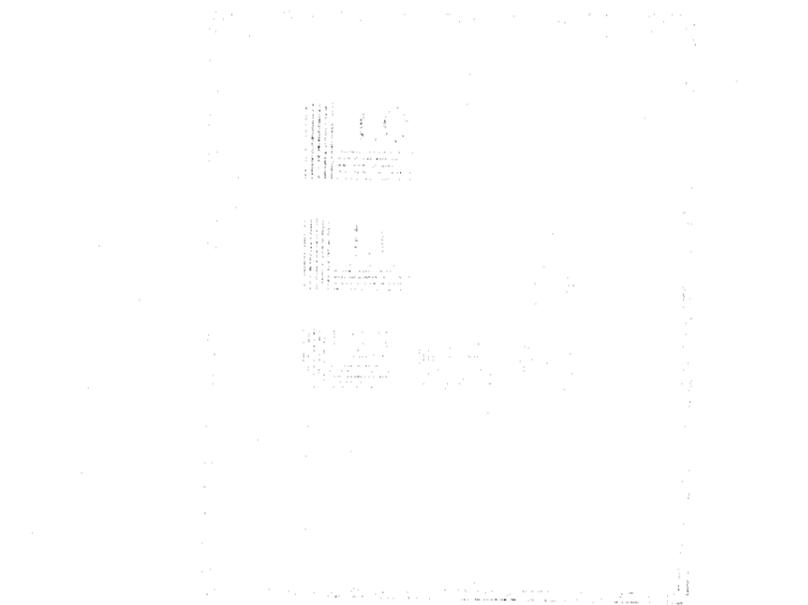


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# RESEARCH MONOGRAPH

Evaluation of  
Major Residential  
Treatment Programs  
505

STATE OF FLORIDA • DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES • DIVISION OF YOUTH SERVICES  
PREPARED BY BUREAU OF STATISTICS, RESEARCH AND PLANNING

EVALUATION  
OF  
MAJOR RESIDENTIAL TREATMENT PROGRAMS  
505

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APR 1 1981  
ACTION

Highlights of the Data and Recommendations  
Based on Finding

This paper presents a preliminary evaluation of the DYS Group Treatment and Training School programs. While these programs differ in some major respects, this study contrasts the data on program results and makes some tentative recommendations concerning selection criteria and program changes. In short, this study attempts to identify characteristics of children associated with success or failure in either the Group Treatment or Training School programs. This effort is qualified by recognition of the fact that during the period when this sample would have been entering the programs, Group Treatment had somewhat greater control than the Training Schools over who was assigned to their facilities. The first phase of selection is controlled by Field Services' counselors who do the predisposition investigations and make recommendations as to placement. Group Treatment personnel then designate youngsters from this reduced pool to fill the available spaces in their program.

The data for this study was gathered by examining case records to determine factors which contributed to success or failure on Aftercare, as defined by reinstitutionalization. Separate stratified random samples were drawn from the 1972 furlough lists for both Group Treatment (N=81, males only) and Training Schools (N=93 males, plus a separate sample of 49 girls). These samples were selected to include both simple first commitments, previous commitments and inter-program transfers. Reinstitutionalization rates were determined through the analysis of 1-1/2 to 2 year post-furlough period. These rates were then considered as a function of two important types of variables: pre-commitment social/demographic characteristics, and DYS-controlled factors such as length of stay in program or on Aftercare.

The samples from the two programs had very similar distributions in terms of race, proportion of youngsters from urban counties, and type of offense for which the child was committed. However, the age distributions differed significantly, with Training School samples including more of the younger clients (15 or younger). By contrast, the Group Treatment sample had more older youths.

The effects of a number of control variables were tested in order to explicate the differential program success rates. Some of the major findings were: (1) Group Treatment programs are most successful with older youths; neither program tended to be successful with children 14-or-younger; (2) Group Treatment programs are exceptionally effective with white youngsters; (3) success rates (around 40%) were nearly identical for whites in Training Schools and for blacks in both GT and TS programs; (4) in terms of length of stay on Aftercare, the optimal period for children from Training Schools was: first commitment youngsters, more than a year, re-commitments or transfers, 6-9 months. For Group Treatment youngsters the differing lengths of stay on Aftercare did not produce statistically significant results.

These findings form the basis for some tentative policy recommendations relative to selection criteria and program development. These suggestions are offered cautiously in view of the study's limitations due to research design and sample size.

First, the data appears to indicate inadequacies in both programs' efforts with blacks and very youthful offenders. It is suggested that new variations of the programs may need to be developed

to deal more effectively with these groups. While these program variations are being developed, alternative placement in other innovative situations (Family Group Homes, Intensive Counseling, etc.) should be explored as both interim and long-range solutions. CINS commitments represent another area where new alternatives for treatment appear to be much needed.

Secondly, it is recommended that first commitment youngsters should be given priority for assignment to Group Treatment facilities. The GT success rate with first commitments is much higher than that of Training Schools.

The final recommendation concerns optimal Aftercare supervision. The percentage of failures on Aftercare was highest in the first six months back in the community for all sample groups. Therefore, the most intensive efforts of the Aftercare counselor should be applied during this period. The results of the Training School data for this study suggest that after this initial six months, recommitted TS youngsters should be terminated rapidly (before 9 months), while first commitments should have more than a year of Aftercare supervision. Further studies on lengths of Aftercare should give more information on whether these periods continue to be optimal for the TS graduates and whether similar periods also give optimal results for GT youths.

## I. Introduction

### The Evaluation Design

This study was designed to provide evaluative information on the two residential treatment programs of the Florida Division of Youth Services -- Group Treatment and Training Schools. The two programs are distinctly different in nature both in terms of how youngsters are selected for admission as well as size and placement of facilities. Due to these differences, it was considered most appropriate to first analyze the data from each program separately. The data provides the first opportunity to compare some major aspects of these programs despite the built-in qualifications due to program dissimilarities. One section of this paper is devoted to making comparisons between the programs. Such a comparison does not assume similarity in the programs but rather points out findings which could facilitate policy decisions concerning what types of youngsters might benefit most from each unique setting.

The study used an ex post facto design, utilizing materials from case records on youngsters furloughed from each program. Pertinent facts were extracted from the case file about each commitment including follow-up data on its post-treatment "failure" or "success." These dichotomous categories of the major dependent variable were defined as follows:

Failure - termination of Aftercare by reinstitutionalization in either DYS facilities or in the Division of Corrections (or assignment to adult probation in a very few cases), as opposed to

Success - successful discharge from Aftercare without further institutionalization.

This design and the form of analysis utilized provides a relatively quick and expedient method of gathering and considering the data most crucial to policy decisions. Reinstitutionalization is the most costly form of failure both for the individual and for society. Since it is also the most adequately documented type of failure, it provides a readily measurable dependent variable on both conceptual and pragmatic grounds. While an ideal design would supplement this gross data with additional measures of adjustment (e.g., to school, job, personal relationships), time and the lack of available data placed severe limits on our evaluative scope. The comparative aspect of this study is seen as being restricted and tentative and should serve not as a substitute for, but rather a first step toward, the thoroughness of a longitudinal experimental design with random assignment.

#### Sampling

The original design of this study specified that two samples would be selected from the pools of youngsters furloughed from Group Treatment (GT) and from Training Schools (TS) in the period January through August, 1972. This time frame was selected to allow sufficient time-lapse after furlough (18-26 months) to make a follow-up of recidivism meaningful.\* It was necessary, in order to achieve the desired sample size, to extend the sample period for Group Treatment through December, 1972. Even then, because of the smaller size

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\* The national standard recommends allowing 3 years for follow-up of recidivism. It was not feasible to go back to 1971 furloughs for this study because the GT program was so new and small at that time.

of the facilities and therefore the limited number of furloughs, it was not possible to achieve the desired numbers.

The Group Treatment program is quite new relative to Training Schools, and some GT facilities were just phasing into operation during the sample period. In order to conduct a fair evaluation of the GT program, and to maximize the comparability of GT with TS programs, only "established" GT facilities were included in the sample. This restriction was imposed because during phase-in months a facility is likely to be functioning below capacity, and problems with personnel and operations may not yet be ironed out. (NOTE: The criterion for being "established" was set at 10 months of operation.) The Group Treatment facilities which contributed to both sample populations included four halfway houses, two START Centers, and two Group Treatment Homes.

For Sample I, fifty first-commitment, no-transfer cases from each type of institution (GT and TS) were selected by a stratified random sample procedure. In order to have comparable groups from TS and GT, the sample was limited to males, since there were no sufficiently "established" GT facilities for females during the period sampled.

The restrictions of males-only and no recommitments meant that only the Florida School for Boys at Okeechobee and the Arthur G. Dozier School for Boys at Marianna were included in our TS population for Sample I.\* Half of the fifty TS sample cases were randomly selected, overtime, from each of the two institutions.

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\* The fact that the Alyce D. McPherson School at Ocala was co-ed at this time was accidentally overlooked, so these boys were not sampled.

All of the Sample I data was coded, and a first set of analyses was completed before Sample II was drawn. Based on the analysis, it was necessary to discard all cases who were still on Aftercare, since no judgment of "success" or "failure" could be made. This culling process left Sample I with 41 cases from GT and 44 from TS, for a total of 85 first commitment youngsters.

Sample II also aimed for 50 cases from each program. Criteria for selection into Sample II were that:

- (1) The child had one or more previous commitments to DYS (prior to the "selection commitment" which ended in furlough during the sample period); and/or
- (2) The child had one or more commitments to a non-DYS institution prior to selection commitment; and/or
- (3) The child had been transferred from one DYS facility to another during his commitment to DYS.

The existence of multiple criteria for Sample II results in a number of different types of cases being included in this group, as all possible combinations of these criteria may occur. The distribution below shows how many of each type of case occurred in each the GT and the TS Sample II.

	GT	TS
(1) Previous commitment only	11	23
(2) Previous Non-DYS commitment only	9	5
(3) Transfer within DYS only	11	6
(4) Recommitment and Non-DYS	3	6
(5) Recommitment and Transfer	2	4
(6) Transfer and Non-DYS	3	2
(7) Recommitment, Non-DYS, and Transfer	1	3
Total	40	49

The random procedure used for Sample I was modified somewhat for the selection of Sample II by starting with cases which had been discarded as inappropriate for Sample I because of meeting one or more of the above criteria. Once all appropriate cases from this source were used, the sampling continued with the stratified random selection process. Even with the extension of the sample period, however, only 40 suitable GT cases were found for inclusion in Sample II.

Since recommitment was permissible for this group, furloughed children from the Lancaster Youth Development Center were added to the pool for Sample II. The final total for the TS Sample II was 49 youngsters, 17 from each Okeechobee and Marianna, and the remaining 15 from Lancaster.

Despite the lack of a comparable pool from GT, it was decided to draw a separate sample of girls from Training Schools. This information is omitted from any comparison between the programs, since female offenders are known to have different traits and success rates, and would thus bias the TS results. Still, in order to provide an accurate overall evaluation of the Training School program based on 1972 furloughs, it was deemed appropriate to collect and analyze this data as an addendum to the TS report.

The sample of girls was a random selection of girls furloughed from the schools at Ocala and Trenton. In keeping with the relative size of the two institutions, 32 girls were drawn from Ocala and 17 from Trenton for a total of 49 cases. Since this sample was designated to represent both types of youngsters as in the male Samples I and II, all selected girls who had completed Aftercare were included. This procedure yielded 16 girls of the SI-type and 33 SII types.

## II. Group Treatment: Evaluation of the Program

### Description of the GT Samples

One fact basic to any description or evaluation of the GT program's results is that of the selectivity of admission into these programs. Just what factors this selection is based on and how they effect overall program outcome are among the questions addressed by this study.

The analysis of GT was begun by focusing on certain key factors which preceded institutionalization and consideration of the distribution of these factors within our samples. Age was the first variable reviewed and it was found that the age distributions of Sample I and Sample II were quite similar, with both being heavily weighted toward older youths. The mean age for SI is 16.4 years; for SII, the mean is 16.6 years. Thus, age would appear to have been considered in the process of selection for GT, in that youths closer to the maximum age for DYS care are chosen for these programs in greater numbers than are younger children.

The racial composition of both samples indicated a higher proportion of white youngsters. This disparity between white and black youths was even more pronounced among the recommitment-transfer sample (38% Blacks, 62% Whites) than among first commitments (43% Blacks, 57% Whites), but the difference between the two samples is not statistically significant.

Our next focus was on the urban or non-urban nature of the county from which the child was committed. (Counties with populations of 250,000 or more were considered urban; all others were classified as non-urban. This criterion placed 7 counties as urban: Broward, Dade, Duval, Hillsborough, Orange, Palm Beach, and Pinellas.) The

division of both samples on this dichotomy was nearly equal, with the 7 urban counties contributing approximately half of all commitments to each type of program. The difference between the two sample distributions was not statistically significant.

A comparison of the types of offense for which children in the two samples were committed is shown in Table I. The distributions are very similar, although there were more commitments for juvenile status offenses (CINS) among the first commitment sample. Property offenders comprise the largest category of both samples (42% and 45%), with committers of victimless offenses running a close second (36% and 43%). Since these distributions are quite similar to the overall proportions of these offenses among male juveniles, these offenders are not disproportionately represented in the GT population.

TABLE I Distribution of Offenses\* Within GT Samples I and II

	SI	SII
Offenses against persons	12% (5)	10% (4)
Offenses against property	42% (17)	45% (18)
Victimless offenses	36% (15)	43% (17)
CINS	10% (4)	2% (1)
	<u>41</u>	<u>40</u>

$$x^2 = 2.04 \text{ NS}$$

\* The coding scheme used to classify offenses into these 4 types is indicated below. If more than one offense was listed for a single commitment, the most serious, i.e., the one highest on the list, was recorded.

Offenses Against Persons  
 Murder and non-negligent Manslaughter  
 Negligent Manslaughter  
 Forcible Rape  
 Armed Robbery  
 Unarmed Robbery, excluding purse snatching  
 Purse Snatching  
 Aggravated Assault  
 Assault, non-aggravated

TABLE I (cont'd)

<u>Offenses Against Property</u>	<u>Victimless Offenses</u>
Arson	Possession of Firearms
Burglary, B & E	Possession of Weapons - except of firearms
Auto Theft	
Unauthorized Use of Auto	Sex Offense, except forcible rape
Forgery	Violation of Drug Laws - Narcotic
Grand Larceny	Violation of Drug Laws - Non-Narcotic
Petit Larceny	Other Drug Law Violations
Possession of Stolen Property	Possession of Alcoholic Beverages
Receipt of Stolen Property	Drunkenness
Shoplifting	Disorderly Conduct
Vandalism	Trespassing
	Obstructing Justice
<u>CINS Offenses</u>	Traffic
Truancy	Probation Violation
Violation of Curfew	Aftercare Violation
Running Away	Other Delinquency
Ungovernable Behavior	
Other CINS	

GT Program Results

The dependent variable of success or failure as the ultimate outcome of aftercare is the main interest in our evaluation of program results. Table II depicts the distribution of this variable in each GT sample. The success rate with first commitment youngsters appears considerably higher, at 68%, than the 50% success achieved with re-committed and transferred cases. However, since the statistical difference between samples is not very strong, we shall combine the samples for most of the following analyses. The mean success rate of the combined samples is 59%.

TABLE II Aftercare Outcome in the Two GT Samples

		<u>SI</u>	<u>SII</u>	
Aftercare Outcome	success	68% (28)	50% (20)	
	failure	32% (13)	50% (20)	
		<u>100% (41)</u>	<u>100% (40)</u>	- 81

$\chi^2 = 2.81$  significant at .10

The analyses that follow discuss the Aftercare outcome measure as a function of other variables, thus seeking to determine what factors have influenced the GT success rate. This analysis is designed to provide information which could be used to help determine selection criteria or program policies so as to improve this rate.

First, we considered the relationship of Aftercare outcome to age at furlough. Maximal success (67%) was with youngsters who were 16 when furloughed, although those 15 years of age and those 17 or older also had 60% and 59% successes as well. Thus, there was a positive relationship between increasing age and success. Youngsters 14 or younger had a 100% failure rate in GT, a fact which would suggest that there should be programmatic changes for younger children in GT facilities.

The next focus was on GT success rates by race. White youngsters were more likely to succeed following a GT experience (68%) than were blacks (41%), although this relationship did not reach an acceptable level of statistical significance. Table III shows separate analysis of the two samples by race. In both samples white youngsters were more successful than blacks, but the racial difference in success rates was statistically significant only in Sample I. In terms of impact on policies this data could be interpreted as showing the need to develop a variation of the GT program to make it more successful with blacks.

TABLE III Aftercare Outcome by Race within GT Samples I and II

	<u>Sample I</u>		<u>Sample II</u>			
	<u>Success</u>	<u>Failure</u>	<u>Success</u>	<u>Failure</u>		
Black	41% (7)	59% (10)	100% (17)	40% (6)	60% (9)	100% (15)
White	86% (19)	14% (3)	100% (22)	52% (13)	48% (12)	100% (25)
			<u>39</u>			<u>40</u>

Aftercare outcome was next viewed as a function of the length of time the youngster spent in a DYS institution for the sampled commitment. The length of stay variable included time spent in both the institution to which he was committed and the institution to which he was transferred for the 16 SII youngsters who had been transferred. Here it was found that any stay up to 6 months in length had a nearly equal probability of success, about 65%, while 6-8 months had a 56% and more-than-8-months a 45% success. When the Sample I data was analyzed separately on this variable, the 4-6 month stay was found to be optimal for first commitment youngsters, producing a remarkable 91% success rate, while both longer and shorter stays had very similar but lower rates for this sample, i.e., from 58-62%. The Sample II data gave some indication that longer (6-8 months) stays might be appropriate for recommitment cases. Average length of stay for first commitment GT youngsters was 6.12 months, while the recommitment and transfer sample had a mean stay of 6.46 months.

Success rates of the two GT samples also varied by the type of offense for which the youth was committed. Most notably, there was a differential success rate for property offenders, depending on whether property offenders were first commitments, 76% success, or recommitments, 29% success. Both samples had a high success rate with youths committed for victimless crimes, 73% and 71%. The numbers of youngsters committed for offenses against persons or for CINS offenses were too small for detailed analysis. Based on this data one might conclude that preference should be given to youngsters being committed for the first time for a crime against property, while recommitments for property offenses should be considered high risk candidates.

Next we related success rates to length of stay on Aftercare. This information is potentially very useful for policy-making since this is a variable which DYS can control. Utilizing known data to optimize Aftercare results could effect savings of both money and staff time. Sample I and Sample II data were considered separately rather than pooled in order not to lose the point that differing lengths of time on Aftercare are optimal depending on whether or not the youth is a simple first commitment case. For Sample I youngsters, 6-12 months of Aftercare produces the highest success rates (85%), while for recommitment or transfer cases more than a year of Aftercare is preferable (78%). The average stay on Aftercare for Sample I was 9.3 months, and for Sample II, 8.6 months. These averages include failures, which makes them lower than would be the case for successful Aftercare stays only.

The next question addressed was: how soon after furlough did failure occur for the two sample groups? Here it was found that Sample II youngsters, those who have had more than one institutionalization or who were transferred during their DYS stay, failed sooner after furlough (95% of failures occurred within one year) than did first commitment youngsters (only 69% of failures within the first year). The 31% of Sample I failures that occurred after a year on Aftercare may be an indication of problems being created by supervision which was too lengthy.

### III. Training Schools: Evaluation of the Program

#### Description of the TS Samples

As mentioned in the introductory section on sampling, a separate sample of 49 girls from Training Schools was drawn in order that we have a representation of all parts of the 1972 TS population. The data from this sample will be presented alongside the information from the two male TS samples, rather than including it with that data. This will facilitate comparisons between the sexes in the TS population and also keep the male TS data in such a form as to be readily comparable with the GT sample.

As in Section II, the starting point for our evaluation of the Training School program is a descriptive analysis of the samples' compositions in terms of four major pre-institutionalization variables. Age distribution was the first variable to be considered. Sample I and Sample II differed significantly, with the first commitment youngsters being much younger (mean age for Sample I = 15.7 years) than the recommitted or transferred youths of Sample II (mean age = 16.5 years). The sample of girls, which included both first and second commitments, resembles Sample I in mean age ( $\bar{x}$  = 15.9); a Chi-square test between the girls' sample and the total of the boys' samples did not show a significant difference in age distributions.

The next variable considered was the racial composition of the Training Schools. Sample I had somewhat fewer blacks than Sample II (42% vs. 53%), but the difference between the two samples was not significant. The total TS male sample showed a nearly even black-white split with 48% and 52%, respectively. This total distribution was significantly different from the racial breakdown among TS girls, where whites predominated.

The next variable considered was the urbanness of the county from which the child was committed. The two male samples differed significantly on this variable, with more first commitment TS boys coming from non-urban areas (64%), while recommitment and transfer boys are more often from urban counties (59%). The distribution of girls also shows a heavier urban contribution (57% urban).

The types of offenses for which the TS children were committed was our last descriptive variable. The difference between Sample I and Sample II was not significant; in both the modal type was property offenses (59% and 47%), and there are very few crimes against persons or CINS offenses. The distribution of offenses for which girls were committed was significantly different from that of the boys. Victimless (59%) and CINS (23%) offenses accounted for much higher proportions of these commitments, while property crimes were far less frequent (only 14%).

#### TS Program Results

The success-failure rates of the Training School youngsters are the subject of Table IV. Further analyses will serve to break this data down using statistical controls to see how other variables effect these rates. The percentage of successes is quite similar in Sample I and Sample II, but even though the difference is not significant, it is surprising to note that the success rate is slightly higher with recommitted youngsters than with first commitments. The mean success rate for the two male samples combined is 41%.

Girls have a significantly higher proportion of successes (69%) than do males, a fact which was anticipated based on the results of other studies of delinquent youths, both by this bureau and others.

If the success rate for females from Training Schools is added into the male TS samples to get an overall view of the success of TS furloughs during the sample period, the result would be a 51% success rate.

TABLE IV Aftercare Outcome in the TS Samples

	<u>SI</u>	<u>SII</u>	<u>Total</u>	<u>Girls</u>
success	39% (17)	43% (21)	41% (38)	success 69% (34) failure 31% (15)
failure	61% (27)	57% (28)	59% (55)	100% (49)
	100% (44)	100% (49)	100% (93)	
	$x^2 = 1.71$ NS			
	$x^2 = 10.45$ , significant at .01			

The first control variable considered with Aftercare Outcome was age at furlough. The youngest males, those 14 and younger, had an extremely high rate of failure (90%). The oldest group, those 17 or older, were also more failure-prone (62%) than the 15 and 16 year olds (50% and 43% failures, respectively), though much less so than the youngest. As was the male pattern, girls who were 16 at furlough had the lowest failure rate (17%) and those 14 or younger had the highest (44% failures). However, the oldest girls had fewer failures than those aged 15, while the opposite was true for boys.

The relationship of race to Aftercare success was the second association to be explored. In the male sample it was found that white youngsters had only a slightly higher success rate than blacks (44% vs. 39%). On the other hand, among girls, blacks were more successful than whites (85% vs. 61%), though this relationship did not reach an acceptable level of statistical significance.

Focussing on the post-institutional period, the relationship between success and length of time on Aftercare was considered in each of the samples. The two male samples were kept separate because the results from the separate data suggested that different policies concerning optimum Aftercare stays would be appropriate for first- and recommitment cases. Sample I boys did significantly better with longer Aftercare (62% success with longer than one year Aftercare). Sample II boys, and the female sample, were maximally successful with 6-9 months of Aftercare supervision (64% for boys, 100% for girls), with the longer-than-12 month stay rating second best (53% for boys, 91% for girls). Average length of stay on Aftercare was 10.01 months for Sample I boys, 9.8 months for Sample II boys and 11.1 months for the sample of girls.

Lastly, the failures in this sample were considered in order to answer the question of how soon after furlough these Training School children failed. Sample I boys were most likely to fail in the period 6-12 months after furlough (52%), while Sample II boys fail earlier (39%) or later (25%) on their Aftercare stay. Female failures are relatively few in number, but of those who do fail, almost all do so within 6 months of furlough (73%).

#### IV. Comparative Evaluation of GT and TS Programs

Before beginning any comparison between the two major DYS treatment programs, it is important to reiterate the qualifications stated in the introduction. The populations of the Group Treatment and Training School programs are both comprised of youngsters who have been committed to DYS, but Group Treatment is allowed the power of selection over entries into their programs, while youths are simply assigned to the Training Schools on a space-available basis. One way to view this major difference is that it keeps the program results from being directly comparable. However, despite the difficulties involved, it is important to make program comparisons, in order to improve our knowledge of the most appropriate selection criteria for each program. Application of this information should then help to increase the success rates of both programs.

Given the above limitations on our comparisons, the purpose of the following analyses will be to evaluate program differences which might be translated into policy statements designed to increase program effectiveness.

When the data from Sample I and Sample II were combined for each program, comparisons between each set of data were made with regard to their similarity on the available pre-institutionalization variables. The two program samples were not statistically different on three of these four measures. In terms of racial make-up, GT had slightly fewer blacks (41%) than did the TS sample (48%). The proportion of youngsters from urban counties was slightly higher in the GT sample (52% vs. 48% in TS). The distributions of offense types were also similar. Only in terms of the age distributions of the two samples were the GT and TS groups different, with the Training School

sample including more of the younger client groups than the GT sample. This difference in the samples would lead us to predict a lower success rate for Training Schools, since both this study and another study of DYS commitments have found that younger offenders have a greater probability of failure than older youths. Table V shows the age distributions of the two programs.

TABLE V Type of Institution by Age at Furlough

Age at Furlough	GT	TS
14 or younger	6% (5)	20% (19)
15	12% (10)	21% (20)
16	40% (32)	30% (28)
17 or older	42% (34)	29% (26)
	<u>100% (81)</u>	<u>100% (93)</u>

$$x^2 = 12.07, \text{ significant at } .01$$

Mean age for GT = 16.5  
Mean age for TS = 16.1

The overall comparison of the two programs' success rates is presented in Table VI. This data shows a significant difference between the two samples, with Group Treatment producing a 59% success rate and the Training Schools, 41%.

TABLE VI Type of Institution by Aftercare Outcome

	GT	TS
success	59% (48)	41% (38)
failure	41% (33)	59% (55)
	<u>100% (81)</u>	<u>100% (93)</u>

$$x^2 = 5.86, \text{ significant at } .02$$

The tables that follow explore the relationship between type of program and success by introducing control variables. The purpose of this is the search for specific variations which reflect that certain categories of youths can benefit especially from either GT or TS.

Focussing on age, it was evident Training Schools had some success with the youngest age group, while GT had a relatively poorer success rate with this group. Group Treatment had a higher proportion of successes than did TS with each other age group, but this difference was especially marked only with those youths who were 17 or older when furloughed. This data is presented in Table VII. This information would lead to a recommendation that special forms of GT programs need to be developed for dealing with very young commitments. Until this occurs, it is recommended that GT give selection priority to older youths, and that placement alternatives other than either GT or TS be actively sought for committed youngsters who are 14 or younger. The Family Group Homes program is expanding in size and beginning to take youngsters as an alternative to commitment during Fiscal Year 1975; this provides an important option for placement of the youngest offenders. Careful monitoring of the success of such alternatives will be vital to planning for further program needs for this age group.

TABLE VII Aftercare Outcome by Age within:  
a. Group Treatment, and b. Training Schools

	GT		TS			
	Success	Failure	Success	Failure		
14 or younger	(0)	100% (4)	100% (4)	10%	90%	100%
15	60% (6)	40% (4)	100% (10)	50% (10)	50% (10)	100% (20)
16	67% (22)	33% (11)	100% (33)	57% (16)	43% (12)	100% (28)
17 or older	59% (20)	41% (14)	100% (34)	38% (10)	62% (16)	100% (26)
			81			93

G = -.1175 NS

G = -.2833 NS

A Chi-square between the distributions of success in the two samples was computed.  $\chi^2 = 6.21$ , significant at .05.

Table VIII presents the relationship between success and race within each program. Group Treatment is more successful with whites than blacks, whereas there is little difference in the percent successful by race in the Training School sample. One interpretation of this data might be that the group process, which depends heavily on verbal interaction skills, is more central to the GT program and to in-program success. Thus, less articulate, lower SES youths (disproportionately black) will tend to perform less well in the treatment process, and show less benefit from the program in terms of post-release success than more articulate, middle class youngsters (more often white). Training Schools also utilize the group process, but it makes up a smaller proportion of the program as a whole. It would seem that less verbal black youngsters suffer less penalty in terms of ability to benefit from the treatment as a whole in the TS program, and thus tend to have a success rate very similar to that of whites.

The recommendation based on this relationship would again involve the idea of developing stronger GT programs for dealing with special groups, in this case black youngsters. In suggesting program changes it is recommended that baseline data regarding current situations should be collected to provide for comparison and that any shifts which are implemented should be closely studied in order to determine the causal direction of any resulting impact. Some changes which might be considered would be: increasing the number of black staff at GT facilities, adjusting the ratio of black staff to black youngsters at a facility, or changing the ratio of black to white youngsters without changing the staff make-up. Other types of programmatic developments aimed at improving the success of blacks in GT might include emphasizing non-verbal as well as verbal communication skills in the group process, or adding special community support services for black GT youths through the use of volunteers and other community resources.

TABLE VIII Aftercare Outcome by Race within:  
a. Group Treatment and b. Training Schools

	GT		TS			
	Success	Failure	Success	Failure		
Black	41% (13)	59% (19)	100% (32)	39% (17)	61% (27)	100% (44)
White	68% (32)	32% (15)	100% (47)	44% (21)	56% (27)	100% (48)
			79			92

G = -.5143, significant at .01      G = -.1053 NS

In considering data-based recommendations as to optimal lengths of stay in DYS institutions, information was drawn from a separate analysis of the data from Samples I and II within each program. This was necessary in order to give useful suggestions because of the

elaborate nature of the relationships exhibited. For first commitment GT youngsters, 4-to-6 month stays appear best, while 6-to-8 month stays seem most appropriate for GT recommitment or transfer cases.

With respect to Training Schools, a recent study of 180 children furloughed during the period August, 1973 to February, 1974 provides some extremely useful comparisons. For example, in the Training School data, less-than-4-month stays seem to produce the most effective results with first commitments. However, in the above-mentioned comparison study, the current average length of stay was 220 days (7.3 months). With recommitted or transferred Training School boys, peak success was achieved with 4 to 6 month stays while the current average length of stay for the comparison group was 196 days (6.5 months). This detailed list of effective lengths of stay, and the contrasts they provide with the current averages for each of these subsamples, should be taken into account in evaluating whether either program should continue to try to reduce its average length of stay. In some programs decreasing average stay might well increase program effectiveness while in others it may prove more costly in the long run, resulting in decreased program effectiveness.

Table IV presents the complex relationships between success and type of offense. Separate samples will be compared within each program type in order to determine the most useful information for making effective policy recommendations. Comparing Sample I data, we find that Group Treatment had its highest success rate (76%) with first commitment property offenders, whereas Training Schools had their lowest rate (27%) with this group. GT was also more successful with

youths whose first commitment was for a victimless offense. Within Sample II, the GT advantage in terms of dealing with offenders who committed victimless crimes still holds, but Training Schools take the lead for success with youths recommitted for a property offense. The numbers of cases of offenses against persons and CINS offenses are small within both samples, so it is difficult to draw any conclusions based on this data. However, recommendations can be made relative to property offenders: if it is his first commitment the child should be given priority for selection into GT, while a recommitment for a property offense should be considered as one factor favoring placement in a Training School. Youths who commit victimless crimes, whether as a first or later offense, are also likely candidates for effective GT placement.

TABLE IX Aftercare Outcome by Type of Offense, within Samples I and II for a. Group Treatment and b. Training Schools

	<u>Group Treatment</u>					
	Sample I			Sample II		
	<u>Success</u>	<u>Failure</u>		<u>Success</u>	<u>Failure</u>	
Offenses Against Persons	20% (11)	80% (4)	100% (15)	50% (2)	50% (2)	100% (4)
Offenses Against Property	76% (13)	24% (4)	100% (17)	29% (5)	71% (12)	100% (17)
Victimless Offenses	73% (11)	27% (4)	100% (15)	71% (12)	29% (5)	100% (17)
CINS Offenses	75% (3)	25% (1)	100% (4)	50% (1)	50% (1)	100% (2)
			41			40

G = .4194 NS

G = -.44828 NS

TABLE IX (Cont'd)

	<u>Training Schools</u>					
	Sample I			Sample II		
	<u>Success</u>	<u>Failure</u>		<u>Success</u>	<u>Failure</u>	
Offenses Against Persons	33% (1)	67% (2)	100% (3)	40% (2)	60% (3)	100% (5)
Offenses Against Property	27% (7)	73% (19)	100% (26)	48% (11)	52% (12)	100% (23)
Victimless Offenses	50% (6)	50% (6)	100% (12)	42% (8)	58% (11)	100% (19)
CINS Offenses	100% (3)	- (0)	100% (3)	- (0)	100% (2)	100% (2)
			44			49
	G = -.5347 Z = 2.04, significant at .05			G = .3717 Z = 4.57, significant at .01		

Table X also requires elaborate comparisons between samples and programs in order to extract information for decision-making as to appropriate lengths of stay on Aftercare. Contrasting the results of the two programs with Sample I youngsters, we would recommend that first commitment GT youths should be kept under Aftercare supervision for only 6-12 months, while first commitment TS cases would benefit from more than a year of Aftercare services. With recommitted or transferred youngsters, the picture reverses, with GT youths doing better with longer Aftercare (more than a year on Aftercare yielded a 78% success rate), while TS furloughs had maximal success (64%) with only 6-9 months of supervision. Clearly, personal factors and individual community adjustment will continue to be taken into account in determining Aftercare duration, but data, such as this study provides, may also help to set some general guidelines

for appropriate supervision periods for different types of cases. Such data can also provide guidelines in deciding whether or not a child should be placed in an intensive counseling Aftercare program. (See Table X, next page).

TABLE X Aftercare Outcome by Length of Stay on Aftercare within Sample I and Sample II for a. Group Treatment and b. Training Schools

	<u>Group Treatment</u>					
	Sample I			Sample II		
	<u>Success</u>	<u>Failure</u>		<u>Success</u>	<u>Failure</u>	
Less than 6 mo.	25% (2)	75% (6)	100% (8)	27% (4)	73% (11)	100% (15)
6 - 9 months	85% (11)	15% (2)	100% (13)	50% (4)	50% (4)	100% (8)
9 - 12 months	86% (6)	14% (1)	100% (7)	56% (5)	44% (4)	100% (9)
More than 1 year	69% (9)	31% (4)	100% (13)	78% (7)	22% (1)	100% (8)
			41			40

G = -.4904 NS

G = -.3544 NS

Training Schools

	Sample I			Sample II		
	<u>Success</u>	<u>Failure</u>		<u>Success</u>	<u>Failure</u>	
Less than 6 mo.	- (0)	100% (8)	100% (8)	15% (2)	85% (11)	100% (13)
6 - 9 months	27% (3)	73% (8)	100% (11)	64% (7)	36% (4)	100% (11)
9 - 12 months	50% (6)	50% (6)	100% (12)	40% (4)	60% (6)	100% (10)
More than 1 year	62% (8)	38% (5)	100% (13)	53% (8)	47% (7)	100% (15)
			48			49

G = -.6490  
significant at .01

G = -.6010  
significant at .01

In conclusion, by making comparisons between the two treatment programs we have tried to extract useful information about differences in order to show how we can best utilize their main strengths. This data could provide the initial step in developing objective selection criteria and other policy alternatives which would benefit DYS youngsters by increasing the effectiveness (numbers of successful program graduates) of both programs. While this study was somewhat limited by the relatively small sample and ex post facto nature of the data available, it can serve as a first step in the process of utilizing evaluation as a tool in program planning and management.

**END**