACE (%)				Avg. Age	Age Range	Md Length of Stay	Seriousness of Self-Reported Instant Offense*		
		M	F	W	B	H	I				Md Score	Mode	Range
PLUS	10	10		10				15.8	15-17	2.07	8.5	8	6-11
KATA	7	6	1	4	2		1	15.1	12-17	2.5	6	--	3-11
CM	5	5		3		2		16.2	15-17	22.8	5	5	3-11
VIS	9	9			9			14.8	13-16	12.5	5	3	3-8
TRANS	7	7		5	1		(1)**	14.9	13-17	9.0	6	6	6-8
VAP	5	5		2	3			17.0	12-18	4.25	6	6	6-10
	43			24 (57)	15 (36)	2 (5)	1 (2)	15.5	12-18	4.04	6	6	3-11

*Same as bottom of Table 4
**Missing data

son was made based on the self-reported legal offense charged, otherwise known as the instant offense. Although there are well-known limitations to determining seriousness based on self-reported delinquency and legal charges, this was the only means possible to check on comparability between the residential and nonresidential clients. Since the data on previous arrests and adjudications were in many cases not available or of questionable reliability, it was not possible to test for comparability in terms of chronicity.

The comparison on the referring offense was accomplished by assigning different numerical values for each crime category. Based on this method, the analysis revealed that the residential and nonresidential respondents were almost identical in terms of the seriousness of the self-reported legal offense charged (see Tables 4 and 5). In addition, the respondents' median length of stay/enrollment in the residential and nonresidential programs is virtually the same and the average age is 15.6 and 15.5 respectively. Insofar as race and ethnicity are concerned, while the residential and nonresidential programs have approximately the same proportion of black client respondents (36 percent), the residential programs contain a smaller proportion of white client respondents (47 percent as compared to 57 percent) and a larger proportion of Hispanics and American Indians (18 percent as compared to 7 percent). In spite of

these small differences, however, the data in Tables 4 and 5 indicate that the seriousness of the self-reported reason for referral is equivalent.

Instrumentation and Measurement

Guiding the development of specific indicators which tap 1) the variety of forms which client and staff involvement with social networks and community subsystems might take and 2) the set of organizational characteristics reflecting the nature of the relationship between a program and the local community were two perspectives, each one emphasizing different concerns. The first perspective focuses on client experiences and linkages. The second emphasizes the nature of organizational relationships and the importance these relationships have on bonding the program to the local environment.

Utilizing the client linkage perspective, the Harvard Center for Criminal Justice seven year study of deinstitutionalization in Massachusetts (Coates 1977; Coates 1981; Coates, Miller and Ohlin 1978) differentiated a variety of programs on the basis of the extent and quality of relationships between clients and the people and social insitutions within the community. Generally, the greater the extent and quality of community relationships, the more the program was considered community-based. Extent referred to the frequency and duration of interaction with social networks and

community subsystems.   In addition,   higher ratings were given to programs in which the   locus of interaction was the community as opposed to the   program facility.   The quality of the relationship was considered equally important.   This dimension included specific information   about the nature of the   interaction   between   the   client   and   the   community resources.   As an example, Coates (1981, p.   90)   notes the difference between programs that place their clients in pub- lic schools   or   in   jobs as compared   to programs   that only take clients   into the   community for   cultural or   athletic events.

Another perspective which has been used to measure the extent to which a program is community-based involves organ- izational characteristics.   As exemplified by a recent study conducted   in   Illinois   (Spergel and   Korbelik 1979),   this approach focuses on the relationship   between the program as an   organization and   the local   environment.   Emphasis   is placed on   various structural   ways in   which a   program can become more   "locally-oriented," presumably   more responsive to and identified with community   interests and values,   and as a result perhaps more   effective.   The specific measures discussed and analyzed in Chapter VI include size of service area,   source of funding,   reliance on other local organiza- tions, use of volunteers, and staff professionalization.

The client questionnaire (see   Appendix)   was designed to   document youths'   perceptions of   the   kinds of   program

activities in which they were involved, to discover what they believed their problems were, to have them describe their interactions with staff and to identify their sense of the extent to which sources of support from the community were involved in working out problems in three key areas: family, peers, and school. Taking family involvement, for example, each respondent was asked if family members were allowed to visit; whether any family members had, in fact, visited; who and how many times; had there been phone conversations (residential clients only); whether staff did anything to encourage families to visit; and if not, did staff want to have families come to the facility and visit?

In an attempt to differentiate between a general, non-specific family-client visit (i.e., socially integrative interaction) and problem focused, staff-family contact, client respondents were asked a series of questions concerning family problems and family involvement in working out these problems. Had the clients worked with staff on family problems? Were they serious problems? Had staff worked in any way with the family on these problems? In a further exploration of staff-family contact, clients were also asked whether staff had spent any time either working with or talking to their families about other matters. Client responses to these questions are compared and examined in the context of the programs' format and model of operation. A similar set of questions was asked about the extent and

nature of contact with peers and about involvement with schools and teachers. The responses to additional questions about various aspects of the program were used to help construct overall descriptions of program components, features, and processes.

It was not always possible to interview all clients in a given program, particularly in the larger programs. Consequently, where it was known in advance that all clients could not be interviewed, it was decided to interview those clients in the programs who represented the most serious offenders. This was accomplished by selecting those clients who were referred for the most serious offenses. The client interviews were primarily administered by one member of the three person site-visit team. The interview took approximately one hour and consisted mostly of close-ended questions.

The director questionnaire (see Appendix) queried policy and operational matters in such areas as referral, admission criteria, intake, client assessment, program philosophy, components and content, policies and procedures, administration, organization, staffing, and funding. This questionnaire was principally administered in every site by me. It generally took about 12 hours spread over the entire three day period. It consisted of both open and close-ended questions which frequently led to numerous wide ranging discussions on a variety of topics and issues.

The staff questionnaire was administered to key staff who dealt directly with clients. It took about two hours to administer and it focused on job responsibilities, program activities, community relations, degree of contact with families, peers and schools, views on handling clients, and conception of program goals. Almost all of the questions were a subset of those contained in the director questionnaire.

A fourth questionnaire designed to gather overview information on the jurisdictions was administered to either a court or correctional agency representative knowledgeable about the local juvenile justice system. The interview contained questions on options available to police, courts, and corrections for processing juvenile offenders, how the juvenile justice system was structured in terms of the exercise of authority over delinquents, and how the serious juvenile offender was legally and customarily defined in the local jurisdiction.

Pretesting of the questionnaires was carried out under field conditions in local Chicago programs, one residential and the other nonresidential. The client questionnaire pretest revealed the need to rearrange the sequence of certain items and the deletion of others which were extraneous or repetitious. The director questionnaire required streamlining and a number of items needed resequencing so as to improve the flow of the interview.

Information gathered from the interviews with the
directors, staff, and clients, from observations made during
the three day site-visit, and from collected evaluations,
assessments, monitoring reports, annual reports, and corre-
spondence form the overall data base out of which have come
this research and the Assessment Center's study. The site-
visit team was made up of three persons, each with previous
experience in juvenile justice research and/or treatment.
All were associated with the Assessment Center and everyone
had an opportunity to review early drafts of the question-
naire. I was on every visit, Troy Armstrong went on 10 of
the 11 and the third position was rotated among four Assess-
ment Center staff.

The Intervention Strategy Construct

While the meaning of most of the 14 program character-
istics is self-evident, intervention strategy can be defined
in numerous ways. Some in the field use the term treatment
approach synonymously, but this can create some confusion
because of a distinction often made (see, for example,
Street, Vinter and Perrow 1966, p. 21) between treatment
(referring to a focus on psychological reconstruction) and
re-educaton/development (referring to a focus on skill
acquisition, training, and nurturance). For the purposes of
this research, the term intervention strategy will be used
and it refers to the degree of change sought and the range

of attributes targeted for attention (Street, Vinter and Perrow 1966, p. 64).

Generally speaking, the 11 programs can be differenti-ated, first, in terms of their residential or nonresidential formats, and second, in terms of their overall intervention strategy. While there remains considerable variation among programs within the same intervention strategy category and important similiarities across categories, it nevertheless remains possible to identify the predominant emphasis. More specifically, the residential programs can be differentiated by their relative emphasis on 1) a therapeutic milieu or 2) a socialization approach.

On one end of the alternative intervention spectrum are therapeutic milieu programs, often exemplified by many of the so-called therapeutic communities where the strategy is based on more intensive peer group dynamics and the active manipulation and control of the overall environment to bring about changes in behavior, values, and outlook (Street, Vinter and Perrow 1966, pp. 18-22; Whittaker 1974, pp. 221- 222). In general, deviance or delinquency is cor-rected by more thoroughgoing and intensive reorientation and reconstitution. Typically, more extensive and broader changes are sought such as those relating to personality, character, and motivations.

On the other end of the alternative intervention spec-trum for residential programs are socialization programs.

These tend to reflect a caring, supportive, and patterned environment in which the programs seek to achieve less fundamental changes in their clients and target for attention a much narrower range of client attributes. In these programs emphasis is placed more on providing helpful instruction, firm and personalized guidance, good role models, active participation in school and/or work, and involvement in constructive recreational and leisure-time pursuits.

The nonresidential programs provide a different design format, but they can still be differentiated on the basis of the degree of change sought and the range of attributes targeted for attention. Instead of the therapeutic milieu strategy, there is therapeutic day treatment as well as intensive community tracking coupled with comprehensive treatment. These programs, while not in a position to create a 24 hour, seven day-a-week, in-program living/learning environment, are capable of maximally comprehensive and intensive treatment involving virtually all aspects of social interaction, conduct, and psychological well-being.

Nonresidential alternatives classified as socialization programs, much like their residential counterparts, tend to reflect the view that a more modest intervention effort involving training, learning, role modeling, and nurturance is sufficient. Clients tend to be given much more leeway and therefore not as much emphasis is placed on trying to tightly structure and control most of the events that

occur in the course of daily living, both inside and out of the program. This should not be interpreted to mean that events occurring outside the program are not of concern to staff, but that the programs do not keep their clients for a considerable portion of the day and do not routinely impose close monitoring, high staff involvement, and specific rules of conduct on the time spent outside the program. Inside the program facility, the nonresidential socialization programs tend not to as closely and actively manipulate the psychological and social environment. There is, to be sure, an emphasis on producing change through training, counseling, and nurturance, but there is a belief that bringing about this change does not require efforts to make more fundamental alterations in clients' character and personality.

It should be stated, with one notable exception, that none of the program directors or key staff subscribed to the view that their intervention strategy and particular organizing model were suitable for all juvenile offenders, serious or otherwise. It was generally believed that decisions about client placements in programs had much more to do with client-specific behavioral and diagnostic considerations and a given client's suitability (in terms of personality and learning style) for particular types of programs.

It was equally true for both residential and nonresidential programs that whichever intervention strategy was predominant, elements from the other strategy could also be

found. Moreover, programs sharing a common intervention strategy varied significantly on the basis of their implemented model of operation. This will be analyzed in detail in Chapters III through VI. Table 6 indicates how each of the programs, based on observations, interviews with directors, staff and clients, and written materials was classified by format and intervention strategy.

TABLE 6

INTERVENTION STRATEGY AND FORMAT

	Res	NonRes
Therapeutic Milieu/	ARC	PLUS
Therapeutic Day Treatment/	VIN	TRANS
Intensive Community		
Tracking and Treatment		
	EPM	CM
Socialization	FKMI	KATA
	PORT	VAP
		VIS

Overview of Programs

The following descriptions are brief profiles of each of the 11 programs. They should provide the reader with a fairly good sense of how the programs operated and why the programs were placed in the particular intervention strategy categories referred to above. The reader is cautioned that the profiles describe the programs as they operated at the time of the site-visit. Accordingly, it is possible that changes have since been made, perhaps substantial. In addition, some of these programs may no longer be in existence.

Residential Programs

<u>Alternative</u> <u>Rehabilitation</u> <u>Communities</u>, <u>Inc</u>. (ARC) is
a private, nonprofit organization which runs, among other
alternative programs, a highly structured group home located
in a residential neighborhood of Harrisburg, Pennsylvania.
This program attempts to shape all client experiences and
utilized fully the environmental features of the facility
and peer group dynamics to generate positive change. The
goal is to have the "students" come to the realization that
they need to revise their life-style and philosophy in order
to fulfill their potential for growth and maturation. As
stated in the student orientation manual "our aim is .to use
intensely motivating techniques such as individual and group
counseling, reality therapy, lectures, movies, and discus-
sions that will enable you to work through your alibis,
rationalizations, and lies and to replace defiance and fear
with faith that there is a better way of life."

The program seeks to accomplish this aim by treating
the students firmly (they say "nonnegotiaton"), decently
(they say "nonintimidation") and fairly, by moving them in
and out of the community under carefully controlled circum-
stances, and by keeping them intensely busy and active for
virtually all waking hours. Sleeping quarters on the second
floor of the large single family house consist of four bed-
rooms which can sleep one to four students.

The program is a highly restrictive group home which, according to one staff member, reflects a perfect marriage between a group home and a therapeutic community. Formal group sessions are held twice a week, although mealtimes are also used as a vehicle for some staff guided discussions. Extended group sessions, sometimes lasting several days, can be called to resolve longstanding or serious problems concerning overall conduct or specific incidents. Each student is also assigned an individual counselor with whom he meets on a formal basis once a week. This provides for each student one staff person who handles paperwork, monitors progress, supplies individual counseling and support, and guides movement through the program. There are three staff shifts over a 24 hour period.

A simple point system, functioning much like demerits, is used to determine preference along a variety of chores. The point system is also used in combination with assessments of client progress and cooperation to select a student of the month. Overall movement through the program is basically a function of treatment plan progress, timing, and the absence of problems.

Home visitations begin after two months of residence. Students not on restriction are granted two full weekends at home per month. A social contract spelling out expectations and conditions is formulated prior to each home visit. Prominently featured among the program's components is an

elaborate prerelease phase where emphasis is placed on prep-
aration for what will take place after "graduation." This
component is based on the assumption that no matter how ben-
eficial the program is within the facility, the rehabilita-
tion does not end with release. Therefore, as part of this
phase the student actually begins a job, school, technical
training, an apprenticeship, etc. The student, with the
assistance of an outreach counselor, makes the arrangements
and once the phase begins, the student returns to the pro-
gram only on weekends for several weeks.

In-house education is an integral part of the program
and counselors closely assist in this component. An indi-
vidually tailored curriculum is developed for each student.
Both GED preparation and remedial instruction are available.
Practical skill acquisition is stressed throughout.

Vindicate Society (VIN), although using a nearby com-
munity school and local resources for training and job
opportunities also pursues the therapeutic community model,
but with a much more confrontational style and with a staff
made up predominantly of former residents. The program is a
40-bed, long-term, private nonprofit treatment facility
located in the heart of downtown Newark, New Jersey. Group
sessions occur three times a week. Two of the "guided group
confrontation" meetings per week are organized so that three
different subgroupings take place. Depending upon the per-
sonality and style of each youth, he is placed into either
the aggressive, passive, or mixed group.

A highly controversial form of boxing is also practiced at the program. Although the executive director regards it as a strong deterrent, he does not consider it punitive, dangerous, or questionable as a therapeutic technique. This point of view is not similarly held by several other state and local agencies, one of which ordered the practice suspended several different times for varying periods. Individual counseling sessions, although not formally scheduled, are said to occur daily.

Serving a relatively large population, Vindicate appears to maintain a high level of control over the youths. Close surveillance is accomplished by using both staff and other more advanced residents. When in school, clients must have their teachers sign an attendance sheet at the end of each class. This is returned to program counselors at the end of each day. The part-time recreational director at the program also teaches and coaches the football team at the school.

Vindicate's desire is to keep their clients for at least 18 months. It is believed that this will provide sufficient opportunity to bring about individual change through the program's collective group process. This is so ardently endorsed that the executive director maintains there are, in essense, no individualized treatment plans, but rather an intensive group experience intended and ideally suited for any potentially eligible client.

Family work or counseling is not pursued in this program. Instead, special emphasis is placed on preparing clients for independent living. The argument was made that in most cases the home enviroments are so chaotic and disruptive that a return there after completing the program would only contribute to a reversion back to past, negative behaviors.

The program places a great deal of importance on providing positive role models who culturally, socially and economically resemble the residents. Progress through the program is marked by movement through three phases, each reflecting successive levels of increased privileges and autonomy. Considerable emphasis is also paced on physical fitness and sports. Specially equipped recreational rooms have been set up in the facility.

Esperanza Para Manana (EPM), an ethnic group living program for youthful Hispanic offenders is centrally located in an older Salt Lake City, Utah residential neighborhood. EPM seeks to provide a homelike atmosphere and "culturally appropriate" treatment models. The program utilizes a point system by which residents can progress through three discrete program stages. Points are awarded for every eight hour shift in each of 11 categories. Advancement is marked by increased physical mobility, additional privileges, and increased responsibility.

EPM employs mostly Hispanic staff to monitor, role model for, advise, and stabilize its small residential population. It relies heavily on community schools and on weekly home visits following a short period of more restrictive mobility. The regularly scheduled once a week group and individual counseling sessions are largely conducted by the clinical director. Development of ethnic pride and individual self-esteem, dealing constructively with conflict, and taking and demonstrating responsibility form the basis of the program's overall goals.

Deliberate and delicately patterned family intervention is also pursued by the clinical director. This entails two or three visits a month to each youth's home. At the outset, the goal is to establish rapport and develop a relationship which can later serve as the basis for more personal and in-depth counseling. Shared ethnic identity between the family and clinical director is believed to create a common bond which can lead more readily to the development of trust and the acceptance of advice.

The Probationed Offenders Rehabilitation and Training (PORT) Boy's Group Home was the only residential program visited which utilized a live-in houseparent model. A private, nonprofit organization, PORT runs, among other alternative programs, this boys' group home in Rochester, Minnesota. Located in an attractive housing development, the program stresses the teaching of relevant life skills,

developing appropriate group living behavior, and the role
modeling of the married couple who act as the codirectors.

Individual and group counseling appear to be quite
informal and largely unstructured. On a daily basis, some
form of individualized feedback in the form of a casual rap
session usually takes place. This might involve spending
time with the referral agent, a probation officer, a social
worker, or the houseparents. Ordinarily, the residents meet
as a group twice a week. These sessions tend to focus on
household management and adaptive strategies for group liv-
ing. More formalized and intensive counseling, if needed,
is procured from any number of professionals in the commu-
nity.

Weekly home visits are commonplace. The houseparents
also conduct some sessions with families, largely oriented
around parenting skills and instruction. Lacking related
experience and background in dealing with these kinds of
matters and problems, the houseparents are closely super-
vised by the experienced executive director of the group
home's larger controlling agency. The program's overall
structure is clearly in keeping with its orientation toward
having fair-minded, firm role models heading up as homelike
a household as possible. Clients attend schools in the com-
munity.

The Florida Keys Marine Institute (FKMI), at the time
of the site-visit was one of seven marine-oriented offender

programs in Florida making up the Associated Marine Institute (AMI). FKMI focuses on the challenge, inspiration, skill acquisition, and close supervision provided in their maritime and somewhat isolated residential program. The dormitory style building and adjacent grounds occupy a small portion of an abandoned naval base on the island of Key West. During their time in the program youth are kept exceedingly busy, both intellectually and physically.

Progress is closely assessed by means of a relatively complicated point system. All points accumulated by each youngster are noted in a prominently displayed Consistency and Performance Chart. Advancement through the program is dependent upon obtaining sufficient points to reach successive levels of program completion. In addition to using the points as a way to monitor progress and guide advancement through four specified levels, they are also used to reward responsible behavior. Not only are additional privileges earned, but points are used as bidding chips for auctions which are held in order to select students for various trips and special activities.

During the day the 18 or so residential students are intermingled with day students. At such times there can be 50 or more students at the program for schooling and instruction. The four instructor-counselors who teach the marine-oriented subjects also serve as counselors for the residential students. Group sessions for the residents are

a mixed affair; twice a week in a group of about ten with a
community mental health worker from "down the street," once
a week in a group of five with the designated individual
counselor, and a once a week general meeting for level
advancement, awards and course completion recognition, and
information disseminiation. Individual sessions are not
regularly scheduled but consist of informal and as-needed
meetings with the counselor.

The instructor-counselors are recruited on the basis
of their maritime credentials and expertise and their inter-
est in working in this kind of program. Recruitment is done
through advertisements in maritime journals and publica-
tions. One worker expressed concern over the practice of
bringing in persons with little or no background in dealing
with difficult youngsters and then placing them in a resi-
dential program as primary counselors. There are, however,
four other school staff and six dorm counselors who live
with the residents. The program tries to make as much use
as it can of peer input (required for level advancement) and
some group techniques, but the latter falls mainly to two
mental health workers who operate somewhat apart from the
living space and daily activities of the youths.

While families are periodically apprised of their
child's progress, FKMI itself provides no family work or
counseling. Responsibility for this falls to the field
counselor out of the state agency with authority for youth

corrections. Since most of the residential clients are from Miami, which is approximately 160 miles away, there is not much practical opportunity for FKMI staff to deal with families.

Nonresidential Programs

Key Tracking Plus (PLUS) is one of many programs run by Key, Inc., a private, nonprofit organization operating throughout the state of Massachusetts. Located in Springfield, Tracking Plus is a unique and innovative program combining extraordinarily intensive community tracking and broad supportive services with a brief period of highly restrictive residential confinement. The program makes extensive use of local schools and community resources.

Public schools, vocational education programs and adult education classes are all possibilities which can be explored during the first several weeks of program participation. This is one of numerous objectives which comprise the "residential intake" phase of the program. For one to four weeks, clients taken into Plus are housed on the second floor of the program facility. During this time, a residential caseworker is assigned to each of the clients.

The residential caseworker will see the client daily to work on assessment, development of the treatment objectives, arrangement of community tracking plans, and the formulation of a written contract. Three or four family meet-

ings must also be held prior to beginning the community tracking phase of the program. Typically, various problems are explored including limit setting, discipline, parenting skills, marital relationships as they relate to the child, etc. Once-a-week formal group meetings are held with all the clients in PLUS (maximum 11), but the primary emphasis for the residential intake clients is the daily residential caseworker meetings and the family meetings.

While in residence, each youth spends three hours of the morning in school. The school is run by a special educaton teacher who works remedially with the youngsters and tests for achievement levels. The results of this testing are used to help locate the most appropriate educational placement for each client. Generally, it is within the first two day in the program that an outreach caseworker is assigned to every client. This person closely collaborates with the residential caseworker and will be involved in at least some of the family meetings.

Once the community tracking phase begins, the outreach worker assumes primary responsibility for the case, though the residential worker continues to keep abreast of developments. As part of the more standard terms of the community tracking contract, clients agree to be "tracking accountable," to attend school, job training and/or work, to participate in weekly group counsling sessions, to attend the mandatory program sponsored recreational and cultural

activities, and to comply with a curfew. Tracking is 24 hours a day, meaning the client is expected to follow a pre-arranged schedule seven days a week. At set times every day clients must call-in to report their whereabouts, an deviations from the schedule must be called-in at once and unannounced spot checks by the outreach worker are possible at any time and anywhere.

Clients are seen by outreach workers three or four times a day and while some of the contacts may be quite brief, they can also lead to more involved discussions. It is expected that at least twice a week more intensive individual counseling will take place between the client and outreach worker, though it may literally occur anywhere. Family, teachers and employers are encouraged to call PLUS any time and they are regularly contacted by the outreach workers. Mandatory group sessions devoted to both problem solving and recreation occur twice a week and twice a weekend.

A critical facet of the program is "residential backup." During this three or four day period, the youth is once again housed at the facility under restrictive conditions. Used in instances when there is a violation of the contract or at particularly trying and crisis-prone times, it is generally used several times per client during program participation. The previously assigned residential caseworker will intensively work with the youth and the outreach worker will often join them for collaborative sessions.

Transitional Center (TRANS), a program located in Gretna, Louisiana (across the river from New Orleans), falls under the authority of Juvenile Court Services of Jefferson Parish. Technically, it is a public program but due to a unique set of arrangements orchestrated by the court services director, it is able to operate free of many standard bureaucratic constraints such as personnel policies and civil service requirements frequently associated with agencies and programs run by various levels of government.

Targeted at seriously delinquent youth who are diagnosed as either emotionally disturbed or learning disabled, the program provides an intensive learning environment in which clients spend approximately ten hours a day, five days a week. It combines extraordinarily well-rounded special education with at least three times a week of relatively brief individualized counseling sessions and behavior, problem-related daily group sessions.

Having totally abandoned a token economy system for a so-called reality therapy orientation, problems and misbehaviors are dealt with immediately by one of the staff members. The aim is to diffuse the situation at the outset and to confront the problem with positively-oriented concern and firmness. This is facilitated by having counselors spend time in classrooms and teachers participate in the group sessions. Involving the students and parents directly in monthly case reviews is part of this general approach which

heavily emphasizes clear and immediate feedback regarding irresponsible behavior and its consequences for hindering movement through the program. Self-evaluation by the client is considered of primary importance. This includes soliciting the clients' reactions to the comments made by staff in the monthly case reviews, as well as providing the youngsters with an opportunity to express themselves on their progress over the preceding month.

Academic subjects, cultural enrichment activities and events, and vocational/life skill areas are all emphasized and worked on daily. Meals are eaten in small groups which are made up of all the youngsters in a particular counselor's caseload. As with virtually every activity at the program, meals are utilized as a teaching experience; consequently, the youths help with preparation, serving, and cleanup. The competitive side of recreational activities is consciously deemphasized in favor of activities which foster the mastery of basic skills. Accordingly, gymnastics and dance are stressed. This is intended to lessen the competitive edge not handled well by many of the youth and to instead focus on the development of dexterity, strength and accomplishment. An extensive arts and crafts class is held after the dinner hour.

Family work is seen as an essential element in helping to resolve the youngsters' problems. This is achieved through four possible levels of parental involvement:

twice-a-month parent-counselor sessions, once-a-month parent education groups, parental attendance at the child's monthly staffing, and more formalized, intensive family therapy for those who need it. There is much use of volunteers for both in-program activities and in some aftercare arrangements where a big brother/big sister is thought beneficial.

The Copper Mountain Mental Health Day Treatment Center (CM) in Murray, Utah was funded as a special project administered by one of the regional Copper Mountain Mental Health Centers. The project called for the Mental Health Center to subcontract with Odyssey House for the provision of the educational and tracking components and with the YMCA for recreation. The Mental Health Center's role included hiring, shared training, administrative supervision, staff education and the provision of psychological/psychiatric services for the clients. Arrangements were also made for the County Youth Service Center to fund a tracking supervisor position. Two explanations were offered in the project proposal for the joint, subcontracting arrangement: there was no need to duplicate already existing services and through subcontracting the services could be delivered more cheaply by virtue of maximally capitalizing on existing agencies' fixed costs, trained staff and proven expertise.

At the core of Copper Mountain is an alternative school component. Additional components include counseling, organized recreation, and tracking. Schooling at the pro-

gram is based on individually formulated curriculum contracts. The students are involved in setting specific goals and then work with teaching machines in reading, spelling, language arts, mathematics, science, and history. Some group classes are held in social studies, health, and physical education.

The counseling component involves individual, group, and family although the group sessions constitute the major thrust of the counseling component. Occurring four times a week, the community group meeting is held to deal with emerging problems, value clarification and exchange of ideas, determining negative and positive sanctions, and imparting basic information. One of the group meetings is devoted to weekly assessments. This involves assigning points to clients for participation and effort in the various components and for overall responsibility. Individual counseling sessions generally occur at least twice a week and the techniques are mixed. General goals are to build rapport, to address behavior problems and imposed consequences, to establish credible role modes and to deal with overall problems. Family counseling is also available, though it generally involves only a few cases.

Tracking involves one out-of-center contact a day either through phone calls, a brief informal contact or a home visit. In addition, one personal activity each week is expected to take place. Designed for both monitoring and

support purposes, tracking duties include crisis intervention, maintaining contact with families and other concerned agencies, development of personal rapport with the client, functioning as a member of the treatment team wih emphasis on behavior contracting and crisis management, assisting in identifying needed resources particularly for aftercare and maintaining records for treatment contracts and for evaluation purposes.

Copper Mountain also possesses a well-developed and elaborately organized recreational component. Once a week, clients are required to participate in a full day of organized recreational activity such as skiing, horseback riding, bicycling, rock climbing, hiking, handball, and handgliding. A second half-day each week is reserved for a YMCA activity. In addition, there is typically one longer physical challenge trip a month. This could be river runs, camping, backpacking, or the YMCA Honda mini-bike project. The recreational component is predicated on the assumption that sport and recreational pursuits represent an acceptable and meaningful way to channel energy, vent frustration, provide excitement and exhilaration, enhance self-esteem, establish close ties with staff, reward and motivate appropriate behaviors, discourage disruptive and uncooperative actions, and acquire new skills and hobbies that might spark future vocational interests and/or leisure pursuits. The recreational component is run by a director with extensive experi-

ence in sports and a graduate degree in recreational therapy.

Katahdin: A Workshop for Youth (KATA) also has at its core an alternative school component. Located in Minneapolis, Minnesota and operated as a private, nonprofit organization, Katahdin emphasizes in a variety of ways student participation and involvement in the running of the program. Morning meetings, held every day and presided over by the student body president, cover the scheduled activities of the day and any issues of importance the students wish to discuss. The student body as a whole is allowed significant input into decision making. This includes a say in the program's intake decision on each and every prospective client as well as on appeals which are made by students who have been suspended. In addition, the student body actually sets the conditions which must be met for a suspended student in return.

The intent of these "egalitarian gestures" is to create a feeling of ownership in the program. Clients exercise some control over not only what happens to themselves, but also over what happens in the program and to others in it. This extends to the operations of the board of directors where there is a seat reserved for the student body president.

The school curriculum is managed by an accredited secondary school teacher. Each youth is tested and provided

with an individually tailored educational plan. Many of the
clients are academically well behind most students their own
age. Some of them have been out of school for one to two
years, while others may have been enrolled but rarely
attended classes. Weekly educational contracts are formu-
lated and much flexibility exists to accommodate other
activities and events that may be going on. By meeting the
terms of the contract, the youth can earn credits toward
completion of their educational requirement. Fractions of a
credit are given at the end of five weeks if all the weekly
contracts have been successfull completed. Credits earned
at the program are accepted by the local school system and
many of the students continue their schooling at another
alternative school for youngsters who are unable to function
in the regular school system structure.

Counseling at Katahdin emphasizes individual and fam-
ily more than group. In justifying this orientation, the
director pointed out that many of the clients tend to be
loners, that the peer group at the program is not a "natural
peer group" for the students, and that many of the clients
have been through group counseling before and have a strong
aversion to it. There are group meetings twice a week,
largely student directed. In these sessions, clients are
allowed to vent their feelings, voice complaints, and dis-
cuss issues of mutual interest.

Two treatment specialists are responsible for providing individual counseling to their own caseload once a week on a formal basis and additionally as needed. Specific techniques are left to the discretion of the counselor who decides on a case-by-case basis what approach to take.

Family counseling is an extremely important feature of the program. While a few of the more severe cases are brokered out for family counseling, most are handled by the staff. Initially, the families of all new clients must come in for family counseling. Depending upon the need, families come in for four to six weeks on a weekly or every other week basis. After this initial period, the nature and extent of further counseling is renegotiated.

The Viable Alternatives to Institutionalization Program (VAP), at the time of the site visit was one of eight different programs run out of one facility by a private, nonprofit multi-service agency in St. Petersburg, Florida. Clients are basically involved in three components: alternative education, counseling, and job development. The vast majority of Viable's students attend the in-program school. A number of students, however, attended the local vocational technical institute, some worked full-time and came to the program only for counseling and others worked and attended some other adult educational program while coming to Viable just for counseling.

The school provided instruction for three categories of achievement: basic education through the eighth grade, intermediate (pre-GED), and GED prep. Viable clients attended classes with students from some of the other programs. Much of the schooling is oriented toward individualized learning modules rather than group instruction. Teaching machines are used to arouse interest and to provide variety in the course of the school day. The school operates as part of the local school system with students receiving school credit for their work. Diplomas can be obtained if the final requirements are met at the program school.

The school component uses a point system under which points are awarded to students for exhibiting positive behaviors in school-related activities and group meetings. Points are awarded in each of eight categories, summed over the entire week and used in an auction for goods donated by local department stores and businesses. Each student has a point card which closely resembles a checkbook. When items are purchased, students write out their own check for the designated amount and then balance the remaining points.

Having abandoned an intensive group counseling approach utilizing confrontational techniques, the program relies on group counseling sessions run by counselors for their 15 to 22 clients on their caseload. Occurring once or twice a week, these sessions are intended to assist the

clients in gaining an understanding of their behaviors, feelings and problems. Group interaction which is observed by the counselor can later be used as a basis for further inquiry and discussion in the individual counseling sessions. Individual counseling includes intensive, involving at least three sessions a week; moderate, involving at least two sessions a week; and minimal, meeting at least once a week. The frequency of contact is initially determined when the service plan is formulated. The selection of counseling techniques is left to the discretion of individual counselors although weekly case reviews by the staff allow counselors to solicit help and advice.

Family work is initiated in over half the cases. It is frequently arranged at the outset as part of the service plan. Regular contacts with family always take place to present progress reports, to make inquiries and to spot early any developing problems. Separate behavioral contracts are established for some of the clients, particularly younger ones. The job developer works with those Viable clients who will be working part or full-time. Skills taught to these clients include filling out applications, participating in job interviews, seeking appropriate kinds of work, and determining exactly what kind of work is available. The job developer maintains an active listing of available jobs and takes clients to various locations for job interviews. Once a job is procured, the job developer

continues to meet with the youth once or twice a week to monitor progress.

Project Vision (VIS) is a private, nonprofit program run by the Boys' Club in New Haven, Connecticut. The program was designed to provide an intensive probation, big brother type of intervention. Once admitted, clients are considered "primary" cases. This means that the individual counselor must have at least three and occasionally five face to face contacts with the client each week and also spend some time with the client's family and friends. In addition, the counselors are responsible for keeping tabs on their clients on a 24 hour basis and for being available for crisis intervention. Primary status for any client lasts a minimum of six months. In advancing to secondary status, the client is supervised by the same counselor but is only seen twice a week. Counselors are also responsible for assisting their clients in obtaining jobs and for making referrals, if needed, for more intensive psychological or psychiatric services.

Counseling sessions can occur whenever and wherever they appear most needed -- in the home, on the street corner, at school or in the boys' club. No emphasis, however, is placed upon having clients come to the facility once they have been accepted into the program. It is conceivable that once admitted, clients will not reappear at the program facility again. Parents are contacted at least once per

week, either in person or by phone. In addition, regular quarterly parent meetings are held at the boys' club where an open forum is run to discuss common problems.

All educational activity is conducted in the community. Some clients attend an alternative educational program operated by the public school system, others attend a special education program designed for learning disabled youth and still others are enrolled in the regular public schools. All program participants must attend some type of school and counselors are expected to maintain regular contact with their clients' teachers.

CHAPTER III

FOCUSING ON FAMILIES IN A COMMUNITY-BASED
CONTEXT

This chapter will first establish a framework for the
analysis to follow. Then the chapter analyzes the client
linkage perspective from the point of view of the young peo-
ple in the programs. In an hour long interview youths were
administered a largely close-ended questionnaire which
addressed client perceptions and attitudes on what kinds of
problems were being experienced, the nature of their inter-
action with staff, the types of day-to-day program activi-
ties in which they were involved, and the extent to which
sources of support from their own social networks and commu-
nity resources in general were involved in daily aspects of
the program. It is important to note that whether or not
the youngsters' own perceptions are accurate regarding these
issues, the fact remains that 1) such views are likely to
significantly affect their behavior, and 2) the clients'
assessment of what is happening to them and why adds an
essential component in any overall formative evaluation of
program services.

Finally data from the youth interview is examined from
the standpoint of program goals, intervention strategies,

and the specific model of operation employed. This informa-
tion is drawn from the director and staff interviews; a
review of available evaluations, monitoring reports and
annual reports; and observations over three days by the site
visit team. In addition, different types of contact and
emphases both within and between formats are analyzed and
explained.

A Community-Based Context

It is important to first place into an overall frame-
work the whole notion of what it means in this study to
examine program design and implementation in a community-
based context. Based on a review of the literature, other
past and more recent empirical research, and the findings of
this study, it is quite evident that there are a variety of
ways in which programs can reach out and in a real sense
extend support and assistance to the personal social net-
works and community subsystems of which their clients are a
part. For example, efforts to establish constructive link-
ages with various community resources can be accomplished in
at least three ways (hereafter called operating objectives).

First, program staff can provide important community
subsystems (e.g., schools, work opportunities, recreational
facilities, training programs, churches) and social networks
(e.g., family, friends, peers) with various kinds of con-
crete services and help. In this instance, the various

resources can be viewed as <u>recipients</u> <u>of</u> <u>service</u>. Broadly speaking, services provided range from various forms of treatment, counseling and education to advocacy and brokerage. Second, these same community resources can, of course, also be tapped for <u>service</u> <u>provision</u>. Examples are using community schools, having student interns as in-program teacher aides, providing peer role models, and utilizing local employees to provide jobs and training for clients. Third, time can be allotted to permit clients access to family, friends, and peers. Maintaining ties with family and friends, and increasingly providing clients exposure to experiences outside the program facility allows time for youths to explore, practice, and test out <u>socially</u> <u>integrative</u> <u>interaction</u>.

This is not a narrow view of community contact. McEwen (1978, p. 193), in his study of delinquent subcultures in 23 Massachusetts programs, assumed the position that group recreational activity (e.g., a program softball tean playing against a local team), and group public relations activity (e.g., program clients speaking at schools or showing visitors around) should not be counted as community contact. This is because:

> (1) they do not involve contact with the specific members in the community with whom a program member is likely to associate upon release; and (2) they all occur in the context of program membership and should serve to reinforce rather than attenuate youth identification with the program.

The variables McEwen used to measure the degree of support for youth-community contact include whether clients lived at home, had sign-out privileges, were allowed weekend home visits, worked outside the program, and attended community schools.

In contrast, the view taken here is much less restrictive. This is because in examining program components, features and processes in this research, it was observed that work undertaken to establish community linkages was anything but narrow or unnecessarily prohibitive. Quite to the contrary, the kind of community contact appropriate for a given individual who was in a specific program stage or level varied with the intervention strategy and organizing model of the program, the progress and condition of the client, the distance and accessibility of the client's home community, and of course, the availability and willingness of community subsystems and social networks to permit access. Depending on all of these factors, there were different types of community contact and there were variations in the frequency and duration of these contacts. The three categories of client linkages described above are designed to reflect the entire range of possibilities. Which ones were emphasized, to what degree, and how they were accomplished varied substantially, even within a single program. Moreover, each involved careful preparation, monitoring, and follow-up. The point is that care must be taken

to not so narrowly define or measure the concept that one inadvertently excludes some potentially valuable programs which should properly be included. To take an example, while priority should be given to keeping youngsters in their home communities, circumstances may dictate that youthful offenders, at least initially, be placed into programs located in a "host" community. This might be done to allow time for community emotions that may have developed as a consequence of an offense to subside. It may be that certain specialized services are not locally available, no suitable services are close to home, the home community is too small to support a particular program, or that a brief period of time out of the home community is thought beneficial in setting the stage for further intervention in the home community. It may also be necessary for the protection of the youngster that (s)he be removed.

As a result of any of these factors, it may be impossible for a program to link up clients with specific members in the community with whom they are likely to associate upon release. At the same time, however, youngsters can be provided with "a graduated set of experiences which, over time, approximates the community environment to which the child will return" (Whittaker 1979, p. 86). Taking the specific example of group recreation and public relations activity, to the extent that a program provides an opportunity for certain clients or the entire program population to engage

in the kind of social contact and leisure-time pursuits typically experienced by many people, these kinds of community contacts may well be beneficial. In short, community-based programs must focus attention on 1) linking clients to community experiences, and 2) permitting clients gradual exposure to the problems posed by and the opportunities provided by the people and community subsystems on which the clients depend and by which they are influenced.

It should further be noted that exposure to the variety of influences and forces which will likely be common to the future life experiences of these youngsters can be achieved in as closely supervised and controlled a way as deemed necessary. While certain community-based programs will be more secure that others -- some at the beginning for all new clients and others throughout participation for all clients -- it is the manner and methods used to establish this security which differentiates an impersonal, isolating, and potentially alienating approach and one which insures careful monitoring of the offender while minimizing maladaptive or adverse responses.

While scrupulous attention must be directed toward facilitating and enhancing the development of client linkages, equal concern must be given a program's internal social climate. As emphasized in the Coates, Miller, and Ohlin (1978, p. 12) formulation of the institutionalization-normalization continuum, there is an essential conceptual

difference between community-based characteristics per se and the social climate within the program. Community-based linkages in the absence of humane and decent treatment within a program are unlikely to lead to the resolution of behavioral, cognitive, or emotional problems. The reverse is also true; a program having a positive social climate without sufficient client linkages is destined for difficulty.

Keeping these distinctions in mind, the chapter will now analyze community-based contact from the standpoint of the ultimate consumer of the programs, the young offender. One way to approach this is to first review just how much contact is taking place between clients in the programs and the various persons and institutions who comprise the local community networks.

Family Involvement: Socially Integrative Interaction

Interviewed clients in every program were asked how many times each family member (mother, father, sibling, grandparent, and close relatives) had visited them at the facility. Whether the family members came in a group or not, the visit with each was counted as a contact. Therefore, the number summed for every client represented the total number of times they had been visited by a family member. Once this number was calculated for every client in a given program, the median number of times all the clients in

a program had been visited by family members was used as a basis of comparison.

It should also be pointed out that the length of stay of the respondents varies from the programs' average length of stay. This is because with the exception of Viable the data are taken from clients who began the programs at different times and who were still active clients in the programs at the time of the site visit. Moreover, in some programs only a portion of all clients were interviewed. Similar questions to those posed here which are asked of clients at the end of program participation would reduce any disparities between still active clients and of terminated clients.

In addition to family-client visits at the program, respondents in residential programs were also asked about the number of phone conversations with family members and the number of home visits. The data in the following tables on these variables were calculated in the same manner as those on family visits. The data, as shown in Table 8, can be more readily compared if they are rank ordered by residential and nonresidential format.

Upon visual inspection, the data in Tables 7 and 8 suggest that in the case of the residential programs and to a lesser extent for the nonresidential programs, there is an association between the contact indicators and the programs' median length of stay or involvement. The strength of this

TABLE 7

LENGTH OF STAY AND CLIENT ESTIMATE OF THE EXTENT OF FAMILY
CONTACTS BY FORMAT

Residential

	VIN	ARC	PORT	FKMI	EPM	All
n	9	7	6	8	4	34
median length of stay (in months)	6.0	7.0	5.25	3.93	1.38	4.05
median no. of family visits at facility	50	5	9.5	2.5	3	4.5
median no. of phone conversations with family	100	29.5*	36.5	13	8.5	20
median no. of home visits	28	4.25	3*	5	2.5	3.8

NonResidential

	TRANS	PLUS	KATA	CM	VAP	VIS	ALL
n	7	10	7	5	5	9	43
median length of stay (in months)	9.0	2.07	2.5	22.8	4.25	12.5	4.04
median no. of family visits at facility	17	7.5	3	15	0*	2*	5
median no. of phone conversations with family	NA	NA	NA	NA	NA	NA	NA
median no. of home visits	NA	NA	NA	NA	NA	NA	NA

* one missing case
NA = Not Applicable

TABLE 8

RANK ORDERED LENGTH OF STAY AND CLIENT ESTIMATES OF FAMILY
CONTACT BY FORMAT

	Residential					NonResidential					
	VIN	ARC	PORT	FKMI	EPM	TRANS	PLUS	KATA	CM	VAP	VIS
Length of Stay (1=longest, 6=shortest)	2	1	3	4	5	3	6	5	1	4	2
Family Visits (1=most contact, 6=least)	1	3	2	5	4	1	3	4	2	6	5
Phone Contacts	1	3	2	4	5	NA	NA	NA	NA	NA	NA
Home Visits	1	2	3	5	4	NA	NA	NA	NA	NA	NA
Composite Rank Order Positions*	3	8	7	14	13	--	--	--	--	--	--
Overall Rank Orders	1	3	2	5	4	1	3	4	2	6	5

*The rank order position is calculated by summing the rank
orders on family visits, phone contacts, and home visits.

correlation can be precisely measured through the use of the Spearman rank correlation coefficient [r(s)]. Ranging between +1.0 for perfect agreement and -1.0 for perfect disagreement (0 indicates no relationship at all), the correlations between length of stay in the residential programs and family visits, phone contacts and home visits is $r(s)=.6$, $r(s)=.7$, and $r(s)=.8$ respectively. Using the residential programs' overall contact rank orderings, the correlation with length of stay is $r(s)=.6$. Clearly then, as one might expect the longer clients are in a residential program, the more likely there will be greater numbers of contacts.

The situation for nonresidential programs, as one might also anticipate, is somewhat different. Since almost all of these clients are living at home, family-client visits at the facility become much less necessary. It is, therefore, more likely that the correlation between length of involvement and family visitation will be less. Indeed, with a correlation of r(s)=.2 this is the case. While there is some slight correlation between length of involvement and family-client visitation, it is much less than that of the residential programs.

In order to legitimately compare the programs only on the contact measures, it thus becomes necessary to statistically control for the effects of differential length of involvement. This is achievable, to take one example, by taking the median number of family visits and dividing it by the program's median length of involvement. It should be noted, however, that statistically controlling for length of involvement will not entirely remove the effects of length of involvement, particularly as it relates to changes in allowable contact over time. This is because when one divides the median number of contacts by the median length of involvement, the resulting contact measure represents contacts averaged over the actual length of involvement. If, for example, a program permits increased contact after two months but most of the respondents have only been in a program for less than two months, this new contact measure

is still reflecting a smaller number of contacts than if the respondents had been in the program over two months. Short of having these data on completed cases, the key is knowing what point in a program participation is being picked up by the median number of contacts. Stated differently, the contact measures must be analyzed in the context of what progression in a program means for increased contact. This will be illustrated in the analysis to come.

Tables 9 and 10 present the adjusted numbers of contact and the new rankings for all the programs. Beginning with the residential programs, one can see a large amount of agreement on the extent of contact as measured by the three different contact variables. Listed in a descending order of rank order correlations, the coefficient between family-client visits and family-client phone conversations is $r(s)=.9$, between family-client visits and home visits is $r(s)=.9$, and between home visits and family-client phone conversations is $r(s)=.7$. All three of these contact variables are largely measures of socially integrative interaction. This is because there is no notion of service receipt or provision, but rather an allotment of time in which family and child can maintain contact and continue to deal with each other.

Vindicate is an interesting illustration of this point. Although its overall family-client contact rank is 1, Vindicate is a program in which services are rarely

extended to families. This finding suggests that while the program itself may not offer much family work, family-client contact is allowed and does take place at a fairly high level. In contrast, FKMI shows the least amount of family-client contact. This can be attributed to the fact that the clients are mostly from 160 miles away making it difficult, if not impossible, for many families to visit. Moreover, a home visit is normally not allowed until the latter stages of program participation. EPM, a program ranked overall in the second position, permits family visits after the first two weeks and the entire length of stay in the program is typically only 4.5 months. In addition, at least 5 weeks must go by before one 24 hour home visit is allowed. Since the respondents, however, have only been in the program for an average of 1.38 months, the median number of home visits can be expected to be lower than it would be a month later.

All these illustrations and the data suggest that family-client contact must be viewed in the context of the programs overall intervention strategy, the median length of stay and the closely related staging or level systems used by some programs to guide movement and to reward positive behavior. In addition, the directors repeatedly stressed that the kind of preparations made preceding home visits and the type of system used to monitor and supervise home visits must be taken into consideration in any evaluation or assessment of a program's policy on home visits.

TABLE 9

CLIENT ESTIMATE OF THE EXTENT OF FAMILY CONTACTS CONTROLLING
FOR LENGTH OF STAY

| | | Residential | | | | | NonResidential | | | | | |
	VIN	ARC	PORT	FKMI	EPM	All	TRANS	PLUS	KATA	CM	VAP	VIS	All
median no. of family visits at facility	8.33	.72	1.81	.64	2.17	1.11	1.89	3.62	1.2	.66	0	.16	1.24
median no. of phone conversations with family	16.67	4.21	6.95	3.31	6.16	4.94	NA	NA	NA	NA	NA	NA	
median no. of home visits	4.67	.61	.57	.13	1.81	.94	NA	NA	NA	NA	NA	NA	

Looking at family-client contact in nonresidential formats, one can see that the two programs with the greatest degree of contact are Key Tracking Plus and Transitional Center. In the case of Tracking Plus, it is during the initial period of brief residential stay and intake that parents are required to attend several meetings at the facility. This means that every child's parents have agreed to come to the facility as a condition of getting their child into this program. Evidently, every clients' family coming to the facility, sometimes with siblings, provided the opportunity for a family-client visit.

TABLE 10

RANK ORDERED CLIENT ESTIMATES OF EXTENT OF FAMILY CONTACTS
CONTROLLING FOR LENGTH OF STAY

	Residential					NonResidential					
	VIN	ARC	PORT	FKMI	EPM	TRANS	PLUS	KATA	CM	VAP	VIS
Family visits (1=most contact, 6=least)	1	4	3	5	2	2	1	3	4	6	5
Phone contacts	1	4	2	5	3	NA	NA	NA	NA	NA	NA
Home visits	1	3	4	5	2	NA	NA	NA	NA	NA	NA
Composite Rank Order Positions	3	11	9	15	7						
Overall Rank Orders	1	4	3	5	2	2	1	3	4	6	5

Transitional Center, ranked number 2, is also a program in which parents are required to attend regularly scheduled meetings at the facility. This particular set of meetings is one held with counselors, but parents are also invited to attend the monthly staffing on their child. Both meetings, whenever possible, are held during the school day so that parents have an opportunity to spend some time at the program with their child. Project Vision's low comparative ranking can be attributed to a great extent to an organizing model which has the clients themselves rarely coming to the facility. As a consequence, there is no

opportunity for family and child to visit at the program facility. Due to the fact that Viable was not operational when visited, that the number of respondents selected from the last year of operation was quite small, and that the respondents' accounts were for program participation which had ended months before the interviews, the ranking must be considered with great caution.

It is clearly the case for nonresidential programs that the issue of family-client contact at the facility must be considered somewhat differently. Nonresidential programs which have at their core an alternative day school format and which do little to no community outreach can certainly be viewed in terms of whether or not family are brought into the facility to visit. If the program's locus of activity is primarily centered at the facility, it seems appropriate to ask whether and how family are incorporated into activities at the facility. Since in many cases, however, the youngsters are living at home, the more important focus should be on service or support extended to families. Socially integrative activity in order to provide family-client contact is obviously not as important when access between family and child is largely unimpeded by program participation.

Table 11 shows responses to the question, Has your family participated in any group activities run by the program such as field trips, movies, sport events, picnics, and

so forth? While not very much of this type of organized group activity has taken place in any of the programs, when taken as a group 20.9 percent of respondents in the nonresidential programs indicated that there was family involvement as compared to 5.9 percent of the residential respondents. This finding suggests that the nonresidential programs in the sample are more likely to involve clients' families in organized program activities.

TABLE 11

FAMILY INVOLVEMENT IN GROUP ACTIVITIES

| | Residential | | | | | | NonResidential | | | | | | |
	VIN	ARC	PORT	FKMI	EPM	%	TRANS	PLUS	KATA	CM	VAP	VIS	%
yes	1	1	0	0	0	5.9	1	0	2	0	2	4	20.9
no	8	6	6	8	4	94.1	6	10	5	5	3	5	79.1

Additional data were collected on whether or not clients felt staff actively encouraged, passively accepted, or did not want family to come and visit. Tables 12 and 13 show that in general while staff may not have actively encouraged family visits at the facility, there was practically no overt effort made to discourage family visits. It is interesting to note that in comparison to residential respondents, the nonresidential respondents indicated to a greater extent that staff took a more active stance in promoting family visits. When one looks more closely at addi-

tional responses of those clients who said staff did not encourage such visits, more of the residential clients considered the staff to be supportive of family visits but in a more passive manner. It appears from the clients' point of view that the nonresidential programs made a somewhat more concerted effort to encourage family visits at the facility.

TABLE 12

STAFF ENCOURAGING FAMILY VISITS?

	Residential						NonResidential						
	VIN	ARC	PORT	FKMI	EPM	%	TRANS	PLUS	KATA	CM	VAP	VIS	%
yes	2	3	2	2	1	29.4	6	7	5	2	0	4	55.8
no	7	3	4	6	3	67.6	1	3	2	3	5	5	44.2
DK		1											

TABLE 13

IF NO, DO STAFF WANT FAMILY TO COME AND VISIT?

	Residential						NonResidential						
	VIN	ARC	PORT	FKMI	EPM	%	TRANS	PLUS	KATA	CM	VAP	VIS	%
yes	7	4	2	3	3	82.6		2	2	1	1	3	50
no								1			1		11.1
DK			2	2		17.4	1			2	3	2	38.9

Problem Engagement and Staff-Family Contact

While family-client contact may occur and be actively encouraged in programs, this does not necesarily mean staff

are in any substantial way involved with family or that fam-
ily are incorporated into working out problems that may be
occurring at home. Merely allowing contact to take place
says very little about how it is being utilized by the pro-
gram or what the programs' expectations are about what it
can accomplish.

Taken from the point of view of the young person, the
issue becomes one of whether or not (s)he is working with
program staff on family problems and difficulties, and then,
whether the family is being brought into the process. It is
possible, of course, that the client may not be aware of
staff-family contact. The question pursued here, however,
is what the clients know about and think of staff-family
work or contact.

On this subject clients were asked 1) if they spent
time with staff working on family problems, 2) how serious
the problems were, and 3) whether family had been involved
with staff working on these problems. Table 14 presents
data on each of these questions by program.

Comparing the residential programs as a group with the
nonresidential programs, 79.4 percent of the residential
respondents and 83.7 percent of the nonresidential respon-
dents spent time with staff discussing difficulties or prob-
lems they were having at home or with family. Thirty-six
percent of the residential clients who worked with staff on
family or home-related problems considered these problems

TABLE 14

CLIENT-STAFF AND STAFF-FAMILY WORK ON HOME-RELATED PROBLEMS

	Residential						NonResidential						
	VIN	ARC	PORT	FKMI	EPM	%	TRANS	PLUS	KATA	CM	VAP	VIS	%
n	9	7	6	8	4		7	10	7	5	5	9	
(1)	6	7	6	6	2	79.4	5	10	5	4	4	8	83.7
(2)	0	4*	1*	3	1	36.0	0*	6	3	0	1	4	40.0
(3)	0	1	1	0	0	7.4	2*	2	3	1	1	3	34.3

(1) Indicates no. of respondents out of all cases interviewed who worked with staff on family problems. All others said no to question.

(2) Indicates no. of respondents out of all cases working with staff on family problems who believed their family problems serious. * indicates there is one missing case on the question.

(3) Indicates no. of respondents out of all cases working with staff on family problems who stated staff also worked on the problems with others at home. * indicates there is one missing case.

serious as compared to 40 percent of the nonresidential respondents.

The first big disparity emerges in the percentage of respondents indicating staff worked on the problems with others in the home (34.3 percent of the nonresidential respondents and 7.4 percent of the residential respondents). This may be explained by a number of possibilities. It might be the case that the staff-family contact in the non-residential programs to a greater extent incorporated the clients in the sessions. It is also possible that the non-

residential clients are in a better position to actually witness or hear about staff-family contact in which they are personally not involved. Moreover, it may be that the non-residential programs as a group think it more important to make clear to their clients that they are also working on these problems with the family.

The evidence is also consistent with the belief that residential programs frequently tend to focus their work more on the clients than on social networks and community support systems. Among the five residential programs, for example, the directors of Vindicate and FKMI said they rarely provided service to families. In Vindicate's case, the director commented this was due to the fact that the home environments were so chaotic and disruptive that it was futile to devote critical staff time to a task which had minimal chances of success at best. For FKMI, the youths virtually all came from 160 miles away and other than nominal reports on progress, the program assumed no responsibility for family work. Neither program regarded working with families as a goal or responsibility.

The remaining residential programs, the PORT Boys Group Home, ARC, and EPM to varying degrees considered some form of family work as part of their intervention strategy, though none was found particularly intensive in this area. At ARC, it is generally not until the final month or two in the program that weekly contact between the family and the

outreach coordinator occurred. It also could be a rather long distance from the program to the clients' homes, since ARC is a regional program drawing from numerous counties. PORT's houseparents reported conducting some sessions with families around problem solving and improving relations with the youngsters, but the fact the houseparents are the only two regular full-time staff members precluded any extensive, ongoing counseling. The contact appears largely informational and instructive, in keeping with the program's overall orientation. The EPM clinical director stated he visited each family two or three times a month. These visit were planned to encourage the building of trust and rapport. This was followed by friendly advice and counsel rather than elaborately structured family therapy.

It is quite clear that to examine family involvement in programs, one must be very clear about the nature and content of the involvement, at what point in the client's program participation it ordinarily commenses, to what extent the client is personally involved, and finally, how much the client can be expected to know about staff-family contacts. It is interesting to note that the two nonresidential programs with the most respondents indicating problem-focused, staff-family contact (Katahdin and Vision) are ones which ranked 3 and 5 respectively on family-client visits at the program. Similarly, the difference between individual residential programs detected on the family-client

contact meaures did not emerge on the problem-focused, staff-family contact measure.

While the number of cases within particular programs are too small to draw definite conclusions, the findings strongly suggest that overall family-contact is multi-dimensional and therefore easily subject to distortion. Data on family-client contact must be supplemented with problem-focused, staff-family contact data. While home visits by clients and program visits by family keep clients in contact with family (particularly important for residential programs), these contacts may not be indicative of real problem-engagement.

General Staff-Family Contact

It should be emphasized that the problem-focused, staff-family contact question does not tap the issue of general staff-family contact. When clients were asked whether staff spent any time either working with or talking to family quite a different picture emerges.

TABLE 15

GENERAL STAFF-FAMILY INTERACTION

| | Residential | | | | | | NonResidential | | | | | | |
	VIN	ARC	PORT	FKMI	EPM	%	TRANS	PLUS	KATA	CM	VAP	VIS	%
yes	7	6	4	2	4	67.6	6	10	7	5	4	9	95.3
no	2	1	2	6	0	32.4	1	0	0	0	1	0	4.7

As is clearly shown, clients perceive the difference between staff working with their families on the same family-related problems on which they are working with staff and staff working or talking with their families on other matters, e.g., giving them progress reports, getting family assessments, working on different matters. When clients were asked about staff-family content on these other matters, 32.4 of the residential respondents as compared to only 4.7 percent of the nonresidential respondents indicated there was no staff-family contact. It therefore appears that the nonresidential respondents not only believe staff are more apt to involve their families in the family-related areas on which they are working with staff, but that nonresidential staff are also spending time in other ways dealing with their families.

Looking more closely at the nonresidential programs, one can find a variety of ways in which staff and family members interact. Key's designated outreach workers not only track clients, but rather regularly intervene with family members as well as peers, school teachers, and employers. The director indicated that even prior to the staff-family contact during community tracking, three or four family meetings take place during the stabilization phase when the clients are in "residential intake." Family cooperation and support can be encouraged by such early and regular contact, since the family sees the close supervision

their child is getting and experiences the assistance they themselves can get with their problems. The almost daily family contact may help to break down distrust and suspicion and generate receptivity to taking advice on family difficulties.

Family work at Katahdin is quite central to the program and sessions were held at the facility in the evening, initially for four to six weeks and thereafter on a renegotiated basis. Copper Mountain, according to the director, mostly maintained contact with family through its trackers, who did offer advice to families. However, this tended to be largely informal and was not sharply defined. In addition, a limited amount of family counseling at the facility by counselors did take place. Viable maintained regular contact with families to present progress reports, make inquiries, and spot early any developing difficulties. The director stated that regular sessions with families were arranged in roughly half the cases at the beginning of program participation when service plans were developed. Vision's workers made contact on the phone and by visiting families at home. Transitional Center had been planning a four-tiered system of family work: twice-a-month counselor/ family meetings, parental participation in their child's monthly staffing, monthly parent training groups, and intensive formal family therapy when needed.

Chapter Summary

Insofar as intervening with and focusing upon families are concerned, the data indicate that there are a variety of ways in which family problems, family matters and families themselves can be approached by program staff. These include 1) family-client visits at the facility, 2) phone contacts, 3) home visits, 4) actual problem-engagement between clients and staff around difficulties experienced at home, 5) staff-family contact on these same difficulties, and 6) general staff-family contact. Subsumed under the overall heading of socially integrative interaction, recipients (or beneficiaries) of service and providers of service, each of these six ways represent specific means by which the programs pursued two central tasks: 1) exploring with the client the problems posed by and the opportunities provided by their families and 2) directly involving the families in the child's situation.

The data also show that these six indicators must be interpreted in the context of what the program is specifically trying to achieve (e.g., family counseling or family-client contact), how it is organized (e.g., in what way does progression affect visiting privileges at that facility and home visits), and whether the program is residential or non-residential. For example, in the case of the nonresidential programs which emphasize outreach and tracking in the community and which use community schools, family-client contacts

at the facility will probably have very little meaning. On the other hand, the indicators concerned with problem-focused, staff-family contact and general, staff-family contact are obviously much more germane and would be two of the key family indicators to which the programs should direct their attention. These indicators would best be viewed throughout program participation and with reference to the particular family situation and history of each client. In the case of nonresidential programs utilizing an in-house school and with little to no community outreach activities, it would be more appropriate for administrators and evaluators to probe how often and for what purposes families come to the facility.

In comparison to the residential programs, the nonresidential programs as a group did in fact have a slightly higher median number of client-family visits at the facility, a higher percentage of family involvement in group activities run by the programs and a greater percentage of clients' indicating staff encouragement of family visits. These findings are consistent with the belief that residential programs as a group tend to focus their efforts more on the clients than on their clients' social networks and community support systems. Even though these findings varied among the residential programs, the tendency by residential programs to develop a preoccupation with in-program operations and practices to the exclusion of working on external

social relationships and outside supports must be assidu-
ously avoided.

Family-client contact is, of course, only one dimen-
sion of family focus and involvement. Pursued further, the
issue also becomes one of staff-client and staff-family work
on problems at home. Although only a slightly higher pro-
portion of the nonresidential respondents indicated they
worked with staff on family problems, a much larger percent-
age of nonresidential respondents commented staff also
worked with their families on the problems they were experi-
encing at home. All the residential programs, irrespective
of the size of the area from which they drew clients demon-
strated this tendency and even among the nonresidential
respondents, just over 65 percent indicated no staff-family
work on the home-related problems on which they were working
with staff. Moreover, the data suggest that the extent of
staff-family work on clients' home-related problems in both
residential and nonresidential programs was not similarly
reflected in client responses concerning family-client con-
tact at the facility and general, staff-family contact.
Whatever the reasons to which all of this can be attributed
(e.g., resistant, overburdened, and problem families), the
tendency for families to be left out of the staff-client
work on problems at home must be carefully watched for and
guarded against.

In a more general vein, several observations can be made. A community focus and involvement can take many forms and can be accomplished in a variety of ways. First, it is critical that the precise nature of the focus and involvement with each of the individual community subsystems and social networks be separately analyzed. A particular program's intervention strategy and organizing model may be intentionally geared or targeted to dealing with only some or very few potential support systems. Second, indicators on the nature of contact with a specific support system and on a program's focus in relation to that system must be sensitive to the variety of ways in which programs may go about these tasks. An overly narrow view of community-based intervention may well entirely miss and therefore distort what is taking place at a program.

In short, community-based intervention must be analyzed in terms of format, operating objectives, intervention strategy, and organizing model. "Format" refers here to whether the program is residential or nonresidential. Operating objective takes into account how families can become involved, e.g., as beneficiaries of service, as providers of service, and/or as testing grounds for handling "normalized" contacts and personal, socially integrative interaction. "Intervention strategy" focuses on the overall approach (e.g., therapeutic milieu, therapeutic day treatment, socialization), and "organizing model" (or model of opera-

tion) emphasizes the specifics of day-to day program opera-

tion with reference to components, features, and processes.

This latter category includes details such as who staff are

and how they relate to clients, what roles staff fill, what

kinds of award structures and incentive systems are used,

how much access to the community is permitted and what form

it takes, how limits are set, what sanctions are used, how

client movement or progression through the program is

directed, in what way community reintegration is approached,

how case monitoring works, and what the facility offers by

way of physical plant.

CHAPTER IV

FOCUSING ON PEERS IN A COMMUNITY-BASED CONTEXT

The fact that a large proportion of youthful offenders commit crimes in groups underscores the powerful influence exerted by the peer group. In a recent review of the evidence on the predominance of juveniles committing crimes in groups Zimring notes (1980, p. 873), "Whatever else may be said of modern criminology, the role of 'male juvenile delinquency as group behavior' is acknowledged as fundamental, and the extent to which different types of criminality exhibit similar characteristics is well known . . ." This potential source of power and influence has not gone unnoticed by some program planners and practitioners who in various ways try to incorporate peer pressure and group dynamics into program processes. Some programs also try working directly with the clients' friends and others attempt to link up clients with new groups of young people.

As defined in this study, contact with peers can mean contact with 1) nonprogram friends (i.e., friends the clients have outside the program) and 2) peers in general meaning exposure to other youngsters who the program participants may not think of specifically as friends. These include other students in community schools, neighborhood

youths, fellow workers on the job, etc. It is through peer contacts that clients are provided the opportunity to maintain some semblance of mainstrean life and to more "normalized" situations.

This chapter first examines client-peer contact and general staff-peer contact. It then analyzes peer-related problem engagement and the challenge imposed by different residential and nonresidential program formats on control and supervision responsibilities.

Socially Integrative Interaction with Peers and General Staff-Peer Contact

Respondents in the programs were asked about the size of the group of friends (excluding other program participants) with whom they spent time. Table 16 shows that almost a majority of the respondents in both residential and nonresidential programs indicated they hung around with more than five youths. Almost 19 percent of the nonresidential respondents said they spent time wih no other kids or one as compared to 6 percent of the residential respondents. By and large, however, the clients in both program formats had at least several friends outside the program.

When asked if any of their friends had come to the program approximately one-third of both samples answered yes. When clients were further asked if the staff had met any of their friends, the responses suggest that in some cases staff were probably meeting their friends out of the

TABLE 16

SIZE OF FRIENDSHIP GROUP

	Residential						Nonresidential						
	VIN	ARC	PORT	FKMI	EPM	%	TRANS	PLUS	KATA	CM	VAP	VIS	%
None							1	1				2	9.3
1			1	1		5.9		1	1	1		1	9.3
2 to 5	1	2	1	3	2	26.5	4	2	3	2		4	34.9
6 to 9	3	3			1	20.6	1	2					7.0
>9	5	2	4	4	1	47.1	1	4	3	2	5	2	39.5

facility (the friends had not come to the facility, but staff had met some of them) and in other cases even though friends had come to the facility the staff had not met them.

TABLE 17

DO CLIENTS' FRIENDS COME TO PROGRAM?

	Residential						NonResidential						
	VIN	ARC	PORT	FKMI	EPM	%	TRANS	PLUS	KATA	CM	VAP	VIS	%
yes	4	1	2	3	1	32.4	1	0	3	3	1	4	30.8
no	5	6	4	5	3	67.6	5	9	4	2	4	3	69.2

When one looks at clients responses in the residential and nonresidential programs separately, in both formats there are proportionately more clients' saying staff have met their friends than there are clients responding that their friends have come to the facility. In an indirect way, this suggests that staff have met these friends out of

TABLE 18

HAVE STAFF MET ANY OF CLIENTS' FRIENDS?

| | Residential | | | | | | NonResidential | | | | | |
	VIN	ARC	PORT	FKMI	EPM	%	TRANS	PLUS	KATA	CM	VAP	VIS	%
yes	3	3	3	2	2	38.2	1	6	4	2	3	3	48.7
no	6	4	3	6	2	61.8	5	3	3	3	2	4	51.3

the program facility. The issue of staff meeting their clients' friends outside the program facility is informative in the sense that it suggests whether or not staff are involved in meeting friends in the community, thereby allowing staff to personally size up peer forces and influences where they are actually occurring.

It is possible, however, that the method described here to infer out-of-program, staff-friend contact is resulting in an underestimate. This is because when respondents indicate 1) that friends have come to the facility and 2) that staff have met some of these friends, it is not possible to conclude whether or not contacts have occurred between staff and friends in the community. Future research on staff-friend contact can remedy this by specifically asking those clients who indicate staff have met some of their friends where these meetings have taken place. One way to check and see if there are additional clients in each of the programs who indicated friends had not come to the facility

though staff had met some of their friends is to directly count how many respondents answered both no to the former and yes to the latter. The problem of merely looking at net differences on responses to the two questions is that there is no sure way to know whether there may be additional negative and positive responses (from individual clients) which are not reflected in the net differences.

PORT is a case-in-point. By comparing PORT client responses in Tables 17 and 18, they show three clients saying staff met their friends and two indicating friends have come to the facility. It appears, by inference, that only one of the client's friends had met a staff person out of the program. Not reflected in the net difference, however, is how each individual's responses to the two questions are paired. When one looks at the responses by pairing them, more complete information is provided and a somewhat different picture emerges. In fact, the friends of two PORT clients have met program staff out of the facility.

When this pairing procedure was performed on every client in all the programs, two more residential clients (1 in PORT and 1 in VIN) and one more nonresidential client (1 in TRANS) were added to the number of out-of-program, staff-friend contacts. This resulted in identifying 6 out of 34 residential clients (17.6 percent) and 10 out of 39 nonresidential clients (25.6 percent) whose friends had met staff out of the program facility.

TABLE 19

PAIRED RESPONSES ON FRIENDS' VISITS TO PROGRAM AND
STAFF-FRIEND CONTACT

Respondents	Have friends visited program?	Have staff met friends?
1	no	yes
2	no	no
3	no	no
4	yes	no
5	yes	yes
6	no	yes

While this suggests that staff in the residential pro-
grams as a whole are not as frequently coming into contact
with their clients' peer network, it is clear that there
remains a great deal of variation within each format. This
is evidenced by the fact that particular residential pro-
grams still display more out-of-program, staff-friend con-
tact than some nonresidential programs (e.g., PORT as com-
pared to TRANS). Although the number of cases is quite
small and the differences are not that large, one can see in
these programs that knowing whether a program is residential
or nonresidential says very little about client-peer contact
at the facility and out-of-program, staff-friend contact.
It should, of course, be noted that data such as these may
well vary in a given program for each client depending upon
their own progress, the program's intervention strategy and
organizing model, the distance and accessibility of the home
community, and the availability and willingness of the
clients' friend to maintain contact.

Looking more closely at the differences between the residential and nonresidential programs, these can be attributed to the fact that six respondents in three residential programs (2 in ARC, 2 in PORT, 1 in VIN, and 1 in EPM) and ten clients in three nonresidential programs (6 in PLUS, 1 in KATA, 1 in TRANS, and 2 in VAP) indicated the staff had met some of their friends, though they had no friends coming to the facility.

Considering only the nonresidential programs, the greater incidence of out-of-program, staff-friend contact can be explained in large part by the intensive emphasis Plus places on having outreach caseworkers tracking, counseling, and advocating for the clients in the community. Staff involvement with clients, personal social networks and community subsystems is the major thrust of the program. Katahdin and VAP, in contrast, have at their core an alternative school with additional components incorporated into the overall program. They are neither staffed nor designed to have counselors working extensively with clients in the community. While the clients in both programs live in the community and ordinarily at home, virtually all of the activities and the staff-client interaction occur at the facility. In the case of both Vision and Copper Mountain not all the respondents who indicated some of their friends had been at the program also said staff had met these friends. As was similarly evident for family contact, per-

mitting clients to have contact with peers at the facility
and having staff interacting or at least meeting clients'
friends represents quite distinct functions that do not nec-
essarily coincide.

While the residential programs as a group have not had
as many of their clients indicating staff met their friends,
it is still true that in all but two programs at least half
of the clients did say staff met their friends. Once again
this underscores the importance of looking as closely within
each format as exploring the differences between them.
Staff-peer contact occurred the least in the case of FKMI,
not surprising given the very long distance between the home
and program community. Three out of the seven ARC respon-
dents indicated that their friends had ever been to the pro-
gram. In both PORT and EPM, half of the respondents indi-
cated staff had met their friends.

Clearly then, clients can be given opportunities to
maintain some level of contact with their friends. Obvi-
ously, in nonresidential programs where clients are living
in or near their homes, there will be opportunities for this
contact to occur though restrictions and various prohib-
itions which are backed up by close tracking and clear, con-
sistent consequences for violations can go a long way toward
controlling and supervising these contacts.

Insofar as restrictions, rules, and prohibitions (on
whom a youth can associate with out of the program) are con-

cerned, it is interesting to note that four of the six non-residential program directors (Transitional Center, VAP, Katahdin, and Copper Mountain) mentioned the courts or probation as the imposer of limitations of this sort. The two directors indicating otherwise were from Plus and Vision, the two nonresidential programs which used community schools. Vision's counselors were each free to advise who it would be best to stay away from, and Plus not only imposed absolute restrictions on who could be seen and what places were off limits, but it also prohibited clients from getting together with other Plus clients in the community. The VAP director further indicated that curfews might be established by counselors at the time of case plan development. Copper Mountain's strategy, when it believed it important to impose such restrictions, used the courts as a means to invoke the order, hopefully thereby inducing compliance while not going beyond its own authority.

In residential programs with reasonable proximity to the home community, some form of contact with friends is still quite feasible and can be permitted with as much or little control and supervision as deemed necessary. As the data show, however, when friends come to the facility, staff may or may not meet them. This suggests that for certain clients in some programs, there is an opportunity to get together with friends at the program without staff having any real peer contact. It should be pointed out that this

does not necessarily mean unsupervised client-friend contact and that such meetings are frequently used as privileges which must be earned and can be withdrawn.

Clients' feelings about the staff's views of their friends is another related aspect of this issue. All respondents were asked what staff working with them thought about the friends they had outside of the program. While there is virtually no difference when comparing the residential programs as a group with the nonresidential programs on the answer "staff don't care or know nothing about their friends," greater disparities emerge for the response categories "not have much to do with them" and "continue to maintain contact." Approximately 32 percent of the residential respondents believed staff wanted them to stay away from their friends while 27 percent of the nonresidential respondents believed staff wanted them to remain in contact. Since almost two-thirds of the respondents in both formats indicate some form of staff ambivalence on the issue, it would appear that management of peer relationships for many of the clients was considered by them a matter of their own choosing.

When one examines those clients who believed staff had a clear preference one way or another, residential respondents had the impression it was to stay away from their friends, at least at that particular point in time in program participation. Nonresidential respondents, in con-

TABLE 20

CLIENTS' PERCEPTIONS ON STAFF VIEWS OF FRIENDS

	Residential						Nonresidential						
	VIN	ARC	PORT	FKMI	EPM	%	TRANS	PLUS	KATA	CM	VAP	VIS	%
Staff don't know or care about friends	6	2	2	8	3	61.8	6	4	2	3	4	4	62.2
Stay away	2	5	3		1	32.4		2					5.4
Stay together	1		1			5.9		1	4	2	1	2	27.0
DK									1			1	5.4
Missing data							1	3				2	

trast, thought staff prefered for them to stay in contact. In nonresidential programs, it seems prudent to immediately begin to have clients working on managing their peer relationships. Those clients who are not having problems in this area or whose problems are not traced to peer influences may well be left on their own. In residential programs, it is not surprising to find clients who feel staff prefer restricted contact as the immediate way to handle peer contacts, particularly in view of the fact that the programs are engaged in a manner and method of control which depends more on imposed physical separation for at least some of the time.

It is interesting to note that some nonresidential programs, particularly those having alternative schools at their core, are equally capable of restricting the time available for unsupervised daily contact with out-of-program friends, though it is achieved by a method which resembles the way schools, training programs, and jobs accomplish it (i.e., regular schedules or shifts where people are kept busy and occupied by responsibilities). The two nonresidential respondents who believed staff wanted them to stay away from their friends were out of Key Tracking Plus, the one nonresidential program which exerted the most overt, directed, and intensive level of supervision and control of any of the nonresidential programs. This is a nonresidential program which does use community schools, but through a strictly enforced system of seven-day-a-week, twenty-four hour prior scheduling, daily multiple call-ins, unannounced spot checks, and frequent mandatory activities and meetings at the facility, an extraordinarily high level of control and supervision is maintained.

Transitional Center's all day school program was actually able to exert a similarly high level of control and supervision, but this did not generally extend over the weekend and the program did not spend as much time focusing on out-of-program associations since the alternative school literally kept the clients confined for 12 hours during five days a week. FKMI clients were distance-wise the furthest

removed from their home communities and there was basically no aftercare or reintegrative function performed by program personnel. As a consequence, the need to directly address out-of-program peer associations was not all that great.

In any of the programs, residential or nonresidential, where there are simply more practical chances to interact with nonprogram peers, one would anticipate the need to work in this area, at least for those clients where peer involvement is considered part of the problem. It should be recalled, however, that much like general staff-family contact, staff-peer contact cannot automatically be interpreted as staff incorporating peers into working out problems. Similarly, peer-client contact does not necessarily imply problem-engagement.

Problem Engagement and Staff-Peer Contact

In order to more precisely tap functional differences (i.e., the character and nature of peer contact), clients were asked a set of questions similar to those concerning whether and how family were incorporated in working out perceived problems. They were asked 1) if they had spent time working with staff on peer problems and difficulties, 2) how serious the problems were, and 3) whether staff had spent time working with peers.

Comparing the residential programs as a group with the nonresidential programs, 58.8 percent of the residential

TABLE 21

CLIENT-STAFF AND STAFF-FRIEND WORK ON PEER RELATED PROBLEMS

		Residential						Nonresidential					
		VIN	ARC	PORT	FKMI	EPM	%	TRANS	PLUS	KATA	CM	VAP	VIS	%
n		9	7	6	8	4		7	10	7	5	5	9	
(1)		3	6	4	5	2	56.8	2	6	3	1	2	7	48.4
(2)	yes	0	2	0	3	1	35.3	1	3	1			5	47.6
	MD		2	1										
	DK		1											
(3)	yes	1	1	0	2	2	35.3	1	1	1	1	1	2	33.3
	MD		1	1										
	DK			1										

(1) Indicates no. of respondents out of all respondents who worked with staff on peer problems. All others said no to question.

(2) Yes indicates no. of respondents out of all cases working with staff on peer problems who believed their peer problems serious. MD (missing data) indicates no. of missing cases on the question.

(3) Yes indicates no. of respondents out of all cases working with staff on peer problems who stated staff also worked on the problems with peers. MD indicates no. of missing cases.

respondents and 48.4 percent of the nonresidential respondents spent time with staff discussing difficulties or problems they were having with peers. Thirty-five percent of the residential clients who worked with staff on peer problems considered these problems serious as compared to 47.6 percent of the nonresidential respondents. It is equally apparent that for both residential and nonresidential

respondents fewer youths answered that staff had spent time working with peers than those answering they had spent time themselves with staff on peer related problems. Though the difference is somewhat greater for the residential programs (58.8-35.3=23.5) than the nonresidential programs (48.4-33.3=15.1%), it is residential respondents by a slim margin over nonresidential respondents (35.3% as compared to 33.3%) who indicated staff had worked with their friends. This is in spite of the fact that the nonresidential respondents 1) were somewhat more inclined to consider their peer problems serious, and 2) had indicated to a greater extent than residential respondents that staff met their friends.

This lends further support to there being an important difference between staff meeting or getting to know their clients' friends and staff actually incorporating peers into work on problems. It may well be that when staff from certain residential programs specifically seek out or come into contact with particular sets of friends who they believe pose more serious problems for their clients, they are more apt to approacch the peers from a problem-engagement perspective. While it would be inappropriate to generalize to other residential and nonresidential programs not sampled here, it appears among these programs that problem-focused, staff-peer contact can and does occur more in particular residential programs than in some nonresidential programs. How necessary it may be for certain types of clients and how

helpful it may ultimately turn out are questions not answerable from these data. These are questions for further research which is longitudinal and summative in nature.

The point made here is that one must be careful when examining particular residential and nonresidential programs not to assume nonresidential programs are by definition more community-based. As described earlier, access or socially integrative interaction is only one type of community contact out of three. Moreover, depending upon each program's intervention strategy and organizing model, the progress and condition of the client, the distance and accessibility of the clients' home communities; and the availability and willingness of peers to maintain contact, peer-client contacts and staff-peer contacts are likely to assume various forms, can be accomplished in assorted ways, and can take on different time frames.

In the case of EPM, for example, clients were attending school in the community and there were staff members available to check on clients at school and to maintain some contact with friends when deemed necessary. While FKMI staff were unable to work with clients' friends from home, they could and did at times deal with friends the clients made in the program school. (Recall the program school includes local nonresidential students from the county.) In only one case, according to the respondents, did Vindicate staff work with a friend, not surprising since the program

places much greater emphasis on changing the client through in-program peer confrontation. Clients still had access to the local community through attendance at public schools and making use of neighborhood resources (e.g., parks and stores), but it was the program's basic intervention strategy to intensely and aggressively work on the clients who needed to change. The Vindicate illustration emphasizes the point that even programs which use community schools and permit clients regular access to the local neighborhood may not be incorporating problem-focused, staff-peer contact into their services. In the case of PORT which also utilizes community schools, no clients indicated that staff had worked with friends; this is not surprising since the program was not really staffed or organized to accomplish this.

A closer examination of the nonresidential programs similarly suggests that substantial differences exist between the programs. The two programs demonstrating to the greatest degree staff-client work on peer-related problems were Vision and Plus, both of which used community schools and employed outreach caseworkers. At the same time, however, respondents in both programs indicated very little problem-focused, staff-peer contact. For these kinds of programs, the concern is not with providing opportunities for client-peer contact, but rather helping clients to manage and handle the deviant and legitimate peer group cross-pressures they face. At the same time, however, actual peer involvement remained at a very low level.

Focus of Control and Supervision

As McEwen (1978, pp. 193-194) points out in his
research, a greater degree of community contact experienced
by clients helps to bring under control debilitating aspects
of separation and enforced isolation, but at the same time
the focus of supervision and control needs to shift more to
dealing directly with the forces, influences, and people in
the open community:

> . . . attention and energy must be devoted to
> recruiting, cajoling, counseling, and supervising
> the community members who themselves ideally serve
> as the forces of control and change for the
> offender.

One might therefore logically expect to find substantial
evidence of staff-client work on peer-related concerns, gen-
eral staff-peer contact (i.e., staff meeting clients'
friends) and problem-focused, staff-peer contact in communi-
ty-based programs.

The nonresidential programs which have at their core
an alternative school component and residential programs
permitting clients access to the community represent a sort
of middle ground where staff need to be concerned both with
the client social structure and social climate (e.g., hier-
archy, cliques, division of labor) and external relation-
ships. Just how much and in what ways these programs actu-
ally concentrate on both internal structure/social climate
and the forces of control and change in the open community
is a function primarily of their respective intervention

strategies and organizing models, and to a lesser degree, the needs and progress of clients, the distance and accessibility of the home community, and the availability and willingness of peers to maintain contact.

The data suggest that the residential programs had to a greater degree at least broached the subject of peer problems with clients, though the data show this cannot be taken to mean that staff have actually come into contact with peers. Moreover, the data suggest that just because staff and peers in both formats have had contact, this does not necessarily mean staff are working on problems with the peers.

The three residential programs using community schools are obviously allowing socially integrative interaction with nonprogram peers during school hours, but to varying degrees they curtail it when the clients return to the program facility after school. ARC and FKMI, the two residential programs with inhouse school components, kept their clients' contact with nonprogram peers quite limited. Depending on how long the clients are in such programs, staff need to keep close watch on the client social structure and the potentially debilitating aspects associated with prolonged separation.

Chapter Summary

The data on peers suggest that care must be taken in making generalizations between residential and nonresidential programs and that similar to focusing on families, peer problems, peer matters and access to peers each represent a set of distinct concerns which must be separately analyzed and explored. Approximately one-third of both residential and nonresidential respondents indicated their friends had visited them at the program, though this did not necessarily mean staff had met these friends, worked with them, or addressed the matter of peer problems with the clients. These data are consistent with the earlier finding that families visiting their child at a program is not necessarily an indication that staff are involved with the families or that the families are incorporated into working out home-related problems.

In comparison to the residential clients, while a somewhat greater percentage of nonresidential clients responded that staff had met their friends in the community, there remained residential programs which displayed more staff-peer contact in the community then some nonresidential programs. This is due to the fact that several of the nonresidential programs were clearly neither staffed nor designed to permit much staff-peer contact in the community. Nonresidential programs which were organized around an alternative school component and which did little outreach

and no tracking were not intending to have staff dealing with clients' peers in the community. It was the nonresidential alternative which operated primarily as an outreach and tracking program that did, in fact, display the greatest number and percentage of staff-peer contacts in the community. While none of the residential programs exhibited very much staff-friend contact in the community, almost 40 percent of the residential respondents did indicate that staff had met some of their friends. As a basis of comparison almost 50 percent of the nonresidential respondents indicated that staff had met some of their friends.

Particularly interesting is that approximately two-thirds of both residential and nonresidential respondents commented that staff either knew nothing about their friends or didn't care suggesting that for a majority of both residential and nonresidential clients not much emphasis had been placed on this aspect of their external social relationships. However, when it came to client impressions about staff encouraging or discouraging their own contact with friends, the residential respondents were more inclined to believe that staff wanted them to stay away from their friends and the nonresidential respondents believed staff were supportive of their maintaining contact with friends. It is impossible to know from the data whether or not this impression was due to explicit staff comments or to the respondents' "feeling" that residential placement was intended to keep them away from their friends.

In comparison to the nonresidential respondents, the data do show that a larger percentage of residential clients stated they spent time with staff working on peer-related problems and a slightly higher percentage of the residential clients indicated that staff also worked with their friends on these problems. This is in spite of the fact that a larger percentage of nonresidential respondents indicated staff had met their friends, suggesting that when staff in these residential programs sought out clients' friends they did so in order to confront specific issues.

In short, in terms of a focus on peers and peer involvement the differences between the residential and non-residential programs are actually quite small. Moreover, there are important variations within the categories. These variations highlight the need to take into account a program's format, the community-based operating objectives, intervention strategy, and organizing model when looking at the extent, quality, and nature of an alternative.

In determining the most suitable program placement for an offender, the implications of these data are that an informed decision requires knowledge not only about the nature of the child's behavioral, emotional, and cognitive situation and problems but specifications on all potential program placements' format, intervention strategy, organizing model, and community-based operating objectives. Informed and systematic decisions require as much detailed

information on the programs as on the offenders. Ulti-
mately, professional judgements will have to be made but
they should be based on the most accurate and specific
information which can be gathered and supplied. The ulti-
mate effectiveness of these matches can then be systemati-
cally analyzed and sorted out. By taking program data such
as these and offender data, research can begin to explore
which offenders benefit the most from programs which are
truly different in their community-based program models,
manner, and methods.

CHAPTER V

FOCUSING ON EDUCATION IN A COMMUNITY-BASED
CONTEXT

Educational Approaches: Community Schools or In-House
Schools

Education is another key intervention area, and the
school is the primary social institution through which for-
mal education is ordinarily carried out. This is a critical
area of intervention since schooling is so frequently
involved in the problems the youngsters have; accordingly,
it is one of the key programmatic components of all the pro-
grams. For the purposes of this research, community schools
include regular public schools, special education schools,
and vocational/technical schools. It is a program's overall
intervention strategy, organizing model, and educational
approach which figure prominantly in matching up appropriate
programs with particular youngsters.

As Tables 22 and 23 show, three of the five residen-
tial programs and two of the six nonresidential programs in
the sample utilize community schools. Moreover, at least
one program representing each type of intervention strategy
makes use of community schools. Similarly, at least one
program of each type of intervention strategy also possesses

an in-house school component (two residential and four non-residential). This suggests that programs pursuing a therapeutic milieu and therapeutic day treatment or intensive community tracking and treatment can utilize community schools and that programs exhibiting more modest levels of intervention and a socialization orientation can also employ in-house schools. Knowledge about the specific ways in which this is accomplished can help in sorting out important aspects of differentiation among programs which can then be used to more accurately match up the needs of particular offenders with different kind of programs.

TABLE 22

EDUCATIONAL APPROACH OF RESIDENTIAL PROGRAMS BY INTERVENTION STRATEGY

	In-House	Community School
Therapeutic Milieu	ARC	VIN
Socialization Milieu	FKMI	EPM PORT

This chapter examines the way in which programs with widely differing educational approaches can be conceived as community-based. In-house school components will be discussed first followed by an examination of programs using community schools. Extensive interviews with the program directors as well as with a teacher, if there was one, were used as a basis for putting together the information.

TABLE 23

EDUCATIONAL APPROACH OF NONRESIDENTIAL PROGRAM BY
INTERVENTION STRATEGY

	In-House	Community School
Therapeutic Day Treatment/ Intensive Community Tracking Treatment	TRANS	PLUS
Socialization	CM KATA VAP	VIS

Finally, the chapter addresses school-related problem engagement and teacher involvement.

In-House School Components

A variety of reasons were given by program directors when asked the reasons for relying on in house school components: clients were academically years behind other students their own age, many had not been to school in years, some had been expelled and were not eligible for enrollment in public schools, others could not behaviorally handle a group educational situation, some possessed limited attention spans not adaptable to regular school periods, many were totally alienated from conventional school techniques and experiences due to years of repeated failure, and some school districts were unable or unwilling to provide realistic educational options for these kinds of youngsters. Due to these reasons, a total of six programs developed their

own in-house school components, four of them nonresidential and two residential.

In terms of the actual location of the schools, the program facility remains the center of activity, but it should be stressed that the issue was often seen by the program practitioners as one which took into account far more than physical location. The directors and teachers were unanimous in indicating that the educational component was designed to better and more fully prepare the youngsters to assume law abiding roles than would otherwise be possible in community schools. This was generally achieved through curricula and processes which were organized to more fully integrate into the schooling a number of othe program components, features, and staff. This overlapping of education with other program components and staff provided a way to reinforce and transfer learned behaviors and acquired skills.

All of this promoted a more complete understanding of the clients' behavioral functioning, cognitive capabilities, overall learning style, and emotional condition, and it highlighted the importance of a holistic approach to facilitate change in behavior and attitudes. Goals in the educational component and those in other components were thereby closely coordinated and mutually reinforcing. Moreover, it provided a means to incorporate various segments of the external environment, such as representatives from potential

employers (e.g., manufacturers, service industries, public utilities), specialized vocational training programs, social service agencies, the military, etc. In short, continuity between education in the classroom and learning in other areas of the clients' life is maintained. In this way the lines between formal education, treatment, and social/survival skills development are softened so that each area contributes to an overall learning and living process.

One method of implementation for this can be found in ARC, the residential program which utilized an in-house school component. Schooling in the program takes place between 9:00 a.m. and 11:00 a.m. and is continued from 1:30 p.m. to 3:30 p.m. All youth entering the program are tested for achievement level and abilities. Based on this assessment, the program teacher develops an individualized program of instruction; the student does not compete with others and progresses at his own speed so that the primary emphasis is strictly on the mastery of basic skills. GED preparation and remedial instruction are both available as is work on practical skills. Credits which are earned in the program school can be applied toward a regular high school diploma. Although return to a public school is possible, a preference is given to having students work toward a GED. Readjustment to a public school environment poses great difficulties and has frequently not worked out well for former ARC residents.

Throughout program participation staff members assist the teacher in the individualized course of study developed for each student. Toward the latter part of the program participation (approximately eight months), the outreach coordinator begins to work with the student on a specially designed prerelease curriculum. The first five days of this curriculum must be successfully completed before the extended home weekends can commence and at which time job hunting or a school/training program search can begin. The curriculum's topics include job seeking procedures, interviewing, filling out applications, following written directions, opening and managing savings accounts, budgeting, voting, use of the marketplace (e.g., advertising, avoiding gyps, safeguards), procuring and managing housing needs, and consumer law.

The point is that the educational curriculum is designed to focus on, deal with and explore applications to real-life situations. In this way, what is being done and what can be gained from doing it are clearly spelled out to the students. The whole notion behind the individualized curriculum is that the school work and each student's progress and timing are totally adjusted and geared to the client rather than the other way around. This situation is believed helpful in bringing to the student a sense that he and his own educational needs are paramount and that he is <u>directly</u> <u>involved</u> in setting the various goals which must be met.

Elements common to all the programs with in-house school components include setting up a positive educational experience where successes are realistically obtainable, making available very small classes to entirely individualized teaching, getting students involved in setting the short-term objectives, having clearly articulated expectations, using interesting, multi-sensory and life-relevant material, emphasizing concrete goals which are tied to learning in other parts of the program, using some kind of rating or reporting system to monitor progress, and providing some form of recognition and rewards to accompany and thereby mark achievement. While these elements are achieved by the programs in quite different ways, educationally the programs share a commitment to schooling which is largely tailored to each students needs, aptitudes and abilities; carefully and quickly reinforced; and constantly tied to real-life applications.

The other residential program using an in-house school is FKMI. This program used a point system to monitor progress, reward responsible behavior, and guide advancement through four specified levels. Anywhere from one to five points can be earned for each of two categories, conduct, and participation. This is done for each class, task, or activity in which clients participate. The points are then used as bidding chips in an auction which is held to select students for various trips and activities. The points are also used as one of the criteria for level advancement.

The students in FKMI's residential program attend the alternative school with day students who come from the surrounding Keys (Monroe County). While most of the day students are not court ordered, they are referred for problem behaviors. The curriculum includes required core courses of a purely academic nature and classes in marine science. A great deal of the marine-oriented study is done in the field. The purpose is to capture student interest and to show immediately the link between an academic topic and its potential application in work or recreational activities.

New students take several short courses such as first aid, cardiopulmonary resuscitation, survival swimming, water safety, marine maintenance, and basic hand tools. These short-term courses involving one to several class sessions are designed to provide rapid successes for students who are accustomed to failure. Course completion cards and achievement awards are introduced early to engender positive reinforcement on a regular basis. The four instructor-counselors who teach classes in the various marine-oriented subjects also serve as the primary counselors for the residential students.

Four or the six nonresidential programs utilize in-house schools and as is the case for their residential counterparts they all attempt to closely link the educational component with the other program components, and in turn, the youths' external environment. A good illustration

of how this can work is Transitional Center, a day treatment program for adjudicated delinquents who are emotionally disturbed and learning disabled. Upon entry into the program, the parents, assistant coordinator and the assigned counselor co-sign a standardized written agreement specifying parental cooperation and willingness to attend scheduled sessions with the counseling staff. Counselor responsibilities are also spelled out in the agreement. These include being available in crisis situations, respecting confidentiality and holding family meetings at least twice a month. In addition, the student co-signs with the assistant coordinator and the counselor an agreement asserting that irresponsible behavior could result in residential placement and there is also a statement of understanding signed by the client and counselor which describes the policy and consequences for fighting and unexcused absences.

Clients are bused to and from their homes five days a week and the youths remain at the program from 8:30 a.m. to 6:00 p.m. where they are served three meals a day. The in-house school is organized into small classes which are usually team taught. Each class is staffed by two teachers, two aides, and available volunteers. During the morning hours students take classes in reading, mathematics, language arts, and social studies. Clients eat lunch in small groups with their designated counselor. Following lunch, students work on science/health, language development, and

life skills.   All youngsters spend an hour daily in a spe-
cialized vocational/life skills class.   During this time,
students are instructed in matters such as career awareness,
personal hygiene and grooming,   manners, money management,
and dietary needs.   This class is handled by a vocational/
life skills counselor assisted by several interns.   It is
this counselor who also works with the students on develop-
ing post-program placement plans.   Quite frequently, these
plans involve registration in various kinds of vocational
schools.   The students are then contacted regularly by the
counselor.   This allows the counselor to maintain some
degree of continuity ·and support ˉfor the youngsters. During
the first month following termination, the parents are seen
at least twice by the life-skills counselor.

Volunteers, when deemed necessary are used in a big
brother/big sister capacity.   Volunteers are drawn from the
volunteer corps maintained by court services.   This special
program specifically recruits, screens, and trains potential
volunteers for all of the court service related programs and
activities, thereby freeing up Transitional Center staff
from having to engage in this often complicated and time-
consuming task.

Counselors are asked to spend as much time as they can
in the classrooms and in this way they can directly relate
counseling goals to school behavior and progress.   Gener-
ally, the counseling relies on behavioral contracting with

clients around a small, manageable number of objectives such as improved self-control and increased responsibility toward others. Problem areas are prioritized and are always tied to a series of specific incremental steps geared toward amelioration of problems. During the monthly staffings, the clients have a regular opportunity to evaluate themselves in the presence of staff. They also hear and react to staff comments and recommendations. This is considered an important way to have the clients know what is happening to them in the program and why. In addition, there is a daily group session generally under an hour where clients are grouped by problem areas, e.g., temper control, interpersonal problems.

The point is that a sustained effort is made to closely link up the educational program with counseling objectives, reintegration planning and aftercare. Given that community schools, for the reasons outlined earlier, may be inappropriate or unavailable, it is a school experience which focuses on and reinforces reintegration planning, aftercare arrangements, and those skills necessary for basic cognitive functioning which provides the greatest opportunity to create positive post-program experiences.

Two of the remaining three nonresidential programs utilizing in-house educational components make extensive use of teaching machines. Staff in both Copper Mountain and Viable believe that the machines are particularly valuable as a means to lessen the competitive edge often found in

group educational experiences. Further, staff feels that the variety and interest the machines add to the day's activities are helpful in dealing with short attention spans.

In Copper Mountain, where students attend the program from 9:00 a.m. to 3:00 p.m., school is generally held during the morning hours. The California Achievement Test is used to determine achievement level. Based upon the test results, an educational contract is individually formulated for each youth. Students are involved in setting specific goals and then they work with teaching machines in the areas of reading, spelling, mathematics, science, and history. Gradually there is a transition to textbooks but at the early stages of instruction the machines help to stimulate interest, provide rapid feedback, and establish a nonthreatening and highly positive learning environment. Staff believe that the machines' immediate correction of mistakes and indication of correct answers provide a way to alleviate the anxiety created by potential classmate reaction. Group classes are held for certain subjects such as social studies and health.

A head teacher and three aides are available at all times to supervise students in use of the machines and to test regularly for progress. Overall progress in the program is tied to how well students are doing in five areas: schooling, counseling, tracking, recreation, and responsi-

bility (referring to a student's regard for others and self). One of four group meetings a week is used to rate each student on a five-point scale. The criteria used for assigning points are effort and participation. Each student can respond to comments made about him by staff. Other students are urged to voice their opinions and a staff vote is taken at the end of the discussion. Five points awarded for school performance results in a day off from school work (though the student must come to the facility), 16 points earns a soft drink, 20 results in a drink and candy bar, and a monthly total of 75 is rewarded with a dinner.

Material. rewards are used initially to encourage desired behaviors. An important additional incentive to fullfilling the terms of the educational contract, and more generally, to staying out of trouble is participation in the recreational component. This is an extremely important and critical facet of the program. One long physical challenge trip per month is scheduled (e.g., river runs, camping, backpacking, YMCA's National Youth Program Using Honda Mini-bikes). In addition, there is a once a week all day organized recreational activity (skiing, horseback riding, rock climbing, bicycling, hiking, handgliding) and another half-day YMCA activity.

The recreational component is based on the assumption that such activities provide ". . . an acceptable and meaningful way to channel energy, vent frustration, provide

excitement and exhilaration, enhance self-esteem, establish close personal rapport with one's peers and staff, motivate and reward appropriate behaviors, discourage disruptive and uncooperative actions, and acquire skills and hobbies which may spark vocational interests and/or avocational pursuits" (Armstrong and Altschuler 1982, pp. 187). Following the intensive recreational activities (most of which occur over several days), the recreational director debriefs with the rest of the program staff on how each client handled the activity.

The program also employs four trackers who are responsible for having at least one outside contact a day (not necessarily face-to-face) and one personal activity a week. As described elsewhere, Armstrong and Altschuler (1982, pp. 182-187) comment:

> Designed both for monitoring and support purposes, tracking (at Copper Mountain) includes intervening in crisis situations on a 24 hour-a-day basis, overseeing all phases of the treatment contract, maintaining contact with families and other involved agencies, performing as a member of the treatment team, assisting youth in locating and utilizing valuable resources, and maintaining records for treatment contracts and for evaluation.
> After clients have completed the program, trackers continue to maintain contact in a track-only phase lasting approximately three months. The client may be provided help in finding a job or getting into a school or training program. If the client's situation is fairly stable, only one or two phone calls per week may occur. If, on the other hand, difficulties arise, more frequent contact and weekly activities may be required. In the event of continuing problems, efforts can be made to bring the youth back into the program facility.

Clearly, Copper Mountain's day treatment program and alternative school are designed to be holistic, closely linked to out-of-facility activities and resources, and carefully directed toward community reintegration and after-care planning.

Viable's school provides instruction for three categories of achievement: basic education up to eighth grade, intermediate (pre-GED), and GED prep. The in-house school is also used by students participating in other programs operated at the same multi-service facility, although much of the schooling is oriented toward individualized learning modules rather than group instruction. Group classes are held in consumer education and black history.

Upon entry into the program, every student is tested for academic level, and almost all are well below average; perhaps 20 percent have learning disabilities. Teaching machines are used as a way to stimulate interest and reinforce materials already introduced by a teacher. The school is considered an official part of the local school system. Consequently, the students receive regular credit for the subjects they take. Records specifying completed work with a recommendation for grade placement accompany Viable students who re-enter the regular public school system. In addition, a regular school diploma can be obtained if the final requirements are met at the program's school.

There are two full-time teachers who closely collaborate and communicate with the program's counselors, job developer and coordinator. While the teachers are paid for by the local school system, they are recruited, screened and selected by the Viable Executive Director. The in-house school also has its own point system which provides the teachers with a form of differential reinforcement. Single points are awarded in eight categories: on time to class, on time from break, respect for staff, respect for peers, working before 10:00 a.m., working after 10 a.m., group involvement, and bonus. The points are totaled each day and summed over the entire week. The points are then used in an auction which had the clients bidding for goods donated by local merchants (e.g., sporting goods, cards, records, tee-shirts). The point card resembles a checkbook and each student is responsible for writing in earned points and debiting points which are used to make purchases. It is quite a unique system where students write out checks for the items they win in the auction. In this way, they gain an understanding of how checkbooks work. Points not used are carried over to the next auction.

Viable also employs a job developed who assists clients seeking full or part-time work. Help is provided on developing skills for filling out job applications, handling interviews, and deciding what kind of work to seek. The job developer maintains an active list of potential jobs and he

actually takes youngsters to various locations for interviews. After job placement, the developer continues to meet with the youth once or twice a month to monitor progress. Career exploration trips are also conducted for groups of clients.

Finally, in order to finish VAP successfully, the students have to work with their counselors in developing aftercare plans. This involves either enrollment in public school, placement in jobs, some combination of the two or entry into a vocational/technical or adult education program. Again, one can see how a very broad view of education and the close linkage of the school component with all other components of the program create numerous possibilities for realistically and practically preparing clients for unsupervised community living.

At Katahdin, as with the other alternatives, the program is essentially a school with additional components incorporated into the overall design. The school component at Katahdin is run by an accredited secondary school teacher with emphasis in special education. The structure of learning is individually tailored educational plans with no discernible grade placement.

Following testing, each youth is placed on a level where he or she can progress at a speed commensurate with ability. A new school contract is negotiated at the beginning of every week. By meeting the terms of the contract,

students earn credits toward completion of their high school education. Students most behind academically are given remedial training in mathematics, reading, and English.   More advanced students either work on a GED or for regular high school credits.   Movement into regular classes at the local high school can be arranged,   but this will not generally occur until a client has been in the program for at least three months.   Work study credits are also made available for students who work in the afternoons and attend the school program in the morning.   Qualified students who with to attend local vocational-tech centers operated by the Minneapolis Board of Education are encouraged to do so.

Another major feature of the program is its reliance on a student government for decision making in a number of areas.   Each day begins with a brief morning meeting presided over by the student government President.   The establishment of this governing body was part of a conscious attempt by the program's founders. to build-in a degree of equality between staff and clients.   Armstrong and Altschuler (1982, p.194) have described the elements of this process:

> Situations in which clients are allowed a significant input into decision making include 1) involvement of clients in decisions about accepting new youths into the program, 2) involvement of the client in developing the treatment plan, 3) involvement of the client in staff conferences concerning the youth's progress, 4) participation of the entire client population in the maintenance and development of the physical facility, 5) participation of the entire client population in

assessing staff performance, 6) participation of clients on the board of directors, 7) participation of the entire client population in setting rules within the facility, and 8) participation of the entire client population in reviewing peers on suspension about possible readmittance into the program. The intent of these "egalitarian gestures" is to create a situation in which students are given a strong feeling of ownership of the program. Clients exercise some control over not only what happens to themselves but also what happens to the program in which they are participating.

In these illustrations, one can see the concerted effort which is made to dovetail and incorporate all program components and elements into an overall strategy built upon some form of broadly based alternative education. The intention is to focus the students' attention on 1) obtaining the basic educational and cognitive skills necessary for community adjustment and reintegration, 2) acquiring the social and behavioral skills that are lacking, and 3) practical preparation for post-program community living. These programs carefully attempt to structure their educational components so that they work in lock step with other program components which variously track, supervise, counsel, and advocate for the clients.

This unity of effort can be quite advantageous in guiding the clients toward and assisting them in handling open community living. The in-house education approach is particularly important when either the community schools are not equipped or willing to take the clients or other local authorities will not permit it. It also is viewed by some

as one means for programs to limit the number of community support systems to which they must target their staff time and funding.

Tapping Community Schools

By way of contrast, a very different set of concerns and processes are involved for programs taking actions and making efforts to work directly with community schools which 1) are located apart from the program facility and 2) involve students not   part of the program   or larger "umbrella" agency with which the program may be associated. Community schools include regular public schools, special education facilities, adult education programs, alternative schools which are independent of and separate from the pro- gram, GED classes outside the facility, and vocational/tech- nical schools.

For the three residential and two nonresidential pro- grams in the sample which utilized community schools, the provision of education is itself the direct manifestation of a link-up with a major community socializing institution. The use of community schools often requires considerable staff time to both track or monitor the client and work with the school.   If the potential school sites are themselves having problems or are weak than as much attention if not more may have to be targeted toward the schools.

By the same token of course, if program trackers or outreach caseworkers are coming by the school then efforts to work with school personnel might be conveniently combined with tracking responsibilities. It may well be the case that the difference between schools agreeing or refusing to accept a young offender into their student population will depend upon program staff providing assistance, backup, and support in the form of holding the client accountable for managing responsibilities. Locating appropriate school placements, reassuring the schools that program staff are available to assist with problems and special needs, preparing the client for the school experience, and informing the school about the level and abilities of the student are all critical and time-consuming tasks which must be addressed and provided. An especially critical issue is convincing school administrators, teachers, and other school personnel to treat clients as they do other students and not in a negative or fearful fashion. A number of approaches and techniques used by programs in the sample are illustrative of the various ways these tasks can be carried out.

Two programs in the sample, one residential and one nonresidential devised particularly elaborate systems for providing these services. They are also interesting program illustrations because both represent intervention strategies which are maximally comprehensive, extraordinarily intensive, seeking the greatest degree of change in their

clients, targeting for attention the widest range of client attributes, and exerting the highest level of control and supervision. The existence cf these features in programs which also maintain substantial amounts of daily exposure to the outside community underscores two important points. First, there is a crucial difference between community-based and social climate characteristics. Consequently, as noted earlier, community contact (of whatever type) in the absence of human and decent treatment within a program facility is unlikely to lead to the resolution of behavior, cognitive, or emotional problems. Second, community-based programs can provide high degrees of control and supervision and are capable of transmitting to their clients a very clear sense that serious consequences follow from both criminal trans-gressions and continued inappropriate social behavior. Given that progression in the programs was largely a func-tion of how clients handled and reacted to newly acquired privileges and to their own improvement, variations in terms of freedom of movement and level of earned responsibility can be identified within single programs.

Vindicate Society, although using a nearby community school and local resources for training and job opportuni-ties, pursues a particularly aggressive and confrontational "synanon-style" therapeutic approach to induce collective change. The staff is made up of predominantly former resi-dents, a highly controversial form of boxing is practiced at

the program, and there are, in essence, no individualized treatment plans but rather an intensive group experience intended and believed ideally suited for any potentially eligible clients. The questionable use of boxing, the lack of individualized treatment plans, the inordinately long length of stay favored by the program (18 months), and several other practices have been a continual source of conflict between the program and a number of local and state juvenile justice authorities. At the same time, however, there is a considerable amount of community contact, both as measured by some of the indicators used in this research (family-client contact, general family-staff contact, and community schools) and those identified by McEwen.

The primary community school used is a nearby public high school which is in walking distance. One staff member is in charge of educational activities and upon entering the program all clients are required to take the California Test of Adult Basic Education. Clients scoring at a seventh grade level or higher are placed into the high school, fifth or sixth grade levels are placed into a GED program run by the school system, and those scoring at fourth grade or below are placed either in a remedial program consisting of adult basic education classes in the Newark schools or in the Vindicate minilab which is run three days a week by a remedial teaching specialist drawn from the Adult Education Department of the Board of Education.

Students attending school sign themselves in and out of the facility and are required to obtain the signatures of each teacher at the conclusion of every class period. These slips are then returned to the program counselor and in this way both the program and the school can keep closer track of the clients' whereabouts during the school day. The program also employs a recreational specialist who is an assistant coach at the local high school and he frequently keeps tabs on the clients as well. Some more advanced clients in the program who are in essence junior staff (known as Counselors-in-Training or CITs) also attend the local high school and they act as the "eyes and ears" of the program in the community. The vast majority of clients are involved in vocational activities of some sort and considerable emphasis is placed on physical fitness and sports. An ordinary day consists of a tightly scheduled series of activities with great importance placed on the two days a week of small "guided group confrontation" sessions led by staff members who are former residents and whose past experiences closely resemble those of the clients.

The controversy over some aspects of this program highlights the need to sharply distinguish between community-based features and social climate characteristics. While community based features and social climate characteristics remain conceptually distinct, overall evaluations and assessments of programs must carefully analyze both the

extent and nature of community contacts and the nature and quality of a program facility's atmosphere, social climate and internal practices

Key Tracking Plus is an innovative program combining intensive community tracking, broad supportive services and advocacy with a brief initial period of highly restrictive residential confinement. Upon entering Plus, all youngsters go through what is called "residential intake." This initial phase consists of highly restrictive and intensely structured residential confinement lasting anywhere from one week to one month. It is designed for the purposes of client orientation, stabilization and assessment; treatment plan development; formulation of a community tracking behavioral contract; and initiation of services tailored to the residential objectives. Behavioral management, limit setting, implementing client structure and counseling are closely interwoven and constantly reinforced during this phase of the program.

A residential caseworker is assigned to a client as soon as he enters the program. Usually within two days after entering the residence, the client is assigned an outreach worker who will assume primary responsibility for providing intensive community tracking during the program's second phase. While in the residential intake phase some daily contact occurs between the client and the assigned outreach worker. During this time, the outreach caseworker

closely collaborates and consults with the residential case-worker. The outreach worker is also involved in some of the three or four family meetings held prior to the youngster's release into community tracking. Ultimately, issues discussed in these sessions are used in formulating a behavioral contract which requires cooperation and monitoring by family.

While in residence, each youth spends three hours a day in the program schools. The school is operated by a special education teacher who, after testing for achievement level, works remedially with the youngsters. The achievement test is used to determine what kind of school placement is best for the students. Regular public schools, adult education, GED and vocational schools are used. A small number of the most educationally deficient students stay in the in-house school, but this is done only as a last resort. The in-house school is available as 1) and interim educational resource emphasizing testing and remediation during residential intake, 2) a mechanism to arrange for community school placements and vocational training, 3) a short-term emergency educational alternative for suspended students, and 4) the primary school setting for a few special cases.

Once community tracking begins, the outreach workers assume primary responsibility for the clients. This phase involves seven days a week advance scheduling of all activities, compulsory call-in times, immediate reports of any

deviations from the pre-arranged schedule, mandatory meetings and activities two evening a week and twice each weekend, unannounced spot checks by outreach workers at anytime and in any place, compliance with a curfew and required school or vocational training, and part-time work. Both publically funded work programs and private sector jobs are sought. Additionally, Key has its own stipend work program for youths who, otherwise, would have no work available for them. This involves either subsidizing employers who can provide jobs or having Key itself pay the clients to work on various jobs at the facility.

- Whether in school or vocational training and when at work, at home or at play there is close monitoring of all activities. Outreach workers operate in teams. Two teams of three members each have their caseloads assigned on a geographic basis. Each person must be familiar with the caseload of the rest of the team and in this way all nights and weekends are covered. Each team is responsible for 15 to 21 clients. Included in these caseloads are both Plus clients and youngsters from Key's other program (Outreach and Tracking). The other program is similar to the community tracking phase of Plus, but is less intensive in terms of the number of required activities and sessions at the facility, and the number of required phone contacts. Organized in this manner each outreach caseworker can handle five or six clients.

The underlying philosophy of the tracking component is the development of an intense, positive, supportive, one-to-one caseworker-client relationship. This is achieved through role modeling; collectively analyzing, understanding and solving problems; sharing and monitoring activities; working closely with parents and siblings; knowing the peer network; developing, encouraging, and tracking educational, vocational, and/or job placements; and establishing community linkages for aid, recreation, training, and enrichment. Clients are seen by outreach workers three or four times a day. Although some of these contacts may be quite brief, others lead to lengthy discussions concerning difficulties and progress.

A number of important purposes are all served at the same time. Caseworkers keep the clients under exceedingly close supervision while they are simultaneously working and coming into contact with community subsystems and the youngsters' social networks. This helps to reassure families, teachers, employers, and the clients, it means the youngsters will have assistance in dealing with problems that might develop, and its provides time for the caseworkers to directly observe and intervene with these key community actors and social networks.

Use of community schools by Esperanza Para Manana, PORT, and Project Vision similarly reveals the importance attached to maintaining regular and frequent contact with

school personnel.   In Esperanza all residents are required
to attend either public school or special schools in the
community.   While some of the schools prefer to communicate
with program staff daily, particularly at the initial stages
of a client's enrollment, others issue a monthly progress
report to the program.   Generally, Esperanza is willing to
agree to any reporting terms acceptable to the schools.

PORT makes a concerted effort to keep each client in
the same school he attends prior to program participation.
Close informal contact is maintained between the program
staff and teachers weekly and formal meetings are routinely
scheduled every three months.   Finally, Project Vision
requires attendance in a community school program;   some
clients attend a public school alternative educational pro-
gram, others go to special education programs designed for
learning disabled youngsters and still others are enrolled
in the regular public schools.   Counselors visit clients at
the school and teachers are encouraged to contact the coun-
selors if any problems arise.

School-Related Problem Engagement and Teacher Involvement

In order to gauge whether or not programs with in-
house school components did any better at incorporating
teachers into working out school-related problems than pro-
grams using community schools, clients were asked 1) if they
had spent time with staff on any of these problems, 2) how

serious the problems were, and 3) whether staff had spent time actually working with the teacher(s).

TABLE 24

CLIENT-STAFF AND STAFF-TEACHER WORK ON SCHOOL-RELATED
PROBLEMS

	In-House School							Community School					
	Res		NonRes					Res			NonRes		
	ARC	FKMI	TRANS	CM	KATA	VAP	%	VIN	EPM	PORT	PLUS	VIS	%
n	7	8	7	5	7	5		9	4	6	10	9	
(1)yes	2	4	7	4	5	4	76.5	3	0	4	7	7	56.8
MD	5									1			
(2)yes	1	3	2	1	1	2	38.5	1	0	2	3	3	42.9
MD										1			
(3)yes	0	2	5	2	1	2	46.2	1	0	1	1	5	38.0

(1) Indicates no. of respondents out of all respondents who worked with staff on school problems. MD = missing cases.

(1) Yes indicates no. of respondents out of all cases working with staff on school problems who believed their school problems serious. MD = missing cases.

(3) Yes indicates no. of respondents out of all cases working with staff on school problems who stated staff also worked on the problems with teacher(s).

Comparing the programs with in-house school components to those which utilize community schools, Table 24 shows that slightly over three-quarters of the respondents (76.5 percent) attending school in-house and approximately 57 percent of the respondents in community schools indicated they worked with staff on school-related problems. Furthermore,

even though proportionately more of the community school respondents (42.9 percent) believed their school problems serious, it is still the in-house school respondents who state to a greater extent that staff worked with their teachers.

While the data thus suggest that school components situated at the program facility are somewhat better on the average in promoting staff-client work on school problems and teacher-staff, problem focused contact, two important points must be made. First, given the way in which programs with in-house school components operate, teachers and counselors are generally interacting with one another, if not assisting each other, on a daily basis. In some programs teachers may be involved in a formal way in counseling (VAP and FKMI) and in other programs counselors directly assist in the school program (ARC and Transitional Center). This kind of arrangement serves to intertwine school and counseling, and in effect, blur the difference. Not only does this promote a more complete understanding of each child and his or her "learning style" (Whittaker 1979, pp. 155-185), but it also can facilitate the transferability of skills and pro-social behaviors through continuity and steady reinforcement. Having a single location where school and other program activities take place certainly makes more visible to the students teacher-counseling staff interaction.

In contrast, programs which use community schools are obviously not in a position to have staff at the schools throughout the day and these programs are not designed to have staff regularly assisting teachers in the classroom. The tradeoff, of course, is that clients are less dependent on the program and its staff for everything and the youths are routinely exposed to influences and forces outside the confines of the program. The Vindicate and Plus illustrations suggest that monitoring and supervision can still remain quite high. In comparison to programs with in-house school components one would not generally expect to see quite as much direct staff-teacher contact taking place. In addition, the selection of programs using community schools for particular youths might reflect the judgement of referral sources and intake staff that it is not schooling per se with which the client needs staff support and counseling or that the local schools working in conjunction with the program are adequate for the task.

The second point has to do with variation among individual programs within categories. Upon examination of the range of programs within either category, it becomes clear when comparing in-house school programs with community school programs that particular programs using community schools are to a greater extent working with clients on school problems (Plus and Vision as compared to FKMI) and some are more fully incorporating teachers into their effort

(Vision as compared to Katahdin). Thus, it again is apparent that one must look to how _individual_ programs operate rather than assume it is sufficient to know the basic educational approach.

Chapter Summary

The particular community-based objective served by a program's educational approach differs depending on whether community schools or an in-house school component is utilized. In the case of the three residential and two nonresidential programs using community schools, the provision of education is a direct expression of a program linking up its clients with a primary community subsystem. The community-based operating objective involves the provision of services by a segment of the community which is separate from the program facility and part of "normalized" community living. Not only does it provide the opportunity for offenders to function in a more "real-life" type environment, but it also incorporates an important community socializing institution into the mission of juvenile corrections.

By way of contrast, four nonresidential and two residential programs found it necessary or advantageous to incorporate an in-house school component. In these instances, the educational experience becomes community-based by virtue of its emphasis on preparing clients for a productive resumption of unsupervised community living and

working <u>and</u> in its emphasis on tying in other program components, features, and processes directly related to aftercare planning and actual reintegration. This unification of effort is directed toward and focused upon return of the youth to law-abiding community living.

The analysis of the similarities, differences, and tradeoffs between and within the two educational approaches indicated that in-house school components and community schools were in fact employed by both residential and nonresidential programs. Moreover, programs of both formats fell into each of the different intervention strategy categories. Program directors stated that the factors which determined the practicality and feasibility of using community schools included the capabilities and willingness of the school system, the ability of the programs to provide the kind of assurances and backup support required, and the clients' ability to function in the community school setting. Key Tracking Plus and Vindicate, in particular, illustrate that it is in fact possible to use community schools while still pursuing intervention strategies which are maximally comprehensive, seeking a high degree of change in their clients, targeting for attention a wide range of client attributes, and exerting considerably high levels of control and supervision.

Program directors using community schools stated that some local community schools may simply no be able to pro-

vide the special kind of learning environment and educational features required by the kinds of offenders referred to a program and that the local schools or community authorities may be unwilling to admit some or all of a program's clientele. Moreover, some programs may decide that they prefer to limit the number of support systems to which they will have to allocate staff time and responsibilities.

In comparison to the programs using community schools, the programs with in-house school components had a larger percentage of respondents indicating 1) that they worked with staff on school-related problems and 2) that staff had spent time working with their teachers on these problems. At the same time, however, there were individual programs using community schools which had greater numbers of clients stating that they were working on school-related problems with staff and that teachers were involved in working out these problems. This fact tends to underscore the importance of looking at the capabilities and accomplishments of programs on an individualized basis. The data aggregated by category tends to obscure specific information on particular programs.

CHAPTER VI

THE ORGANIZATIONAL PERSPECTIVE ON COMMUNITY-
BASED INTERVENTION

Introduction

Thus far, the analysis and discussion have focused upon the extent and nature of various forms of client and staff involvement with family, peers and school. Different types of client- and staff-community relationships, the functions they serve and how the programs are organized and operated to carry out these tasks have been explored. In short, the client linkage perspective can be used to differentiate the extent to which programs are comunity-based and how they provide the services. This perspective looks at actual client experiences as well as those actions taken and efforts made by staff to promote and facilitate contact between clients and their own social networks and critical community subsytems.

There is, however, another perspective which has been used to describe and analyze the extent to which programs are community-based. It provides a frame of reference based on classical organizational variables such as source of funding, size of service area, reliance on other local organizations, use of volunteers and staff professionaliza-

tion (see, for example, Spergel and Korbelik, 1979). The organizational perspective looks at those structural arrangements which can be established to create or enhance the bond between the organization and the community. Quite clearly, both perspectives represent integral parts to any overall strategy aimed at developing community correctional programs in specific or human service outreach programming in general; the client linkage perspective does not specifically reflect how a program can best be structured to promote the development of client linkages and the organizational perspective does not indicate whether the clients themselves and staff are coming into contact with social networks and community subsystems or socializing institutions.

Scope of Service Area

The purpose of this chapter is to see how well the organizatonal indicators can discriminate among the eleven programs and what, if any, problems arise in applying the indicators and interpreting what they mean (i.e., their internal validity) in the eleven programs. Spergel and Korbelik (1979, p. 16), in research they did in Iliinois, point out that one of the most important and classic organizational indicators of community or community-basedness, particularly in inner city urban neighborhoods of a large city, is the physical location of a program within a fairly

small, reasonably well identified geographic area in which the clients also reside. This is predicated on the assumption that the clients share interests, values, concerns and identification with others in the locality as well as with the program. It is because of this local orientation and a presumed greater responsiveness to the needs and problems of youth in the locality that some researchers consider programs with smaller service boundaries more community-based.

Table 25 rank orders the residential and nonresidential programs based on two weighted criteria: first, whether or not clients are primarily drawn from the geographic area in which the program is located, and secondarily, the size of the area from which clients are primarily drawn. The distance criteria (i.e., the former) is given greater priority or weight because the original assumption posits that shared values, interests and concerns of clients with others in the locality and with the program result from proximity of clients' homes to the program rather than overall size of the service area.

Considering only the residential programs, EPM's formal catchment area included all of Utah but referrals primarily came from two nearby cities, Salt Lake City and Ogden, the two most populated cities in the state. PORT drew clients from its home county and two less heavily populated adjacent, rural counties. ARC served southcentral Pennsylvania, which over a three year period included referrals

TABLE 25

RANK-ORDERED HOME PROXIMITY & SIZE OF CATCHMENT AREA

	Residential*			Nonresidential	
rankings			rankings		
1	EPM		1	VAP	
2	PORT		2	VIS	
3	ARC		3	KATA	
4	VIN		4	PLUS	
5	FKMI		5	CM	
			6	TRANS	

*Residential programs ranked 1 through 3 received some or all of their clients from the geographical area in which the program was located. Residential programs ranked 4 and 5 received all clients from outside the geographical area in which they were located.

from eight counties. Vindicate, due to a decision made by the local county Presiding Juvenile Court Judge, was no longer receiving referrals from its own home county. FKMI's residential clients all came from the Miami area and although the size of the actual service area is smaller than Vindicate's, the clients in FKMI actually came from further away.

As far as the nonresidential programs are concerned, both Viable and Vision drew from relatively small community areas in the general vicinity of the program facility. This fact has much less relevance for Vision clients, at least logistically, since they rarely came to the facility for anything. Katahdin clients are mostly from two areas of

Minneapolis. Key Tracking Plus served the cities of Spring-
field and Holyoke, Massachusetts, Copper Mountain took
referrals from two adjacent counties and Transitional Center
accepted clients from a single parish (i.e., county) cover-
ing a rather large geographical area.

There are a number of important points underscored by
these facts. First, the formally delineated catchment areas
do not necessarily identify the specific areas from which
clients ordinarily come. Consequently, it is the primary
service area which provides a more precise referent. At the
same time, one cannot loose sight of the fact that careful
attention must still be paid to how those fewer cases refer-
red from outside the primary service area are handled in
terms of reintegrating clients into their own home communi-
ties.

Second, on a comparative basis one cannot assume that
a two county service area, to take one example, is spatially
or geographically larger than a single county service area
particularly if the latter is very large and the referrals
from the former all come from two cities just over the
county line. Third, the size of the area and its distance
from the program must be understood in the context of what
the program does and who it serves. One the one hand, it
may well be that certain specialized services for particular
populations (e.g., violent offenders, emotionally disturbed
offenders, clients requiring highly secure settings) are not

locally available because they are too costly, the area is too small and remote to have a particular facility, there are too few of the cases, the community won't accept the facility, or the program requires staff and resources found more readily in other areas. On the other hand, it may be thought that a specified period of time out of the home community would be beneficial, either because of community sentiment or because the home environment is believed dangerous. Whatever the reasons, there are certainly valid justifications to remove some youngsters from their home communities.

In practical terms, this means one can expect that primary service areas will indeed vary both in terms of size and distance from a program. This, in turn, will present vastly different possibilities for ways in which client linkages can be forged with the youths' own social networks and various community subsystems (see previous chapters). For example, whether or not clients are close to home and have reasonably good access to their home community will have important implications for the feasibility of a program and its own in-house staff to work both with a youth and the family. This is why the distinction between home and host community has such great importance for what the program can directly do in the way of work with client social networks. It should be made clear that none of the reasons cited above provide valid excuses for not devising systems or strategies

to insure case management, continuity and consistency of control and treatment, ongoing advocacy and proactive assistance with reintegration. In short, while size and distance between home and host communities do provide the outer parameters and impose some constraints, they do not preclude the development of community-based client linkage programs of the variety discussed earlier.

Sources of Funding

In order to compare the percentage of funding received by each program from sources within their service areas, program directors were asked to provide detailed information on all the sources of funding for the current fiscal year. Spergel and Korbelik (1979, p. 19), in discussing the significance of this measure have stated:

> Organizations depend on resources, especially monies for staff, overhead, materials, supplies, etc., to survive and develop. Organizations naturally become responsive to the needs, interests, and constraints of funding sources, e.g., members, clients, private agencies, state legislatures, federal agencies. We would expect organizations funded predominantly from sources within a local community to be more responsive to its distinctive needs and problems than organizations funded mainly from sources outside.

The researchers' further comment that this organizational measure along with scope of service area and several others discussed below may suggest whether the programs' values and identifications are rooted in or outside the local community.

As explored here, the question is what percentage of the public and private funding is derived from the local area of service. Table 26 shows the percentage of funds that each program derived from sources within the area served by the program.

TABLE 26

PERCENTAGE OF FUNDING DERIVED FROM SERVICE AREA

Residential Program	%	Nonresidential Program	%
PORT	92.4	VIS	36
ARC	25	VAP	16.8
FKMI	23	TRANS	9
EPM	0	CM	3.9
VIN	0	KATA	3.8
		PLUS	0

In the course of collecting these data it became quite clear how complicated it could be just determining how much money came from the service area, without even considering the possible effects. At the outset, this certainly created some doubts about the extent and nature of a program's responsiveness to local funders as compared to outside funders, particularly in terms of whether local funding can be equated with a program's orientation toward local values, attachments and identifications.

The problem is largely a matter of the complex money flows, year-to-year fluxuations, federal funding formulas which gradually phase out financial support, and oversight

and regulatory responsibilities which are divided and sometimes overlapping. In addition, the size and distance of the service area vis-a-vis the program are also likely to play confounding roles. An example of how this can work is the program whose money is first originally derived from one or several agencies; second, channeled to another agency who acts as the dispersing agent; and then, third, is administered by yet another organization which may or may not be the actual service provider. Moreover, if an agency has clients who have different legal statuses (e.g., probation, stayed commitment, parole) or who are from more than one referral source, the money to cover the costs of particular categories of offenders may originate from different places. The point here is that simply looking at the sources of funding may, in fact, only be the tip of the proverbial iceberg. Actual funding sources, on the one hand, and agencies vested with monitoring and quality control, on the other, can easily be different organizations which cut across multiple levels of government and jurisdictional boundaries.

In several cases, the program directors themselves were not quite sure how the money flows broke down and the best source of information was the client-referring organizations' fiscal officer. It was also commonly the case that oversight and supervision over what occurred in the facility fell to several agencies each vested with authority for one particular function such as monitoring of a facility or

client case management. In short, if money originates from outside the service area but control is lodged locally, one might question the validity of this indicator as a measure of responsiveness to outside sources.

In addition, programs with comparatively small service areas, in poorer areas, or with enterprising grantsmen might be more inclined to seek state or federal funding. Some of the federal funding has at times and for particular purposes been more supportive of "local" values or at least local control than other forms of funding. (See, for example, Moynihan 1969, pp. 61-73; Marris and Rein 1973, pp. 117-119.) More recently, with the advent of federal social service block grants to the states, the competition for and solicitation of funds has shifted to the state level. It is equally plausible that programs with comparatively large service areas may have more possibilities for generating funding from within the service area but this may actually 1) bear little relationship to prevailing values and identifications, or 2) not be especially meaningful if the values within the area diverge widely or the program's identifications and sentiments relate to subareas of the larger locale. Finally, a regional or local office of a larger entity may still be more responsive and accountable to its central authority than to local interests (see, for example, Warren 1972 and Hallman 1973). Clearly, greater caution should be exercised in using source of funding as an indica-

tor of responsiveness and orientation. Much more research on a larger scale is needed to determine the validity of this indicator as a measure of local identification and reflection of local values and sentiments.

Turning to the specifics of the programs, except for Transitional Center, the single court services program, all operated on a purchase-of-service, private, nonprofit basis. Four of the residential programs operated with at least 75 percent of their funding originating from a state or federal agency. ARC, which began with LEAA funding, bills the clients' home county, which in turn is reimbursed by the Pennsylvania Department of Public Welfare for 75 percent of the cost. Vindicate, which also began with federal funding, received most of its money from New Jersey's Department of Youth and Family Services.

EPM's federal funding is channeled through the Utah Division of Family Services. As was similarly the case for Copper Mountain, a nonresidential program also in Utah, EPM received a share of a three year, $800,000 federal grant awarded to fund community placements as alternatives to the state's juvenile institution. Closely mirroring the hypothetical money flow example described above, these two programs typify the possible complexities of the money flow process and the attendant difficulties in making inferences about organizational responsiveness and identifications.

The LEAA money was channeled through the state plan-
ning agency to the Utah Division of Family Services, which
in turn dispersed it to an umbrella organization through a
newly created intermediary organization known as CATY (Com-
munity Alternatives for Troubled Youth Committee). The
umbrella organization, which was actually two local ethnic
organizations who came together to jointly sponsor EPM, then
hired program staff to run the program. This complicated
money flow arrangement could only be pieced together by
talking with several different actors, each not necessarily
knowledgeable about the flow at other junctures.

FKMI was funded primarily by the Florida Health and
Rehabilitative Services, which operates out of a regional
district office located 160 miles away from the program.
PORT was mostly supported by an agency of the local county
government, the Department of Social Services. These last
two programs were the only ones among all the programs which
continued to be funded by their original funding sources.
Turning to the nonresidential programs, LEAA block grant
money channeled through state planning agencies was a prin-
cipal source of funding for Transitional Center, Vision,
Katahdin, Viable, and Copper Mountain. Key Tracking Plus
was entirely supported by the regionally organized Massachu-
setts Department of Youth Services.

Transitional Center's 9 percent of locally derived
funding came from the county in which it was located. All

of its referrals came from this county. Vision received its 36 percent of local funds from an area foundation and the city, Katahdin's 3.8 percent was all from local private donations, Viable's local assistance came from the County Board of Education and the County Welfare Board, and Copper Mountain received 3.9 percent from county mental health. Table 26 summarizes the varying percentages of each program's funding obtained from sources within the local service area. While there is a great deal of variability shown, the variety of factors discussed tend to suggest that for these programs the source of funding indicator is insufficient as a measure of each program's commitment to community values.

Reliance on Other Organizations

In keeping with the perspective that involvement with and dependence on local organizations (e.g., money, clients, community and public support, legal authority, program related information, services, staff) can lead to greater degree of community orientation (i.e., greater identification with and responsiveness to local concerns and interests), all program directors were asked whether the kinds of organizations that had been the most important in the achievement of their program's objectives were located either within their primary service area, outside it, both, or neither (i.e., program depends mainly on itself).

In analyzing the differences within and between the nonresidential and residential programs very little variation emerged. All residential program directors responded that organizations and groups within their primary service area were the most important. Interestingly enough, Vindicate, which had ceased receiving any local county court referrals but which still relied heavily upon a number of community resources in the form of schools and training programs were among this group. Also included was FKMI which drew referrals for its residential component from quite a long distance and which permitted clients very little access and exposure to the local host community. ARC, which exercised throughout program participation the highest level of supervision and control of any of the programs, and PORT, which exercised the least, are additionally part of this group.

Clearly, the fact that local involvement can refer to so many different kinds of interactions and dependencies make it impossible to know from this indicator alone the precise nature of the local organizational involvement. Future research on a larger scale could profitably explore the empirical question of whether certain kinds of interrelationships are more or less likely to lead programs toward assuming local values and providing a higher quality of service.

The nonresidential program directors' responses were somewhat though not much more varied. Four indicated that organizations within their primary service areas were the most important ones. In contrast, Vision's director answered that both were equally important. This was most likely due in part to the fact that the clients came from two comparatively small, lower income neighborhoods and attended a regular public school which was located outside their neighborhood. Viables's executive director responded that his multiservice agency tended to rely mainly on itself. This was in spite of the fact the the programs' two full-time teachers were paid by the local school system which is located inside the county.

It appears similarly true for the nonresidential programs that reliance on local organizations can refer to a whole range of possible relationships. This suggests that the indicator might better discriminate among the programs if the different kinds of involvement were individually specified. This might also allow one to test the effect of different kinds of involvement at various levels, e.g., frequency, duration, intensity.

Spergel and Korbelik move in this direction in their use of smallest space analysis (1979, pp. 83-114; also see Spergel, Lynch, Reamer, and Korbelik 1982, pp. 444-448) as a way to examine such questions as how many contacts do programs have with other organizations affecting youth develop-

ment needs of the community, what type of organizations (e.g., rehabilitation services, education, jobs, health) are these, which organizations tend to take the role of coordinator among the groups of organizations involved in youth services, etc.? Data of this type could be used to better pinpoint what kinds of organizational involvements may be related to the development of greater degrees of local responsiveness and community identification.

It should be noted that Spergel and Korbelik (1979, pp. 22-24) found in almost all the programs they studied that a higher proportion of administrators estimated organizations within the community or service area were more important than those outside. They also observe that communities with more serious problems must maintain access to resources from the general community as an important priority. Confirming this possibility, the two communities in their study with more serious problems had larger proportions of their organizations relying equally upon other organizations both in and outside the service area.

Voluntarism

Another structural indicator possibly suggesting a program's local community orientation or greater local citizen involvement and identification with the program is the use of volunteers. The assumption is that volunteers drawn from the local community facilitate involvement and identi-

fication with local concerns and values. Consistent with the findings of Spergel and Korbelik in their Illinois study, the data do not indicate a great deal of volunteer activity. Only three of the programs (Transitional Center, Viable and PORT) were using volunteers in the performance of staff responsibilities and two of these were nonresidential. In addition and most important, in each of these three cases there were either other affiliated programs or a larger controlling entity which maintained a volunteer worker operation.

The existence of these already established and separate volunteer worker efforts made it possible for the programs to enlist the services of volunteers. Particularly in work with serious juvenile offenders use of volunteers can be a rather complicated and time consuming endeavor. Some of the other eight programs did occasionally have volunteer help, but this was not a steady part of the programs. In fact, with the exception of Transitional Center, it became clear in the director interviews that the use of volunteers did not result from any overwhelming commitment or belief in the virtues of volunteer labor or its value in facilitating community identification. Quite pointedly, a number of the directors noted the drawbacks in using volunteers for work with serious juvenile offenders. Among these were low commitment levels, unreliability and lack of accountability, susceptibility to manipulation by clients, the excessive

time required for adequate screening and training, and the clients' need for consistency which often requires more time than volunteers can be expected to give.

Limitations of this sort and the use of ongoing volunteer-worker operations by programs regularly enlisting volunteer staff strongly suggest that the use of volunteers requires a careful screening, training, and monitoring process. It should be made clear that this is in no way meant to suggest that various speakers, visitors and other outsiders were not or should not be allowed entry and contact with clients. The discussion here applies to the use of volunteers who are for all intents and purposes regular full-time or part-time workers. In the interviews which took place about the use of volunteers, the researcher was careful to distinguish between community volunteers who receive no form of remuneration or academic credit whatsoever and supplemental staff who work on a full or part-time basis but at no cost to the program such as student field workers, interns, CETA workers, probation workers, and personnel on loan.

Insofar as the use of boards of directors are concerned, Spergel and Korbelik (1979, p. 28) question the validity of this indicator as a measure of involvement or identification by local citizens with the program:

> . . . for our purposes, the presence or absence of
> a board in an organization has mixed meaning. It
> signifies an important form of participation in a
> democratic society, often involving citizens, both
> from the local and broader community. But the
> absence of a board from an organization may not

necessarily indicate the absence of locality orientation; just the reverse is possible. The presence of a board may indicate the interest of a larger community in affairs of the organization and the problem of the local community. If a board indicates interaction of the local and larger or external communities, the more organizations with boards in an area the more mixed the commitment of its organizations to strictly local values.

The data in this research tend to support the idea that the mere existence of a board imparts very little information about who makes what decisions, much less whether or not the program reflects local values, sentiments, and identifications. Moreover, nine of the eleven programs did maintain boards of directors, though of these nine, seven had boards which were more directly serving the larger umbrella organizations (PORT, ARC, Viable, FKMI, EPM, Key and Vision). Katahdin and Vindicate were the two programs whose boards were not simultaneously serving as the board for the larger controlling umbrella organization. In Vindicate's case, the executive director commented that the board had been composed primarily of lawyers but due to the fact that they were too pushy in their involvement in the internal affairs of the program he decided to switch board positions to regular community people who he believed were easier to control. The two programs with no boards were Transitional Center which was the only full-fledged public program falling directly under county court services and Copper Mountain which was a collaborative public and private

effort principally administered by the county department of mental health.

Professionalization

The final organizational indicator to discuss is degree of professionalization; an indicator often measured by the number and proportion of staff with professional degrees and training. Spergel and Korbelik (1979, p. 29) note that for most inner city communities the presence of professional staff signifies some degree of social distance from its clientele. This is because it is assumed that professionalization tends to orient a programs to definitions of problems and service using bureaucratic and professional norms rather than local ones; therefore, more community-based programs should have staff resembling clients and community residents in education and background.

In looking at Table 27 one can see that four of the five residential programs had staff with at least two persons possessing graduate degrees. PORT, which has no staff with master's degress resembled most closely the more traditional live-in staff group home. On a proportional basis, the program with the most staff possessing master's degrees or beyond is EPM. This is particularly noteworthy because it illustrates that using measures of professionalization such as this in the absence of programmatic context is potentially quite misleading.

TABLE 27

NUMBER OF STAFF (PRIMARY AND SUPPLEMENTAL) WORKING DIRECTLY
WITH CLIENTS BY EDUCATION (%)

Residential	PH.D.'s	Master's	Bachelor's	Assoc.	High School	Unknown
VIN		2(22.2)	2(22.2)		5(55.6)	5
PORT			3(60)	1(20)	1(20)	
EPM	1(11.1)	2(22.2)	4(44.4)		2(22.2)	
ARC	1*(7.7)	3(23)	5(38.5)	2(15.4)	2(15.4)**	1
FKMI		3(20)	7(46.7)	2(13.3)	3(20)	3
Non-Residential						
TRANS	1 (4.2)	3(12.5)	11(45.8)		9(37.5)	2
PLUS		4(19)	16(76.2)	1 (4.8)		1
VIS		1(16.7)	3(50)	1(16.7)	1(16.7)	
KATA			4(100)			3***
VAP	1(12.5)	2(25)	4(50)		1(12.5)	
CM		6(54.5)	4(36.4)	1 (9)		3

*Employed 10 hours a month
**Working on Bachelor's
***Interns working on Bachelor's or Master's

Those who designed and organized this program believed
that a predominantly Hispanic staff role modeling for and
counseling with the all Hispanic clientele was the principal
means by which a culturally appropriate treatment model
could be devised. This staffing strategy assumed great
importance since it was linked to the belief that ethnic
pride and cultural identity should be appealed to, if not
inculcated, in attempts to communicate and reach the youths.
In addition, the assumption was explicitly made that having

a client population comprised exclusively of Hispanics increased the possibility of generating cohesion among residents and between staff and residents. All of this was guided by the widespread perception on the part of the program organizers that the dominant "Anglo" power structure constituted a prejudiced and discriminatory power elite. The program organizers were long standing and recognized local leaders who worked on behalf of the Hispanic minority population. They believed that having Hispanic staff who "made it" and who would best be able to reflect the hopes and aspirations of the Hispanic community had very little to do with how much formal education staff had. The basis of identification and shared sentiments the program sought to establish with both the clients and the service area is found, on the one hand, in the common ethnicity, and on the other hand, in having staff with the ability and proficiency to deal with the clients and the community in the context of the program's intervention strategy.

While the program planners and administrators desired the involvement of at least some staff with prior training this was not considered a problem in terms of creating or exacerbating social distance between staff and clients or staff and local citizens. Quite to the contrary, it was strongly believed that a staff reflecting a balance between street savvy and professionaly trained individuals would best gain the support of clients, local citizens who did and

did not have academic credentials and other important organizations upon which the program would depend. In practice this meant that 1) the staff as a group should be composed of persons out of both worlds, 2) street savvy and education were not mutually exclusive, and 3) street-wise individuals should not be confused with people who are hustling.

The point, of course, is that there is nothing magical about a specific staff member having or not having formal education and training. Having competent staff (i.e., able and willing to perform their job as specified) who can work in the context of the program's intervention strategy and organizing model and who can relate to the clients (e.g., communicate, set limits in a supportive context, be viewed as fair) are certainly critical factors to consider in making hiring decisions. Once the initial decision is made, time set aside for orientation, training and a trial period is probably well spent and all of this can be accomplished while the worker is on-the-job. In addition, staff supervision and accountability must be a continuing part of program administrative operation.

Among the nonresidential programs, Copper Mountain has the highest proportion of staff with graduate degrees. Moreover, all except one program had at least one staff member with a master's degree and every program had at least four staff with bachelor's degrees. Katahdin, while having no staff with a master's degree or beyond probably exerted

the least amount of social distance between clients and staff, at least in terms of client involvement in various forms of decision-making in the program.

Looking at all the programs, the data in Table 27 show that with only one exception every program has more staff possessing bachelor's degrees or less rather than master's degrees or beyond. The one exception, Vindicate, contained the highest proportion of high school graduates and conversely the lowest proportion of staff with bachelor's degrees or beyond. While Vindicate thus had the least professionalized staff and is located in the heart of an inner city, it is interesting to note that due to its practices it was the only program which had been subject to a series of formal charges by residents of abuse, persistent runaways, and serious problems in its relationship with the county juvenile court. Except for Vindicate's Executive Director who displayed a decidedly anti-credential, anti-intellectual attitude, all the programs were quite accepting if not outright supportive of staff acquiring additional training, education, and credentials. In large part, it is because of salary limitations and the aspirations of potential staff to seek upward mobility and higher status that programs such as these are not in much of a position to attract or acquire an abundance of highly credentialed individuals.

The evidence presented here suggests that the lack of a high proportion of staff with graduate degrees may not be

indicative of greater staff-client or staff-community solidarity. It may depend on the composition of the community; middle class residents might prefer highly professionalized staff. Moreover, it is unlikely that the acquisition of professional credentials by staff or the preponderance of credentialed individuals on the staff would, by themselves, result in programs becoming more bureaucratic or more distanced from clients and the community. The nature of the relationship between staff and clients or staff and the community is more likely a function of the staff's ability to relate to clients and community people, the overall organizing model, and the tone set by the director.

Chapter Summary

This chapter reported findings on the meaning and nature of five classic organizational indicators of community. Overall, the data suggest that these indicators can have mixed meaning. An important distinction must be made between a program's commitment to community values and its local orientation on the one hand and the extent to which it is able to institutionalize itself to a local service delivery system on the other. This distinction basically recognizes the complexity and multifaceted nature of communities.

Clearly, there are different segments, competing power bases, and various sources of influence in a community. Consequently, being organizationally embedded in the struc-

ture of a community does not necessarily mean that client linkages with social networks and community subsystems are being sought or have been established. In fact, it is quite conceivable that an organizationally-linked program could develop an intervention strategy and organizing model based primarily on incapacitation and retribution. It is certainly not uncommon to find communities which wish to be rid of their juvenile offenders and do not want to have anything to do with the youths' problems. The point suggested here is that organizationally-linked programs may not necessarily be supportive of and committed to facilitating community ties for juvenile offenders.

Among the programs studied, the data show that as far as the size of the service area is concerned, it is probably more important to look at size in relation to what the program's goals are, who the target population is, and what organizing model is used. While the size of the service area will undoubtedly affect operating objectives and the organizing model, it is not clear that smaller service areas are synonymous with the development of more community ties for clients. Source of funding is a particularly complex factor. The separation of funding and control, complex money flows, the heterogeneity of communities, and the attitudes and values of the community are all likely to impinge on the meaning and significance of the sources of funding.

Reliance on other local organizations is also ambiguously related to the development of client and community ties. There are obviously different kinds of possible relationships with various local organizations. Clearly, the development of certain kinds of client ties with social institutions (e.g., schools, jobs) is a matter of relying on other organizations or institutions, but if reliance on other local organizations is to have any meaning it really must specify which type of organizations and for what purposes. Merely knowing that one program relies on more local organizations than another program says very little about what those relationships mean and how they might be connected to community values and identifications.

In a similar vein, use of volunteers and professionalization of staff do not appear to necessarily indicate the degree of social distance between the program and its clientele or its constituent community. The use of volunteers, to the very limited extent it took place, was more a matter of a cost-free labor pool though it did require considerable effort (by a parent or affiliated organization) directed toward screening, training, and monitoring. In general, the use of volunteers was not enthusiastically endorsed or believed beneficial is facilitating community identification with the program. Finally, professionalization was not the basis upon which the program directors sought to create an identification between the clients or the community and the

staff. Rather, according to the directors the race and eth-
nicity of staff, the ability of staff to relate to the
clients and community people, and staff experience were the
most important factors.

CHAPTER VII

CONCLUSION AND IMPLICATIONS

This study addressed the practical nature and implementation of community-based intervention strategies. Concentrating on the three principal intervention areas of family, peers and schooling as well as on organizational linkages, the major questions were concerned with exploring what a variety of "promising, commendable or innovative" alternative programs were specifically attempting to do, why and how they went about it.

The three chapters on families, peers and schooling draw on data gathered from client interviews to determine 1) the extent to which clients in the programs were actually interacting with their families and peers, 2) whether clients were working with staff on family problems, peer problems and school-related problems, and 3) if families, peers and teachers were involved with staff in working out these problems. The programs are then compared on these data and the resulting patterns are analyzed from the standpoint of the program format (residential or nonresidential), intervention strategy, operating objectives and organizing model.

The program information and data were drawn from interviews administered to the program director and corroborated by information supplied through staff interviews, a review of available evaluations, monitoring reports and annual reports, and observations over three days by the site visit team.

Currently, there is a great deal of confusion over what it means at the direct practice level for a program to be community-based, and in turn, how it can be achieved. The findings and implications suggested by this exploratory research can be used to advance the current state of knowledge at the direct practice level in several ways.. First, program design and development have been hamstrung by the lack of specific ideas and information which can connect concrete program components, features and processes with the more conceptual and theoretical-oriented principles and objectives bandied about by legislators, commissions, regulatory agencies, academics and researchers. In the final analysis, however, it is the integration of the conceptual bases of community-based intervention strategies with actual practice which will provide program planners, administrators and practitioners with the kind of guidance they need in designing, implementing, monitoring and assessing their efforts.

Second, both administrators who need specific guidelines on what to do and strive for and evaluators or program

monitors who need to come up with demonstrable and measure-
able indicators of community-basedness must be clear on what
specific characteristics are most appropriate to cover the
wide variety of community-based intervention strategies
being used today by different kinds of programs. Third,
matching up or referring certain types of offenders with
different kinds of programs requires at least as much the
ability to differentiate among programs as it does among
offenders.

Fourth, in order to provide new and relevant informa-
tion on the continuing debate over how to best deal with the
serious juvenile offender in particular and the juvenile
delinquent in general, there is a strong need for the
research community to design more studies which look at what
it may be about specific programs which produce failure or
success with different kinds of delinquents. Merely locat-
ing a correctional program in a community setting and reduc-
ing the size of its client population does not mean that the
program is working with or focusing on families, schools,
peers, and/or local community influences and forces. Simply
stated, the program may not be functioning as a community-
based intervention.

It is therefore, imperative that research be done on
developing a classification system of community-based pro-
grams which is able to detect the ways in which a program is
community-based and to what degree.   It will then be possi-

ble for future research to empirically test the effectiveness of community-based operations and practices which in different ways and to various degrees incorporate and focus upon the families, schools, and peer networks of particular types (e.g., behaviorally, diagnostically, cognitively, manifest problems, reasons for referral, nature and quality of social functioning, prior placement history, demographically) of offenders.

Being able to better differentiate among programs could well be vital in making improved placement decisions. For example, once the extent and nature of a client's situation in terms of the social functioning, behavior patterns, and problem areas related to the family, school, and peers are assessed, placement options could be compared on the basis of how their intervention strategy, model of operation, and operating objectives mesh with the client's situation and circumstances. The point is that how much and what kind of emphasis programs place on various support systems have significant implications for the ways in which they operate and what kind of delinquents are the most appropriate referrals. Consequently, properly matching delinquents with the potentially best program for them requires reliable, sound, and specific information on each of the social networks and community subsystems upon which the programs focus.

The Nature and Meaning of Community-Based Intervention

In looking at the nature and meaning of community-based correctional programming from an implementation perspective, one can identify a variety of characteristics, features and processes which can be used to compare and differentiate among programs. At the same time, however, at the foundation of community-based programming are two closely interwoven goals which, in metaphorical terms, can be envisioned as two sides of the same coin. One goal is the linking of clients to community experiences both inside and outside the program facility and the other is permitting clients gradual exposure to the problems posed by and the opportunities provided by the social networks and community subsystems on which they depend and by which they are influenced. Both goals can be achieved by programs in different ways, with different levels of supervision and control, and according to different timetables. In addition, clients may have to meet certain conditions, earn particular privileges or demonstrate they can handle the challenges.

As programs go about the task of translating these goals into specific program components, features and processes, the extent to which these goals are being pursued and met can be empirically measured along a series of continua which correspond to each program's methods and structures. Not only will there be variation from program to program, but within a certain range there will be variation among

individual clients within a program. The variation between programs can be traced to differences in intervention strategy (degree of change sought and range of targeted attributes), the specific model of operation (how limits are set, what sanctions and reinforcers are used, how client progression is directed, etc.), and the operating objectives which establish the ways in which programs seek to tap social networks and community subsystems (service recipients, service providers, socially integrative interaction and access).

The variation among individuals within a single program can be attributed to the progress and condition of different clients, the distance and accessability of clients' home neighborhoods, and the availability and willingness of community resources to become involved. Guiding movement through the programs is typically some kind of stage, phase or level system in which progression is determined by a variety of procedures ranging from relatively simple mechanisms involving periodic case reviews to elaborately structured token economies in which particular privileges are tied to the attainment of specific states or levels. Moreover, there is sometimes an initial period of greater restriction where efforts are devoted to assessment, stabilization, development of an intervention plan, and formulation of monitoring plans or behavioral contracts.

Viewing community-based programs as falling on a series of continua and looking at client experiences and

progression as a dynamic and changing process draws attention to the inherent benefits offered by community-based programs. Accomplished through a diverse assortment of methods and styles, they prepare youths for progressively increasing responsibility and freedom in the community; they promote, initiate and support client-community involvement and interaction; and finally, they monitor and test the youths and the community for those qualities requisite to constructive client-community interaction. In short, there is an early focusing upon and preparation for return to open community living. All aspects of the program are directed toward and directly related to the next phase or step, to all successive steps and to developing aftercare plans.

In comparison to the closed institution-based program, security, control and holding offenders accountable in community-based programs are coupled with concern for incorporating elements of social responsibility, supportive intervention, and meaningful preparation for reintegration. The community-based strategy to programming is one where efforts are made and actions are taken to establish for the offender various kinds of contacts with targeted community resources. Programs which do this are to varying degrees and in distinctively different ways inplementing community-based intervention strategies.

Focusing on and Dealing with Families

Concerned as they were with preparation for and exposure to community experiences, community-based interventions which focused on families were directed toward two basic task-oriented goals: 1) exposing the clients to the problems posed by and the opportunities provided by their families, and 2) directly involving the families in the child's situation. The way these were achieved, the speed with which they took place and the emphasis given to each goal varied among the programs studied.

Minimally, the first task means that staff and clients address the family situation in terms of its strengths, weaknesses, opportunities and problems. If work with the clients does not cover the way the family fits in than it is unlikely the youngster is being adequately prepared to explore the roles the family might play in facilitating reintegration. Even in cases where the youth is not going to resume living at home, it is often advised that the young person be brought "back within the family as a way of disengaging him or her for a more independent life" (Haley 1980, p. 46). At the very least, the second task (direct family involvement) means that families be kept regulary informed about the progress of their child and developing aftercare plans. This is one simple way to involve families which can be used as a foundation for later more substantive work with families or it may be an end in itself. In either case,

however, it is incumbent on the programs to take the initiative in providing information to the families on how the child is doing and how the program operates. At some later point, program involvement will end and others will have to provide the youngster with guidance and support. Identifying who this might be and providing them with some insight into a youth's difficulties, strengths and the best means to handle future problems should be required staff responsibilities.

Program planners and administrators with responsibility for design and development need to carefully consider how much and what kind of emphasis they wish to place on families. This has significant implications both for the way in which the program will operate and what kind of clients might be the most appropriate referrals. Once it is decided how much and what kind of emphasis will be placed on families as well as on other community resources, then the intervention strategy, organizing model and operating objectives begin to take shape. While the specific intervention plan or treatment will obviously vary somewhat from case to case, the broad outlines and parameters of the program will not. Will the program provide services itself to families, and if so, what kind and how? What are staff responsibilities in this area? How will continuity be maintained if some other program will be doing family counseling? Must families and clients agree to certain requirements or condi-

tions before youth are accepted into a program? Should youth be accepted who have been physically or emotionally abused by their families? How often and what kind of progress reports will be given to families? What provision will be made for family visits and for home visits? What information is it imperative that referral sources know about the program in order for them to make sound judgements on what kind of cases and in what areas the program can intervene?

Once it is established how much and what kind of emphasis will be placed on families, program planners and staff need to shift their attention to what kind of information they can gather as a way to monitor staff performance, document program efforts and experiences, and assess achievements. Information such as this should be generated internally by the program. It is necessary information which can be used to hold staff accountable, to provide the raw data on which monitoring and administrative reports can be based and to establish a set of program indicators which are most appropriate to the mission and goals of the program.

In short, it is incumbent on the programs themselves to show and document 1) the ways in which they are community-based and 2) what they believe are the most important facets of their community-based intervention strategy. This has value not only as a way to keep track of how well the program is meeting its own goals and objectives, but it pro-

vides referral sources, funders, monitoring agencies and researchers with guidance on what the program feels are the most important aspects of the program and what the program considers as vital to its community-based strategy and operation. Particularly in times of tight money and shrinking budgets, it will be programs with management information system capabilities and internally generated evaluation data that stand the best chances of survival.

Focusing on and Dealing with Peers

The findings on peers support the proposition that program format (residential or nonresidential) is insufficient as a means to account for the differential emphasis programs can give to peer problems, peer matters and access to peers. In addition to format, one must examine intervention strategy, operating objectives, organizing model, the progress and condition of the clients, and the availability and willingness of peers to become known to program staff.

As was similarly the case with family, peer contact is a complex and multifaceted phenomenon. As a consequence, a variety of contact measures are needed in order to adequately cover the entire range of contacts clients can have with peers. Moreover, it is important to note that the extent of these contacts may well say more about the availability and willingness of peers to become involved with clients that it does about the program. Indeed, peer con-

tact indicators may actually measure peer group conditions rather than program achievements.

The findings indicate that client-peer contact does not necessarily reflect whether staff met peers, worked with them or addressed the issues of peer group problems with the clients. The most striking finding in this regard is that even though a greater percentage of nonresidential clients responded that staff had met their friends in the community, a larger percentage of residential clients stated they spent time with staff working on peer-related problems and a slightly higher percentage of the residential clients said that staff also worked with their friends on these problems. While the differences were not that great and the sample is small, the data still suggest the need to utilize multiple measures to accurately assess the extent, quality, nature and meaning of peer involvement and focus.

Important differences were identified between programs possessing identical formats. For example, nonresidential programs utilizing alternative schools and exhibiting very little emphasis on outreach or tracking were neither staffed nor designed to have staff interacting with peers out in the community. At the same time, there can still be staff-client work on problems with peers and client-peer contacts while at home or in the community school. Even though the staff are not directly dealing or even meeting the peers, quite clearly the program is not isolating the client from

peer forces or influences and staff are tackling with their clients peer-related problems and matters. These are a different form of contact and focus, but important nonetheless.

A total picture of the contact that clients and staff have with people and social institutions requires a careful and close assessment of its nature, purpose, extent over time and relationship to progression in the program. Applied to peers, one would want to know whether work directly with peers is part of the intervention strategy? How is it tied to advancement in the program? What is minimally expected of staff in this area? Have the clients gotten to a point in the program where contacts are permitted? Are there restrictions or rules? Are peers avoiding the client or coming to the program facility? Do staff encourage and support client-peer contact or discourage it? These are all important considerations which impinge on the issues of client- and staff-peer contact.

It is, therefore, suggested that program planners, administrators, practitioners and evaluators think in terms of which community subsystems are key to a program's intervention strategy and operating objectives. Specific techniques and processes can then be devised to achieve the stated strategy and objectives. Additionally, demonstrable and measureable indicators which correspond to the strategy and objectives can be devised. It may turn out that there will be different strategies and objectives for every targeted

subsystem. One can also expect case-by-case variation mean-
ing that within certain parameters precise techniques can be
tailored to each individual.

In considering the best mix of programs for a particu-
lar local or state jurisdiction it is best to think in terms
of a variety of community-based options.   Different youth
may require different emphases or the same youth may benefit
from movement from one program to another.   In such a sys-
tem, the matching of clients with community-based programs
focusing on particular social networks or subsystems could
be based upon the nature and quality of clients' social
functioning with family, peers and in school.   Can persons
in these important areas who are capable of providing sup-
port and assistance be identified? Are there already exist-
ing networks or subsystems in which such persons can be
found?   Do staff need to assist the client in developing
outside supports?   Coupled with data on a client's behav-
ioral and diagnostic situation, type of manifest problems
and reasons for referral, this information can be used to
establish the offender's needs.   Based on these needs, the
most appropriate placement could then be identified.

The seriousness of the offense (in terms of chronicity
and degree of violence)   as reflected in the reasons for
referral should be used as a means to initially establish
the level of security needed -- maximum, moderate and mini-
mum.   The provision of security proposed here is not based

on any notion of predicting future behavior, but on responding to state and local attitudes on what control and supervision consequences are appropriate for youthful offenders who commit crime(s).   Once this level of security is determined, it can then be decided what residential or nonresidential placements are the best choices.   Can the offender be handled in his or her own home?   Are peer difficulties a major problem? How can schooling and training best be dealt with? How comprehensive an intervention strategy is needed? Are highly structured or looser residential placements realistic?

By matching offender needs with what programs can provide and work on, placement decisions can become better informed. As one can see, this requires systematic information on the nature and capabilities of all potential program options.   Depending on the extent and nature of an offender's peer-related problems, for example, program alternatives can be examined in terms of the way in which peer problems, peer matters and peers themselves are approached by the program.   Client-peer contact was accomplished by peer visits at the facility (residential and nonresidential), use of community schools (residential and nonresidential), and clients residing at or visiting their homes. These all can be viewed as providing for clients a degree of normalized, socially integrative interaction and access.

The programs also exhibited various degrees of out-of-program staff-peer contact, on-site staff-peer contact, and problem-focused staff-peer contact. Only in the case of problem-focused, staff-peer contact can one consider peers as primarily receiving some form of service. In the case of the first two varieties, they merely indicate that staff have met their clients' peers and may consequently have some independent basis to determine how the client can best deal with his or her friends. Finally, there is also staff-client work on peer-related problems. This is an example of staff directly assisting their clients in managing and handling their peer network, but it does not directly involve the participation of peers.

The School Focus

Assessing how well the potential client handles or could handle a community school environment and whether or not there are schools able and willing to take some or all of a program's clientele are major considerations in deciding what to do educationally with different offenders. The findings suggest that programs of each type of intervention strategy are capable of either providing an in-house school component or making use of community schools. If there are local schools with the kind of programs and curricula suitable for students with different needs, capabilities and behavioral repertoires, it stands to reason that all efforts

should be made to use them. This in turn means that the program may be able to concentrate its resources and staff time on other needs and problems.

If, on the other hand, no local options are available or accessible, then it stands to reason that a program with an in-house school component will be necessary. As the findings have further shown, both residential and nonresidential formats are capable of providing well-rounded and high quality alternative school components. The decision, however, on a residential or nonresidential placement is not a decision based on educational needs. This is why placement decisions must be based on a variety of factors, education being only one.

The choice of residential or nonresidential placements should take into account both the client's home living situation and then secondly the specific intervention strategy and organizing model of the potential program options. If there is a minimally viable home situation and the family agrees to have the youth living at home then a nonresidential option is preferable. Relatives or close family friends might also be investigated as possibilities. After decisions are made on preferable program format, other factors come into play. Every client will have differential strengths and weaknesses in relation to their cognitive, emotional and behavioral conditions. Therefore, the client's needs with respect to intervention strategy and

organizing model are likely to differ. As a result, the details on every potential program placements' intervention strategy and organizing model need to be known.

By utilizing these kinds of data on the program as well as on the client, referral sources and programs are in a better position to make sound and informed judgements on the most appropriate matches. For example, suppose a referral agent is faced with a learning disabled juvenile offender who is emotionally fragile and hypersensitive, does not relate well to peers and has not been exposed to much parental supervision and support. In addition, the local school has expelled the student for chronic absenteeism and the reason for referral is a long series of shoplifting charges and bike thefts. In this case, the referring agent might look for programs that have a day treatment program with an alternative school suitable for learning disabled students, that possess an emphasis on family restructuring and which utilize positively-oriented counseling with at least some group work. Ruled out might be other options which offer a residential format with an alternative school for disruptive students, no family work other than visits and an aggressively confrontational form of group treatment. While this example presents a rather sharp contrast in programs, it illustrates the need to not only carefully consider the client in his or her totality, but to differentiate programs on the basis of what they can offer

(intervention strategy), how they achieve it (i.e., organizing model), in what community-based ways (i.e., operating objectives and organizing model) and by what format.

Assessment of the ways education is handled by programs should contain information on community-based characteristics in relation to the approach used. In-house school components which emphasize 1) practical skill development, 2) the involvement of other noneducational staff at the program, 3) continuity with what is happening in other components and aspects of the program, and 4) coordination with developing aftercare plans can be considered community-based. There were also a set of common features and processes across all the in-house school components:

1. setting up positive educatonal experiences where successes are realistically obtainable,

2. making available very small class size to entirely individualized teaching,

3. using interesting, multi-sensory and life relevant materials,

4. getting students involved in setting short-term objectives,

5. having clearly articulated expectations,

6. emphasizing concrete goals which are tied to learning in other parts of the program,

7. using some kind of rating or reporting system to monitor progress,

8. using outside persons and speakers at times to assist
   with instruction,

9. incorporating social skill development, and

10. providing some form of recognition and reward to
    accompany and thereby mark achievement.

In terms of collaborative counseling staff-teacher
work on school-related problems, there was proportionately
more going on in the programs with in-house school compo-
nents than in programs using community schools. At the same
time, however, there were notable exceptions to this. More-
over, programs using community schools are to the full
extent using existing community services for educational
purposes. The fact that Vindicate and Plus used community
schools while maintaining relatively high levels of control
and supervision and that Vindicate provided fairly high
exposure to the community while maintaining a set of rather
controversial in-program practices underscores the need to
equally focus attention on community ties and the social
climate or quality of life inside the program setting. In
addition, the importance of devising a system to keep track
of the clients while in the community cannot be overempha-
sized. It may in fact turn out that providing teachers with
some form of assistance, backup support and reassurance in
their handling of the clients does make an important differ-
ence. Legitimate or otherwise, there are fears and concerns
about the conduct of these youngsters which must be dealt
with at the outset before any problems arise.

Organizational Perspective

It is one thing to assert that community-based programs must achieve their own legitimacy, credibility and integration with their service community as a way to become an integral part of the community. It is quite another thing, however, to come up with a single set of organizational indicators which actually reflect shared sentiments, values and identifications between a program and its constituent community. The reason for this problem is that organizational indicators (measuring the extent to which a program is able to institutionalize itself in a service community) in and of themselves are not measures of shared values, identification or even community acceptance.

The critical empirical question which really gets to the heart of this issue asks whether certain organizational characteristics reflect or are associated with community sentiments, values and identifications--under what conditions, for which kinds of programs, for what kinds of communities and for which segments of the community. This can then be followed-up by an equally important question -- are organizationally-linked programs able to do any better in their work with clients in terms of focusing on and dealing with families, peers, schools, and the neighborhood than programs which are organizationally more detached? It is these questions to which future research must be directed.

In a preliminary and exploratory way, this research looked at whether five frequently used organizational indicators discriminated among the residential and nonresidential programs respectively and what problems might arise in relying on these indicators as valid measures of whether or not programs are integral parts of the community. Overall, it appears that these organizational indicators must be interpreted with caution and discussed in light of the complexities and circumstances that programs must face these days.

Given the variety of ways in which programs can pursue community-based intervention strategies and the different organizational constraints and circumstances in which they found themselves, the relationship between organizational characteristics and client linkages appears anything but straightforward. For example, among the residential programs, Vindicate exhibited the greatest amount of overall client-family contact yet it hardly received any referrals from the county in which it was located. On the nonresidential side, Key Tracking Plus and Transitional Center had comparatively large service areas, but they ranked one and two on family-client contact. Even it if could be established when more programs are studied that on the average larger service areas are associated with less client- family contact, this would be an insufficient basis to choose one program for a child over another. The point is that one has

to monitor the performance of individual programs in order to assess their record and accomplishments in specific areas. One would also expect that size of service area is not as constraining a factor for nonresidential programs as it would be for residential programs. This is because the range in size between the smallest and largest service areas is likely to be greater on the average for residential programs than nonresidential.

Source of funding is an especially complex dimension, particularly with the separation between funding and control on the one hand and outside funders sometimes being more supportive of local autonomy and control than funders closer to home. Even reliance on local organizations is not as straightforward as it might appear at first glance. Frequently, various local organizations and agencies will possess different degrees of power and influence. Therefore, the critical factor might have to do with which local organizations are relied upon and for what purposes rather than how many.

The extent of voluntarism was overall quite low and when it was utilized it was more as a means to procure cost-free labor than it was to instill local identification and attachments. Finally, as far as staffing is concerned the promotion of identification between the clients or community and staff was generally viewed in terms of race, ethnicity, ability and experience, not credentials per se.

Professionalism (i.e., credentials) actually played a small role in recruitment for staff in most of the programs. Credentials by and large were not viewed as creating greater distance between clients and staff or the community and staff.

In short, cultivating local relationships and ties is undoubtedly important and essential, both as a means for programs to facilitate their own survival and to establish a climate of community acceptance for what they're trying to do with juvenile offenders. However, the roles played by and effects exerted by different organizational arrangements in various kinds of communities are mixed and multidimensional (see, for example, Spergel 1976). Consequently, until much more is known about the effect and meaning of the kind of organizational factors discussed, they should not be used as a measure of shared values, sentiments and interests.

Summary Remarks

It should be stated, as noted earlier, that this research is not a test of the efficacy of community-based programs versus institutional programs. Rather, it is an analysis which examines the question of what constitutes community-based intervention in a set of juvenile correctional programs. Generally, the findings are suitable for use in two ways. First, on a conceptual level, the findings

can be used to guide future research efforts on what dimensions and indicators can be used to assess the ways in which a program is community-based and to what degree. This future research might be either broader based qualitative analysis or more in-depth ethnographic studies which examine program characteristics, content, and outcomes. Second, practitioners will find detailed illustrations on how the selected set of programs in this study were organized and operated to carry out their form of community-based intervention.

The findings suggest that community-based interventions can assume many forms, operate in a variety of ways and be located in different kinds of settings. Attempts to be _overly_ restrictive or narrow in constructing a definitional framework and conceptualization not only run counter to developments at the direct practice level, but they seriously jeopardize the kind of diversity and innovation which characterize community-based program operations and practices.

Intervention strategies, program formats, operating objectives and models of operation can and do vary from community-based program to program. How much and what kind of emphasis programs place on various social networks and community subsystems differ; certain programs specifically target only some or very few support systems and depending upon a given youth's condition, situation, and progress, various

youths in a particular program may differ on how much autonomy and how many privileges they have.

Consequently, the key to analyzing how community-based a program is overall and determining its community-based nature and purpose is to look first at how much and what kind of emphasis a program's intervention strategy and model of operation place on various social networks and community subsystems. This means carefully reviewing whether and how program staff focus upon, prepare youths for, and create a transition to open community living. Second, whatever the intervention strategy, model of operation, and number of targeted support systems, an additional yardstick against which community-based programs should be measured is how a program goes about encouraging and working on the development of external program supports for their clients. The specific efforts made and actions taken to establish and/or bolster constructive relationships can be viewed in terms of the three operating objectives (providing support systems with program services and assistance, utilizing community resources as principal and/or auxiliary providers of service, and allowing clients socially integrative interaction with family and friends).

Using this definitional framework instead of relying on traditional program categories (e.g., therapeutic communities, group homes, secure care) provides an empirically-based method both to assist in planning and implementing

specific community-based strategies and to determine the extent to which and how a program is community-based in actual practice. When it comes to focusing upon and working with families or peers, for example, some therapeutic communities may be more community-based than certain day treatment programs. Therefore, the important information to have on a correctional placement is precisely how community-based it is in terms of the three operating objectives and how each of the objectives fits into overall client progression in a program.

Since juvenile offenders adjudicated for particular crimes and/or with similar arrest histories come out of different situations, have different problems and are "reachable" in different ways, there is a strong need to have a range of placement options which emphasize various community-based approaches. This, in turn, allows placements to be made on the basis of what best suits the delinquent's situation and circumstances as well as the demands of the community.

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APPENDIX A

DIRECTOR QUESTIONNAIRE

DIRECTOR QUESTIONNAIRE - RESIDENTIAL PROGRAM

1. When was the program begun?_____

2A. Under what auspices does it operate?_____

_____

B. Has it always been under these auspices?   Yes 1   No 2

C.(IF NO) Under whose auspices has it been in the past?_____

_____

3A. Is the program monitored by any regulatory bodies or agencies?

(IF NO SKIP TO 4A)   Yes 1   No 2

B. What are they?

C. What is the nature of the regulatory activity (e.g., periodic visits, reports, etc.)?

4A. We are interested in knowing the geographic boundaries of the area from which the kids in your program primarily come. Overall, how would you describe this area and its approximate size (i.e., is it just a neighborhood, a local community, a police or court district, a quadrant or sector of the city, the city, the metropolitan area, the county, the state, etc.)?

B. Approximately how many people reside in the target area and do you know approximately how many juveniles there are under 18?

C. Where is your program in relation to this area?(e.g., centrally located, in northwest periphery, etc.)

5. To the best of your knowledge, about what percent of the program's financial support comes from the following sources? And, please specify funding agencies within each category.

	Funding Agency	Percentage
a. Federal		
b. State		
c. County, township, parish		
d. City, town		
e. Private corporations, foundations and other private, secular organizations---profit or nonprofit(e.g., United Way, Community Chest, Ford Foundation)		
f. Churches, other religious organizations		
g. Parent Agency		
h. Individual contributions, donations		
i. Membership fees, payment or service fees		
j. Fund raising drives and activities		
k. Other		

6. Considering all the funding sources you've just mentioned, what percentage of funds were received from sources located within the geographic area primarily served by your program? (Do not include churches, parent agencies, individual contributors, etc. which are located outside the primary service area.)

a. None--0

b. Less than 10%--1

c. 11 to 25%--2

d. 26 to 50%--3

e. 51 to 75%--4

f. More than 75%--5

7. Please think about the other organizations and groups whose support may well be essential for getting things done for the kids with whom you're concerned. Organizations or groups are known to contribute or exchange resources, e.g., money, clients, community or public support, services or programs, legal authority, client related information, program or policy related information, staff and facilities, and supplies. Which one of the following kinds of organizations do you think has been most important in the achievement of your program's objectives?

a. Ones outside your primary service area--------------------------------1

b. Ones within your primary service area---------------------------------2

c. Both types about equally--3

d. Neither(The program depends mainly on itself.)-----------------------4

Now I would like to ask you questions about your staff and board.

8A. First of all, is there a board of directors?   Yes 1   No 2

(IF NO SKIP TO 9A)

B. How many are paid?_____

C. How many are volunteers?_____

D. How many reside within the program's primary service area?_____

9A. Do you have an advisory committee? (This refers to a groups of members of the community established to provide a formal link between the program and the community. This is distinct from the Board of Directors).

                                                          Yes 1   No 2

. (IF NO SKIP TO 10)

B. How many advisory committee members are there?_____

C. How many are paid?_____

D. How many are volunteers?_____

E. How many reside within the program's primary service area?_____

10. Including yourself, we would like to know how many staff members there are, what positions they occupy, and what their background or training is. Two charts are provided for you to fill in the needed information. Chart I is for listing "Primary" staff who are paid directly by the program. This includes, for example, administrative, clinical, child care, teaching or tutoring, medical, legal, office, housekeeping, maintenance and any other staff employed. Chart II, if needed, can be used to list "Supplemental" staff who work with the program's clients, but at no cost to the program. This includes, for example:

a) If your program is part of a larger agency or organization, personnel of that agency who are <u>assigned</u> to your program for any of their working time, and

b) Personnel of other agencies or services(including school systems, student field work, public programs, courts, probation) who are <u>assigned</u> for any of their working time to your program.

The use of volunteers and consultants is explored separately.

"PRIMARY" STAFF

ID =	Title	Sex:	Age	Race/ Ethnicity	Full or Part Time	Reside in Primary Service Area?	Years related Experience Prior to Here?	Highest Level Education Completed	Field of Study	How Long at Prgrm.?
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										

"SUPPLEMENTAL" STAFF

01										
02										
03										
04										
05										

11A. Do you make use of volunteers?   Yes 1   No 2

   (IF NO, SKIP TO 11E)

  B. How many are there currently and in what capacity are they used?

     How many?_____

     What capacity?

  C. How many reside in the program's primary service area?_____

  D. What is their racial and ethnic makeup?

     White _____ Black _____ Hispanic _____ Oriental _____ Other _____

  E. In this program, do you think volunteers are (would be):

     Very helpful   Somewhat helpful   Not very helpful   Not at all helpful

          1   2   3   4

  F. Why do you say that?

12A. We define consultants as specialist or experts who perform a specific
     activity such as assessment, treatment, staff training or program
     development on an occasional, as needed basis or for one-time consultation.

     Since January 1979, have you made use of any?   Yes 1 No 2

     (IF NO SKIP TO 13A)

  B. How many and for what purposes?

13A. Do you offer training for new staff members?   Yes 1 No 2

   (IF NO SKIP TO 14)

 B. What does it consist of?

 C. What is it about the training that you think has been helpful for them?

Now some questions about the kids.

14. What is the maximum capacity?

   M _____

   F _____

15A. What was the total number of admissions in 1979?

   M __ __

   F _____

B. What was the racial and ethnic composition?

White ___ _ Black _____ _ Hispanic _____ _ Oriental __ __ Other ___ __

C. What was the average age and age range? Avg.___ Minimum___ Maximum___

16A. What does it cost to keep a kid here for one day? _____ __

B. What is included in this estimate?

C. What is the annual operating budget? _____

17. People make distinctions between so-called serious and non-serious offenders. Do you and your staff distinguish serious offenders for the purposes of your program and if so, how?

18. Please tell me about what proportion of those admitted in 1979 you would consider "serious offenders". _____

19A. How many youths are in residence today?

M _____

F _____

B. What is the racial and ethnic composition?

White _____ Black _____ Hispanic _____ Oriental _____ Other _____

C. What is the average age and the age range?

Average age _____

Age Range _____

D. Generally speaking, what is the range of offenses or reasons for referral of the kids currently in the program.

E. How typical is this of your population throughout the year?

20. Were it not for this program what would likely happen to kids now placed here?

21A. Do you compute an admission rate (= admitted/÷ referred)?

Yes 1   No 2

B. (IF YES) What was it for 1979? _____

22A. What is the average length of stay? _____

B. What is the minimum and maximum length of stay? Minimum _____ Maximum _____

23A. Keeping in mind the distinction between kids referred here and then the kids actually admitted, in your view about how often are kids inappropriately <u>referred</u> here?

Very frequently   Somewhat frequently   Not very frequently   Never
1   2   3   4

(IF NEVER SKIP TO 24)

B. For what reasons?

24. In your view, about how often are kids inappropriately <u>admitted</u> here?

Very frequently   Somewhat frequently   Not very frequently   Never
1   2   3   4

(IF NEVER SKIP TO 26)

25A. Why might this happen?

8. What do you do when it appears that a youth has been admitted
   inappropriately? (PROBE - KEEP THE KID, REFER ELSEWHERE, ETC.).

26. Could you please specify the various sources of referral to the program, and then rank them with "1" being the source of most referrals, "2" the 2nd most, etc., up to "5". (Source of referral means the organization or individual requesting services for a kid.)

		Yes	No	Rank
a.	Self	1	2	____
b.	Family	1	2	____
c.	Private practitioner	1	2	__ __
d.	Mental health facility	1	2	_ __
e.	Mental retardation facility	1	2	____
f.	General hospital	1	2	____
g.	School	1	2	____
h.	Probation/state's attorney/ court intake (pre-adju.)	1	2	____
i.	Court (post-adju.)	1	2	____
j.	Public health agency	1	2	____
k.	Municipal, county or state social service department	1	2	____
l.	Police	1	2	____
m.	Volunteer (community) agency e.g., Big Brother	1	2	____
n.	Other citizens	1	2	____
o.	Staff at this program (Outreach)	1	2	____
p.	Other (specify) _____	1	2	____

27A. I would like to understand now the intake procedure works. Are there any specific intake workers?

Yes 1   No 2

(IF NO SKIP TO 28)

B. What do you call this position and what training or background is needed?

1) Title of Position

2) Background Needed

28. Is there a standardized form for collecting information at intake?

Yes 1   No 2

(IF YES ASK FOR A COPY)

29A. Are there specified criteria or guidelines used in accepting or rejecting a referral (i.e., admission criteria)?

Yes 1   No 2

B. (IF YES) Please tell me what you know about them. (Be sure to include:

1) whether they are written or informal understandings (IF WRITTEN ASK FOR A COPY)

2) what offenses, kinds of behaviors, or other criteria are ordinarily included)

30A. Is admission to the program prohibited for kids with particular problems, conditions, patterns of behavior, or kinds of offense?

Yes 1   No 2

B. (IF YES) Please specify.

31. Regardless of whether program staff, another agency, community resource, or referral source provides it, generally to what extent are psychological testing, psychiatric evaluation or any of the following types of information <u>used</u> in the course of your admission/assessment procedures?

Number of kids

	All	Many (About 3/4)	About half	Some (About 1/4)	Very Few	None
a. Psychological	1	2	3	4	5	6
b. Psychiatric	1	2	3	4	5	6
c. Medical	1	2	3	4	5	6
d. Academic testing	1	2	3	4	5	6
e. Interviews with Family	1	2	3	4	5	6
f. History/Assessment of School Functioning (Adjustment and Achievement)	1	2	3	4	5	6
g. History/Assessment of peer relationships	1	2	3	4	5	6
h. History/Assessment of family functioning	1	2	3	4	5	6
i. Offense History	1	2	3	4	5	6
j. Other (specify) _____	1	2	3	4	5	
_____	1	2	3	4	5	

32. Who makes the final admission decision?

    a. one person (specify title) _____

    b. a group or team (specify titles) _____

    _____

    _____

33. Does the residence <u>ordinarily</u> have trial visits for the kids <u>prior</u> to admission? (Check all answers that apply)

    a. Yes, kids actually stay here   1

    b. Yes, kids look the place over   2

    c. Yes, kids have an opportunity to talk with other residents   3

    d. Yes, kids have an opportunity to talk with staff   4

    e. No. not part of the ordinary procedure   5

34A. Are there any requirements or conditions to which a kid's family are asked to agree upon admission?

Yes 1   No 2

B. (IF YES) Please specify. (PROBE FOR EXISTENCE OF A "SERVICE CONTRACT", AND GET A COPY.)

35A. Are there any requirements or conditions to which a kid is asked to agree, upon admission?

Yes 1   No 2

B. (IF YES) Please specify.

36A. Ordinarily how much time is there between the time a kid is referred to your residence until acceptance or rejection takes place?

B. Generally, how much time is there between acceptance and beginning the program?

37. On the average, of the kids who come through this program how many are being worked with by staff in each of the following areas?

		All	Most	Some	Few	None
a.	Development of academic or vocational skills.	1	2	3	4	5
b.	To help kids find jobs.	1	2	3	4	5
c.	To help instill the "work ethic" (i.e., to hold a steady job).	1	2	3	4	5
d.	Preparation of kid to resume living with natural or foster family.	1	2	3	4	5
e.	Preparation of kid to live independently.	1	2	3	4	5
f.	Development of inter-personal relationships.	1	2	3	4	5
g.	Development of self-esteem.	1	2	3	4	5
h.	Development of self-control.	1	2	3	4	5
i.	Being disciplined for what they did.	1	2	3	4	5
j.	Work out emotional or psychological problems.	1	2	3	4	5
k.	Improvement of speech or language abilities	1	2	3	4	5
l.	Improving physical functioning (i.e., dealing with a handicap or significant physical health problems)	1	2	3	4	5
m.	Being helped to recognize the seriousness and consequences of their behavior.	1	2	3	4	5

For how many kids, if any, would the following program goals apply?

		All	Most	Some	Few	None
n.	Protection of child from physically harming self	1	2	3	4	5
o.	Protection of the community.	1	2	3	4	5
p.	Protection of child from others (e.g., family, peers)	1	2	3	4	5
q.	To arrange for community resources to support kids in the community.	1	2	3	4	5
r.	To work directly to change both the community and the kids to promote a better relationship between them.	1	2	3	4	5

38. Is there a service plan for each kid? (The service plan for a kid may include but is not limited to such activities as counseling, therapy, or treatment, as well as educational, recreational, vocational and medical services. Groundrules, time-limits, i.e., basic expectations concerning performance may also be part of the service planning.)

Yes 1   No 2
(IF NO SKIP TO 42A)

39. Is it written?   Yes 1   No 2

40. Besides staff which of the following participate in its development and how often?

		Always	Often	Sometimes	Seldom	Never
a.	Family	1	2	3	4	5
b.	Child	1	2	3	4	5
c.	Referring agency worker(s) (e.g., probation officers, school personnel)	1	2	3	4	5
d.	Others (specify)					
	_____	1	2	3	4	
	_____	1	2	3	4	

41A. As a matter of routine is the service plan shared with individuals or agencies outside of the program (e.g., referral sources)?

Yes 1   No 2

B. (IF YES) Under what circumstances and with whom?

42A. Is the family advised as to the nature of the service plan orior to its being initiated?

Always	Often	Sometimes	Seldom	Never
1	2	3	4	5

B. (IF OFTEN, SOMETIMES OR SELDOM) Under what circumstances are they not advised?

43A. Are goals and objectives which can be evaluated at various intervals set up for each child? (i.e., evaluation for appropriateness of goals and to assess whether they are being reached.)

Yes 1 No 2

(IF NO SKIP TO 45A)

B. Are these goals and objectives recorded?   Yes 1 No 2

C. What tends to be the nature of these goals and objectives?

D. What are the positions of those reponsible for evaluating the goals and objectives?

E. Does the kid participate in the setting of goals and objectives for himself/herself?

Always	Often	Sometimes	Seldom	Never
1	2	3	4	5

F. Does the family participate in the setting of these goals?

Always   Often   Sometimes   Seldom   Never

   1   2   3   4   5

44A. Is this more likely with some goals and objectives than with others?

Yes 1   No 2

B. (IF YES) Which ones?

45A. We are interested in the kinds of "traditional" individual "one-to-one" counseling available to kids---specifically the counseling or therapy which focuses on self-understanding and interpersonal relations, as contrasted to school or employment counseling. Is there any kind of individual counseling or therapy available to residents?

(IF NO SKIP TO 46A)   Yes 1 No 2

B. What are the positions of the workers who have responsibility for this individual counseling (psychiatrist/psychologist, social worker, child care)?

C. Is any particular technique stressed, (e.g., casework, transactional analysis, Gestalt, Behavior Mod, Learning Theory, Reality Therapy, peer counseling, psychoanalytically oriented psychotherapy)?

D. Generally speaking, can you say what this individual therapy is designed to accomplish?

E. 1) How many of the kids currently receive it on a regular basis? _____

(IF NONE SKIP TO PART 3 OF THIS QUESTION)

2) How often? _____

3) How many kids currently in the program do not receive it regularly, but occasionally as needed? _____

4) How typical is this of your population throughout the year?

5) Is the individual counseling optional or mandatory?

46A. Is group counseling or therapy available to residents?

(IF NO SKIP TO 47A)   Yes 1   No 2

B. What are the positions of the workers who have responsibility for this group counseling?

C. Is any particular technique stressed, (e.g., Positive Peer Culture, Guided Group Interaction, Recreation Therapy)?

D. Generally speaking, can you say what this group therapy is designed to accomplish?

E. 1) How many kids currently receive it on a regular basis? _____

(IF NONE SKIP TO PART 3 OF THIS QUESTION)

2) How often? _____

3) How many kids currently in the program do not receive it regularly, but occasionally as needed? _____

4) How typical is this of your population throughout the year?

5) Is the group counseling optional or mandatory?

47A. Is family counseling or therapy available?

(IF NO SKIP TO 48)   Yes 1   No 2

B. What are the positions of the workers who have responsibility for this family counseling?

C. Is any particular technique stressed, e.g., Satir, Jay Haley, Minuchen?

( )

D. Generally speaking, can you say what this family therapy is designed to accomplish?

5. 1) How many kids currently receive it on a regular basis? _____

(IF NONE SKIP TO PART 3 OF THIS QUESTION)

2) How often? _____

3) How many kids currently in the program do not receive it regularly, but occasionally, as needed? _____

4) How typical is this of your population throughout the year?

4. A. Other than a structured type family therapy, how frequently does the program work with the kid's family?

Always	Often	Sometimes	Seldom	Never
1	2	3	4	5

(IF NEVER SKIP TO 49A)

B. Who ordinarily works with the family of the kid? (Specify by title)

C. What is its purpose?

49A. Are any kids given medication to control behavior and/or emotional problems?

                                                  Yes 1   No 2

(IF NO SKIP TO 50)

B. Over the last year how many? _____

C. What are the medications?

D. Who prescribes the medications?

E. Who dispenses the medications?

50A. Do family/guardians have the right to prohibit the use of certain forms of treatment?

                                                  Yes 1   No 2

B. (IF YES) Under what circumstances?

51. Can you describe for me a kid's typical day?

52A. Is there a stated "grievance procedure" for the kids to use?

Yes 1   No 2

(IF NO SKIP TO 53)

B. Is it:

a. Verbal understanding   Yes 1   No 2

b. Written policy   Yes 1   No 2

(IF NO TO EITHER OR BOTH SKIP TO 53)

C. How does it work?

53. What do you do when a kid is misbehaving in any way, and what are examples of such behaviors?

54A. Are kids rewarded for cooperative or desired behavior?

Yes 1   No 2

B. (IF YES) Please describe it briefly.

55A. Do you have case conferences concerning the kids you serve?

(IF NO SKIP TO 56)   Yes 1   No 2

B. Who participates?

C. (IF YES) How often are they held?

1) Every week or more often --1

2) Every 2 weeks---2

3) Every month---3

4) Every 2 months--4

5) Every 3 months--5

6) Other (specify_____ ----------------------------------6

56A. In your opinion, how frequently have kids who have been in this program had problems or needs in each of the following categories?

B. When this kind of problem is encountered, how frequently do the staff actually work with kids in this area?

(ASK A & B FOR a, THEN A & B FOR b, etc)	Very Frequently	Somewhat Frequently	Not very Frequently	Not At all	Very Frequently	Somewhat Frequently	Not very Frequently	Not At all
a. Family relationships	1	2	3	4(Skip to b)	1	2	3	4
b. Living arrangements	1	2	3	4(Skip to c)	1	2	3	4
c. Relationships with peers	1	2	3	4(Skip to d)	1	2	3	4
d. Getting into a school program/GED	1	2	3	4(Skip to e)	1	2	3	4
e. Getting into a vocational program	1	2	3	4(Skip to f)	1	2	3	4
f. Functioning in a school program/GED/vocational training	1	2	3	4(Skip to g)	1	2	3	4
g. Getting a job	1	2	3	4(Skip to h)	1	2	3	4
h. Functioning in a job	1	2	3	4(Skip to i)	1	2	3	4
i. Physical health/handicap	1	2	3	4(Skip to j)	1	2	3	4
j. Psychological/emotional (Difficulties associated with poor self-image, sexuality, extreme anxiety, depression and/or impulse control)	1	2	3	4(Skip to k)	1	2	3	4
k. alcohol use	1	2	3	4(Skip to l)	1	2	3	4
l. Drug use	1	2	3	4(Skip to m)	1	2	3	4
m. Use of free time	1	2	3	4(Skip to n)	1	2	3	4
n. Having spending money	1	2	3	4(Skip to o)	1	2	3	4
o. Obeying the law	1	2	3	4(Skip to 56C)	1	2	3	4

C. in addition to those we have mentioned, are there any other kinds of problems or needs that you have come across?

57A. Does the program encourage families to visit their kids here at the residence?

Yes 1   No 2

3. Are their any limitations or restrictions?

58A. Are certain times scheduled for families to visit with their kids at the residence?

(IF NO SKIP TO 58D)   Yes 1   No 2

B. About how often? _____

C. How do the families and their kids spend their time when they visit?

D. Do families ever participate in group activities such as field trips, movies, sporting events and picnics that are run by the program?

Yes 1   No 2

59A. Does the program encourage kids to visit their families at home?

Yes 1   No 2   .

B. Are there any limitations or restrictions?

60A. Are home visits scheduled for the kids?   Yes 1   No 2

B. (IF YES) About how often and usually for how long?

1) How often? _____

2) Usually for how long?_____

61A. Are privileges to visit home ever denied?   Yes 1   No 2

B. (IF YES) For what reasons?

62A. Are there any restrictions, rules or prohibitions regarding who a kid can associate with in or out of the residence?

Yes 1   No 2

B. (IF YES) Please explain?

63A. Are there any restrictions, prohibitions or rules regarding the receipt or sending out of mail?

Yes 1   No 2

B. (IF YES) Please explain?

64A. Are there any restrictions, rules or prohibitions on using the residence phones?

Yes 1   No 2

B. (IF YES) Please specify.

65. How frequently are the following a part of the program - very, somewhat, not very, or not at all?

	Very Frequently	Somewhat Frequently	Not very Frequently	Not At all
a. Consideration of suggestions by staff members about program changes or modifications	1	2	3	4
b. Consideration of suggestions from current residents	1	2	3	4
c. Consideration of suggestions from past residents	1	2	3	4
d. In-service training in developing specific areas of the program	1	2	3	4
e. Analysis of reasons for premature termination	1	2	3	4
f. Examination of programs of other agencies	1	2	3	4
g. Use of research reports and surveys describing or analyzing developments at the local, state or national level	1	2	3	.4
h. Study of the local community and use of local community resources	1	2	3	4
i. Having former residents on staff	1	2	3	4
j. Having former delinquents on staff	1	2	3	4

66A. How many residents currently attend school, or any of the following educational programs in the community?

   a. Public or private school ____

   (The following refer to programs not part of the public school curriculum)

   b. Employment training or vocational training _____

   c. Remedial or tutorial _____

   d. GED _____

   e. Arts & Crafts or music _____

(CONTINUED)

f. Physical education _____

q. Religious education _____

h. Other (specify) _____ _____

_____ _____

_____ _____

(IF ZERO TO ALL OF ABOVE SKIP TO 68)

(IF ZERO TO PART a, "PUBLIC OR PRIVATE SCHOOL", SKIP TO 67)

B. What determines where a kid is sent to school?

67. Do staff maintain contacts with teachers and/or school personnel about the progress and special needs of the kid and if so, how often? (Circle all that apply)

a. Yes, in a formal way---------1   How often? _____

b. Yes, but informally----------2   How often? _____

c. No---------------------------3

68. How many kids attend school here at the residence? (not in supplementary
programs, but for primary schooling) _____

(IF NONE SKIP TO 70)

69A. Are they grade-placed? (i.e., 7th grade, 3th grade, etc.)

Yes 1   No 2

(IF NO SKIP TO D)

B. What grades are available? From grade _____ to grade _____.

C. What criteria are used to decide what grade a kid will be placed into?

D. How is the schooling organized and what does the educational program
consist of?

E. Who do you use as teachers, and what are their backgrounds?

70. Are any of the following educational programs made available __within__ the residence and how many kids are now participating?

	Yes	How many?	No
a. Employment training or vocational training-----	1	_____	2
b. Tutoring or remedial---------------------------	1	_____	2
c. GED---	1	_____	2
d. Arts & Crafts or music------------------------	1	_____	2
e. Physical education----------------------------	1	_____	2
f. Religious education---------------------------	1	_____	2
g. Other (specify)_____---------	1	_____	
_____	1	_____	

71A. How many kids work full-time? _____

B. How many work part time? _____

(IF ZERO TO A __AND__ B SKIP TO 72)

C. Where do the kids tend to be employed?

D. Do they manage their own money?   Yes 1   No 2

E. (IF NO) What is done with it?

72. What sort of recreational activities are available to the kids?

73A. Do kids routinely use local community parks, playgrounds, recreational centers, etc.?

                                                    Yes 1   No 2

B. Is supervision required?   Yes 1   No 2

C. (IF YES) Is it:

    a. Staff escort?--1

    b. Staff pick-up and delivery?---------------------------------------2

    c. Other (specify)?_____--------------3

       _____--------------4

D. Are there any other limitations or restrictions regarding kids' use of parks, playgrounds, etc.?
                                                    Yes 1   No 2

E. (IF YES) Please explain.

74A. Is there a special recreational program for the weekends?

Yes 1　No 2

B. (IF YES) Please describe.

75A. Does your summer program differ from your program during the rest of the year?

Yes 1　No 2

B. (IF YES) Please describe.

76. Are religious services available to residents? Please indicate all that apply.

	Yes	No
a. Within the residence	1	2
b. In the community	1	2

77. Are there other religious activities which are: (Indicate all that apply)

	Yes	No	Specify Activities
a. Regularly scheduled?	1	2	_____
b. Voluntary?	1	2	_____
c. Compulsory?	1	2	_____

78A. Considering all the program's components (i.e., services, activities and counseling techniques), would you be able to say whether any particular combination or sequence of services and techniques have been especially valuable?

Yes 1   No 2

B. (IF YES) Which ones and in what way?

79. What about for "serious offenders" in particular?

80A. Please tell me how many of the kids participate in the following local community activities.

B. How frequently do the kids ordinarily engage in it? Very frequently, Somewhat frequently, Not very frequently.

(ASK A & B FOR a, THEN A & B FOR b, ETC.)

	All	Most	About half	few	None	Does not Apply	Very Frequently	Somewhat Frequently	Not very Frequently
a. Attend church or Sunday school in community	1	2	3	4	5(skip to b)	6(skip to b)	1	2	3
b. Attend community or school sport events, dances, etc.	1	2	3	4	5(skip to c)	6(skip to c)	1	2	3
c. Go to movies or other entertainment in community	1	2	3	4	5(skip to d)	6(skip to d)	1	2	3
d. Shop in neighborhood stores	1	2	3	4	5(Skip to e)	6(skip to e)	1	2	3
e. Shop in downtown (or nearby big-city) stores	1	2	3	4	5(Skip to f)	6(skip to f)	1	2	3
f. Visit the homes of neighborhood or school friends	1	2	3	4	5(skip to g)	6(skip to g)	1	2	3
g. Use other community facilities (specify)									
_____	1	2	3	4			1	2	3
_____	1	2	3	4			1	2	3

C. How is transportation arranged for kids participating in these activities?

31A. When a kid is discharged from residence what kinds of direct service follow-up or aftercare, if any, does the program provide?

(IF NONE SKIP TO 32A)

B. How is it decided whether or not to provide this aftercare? (PROBE FOR WHETHER FOLLOW-UP IS A FORMAL PART OF THE PROGRAM AND WHETHER ALL, SOME OR A FEW KIDS ARE INVOLVED)

C. Generally, for what period of time is this aftercare maintained?

a. From time of discharge to one month------------------------------------1

b. One month to three---2

c. Three months to six--3

d. Other (specify)_____-----------------------4

_____

_____

82A. When a kid is discharged from residence are <u>referrals</u> made for any of the following?

		Yes	No	(3. FOR EACH YES ASK)		
				Very Frequently	Somewhat Frequently	Not very Frequently
a.	Counseling (individual, group or family)	1	2	1	2	3
b.	Recreation	1	2	1	2	3
c.	Vocational training	1	2	1	2	3
d.	Job placement	1	2	1	2	3
e.	Education (nonvocational)	1	2	1	2	3
f.	"Advocacy"(e.g., Big Brother, Big Sister)	1	2	1	2	3
g.	Other (specify) _____	1		1	2	3
	_____	1		1	2	3

83A. Earlier we made a distinction between so-called serious offenders and non-serious offenders. Does the program handle these two groups of kids differently, either in the program or at the point of discharge?

Yes 1   No 2

B. Please explain.

84A. To what extent do you follow up on kids in order to evaluate your program, and if you do, is this done formally or informally?

	Always	Often	Sometimes	Seldom	Never
Formally	1	2	3	4	5
Informally	1	2	3	4	5

(IF NEVER TO BOTH SKIP TO 85)

B. What form does the follow-up take?

85. Are you engaged in any ongoing efforts to acquaint people in the community with your program?

Yes 1 No 2

86. (IF YES) What kinds of things?

37. Does this program have a separate non-residential component for other kids?

Yes 1   No 2

88A. Are neighborhood children or friends of the kids ever invited to use the facility or to participate in an activity or event at the program?

Very frequently	Somewhat frequently	Not very frequently	Not at all
1	2	3	4

(IF NOT AT ALL SKIP TO 39A)

B. Please give examples.

39A. Are adults from the community ever invited into the residence to see what is going on, or to take part in some activity or event?

Very frequently	Somewhat frequently	Not very frequently	Not at all
1	2	3	4

(IF NOT AT ALL SKIP TO 90)

B. What kinds of activities?

90. How satisfactory do you find your immediate neighborhood as a location for the program, from each of the following standpoints?

	Very satis- factory	Fairly satis- factory	Not very satis- factory	Not at all satis- factory
a. Convenience and quality of shopping facilities......	1	2	3	4
b. Convenience, accessibility and frequency of public transportation between your program and other sections of your community..	1	2	3	4

91A. All in all, do you think this neighborhood is a good place for this program, or do you think the program would be better off in a different neighborhood?

    a. Strongly recommend our kind of neighborhood.........................1

    b. Somewhat prefer our kind of neighborhood............................2

    c. Somewhat prefer a different kind of neighborhood...................3

    d. Strongly recommend a different kind of neighborhood...............4

    e. Have no preference or can't decide................................5

  B. (If "c" or "d") What would be different about it?

92A. Are there any other alternative programs located in your community?

                        Yes 1 No 2

B. (IF YES) How many and what kinds?

•

93. Which of the following comes closest to describing how your program is regarded in your community?

a. The program is highly regarded-------------------------------------1

b. Most people don't feel one way or the other-----------------------2

c. Most people think the program is bad for the community------------3

d. There are people who feel strongly positive and others feel strongly negative ---4

94. Here are a few common criticisms made about alternative programs by people in their communities. Please indicate whether each of the following strongly applies, applies somewhat, or does not apply to what people in <u>this</u> community say.

	Strongly applies	Applies Somewhat	Does not Apply
a. Objectionable behavior of the kids out in the community----	1	2	3
b. We're too tough on the kids----	1	2	3
c. Fear and/or dislike of the kids--	1	2	3
d. Dislike of some of the staff----	1	2	3
e. We're too easy on the kids------	1	2	3
f. Other (specify)_____	1	2	
_____	1	2	
_____	1	2	

95A. How much community resistance has been encountered concerning the presence of the program here?

A lot   Some   Very little   None
1   2   3   4

B. What form has it taken?

96A. Have any kids run away in the last year?

Yes 1 No 2

(IF NO SKIP TO C)

B. How many and how did you deal with it?

1) How many? _____

2) How dealt with?

C. What do you think it takes to keep kids from running?

Now, some final overview questions.

97A. It may be the case that a program is good for some of the kids but not for others. Are there some kinds of kids this program is best suited for and if so, please describe. (e.g., What are their problems, characteristics?)

B. Are there some kinds of kids this program is least suited for, and if so, please describe.

98A. Overall, how successful would you say the program is in helping kids work out their problems?

Very	Somewhat	Not very	Not at all
1	2	3	4

B. In what ways?

99A. Do you have a summary or a report describing offense histories and demographic characteristics of the kids currently in the program?

(SHOW CHART WITH INFORMATION WE WOULD LIKE)   Yes 1   No 2

(IF NO SKIP TO C)

3. May I have a copy?

(SKIP TO D)

C. Do you have records containing this information? (All information identifying specific individuals will be deleted.)

D. What about for past clients?

100A. Are there any previous evaluations, reports, or descriptive materials on the program?.

Yes 1   No 2

B. (IF YES) Can we have copies?

101. Is there anything else you'd like to tell us?

Time Ended _____

CLIENT PROFILE

Client's Initials	Client I.D. #	Source of referral	Type of offense/ Reason for referral	Offense History (if known)	Age	Race	Sex
	01						
	02						
	03						
	04						
	05						
	06						
	07						
	08						
	09						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						

I.D. # _____

1. Date of interview_____

2. Name of respondent(DON'T ASK)_____

3. Would you say the respondent was...

       Friendly and interested_____

       Cooperative but not particularly interested_____

       Somewhat uncooperative; impatient and restless_____

       Totally uncooperative; hostile_____

4. Would you say the respondent's understanding of the questions was...

       Good (Respondent understood all questions)_____

       Fair (Respondent understood most questions)_____

       Poor (Questions repeatedly misunderstood) _____

5. Additional Interviewer Comments:

APPENDIX B

YOUTH QUESTIONNAIRE

We are doing a study of programs for kids and some of the problems that kids
have. We are interested in _your_ opinion on how things work around here, what
kinds of things you do here, and how you feel about it all. We're collecting
information so we can let people around the country know about programs like .
this one.

We are from the University of Chicago and we're visiting twelve different programs
throught the country. Kids in all the programs, as well as staff and the
directors are being asked to help us. All your answers will be kept secret.
The information you give us will be added to the information given to us by all
other kids. The names of all the people helping us will never be used, and no
one from the program will see your questionnaire.

There are no right or wrong answers to any of the questions. We just want to know
how _you_ see things. If at any time while we are doing this you have a question or
if you don't understand what I mean, please tell me. We hope you will enjoy
answering our questions. Is there anything you would like to know before we
start?

YOUTH QUESTIONNAIRE

RESIDENTIAL PROGRAM

1. How long have you been in this program? _____

2. What is a typical day like here?

3. What do you think they're trying to accomplish for you in this program?

4. How did you get involved in this program? That is, who sent you here?
   (DON'T READ CATEGORIES)
   a. police --1
   b. the court ---2
   c. parents ---3
   d. self-referral ---4
   e. schools ---5
   f. Other (specify)_____ ----------------------------------6

5. Is this program in the same neighborhood you lived in before coming here?

    (IF YES SKIP TO 7)   Yes 1   No 2   DK 8

6. How would you say this neighborhood compares to the neighborhood you were living in before you came to this program?

    Much better   Somewhat better   Same   Somewhat worse   Much worse   DK
        1   2   3   4   5   8

7. Who did you live with just before you came here? (Circle all who were in the household)

    a. Mother--1
    b. Father--2
    c. Siblings (i.e. brothers and sisters)-----------------------------3
    d. Grandparents---4
    e. Relatives--5
    f. Friends--6
    g. Alone--7
    h. Foster parents---8
    i. Group home---9
    j. Other (specify)_____ -------------------------------10

8. (IF NOT WITH MOTHER OR FATHER) How long did you live with them/alone/there?_____

    (IF ALONE OR GROUP HOME SKIP TO 10A)

9. How much trouble would it be for you to get there from here? Is it:

                            a. No real trouble at all?----------------1
                            b. A little trouble?----------------------2
                            c. Some trouble?--------------------------3
                            d. A lot of trouble?----------------------4

    (IF "a" SKIP TO 10A)

 8. Why is that?

10A. With whom do you think you'll live when you leave here?

(IF SAME PERSON AS ANSWER TO QUESTION 7, OR "ALONE," OR DON'T KNOW SKIP TO 11)

B. How much trouble would it be for you to get there from here? Is it:

a. No real trouble at all?----------------1
b. A little trouble?----------------------2
c. Some trouble?--------------------------3
d. A lot of trouble?----------------------4

(IF "a" SKIP TO 11)

C. Why is that?

11. Is your family allowed to visit you here?

Yes 1 No 2 DK 8

(IF NO, ASK 12B & 12C, THEN SKIP TO 15A)

12. Since you've been here: Relationship | How Many Times? | Usually For How Long?

a. Has any member of your family been here to visit?

b. Do you talk to any of your family over the phone?

c. Do you and any of your family ever write letters?

13A. Do staff of the program do anything to encourage your family to visit here?

(IF NO SKIP TO D) Yes 1 No 2 DK 8

B. What do they do?

C. Does knowing that your family is encouraged to visit make a difference about how you feel about the program?

                              Yes 1 No 2 Doesn't Matter 4 DK 8
(SKIP TO 14A)
D.   Do you think the staff want to have your family come here to visit you?

                              Yes 1 No 2 DK 8

14A. Have any plans for your family to visit you ever been turned down?

                              Yes 1 No 2 DK 8

B. (IF YES) Why?

15A. Do staff at the program do anything to encourage you to go home to visit your family?

                              Yes 1 No 2 DK 8

B. (IF YES) What do they do? (PROBE FOR CONCRETE PLANS)

C. Since you've been here how many times have you gone to visit any of your family?

    (IF NONE SKIP TO 18A)

D. For how long did these visits usually last? _____

16A. Are there any rules about what you should do or how you should act when you visit your family at home?

                                     Yes 1 No 2 DK 8

B. (IF YES) What are they?

17A. Are privileges to visit family at home ever denied?

                                     Yes 1 No 2 DK 8

B. (IF YES) For what reasons?

18A. Are there any rules on receiving or sending out mail?

                                     Yes 1 No 2 DK 8

B. (IF YES) What are they?

19A. Are there any rules on using the residence phone?

                                        Yes 1   No 2   DK 8

  B. (IF YES) What are they?

Now I'd like to ask you some questions concerning your family.

20A. Have staff spent any time either working with or talking to your family?

    (IF YES SKIP TO 21)   Yes 1   No 2   DK 8

  B. Do you think it would be a good idea for staff to work or talk with your
     family?

                                        Yes 1   No 2   DK 8

  C. Do you think your family would be willing to let staff here work or talk
     with them?

                                        Yes 1   No 2   DK 8

21. Have staff here spent any time with you discussing difficulties or problems you
     were having at home or with your family?

                                        Yes 1   No 2   DK 8

     (IF NO SKIP TO 26)

22. Did you request help on this or did someone on the staff suggest helping
     you with it?
                              I asked----------------------------------1
                              Staff suggested it-----------------------2
                              Both-------------------------------------3
                              DK---------------------------------------8

23. Do you think that whatever problems or difficulties you were having
     were serious?
                                        Yes 1   No 2   DK 8

24. With whom have staff spent most of the time in working on these difficulties?

Mostly you---------------------------------1
Same amount of time with you and the other
    people in your home----------------------2
Mostly with other people in your home------3
DK---8

25. So far, how helpful has working on these difficulties been for you? Does it:

No longer present a problem----------------1
Still exist, but is better or less
    serious----------------------------------2
Seem about the same------------------------3
Seem worse right now-----------------------4
DK---8

26. Do staff here let your family know how you're doing and let them know what's going on?

Yes 1   No 2   DK 8

27. Are you now able to talk freely with an adult in your family about things that are important to you?

Yes 1   Sometimes 2   No 3   DK 8

28. Generally, is your family trying to help you understand what is happening between you and them, and why they feel the way they do?

Yes 1   Sometimes 2   No 3   DK 8

29. Does your family ask for your opinion when making decisions that affect you?

Yes 1   Sometimes 2   No 3   DK 8

30. If your family gets angry at you, what do they usually do? (CHOOSE ONLY ONE)

a. Nothing...1
b. Send you off by yourself...2
c. Take away privileges...3
d. Yell at you..4
e. Hit you..5
f. Make you look bad in front of others (embarrass you)............6
g. Make you feel guilty...7
h. Not talk to you 8
i. Tell you how they feel..9

31. If you do well, how do your parents <u>usually</u> treat you? (CHOOSE ONLY ONE)

    a. They don't do anything..1
    b. Include you in things..2
    c. Give you additional privileges...................................3
    d. Make you look good in front of others............................4
    e. Make you feel good about what you've done........................5
    f. Tell you how they feel...6

32. If your family were asked, how would they describe you?

33. Do you think your family treats you fairly?

                    Yes 1 Sometimes 2 No 3 DK 8

34A. Does your family try to help you stay out of trouble?

                    Yes 1 Sometimes 2 No 3 DK 8

  B. (IF YES OR SOMETIMES) In what ways?
    (PROBE FOR WHETHER IT TENDS TO BE MORE <u>ENCOURAGEMENT</u>, OR MORE <u>DIRECT HELP</u>
    SUCH AS GETTING JOBS, INTO GROUPS, NEW SCHOOL PROGRAMS AND THINGS LIKE
    THAT.)*

35. In general, how well do you get along with your family?

                Very well   Well   Not very well   DK
                    1   2   3   8

36. Has your family participated in any group activities run by the program. . . such as field trips, movies, sport events, picnics?

                                        Yes 1 No 2 DK 8

Now I'd like to ask you some questions about you and the other kids you knew BEFORE you came to this program.

37. Before you came to this program did you hang around or spend time with other kids?

                                        Yes 1 No 2 DK 8

    (IF NO SKIP TO QUESTION 56)

38. About how many kids were you hanging around with? (DON'T READ CATEGORIES)

    a. One---1
    b. Two to five--2
    c. Six to nine---3
    d. Ten or more--4
    e. DK---8

39. When you finish up with the program, do you expect you will still spend time with these same kids?

                                        Yes 1 No 2 DK 8

40. Do these kids live nearby?

                                        Yes 1 No 2 DK 8

41. How close do you feel to them?

    Very close Somewhat close Not very close
         1   2   3

42A. Are there any rules on who you can see out of the program or who can come in to visit?
                                        Yes 1 No 2 DK 8

   B. (IF YES) What are they?

43A. Have any of these kids you were hanging around with come here to spend some time?

Yes 1　No 2　DK 8

B. (IF YES)
a. How often?_____

b. Usually for how long?_____

44A. Are you able to go to see him/her (any of them)?

Yes 1　No 2　DK 8

B. (IF YES)
a. How often?_____

b. Usually for how long?_____

45. Do you talk on the phone with him/her (any of them)?

Yes 1　No 2　DK 8

46. What do staff working with you think about these kids you knew from BEFORE you came to this program? Do they:

a. Not care much about them or not know anything about them----------1
b. Generally wish you'd not have much to do with them----------------2
c. Generally wish you'd continue to see them------------------------3
d. DK---8

47. Have staff ever met any of these kids?

Yes 1　No 2　DK 8

48. When you think about these kids, would you say that they get into trouble with the law:

A lot?　Somewhat?　Not very much?　Not at all?　DK
1　　　2　　　　3　　　　　4　　　8

49. Would you say that these kids have an easier or harder time dealing with school, their families, employers, etc., than most other kids?

Easier　About the Same　Harder　DK
1　　　　2　　　　3　　8

50A. Were you in school just before starting in this program?

(IF NO SKIP TO 52)　　　Yes 1　No 2　DK 8

B. How many of your friends were in school with you?

All　Most　Some　Very few　None　DK　NA
1　2　　3　　4　　　5　　8　　9

51. Would you say that school was a good experience or a bad experience for you?

    Very bad   Sort of bad   Mixture of good & bad   Sort of good   Very good   DK
       1   2   3   4   5   8

52. Do you think that by being in this program, kids will think more of you, less of you or it won't matter?

    a. More---1
    b. Less---2
    c. It won't matter--3
    d. DK---8

53. In general, what do your friends outside this program think of this place? Do they think it is <u>mostly</u>: (Check only one)

    a. A place that helps kids in trouble----------------------------------1
    b. A place for getting kids out of the way----------------------------2
    c. A place to punish kids for doing something wrong-------------------3
    d. DK---8

54. What do <u>you</u> think about this place? Is it <u>mostly</u>: (Check only one)

    a. A place that help kids in trouble-----------------------------------1
    b. A place for getting kids out of the way----------------------------2
    c. A place to punish kids for something wrong they did---------------3
    d. DK---8

55. Have your friends ever participated in any group activities *run by the* program like field trips, movies, sport events, picnics, etc.?

    Very frequently   Somewhat frequently   Not very frequently   Not at all   DK
         1   2   3   4   8

56. Have you made any good friends among the other kids in the program?

                              Yes 1   No 2   DK 8

57. Have you made any friends among the kids who live in the neighborhood around here since you entered the program?

                              Yes 1   No 2   DK 8

58. Generally, are your friends, both those from before you came here and any newer ones, trying to help you understand what is happening between you and them and why they feel the way they do?

    Yes 1   Sometimes 2   No 3   DK 8

59. Do they let you share in decisions about what you do together? (That is, do they ask your opinion?)

    Yes 1   Sometimes 2   No 3   DK 8

60A. Do they try to help you stay out of trouble?

Yes 1 Sometimes 2 No 3 DK 8

B. (IF YES OR SOMETIMES) In what ways? (PROBE FOR WHETHER IT TENDS TO BE MORE ENCOURAGEMENT, OR MORE DIRECT HELP SUCH AS GETTING JOBS, INTO GROUPS, NEW SCHOOL PROGRAMS AND THINGS LIKE THAT)

61. If they get mad at you, how do they usually treat you? (CHOOSE ONLY ONE)

    a. They don't do anything. 1
    b. Tell you to get lost. 2
    c. Just not talk to you 3
    d. Hit you. 4
    e. Yell at you 5
    f. Make you look bad in front of others (embarrass you). 6
    g. Make you feel guilty 7
    h. Just tell you how they feel .8

62. If they like what you've done, how do they usually treat you? (CHOOSE ONLY ONE)

    a. They don't do anything. 1
    b. Include you in things 2
    c. Make you look good in front of others 3
    d. Make you feel good about what you've done 4

63. In general, do you think your friends treat you fairly?

Yes 1 Sometimes 2 No 3 DK 8

64A. Have staff here spent any time with you discussing difficulties or problems you were having with any of your friends, old or newer ones?

(IF NO SKIP TO 69)   Yes 1 No 2 DK 8

65. Did you ask for help on this or did someone on the staff suggest helping you with these difficulties?

    a. I asked---1
    b. Staff suggested it---2
    c. Both---3
    d. DK---8

66. Do you think that whatever problems or difficulties you were having were serious?

Yes 1   No 2   DK 8

67. With whom have staff spent most of their time in working on these difficulties?

Mostly you---1
Same amount of time with you and other kids involved in the difficulty-2
Mostly the other kids involved in the difficulty----------------------3
DK--8

68. So far, how helpful has working on these been for you? Does the situation:

a. No longer present a problem---1
b. Still exist, but is better or less serious-------------------------2
c. Seem about the same---3
d. Seem worse right now--4
e. DK---8

Now some questions about any schooling, tutoring or training you're receiving now.

69. Do you attend a junior high school or high school in the community <u>with other kids who are not involved with the program</u>?

	Yes	No	DK
a. Junior high or high school----------	1	2	8

(IF NO) What about other educational programs such as: (ASK b thru' h)
(IF YES) What about other educational programs that aren't part of what you're doing at school, but rather something extra you're doing somewhere else, such as:

	Yes	No	DK
b. Employment or vocational training----1		2	8
c. Remedial or tutoring classes---------1		2	8
d. GED----------------------------------1		2	8
e. Arts & Crafts, or music lessons------1		2	8
f. Physical education or organized recreation------------------------1		2	8
g. Religious education------------------1		2	8
h. Other (specify)_____-------1		2	8

(IF NO TO PART "a" ABOVE, AND YES TO PART "b", SKIP TO 73A)
(IF NO TO ALL ANSWERS, SKIP TO 81)
(IF NO TO PART "a", NO TO PART "b", AND YES TO ANY OTHERS SKIP TO 81)

70. What grade are you in? _____

71A. Are you now in the same school you were in before coming to this program?

Yes 1   No 2   DK 8

(IF YES SKIP TO 72A)

B. (IF NO) How does the school you're in now compare to the one you were in just before coming here?

Better Same Worse DK
1   2   3   8

72A. Will you continue attending the school you're in now, when you leave the program?

    a. Yes--1
    b. No, I'll be finished with school----------------------------------2
    c. No, I'll go back to the school I was in before--------------------3
    d. No, I'll go to another school-------------------------------------4
    e. DK---8

B. (IF ANSWER IS "c" or "d") How do you feel about having to change schools?

    a. It's a good thing--1
    b. It won't make much difference either way-------------------------2
    c. It's not a good thing--3
    d. DK---8

73A. Do staff from the residence help you out in dealing with the school?

Yes 1 No 2 DK 8

B. (IF YES) Can you give me some examples?

74. How many other kids from the residence go to the school? _____

(IF NONE SKIP TO 77)

75A. Are any of the kids from the residence in class(es) with you?

Yes 1　No 2　DK 8 ·

B. (IF YES) How many? _____

76. Other than possibly in class, do you spend time with other kids from the residence while you are in school?

Yes 1　No 2　DK 8

77. Is going to the school a good experience or a bad one for _you_?

Very good　Good　Mixed　Bad　Very bad　DK
　　1　　　　2　　　3　　　4　　　5　　　　8

78. Other than in class, do you spend time at school with other kids who aren't from the residence?

Yes 1　No 2　DK 8

(IF NO SKIP TO 81)

79. Have any of them ever spent any time with you at the residence?

Yes 1　No 2　DK 8

80. Do you get together with any of them outside of the school and out in the community, to do things like playing around, going to movies, sports, etc.?

Yes 1　No 2　DK 8

81. Are you attending school (not supplementary or tutorial, but primary schooling) here at the program (in-program school)?
Yes 1　No 2　DK 8
(IF NO AND KID IS ATTENDING SCHOOL IN COMMUNITY SKIP TO 87)
(IF NO AND KID IS NOT ATTENDING SCHOOL IN COMMUNITY SKIP TO 94)

82. What grade are you in? _____

83A. Are you in class with others or is it just you and a teacher?

a. With others---1
b. Alone--2
c. Both---3

B. (IF "a" or "c") About how many kids are in your classes?_____

84. How many different teachers do you have here? _____

85. How does school here compare to the school you went to before?

Better Same Worse DK
1   2   3   8

86A. What will you do about school when you leave the program?

a. Still go to school here--1
b. I'll be finished with school--2
c. I'll go back to my old school--------------------------------------3
d. I'll go to a new school---4
e. DK--8

B. (IF "c" or "d") How do you feel about changing schools?

It's a good thing It won't make too much difference It's not a good thing DK
1   2   3   8

87. Generally, do your teachers try to help you understand what is happening between you and them, and why they feel the way they do?

Yes 1 Sometimes 2 No 3 DK 8

88. Do they let you share in decisions which they make about you (that is, do they ask you what you think)?

Yes 1 Sometimes 2 No 3 DK 8

89A. Do they help you stay out of trouble?

Yes 1 Sometimes 2 No 3 DK 8

B. (IF YES OR SOMETIMES) In what ways?
(PROBE FOR WHETHER IT TENDS TO BE MORE ENCOURAGEMENT, OR MORE DIRECT HELP SUCH AS GETTING JOBS, INTO GROUPS, NEW SCHOOL PROGRAMS AND THINGS LIKE THAT)

90. If you mess up, what do they <u>usually</u> do?

    a. nothing. 1
    b. Separate you from the group 2
    c. Take away privileges. .3
    d. Yell at you 4
    e. Hit you 5
    f. Make you look bad in front of others (embarrass you). 6
    g. Make you feel guilty. .7
    h. Tell you how they feel .8

91. If you do well, how do they <u>usually</u> treat you?

    a. They don't do anything 1
    b. Include you in things. 2
    c. Give you additional privileges 3
    d. Make you look good in front of others. 4
    e. Make you feel good about what you've done. 5

92. Generally, do you think they treat you fairly?

    Yes 1 Sometimes 2 No 3 DK 8

93. If your teachers were asked, how would they describe you?

(SKIP TO 98)

94. How far did you go in school? _____grade

95. How long has it been since you were in school last? _____

96. Why are you not in any school program now?

97. Would you like to be in a school program?

                              Yes 1 No 2 DK 8

98. Have you worked with staff at the program on any problems or difficulties having to do with schooling?

(IF NO SKIP TO 103)   Yes 1 No 2 DK 8

99. Did you ask for help on this or did someone of the staff suggest helping you with it?

    a. I asked---1
    b. Staff suggested it--2
    c. Both---3
    d. DK---8

100. Do you think that whatever problems or difficulties you were having were serious?

                              Yes 1 No 2 DK 8

101. With whom have staff spent most of their time in working on it?

    a. Mostly you---1
    b. Same amount of time with you and other people from school---------2
    c. Mostly with others from school-----------------------------------3
    d. DK---8

102. So far, how helpful has working on this been for you? Does it:

    a. No longer present a problem?---------------------------------------1
    b. Still exist, but is better or less serious-----------------------2
    c. Seem about the same--3
    d. Seem worse right now?--4

103. Do you think it is (would be) helpful for staff to work or talk with teachers, counselors, principals and others who are involved with school?

                              Yes 1 No 2 DK 8

104. Do you think school people such as these would be (are) willing to work with staff from the program?

                              Yes 1 No 2 DK 8

105. How often are you now doing each of the following?

	Often	Sometimes	Very Seldom	Never	DK
a. Use local community parks, playgrounds recreational centers.	1	2	3	4	8

	Often	Sometimes	Very Seldom	Never	DK
b. Attend church or Sunday school in the community	1	2	3	4	8
c. Attend community or school sport events, dances, etc.	1	2	3	4	8
d. Go to movies or other entertainment in the community	1	2	3	4	8
e. Shop in neighborhood stores	1	2	3	4	8
f. Shop in downtown (or nearby big-city stores)	1	2	3	4	8
g. Visit the homes of neighborhood or school friends	1	2	3	4	8
h. Use other community facilities (specify)	1	2	3	4	8
_____	1	2	3	4	8
_____	1	2	3	4	8

106A. Are neighborhood kids or friends of yours ever invited to participate in an organized activity or event here at the residence?

Very frequently	Somewhat frequently	Not very frequently	Never	DK
1	2	3	4	8

(IF NEVER SKIP TO 107A)

B. What kinds of things have gone on?

107A. Are adults who live-in the community ever invited into the residence to see what is going on, or to take part in some activity or event?

Very frequently	Somewhat frequently	Not very frequently	Never	DK
1	2	3	4	8

(IF NEVER SKIP TO 108)

B. What kinds of things have gone on?

108. In general, how do you think the people who live and work around this neighborhood feel about the program?

    a. The program is highly thought of----------------------------------1
    b. Most people don't feel one way or the other----------------------2
    c. The program is not highly thought of----------------------------3
    d. There are people who feel strongly positive and others who feel strongly negative--4
    e. DK--8

109. (ASK A THRU' C FOR a, THEN FOR b, ETC.)

	A. Before entering this program, were you having problems or needs in any of the following?		B. How serious was it for you?			C. Have staff worked with you on this?			
	Yes	No	Very	Some-What	Not	A lot	Some-what	A little	Never
a. Getting into a vocational training program	1	2(SKIP TO C)	1	2	3	1	2	3	4
b. Getting a job	1	2(SKIP TO C)	1	2	3	1	2	3	4
c. Getting along in a job or a vocational training program	1	2(SKIP TO C)	1	2	3	1	2	3	4
d. Physical health or handicap	1	2(SKIP TO C)	1	2	3	1	2	3	4
e. Emotional/Psychological problems	1	2(SKIP TO C)	1	2	3	1	2	3	4
f. Alcohol use	1	2(SKIP TO C)	1	2	3	1	2	3	4
g. Drug use.	1	2(SKIP TO C)	1	2	3	1	2	3	4
h. Use of free time	1	2(SKIP TO C)	1	2	3	1	2	3	4
i. Having spending money	1	2(SKIP TO C)	1	2	3	1	2	3	4
j. Obeying the law	1	2(SKIP TO C)	1	2	3	1	2	3	4
k. Other (specify)	1		1	2	3	1	2	3	4
_____	1		1	2	3	1	2	3	4

110A. Do you hold a job or do you do paid chores in the community or in the residence?

	Yes	No	DK
a. In community----------------------------------1		2	8
b. In residence----------------------------------1		2	8

(IF NO TO a & b SKIP TO 111)

B. How many hours a week do you work? _____

C. How much are you paid? _____

   Do you: (Select all that apply)

   a. Manage your own money---1
   b. Turn your money over to the residence---------------------------------2
   c. Contribute toward room and board-------------------------------------3
   d. Other (specify)_____ ----------4

111. Here is a list of reasons sometimes given for working with kids in a
     program like this. For each I would like you to tell me whether
     or not each describes what this program tries to do.

                                        Yes   No   DK

   a. To help you better understand
      and work on your problems-------------1   2   8
   b. To help you develop educational
      and/or vocational skills---------------1   2   8
   c. To make changes in the opportunities
      available to you in the community
      such as in school, jobs, training
      programs, recreational places, etc----1   2   8
   d. To help other people you know
      treat you different--like family,
      teachers, other kids your age, maybe
      employers, the police, etc.
   e. To simply know where you go and
      what you do---------------------------1   2   8
   f. To punish you for getting into
      trouble-------------------------------1   2   8
   g. To keep you from being put in jail----1   2   8

112. Thinking over those statements which you said yes to,. . . which one
     do you think best describes what this program is trying to do?

113. How strict does the program seem?

   Very 1   Somewhat 2   Not very 3   DK 8

114. How helpful has the program been for you?

Very helpful   Somewhat helpful   Not very helpful   Not here long enough   DK
     1   2   3   4   8

115. Did you have a choice about being in this program?

                                        Yes 1   No 2   DK 8

(IF NO SKIP TO 118)

116. How much trouble do you think you'd be in with the law if you had refused to participate in this program?

A lot   Some   Very little   None   DK
  1   2   3   4   8

(IF NONE SKIP TO 118)

117. What would have happened?

118. What did you do to be sent here?
     (PROBE FOR SPECIFIC OFFENSES)

1T9. Please tell me whether you think each of the following statements is
mostly true or mostly false.

	True	False	OK
a. The kids in this program spend a lot of time outside in the larger community------------------------	1	2	8
b. Staff here help kids get jobs outside, get into groups, into new school programs and things like that------	1	2	8
c. If a kid in this program does well outside of this program, people like their teachers, families, employers, friends will tell them so----------	1	2	8
d. There is emphasis on what residents will be doing after they leave the program-------------	1	2	8
e. People in the outside community generally hassle kids in this program---------------------------	1	2	8
f. If a kid in this program wants to help plan his future out in the larger community, he can-----------	1	2	8
g. People in the larger community are more concerned with keeping kids from this program under control than with helping them with their problems---------------------------	1	2	8
h. Police in the community generally hassle kids in this program--------	1	2	8
i. People in the community help kids in this program to get jobs, get into groups, into new school programs or things like that------	1	2	8
j. Kids in this program are encouraged to plan for the future-------------	1	2	8
k. For the most part people in the outside community deal fairly with kids in this program---------------	1	2	8

139. What do you think a kid has to do to get out of this program?

121 A. Is this different from what the staff thinks you need to do to get out?
   B. (IF YES) What do they think?

   Yes 1   No 2   DK 8

122. Now I'd just like to know your age. ____

123. Is there anything else you want to say or tell me?

Time ended_____

(INTERVIEWER: FILL OUT THE FOLLOWING PAGE YOURSELF)

1. Name (DO NOT ASK)_____

2. Sex_____

3. Race or Ethnicity_____

4. Would you say the respondent was...

        Friendly and interested ____

        Cooperative but not particularly interested ____

        Somewhat uncooperative; impatient and restless ____

        Totally uncooperative; hostile ____

5. Would you say the respondent's understanding of the questions was...

        Good (Respondent understood all questions) ____

        Fair (Respondent understood most questions) ____

        Poor (Respondent repeatedly misunderstood) ____