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Case Management Corrections Services  
An Attempt to Evaluate the Impact of Social  
Service Delivery on Juvenile Offenders: 5/75

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CASE MANAGEMENT CORRECTIONS SERVICES PROJECT  
AN ATTEMPT TO EVALUATE THE IMPACT  
OF SOCIAL SERVICE DELIVERY ON JUVENILE OFFENDERS

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CASE MANAGEMENT CORRECTIONS SERVICES

AN ATTEMPT TO EVALUATE THE IMPACT  
OF SOCIAL SERVICE DELIVERY ON JUVENILE OFFENDERS

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CASE MANAGEMENT CORRECTIONS SERVICES:  
An attempt to evaluate the impact of  
social service delivery on juvenile offenders.

General Introduction - Problems of Evaluation

Before an evaluation can be designed for any given social program, one must have a clear idea of the questions to be answered by an information gathering exercise. "What are the needs or purposes for the information?" This question can be viewed at four basic levels of progressive complexity of evaluation designs tied to the level of program development and functioning.

1. The first basic level attempts simply to answer the question, "What does this project do?" The information needed here is basically program monitoring type of data such as summary statistics reporting how many people were served, the type and perhaps the amount of various services given to clients, the number of staff employed, the various costs of the project, etc. The complexity and thoroughness of these types of data may vary greatly.

With respect to evaluation, this project is basically at Phase I, pilot project level. Evaluation ideally would be confined to helping the project establish clear objectives, define their service population, and determine how they plan to implement their program. Evaluation data would be primarily case study narrative information as to how the project developed and was implemented. Some preliminary design of data collection instruments may begin and be implemented on a trial basis. Summary statistics from the monitoring information can be reported.

2. At the second level, a more elaborate attempt is made to determine what the project does, to whom, and how much. Some preliminary attempt to get an indication of how well the project does what it is designed to do is also made. This can be referred to as in-depth monitoring, project assessment or process objectives evaluation. The implicit assumptions of treatment made in a program are made explicit. Information is gathered on a client rather than project basis. Stated process goals such as "caseload sizes will not exceed 20," or "case staffing will be held within 30 days of case assignment" can be directly measured.

This is Phase II of an evaluation approach. Data collection instruments are finalized, dependent and independent variables are more clearly specified based on the identified treatment intervention philosophy. Some outcome or dependent variable data is collected on clients pre- and post-project exposure. Using the weak pre/post design, some possible indications of project effect are assessed.

3. The third level of program evaluation moves into the realm of social science research methods and ideally, experimental design. Few evaluations ever reach this stage. It is fairly costly and probably should

only be implemented on the projects which merit further investigation after having successfully moved through Phase I and II. Here project objectives can be defined as process objectives - how, what, and to whom the project plans to operate - and outcome objectives - how effectively they plan to do this.

Evaluation in Phase III employs an experimental design (random assignment to treatment/nontreatment or to experimental/regular program), with well defined and carefully measured outcome or dependent variable(s) and client background variables. This commonly employed design is what has been called "black box" evaluation because the independent or experimental and intervening variables are poorly measured and frequently left unspecified. It is assumed that Program A is different from Program B, and that with an experimental design, any difference in outcome can be attributed to differences in the programs. No differences in outcome assumes that the experimental program is no more effective than the other, but that the two programs were indeed different. In fact, control over program activities in evaluation research may be realistic only for the experimental program. Changes may occur in the comparison program which serve to make it similar to the experimental program. A similar outcome in the two programs could mean that the experimental program was effective, and because the comparison program became more like the experimental program, it became equally effective. This in fact has occurred in other programs such as the Provo Delinquency Experiment where the local juvenile probation services became competitive with the experimental Pinehills program, and implemented similar activities such as group counseling. The recidivism outcome was similar for the two programs, but the court probation outcome was considerably better than it had been historically.

4. The fourth level of program evaluation is of course, the most elaborate. It takes all the features of Phase III and also incorporates a defined set of independent and intervening variables which attempt to measure in detail each client's experience within the program and relate this to his outcome behavior. It provides data that make it possible to determine if, in fact, the treatment and comparison programs are in fact, different and if so, how they differ. It provides the opportunity to assess within program variations in the intensity and extensity of services to a client and his outcome as well as between program variations. We might find that the programs differ significantly, but we may also find that within the program, the degree of client exposure to the program may vary considerably. By measuring this, we can take it into account in assessing outcome.

#### Brief Description of the Case Management Corrections Services Project

The Case Management Corrections Services project is a community-based program which attempts to provide intensive probation supervision and counseling to juveniles between the ages of 10 to 17, who have committed target offenses (burglary, assault, robbery, rape), who live in designated "high crime areas" of

Portland, and who have been adjudicated or informally determined eligible for supervision in the community by the Multnomah County Juvenile Court. Staff consists of a director, four case management supervisors located in each of four neighborhood offices (north, northeast with two offices, and southeast), 17 case managers in the field, two at juvenile court to screen cases at intake and assign to respective study groups, and nine support staff. The project attempts to provide intensive services to clients by keeping caseload size at 20 cases per counselor, contracting as needed for professional treatment services, and by frequently contacting clients, parents, and community agencies. These contacts are intended to occur in the client's own milieu rather than at a centralized court office. This approach is believed to contrast drastically with traditional juvenile court probation services in Multnomah County.

#### History of the CMCS Evaluation

The Oregon Law Enforcement Council, the State of Oregon Planning Agency, was charged by the State Legislature to evaluate the Portland High Impact Anti-Crime Program of which the Case Management project was one project. At the outset, the evaluation staff consisted of one member, Dr. Clinton Goff. An initial design was developed, primarily specifying an experimental design and a second choice quasi-design if the first was not accepted, and specifying the outcome or dependent variable, client offense behavior. Data collection for the project was contracted out to the Multnomah County Department of Human Services Office of Program, Analysis, Research, and Design (PARAD). With the assistance of Duane Brown of PARAD, Dr. Goff designed the first set of data collection instruments to be used to collect data for the evaluation of the Case Management project. Design of these forms was still in progress when the program was implemented. The two most significant accomplishments of Dr. Goff and Mr. Brown during this phase were:

1. The commitment of the juvenile court and the CMCS project to an experimental design and the setting up of a case assignment procedure to implement such a design.
2. The definition of the basic outcome dependent variable of offenses and the development of a comprehensive offense code.

Approximately ten different data forms were designed to obtain on a client basis, background information, service objectives at the time of entry into the project, during the project at quarterly intervals, and at termination. Offense data was to also be gathered before, during, and after termination from the project. After these forms were designed by the researchers, they were submitted to the CMCS director and his four supervisors for review, after which they were revised and finalized. Four research assistants were hired by PARAD and data collection began about four months after the CMCS project began (July, 1973).

## Problems with the Initially Designed Data Collection Instruments

This author came on staff with OLEC in April, 1974. After reviewing the state of implementation of data collection of the evaluation of the project, the following problems with data collection were identified:

1. First, these data collection forms were specific to the CMCS project and client only, not to the controls. Although an experimental design had been accepted and random assignment of clients implemented, data collection was only being done on the experimental project clients.
2. Offense data were being coded from juvenile court case files. Once this data collection began, various problems with codes and format of the instruments arose. Coding reliability was very low (60% intercoder agreement). These forms were periodically revised and changed by the research staff. However, data collected to date was not transferred to new forms. Therefore, the data was not uniform across time for clients.
3. The timing of the collection of the offense data did not parallel the timing of the way clients entered and left the program. It was assumed that a before, during, and after measure would be sufficient. In fact, a client might enter the project, receive service, be terminated, commit a new offense, and reenter the program a number of times. There was no systematic procedure to update offenses in a client's file on a regular basis so that offense information could be kept current.
4. The manner in which the data was being recorded was not readily amenable to conversion to computer use. Although much of the data was recorded in numeric code, these data were not on optical scan forms, code sheets or precoded forms from which keypunching could be done directly. All the data being collected would have to be recoded onto another form to transform it for the computer, thus doubling the time spent in data collection.
5. The majority of the service data forms were the responsibility of the on-line CMCS project staff to complete and submit to the researchers. This became the major data collection problem. Forms were simply never submitted, were submitted late, were incomplete or incorrectly completed. The case managers expressed confusion over items and how to complete them, as well as irritation at the number and frequency of forms they were expected to complete. They felt these forms had been arbitrarily imposed upon them. The validity, reliability, and completeness of these data were in serious jeopardy.

## An Attempted Solution to the Data Collection Problems

The Offense Data. Since the major thrust of the program was the reduction of client offense behavior, this data required high reliability, validity, and completeness. Forms were streamlined and redesigned so that keypunching could be done directly off the forms. Coding instructions were clarified and reliability was improved to 90% intercoder agreement. Identical data collection on all

the control cases was implemented. A tag card file system was designed to make updating of files systematic. The three offense forms were reduced to one by institution of a new variable, "status of clients at time of offense." However, much expensive and extraneous data remained on the forms and is still being collected.<sup>1</sup> Data on all clients assigned since the beginning of the project were recollected on the new forms. No more form changes were permitted.

The Service Data. I met with the CMCS on-line staff at their neighborhood office staff meetings to discuss evaluation. The discussions were informal. Briefly, I described the purposes and intentions of the evaluation process. Then, I asked them to describe what they did and especially what they did that seemed to be unique compared to the traditional court program. They shared much useful information with me and asked many questions. I took extensive notes at these meetings. A similar meeting was held with the juvenile court supervisors, although I was unable to meet directly with court counselors.

After these meetings, it was decided that the validity, reliability, and completeness of the current service data was so low as to render it useless. The forms did not seem to be responsive to the actual way the program was being implemented in terms of counselor activities with clients. And finally, the forms were so specific to the experimental project there was no way to get parallel information on the court counselors and their clients.

A decision was then made to sample by casemanager cases from his/her caseload at three to four different time periods during the project, and conduct interviews with the casemanager regarding the client: the client's problems, the degree of contact and the types of services rendered. Because of the smaller number of controls, attempts were made to obtain interviews on all these clients. Interviews on only 69% of controls were obtained due to turn-over in court staff. These interviews took approximately one hour per client and involved three to five clients per counselor per interview wave. It provided the counselor an opportunity to "talk" about a client which is more in line with the mode of operation of on-line staff, as opposed to paper work. An initial interview schedule was designed and submitted to all CMCS staff. An initial meeting was held with staff where favorable reactions to the general idea of the interview occurred, especially if it replaced other data forms. Various additions and modifications were suggested. Pretests were conducted by myself and the research staff with casemanager's. The interview schedules were further revised, samples were drawn, and the first wave of interviews were conducted. A coding manual was designed, the data coded and keypunched, and the data is currently being analyzed.

The Interview Schedule. The interview schedule grew out of notes from discussions with on-line staff and from the various revision processes. It is composed of eight major sections:

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<sup>1</sup>This problem relates to the politics of the situation. Needless to say, a new staff member who completely redesigns a procedure that has been on-going for a year is not likely to win any popularity contests. Some concessions had to be made to leave in items certain people had originally included in the earlier forms. Also, this goes back to the problem of clearly defining the intervention strategy and variables relevant to the evaluating. This should guide the choice of items on which data is to be collected. The shotgun approach to data is simply too costly.

- Section I - basic case information
- Section II - client counseling information
- Section III - family counseling information
- Section IV - school information
- Section V - employment information
- Section VI - living situation information
- Section VII - other services information
- Section VIII - client's offense behavior
- Section IX - other aspects of client's supervision

And a final section for CMCS clients only regarding usefulness to counselor of some specific program practices of the CMCS project.

#### Pros of this Method

1. The service information is more detailed, descriptive, and responsive to actual program implementation. It measures experiences that both experimental and comparison programs may provide clients.
2. The data is more likely to be reliable and complete in that on-line staff is not required to independently complete and submit the information.
3. The staff reaction to this form of information gathering is much more favorable than completing forms at regular intervals. Talking about clients is a more familiar style of operation than writing about clients.
4. Staff felt a sense of participation in the evaluation process due to their input in the development of the interview instrument. They see the interview schedule as partly their own product.

#### Cons of Data Collection Method

1. Interviewing is one of the most time consuming and costly modes of data collection. It involves training interviewers, developing coding manuals, training coders, coding the data, and finally analyzing data that does not easily lend itself to quantification.
2. It is not a continuous data collection process, but occurs at different intervals during the life of the project. Ability to accurately remember over a period of time the activities with a client may be subject to telescoping and other problems of recall.
3. For this project, service data are being collected on a sample of CMCS clients rather than on the total service population.
4. Only one source of information is being tapped. An increased expense, but perhaps increased quality of data might be obtained if it were possible to interview also clients, family, school personnel, employers, and other community agencies who have worked with the client in conjunction with the project.

### Preliminary Findings

The pay-off of this particular mode of data collection and extensive measurement of service delivery data is really yet to be seen. The Case Management project is still in progress and a final evaluation will not be completed for about another 18 months. Preliminary reports indicate that although CMCS clients commit fewer offenses than court clients during service, these differences are not statistically significant (CMCS Evaluation Report No. 3). However, some preliminary computer runs on the service data reflect the fact that CMCS clients are seen more frequently than control clients (significant  $< .001$  level), are more likely to have contact with counselors outside of an office setting than court clients (significant  $< .01$ ), and are more likely than court clients to have had their counselor specify specific service objectives to be accomplished in working with them (92% for CMCS vs. 72% for the court clients). It appears that the counselors in the two programs perceive their clients and their clients' problems in a similar manner, but that there are differences at least in intensity of contact. The preliminary outcome report covers only the first 147 clients assigned to the project and all controls assigned to that date (46). This was during the initial gearing up and implementation phase of the program. The second outcome report will cover about 500 CMCS clients, 100 control clients, and will cover almost two years of project time. Data from this second outcome report will give much more reliable indications of program effect, if any, and program differences, if any.

### Adaptation of the Model in Other Programs

Because of the expense and effort involved in this type of data collection process, its implementation would only seem justified if the project were identified at the Phase IV level, defined and implemented to the degree that it warrants a full-fledged outcome evaluation. However, there are several activities involved in our model or research-project relations that can be used at any phase of program implementation and evaluation. The first and most important is (1) staff involvement in and commitment to the evaluation. Actually, the staff who will and do implement the program are the researcher's best source of information as he/she develops an evaluation design. If staff are to provide the basic data for the monitoring, assessment or effectiveness evaluation, they need to provide input into the development of the measuring instruments. (2) Attempting to make provision of data for research purposes by staff as simple, and as much a part of their regular work procedure as possible helps to assure staff cooperation. In another project, this author is evaluating, a regular job requirement of program staff is the dictation of a monthly case summary. By introducing a few modifications in the text of the monthly summary, the evaluator was able to adapt it to research purposes. Now, it will be necessary to code from the monthly summaries in each case file to prepare the data for keypunching. However, other basic data were being gathered from case files already, so it helped to locate all data collection needs in one location.

This form adaptation was developed by a subcommittee of on-line staff (as project staff is very large) who met with the researcher, discussed the data needs,

designed the modification and presented it to the researcher. Again, the data collection instrument is jointly a project-researcher product. (3) Involving the project personnel at all levels (including support staff who often have to produce lists of cases, etc. for the evaluator) at the inception of the research design and development serves two major purposes. It helps commit project staff to the evaluation as part of the program in which they have an investment. They are less likely to see evaluation as some added tasks imposed from the outside which may produce threatening findings. It ties the researcher in to the actual program activities so that the design of the evaluation is truly responsive to the project and helps assure that the data gathered are relevant, and are more likely to be valid, reliable, and complete.

APPENDIX A

First Set of Data Collection Forms

EVALUATION REPORT #2  
JUNE 1974

**END**