

NASSAU COUNTY PROBATION DEPARTMENT

OPERATION JUVENILE INTERCEPT

EVALUATION

FINAL REPORT

September, 1977

NCJRS

MAR 6 1978

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MEMORANDUM



STATE OF NEW YORK  
DIVISION OF CRIMINAL JUSTICE SERVICES

TO: National Clearing House

FROM: Joyce Scott *J.S.*  
Div. of Criminal Justice Services  
80 Centre Street  
New York, N.Y., 10013

DATE: March 3, 1978

RE: Final Report on the Evaluation of Nassau County Probation Department;  
Operation Juvenile Intercept DCJS #2194

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Enclosed for your files is a final evaluation report submitted to our agency in fulfillment of contract obligations to L.E.A.A., D.C.J.S., and the Nassau County Criminal Justice Coordinating Council.

JS:ht  
enc.

NCJRS

MAR 6 1978

ACQUISITIONS

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## SECTION I

### PROGRAM OVERVIEW, CONCLUSIONS AND RECOMMENDATIONS

#### A. Operation Juvenile Intercept: Program Description

Operation Juvenile Intercept (OJI) was an experimental program designed to divert PINS cases from the juvenile court system. Consonant with the philosophy of diversion, its emphasis was on pre-adjudicatory treatment rather than punishment and a community based rather than residential placement approach. Both provision of direct services and referral to outside agencies were seen as part of its mandate. Moreover, it was to utilize and develop treatment concepts such as: active use of fieldwork including home visits, dynamic use of social group work techniques, team intervention, multi-methods, systems approaches and family centered intervention.

The target population for OJI consisted of PINS cases received by Family Court Intake section beginning August, 1, 1975. All of the PINS cases, whether referred by school, parent or other sources were to be placed in a general pool. From this pool, every other case was to be randomly selected for assignment to OJI while the remaining cases were to be handled in the usual manner and used as a control group.

OJI's objective as expressed in its proposal was:

- to increase the rate of "successful diversion" of PINS cases from formal court processing from the present rate of 19.9 percent to at least 50 percent

Successful diversion was defined as "informally adjusting a PINS case without the child reentering (formally or informally) the juvenile or criminal justice systems during the year immediately following completion of service." It should also be noted that this objective

concurrent with the following priority objective designated in a Law Enforcement Assistance Administration Planning Document:

- By June 30, 1976 achieve within selected jurisdictions a 50 percent reduction in the number of juveniles processed through their juvenile justice systems, by providing alternatives to juvenile justice system processing.

The OJI project was to achieve its objective through a unit consisting of a supervisor, five probation officers, case aides and volunteers. Work on individual cases was to be accomplished through a "team" including several members of the unit who would work together. A "systems approach" bringing phenomena and events into dynamic relation to each other was to provide the framework for conceptualizing the problems in cases and training the team members to identify and correct them.

#### B. Evaluation Design

Conducted by the Criminal Justice Center of the John Jay College of Criminal Justice, the purpose of this evaluation of OJI is to measure the effectiveness of the specialized, intensive services provided by OJI and to describe their organizational context. The research effort has two phases:

1. assessing the overall effectiveness of OJI in comparison to conventional services provided by Intake
2. examining the impact of each of the specific program strategies utilized by OJI

In both phases an analysis based on age, sex, offense category and other client characteristics is to determine the extent to which such variables are useful in predicting program outcomes. The possibility that particular intervention strategies are only effective when applied to specific client sub-groups is also to be explored.

In order to evaluate the effectiveness of OJI, reentry is seen as a key variable. It is defined as referral to a Family Court Intake Unit, arraignment on criminal charges or subsequent contact with police agencies either as a juvenile or a child within twelve months following termination of OJI or Intake involvement. Reentry can be further broken down by offense category and length of time prior to reentry. In addition to reentry, school attendance and referral agency contact are also seen as measures of OJI's effectiveness.

Reentry is examined in relation to a wide variety of variables. Generally these are (a) socio-demographic (age, sex, race etc.), (b) case type (petitioner, type of problem etc.) and (c) case activity (number of contacts, case strategy utilized etc.). A key intervening variable is whether a case was adjusted or petitioned.

The sample upon which data was systematically accumulated consists of OJI and Intake records of cases processed between August 1, 1975 and July 31, 1976. During that time, OJI processed 308 and Intake processed 503 for a total of 811 PINS cases. Reentry information was gathered in April 1977. It should be noted that during this period cases were randomly assigned to the OJI "experimental" and Intake "control" groups. The random assignment pattern was broken only when OJI reached its quota of 20 cases per worker. After dropping the first 20 cases and systematically taking a smaller sample of Intake case records, the final sample size was 288 for OJI and 260 for Intake.

### C. Findings

#### 1. OJI versus Intake

The effectiveness of the OJI approach is amply demonstrated in

its diversion rate which is considerably higher than that of the Intake control sample. Initially, more cases are adjusted by OJI: 68 percent versus 35 percent for Intake. Of the adjusted cases, a smaller proportion reenter: 36 percent of OJI versus 43 percent of Intake. Of the adjusted, reentered cases, OJI's are somewhat more likely to be diverted on the "second round": 52 percent versus 48 percent of Intake. The net result is a substantial difference in cases diverted for the two groups: 57 percent of OJI's as opposed to 25 percent of Intake's cases incur no subsequent court involvement. (See Figure One).

The finding of a substantial difference in percentage of cases diverted is the most dramatic indicator of OJI's effectiveness. Related to Intake's lower diversion rate are considerably higher numbers of Intake cases receiving probation, ACOD with supervision, warrant and other court dispositions. On the other hand, there were no real differences in the type of offense or in the length of time between case closing and reentry for those cases which reentered.

## 2. Critical Variables

Determining which variables influence case outcome and reentry is more complex. What happens is that some variables impact directly on outcome (whether a case is adjusted or petitioned) and thus indirectly on reentry of cases which are adjusted. Others act directly upon reentry. Only a few influence both in a direct manner. Many of the variables selected for analysis are related neither to outcome nor to reentry. The overall relationships for the OJI sample are shown in Figure Two.

FIGURE ONE: Flow Chart of OJI and Intake Cases

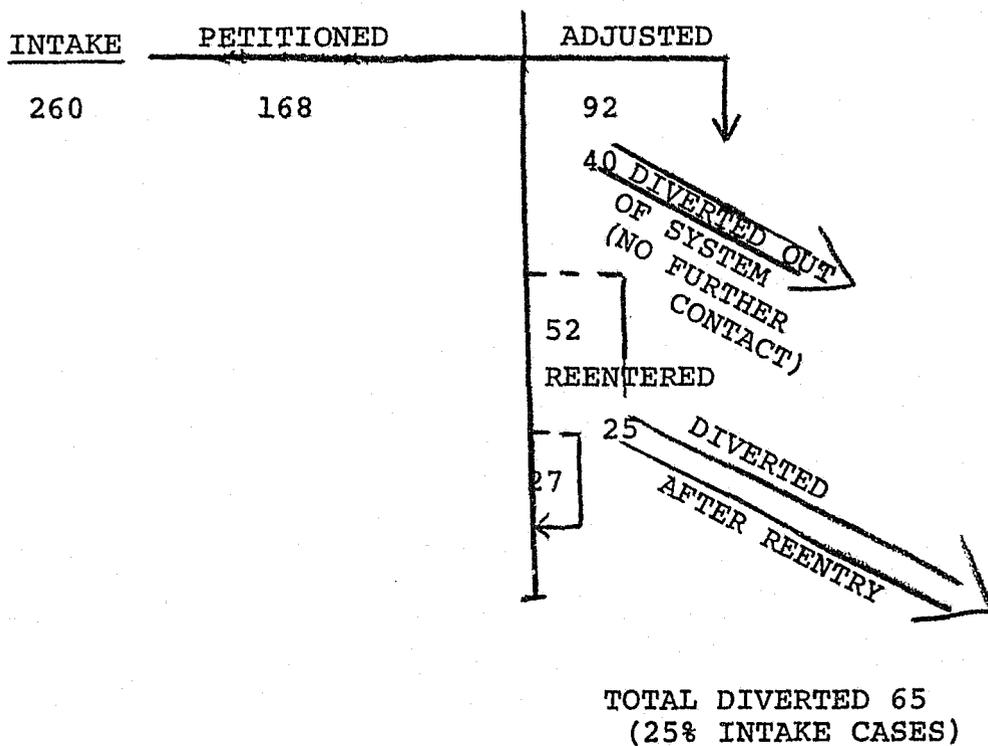
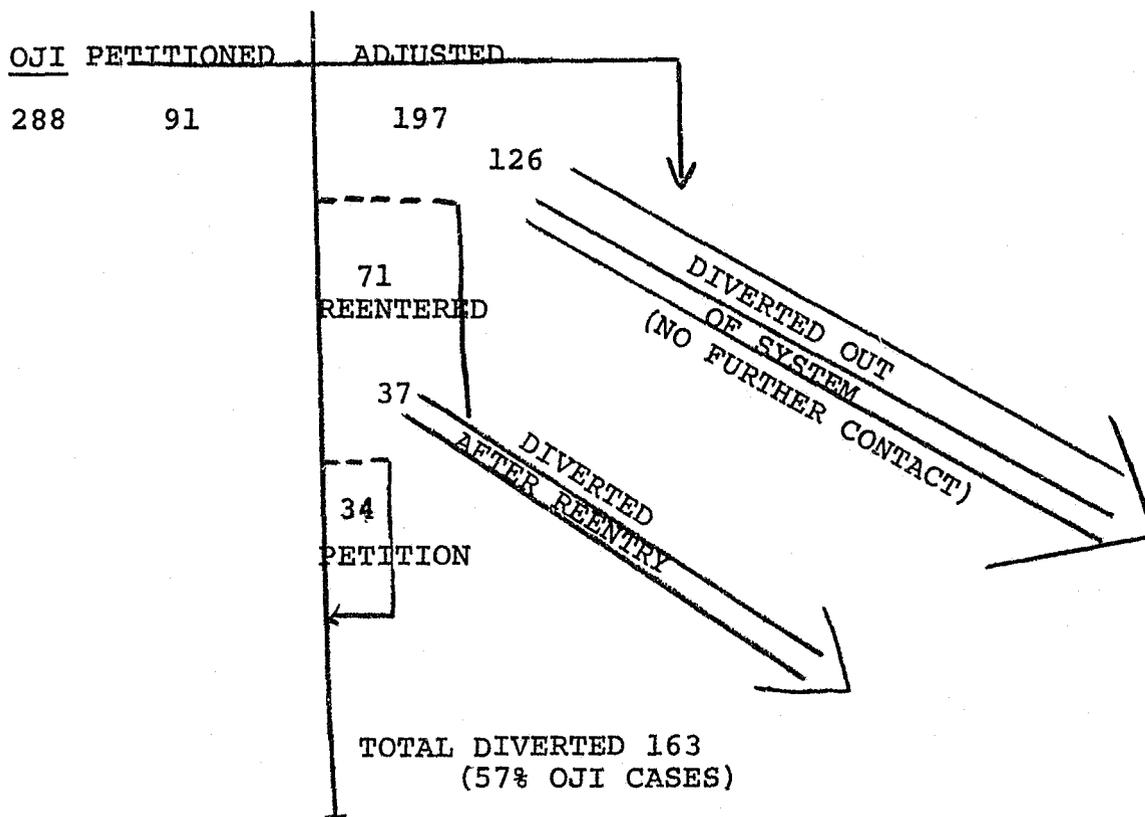


FIGURE TWO: Variables Related to Outcome and Reentry: OJI Sample

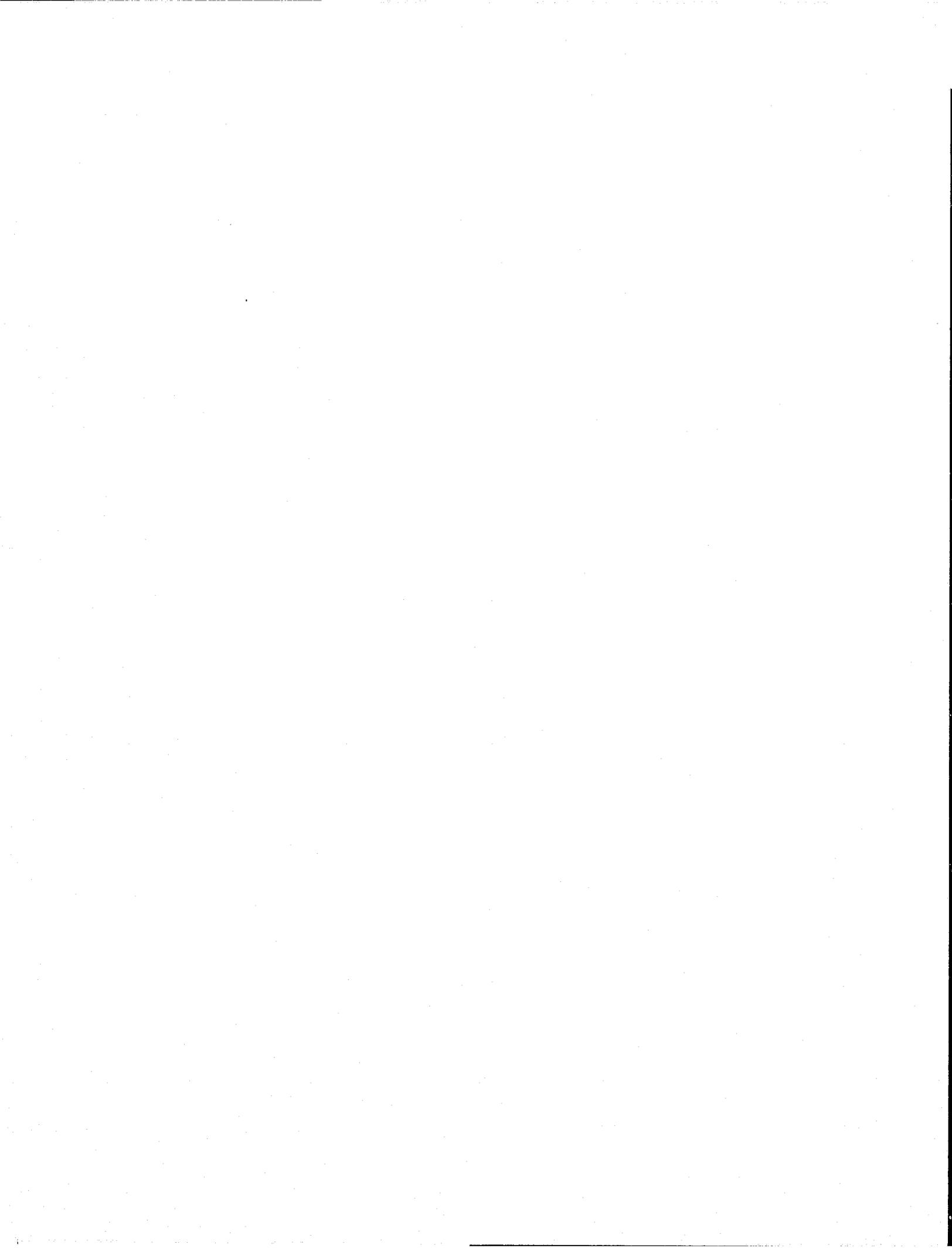
TREATMENT STRATEGIES

- (a) Locate Resources \_\_\_\_\_>
- (b) Weekly Conferences \_\_\_\_\_>
- (c) Multi-Methods \_\_\_\_\_>
- (d) Systems Approach \_\_\_\_\_>
- (e) Team \_\_\_\_\_>
- (f) Referral to an Agency \_\_\_\_\_>
  
- Number of Case Contacts \_\_\_\_\_>
- Type of Problem Presented, Runaway \_\_\_\_\_>
- Mother's Education \_\_\_\_\_>

OUTCOME  
(Adjusted  
or  
Petitioned)

- Actual Prior JD \_\_\_\_\_>
- Self Reported Prior JD \_\_\_\_\_>
- Prior PINS \_\_\_\_\_>
  
- Prior Agency  
Involvement \_\_\_\_\_>
  
- Type of Problem  
Presented, Truancy \_\_\_\_\_>

AGE      SEX  
↓        ↓  
REENTRY  
(Adjusted  
Cases)



Most striking in terms of their impact on case outcome are the case activity variables of number of case contacts and treatment strategies. In particular:

- ... (a) The greater the number of contacts, the more likely is the case to be adjusted.
- ... (b) Those cases utilizing the treatment strategies of locating resources, weekly conferences, multi-methods, systems approach, team intervention and referral to an outside agency are more likely to be adjusted.

On the other hand, runaways and those with prior juvenile delinquency (whether self-reported or actual) or prior PINS are more likely to be petitioned than adjusted. Mother's education is unusual in that it is the only one of many demographic variables related to case outcome.

In contrast to outcome, reentry for adjusted cases is directly influenced by age and sex, two variables traditionally found related to recidivism. Truancy is also a factor. In particular:

- ... (a) The 13 and under age group is far more likely to reenter than the 14 or 15 age group.
- ... (b) Males are more likely to reenter than are females.
- ... (c) Truants are more likely than non-truants to reenter.
- ... (d) The "prior" variables which influence case outcome, plus the variable of prior agency involvement, also impact directly on reentry of adjusted cases.

Figure 2 illustrates these relationships graphically.

It should be noted that many of the variables influencing OJI's case outcome and adjusted case reentry also impact upon Intake in a similar manner. There are, however, major differences between the OJI and Intake case samples:

- ... (a) The key influences on outcome for OJI cases, number of case contacts and treatment strategies, did not operate on Intake cases. For the two exceptions, one-to-one approach and referral, there were significant relationships to outcome.

... (b) OJI was much more successful in impacting reentry for the 14 year old group: 32 percent of the OJI treated 14 year olds as opposed to 72 percent of Intake 14 year olds reentered.

### 3. The School Issue

The separate study of school referred, truancy cases revealed that school attendance behavior is an area in which OJI is making a minimal impact. Comparison of before, during and after treatment period attendance records showed that attendance behavior was more likely to be unimproved than improved, that improvement or unimprovement in school attendance is unrelated to case outcome or reentry and that OJI appears to enjoy little more success than does Intake. All of this suggests that OJI's overall effectiveness may lie in its treatment of family referred cases and that the school referred truancy issue is one that needs further thought and consideration.

### 4. The Agency Issue

Another separate study of cases referred to outside agencies showed several problems in the referral system. Many clients were unknown to the agencies to which they had been referred. Of the referrals where contact was made, the agency was more likely diagnostic or evaluative rather than treatment oriented. Contact with treatment agencies show a very wide range but few ran over a six month period and very few were regarded as "completed" or "successful" in the eyes of the agency delivering the treatment. Finally, it was the treatment agencies which tended to see the client as uncooperative.

### 5. The Cost Question

A calculation of costs for the OJI and Intake samples in terms of their contact with the juvenile justice system during the study period showed that the estimated cost of handling an OJI case was

\$3,313 versus \$3,398 for an Intake case. The key factor in the lower cost estimate for the OJI cases was the significantly lower number of cases incurring court costs for investigation, supervision and ACOD with supervision. Placement costs, the largest factor in the cost picture, were high for both groups although most of OJI's placement costs were attributable to petitioned rather than adjusted cases.

#### D. Conclusions and Recommendations

Operation Juvenile Intercept successfully achieved its objective of diverting 50 percent of the PINS cases it handled. In fact, its rate of successful diversion (i.e., no subsequent reentry) of cases processed between August 1975 and July 1976 was 57 percent. Although not all of the sample had the full year lapse between completion of service and collection of reentry data, the 57 percent diversion rate for OJI is more than double the 25 percent diversion rate for the control sample of Intake cases. Such a difference is dramatic in comparison to other studies of recidivism which have found little or no differences between offenders diverted into special programs and those diverted in the traditional manner. (Lincoln, 1976; Fishman, 1975).

The explanation of why OJI cases are successfully diverted demands a more complex statement. Perhaps most important is that OJI adjusts nearly double the number of cases adjusted by Intake and its adjusted cases are less likely to reenter than are Intake's adjusted cases. The treatment strategy and amount of treatment variables are positively related to whether or not a case is adjusted and indirectly to impact reentry (whether the individual has subsequent contact with the juvenile or criminal justice system).

In other words, treatment strategies and amount of treatment have an important but indirect influence: they are related to a higher adjustment rate and this in turn is related to a lower reentry rate.

In terms of age, comparison of the OJI and Intake reentry patterns shows that OJI is making a dramatic impact upon the 14 year old group. It is also having more of an impact upon female than upon male reentry behavior, although the same is true of Intake. The type of cases upon which OJI is least likely to impact reentry behavior are those where there is actual prior JD, self-reported JD, prior agency involvement or a prior PINS record. OJI is also experiencing some difficulties in dealing with school truancy and referring cases to outside agencies.

A calculation of costs for the OJI and Intake samples revealed a most interesting pattern. OJI was able to offer considerably more services per case at an overall cost slightly less than that of Intake. This is because costs are "front ended" with a services approach rather than "back ended" in probation investigation and supervision. Furthermore, if only OJI's adjusted cases are considered, the cost savings are quite substantial because so few of the adjusted cases went to placement during the reentry period.

These conclusions lead us to the following recommendations:

Recommendation #1:

OJI should be continued as a separate program. Its approach of dealing with status offenders has proven to be a most useful beginning to a difficult problem.

Recommendation #2:

Special attempts should be made to reach the following groups: the age 13 and under; male; and those having prior JD, PINS or other agency involvement. Such an effort could be implemented by having one (or two) counselors assigned to caseloads of youngsters with at least two of the three characteristics. Since such case-load(s) would presumably involve high risk or multi-problem cases, it is recommended that these caseloads range between 10 and 12 cases per worker.

Recommendation #3:

The relationship between the county's numerous school districts and OJI needs to be given much further thought and review. The following specific suggestions offered here represent more a beginning than a way of dealing with the problem in its entirety:

- a. A working relationship between school districts and OJI needs to be established. The conferences with school district representatives planned for Fall 1977 should be most productive but they are only a beginning. Perhaps liaison work or satellite efforts at schools would be most useful.
- b. School personnel should be encouraged to send severe attendance problems to the court within the year in which they occur. A set of guidelines defining severe problems would be most helpful.
- c. A representative of school attendance officers should be on the OJI Board of Directors. Similarly, if possible, an OJI administrator or counselor should be involved in the affairs of the school attendance officers' association.
- d. OJI should be more active in developing alternative school options.
- e. Where OJI chooses counseling the child to remain in school as the treatment plan, attendance behavior should be the main focus of case activity efforts. Some form of behavioral modification or behavioral performance contracting should be utilized.

- f. OJI should proceed as actively as possible with its peer group support programs in the local school districts.

In order to translate recommendation #3 into action, two OJI workers should be assigned to the position of school liaison counselor. They would relate to selected school districts and have the responsibility of developing and implementing the above recommendations. To the extent that they worked with actual cases, their caseloads would consist of school referred, truancy cases from the districts to which they were related. In terms of numbers, their caseloads would probably number between 10 and 12.

Recommendation #4:

The referral and interfacing of cases to outside agencies needs to be developed further if it is to be utilized effectively:

- a. OJI workers and/or administrators should develop contact people in agencies to which cases are to be referred. Perhaps one or two OJI people could specialize in making agency contacts in order to (i) understand outside agency policies and (ii) facilitate referral of particular cases. At a minimum, OJI should develop a list of agencies comparable to the one furnished in Appendix C-1 and keep track of the number of cases being referred to the various agencies.
- b. Regular, systematic follow-ups on referrals, especially to treatment agencies, is a necessity. In order to do this, referrals should be made at the beginning, not near the end of cases.

Recommendation #5:

OJI's service delivery system should be rationalized further. To this end, the following suggestions concerning OJI's internal organization are offered:

- a. The innovative treatment methods advanced in the proposal need to be developed further and applied in a larger proportion of cases. In particular:

- i. the relationship between the systems approach and treatment method needs to be clarified.
  - ii. all cases accepted by OJI should be mandated for at least one type of treatment.
  - iii. the type of treatment should be worked out cooperatively with the clients at the time a case is accepted into OJI. It should also be incorporated into the written contract between OJI and the parties. Should a subsequent change in strategy be necessary, a new contractual agreement would be worked out.
- b. OJI should develop guidelines for case decision making. Based on case circumstances and progress, decisions should be made (probably on a monthly basis) as to whether to continue or terminate cases.
  - c. Once trained, team members should work independently of the counselors and their role clarified at the outset of the case. If possible, they should be assigned to one counselor at a time.
  - d. The counselor role needs further definition. In particular, the treatment or referral issue needs to be resolved so counselors have a consistent philosophy in handling cases.
  - e. If OJI is to function effectively as a crisis intervention agency, it should develop a procedure of decreasing the time lapse between case initiation and first contact with the client. All cases should be home visited within one week.
  - f. In keeping its records, OJI should systematically collect information on case reentry. The reentry data should be broken down by the treatment types. Even if collected after only six months of program participation, this information would furnish a most useful criterion for evaluating what happened in a particular case.
  - g. Operating caseloads should be kept about 20 per worker except for the special caseloads noted above. To implement fully the recommendations outlined here, six counselors would be necessary: 3 or 4 operating in a manner similar to that at present, 1 or 2 with multi-problem, high risk caseloads of 10-12, and 2 in the newly defined school liaison positions with caseloads of 10-12.

## SECTION II

### OJI'S OPERATING CONTEXT

#### A. The Scope of the Problem

By all indications, the juvenile crime problem is both significant and extensive. Looking at the United States as a whole, the 15-19 year old age group has the highest rate of arrests both for violent crimes and crimes against property (Nettler, 1974, 101). According to an estimate furnished by the Children's Bureau of the Department of Health, Education and Welfare, one in nine youths and one in six male youths will be referred to juvenile court before their eighteenth birthday. To go one step further, of the entire 10-17 year old population, no less than 2.9 percent has been adjudicated guilty in juvenile court (Lipsitz, 1977, Chapter 6).

The trend of juvenile crime is even more alarming than implied in the overall statistics. Now totalling more than 1,600,000, the arrests of persons under age 18 has more than doubled since 1960 (Uniform Crime Reports, 1975). In the same period the arrests of juveniles for violent crimes increased more than 200 percent so that by 1970 youths under eighteen were arrested for slightly more than half of the serious crime committed in the United States. Moreover there is evidence indicating that the age of first offense is dropping and, it has often been noted, the earlier the first offense, the greater the likelihood of offender recidivism. (Lipsitz, 1977, p. 84, Nettler, 1977, p. 100)

Juvenile crime is a complex phenomenon which can take many forms. Most seriously, it is homicide, rape, robbery

and aggravated assault. Most commonly, in terms of offense leading to arrest, it is larceny for boys and running away for girls. Moreover, the juvenile crime category includes a much broader group of offenses than does adult crime.

The Federal Children's Bureau sees it as including:

conduct so seriously antisocial as to interfere with the rights of others or to menace the welfare of the delinquent himself or of the community.  
(quoted in Cavan, 1975. 6).

These uniquely juvenile offenses include, in addition to running away, such acts as violation of curfew or loitering laws, unmangeability in the home, disorderly conduct and truancy, behaviors which for the most part are not seen as criminal when committed by adults.

The complexity of the juvenile crime phenomenon has defied societal attempts to react to it in a humane or rational manner. Originally seen as the embodiment of an enlightened "treatment" approach to corrections, the juvenile court has increasingly become the target of harsh criticism. While some accuse it of being too lenient, others claim that it deprives children of their rights and hence of their liberties (Reid, 1976, pp. 448-463). Moreover, the treatment promised by its philosophy is seldom delivered in fact. Research has shown that the greater the "penetration" into the juvenile court system, in combination with an earlier age of first contact, the greater the liklihood of subsequent contact.  
(Hood and Sparks, p. 62-63)

How the court should deal with the uniquely juvenile or "status offenses" has been a matter of considerable concern. In juvenile justice, status offenders have often received more punishment and less treatment than those committing serious offenses. Studies comparing delinquents committing offenses in nineteen major cities have concluded:

- (1) status offenders are more likely to be detained in detention facilities than serious delinquents (54% vs. 31%)
- (2) once detained, status offenders are twice as likely to be detained for more than thirty days longer than serious delinquents (51% vs. 25%)
- (3) status offenders are more likely to receive harsher dispositions in juvenile court and to be sent to confinement placement than serious delinquents (26% vs. 23%); with the average stay being much longer for the status offender

Further, once sentenced, status offenders are "frequently placed in institutions or training schools that also house serious offenders and are given little or no differential treatment." (Lipsitz, 1977, p. 188). In this context it is no wonder that there is extensive public debate between those who feel that appropriate custodial action for status offenders is justified (Polier, 1974) and those who feel that status offenses should be removed from the juvenile court. (Schur, 1973).

Between the extremes of custodial action and total removal of status offenders from juvenile court lies a broad middle ground of diversion. Used in all aspects of criminal justice work and in all localities across the United States, diversion can operate at many levels of the juvenile justice system.

Diversion is seen in the action of a police officer who warns rather than arrests, a truant officer who counsels rather than petitions, a court intake officer who refers a youth to a mental health facility instead of sending him or her to appear before a judge. More formally, diversion is a program, an office, or a bureau designed to process juvenile offenders in such a way that placement in institutions is out of the question and the offender does not even come to the attention of the court. In spite of its widespread use, there is also an awareness that diversion is experimental and there is a lack of knowledge regarding which kinds of treatment are effective.

This report seeks to assess a court diversion program known as Operation Juvenile Intercept (subsequently referred to as OJI) developed and operated by the Nassau County Department of Probation. OJI diverts offenders at the Intake section of the juvenile Division of Family Court and its target population during the period of assessment was that of status offenders or, as they are called, Persons-In-Need-of-Supervision (PINS).

#### B. PINS Cases

By law, PINS cases involve persons under the age of sixteen, "who have not committed adult-type offenses but are in need of supervision." The offenses which can lead to designation as a PINS case are the antisocial, uniquely juvenile offenses listed above (see page 15). The court assumes the right to supervise under the doctrine of "parens

patriae" which permits the state to intervene in the lives of all children regardless of whether or not they are delinquent. (Cohen, 1976, 313-318).

In the language of the Family Court Act of 1962, PINS cases are defined as: A male or female less than 16 years of age:

"who does not attend school in accord with the provisions of part one of article sixty five of the education law or who is incorrigible, ungovernable, or habitually disobedient and beyond the lawful control of parent or other lawful authority".

PINS cases are brought to the attention of the court by a "petitioner" who may be regarded as a complainant seeking action on the juvenile in question. Petitioners are parents who claim that the child is unmanageable in the home, or school officials who claim that the child is truant, excessively late, cutting too many classes, or disruptive in school. Although it rarely occurs, other parties such as neighbors, or other agencies such as the Juvenile Aid Bureau of the Police Department may also be petitioners.

In bringing a case to the attention of the court, it is first received by the Intake Unit. It is here that a decision is made whether to prepare the case for submission to court or to attempt to resolve it in ways that will keep it out of court. Generally, the Intake process is one of talking to the petitioner, the juvenile, and other agencies in attempting to find out what the problem is and how it can be "resolved". Some cases are referred to other agencies while others may be closed as "adjusted" after one or two meet-

ings at the Intake offices. Discretion plays a very important role in this decision-making although, as it turns out, slightly less than half majority of cases received by Intake are forwarded to the court for hearing. The remainder are closed as "adjusted".

The statute defining PINS cases sets a limit of two months on the length of time a case can be held in the Intake Unit. Given the amount of necessary contact with other agencies and people, as well as the mandatory paperwork, the two month limit means, in effect, that direct treatment efforts on the part of Intake can only be limited. Intake Unit workers do virtually no home visits and contact with other agency representatives occurs only by telephone or through office visits.

The PINS case which is forwarded by Intake to the court can have a number of different outcomes. It can be:

- dismissed
- withdrawn by the petitioner
- transferred to another court
- discharged from jurisdiction of the court
- A.C.O.D. without supervision ( action on contemplation of dismissal)

In each of these instances, there is no further processing of the case, at least within the county juvenile court system.

However, there are other outcomes which mean a much further involvement of the court and its related probation agencies with youths designated as PINS:

- residential placement
- probation
- A.C.O.D. with supervision
- dismissed in satisfaction of disposition on subsequent case
- warrant issued

Each of these alternatives, often used in PINS cases, means that the Investigation and Supervision units of the Probation Department will have an active interest in the case probably for a substantial period of time. Investigation typically takes two or three months, while supervision and placement may last for periods of a year or more.

### C. Diversion of PINS Cases

#### 1. Philosophy

In recent years, the philosophy of corrections has placed an increasingly heavy emphasis on diversion. Generally defined, diversion is a process through which " ' someone' in official capacity makes a decision to refer a juvenile to an agency other than the court when misbehavior is detected." (Cohen, 1976, 325). In practice, when combined with delivery of services, diversion gives priority to treatment as opposed to punishment and to community programs as opposed to residential facility placement. It is often asserted that punitive measures and/or residential placement do more harm than good. At the same time, it is also recognized that community treatment programs are much less costly than placement in residential facilities. (Reid, 1976, 660-662).

In terms of the court processing of PINS cases, one logical point of diversion is at Intake. If a case can be diverted at Intake and given community based treatment services which deal meaningfully with underlying problems, there should be no need for subsequent court involvement. Depending on the case, the

services can be given directly by the diversion agency or referred out to other community agencies. In developing the treatment plan of services to be rendered, the needs of the child in relation to the people and agencies with which he or she comes into contact are to be given priority. It is this philosophy of diversion featuring treatment services rendered in the community which furnished the rationale for OJI.

## 2. Other Programs

Formal diversion programs for juveniles are relatively new. Extremely variable in philosophy and practice, there has been little systematic evaluation or even planning of diversion. (Carter in Cavan, 1975, 372-384). Even the Youth Services Bureaus, given their impetus by the President's Commission on Law Enforcement and the Administration of Justice, have shown a rather haphazard growth to the point that "... one community's bureau may bear little or no resemblance to another community's bureau". (Gemingnani in Cavan, 1975, 383).

Of the attempts at evaluation of diversion programs, relatively little has been positive. As Gemingnani notes, the national survey of Youth Services Bureaus conducted by the California Youth Authority found that:

"... although the bureaus are widespread, their conceptual bases and funding levels have not been of sufficient scope to really make a difference in the way that American society deals with delinquent and troubled youth". (Cavan, 1975, 383).

In a similar vein, based on observations and interviews in a number of communities throughout the United States, Cressey and McDermott report divergent conceptions of diversion which:

"(raise) fundamental questions about the actual outcomes for juveniles who are handled in these varying ways, about the interplay between juvenile justice personnel and community expectations and resources, and about the extent to which the values of humaneness and justice are served through these practices". (Cohen, 1976, 328).

Perhaps the most stinging criticism of diversion is contained in the recent study conducted by Robert Fishman and financed by the Law Enforcement Assistance Administration. Fishman found that 41 percent of the adults and juveniles enrolled in diversion programs incurred at least one arrest within one year of entering the program. For those aged 13-15, the re-arrest rate was 51 percent, and one of every three was apprehended on charges of having committed a violent crime. Fishman thus concluded the programs to be a failure and called for their abolition. The response to Fishman's report was immediate and vocal. In particular, his work has been criticized by criminologists and correction workers for its use of faulty research procedures. (Fishman, 1975, Lipsitz, 1977, 199-200).

#### D. Nassau County

##### 1. Population Dynamics

With a 1970 population of close to 1,400,000, Nassau County ranks as the twelfth largest county in the United States. However, if the predominately urban counties (for example, Los Angeles, Cook etc.) are taken out, it remains as the largest

suburban county. In terms of governmental units, it is very complex containing within its boundaries no less than three townships two cities, 56 school districts, and 131 villages and unincorporated areas. Villages, the most predominant form of governmental unit, range in size from Hempstead, with a population of 38,801 to Covestock, with a population of 306.

Since 1950, Nassau has experienced tremendous population growth. Most dynamic was that of the 1950-1960 period when the population nearly doubled from 670,000 to slightly more than 1,300,000. Although the rate was somewhat slower, there was a continued population gain of 9.9 percent in the 1960 - 1970 period. However, according to recently released estimates there was a decrease between 1970 and 1976 reducing the total population of the county to 1,396,600 as of July.

Nassau is considered, by its Planning Commission to be a mature suburban county as of 1975. Less growth is in store for the future. Planning Commission figures indicate that the most dynamic growth of population is now occurring in the 20-64 age group. At the same time, the age groups of youth population under the age of 14 are declining both in number and percent of population. These changes in age group numbers have had the effect of reducing the under age 14 group from 27.9 percent of the population in 1970 to an estimated 19.3 percent of the population in 1975.

TABLE ONE

NASSAU POPULATION BY AGE: 1970 Actual and  
1975 Estimated

Age Group	1970 Census	1975 Estimate	% Increase or Decrease
Under 5	98,105	67,973	- 30.8
5 - 9	137,474	99,012	- 28.0
10 - 14	163,042	138,933	- 14.8
15 - 19	146,708	161,089	+ 9.2
20 - 64	771,327	989,075	+ 28.2
Over 65	112,182	127,954	+ 14.1
TOTAL :	1,428,838	1,584,000	+ 10.9

2. Youth Offender Services

With the growth in Nassau's population came vastly increased demands upon the county's criminal justice system. In response to these demands, the Probation Department, charged with handling and providing service to offenders, both juvenile and adult, at the county level has experienced phenomenal, literally multiplicative growth as well as a great deal of change associated with the growth. Generalized case-work services expanded into a variety of specialized family and mental health services and programs. Originally a staff rather small in numbers, the Department now has more than 500 employees. A budget of \$758,455 in 1962 grew to more than \$7,800,000 in 1975.

Given our focus on juvenile crime, it is especially important to observe the nature and growth of county agencies purporting to deal with youthful offenders. The 1960's witnessed a great deal of change in this area. Organizations such as the Juvenile Aid Bureau were designed to "provide services that will have a positive impact on curtailing juvenile anti-social behavior". (Nassau County Police Department, 1975, 4). The Youth Board was charged with the even more difficult role of acting to prevent delinquent behavior. Aside from government related agencies, there also arise a variety of private counselling, therapeutic, and recreational agencies, many of which offer services to youthful offenders.

It was more than merely growth in numbers that influenced the structure of the Probation Department. The Family Court Act of 1962 made a distinction between juvenile delinquents (JDs) and persons in need of supervision (PINS). Moreover, the Act mandated the Probation Department to "establish comprehensive intake procedures utilizing all available special knowledge, skills, and resources." It specified further that an Intake Unit was to serve as the client's initial point of contact with the Family Court and that this Unit was to serve the three primary functions of "screening",

"referral", and "short-term crisis intervention." (Nassau County Probation Department, 1975, 23).

TABLE TWO

INTAKE UNIT CASELOAD:  
PINS AND JD CASES:  
1974, 1975, 1976

TYPE	1974	1975	1976
PINS	1045	1112	1084
JD	2509	2307	2533
TOTAL	3554	3419	3617

Since its inception, there has been an increasing number of JD and PINS cases handled by the Intake Unit of the Family Court. Even in the past three years, a period of declining numbers of 10 to 14 year olds in the county, there has been a slight increase in the total number of PINS and JD cases handled by Intake (See Table Two). While the 1975-76 period showed a slight decrease in PINS cases, the fact that there was a concomitant ten percent increase in JD cases may reflect differential handling of cases rather than any underlying change in the incidence of PINS behavior.

### 3. Family Court Intake

By virtue of its screening function, Nassau's Family Court Intake Unit was firmly committed to diversion. The effectiveness of its diversion efforts is to be seen in the numbers of cases for which alternatives other than court action have been utilized. In 1975, for example, only 29.4 percent of Intake's cases were petitioned immediately, i.e.,

after the initial interview. Of those referred to counseling, only 39.3 percent went to petition. Combining these figures and recomputing the percentage in terms of the total number of PINS cases handled, the overall petition rate for the Intake Unit for 1975 was 45 percent. To put it in terms of diversion: 55 percent of the PINS cases were precluded from further processing in the juvenile justice system.

Although a fairly large proportion of cases may be diverted, Intake's diversion efforts are of a rather limited nature. Working with high caseloads, which include a variety of cases other than PINS, Intake Unit workers concentrate mainly on securing the necessary information from the petitioner, usually the school or the family, the child in question and possibly other key third parties. Initial screening interviews are conducted in their offices. In cases where it is judged appropriate, Intake makes referrals for treatment at outside agencies. On the other hand, they make no field visits, are not directly involved with the agencies to which they may refer cases and work under the court imposed limit of two months for all cases.

The problem with the diversion efforts of the Intake Unit is that the diversion has not proved effective for the long term. Those knowledgeable about Intake have long felt that a high percentage of PINS cases handled informally were reentering the juvenile justice system through petitioning at Family Court or entering the criminal justice system as adults. A comprehensive, in-depth analysis and four year

follow-up study of PINS cases processed by Intake between September 1969 and June 1970 confirmed this impression. Conducted in 1974, this study examined a total of 537 PINS cases. Of these, 232 had received informal adjustment at Intake. Of the 232:

- 125 (53.9 percent) subsequently reentered the juvenile justice system either as PINS or juvenile delinquents. 110 (47.4 percent) eventually received formal Family Court action on either PINS or J.D. petitions.
- 30 (12.9 percent) subsequently entered the criminal justice system in that they were later known to the Adult Probation Department and/or the Police as adults.

When these reentered cases are considered in terms of the total PINS cases, the net result is that the number of cases diverted for the long term is 77 or 14.3 percent of the original 537 cases. To make matters worse, 136 cases, 25.3 percent of the total PINS referrals were found to have one or more family members, mostly siblings, referred to the Intake Unit either before, during or after the selected study period. (OJI Project Proposal, 1975).

The picture is hardly more encouraging when dispositions for the 415 cases receiving formal Family Court action are taken into account. The statistics are: 94 (22.7 percent) received placement, 169 (40.7 percent) received probation with subsequent discharge as improved, 62 (14.9 percent) received probation with subsequent discharge as unimproved and 90 (21.7 percent) received suspended judgment and/or dismissal.

It is critical that we keep in mind the County's four year intensive follow-up study of PINS cases diverted at Intake

as we proceed through the various sections of this report. It is this study which brought to light a very significant issue for PINS cases; initial Intake diversion rates that may appear high in the short run may well be low in the long run. Moreover, the study provided a most important impetus for developing OJI as an experimental court diversion project.

### SECTION III

#### OPERATION JUVENILE INTERCEPT: ITS PURPOSES, ORGANIZATION AND OPERATING PROCEDURES

##### A. OJI: Goals and Purposes

OJI was set up as an experimental program designed to divert PINS cases from the juvenile court system. Consonant with the philosophy of diversion, OJI emphasized treatment rather than punishment and a community based rather than residential placement approach. Its focus was to be placed on the needs of the child in relation to the people or agencies with which he or she came into contact. Both provision of direct services and referral to outside agencies were seen as part of its mandate. In the words of its proposal, OJI's purpose was:

to develop, test and evaluate short-term, intensive, innovative treatment and rehabilitative services at the Intake Unit of the Nassau County Family Court for a selected number of Persons in Need of Supervision. (OJI Proposal, 1975, p.1).

The project's services were to be pre-adjudicatory in the belief that optimum, quality services provided at this point would reduce the need for further processing by the juvenile justice system and, at the same time, increase the probability that cases receiving the services would not subsequently reenter the juvenile or criminal justice system either as juveniles or adults. Generally, the short-term, intensive, community based treatment services were to incorporate such treatment concepts or techniques as team intervention, a multi-methods, systems approach and family-centered intervention.

A variety of case treatment methods were envisioned.

These included:

- active use of field work, home visits, school visits, community contacts etc.
- dynamic use of social group work techniques.
- extensive work in significant areas of the community to locate and help develop resources pertinent for case management.

Moreover, it was projected that, where appropriate, more than one treatment method would be utilized on an individual case. In order to monitor the development of cases, weekly conferences with the unit supervisor and team members were seen as necessary.

As an experimental program designed to divert PINS cases from the juvenile justice system, OJI necessitated a series of organizational changes within the standard Family Court operations. Operating at a site several miles removed from the Intake division of Family Court, OJI maintained its own staff and related to its own advisory board. Furthermore, it conducted in-house staff training and research and also developed a unique set of operating procedures.

#### B. Staff

In order to develop an overview of OJI, it is probably most important to start with staff. Although the proposal had called for the project to utilize two working units, it was funded for only one unit. In its first year of operation, the year from which our sample cases were drawn, OJI's one unit

was staffed by five probation counselors, one probation assistant and three aides. For several months of the year there were also seven student interns and 14 volunteers serving at various times. Administration was provided by a project director, project coordinator, training specialist and supervisor. Supportive services were furnished by a clerical staff of three typist/secretaries.

Although the criteria used to select the particular counselors for the project remain unclear, it can be said that they represented a diversity of background and experience. Three were men and two were women. In terms of age, four were in their mid or late 20's while one was over 40. On an average, they had about four years of probation department experience and all held the position of probation officer. Two had worked in investigation, one in supervision, and one in a specialized marriage and family counseling unit, while one had completed the MSW degree. In terms of experience prior to probation work, one had been a junior high school teacher while another had been a minister.

### C. OJI Role Versus Intake Role

Despite a wide variety of cases, the Intake worker's role is fairly well specified and clear cut. Basically it is confined to case investigation and securing the information necessary to make a decision about whether a case should or should not be referred to court. With very few exceptions, all work is done in the office rather than the field and there is much reliance on the initial office interview and the telephone.

Intake Unit counselors process a fairly large volume of cases of which only a relatively small portion are PINS.

Several of the Intake counselors interviewed indicated that, where possible, they would attempt informal adjustment of cases. By informal adjustment they meant a process by which the counselor would talk with each of the parties to a case separately and then see them together. This process was felt by the counselors to be most viable where there was no prior client contact with the court and the petitioner was amenable. In some cases, informal adjustment would be accompanied by a referral to court related counseling services or perhaps to an outside agency. Even when informally adjusted, however, the counselor's involvement in a case would be fairly minimal, rarely exceeding two office visits. On the other hand, if formal petitioning was warranted in a case, it was Intake which completed the necessary paperwork.

The relatively clear cut Intake role contrasts markedly to OJI's mandate to, "develop, test, and evaluate short-term, intensive, innovative treatment and rehabilitative services..." This mandate, quite general and somewhat vague, can be interpreted in many different ways. At a minimum, OJI demanded that its counselors develop a new role perception and that they somehow cut through the impersonality inherent in the Intake role and case petitioning process to become "involved" with cases. On the other hand, the nature of the new role and exactly how they were to become involved were often left unspecified.

In meeting their mandate, OJI counselors brought much enthusiasm and dedication to their work. Yet, leaving the role to be assumed and the specifics of case involvement up to the worker, made it possible for several different counselor role definitions to evolve. The most common role, assumed by three counselors, was that of counselor or advice giver. Even among these three, one saw the task as attempting change in communication patterns of the people in a case, while another felt it was necessary only to attempt to resolve the immediate problem faced by a client. Of the remaining two counselors, one described the role as a "semi-disinterested party" leaving the task of rehabilitation up to the client, while the other was inclined to play an active therapeutic role.

Clarity of casework role definition was made problematic by OJI's twin attempts both to provide direct treatment and orchestrate services through referrals to community agencies. Although these roles do not necessarily conflict, there were many cases in which one precludes the other and the situation became either/or. Actually, some counselors, generally those taking a "counseling" approach, preferred the orchestration of services/case manager role while others tended toward the direct treatment role. Nevertheless, a tension between these two roles persisted throughout the project although there was some resolution in the direction of the case manager role in the statement of the third year funding proposal.

Noteworthy in role definition is that none of the workers, when interviewed, cited the advocacy role. Moreover, when

discussing what they tried to do in cases, and in their definition of success and failure in cases, none gave specific behavioral goals. Although both of these patterns could have been the result of the way in which questions were asked, not citing advocacy and not citing specific behavioral goals meant that counselor role definitions lacked clarity to a certain extent.

In speaking with project administration and counselors about their roles, we felt that many of the basic project concepts could have used further specification. We found that project personnel had difficulty distinguishing between interfacing and referral. While there was much talk of the systems approach, it was difficult to clarify what it meant for the methodology of case treatment and the approach is not reflected in the caseworker role definitions given above.

In short, counselor dedication and enthusiasm had much to do with project success. On the other hand, while the project proposal spoke of new approaches and did utilize new concepts, some worker role definitions remained less than completely clear. This led to a vagueness in the translation into action of concept such as interfacing, systems approach, and case management. Rather than the more recently developed advocate, behavior change or other role models, project personnel tended to assume conventional social worker role definitions. Much of this can be attributed to the newness of the project. Nevertheless, it represents an area in which further work needs to be done.

#### D. Training

Although the project proposal had originally called for a two month training period, training was completed in one month, July, 1975. After that time, it was incorporated into weekly Wednesday morning meetings which combined case planning and learning through the case presentation method. Rotating among the counselors, case presentations of individual cases were given and various issues and alternative approaches were developed and discussed.

In the case presentations, several of which we attended, the systems diagram was invariably the starting point. The diagram was used to identify the problems of cases in terms of the PINS youngsters' relationships with significant other people. It proved very useful for the analytical purpose of understanding cases and enabled fruitful discussions of the problems inherent in particular cases. The counselors interviewed felt that through their weekly staff training meetings, they had been able to learn a great deal about the handling of their cases.

In-service staff training was also a part of OJI. It included regularly scheduled classes in subjects such as small group dynamics, interviewing techniques with one or more clients, overcoming client resistance, community agencies, to cite only a few. This training was continuous, conducted on a course or seminar basis, throughout the first and second years of the project. Like the case presentations, it too was rated as most useful by the counselors.

#### E. Supervision

Day to day casework supervision was provided by the Unit Supervisor. As mentioned above, the supervisor was quite knowledgeable about Intake procedures. In addition, his ~~seven~~ seven years of experience with the Probation Department furnished a most valuable resource for counselors and other project personnel to draw upon. In fact, the supervisor received high ratings from the counselors interviewed, and his efforts were felt to be most helpful.

While not directly involved in the day to day supervision of casework, the project director, project coordinator, and training specialist were concerned in a supervisory manner with many of the OJI cases. Working on an as-needed basis in areas where their skills could be utilized, these administrators were able to engage in an indirect type of supervision. They also maintained another indirect but effective form of supervisory control through attendance and participation in the weekly staff training sessions in which key issues were discussed.

#### F. Advisory Board

Among county social agencies, OJI was unique in having an Advisory Board composed of representatives not only from the Probation Department but also from a variety of county and private agencies. Meeting monthly, the OJI Advisory Board received reports and data on OJI's program and on several occasions engaged in substantial debates. Often working without a formal agenda, the topics addressed in the board meetings

ranged from the very general question of what to do with juveniles to questions such as the proper caseload size for Operation Juvenile Intercept, how long a treatment period is needed, and whether Operation Juvenile Intercept should handle Juvenile Delinquency cases.

The diversity of agencies represented on the OJI Advisory Board enabled it to bring a corresponding diversity of opinion to bear on the issues facing Operation Juvenile Intercept. It will be particularly valuable if there is a move toward a case management approach since the agencies represented on the Board are ones that would be effected by such a change. On the other hand, it is unfortunate that there is no school attendance officer or other representative of schools on the Board. Inclusion of these types of people would enhance the effectiveness of the Board in that it would be tied into the school system, a problem area for OJI.

#### G. Operating Procedures

Since it was an experimental program, OJI both desired and was required to develop a number of new procedures for its operation and case administration. In part, these procedures were specific operation requirements designed to translate its philosophical assumptions into practice. At the same time, some of the procedures were used to satisfy various court mandated requirements con-

cerning the handling of cases.

1. Case Handling.

In order to establish an early contact with the cases designated for Operation Juvenile Intercept under the random assignment method, Operation Juvenile Intercept counselors spent one day per week at Intake where new PINS applications were to be interviewed and assigned. The "walk-in" cases, generally those referred by parents, were interviewed at Intake and added to the counselor's caseload. In the cases referred by letter from the schools, counselors were to arrange for a place, time, and date for an interview both with the client and with the petitioner. (See Project Juvenile Intercept, Operational Procedures, June, 1975).

It was recognized that some of the cases randomly assigned to OJI, because of the nature of the circumstances involved, had to be handled formally by the filing of a petition with the Family Court. The decision to file a petition immediately after the first interview was to be made according to the following criteria:

- 1) The child or the petitioner demands access to formal court proceedings. This generally happens in one of two ways:
  - A. The petitioner (parent or school) demands that the child be brought before the court and is able to show a pattern of truancy, ungovernability, running away, etc.
  - B. The child denies all of the allegations made against him and demands his day in court to disprove the charges.
- 2) The child or parents refuse to work with the project staff on an informal basis.
- 3) The child is an immediate danger to himself or others -- this would include suicidal behavior or seriously aggressive behavior toward family members or others in the community.
- 4) The child is a missing person at the time of application and the parents or police request a warrant from the court.
- 5) The child refuses to return to his home and the parent will not consent to temporary alternative living arrangements. (Relative's home, friend's home, etc).

A separate but related set of criteria was used to assess the necessity for a formal petition following a period of informal handling:

- 1) Circumstances arise or new allegations are made by the petitioner or another party, and as a result of these circumstances or allegations one or more of the criteria established for filing immediate petitions is present.
- 2) During the course of working with the child and the family informally, the original behavior resulted in the PINS application (truancy, running away, etc.) continues without improvement.
- 3) By the third month of involvement, working informally with the child and the family, no consensual formal agreement on tasks and goals can be agreed upon.
- 4) If once a consensual agreement is established, the terms of this agreement are violated on three occasions.
- 5) If the petitioner or child demands access to the court at any stage of the informal contact and can demonstrate cause for that demand.

The procedures also required the counselor to confer with the supervisor before taking a petition for any reason. They also required the counselor to set down a recommendation to remand or not to remand the child to an appropriate facility and stipulated a set of criteria for this decision too. (See Project Juvenile Intercept, June 1975, pp. 7-8.)

In its operational procedures, the initial interview was seen as a "most crucial phase of involvement with clients", and an opportunity to focus on the various systems in which the client and family are involved. It was an opportunity for the counselor:

"...to begin focusing not only on systems which are

Project Juvenile Intercept, Operational Procedures, June 1975  
pp. 4-6.

generating negative behavior, but also on those areas of strength which the team can help clients use in learning to deal with the systems in their lives more constructively." (Project Juvenile Intercept, June 1975, p. 8)

It was suggested that the initial interview be made as quickly as possible to take place at OJI offices. It also had as its purpose informing the clients about the project and what it had to offer. Finally, the initial interview was not to be terminated until there was a basic agreement on how OJI and the other parties could work together.

At the end of the initial interview, arrangements were to be made for a second interview. Before this occurred, however, there was to be a meeting of the counselor and other team members. Where possible, the second interview was to take place in the client's home within one week of the initial interview. It was also to include members of the team who would be involved in the treatment effort.

## 2. Systems Approach

The operating procedures called for using a systems approach in which the various positive and negative forces operating upon the client were to be identified. Systems were to encompass:

"... both External Systems (e.g., the school systems, neighborhood relationships, the family's economic status, the young person's peer system, social activities) and Internal Systems (e.g., family communication, medical problems, stages of psychological development, the parent's marital system, etc.) (Project Juvenile Intercept, June 1975, p. 17)

The treatment rationale was to become actively involved with the various systems, both those positively and negatively influencing the client, through one-to-one, group work, and involvement in the community intervention techniques. In this involvement, the focus was to be on problem-solving as a helping process.

### 3. Agreements with Clients

As part of the problem-solving process, a written agreement with the client, the family, and the OJI team as parties was to be established. The plan was to formulate clearly the tasks and goals necessary to solve the problem. This formulation was to be formalized in a written consensual agreement that would be seen as binding both on all those involved. Further provision was made that if this agreement was violated by the child on three occasions, there would be a meeting with the family and child to determine the necessity for a formal petition. (For a copy of this form, see Appendix B-1)

A variety of other forms were also part of OJI operations. An application form, similar to that used at Intake, collected a range of social and demographic information on the client and family members. A release of information form was provided as a means for OJI to secure information on clients and their families from other agencies. Finally, a variety of appointment requests and other materials were also utilized by OJI (See Appendix B).

#### 4. Team

The problem-solving process was to be facilitated through the use of a team. Although the operational procedures specified neither the size or the function of the particular team members, they indicated that the team was to play an active role in the treatment process. In fact, team operations were to be characterized by openness and information sharing.

In the example provided in the operational procedures, the team functioned in a particular case when the OJI counselor explored the school system by visiting with school personnel while the case aide attempted to learn more about the young person's peer system and the volunteer became involved with the mother and her problem with household budgeting. Team meetings were to be held at the team leader's (counselor's) discretion and were to utilize the Unit Supervisor when unable to reach agreement on particular issues. The teams were expected to keep an on-going record of their activities indicating not only an assessment of the problems inherent in the case but also the number of case contacts they had.

#### 5. Case Termination

The operating procedures also specified how cases would be terminated. After four months, they were to be closed as adjusted if the team, the young person, and the family agreed that progress had been made. If such a consensus was not reached, the team was to return the case to Family Court by processing a formal petition. It was also recognized that cases could request early termination or, as outlined, go to formal petition.

The least specific area of the operational procedures was how the progress necessary for case termination would be defined. Noteworthy in this regard is one of our sample cases in which the client and counselor definition of progress differed markedly. This disagreement is also attributable to not defining progress in terms of measurable behavioral objectives. In any event, it leads to a situation in which OJI's adjusted cases are treated an average of 3.9 months each, very close to the statutory four month period.

#### 6. Caseload Size

It was also specified in OJI's operation that caseload size was to be a maximum of 20 for any one OJI counselor. In practice this goal was attained by having counselors not pick up new cases at Intake when their caseloads had reached 20. Although it did not happen often, there were several times during the treatment year, especially during the winter months, when this situation occurred.

By comparison to OJI, Intake caseloads included not only PINS but also JD, protective services and a wide variety of other cases. During the month in which the interviews took place, Intake caseloads averaged 45 cases per worker. Included in this number were an average of 12 PINS cases per Intake counselor. In short, in overall volume the Intake caseloads were much larger than those of OJI. On the other hand, OJI's unique approach called for much more work on each case.

## 7. Treatment Strategies

Finally, OJI's program incorporated a number of treatment strategies in its operating rationale. Originally set out in its proposal, most of these have been defined in our discussion of evaluation methodology (See Appendix C ).

An estimate of the extent to which these treatment strategies were operating during the sample year of cases is provided in OJI's First Year Report. In particular:

### a. Group Work

Beginning in November, 1975, OJI's parent discussion group met on a weekly basis. This initial group, involving four couples, met until February, 1976. Following its termination, a second parent discussion group began in February and a third in April. Each of the groups was open-ended so that new parents could enter as old ones were leaving. By July, 1976, the group activity ended with new groups being planned for the fall.

At the same time as the parent groups, groups of children also met. At first, the meetings were separate but then it was found more effective to hold the meetings simultaneously, the children meeting in one room, the parents in another. Later, combined meetings were held although it was found that the most effective method was to hold combined and separate sessions on alternating weeks.

#### b. Community Intervention

OJI found a great deal of difficulty in developing a standard method of interfacing or overlapping their services with those of other community agencies. According to counselors, the varying administrative policies of the individual agencies made interfacing both time consuming and difficult. On the other hand, referrals were extensively used and will be discussed later in this report.

#### c. Supportive Services

OJI also established supportive services, some original and some utilizing existing community resources. Many of these services consisted of field trips through a program which operated between March 1 and June 30, 1976. In addition, a special summer program, planned and operated by two student interns for 20 OJI clients, was conducted during July and August, 1976.

#### H. Operating Procedures in Action

The extent to which the operating procedures outlined above impacted on cases can be assessed by the information accumulated during the course of our evaluation. The comparison to be made here is among four different groups of cases: OJI adjusted, OJI petitioned, Intake adjusted and Intake petitioned.

TABLE THREE

MONTHS CASE ACTIVE, PERCENT CASES ACTIVE THREE OR MORE MONTHS, PERCENT PETITIONED IMMEDIATELY AND NUMBER OF DAYS BETWEEN INITIAL INTERVIEW AND FOLLOW-UP CONTACT WITH CLIENTS : OJI ADJUSTED AND PETITIONED CASES, INTAKE ADJUSTED AND PETITIONED CASES

Categories:	OJI Adjusted	OJI Petitioned	Intake Adjusted	Intake Petitioned
Mean months case active	3.9	1.5	1.5	.5
Percent cases active three or more months	92%	30%	9%	2%
Percent of petitioned cases that were petitioned immediately	0%	36%	0%	67%
Mean number of days between initial interview and follow-up contact with clients	6.9	3.6	1.9	.6

The difference in mean length of time of case activity for adjusted OJI and Intake cases, 3.9 versus 1.5, reflects the OJI practice of extending the normal Intake time period to four months. These time extensions are further evidenced in the number of cases active for three or more months. The 92 percent figure for OJI clearly shows a large number of cases with which work was carried on for a more substantial time period while the nine percent figure for Intake suggests that it is only a minority of cases which are extended beyond the initial two month period.

It is for the two groups of petitioned cases that there are rather unexpected differences in case activity. OJI spent an average of 1.5 months working with cases that eventually went to court. In fact, of the petitioned cases fully 30 percent were active for three or more months. By contrast, Intake kept its petitioned cases on an average of .5 months and only two percent were active for three or more months. A further estimate of the differences between the two groups of petitioned cases is given in the percentages of cases petitioned immediately, that is, upon first interview. The percentage is nearly twice as high for Intake as for OJI. (See Table Three)

These initial measures of case activity reflect the fact that an approach such as that taken by OJI needs time. Even the four months, in the opinion of many concerned with the project, is an insufficient time period for working with some cases. The project's thrust toward attempting to keep cases from going to court is indicated dramatically in the handling of petitioned

cases. Indeed, it is interesting to note that OJI worked with its cases eventually going to petition on an average as long as Intake worked with adjusted cases. In addition, OJI was much more successful at diverting immediate petition.

OJI's greater time involvement with cases is complimented by its much more extensive contact activity. As Table Five shows, for nearly every category of case contact activity, for example, with the petitioner, with the respondent and his or her family, and with others, the mean number of contacts per case is greater for OJI than for Intake. Especially noticeable are the respondent/family contacts and the use of field visits as reflected in the mean of 5.8 visits per case for OJI versus .1 for Intake adjusted. Adding means for the respective categories together to produce a grand total of means shows that in terms of the sheer quantity of contact, OJI adjusted cases receive 10 times the amount of contact as Intake adjusteds and the difference between petitioned groups is nearly the same.

TABLE FOUR

MEAN NUMBER OF PETITIONER, RESPONDENT OR  
FAMILY AND OTHER CONTACTS PER CASE --  
OFFICE, FIELD, TELEPHONE AND LETTER --  
OJI AND INTAKE ADJUSTED & PETITIONED

Mean Contacts:	OJI Adjusted	OJI Petitioned	INTAKE Adjusted	INTAKE Petitioned
<u>Petitioner:</u>				
Office :	.6	.2	.6	1.0
Field :	2.3	1.6	.04	0
Telephone :	7.8	5.3	.8	.2
Letter :	.6	.3	.4	.4
Total :	11.3	7.4	1.8	1.6
<u>Respondent or Family :</u>				
Office :	2.1	.8	.7	.4
Field :	5.8	2.9	.1	0
Telephone :	9.2	4.3	.2	.1
Letter :	2.2	1.5	.2	0
Total :	19.3	9.5	1.2	.5
<u>Others:</u>				
Office :	.2	.2	0	.1
Field :	1.2	.6	.1	0
Telephone :	1.2	.6	.1	0
Letter :	3.0	1.7	0	0
Total :	5.6	3.1	.2	.1
Grand Total :	36.2	20.0	3.2	2.2

The last row of Table Three provides a measure of a somewhat different nature, the time lapse between the initial interview with the client and the follow-up contact. Several points should be noted in interpreting these figures. The time measured is from initial interview with the client which, depending on the case, may have been after the date the case was referred to Intake. The follow-up contact could be of any nature; visit, telephone or letter. If the case was petitioned or adjusted immediately, the time was considered as zero.

Bearing the above points in mind, the time lapse averages out at 3.5 for the entire sample but appears to be greater for the OJI adjusted group. Why this is so is not completely clear until it is realized that OJI's operational procedures called for a meeting and development of a treatment plan by the counselor and other team members prior to the second client interview. Moreover, the second client contact was to be a home interview which often took longer to arrange. Actually, the deadline of one week, as called for in the operational procedures, was met for the average case.

Finally, in evaluating the treatment strategies developed and used by OJI, it is useful to note that they were by no means utilized in every case. Perhaps because they operated for only part of the year during which our evaluation was conducted, strategies such as social group work, field trips, and interfacing were used by OJI in a small percentage of adjusted and an even smaller percentage of petitioned cases. (See Table Five)

TABLE FIVE

PERCENT OF CASES USING SPECIAL  
TREATMENT STRATEGIES: OJI AND  
INTAKE ADJUSTED & PETITIONED

Treatment Strategies:	OJI Adjusted  (N=197)	OJI Petitioned  (N=91)	Intake Adjusted  (N=292)	Intake Petitioned  (N=168)
Social Groupwork :	15	8	0	0
Locate Resources :	53	27	2	2
One-to-One:	48	42	82	38
Weekly Conferences:	28	10	2	1
Field Trips:	9	2	0	0
Multi-Method (more than one of the above)	43	23	0	0
Systems Approach :	54	32	7	1
Team Approach :	63	32	0	0
Interfaced:	17	10	0	0
Referral :	55	33	29	7

In interpreting the special treatment strategies as they were utilized in the sample cases, several considerations should be kept in mind. There is a fair amount of overlap between three of the categories, for example, nearly all interfaced cases are by definition referred, and many, if not all, of the referred cases would be included in the category, "locating resources". Systems approach was defined in the research as having been utilized only when there were attempts to involve the parents or someone other than the PINS child in the treatment process. A team approach meant that there was a counselor in addition to one or more members of a treatment team.

One treatment strategy, used both by OJI and Intake, is the one-to-one casework method. Basically, this means that the case contact consisted predominantly of counselor/client interaction, whether in the office or in the field. Intake's reliance on this treatment strategy may be seen in the high percentage of cases, especially adjusted cases, which received one-to-one treatment. However, as will be reported in a later section of this report, the Intake clients received substantially less case contact than did the OJI clients who received similar treatment.

As an experimental program, OJI was expected to utilize a variety of treatment strategies in any one case in order to work with the one proving most effective. That the OJI counselors did this is evident from the fact that the percentages of OJI cases, in which the various treatment strategies listed in Table Five were utilized, total well over 100 percent. Actually, the

category, multi-methods, has been used to indicate that two or more of the special treatment strategies of social group work, locating and developing resources for client management, one-to-one counseling, weekly conferences and field trips were utilized. In the OJI group, 43 percent of the adjusted and 23 percent of the petitioned case records indicated the use of two or more treatment strategies. As might be expected, none of the Intake cases fall into this category.

### I. Conclusion

In this section of the report we have provided an overview of the organization of OJI and how it differs from the standard Family Court Probation operations. In order to do this, we have described the staffing of OJI and Intake, how the respective workers see their roles, the nature of training and supervision for OJI, OJI's unique Advisory Board, its self generated operating procedures and how these procedures work in action.

The intent of this section has been a description of the organization of OJI. Having described the organization, it is now appropriate to look systematically at our entire sample of cases, studying the patterns of case outcomes and re-entry and examining the variables which are related to re-entry. Having done that we will be able to review a host of organizational issues facing OJI in terms of the findings from our systematic data collection efforts.

## SECTION IV

### CASE RECORDS ANALYSIS

#### A. INTRODUCTION

An assessment of the effectiveness of OJI in comparison to Intake is possible only through systematic analysis of the two samples with respect to the appropriate independent, dependent, and intervening variables. It is necessary first to examine the flow of cases through the system observing the proportions which are diverted through adjustment and do not re-enter. Second, it is necessary to look at the socio-demographic, case type, and case activity variables and assess their relationship to adjustment and re-entry. In this section, the discussion is organized around the basic study hypotheses.

FIGURE THREE: FLOW CHART OF OJI AND INTAKE CASES IN TERMS OF OUTCOME

TOTAL CASES  
(N = 548)

Operation Juvenile Intercept  
(N = 288)

Intake Family Court  
(N = 260)

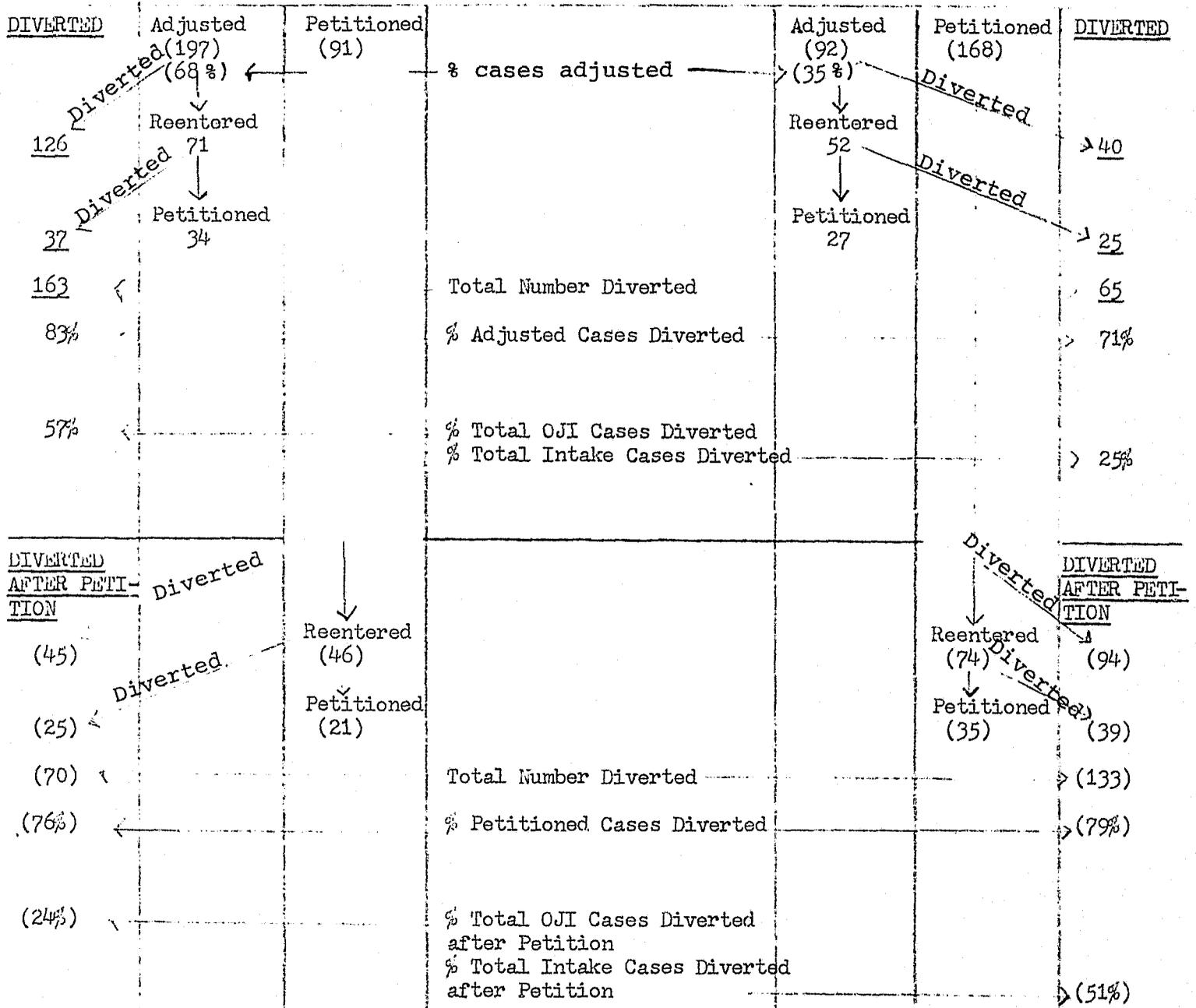


TABLE SIX

DISPOSITION OF OJI AND INTAKE  
CASES INCURRING SUBSEQUENT  
COURT INVOLVEMENT

Disposition	Number of OJI cases	Percent OJI cases	Number of In-take cases	Percent of Intake cases	Chi-Square #
Placement	22	7.6	25	9.6	.58
Probation	77	26.7	95	36.5	5.31*
ACOD with Supervision	4	1.4	22	8.5	14.62**
Warrant	4	1.4	4	1.5	--
Other	29	10.1	54	20.8	12.19**
Total	136	47.2	200	76.9	50.52**

#: \* denotes statistical significance at .025 level

\*\* denotes statistical significance at .005 level

Hypothesis # 1: The rate of petition and re-entry for OJI clients (experimental group) will be significantly lower than the rate for Intake non-clients (control group).

This hypothesis asserting that OJI is an effective program is well supported by the data presented in the flow chart of Figure Three. To begin with, OJI adjusted 68 percent of its cases while Intake adjusted only 35 percent of its cases. With a chi-square of 58.22, this difference is significant beyond the .005 level so that its chances of having arisen from sampling error are quite remote. This pattern of case outcomes serves as a clear indication of OJI's initial thrust towards diversion of cases from the juvenile justice system.

Once adjusted or petitioned, it becomes necessary to examine case re-entry in terms of four groups of cases: OJI adjusted, OJI petitioned, Intake adjusted, and Intake petitioned. Re-entry has been formulated as a variable by combining Family Court Intake and Juvenile Aid Bureau data on subsequent involvement with the juvenile or criminal justice system. In examining cases as they pass through the system, the most appropriate comparisons are between the OJI and Intake adjusted groups and the OJI and Intake petitioned groups of cases.

In comparing the OJI and Intake adjusted groups, it should be noted that diversion or non-re-entry may come about in two different ways: (1) a case may never have re-entered at all or (2) it may have re-entered and been informally diverted, that

is, not petitioned, for a second time. (See Figure Three) Both OJI and Intake have high rates of non-re-entry of adjusted cases: 83 percent and 71 percent respectively. With a chi-square of 5.456, 1df, this difference is significant at the .05 level, thereby showing that OJI not only adjusts more cases but also has a more significant impact on the cases it adjusts.

Differences in re-entry for OJI and Intake do not hold when the petitioned groups are compared to each other. Re-entry on a petitioned case has been defined for research purposes to mean that a case came again to the attention of the court, either for violation of the terms of the original disposition or for a new PINS or JD offense. Using this definition, 77 percent of the OJI petitioned group as opposed to 79 percent of the Intake petitioned group did not re-enter. While these percentages may appear to be high, it must be remembered that they apply to proportions of cases diverted after they have been petitioned and processed through the system. In any event, the differences between OJI and Intake petitioned groups is small and not statistically significant.

It is also possible to compare OJI and Intake by looking at the court dispositions of the two samples of cases. In Table Six adjusted and petitioned cases are combined. On the adjusted cases there would be a disposition only for those cases which re-entered and went to petition while for the petitioned cases there would be a disposition on every case.

Combining the adjusted and petitioned cases for OJI and Intake provides an overall estimate of eventual court disposition whether received upon initial processing or upon re-entry. It should also be noted that each group contained some cases which received more than one court disposition.

As Table Six indicates, the Intake cases received a significantly greater number of court dispositions. Specifically, 76.9 percent of Intake versus 47.2 percent of OJI cases had come to the attention of the court. Although the proportion of placements and the numerically few warrants were similar, there are key differences in the types of dispositions received: OJI cases were significantly less likely to receive probation, ACOD with supervision or some "other" disposition (ACOD without supervision, dismissed, withdrawn by petitioner, transferred to another district, discharged from jurisdiction of the court, dismissed in satisfaction of disposition on subsequent case). Differences in these areas are statistically significant confirming the picture of more court involvement and more serious court involvement of Intake cases, with placement as the main expectation.

The placement factor is unusual and calls for some further explanation. Despite the fact that the total number of placements is nearly the same for the OJI and Intake samples, there are differences in placement rates for the adjusted and petitioned groups in the two samples. Generally, as one might expect, adjusteds are far less likely than petitioneds to have been placed during the reentry period. Actually, the difference in placement

rates for the OJI and Intake adjusted groups is minor: two versus four percent. However, from an effectiveness point of view, it is noteworthy that OJI was able to maintain the somewhat lower rate of placement despite the fact that it adjusted so many more cases than did Intake.

Summing up briefly, there are important, statistically significant differences between the cases handled by OJI and by Intake. At the outset, OJI adjusts a far higher percentage of its cases. Moreover, its adjusted cases are less likely, than are Intake's adjusted cases, to re-enter the system. Although there is little difference in the re-entry of petitioned cases, when overall numbers of court dispositions are compared, it is clear that significantly more Intake cases received court attention. Furthermore, probation, ACOD with supervision and a variety of other dispositions were far more likely to occur in the Intake cases. Placement, while comparable for the two samples overall, is somewhat lower for the OJI as opposed to the Intake adjusted cases in spite of the fact that OJI adjusted so many more cases than does Intake.

Restating the conclusions in terms of diversion, 57 percent of the OJI cases were neither petitioned upon case closing nor upon re-entry. By contrast, a similar statement can be made for only 25 percent of the Intake cases. With a chi-square of 54.37 this difference, statistically significant beyond the .005 level, is a clear indication of OJI's much lower rate of petition and re-entry, thereby showing its effectiveness in diverting cases from the juvenile and criminal justice system.

Hypothesis # 2: The proportion of OJI clients (experimentals) in each of several offense categories will be significantly different from the proportion of Intake clients (controls) in the same categories.

In comparison to Hypothesis One, the data lend little support to Hypothesis Two. A breakdown of offense types for those who re-entered is shown in Table Seven. It is evident from reading the table that there are few percentage differences in type of offense for the four categories of cases. Combining adjusted and petitioned cases for the OJI and Intake samples and computing the chi-square showed the differences between the two groups to be statistically insignificant. Similarly, although the percentage of OJI adjusted cases returning on PINS charges is higher, there is no statistically significant difference between the OJI adjusted and petitioned groups. On the other hand, there is a significant difference between the adjusted and petitioned Intake groups suggesting that Intake adjusted cases are more likely to return on PINS offenses while Intake petitioned cases return on JD charges.

In evaluating re-entry offense it should be borne in mind that many of the JD offenses listed are not of an extremely serious nature. Most serious are the personal offenses including arson, assault, harrasment, and robbery although there are relatively few instances of these. Most frequent are the property crimes, although many of them are petit larceny and shoplifting. Among the property offenses for all four groups, there are a total of only 12 burglaries. The few criminal court involvements have been included in the juvenile offense categories. Generally, there is more theft than violence, a pattern typical

of juvenile crime generally. (For a recent discussion, see Radzinowicz, 1977, 17-23). On the other hand, it can be stated that the individuals involved in these offenses did act in such a way that they came into subsequent contact with the juvenile justice system.

In examining re-entry offense patterns, a few methodological points should be noted. Although the offenses listed were committed on separate occasions, there are a number of individuals who committed several offenses. A measure of this is the number of offenses per person who re-entered as shown in the bottom row of figures of Table Seven. In addition, the calculations of re-entry offense patterns are shown for all who re-entered the system, whether or not they subsequently went to petition.

TABLE SEVEN

RE-ENTRY OFFENSES BY CATEGORY FOR  
ADJUSTED AND PETITIONED OJI AND  
INTAKE CASES

Offense Types *	OJI Adjusted	OJI Petitioned	Intake Adjusted	Intake Petitioned
PINS (includes Missing Persons)	42%	37%	53%	32%
JDs				
Drug	3%	4%	2%	4%
Property	33%	34%	31%	38%
Personal	8%	4%	2%	9%
Motor Vehicle	7%	10%	5%	7%
Miscellaneous	7%	11%	7%	10%
	100%	100%	100%	100%
	(N=130)	(N=99)	(N=78)	(N=137)
Number of Offenses per person who re- entered	1.83	2.15	1.18	1.85

TABLE EIGHT

PERCENTAGE OF RE-ENTERED CASES  
THAT RE-ENTER WITHIN THREE, SIX,  
NINE MONTHS: ADJUSTED AND PETITIONED  
OJI AND INTAKE CASES

Case Re-Entry	% OJI Adjusted	% OJI Petitioned	% Intake Adjusted	% Intake Petitioned
3 months	58	50	51	46
6 months	78	72	82	70
9 months	91	80	98	81

\* Offenses included in the above categories  
are shown in Appendix C-3)

Hypothesis # 3: The proportion of OJI clients (experimentals) re-entering within given time periods will be greater for OJI clients (experimentals) than for Intake clients (controls).

Again, the data (Table Eight) lend little support to the hypothesis. Table Eight, based only on those cases which re-entered shows the percentages of cases that re-entered within three, six or nine months. For each of the time periods, the adjusted cases tend to re-enter more rapidly than the petitioned cases, not surprising in the light of the greater penalties attached to cases going through petition. Comparing OJI adjusted to Intake adjusted cases shows that after three months a somewhat larger percentage of OJI adjusted re-entry cases have re-entered while after six months and nine months it is the Intake cases which re-enter more rapidly. However, the percentage differences for the time periods of the groups of re-entered cases are comparatively small and are not significant statistically.

Hypothesis # 4: Certain independent variables (cited in Appendix D) are related to petition and re-entry for the OJI client population.

In our statement of project methodology, we identified three categories of independent variables: socio-demographic, case type and case activity. Finding out the variables influencing petition and re-entry for OJI is a two-step process: (1) discovering which ones influence adjustment/petition, namely, case outcome, and (2) which ones influence re-entry non-re-entry. It will be useful to use the Intake sample as a point of comparison.

## B. Variables Influencing Case Outcome

### 1. Socio-Demographic

Commencing with the socio-demographic variables, it is interesting to note how few of those on which systematic data were accumulated as related to case outcome. In fact, out of 21 variables for which relationships were tested, only five were found to be statistically significant (see Illustration I). Variables such as age, sex, and race often related to agency dispositions in other criminal justice studies were found to have little value in predicting what would happen in OJI cases. This is also true of a variety of socio-economic status variables (father's occupation and education, mother's occupation) and even variables such as marital status of parents and the family's prior, other and current involvement with Family Court Intake and other social agencies.

It is worth mentioning the five variables which are related to adjustment/petitioning. The three most critical are actual prior JD, self reported JD, and prior PINS involvement. The self reported measure is the result of a question asked of each OJI client about his or her delinquent behavior, in other words, self reported delinquency. Although prior PINS involvement is related to petitioning, the relationship is surprisingly weak. Nevertheless, that these variables are significant suggests the long known pattern of prior involvement in delinquent behavior leading to more serious, subsequent involvement, which in turn is treated more seriously by agencies who deal with delinquents.

The rationale of the two remaining, significant variables, mother's education and child's place in the family is more difficult to suggest. Why the mother's education but not her occupation and not the occupation or education of her husband is related to adjustment/petitioning is less than totally clear. Similarly, why cases involved with oldest children should be somewhat more likely to be adjusted than those with the only, middle or youngest child remains elusive. Perhaps it is the case that the oldest child is more responsive to outside agency treatment efforts. It should also be noted that, when only five of the twenty-one variables are significantly related and the rationale is unclear, some of the relationships themselves could be attributable to chance rather than meaningful in their own right.

ILLUSTRATION I

SOCIO-DEMOGRAPHIC VARIABLES  
IN TERMS OF THEIR RELATION-  
SHIP TO CASE OUTCOME - OJI

The following variables are related to case outcome for OJI cases:

- Actual Prior JD:  
These cases are much more likely to go to petition.  
(Chi-square = 14.92, 1df, sign. at .005)
- Self-Reported JD:  
These cases are more likely to go to petition.  
(Chi-square = 4.48 1df, sign. at .05)
- Prior PINS Involvement:  
These cases are more likely to be petitioned.  
The relationship is weak.  
(Chi-square= 3.05, 1df, sign. at .10)
- Mother's Education:  
Clients with mothers who have some college but are not college graduates are much more likely to be petitioned, while those with college or other degrees are much more likely to be adjusted.  
(Chi-square = 13.27, 3df, sign. at .005)
- Child's Place in the Family:  
There is a slight tendency for the oldest child to be adjusted.  
The relationship is weak.  
(Chi-square = 7.32, 3df, sign, at .10)

The following variables are not related to case outcome for OJI cases:

- Age in Years
- Sex
- Race
- Religion
- Grade in School
- Natural Father's Age in Years
- Natural Mother's Age in Years
- Present Father's Occupation
- Present Mother's Occupation
- Father's Level of Education
- Marital Status of Parents
- Family Prior Legal Involvement at Intake
- All Other Family Prior Legal Involvement
- Prior Involvement With Other Social Agencies
- Family Current Legal Involvement (numbers too small to be meaningful)
- During treatment JD

The picture of little relationship between socio-demographic variables and case outcome is more than confirmed when the same relationships are examined for the sample of Intake cases. Illustration II shows even fewer variables are related to case outcome for Intake. In fact, there are only two: those having a prior involvement with other social agencies and those having self-reported juvenile delinquency offenses are more likely to go to petition. Although the strength of the relationships between the variables is much weaker than in the OJI cases, the rationale is similar to that given earlier; self-reported involvement in delinquent behavior or unsuccessful agency treatment lead to more serious, subsequent involvement, which in turn, is treated more seriously by agencies dealing with delinquents. That mother's education and the child's place in the family are not related to case outcome in the Intake sample suggests the possibly trivial nature of these findings for the OJI cases.

The absence of clear relationships between socio-demographic variables and case outcomes is not a matter for concern. At a minimum, it means that OJI and Intake are not guilty of bias towards any age, sex, race or class groupings. At the same time, it should be noted that neither of the service units was intended to reach any particular population subgroups. In fact, clients were placed into either of the two groups under the random assignment method.

ILLUSTRATION II  
SOCIO-DEMOGRAPHIC VARIABLES IN TERMS  
OF THEIR RELATIONSHIP TO CASE OUTCOME  
INTAKE

The following variables are related to case outcome for Intake cases:

- Prior Involvement With Other Social Agencies:

Cases with such prior involvement are more likely to go to petition.

(Chi-square = 6.23, 1df, sign. at .025)

- Self-Reported JD:

These are more likely to go to petition.  
The relationship is weak.

(Chi-square = 3.21, 1df, sign. at .10)

The following variables are not related to case outcome for Intake cases:

- Age in Years
- Sex
- Race
- Religion
- Grade in School
- Place in Family
- Natural Father's Age in Years
- Natural Mother's Age in Years
- Present Father's Occupation
- Present Mother's Occupation
- Father's Level of Education
- Mother's Level of Education
- Marital Status of Parents
- Prior PINS Involvement
- Family Prior Legal Involvement at Intake
- All Other Family Prior Legal Involvement
- Actual Prior JD
- Family Current Legal Involvement (numbers are too small to be significant).
- During Treatment JD

## 2. Case Type

Like the background variables, case type variables are not related to case outcomes. Perhaps it is surprising that variables such as counselor, whether or not the petitioner was a school or parent, and whether or not the type of problem presented was truancy or unmanageability in the home, make no significant changes in the OJI case adjustment/petition patterns. The only exception is the runaways who have a much higher petition rate than non-runaways. Yet, this is hardly startling in view of the fact that parents who go to court with a complaint of their child's running away are probably more likely to seek a petition in this situation. (See Illustration III).

It should be noted that the situation is only slightly different for Intake case outcomes. Here the only case type variable related to case outcome is counselor, although much of the variance appears to have been contributed by one worker who had an exceptionally high petition rate. Like the OJI sample, the petitioner and type of problem presented make little difference in case outcome. Even runaways, the one group significantly different for OJI, are just as likely not to be petitioned. Perhaps this is because for the Intake sample all groups have a relatively high petition rate. (See Illustration III.)

ILLUSTRATION III

CASE TYPE VARIABLES IN TERMS  
OF THEIR RELATIONSHIP TO CASE  
OUTCOME:OJI AND INTAKE CASES

OJI CASES:

The following case type variable is related to case outcome:

- Type of Problem Presented:

Runaways have a much lower adjustment rate (53%) versus all others (68%).

Chi-square for the difference = 10.71, 1df, sign. at .005.

The following case type variables are not related to case outcome:

- Counselor
- Petitioner, school
- Petitioner, parent
- Petitioner, other (number too small to be meaningful)
- Type of problem presented, truancy
- Type of problem presented, unmanageability in home.

INTAKE CASES:

The following case type variable is related to case outcome:

- Counselor:

Chi-square = 15.48, 6df,

One counselor with a high petition rate accounts for much of the variance.

The following case type variables are not related to case outcome:

- Petitioner, school
- Petitioner, parent
- Petitioner, other
- Type of problem presented, truancy
- Type of problem presented, unmanageability in home
- Type of problem presented, runaway

### 3. Case Activity

It is not until we consider case activity that we come to a set of variables which dramatically influence case outcomes for OJI cases. Not only do treatment strategies influence case outcome but they also mean an increased adjustment rate. In other words, where the locating resources, weekly conferences, multi-methods, systems approach, team and referral strategies are utilized, there are a statistically significant higher percentage of cases adjusted. Even for the strategies where significance was not shown, (group sessions, one-to-one approach and field trips) the percentage of cases adjusted was higher where these strategies were utilized. (See Table Nine)

It would also appear that sheer numbers of case contacts are related to case outcome. Table Ten shows (in brackets) the numbers of OJI cases where there were 0, 1-2, 3 or more contacts. It also shows the percentage of those cases which were adjusted. Note that for every category of contact, the greater the amount of contact, the more likely the case was to have been adjusted. In each of the types of contact shown, the differences between the adjustment rates for the various numbers of case contacts are significant statistically. Of particular importance are respondent field contacts where the adjustment rate is nearly twice as high for for those cases having three or more as compared to those with no field contacts.

TABLE NINE

TREATMENT STRATEGIES USED BY OJI  
AND THEIR RELATIONSHIP TO CASE  
OUTCOME

Strategy	#of cases in which used	%cases adjus- ted where used	%cases adjusted where not used	Chi- square	Sign. Level
Group Sessions:	37	78	67		not signifi.
Locate Resources:	130	81	58	15.57	df=1 .005
One-to-one Approach:	132	71	67		not signifi.
Weekly Conferences:	64	86	63	10.29	df=1 .005
Field Trips:	20	90	67	*	*
Multi-Methods:	106	80	62	9.13	df=1 .005
Systems Approach:	135	79	59	11.76	df=1 .005
Team:	154	81	54	24.56	df=1 .005
Referral to One Agency:	178	78	59	11.72	df=1 .005

\* Sample too small to calculate significance

TABLE TEN

PERCENTAGE OF CASES ADJUSTED  
ACCORDING TO NUMBER AND TYPE  
OF CASE CONTACT: OJI SAMPLE

Type of Case Contact	No Contact	One-Two Contacts	Three + Contacts	Chi Square	Significance Level
<u>PETITIONER</u>					
Office:	(223) 65%	(44) 77%	(21) 86%	6.42	2df .05
Field:	(47) 62%	(15.5) 65%	(86) 79%	6.70	2df .05
Telephone:	(34) 21%	(37) 62%	(217) 77%	42.56	2df .005
Letter:	(157) 57%	(126) 83%	(5) *	20.34	2df .005
<u>RESPONDENT</u>					
Office:	(140) 55%	(91) 79%	(57) 84%	26.37	2df .005
Field:	(53) 47%	(76) 54%	(159) 83%	31.96	2df .005
Telephone:	(74) 36%	(28) 75%	(186) 80%	49.01	2df .005
Letter:	(179) 58%	(80) 84%	(29) 90%	22.52	2df .005

\* Number too small to compute percentage

TABLE ELEVEN

PERCENTAGE OF CASES ADJUSTED  
 ACCORDING TO NUMBER AND TYPE  
OF CASE CONTACT:INTAKE SAMPLE

<u>Type of Case Contact Petitioner:</u>	No Contact	One-Two Contacts	Three+ Contacts	Chi Square	Significance Level
Office:	(51) 75%	(199) 27%	(10) 0%	46.65	2df .005
Field:	(257) 53%	(2) *	(1) *		not significant
Telephone:	(200) 30%	(51) 54%	(9) *	13.73	2df .005
Letter:	(159) 33%	(99) 38%	(2) *		not significant
<u>Respondent:</u>					
Office:	(148) 25%	(112) 49%	* *	14.41	1df .005
Field:	(260) 55%	* *	* *		Not significant
Telephone:	(239) 34%	(20) 47%	(1) *		Not Significant
Letter:	(234) 32%	(26) 69%	* *	13.63	1df .005

\* N = 0 or too small to calculate percentages.

The case activity measures for OJI contrast sharply to those of Intake. To begin with, many of the treatment strategies utilized in the OJI cases are simply not used in the Intake cases. Interestingly, the two which are used in some cases are significantly related to case outcome as follows:

- one-to-one approach: Used in 139 cases. 82 percent adjustment where used versus 38 percent where not used. (Chi-square = 43.95 1 df at .005).
- referral: Used in 39 cases. 69 percent adjustment where used versus 29 percent where not used. (Chi-square = 20.51 1 df sign. at .005)

Moreover, although the number of contacts in cases is markedly less for Intake than for OJI, nevertheless, there are still significant relationships between case contact and the percentage of adjusted cases for many of the case contact categories. (See Table Eleven)

#### 4. Summary

With the exception of a few socio-demographic and one case type variable, the key influences on the pattern of OJI case outcomes are treatment strategies -- locating resources, weekly conferences, multi-methods, systems approach, team and referral, and the number of case contacts.

Where the strategies are utilized and where there are larger numbers of case contacts, the proportions of cases adjusted are significantly higher. Moreover, the variables influencing case outcomes do not differ dramatically for the Intake control sample with the exception that most of the OJI treatment strategies are not utilized by Intake.

The absence of meaningful relationships between case outcome, socio-demographic and case type variables means that it is case activity, whether it is the use of various treatment strategies or the amount of treatment, that leads to an increase in the proportions of cases adjusted. In other words, case outcomes are related to what is done in cases rather than the type of person involved or the nature of the case itself. With this in mind, it is now possible to direct attention to the second part of the two-step analytical process, considering the variables which influence re-entry.

### C. Variables Influencing Re-Entry

In looking at re-entry, it is useful to remember that re-entry was defined as client involvement with the juvenile justice or criminal justice system subsequent to treatment at OJI or Intake. In practice, this means being brought in on a new PINS or JD charge after the original case was closed. Since we are concerned with treatment effects, we will, for the most part, consider re-entry only for the adjusted groups of OJI and Intake cases. For the purposes of calculation in this section, re-entry was broken down into three categories, those re-entering on more than one occasion, those re-entering only once, and those re-entering not at all. It was defined as any subsequent system contact regardless of whether the child involved subsequently went to petition.

Using the definition set out in the above paragraph, the OJI adjusted sample contained 28 who re-entered more than once, 44 who re-entered once, and 125 who did not re-enter. By comparison, the Intake adjusted sample had 19 who re-entered more than once, 32 who re-entered once, and 42 who did not re-enter.

The difference between the two groups is a significantly higher re-entry rate for Intake cases than for OJI cases ( Chi-square = 9.40, 2df, significant at .01).

### 1. Socio-Demographic

Although case outcome and re-entry are related to one another, the variables influencing outcome and re-entry are dramatically different. To begin with, age and sex, two of the socio-demographic variables not related to case outcome, are very definitely related to re-entry. For OJI, those in the 13 year old or less category are more likely to re-enter, both once and more than once, than those who are 14 and 15.

While not exceptionally strong, with a chi-square of 8.549, the relationship between age and re-entry is significant at the .074 level (See Table 12 ). Moreover, a similar relationship is duplicated in the re-entry pattern of the Intake adjusted group ( See Table 13 ).

It could be claimed that the age-re-entry relationship is more a product of status offender laws than any changes in underlying behavior patterns. After all, age 16 is an upper limit for status offenders and many of those in the 15 year old age group were over 16 at the time the re-entry data was collected. Although such an interpretation might be appropriate for the Intake adjusted group, where re-entry patterns for 13 and 14 year olds are quite similar, in the OJI group it is the 14 and 15 year old groups which are similar. This indicates that OJI is having some success in reducing the re-entry of the 14 year old age group. Certainly the proportion of re-entries for 14 year olds is much lower for OJI than for Intake, 32 percent versus 72 percent.

TABLE TWELVE

SOCIO-DEMOGRAPHIC AND CASE TYPE  
VARIABLES IN TERMS OF THEIR RE-  
LATIONSHIP TO RE-ENTRY : OJI  
ADJUSTED CASES

The following socio-demographic variables are related to re-entry:

Re-entry	<u>AGE</u>			Chi-Square
	Age 13 & Under	Age 14	Age 15	
Never	48%	68%	69%	$\chi^2 = 8.549$ 4df sign. at .074
Once	32%	15%	21%	
More Than Once	20%	17%	10%	
	<u>100%</u>	<u>100%</u>	<u>100%</u>	
	(50)	(47)	(100)	

Re-Entry	<u>SEX</u>		Chi-Square
	Male	Female	
Never	59%	70%	$\chi^2 = 8.42$ 2df sign. at .025
Once	21%	24%	
More Than Once	20%	6%	
	<u>100%</u> (113)	<u>100%</u> (84)	

Actual Prior JD: These cases are more likely to re-enter  
(Chi-square = 8.40, ldf. sign. at .05).

Self-Reported JD : These cases are more likely to re-enter.  
(Chi-Square = 6.939, ldf, sign. at .05)

Prior Agency Involvement: These cases are more likely to re-enter.  
(Chi-Square = 18.387, ldf, sign. at .005)

Prior PINS: These cases are more likely to re-enter.  
(Chi-Square = 6.598, ldf, sign. at .05)

( ) = Number of cases



**CONTINUED**

**1 OF 2**

TABLE TWELVE (continued)

The following socio-demographic variables are not related to re-entry:

- Race
- Marital status of parents
- During treatment JD

The following case-type variables are not related to re-entry:

- Counselor
- Petitioner, School
- Petitioner, Parent
- Type of Problem Presented, Runaway
- Type of Problem Presented, Unmanageability in Home

The following case type variable is related to re-entry:

- Type of Problem Presented, Truancy  
(Truants are more likely than non-truants to re-enter  
Chi-square = 12.33, 1 df, significant at .005).

TABLE THIRTEEN

SOCIO-DEMOGRAPHIC AND CASE TYPE  
VARIABLES IN TERMS OF THEIR RE-  
LATIONSHIP TO RE-ENTRY: INTAKE  
ADJUSTED CASES

The following socio-demographic are related to re-entry:

Re-entry	<u>AGE</u>			Chi-Square
	Age 13 & Under	Age 14	Age 15	
Never	36%	28%	57%	$X^2 = 9.10$ 4df, sign. at .06
Once	32%	40%	33%	
More Than Once	32%	32%	10%	
	<u>100%</u>	<u>100%</u>	<u>100%</u>	
	(19)	(25)	(49)	

Re-entry	<u>SEX</u>		Chi-Square
	Male	Female	
Never	40%	53%	$X^2 = 6.81$ 2df, sign. at .05
Once	31%	39%	
More Than Once	29%	8%	
	<u>100%</u>	<u>100%</u>	
	(55)	(38)	

The following socio-demographic variables are not related to re-entry:

- Race
- Marital Status of Parents
- Self-reported JD
- Prior Agency Involvement
- Prior PINS
- Counselor
- During Treatment JD
- Actual Prior JD

( ) = numbers

TABLE 13 Continued

The following case-type variables are not related to re-entry:

- Petitioner, School
- Petitioner, Parent
- Type of Problem Presented, Truancy
- Type of Problem Presented, Runaway
- Type of Problem Presented, Unmanageability in Home

The other major socio-demographic variable influencing re-entry is sex: males are far more likely than females to re-enter at all and to re-enter more than once. Moreover, this generalization holds true both for the OJI and Intake adjusted samples. Rather than suggesting anything substantive about program operation, the findings of a relationship between sex and re-entry may simply reflect what has been repeatedly found in criminal justice research: that males are more likely to be arrested, convicted and to recidivate than are females (despite the rising rates of female criminality and delinquency). Indeed, as mentioned earlier, it is surprising that the sex variable did not influence case outcome. On the other hand, this finding might suggest a need for a different type of treatment approach to male and female population subgroups.

Table Twelve (cited previously) shows the other socio-demographic, independent variables for which relationships to re-entry were calculated. As shown in Table Fifteen, there are relatively few which are significantly related although some of the variables were not run in this calculation, for example, father and mother's age, occupation and education, because of their non-relatedness to case outcome. Nevertheless, it is important to note those which are related.

For the OJI adjusted sample, those more likely to re-enter had had an actual prior JD offense, a self reported JD offense, prior agency involvement, and a prior PINS case record. In terms of numbers, these groups comprised 30, 62, 60, and 10 percent respectively of the sample. The situation contrasts to the Intake adjusted group where none of these variables are significantly

related to re-entry. (Table 13). Although it makes sense to argue that those with prior involvement are the more serious offenders, and hence more likely to re-enter, why this did not occur in the Intake adjusted group remains somewhat unclear. However, for the OJI group, it could be argued that OJI diversion efforts were more successful when the contact was with those entering the juvenile justice or agency treatment system for the first time.

## 2. Case Type and Case Activity

The relationship of case type and case activity variables to re-entry is less than completely clear. Taking the OJI adjusted sample and case type variables first, it can be said generally that none are significantly related except for truancy cases which are more likely to re-enter than non-truancy cases. However, all other types of problems presented, petitioner or counselor variables are unrelated to case outcome.

Nor does the situation differ dramatically for the Intake adjusted group. Here there is an absence of relationships for any of the categories of petitioner variables as well as any type of problem presented variables.

Probably the most difficult to understand relationships, or lack of relationships as it were, are those between re-entry amount of case contact and treatment strategies. Despite the findings that the more the case contact, the more likely the case is to be adjusted, there are no significant relationships between amount of case contact and re-entry for any of the categories of contact. ( See Table Fourteen)

TABLE FOURTEEN

PERCENTAGE OF CASES RE-ENTERED  
ACCORDING TO NUMBER AND TYPE  
OF CASE CONTACT: OJI ADJUSTED  
CASES

Type of Contact:	No Contact	One-Two Contacts	Three+ Contacts	Chi- Square	Significance Level
<u>Petitioner:</u>					
Office:	35% (145)	41% (34)	39% (18)		Not Significant
Field:	37% (30)	34% (100)	40% (67)		Not Significant
Telephone:	* (7)	35% (26)	41% (164)		Not Significant
Letter:	42% (91)	32% (103)	* (3)		Not Significant
<u>Family or Respondent:</u>					
Office:	32% (76)	40% (73)	44% (48)		Not Significant
Field:	39% (28)	37% (43)	40% (126)		Not Significant
Telephone:	20% (25)	29% (34)	42% (138)	5.42	2 df .10
Letter:	36% (105)	36% (66)	27% (26)		Not Significant

\* Number too small to calculate percentage

The only possible exception to this is respondent or family, telephone contact and the relationship here is weak, shown to be significant only at the .10 level. Nor is the situation any different for Intake where, although all cases had generally fewer contacts, the significant relationships, so apparant for case contact and case outcome, simply do not appear. (See Table 15)

Of even greater concern is the finding that the treatment strategies developed and utilized by OJI, with one exception, are not related to re-entry. The absence of a significant relationship is true of the group sessions, locating resources, weekly conferences, field trips, multi-methods, systems approach, team and referral strategies. The only exception in the OJI adjusted sample is one-to-one contact where there is a very weak relationship in which cases receiving one-to-one treatment are slightly less likely to re-enter than those not having such treatment. (See Table 16). Curiously, the slight relationship of the one-to-one treatment strategy to a more favorable pattern of re-entry also holds for the Intake adjusted sample.

The finding that traditional one-to-one casework makes a slight improvement in re-entry rate, whereas the special treatment strategies do not, is difficult to interpret. It should be recognized that one-to-one strategy was defined in a very general way and could be limited to a few office visits designed to resolve a particular problem. Yet it is surprising that this strategy rather than the more intensive strategies is the one to show a difference, even though slight, in the direction of a more favorable re-entry rate.

It should also be noted that the strategies were by no means consistently utilized in the various cases in which they were tried. This is due to OJI's policy of attempting several strategies in a case until hitting upon the most appropriate one. Hence, a strategy that was shown as having been attempted at one point in a case could well have been discarded at a later point. That this frequently occurred in practice, often through conscious design, could well have led to a situation in which any one particular case strategy could only have an attenuated influence.

TABLE FIFTEEN

PERCENTAGE OF CASES RE-ENTERED  
ACCORDING TO NUMBER AND TYPE  
OF CASE CONTACT: INTAKE ADJUSTED  
CASES

Type of Contact:	No Contact	One-Two Contacts	Three+ Contacts	Chi-Square	Significance Level
<u>Petitioner:</u>					
Office:	58% (38)	54% (54)	* (0)		Not Significant
Field:	54% (90)	* (2)	* (0)		Not Significant
Telephone:	57% (63)	48% (27)	* (0)		Not Significant
Letter:	54% (54)	58% (38)	* (0)		Not Significant
<u>Family or Respondent:</u>					
Office:	63% (38)	50% (54)	* (0)		Not Significant
Field:	56% (92)	* (0)	* (0)		Not Significant
Telephone:	44% (84)	* (9)	* (0)		Not Significant
Letter:	56% (75)	53% (17)	* (0)		Not Significant

( ) = Number

\* = Number too small to calculate percentage

TABLE SIXTEEN

TREATMENT STRATEGIES AND RE-ENTRY  
OJI AND INTAKE ADJUSTED SAMPLES

<u>OJI SAMPLE:</u> (N = 197)	# of Cases Where Used	REENTRY			Chi- Square	Singificance Level
		Not At All	Once	More Than Once		
Treatment Strategies:						
Group Sessions:	29	66%	17%	17%	Not Significant	
Locate Resources:	104	62%	20%	18%	Not Significant	
One-to-One:	95	61%	28%	11%	5.69	2df .10
Weekly Conferences:	55	60%	25%	15%	Not Significant.	
Field Trips:	19	58%	16%	26%	Not Significant	
Multi-Methods:	84	61%	24%	15%	Not Significant	
Systems:	106	59%	25%	16%	Not Significant	
Team:	126	61%	24%	15%	Not Significant	
Referral to One Agency:	108	60%	24%	16%	Not Significant	
<u>INTAKE SAMPLE:</u> (N = 93)						
One-to-One:	75	50%	31%	19%	4.63	2df .10
Referral to One Agency:	26	46%	46%	8%	Not Significant	

### 3. Summary

Although case outcome and re-entry are themselves related, the variables influencing re-entry are quite different from those influencing outcome. Age and sex are critical variables with younger age groups and males more likely to re-enter. Re-entry for those in the OJI group is also very much influenced by actual prior JD, self-reported JD, prior agency involvement and prior PINS case involvement. For the OJI adjusted sample, truants are more likely than non-truants to re-enter while for Intake none of the case type variables are related to re-entry. The amount of case activity, so clearly related to case outcome patterns, appears to be virtually unrelated to re-entry both for the OJI and Intake groups. The only case strategy variable related to re-entry is the traditional one-to-one approach. That other case strategy variables are not related to re-entry may be a result of the fact that case strategies were often tried and then discarded if they did not work in a given case.

### 4. Conclusion

Most generally, it can be said that OJI is an effective program. Initially diverting nearly twice as many cases as Intake, its proportion of adjusted cases which re-enter is significantly lower than that of Intake. Although there is no significant difference in the re-entry of petitioned cases, the difference in adjustment rate and re-entry rate for adjusted cases combine to produce the effect of OJI diverting 57 percent while Intake diverts 25 percent of its cases. In the broader picture this means that the OJI sample incurred significantly less court

involvement in the areas of probation, ACOD with supervision, and "other" dispositions.

Although case outcomes and re-entry are related, different types of variables influence each one. Most importantly, case outcomes are influenced directly by what happens in cases: cases where there is more case contact or treatment strategies are utilized tend to be adjusted. Re-entry is influenced by the classical variables of age, sex, and for the OJI sample, actual prior JD, self reported JD, agency or PINS involvement. Although it may be a function of the way case strategies are utilized, there appears to be no relationship between amount of case activity and re-entry while the only treatment strategy which appears to produce even a slight gain is the traditional one-to-one casework method.

The implications of these findings is that case outcome appears to be an area over which there is program impact and control while re-entry appears to be influenced by factors for which OJI has not attempted to control, especially age, sex, and prior JD, agency or PINS involvement. From the data analyzed in this section, if re-entry is taken as the main criterion, the diversion services offered by OJI are most effective if the population is of ages 14 or 15, female, and not previously involved with some part of the treatment system.

## SECTION V

### THE SCHOOL ISSUE

#### A. Introduction

One of the more problematic areas for OJI is its relationship to schools. Virtually half of all PINS cases are referred by the schools, largely for truancy. Yet, OJI counselors see truancy cases as the most difficult group with which to work. OJI administration feels that schools often wait too long to take action and then, when they do act, they "dump" the case on the court in the expectation that it will resolve everything.

For their part, in spite of a range of expectations, one commonly held belief of school personnel is that the court will play an authoritative, threatening, punishment-oriented role in the truancy cases they refer. This expectation may clash directly with the community based treatment roles assumed by OJI or with Intake's attempts to divert cases into treatment rather than going to petition. The clash between expectations and reality leads many attendance officers to the conclusion that the court is ineffective or a "revolving door".

In discussing schools, we are faced again with a distinctly decentralized system. Nassau County has no less than 56 school districts which serve very different student populations and have different kinds of attendance and school problems. Moreover, each is organized in a very different manner. Some have a complete range of guidance and counseling services with home visits being conducted regularly to families of problem children. Others have only an assistant principal at each junior high school who handles attendance problems in addition to a variety of other responsibilities.

Our interest in research on the school question was expressed previously in a modification of the research design. This modification was the product of much thought and consultation after which it was decided that school attendance would be a more objective and reliable measure of behavior than the catch-all checklist which had originally been proposed. It is for this reason that we selected the sample of school referred truancy cases described earlier Appendix C of this report. In visiting the school to accumulate attendance data on the individuals in the sample, we also interviewed the school officers responsible for handling truancy cases. The questionnaire combined the systematic data on cases with the attitudes of the school officers, expressed in terms of the sample cases (See Appendix A-2). In the interviews we also went on to explore the general attitude of the officers. In the following discussion, the systematic and attitudinal data are intertwined and the discussion is focused around the key questions.

#### B. What Is Truancy?

Simply put, truancy is unexcused absence from school. In practice, the reality of defining truancy is much more complex. At the junior high level, where most truancy occurs, there are students who regularly report for homeroom and then cut one or more subsequent classes. Other students are habitually late for school. Unless the situation is known to the school, absences will be reported as unexcused until a note explaining the absence, perhaps supported by other documentation, is received from the parent. In our study we examined these daily school attendance

records, counting the number of days of unexcused absence. Since our sample was comprised of cases which had developed over a year prior to the time of the research, there was virtually no chance that the unexcused absence recorded on the attendance record would later be changed to excused.

To define truancy as a problem necessitating court referral is even more complex. Policy and administration differ markedly between, and even within, the 66 school districts. In our sample we encountered cases where the percentage of days of unexcused absences in the period immediately prior to referral was less than 20 percent in contrast to others where 90 percent or more of the days was missed. The mean of 39.1 percent for the overall sample is only the midpoint of a rather wide range.

Systematic data from the school attendance survey also shed light on the school's practice in defining truancy. A look at the year in which the child's attendance problem was first identified is most indicative. Bearing in mind that our sample period was September through December, 1975, the data in Table Seventeen show that truancy was recognized one or more years prior to court referral in two-thirds of the cases. In fact, it was recognized two or more years earlier in 20 percent of the sample cases.

It would appear that truancy is associated with a series of related school behavior problems. Cutting and lateness, already mentioned were found in 65 and 54 percent respectively of the truancy sample. Discipline in class and disregard for school rules were found in about one-third of the sample while 18 percent also showed some other problem. It is perhaps surprising that deficiencies in achievement were found in only 40 percent of the group defined as truant.

TABLE SEVENTEEN

YEAR ATTENDANCE PROBLEM  
FIRST IDENTIFIED

<u>Year</u>	<u>Percent</u>
1971	8
1972	3
1973	9
1974	45
1975	35
	<u>100% (N=87)</u>

PROBLEMS IDENTIFIED  
OTHER THAN TRUANCY

<u>Problem</u>	<u>Percent</u>
Cutting	65
Lateness	54
Discipline in class	33
Disregard for School rules	35
Achievement (reading and/ or math below level)	40
Other	18
	(N=93)

The attendance record for the 1974-75 school year, the one prior to Family Court referral, reflects the range of unexcused absences mentioned earlier. Nevertheless, the mean of 41.6 unexcused absences out of a total of 180 suggests that the truants as a group missed school about one out of every four days in the year prior to the one in which they were referred to court.

Interviews with attendance personnel suggest that court referral for truancy is not solely a matter of the number of days of unexcused absence. Several claimed that cutting and lateness were patterns distinct from although very much a part of truancy. Others noted that disruptive behavior in the classroom, when present, would be more likely to subject a truant student to the possibility of court referral. Still others noted that it was their practice to use referrals to court mostly in those cases where the family was uncooperative with the school in attempting to resolve the truancy problem. It is the presence or absence of factors such as these which account for truancy being identified long before it is referred to court and for the finding that the group of truants in the sample missed on the average nearly one of every four days of school in the school year prior to court referral.

#### C. What Actions do Schools Take?

Delay in bringing truancy cases to the attention of the court also reflects a variety of actions taken by the school

to deal with the problem. Although there is much variation from district to district, most make many attempts to obtain contact with the family. Some school districts employ attendance officers who make regular home visits to families of truants. Others attempt to work with the family at their office. Another procedure often used is to conduct psychological evaluations of students.

One of the more problematic actions taken by schools is suspension of students. In our sample, 35 percent were suspended during the fall of 1975 while 24 percent were suspended during the 1974-75 school year. If a child is already truantiing, the purpose of suspension is somewhat unclear. On the other hand, suspension is often used for children seen as disruptive in school or as a way of scaring truants and making them "shape up".

It would appear that the decision to refer a truancy case to court is made by a number of people although it is generally the school principal who has the final word. All schools reported at least several personnel being involved in the decision. Some reported a collective decision-making process that would involve the assistant principal, the school psychologist, social worker, nurse, attendance officer, reading teacher, speech teacher, home room teacher, possibly other personnel and, of course, the principal. By the time a truancy case goes to court, it is safe to say that efforts have been made to deal with the pupil and his or her truant behavior. As mentioned above, home visits, office conferences

with families, psychological evaluations and the penalty of suspension have often been tried. Indeed, it is interesting to note that with few exceptions the case names and circumstances were quite familiar to the attendance officers and school personnel with whom we spoke even though the cases had developed more than one year prior to the time of our research.

D. What Do Schools Expect of the Court?

Many of the attendance officers interviewed indicated that they expected the court to play an authoritative role in the cases referred for truancy. Many felt that the court was remiss in not consistently using a punishment-oriented approach and that there was not sufficient use of alternatives such as the shelter and placement, which would clearly remove the child from the situation. In this vein, many attendance officers felt that even the threat of court action should be used to "scare" or "jolt" truant children into attending school.

It must be realized that the attendance officers see the court as an agency of last resort, one to be utilized after all other approaches have been tried. This is especially true of attendance officers of districts where a variety of professional services are available. As noted above, the attendance officer and an allied professional staff member have often counseled with the child, with the family, and perhaps even with others, but to no avail. Thus, the expectation is that a "get tough" approach on the part of the court will somehow be effective where the other approaches have not been.

Virtually all of the attendance officers interviewed were aware of diversion services and the distinction between informal adjustment and going to petition. Most were aware of OJI and the differences between diversion through OJI and through Intake. However, the feelings toward OJI covered a very broad range.

On the positive side of feelings toward OJI, there were many attendance officers who saw OJI as a most constructive program with counselors who took a personal interest in cases and provided good feedback to schools. On the other hand, there were those who saw it as a "waste of time", "just another counseling agency", and an agency which "put the onus back on the schools". In the middle were some who saw little difference. Although the numbers were well split between the range of the opinions cited here, to present them in detail would be misleading since our questions and our sample revolved around particular cases, not around attendance officers. (For example, the sample is heavily weighted toward the districts which refer cases most frequently.)

#### E. What Happened During Treatment?

Having defined how truancy is defined, what schools do and what they expect the court to do, it is appropriate now to look at the kinds of treatment oriented actions taken in our sample cases. It is also important to examine the effect of these actions on patterns of school attendance. Our focus here is comparative and our interest lies in examining the four groups of cases enumerated in the previous section of this report: OJI adjusted, OJI petitioned, Intake adjusted and Intake petitioned.

TABLE EIGHTEEN

NUMBER OF CASES IN WHICH  
ALTERNATIVE SCHOOL OPTIONS  
WERE EMPLOYED: OJI & INTAKE  
ADJUSTED AND PETITIONED

Options	OJI Adjusted (29)	OJI Petitioned (17)	Intake Adjusted (16)	Intake Petitioned (31)
Home Tutoring:	3	2	1	3
Condensed Scheduling:	6	2	5	7
BOCES :	2	1	0	5
Other:	1	3	3	9
	<u>12</u>	<u>8</u>	<u>9</u>	<u>24</u>
Total Percent:	41%	47%	56%	77%

Looking first at the alternative school options employed, it is interesting to note that the OJI adjusted cases were least likely to have utilized such options while the Intake petitioned cases were most likely (See Table Eighteen). The other groups lie in the middle and the differences between the four groups are statistically significant at the .05 level (Chi-square = 9.29, 3df.) On the other hand, there are no significant differences in the types of school options for those cases in which alternatives were employed. In evaluating these findings, it should be borne in mind that the information on school alternatives came from the school attendance official we interviewed rather than the case records of OJI or Intake.

In order to look systematically at program impact as it influences school attendance, we counted the number of unexcused absences and divided it by the total number of days in the appropriate months of the 1975-76 school year immediately prior to referral, during the treatment period and after the treatment period. For comparative purposes, we also computed, where it was available, a percentage of unexcused absences for the prior school year, 1974-75. In Table Nineteen, these calculations are reported for each of the four groups of cases. In reading this Table, it should be noted that the percentage of days of unexcused absences are for the groups as a whole and that the actual numbers related to the percentages calculated may vary among the four groups because of unavailable data.

TABLE NINETEEN

PERCENT OF DAYS UNEXCUSED ABSENCES  
PRIOR, DURING AND AFTER TREATMENT  
PERIOD: OJI AND INTAKE ADJUSTED &  
PETITIONED

Percent of Days	1974- 1975 School Year	TREATMENT PERIOD			Prior versus During %+or-	Prior versus After %+or-
		Prior	During	After		
OJI Adjusted (N=29)	40	43	46	42	+ 3%	- 1%
OJI Petitioned (N= 7)	46	37	49	47	+12%	+10%
Intake Adjusted (N=16)	32	21	29	30	+ 8%	+ 9%
Intake Petitioned (N= 31)	46	47	51	43	+ 4%	- 4%

The pattern of findings shown in Table 18 is less than completely consistent. Although the Intake adjusted group shows lower percentages of unexcused absences for the prior, during and after treatment periods, this may simply reflect the fact that it is the less severe cases which are adjusted rather than petitioned by Intake. It is also curious to observe that the percentages of unexcused absences were substantially less for the period prior to treatment, for example, September thru December 1975, than for the 1974-75 school year for the OJI petitioned and Intake adjusted cases.

The most important findings of Table 18 are contained in the last two columns in which each group is in effect compared to itself. Thus, when percentages of unexcused absences during the treatment period are compared to those prior to treatment, they are greater for each of the four groups of cases. In other words, we are left with the rather surprising finding that school attendance deteriorates during the treatment period. Although the pattern holds for every category of cases, it is most severe for the OJI petitioned group and least severe for the OJI adjusted group.

#### F. What Happened After Treatment?

Another way to assess the impact of OJI versus Intake participation on school truancy cases is to look at what happened during and after the treatment services are delivered. Actually, a variety of options are possible and we relied again on the knowledge of school personnel to tell us which ones had been utilized. For the total group of 93 participants, the following during and post treatment options resulted:

- child attends the same school (N= 59)
- child in residential placement (N= 9)
- child moved out of district (N= 10)
- child presently working (N= 5)
- child signed out of school (N= 21)
- child sent to other agency (N= 10)

The percentage of cases in which these options were utilized did not differ significantly for the four groups of cases. The total number is greater than 93 because of several cases in which more than one option was utilized.

It is evident from the figures reported in the above illustration that the most frequent option, used in 59 or nearly two-thirds of the cases was for the child to remain in attendance at the same school. Presumably the child was being treated or counseled while he or she was attending the school. Less frequently used was residential placement. On the other hand, 21 had signed out of school and five were working. Finally, ten were sent to some other agency such as BOCES or a rehabilitation center.

The fact that two-thirds of the children involved in truancy cases continue to attend the same school shows how great the emphasis is on community based treatment and keeping the child in school. Unfortunately, the pattern of attendance did not show dramatic improvement either for the OJI or Intake cases. (See the last column of Table 18). The Intake petitioned group shows the "best" record in that the percentage of unexcused absences dropped four percent between the prior and after treatment period. OJI adjusted dropped only one

percent while the percentages increased quite considerably for the two other groups. In short, for those remaining in school, OJI participation, where the situation led to case adjustment, showed a very slight improvement in school attendance. By contrast, the Intake petitioned group showed greater improvement while the two other groups showed considerable deterioration in school attendance.

G. How is School Attendance Related to Case Outcome and Re-Entry?

Using the school attendance record data in another way, we computed whether the attendance record was improved or remained the same for each child. It was considered improved if his or her percentage of unexcused absences was less during the after treatment period than it had been in the prior treatment period. Otherwise, it was regarded as unimproved. By this definition, 55 percent of the truancy cases were unimproved while 45 percent were improved. It should be noted that the calculations of attendance improvement for the after treatment period are based on smaller numbers of cases because after treatment data were unavailable for 23 students.

In attempting to relate patterns of school attendance to case outcome and re-entry, it is the absence of relationships that is most striking. Those who showed improved (and unimproved) patterns of attendance are no more likely to be adjusted than petitioned. Moreover, the "improveds" and the "unimproveds" are just as likely to re-enter the juvenile justice system. Finally, OJI is no more or less successful in its effects upon improvement of attendance than is Intake, 44 percent of the OJI versus 46 percent of the Intake cases

show improvement. Nor do differences appear when adjusted and petitioned OJI and Intake cases are considered separately.

#### H. Conclusion

The lack of significant relationships between school attendance, case outcome, and re-entry is the final documentation of the problematic nature of the association between the Probation Department and the problem cases of Nassau County's 56 school districts. To begin with, many of the school districts have counseling or other staff who attempt to deal with attendance problems. If court referral is taken, it is often a situation where the school, feeling it has taken all reasonable measures, expects something authoritative to be done so that "results" can be achieved.

When a truancy case is referred to court, alternative school options are often employed. Curiously, OJI was less likely to use alternatives to school, perhaps because it felt that students could be kept in school through counseling. However, the impact of OJI, or for that matter Intake, on school attendance appears to have been rather mixed. On an average, the percent of unexcused absences actually increased during the treatment period for each of the four groups and comparisons between the prior and after treatment periods show rather uneven results. Finally, although it can be said that 45 percent of the sample showed a pattern of improved attendance, there are no significant relationships between improvement or unimprovement in school attendance and OJI program participation, case outcome and re-entry.

These findings only confirm the frustration that counselors find in dealing with school cases. Their efforts produce few demonstrable differences. To some extent, their services duplicate those already offered by some of the school districts. Furthermore, school district expectations as expressed by attendance officers often conflict with the objectives of a program such as OJI. In short, the overall relationship between OJI and school districts is one that needs further study and review.

## SECTION VI

### THE AGENCY REFERRAL ISSUE

#### A. Introduction.

To treat directly or to refer cases to outside agencies has been a question faced by OJI staff and administration from the beginning of the project. The language of the OJI project proposal called both for an active use of fieldwork, a dynamic use of social group work techniques and

"... extensive work in significant areas of the community to locate and help develop resources pertinent for case management. This is especially important in giving the family the ability to seek and find help if needed in the future after their contact with Family Court is ended." (OJI Proposal, 1975, p. 4)

The "both-and" approach required that a complex decision about whether and how to get involved be made in literally every case handled by OJI.

After two years of program experience, there now appears to be a desire for considerably greater emphasis on what came to be known as the "resource and case management role". In fact, the third year funding proposal for OJI cites an emphasis

"... toward increasing our availability to penetrate and utilize existing community resources more efficiently and effectively," at the same time recognizing, "a need to limit the amount and type of 'direct service' provided by the Project to individual clients". (OJI Proposal, 1976, Third Year Funding, p. 4)

In light of this emphasis, or "reemphasis" as it were, on resources and case management, it is appropriate to look at the roles played by agencies in the OJI and Intake cases in

our systematic case sample and to examine the findings of a separate but related study of referral agency contact.

There is also a need to use the term "interfacing" in describing one aspect of the case management role. Frequently used in our initial discussion with OJI administration, interfacing designated a process by which case contact was maintained during the period the case was being referred to another agency. The intent was to have the OJI worker, the worker at the referral agency, and the client engage in joint decision-making about the action(s) to be taken in the case. In our analysis of case records, we found that the interfacing process could be operationalized as involving a minimum of three joint meetings with another social agency (telephone calls could count as one meeting) and working together on the case over a period of at least two weeks. Hence, as mentioned earlier, most interfaced cases are also referred but it is by no means true that all referred cases are interfaced.

#### B. Social Agencies in Nassau County

In the course of our study, simply in relation to the cases included in our sample, we encountered a total of approximately 100 different agencies. (For a listing see Appendix C-1). Located throughout the county, these agencies provided a variety of services so broad that it nearly defies description. Moreover, many of the agencies are independent, autonomous, and designed to serve particular population subgroups. There is comparatively little coordination of agency efforts and, in fact, a comprehensive directory of agencies is not even at the beginning stages.

In terms of sponsorship, there is a major distinction between county, for example, public agencies, and private agencies. Some coordination of public and private agencies operating in related areas is provided through three county "umbrella" organizations:

- Department of Mental Health - includes psychiatric and counseling services and clinics.
- Youth Board - includes programs directed at youth, often with the express purpose of delinquency prevention.
- Department of Drug and Alcohol Addiction - includes agencies designed to treat these addicts.

Without going into the organizational details, it should be noted that each of these organizations has a different type of relationship to the agencies which come within its purview. In addition, there are many other agencies and private practices which do not fall into the jurisdiction of any of these "umbrella" organizations.

In terms of services rendered, the variety again is quite great. Some provide diagnostic service while others emphasize treatment. Types of services have been broken down into:

- Counseling
  - individual
  - family
- Health
  - psychiatric
  - medication
- Education
  - vocational testing
  - testing
  - alternative school
  - tutoring
  - work-study
- Employment
  - youth
  - parent

- Social Services
  - daycare
  - family planning
  - homemaker
  - foster care
- Alternative Living

(Lewin and Associates, 1977)

It is important to bear in mind the diversity of sponsorship, "umbrella" organizations, diagnostic versus treatment, and type of service rendered distinctions as we review and examine the patterns of agency involvement in the cases included in our systematic sample.

### C. Agency Contact: Case Records Sample

In overviewing the agency referral issue, it will be useful at the outset to review the information gathered through the systematic analysis of case records, some of which has been reported earlier in Section IV. Having done that, we can then go on to report the findings of our referral agency study.

Of the entire sample of 548 cases for the 1975-76 study year, 315 or 57 percent had contact with one agency prior to entering OJI or Intake. Twenty-one percent or 116 had prior contact with two or more agencies. The dispersion of prior agency involvement is considerable. Of the 97 agencies with which clients had prior contact, only three dealt with more than five percent of OJI and Intake clientele: protective services (14%), BOCES (6%), and private therapists (6%). The remaining 94 agencies saw less than five percent, or in numbers, less than 14 people each.

On the referral side, the picture is somewhat different. Overall, there is less referral agency contact. Of the 548 cases, 178 or 32 percent were referred to other agencies, and 51 or 9 percent were referred to two or more agencies. The largest number and percentage of cases referred was for the OJI adjusted group where fully 55 percent of the cases were referred to some other agency. By comparison, in each of the other three major groups of cases, less than 30 percent were referred.

The pattern of dispersion, evidenced in prior agency contact, is also visible for referral agencies. At 11 percent, protective services picked up the largest group of referred clientele. Outreach received 8 percent while direct services received 7 percent and the Family Service Association received 6 percent. Of the remaining agencies to which cases were referred, each received less than 5 percent, or in numbers, less than nine of the referred cases.

It is also worth noting again that for the Intake cases, those with prior involvement with other agencies are more likely to go to petition than those without such involvement. On the other hand, the relationship does not hold in the OJI sample. When it comes to re-entry, the relationships are the other way around. For the OJI cases, prior agency involvement increases the likelihood of re-entry but there is no similar relationship for the Intake cases. Similarly, referred OJI cases are significantly more likely to be adjusted but there is no relationship between referral and re-entry (See Section IV).

p. Referral Agency Study

Given the ambiguities of the relationships between prior agency involvement, referral and case outcomes and re-entry, it was felt opportune to conduct a follow-up study of the cases referred by OJI and Intake during the August 1st thru December 30th, 1975 period. Using a questionnaire mailed to agencies during May, 1977, the focus of the referral agency study was on what happened to the cases referred to other agencies by OJI and Intake (See Questionnaire in AppendixA-3 ).

Although the sample and response rate for this separate study are discussed Appendix D of this report, a brief review is appropriate here. Questionnaires on 66 OJI referrals involving 46 clients, and 9 Intake referrals involving 9 clients were mailed out. Completed questionnaires were received on a total of 60 referrals, 53 OJI and 7 Intake, for an overall response rate of 80 percent. Such a response rate is normally considered adequate for a mailed questionnaire survey.

The responses were divided quite conveniently into two groups, those who had contact with the agency to which they were referred and those who did not. In other words, although referred, the latter group never established sufficient contact to become part of the referred agency's files. Hence, the agency responded to our questionnaire that they had no knowledge of the particular client.

TABLE TWENTY

REFERRAL AGENCY CONTACT:  
OJI AND INTAKE

Contact - # of cases	OJI	INTAKE	TOTAL
With Contact	33	5	38
Without Contact	20	2	22
Total Referred	53	7	60

Table 20 shows the numbers of OJI and Intake referred clients for whom no agency contact had been established. In all, the "without contact" group comprises 37 percent of the total number referred. Furthermore, calculation of chi-square shows the difference between OJI and Intake to be significant although there are very small numbers of Intake cases with which to work.

For those cases where contact was reported, a breakdown of the responses to our questionnaire is most indicative. At the outset, it appears that there is a major distinction between cases referred to agencies for diagnosis and those referred for treatment. Of the 38 referred cases with agency contact, 14 were referred for diagnosis or evaluation only, with many of these being serviced by the Division of Forensic Services. Five were seen by the intake services of their agencies for diagnosis as a prelude to placement.

ILLUSTRATION IV

TREATMENT AGENCY RESPONSE TO VARIOUS QUESTIONNAIRE ITEMS

Q: In actuality, how frequent did home or office visits occur? (Check One)

8 less than once per month  
4 monthly  
1 bi-weekly  
6 weekly  
1 more than once per week

20 Total (Three agencies gave multiple answers)

Q: In actuality, how long did your agency have contact with the client? (Check One)

4 less than one month  
4 more than one - less than three months  
2 more than three - less than six months  
3 more than six - less than twelve months  
6 more than twelve months (contact still maintained)

19 Total

Q: Total number of agency contacts with client:

75,60,35,26,25,15,12,12,10,9,5,5,4,3,3,3,2,1,1, (median 9)  
(mean 16)

Q: In your opinion, did the client complete his or her plan of treatment with your agency?

5 Yes  
12 No (Two Still Active)

17 Total (Two agencies gave qualified answers)

Q: In your opinion, was the treatment successful?

6 Yes  
11 No

17 Total (One agency gave a qualified answer)  
(Another Gave No Answer)

In one case, information could not be given because the case records had been lost.

The remaining 19 cases went to treatment agencies and achieved a varied success. If the actual frequency of visits is examined, the most frequently checked category was less than once per month. Here it should be noted that several agencies checked two categories because of a change in treatment plan during the period of case treatment. In several cases, it was noted that the frequency of visits would be reduced when it became clear that a client was "progressing". (See Illustration IV).

It is also very important to observe the amount of contact with clients on the part of treatment agencies. The length of time is not overly long. Only 6 cases were seen more than 12 months while another 4 were seen less than one month. The total number of contacts per client was most variable. The median was 9 but the range ran from one client with a total of 75 contacts down to two clients with only one contact each.

Yet, it is the agency response to attitudinal questions which tells even more of the story. As Illustration IV indicates, in five cases the treatment was seen as "completed" while in six cases it was seen as "successful". When asked why cases were not successful, the responses were most varied and the following are indicative:

- "resistance on the part of parents"
- "father wouldn't cooperate -- saw the agency as a child advocate"
- "cooperative to a degree -- client dropped out when therapist left"

Another measure of referral agency perception is their answer to the question of whether the client was a cooperative recipient

of agency services. Asked of all 38 clients with agency contact, the agency reply was 28 Yes, 8 No, and 2 No Answer (records unavailable). However, a review of the questionnaires suggests that it was the diagnostic/evaluative agencies which definitely tended to see the client as cooperative while the treatment agencies generally did not.

#### E. Summary and Conclusions

Using the systematic case record data, supplemented by the follow-up of a sample of cases referred to outside agencies, has afforded an insight into the relationship between OJI, Intake and other social agencies. This relationship is especially important because of OJI's emphasis on the case management as opposed to the direct service role, clearly expressed in its third year funding request.

A look at the data shows that the case management role requires much further developmental work if it is to be maximally effective. One obstacle is that there is no single coordinated network of social agencies in the county. The case records study showed that there were many agencies, both prior and referral, each of which was involved with only a handful of cases during the study year. On the other hand, no less than 57 percent, nearly three out of five clients in the total sample, had agency contact prior to their OJI or Intake experience. Perhaps because of agency diversity and the large numbers coming into contact with agencies, the impact of agency contact on case outcome and reentry was rather mixed. In fact, it had exactly the opposite effect for the OJI and Intake samples.

The referral agency study pointed to further problems in client contact with agencies to which they were referred. The basic problem is that 37 percent of the total number referred were never known to the agencies to which they were referred. Of the referrals where contact was made, the agency was more likely diagnostic or evaluative rather than treatment oriented. Contacts with treatment agencies show a very wide range but few ran over a six month period and very few were regarded as "completed" or "successful" in the eyes of the agency delivering the treatment. Finally, it was the treatment agencies which tended to see the client as uncooperative.

These findings suggest the need for a more comprehensive approach if the referral process is to operate effectively. At a minimum, there is the need to know whether and how clients follow through on referrals. Perhaps even more important, it is necessary to know the frequency, length and quality of service to be delivered by the referral agency and to relate these to client need. Finally, it would appear that there is a need for a meaningful working relationship to be built between OJI and the agencies to which cases are referred.

## SECTION VII

### FURTHER ORGANIZATIONAL QUESTIONS

#### A. The Cost Question

In evaluating a project such as OJI, allocation of costs is one of the most difficult areas to understand. Cost accounting for public agencies is only in its infancy. Line item budgets have yet to be replaced by zero based or some other type of budget that accounts for costs in terms of clients served or some other measure of output. Hence, while agencies may know the overall amount of their expenditures, where the money goes in terms of the cases processed or variations in the amount of money expended in particular cases often remain very much a mystery.

Calculating the costs is even more problematic when there is a multiplicity of agencies involved in a particular case. The PINS cases in our sample may incur court costs in addition to the probation department costs of investigation, supervision, placement et al. At the same time, costs for PINS cases may be very difficult, if not impossible, to separate from the costs of other types of cases handled by an agency.

In our effort to gain a comprehensive view of the comparative costs of OJI and Intake, we were frustrated at a number of points. At the outset, we were told there was no way to secure information on court costs. We were subsequently informed that costs of Intake handling of PINS cases were so intertwined with costs of other types of Intake cases that it would be impossible to break the PINS costs out on a separate basis. It was emphasized, however, that PINS cases were much more difficult and time consuming

than other types of Intake cases. On the other hand, as noted earlier, these cases constituted an average of 12 out of 45, for example, about one-quarter of the caseload of the typical Intake worker.

From the administration of Intake, we were able to secure the following cost estimates of handling PINS cases:

- |                                   |           |
|-----------------------------------|-----------|
| - per initial interview at Intake | \$ 81.    |
| - per investigation               | \$ 850.   |
| - per supervision ( one year)     | \$ 991.   |
| - per placement                   | \$23,500. |

Suggestive as these figures may be, we were informed that there was no way of estimating costs of PINS cases (a) incurred by the courts and (b) after the initial interview at Intake. Absence of these estimates leaves two major gaps in our cost review.

Table Twenty shows the cost calculations for the OJI and Intake samples of cases tracked in terms of their dispositions over the follow-up period. The calculations here are based on the figures given earlier in Table Six, Section IV, page 58. The \$243,259 figure is the total grant received by Nassau County from the New York State Office of Crime Control Planning to operate OJI for its first full year. We have also estimated costs of ACOD with supervision to be about \$500, roughly half of the costs of probation supervision.

Although the cost calculations given in Table Twenty-One are estimates and, therefore, limited in the amount of information they can provide, they do furnish some very useful leads. Perhaps most startling is the estimate that the costs per case of the OJI and Intake samples are virtually the same. Yet, when one looks closely at where and how the costs are incurred, there are

significant differences.

Concerning the point at which costs are incurred, note that the OJI sample cases showed higher costs at the beginning and reduced costs in the latter part of the process simply because fewer cases were processed all the way through the system. When one looks at Intake, the costs are comparatively minimal before court processing but become more substantial for investigation, supervision, placement and ACOD with supervision. In short, OJI puts the costs up front while Intake places them further back.

The most problematic area for costs is the cost of placement. For both groups, placement costs run over a half million dollars even though less than 10 percent of either group go into placement. In terms of percentage of total costs, placement costs are well over 50% of OJI and close to 70 percent of Intake costs. Since placement constitutes such a large percentage of case processing costs, the fact that OJI does not have a significantly lower placement rate means that it cannot have a dramatic impact on costs.

In examining OJI placement costs, it should be noted that nearly all of the placements (21 out of 24) were incurred in the petitioned rather than the adjusted group of cases. Although a similar pattern also characterizes the Intake group (where 20 out of 24 placements) came from petitioned cases, Intake adjusted far fewer cases than did OJI. This means that if costs were evaluated solely in terms of a comparison of the two adjusted samples, OJI would be considerably more cost effective.

TABLE TWENTY-ONE

COST COMPARISON BETWEEN OJI AND  
INTAKE SAMPLES (See Table Six )

<u>OJI</u>		<u>INTAKE</u>	
Total Project Cost First Year	\$243,259	Initial Interview 260 cases @\$81.	\$ 21,060
Investigated 136 @ \$850.	\$115,600	Investigated 200 @ \$850.	\$170,000
Probation Supervision 77 @ \$991.	\$ 76,307	Probation Supervision 95 @ \$991.	\$ 94,145
Placement 22 @ \$23,500	\$517,000	Placement 25 @ \$23,500	\$587,500
ACOD with Supervision 4 @ \$500.	\$ 2,000	ACOD with Supervision 22 @ \$500.	\$ 11,000
<u>Total:</u>	<u>\$954,166</u>	<u>Total:</u>	<u>\$883,705</u>
Per Case:\$ (N=288)	3,313	Per Case: \$ (N=260)	3,398.
Number of Court Contacts = 125		Number of Court Contacts = 195	

Actually the figures stated in Table Twenty-One somewhat understate Intake case costs relative to those of OJI. As mentioned above, there are considerable Intake costs beyond those of the first interview even if the administrators we interviewed could suggest no clear cut means of computing them. It should also be noted that a total of 125 OJI as opposed to 195 Intake cases, 43 percent as compared to 75 percent, went to petition at one time or another, thus incurring costs related to court appearances etc. If these two factors could be estimated well, it is quite possible that the OJI project could show an appreciable cost saving, perhaps in the area of ten percent. In any event, it is important to recognize that the heavy expenditures for the OJI program at the "front end", far from resulting in increased total costs, reduce expenditures at the "back end" of probation investigation and supervision. In addition, it should also be noted that OJI is offering considerably more service per case than is Intake--even the cases going to petition receive an average of 1.5 months of service. That OJI can do this at a slightly lower overall cost per case is a clear indication that project effectiveness gets translated into cost effectiveness.

## B. The Internal Organization Question

In its delivery of services, OJI faced the decision of how to organize itself. Internal organizational decisions touch on many areas: caseload size, team, relationship to schools, and relationship to other agencies to cite only a few. Based on interviews and observations of project staff, our discussion of organizational decisions in this section is meant to be suggestive rather than definitive. The issues related to the decisions are by no means closed and it is hoped that our discussion will stimulate further debate.

### 1. Team

One problem area for OJI was how it should utilize the team approach in handling cases. While its proposal called for the team approach, it did not specify how teams were to be utilized. Although its operational procedures required case decisions to be made by the team, they too did not elaborate on how the team was to operate. As a result, teams were utilized in different ways in different cases.

To begin with, teams were utilized in some but by no means all of the sample. We suspect that the criteria as to whether or not teams were utilized in particular cases related not only to case needs but also to the availability of team members. In those cases where teams were utilized, we found team members, especially case aides, being utilized interchangeably with counselors. Sometimes they would visit schools or other agencies. Other times they would relate to clients. Often they appeared simply to accompany counselors on visits with no unique purpose.

To compound the problem, team members, typically the case aides, were often assigned to two or more counselors involved in different cases. The requirement of working with more than one counselor at a time left them subject to conflicting demands and, at the same time, also gave them some rather difficult scheduling problems. Indeed, the counselors, too, reported that scheduling team member meetings presented difficulties. Undoubtedly, scheduling difficulty was a factor in the considerable time lapse between the initial interview and follow-up visit for the OJI adjusted cases.

OJI itself appears to have had some difficulty with the team approach. At one level, it was a problem of staffing; volunteers, student interns, were available in differing numbers at various times of the year. Even case aides worked on limited time schedules. At another level it is a question of style. After claiming at the outset that the team approach had been found to be more effective than the one-to-one approach, the OJI First Year Report stated about teams in a later section that:

" only a few of the staff have chosen to become involved in this treatment modality, since case work has primarily been used in their past work experience". (OJI First Year Report, p. 11)

In light of these operational difficulties with the team approach, our finding that use of this approach is unrelated to re-entry, even though it is related to case outcome, is not so unexpected. It would appear that the counselors and case aides found some frustration in working with teams and that it is an area where further work needs to be done.

There is an interesting trade off between caseload size and

the use of teams. One presumption is that counselors can handle a larger volume of cases if they have teams to assist them. For reasons which are not entirely clear, OJI hit upon an optimal caseload of 20. Most, although not all, counselors felt that caseloads of between 10 and 12 would be necessary for the full range of services to be given to every case. In discussing the issue further, one counselor expressed the caseload/team trade-off clearly in claiming that the project would be better off without the use of teams but with the use of reduced caseloads.

## 2. Interfacing

OJI was also faced with the problem of developing an interfacing process through which it could work with other agencies as cases were referred to them. Like the team approach, use of interfacing, or for that matter, referral had no real impact on re-entry. In part, this is attributable to a vague understanding on the part of many as to what interfacing was and how it should work. Yet, it must also be recognized that there were substantial problems in the whole area of client follow-up on referral and contact with other agencies, especially treatment agencies. (See Section VI).

It appears to us that much could be done in the areas of routinizing the interfacing and referral processes. In the listing given in Appendix C-1, it is interesting to note that there are a few agencies to which substantial numbers of cases are referred. In fact, the larger numbers are referred to county agencies although this does not necessarily mean the interfacing process is easier. It is hoped that the list provided in the appendix will serve as a

useful tool for OJI to understand its relationship to other agencies and its interfacing process. It is suggested that such a list, difficult itself to compile, be actively maintained as the basis for such an understanding.

The other aspect of interfacing is for project counselors to develop working relationships with professionals on the staffs of other agencies. Although the administration appears to have developed such relationships, the experience of project staff seems mixed. It is one thing to know that an agency provides the particular kind of service needed by a client but it is quite another to know the agency well enough to insure that the client follows through and receives the service. Perhaps the best procedure would be for project staff, especially the counselors, to meet with staff of other agencies in order to learn about their function and operations before referring or interfacing particular cases.

### 3. Schools

By virtue of its situation, OJI found it necessary to respond to the demands of a variety of school systems, many of which had repeated contact with both OJI and Intake. Again this is an area in which there are many problems and a need for further routinization of relationships. As discussed in Section V, OJI appears to favor keeping the child in school but appears to have no demonstrable impact in the direction of improved school attendance.

The school problem was recognized by OJI's administration from the outset. However, they were reluctant to deal directly with it

because OJI's design required random assignment and project publicity was somewhat frowned upon. Nevertheless, the problem was discussed and there was some consideration given to the possibility of adding one or two staff positions in which personnel would be given the specific responsibility of working with school systems and/or school referred cases. Furthermore, a series of conferences with school personnel, sponsored by OJI, is scheduled for the fall of 1977.

#### 4. Casework Method

In considering the question of how OJI could or should organize itself, one major limitation is its clear commitment to the case method and case approach. Each counselor treated a "full" caseload of 20 PINS cases. Hence, all were generalists, faced with the twin problems of dealing with a multiplicity of schools on the one hand and agencies on the other. Furthermore, their dealings with schools and agencies were through particular cases rather than a more comprehensive approach.

The only exceptions to the case method organization of OJI were the social group work and field trip programs it operated for part of the year. Although some of the student interns were involved in these programs, most extra personnel were used in teams which basically tried to help counselors do better casework. Although, as mentioned earlier, the idea of counselors designated to work directly in and through schools was considered, it was never really implemented. By the same token, agency relationships were never made the concern of any one person.

In the end, the efficacy of OJI rests on the basic casework approach rather than the "innovative" strategies it developed. It

was a casework design that was built into its day to day organization. Although the innovative strategies were discussed, OJI was not deliberately organized to implement these strategies. Perhaps it is the soundness of the casework organizational design that explains why OJI was generally effective in diverting cases from court even though its effectiveness cannot be traced to any particular "innovative" treatment strategy.

### C. The Type of Agency Question

Above and beyond OJI's internal organization there are also questions related to its proper goals and purposes. Should it assess, treat, or refer cases to other agencies? Should it engage in some combination of these activities? How should OJI relate to other services of the Probation Department? Where does its approach fit into the pattern of services offered by schools and other diagnostic and treatment agencies? What about the four month limitation on services to clients. Should OJI accept other types of cases other than PINS?

#### 1. Duplication of Services

Overlapping or duplication of services is a perennial area for concern. In the context of delivery of services to status offenders it becomes particularly complex. Picture a case that is by no means extreme. A child traunts. The school offers counseling services to students and, as part of these services, home visits are made by the attendance teacher to the homes of students evidencing truancy. The student in our case has received these services but persists in truanting. The case is referred to court and randomly selected for participation in OJI. OJI contracts with the family and the student, does its counseling and home visits but

the pattern remains unchanged and the cases is petitioned. It is then reinvestigated in the investigation section of the probation department for a two month period, disposed of in court and then either placed or given supervision for a period of one year.

The person involved in the case cited above, would have come into contact with no less than four professional workers within a period of one year (attendance officer, OJI counselor, investigation probation officer, and supervision probation officer). Worse yet, had it been closed as adjusted by OJI and then referred again to Intake, a professional Intake worker would also have handled the case. In all of this, very similar questions are asked repeatedly, other professional evaluations may be made, and a great deal of professional effort may well have been put into this one case.

Far from being unique, the pattern of cases being passed from agency to agency as they "penetrate" the system is quite common. We were quickly informed by the Intake counselors of OJI cases closed as adjusted only to return to Intake at a later date. However, a check of our sample showed that only 12 of the 548 sample cases represented the same individuals in both the OJI and Intake group. Yet, the sample period was for only one year. The overall re-entry rates of 75 percent for Intake and 43 percent for OJI suggests that there are a substantial number of repeaters who, unsuccessfully diverted, are sent through the system again. By the time they are through, these repeaters have had a minimum of five professional workers, possibly several more, handling their case within a period of time that may be as short as 12 months.

The fact that OJI and Intake were dealing with similar types of cases put them into a pattern of rivalry with each other. Although there was very good communication between the two units at the administrative level, it appears that there were few working relationships between the respective counselors. Because they saw many OJI "failures" reentering, the Intake workers felt that OJI's program was not working well. OJI, on the other hand, was very conscious of its adjustment rate.

## 2. Treatment or Referral

Another major type of agency question was the decision to make OJI a treatment or referral agency. Actually, both were part of OJI's mandate but we have already commented on the tension between the two roles (See Section III). We have also raised questions about the efficacy of the referral role as it was utilized during OJI's first year of operation (See Section VI). Nevertheless, the question of treatment or referral is still an open one that needs to be dealt with.

One aspect of the treatment/referral issue is the length of time cases should be handled. Legally set at four months, the counselors interviewed felt that this period, while too long for some, was not long enough for many. This was particularly true if OJI was to provide treatment. Yet, it was also true for referrals or interfacing since other agencies often had waiting periods of several weeks or even months and it took time to complete the necessary arrangements.

### 3. Diversion/Service

Perhaps the real key to evaluating OJI is to see it both as an agency of diversion, one which would somehow get cases out of the juvenile justice system, and as a service agency, one which does something for the cases it diverts. Our research indicates that OJI does fulfill a diversion function clearly diverting more cases than does the normal Intake operation. The nature and impact of services delivered, however, are much less clear and there is a need for clarification of treatment modalities.

It should be noted that the beginning of successful diversion is a high adjustment rate. Conversations with OJI administration suggest that the diversion rate has been on the increase during 1977. Whether this is related to the type of case, the fact that OJI has been in operation for two years or to changes in worker attitude, a substantial increase in the petition rate could seriously narrow the differences between the reentry of OJI and Intake cases.

The final issue related to services is which cases are to be given services. After two years, most of the personnel associated with the project are resisting the notion of random assignment. Yet, two questions remain: how to decide which cases are most in need of services and which cases are the most successful candidates for diversion?

#### D. Summary

In this section we have raised a number of key organizational questions focused around the general ones of cost, internal OJI organization, and type of agency. While the discussion has incorporated some suggestions, it was meant to frame issues rather than to propose solutions. The latter task has been undertaken in the first section in which our conclusions and recommendations were presented.

Case Questionnaire  
 Name: Last \_\_\_\_\_ First Initial \_\_\_\_\_ Intake # \_\_\_\_\_ 2-6  
 Intercept \_\_\_\_\_  
 Case # \_\_\_\_\_ 7-10

I. Case Information

a. Date Case Initiated.....(month/year) \_\_\_\_\_/7\_ 11-12, 13

b. Date Case Closed (Adjusted or Referred)....(month/year) \_\_\_\_\_/7\_ 14-15, 16

If petitioned immediately, Check here..... (1) 17

c. Counselor (Use one digit code)..... 18

d. Petitioner

- (Check as many as apply).....
- Juvenile Aid Bureau \_\_\_\_\_ (1) 19
  - School \_\_\_\_\_ (1) 20
  - D.S.S. \_\_\_\_\_ (1) 21
  - Neighbor \_\_\_\_\_ (1) 22
  - Mother \_\_\_\_\_ (1) 23
  - Father \_\_\_\_\_ (1) 24
  - N.C. Children's Bureau \_\_\_\_\_ (1) 25
  - Other \_\_\_\_\_ (1) 26

e. Type of Problem Presented

- (Check as many as apply).....
- Truancy and School \_\_\_\_\_ (1) 27
  - Run Away from Home \_\_\_\_\_ (1) 28
  - Unmanageable in Home \_\_\_\_\_ (1) 29
  - Problems with Drugs or
  - Alcohol \_\_\_\_\_ (1) 30
  - Other \_\_\_\_\_ (1) 31

f. Prior Involvement Other

Social Agencies.....Code by \_\_\_\_\_ 32-33  
 Number \_\_\_\_\_ 34-35

g. Possible Prior J.D. Offense

("could have been considered a J.D. Case").....Yes \_\_\_\_\_ (1) 36  
 No \_\_\_\_\_ (2)

If yes, type of offense.....drug \_\_\_\_\_ (1)  
 property \_\_\_\_\_ (2) 37  
 personal \_\_\_\_\_ (3)  
 morals \_\_\_\_\_ (4)  
 other \_\_\_\_\_ (5)

II Background and Demographic Information

- a. Age in years..... 38-39
- b. Sex.....Male (1)40  
 Female (2)  
 Other (3)
- c. Race.....White (1)41  
 Non-white (2)
- d. Religion.....Protestant (1)42  
 Catholic (2)  
 Jewish (3)  
 Other (4)
- e. Grade in school..... 43-44
- f. Child's place in family.....Only (1)45  
 Youngest (2)  
 Middle (3)  
 Oldest (4)
- g. Residency by town (village)  
 (use two digit code)..... 46-47
- h. Natural Father's Age in years..... (1) 26-30 48  
 (2) 31-35  
 (3) 36-40  
 (4) 41-45  
 (5) 46-50  
 (6) 51-60  
 (7) 61+  
 (8) Deceased
- i. Natural Mother's Age in years..... (1) 26-30 49  
 (2) 31-35  
 (3) 36-40  
 (4) 41-45  
 (5) 46-50  
 (6) 51-60  
 (7) 61+  
 (8) Deceased
- j. Present Father's  
 Occupation.....Professional (1)50  
 Managerial (2)  
 Sales (3)  
 White Collar (4)  
 Blue Collar (5)  
 Unemployed (6)  
 Unknown (7)  
 Deceased (8)  
 Disabled (9)  
 Other (0)

- k. Present Mother's Occupation .....Professional\_\_\_\_\_ (1)51  
 Managerial\_\_\_\_\_ (2)  
 Sales\_\_\_\_\_ (3)  
 White Collar\_\_\_\_\_ (4)  
 Blue Collar\_\_\_\_\_ (5)  
 Housewife or  
 Unemployed\_\_\_\_\_ (6)  
 Deceased\_\_\_\_\_ (7)  
 Disabled\_\_\_\_\_ (8)  
 Other\_\_\_\_\_ (9)
- l. Mother's level of Education.....Under eighth grade\_\_\_\_\_ (1)52  
 H.S. Non-graduate\_\_\_\_\_ (2)  
 H.S. Graduate\_\_\_\_\_ (3)  
 College Non-graduate\_\_\_\_\_ (4)  
 College Graduate\_\_\_\_\_ (5)  
 Other voc'l tech. degree\_\_\_\_\_ (6)  
 Advanced Degree\_\_\_\_\_ (7)  
 Deceased\_\_\_\_\_ (8)
- m. Father's level of Education.....Under eighth grade\_\_\_\_\_ (1)53  
 H.S. Non-graduate\_\_\_\_\_ (2)  
 H.S. Graduate\_\_\_\_\_ (3)  
 College Non-graduate\_\_\_\_\_ (4)  
 College Graduate\_\_\_\_\_ (5)  
 Other voc'l tech. degree\_\_\_\_\_ (6)  
 Advanced Degree\_\_\_\_\_ (7)  
 Deceased\_\_\_\_\_ (8)
- n. Marital Status of Parents .....Married ("Intact")\_\_\_\_\_ (1)54  
 Separated\_\_\_\_\_ (2)  
 Divorced\_\_\_\_\_ (3)  
 Widowed\_\_\_\_\_ (4)
- o. Prior PINS Involvement.....Yes\_\_\_\_\_ (1)55  
 No\_\_\_\_\_ (2)
- p. Family Prior Legal Involvement  
 (Include all Family Members)  
 (Check as many as apply).....Intake Family Court\_\_\_\_\_ (1)56  
 Probation Family Court\_\_\_\_\_ (1)57  
 Criminal Court\_\_\_\_\_ (1)58  
 Other\_\_\_\_\_ (1)59  
 None\_\_\_\_\_ (1)60  
 JAB Informal\_\_\_\_\_ (1)61

(PINS Child) If J.D.

Offense, Specify type.....(1)Drug\_\_\_\_\_ 62  
(2)Property\_\_\_\_\_ 63  
(3)Personal\_\_\_\_\_ 64  
(4)Morals\_\_\_\_\_ 65  
(5)Other\_\_\_\_\_ 66

q. Family Current Legal Involvement (Check as many as apply).....

Intake Family Court (1) 63  
Probation Family Court (1) 64  
JAB Informal (1) 65  
Other PINS Case (1) 66  
Other (1) 67  
None (1) 68

If J.D. Offense, specify type .....

(1) Drug\_\_\_\_\_ 69  
(2) Property\_\_\_\_\_ 70  
(3) Personal\_\_\_\_\_ 71  
(4) Morals\_\_\_\_\_ 72  
(5) Other\_\_\_\_\_ 73

III Case Activity Information

Intake # \_\_\_\_\_ Card #2  
1/2

a. Contact Activity, Include both received and initiated (as indicated in case records) (If none write o) ID # 2-6

i. with petitioner.....i. personal\_\_\_\_\_ 7  
a. office\_\_\_\_\_ 8  
b. field\_\_\_\_\_ 9-10  
ii. telephone\_\_\_\_\_ 11-12  
iii. letter\_\_\_\_\_ 13-14

ii. with respondent or respondent's family.....i personal\_\_\_\_\_ 12-13  
a. office\_\_\_\_\_ 14-15  
b. field\_\_\_\_\_ 16-17  
ii. telephone\_\_\_\_\_ 18-19  
iii. letter\_\_\_\_\_ 20-21

iii. with others .....i personal\_\_\_\_\_ 22  
a. office\_\_\_\_\_ 23  
b. field\_\_\_\_\_ 24-25  
ii. telephone\_\_\_\_\_ 26-27  
iii. letter\_\_\_\_\_ 28-29

b. Time lapse between initial interview and follow up contact with client

(If none, write o).....No. Days\_\_\_\_\_ 26-27



2. If initial entry age 15.....JD Case \_\_\_\_\_ (1) 51  
Criminal Court Case \_\_\_\_\_ (2)

If J.D. or adult offense.....Drug \_\_\_\_\_ (1) 52  
Property \_\_\_\_\_ (2)  
Personal \_\_\_\_\_ (3)  
Morals \_\_\_\_\_ (4)  
Other \_\_\_\_\_ (5)

j. Other Family subsequent Legal Involvement (after case closed)  
(check as many as apply).....Intake Family Court \_\_\_\_\_ (1) 53  
Probation Family Court \_\_\_\_\_ (1) 54  
PINS \_\_\_\_\_ (1) 55  
Other \_\_\_\_\_ (1) 56  
None \_\_\_\_\_ (1) 57  
JAB Informal \_\_\_\_\_ (1) 58

If JD Offense, specify type.....(1) Drug \_\_\_\_\_ 59  
(2) Property \_\_\_\_\_  
(3) Personal \_\_\_\_\_  
(4) Morals \_\_\_\_\_  
(5) Other \_\_\_\_\_

4. Multiple Reentry	Yes (1)	60
	No (2)	

V Petition

1. Time (# of weeks between initial filing and final disposition)	_____	61-62
---	-------	-------

2. Frequency (# of court appearances for 1st petition)	_____	63-64
--	-------	-------

3. Outcome:

Dismissed	(1)	65
Residential Placement	(1)	66
Withdrawn by Petitioner	(1)	67
Probation	(1)	68
Transferred to another district	(1)	69
Discharged from jurisdiction of Court	(1)	70
A.C.O.D. with supervision	(1)	71
Dismissed in satisfaction of disposition on subsequent case	(1)	72
Warrant issued	(1)	73
A.C.O.D. without supervision	(1)	74

4. Number of Court Appearances for petition(s) of violation of disposition		75-76
--	--	-------

VI Reentry (continued)

1. Date	Month _____	77-78
	Year _____	79

SCHOOL ATTENDANCE QUESTIONNAIRE

Interviewer: \_\_\_\_\_

Attendance Officer or Assistant Principal \_\_\_\_\_

School \_\_\_\_\_

Grade of student in Fall 1975 \_\_\_\_\_

Name of Student \_\_\_\_\_

OJI or Intake Case Number \_\_\_\_\_

Age of Student in Fall 1975 \_\_\_\_\_

Race of Student \_\_\_\_\_

1. In which school year was the child's attendance problem first identified?

197\_\_\_\_ (Indicate 1,2,3,4,5. If prior to 1971, indicate 1).

2. Aside from truancy, which of the following problem(s) were identified?

<u>Yes</u>	<u>No</u>	
_____	_____	discipline in class.
_____	_____	disregard for school rules.
_____	_____	cutting.
_____	_____	achievement (Check yes if reading or math is below grade level).
_____	_____	lateness.
_____	_____	other. If yes, indicate _____

3. Had the student been suspended prior to being referred to family court?

<u>Yes</u>	<u>No</u>	
_____	_____	during fall 1975.
_____	_____	during 1974-75.

4. Attendance Record: 1974-75 school year (180 days) \_\_\_\_\_ Unex. Absences

<u>Immediately Prior to Referral</u>			<u>During Treatment Period</u>			<u>After Treatment Period</u>		
<u>Date</u>	<u>Total Days</u>	<u>Unexc.Abs.</u>	<u>Date</u>	<u>Total Days</u>	<u>Unexc.Abs.</u>	<u>Date</u>	<u>Total Days</u>	<u>Unexc.Abs</u>
9/75	19	_____	_____	_____	_____	_____	_____	_____
10/75	22	_____	_____	_____	_____	_____	_____	_____
11/75	16	_____	_____	_____	_____	_____	_____	_____
12/75	15	_____	_____	_____	_____	_____	_____	_____
				<u>After Petition</u>				
				_____	_____	_____	_____	_____
				_____	_____	_____	_____	_____
				_____	_____	_____	_____	_____
				_____	_____	_____	_____	_____
				_____	_____	_____	_____	_____
				_____	_____	_____	_____	_____

		After Treatment(Con't)		
		Date	Total Days	Unex.Abs.
1/76: 20	9/76: 17	_____	_____	_____
2/76: 14	10/76: 19	_____	_____	_____
3/76: 23	11/76: 18	_____	_____	_____
4/76: 15	12/76: 17	_____	_____	_____
5/76: 18	If unavailable, please indicate & give reason.			_____
6/76: 20		_____	_____	_____

Totals: Percent Unexcused Absences

\_\_\_\_\_ Immediately Prior to Referral

\_\_\_\_\_ During Treatment Period

\_\_\_\_\_ After Treatment Period

5. If appropriate, indicate alternative school options employed.

<u>Yes</u>	<u>No</u>	
_____	_____	home tutoring.
_____	_____	condensed schedule.
_____	_____	BOCES full day.
_____	_____	BOCES half day.
_____	_____	Other. If yes, indicate _____

6. Why did you or did you not petition? (State in one sentence using respondents words where possible).

7. Rate the cooperation of family (or single parent):

Very good	_____
Good	_____
Fair	_____
Poor	_____

8. Since receiving probationary services, which of the following changes have occurred?

<u>Yes</u>	<u>No</u>	
_____	_____	child attends same school. If yes, attendance record in your opinion is: same _____ better _____ worse _____
_____	_____	child in residential placement. If yes, where _____
_____	_____	child moved out of district. If yes, where _____
_____	_____	child is now working. If yes, type of work _____
_____	_____	child "signed out" of school.
_____	_____	child sent to other agency. If yes, please specify: _____
_____	_____	unknown or other. If other, please specify: _____

9. Indicate other remarks or attitudes of interviewees and any recommendations they have for changes in Family Court Probation Services. Use add'l sheet if necessary.

Name of Client \_\_\_\_\_

Date of Referral \_\_\_\_\_

Agency \_\_\_\_\_

1. At the time of initial case referral, how long did your agency plan or expect to have contact (office or home visits) with the client (or client's family)? (Check One)

- \_\_\_\_\_ less than one month
- \_\_\_\_\_ more than one - less than three months
- \_\_\_\_\_ more than three - less than six months
- \_\_\_\_\_ more than six - less than twelve months
- \_\_\_\_\_ more than twelve months
- \_\_\_\_\_ no specific plans made

2. How frequent were the planned or expected home or office visits? (Check One)

- \_\_\_\_\_ less than once per month
- \_\_\_\_\_ monthly
- \_\_\_\_\_ bi-weekly
- \_\_\_\_\_ weekly
- \_\_\_\_\_ more than once per week

3. Did the planned or expected contact include crisis intervention or intervention on as-needed basis?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No

4. In actuality, how long did your agency have contact with the client? (Check One)

- \_\_\_\_\_ less than one month
- \_\_\_\_\_ more than one - less than three months
- \_\_\_\_\_ more than three - less than six months
- \_\_\_\_\_ more than six - less than twelve months
- \_\_\_\_\_ more than twelve months (contact still maintained)



9. Did you find the client a cooperative recipient of your agency's services?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

10. Aside from the client, what other family members or persons were served in this case?

\_\_\_\_\_ Mother

\_\_\_\_\_ Father

\_\_\_\_\_ Sibling

\_\_\_\_\_ Other family members or relative \_\_\_\_\_

\_\_\_\_\_ Other person \_\_\_\_\_

11. How did your agency diagnose the client's problem? (Optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Which of the following services were given by your agency to the client?

\_\_\_\_\_ psychotherapy

\_\_\_\_\_ basketball

\_\_\_\_\_

\_\_\_\_\_

Your Name \_\_\_\_\_

Title \_\_\_\_\_

A contract agreement entered into between:

\_\_\_\_\_

and

OPERATION JUVENILE INTERCEPT

Date:

We the \_\_\_\_\_ Family request the services of the Juvenile Intercept Team as an alternative to formal Family Court action. We understand that this alternative requires all parties, children, parents, and possible others, to agree on an appropriate method or methods of intervention in order to deal with the specific complaints which have brought us to the Court. In order to determine what type of intervention will best suit our individual needs we agree to work with the Intercept Team for an initial period of assessment which will not extend beyond \_\_\_\_\_.

\_\_\_\_\_ This assessment period will enable us and the Intercept Team to arrive at an appropriate plan for our entire family (e.g., Parent's group, peer group, individual counseling, family counseling, marital counseling, Parent Effectiveness Training, etc.).

We further understand that should the family fail to agree on or not begin to follow through with the appropriate plan(s) of action by the end of assessment period, termination of Juvenile Intercept services will result, unless other workable alternatives are found.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



RELEASE OF INFORMATION

Nassau County Probation Department  
OPERATION JUVENILE INTERCEPT  
286 Old Country Road  
Mineola, New York 11501

Tel: (516) 535-2641

I, \_\_\_\_\_, hereby authorize  
\_\_\_\_\_ to release any inform-  
ation concerning myself, my child, or any other member of  
my family, including school, medical, psychiatric and  
psychological reports, to Operation Juvenile Intercept.

I understand any information received will be held in  
strictest confidence and will be unavailable to any other  
agency outside the Family Court without my permission.

\_\_\_\_\_

witnessed this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear

Your \_\_\_\_\_, \_\_\_\_\_, has been  
son/daughter name  
referred to the Nassau County Family Court on s charge of  
by the \_\_\_\_\_  
school. This matter has been assigned to Operation Juvenile  
Intercept and this counselor in order that we might explore,  
together, other alternatives to court involvement if possible.

We would like to discuss this situation with you and  
\_\_\_\_\_ in our Intercept office. An initial interview  
has been scheduled for you on \_\_\_\_\_ at \_\_\_\_\_ .M.  
date time

Please call at your earliest opportunity to confirm this  
appointment or to arrange for another time, if necessary.

Thank you for your cooperation.

Very truly yours,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: \_\_\_\_\_

D/O/B: \_\_\_\_\_

Dear \_\_\_\_\_

\_\_\_\_\_ has come to the Nassau County Family Court seeking the Court's intervention with the problem-behavior of her \_\_\_\_\_. It is our Project's purpose to explore and pursue other alternatives to court involvement wherever possible.

In the Intake interview with \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_ stated that \_\_\_\_\_ was known to your clinic \_\_\_\_\_.

We would appreciate a summary of your contacts with \_\_\_\_\_, as we feel that this will aid us in our work with \_\_\_\_\_ and \_\_\_\_\_ family.

Enclosed is a release form signed by \_\_\_\_\_.

Thank you for your cooperation.

\_\_\_\_\_  
\_\_\_\_\_

GKWP: sie  
Enclosure

Nassau County Probation Department  
Operation Juvenile Intercept  
286 Old Country Road  
Mineola, New York 11501

Dear

Many of you have, I know, read of the Probation Department's new program known as Juvenile Intercept. The primary objective of this project is to divert P.I.N.S. (status offenders) cases from the usual Family Court Intake process. An experienced staff of Intercept Counselors, Aides and Volunteers will work with a team and systems approach, hopefully involving many agencies, in short-term, crisis intervention techniques.

Since this is an experimental program, cases will be selected on a random basis, at the Intake Level (pre-adjudicatory) rather than by direct referrals. This is an important factor of the project, as this design will allow for a control group comparison to be made in the evaluation stage.

This project, which is experimental in nature, is presently being funded by a grant from the Nassau County Criminal Justice Coordinating Council under the Law Enforcement Assistance Administration program. While no cases will be accepted on direct referral we do hope that we can arrange for the maximum amount of community involvement in the treatment process. This is essential if the project is to obtain its goals of diverting young offenders out of the criminal justice system.

If you have any further questions, or would like to visit our headquarters, please contact Mrs. Elizabeth Brautigam, telephone 535-2641, at 286 Old Country Road, Mineola, New York.

Mrs. Scotia B. Knouff  
Project Director  
Operation Juvenile Intercept

August  
1975

OJI # \_\_\_\_\_

Date Assigned \_\_\_\_\_

Counselor \_\_\_\_\_ Family Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Petitioner: JAB \_\_\_\_\_, School \_\_\_\_\_, DSS \_\_\_\_\_, Neighbor \_\_\_\_\_, Mother \_\_\_\_\_, Father \_\_\_\_\_

Problem Presented: #1 \_\_\_\_\_, #2 \_\_\_\_\_, #3 \_\_\_\_\_, #4 \_\_\_\_\_

Prev. Legal Inv.: Informal F.C. \_\_\_\_\_, Prob. F.C. \_\_\_\_\_, Informal JAB \_\_\_\_\_, None \_\_\_\_\_

Possible JD: No \_\_\_\_\_, Yes \_\_\_\_\_; if yes, charge \_\_\_\_\_

Sex: Male \_\_\_\_\_, Female \_\_\_\_\_

Age: 9 \_\_\_\_\_, 10 \_\_\_\_\_, 11 \_\_\_\_\_, 12 \_\_\_\_\_, 13 \_\_\_\_\_, 14 \_\_\_\_\_, 15 \_\_\_\_\_

Race: White \_\_\_\_\_, Non-white \_\_\_\_\_

Religion: Protestant \_\_\_\_\_, Roman Catholic \_\_\_\_\_, Jewish \_\_\_\_\_, Other \_\_\_\_\_

Client School Grade: 3 \_\_\_\_\_, 4 \_\_\_\_\_, 5 \_\_\_\_\_, 6 \_\_\_\_\_, 7 \_\_\_\_\_, 8 \_\_\_\_\_, 9 \_\_\_\_\_, 10 \_\_\_\_\_

Place in Family: Only \_\_\_\_\_, Youngest \_\_\_\_\_, Middle \_\_\_\_\_, Oldest \_\_\_\_\_

Mother's Age: (1) 26-30 \_\_\_\_\_, (2) 31-35 \_\_\_\_\_, (3) 36-40 \_\_\_\_\_, (4) 41-45 \_\_\_\_\_,  
(5) 46-50 \_\_\_\_\_, (6) 51-60 \_\_\_\_\_, (7) Deceased \_\_\_\_\_Father's Age: (1) 31-35 \_\_\_\_\_, (2) 36-40 \_\_\_\_\_, (3) 41-45 \_\_\_\_\_, (4) 46-50 \_\_\_\_\_,  
(5) 51-55 \_\_\_\_\_, (6) 56-60 \_\_\_\_\_, (7) 61-up \_\_\_\_\_, (8) Deceased \_\_\_\_\_Mother's Education: (1) To 8th \_\_\_\_\_, (2) HS Non-grad \_\_\_\_\_, (3) HS Grad \_\_\_\_\_,  
(4) Coll. non-grad \_\_\_\_\_, (5) Coll. grad. \_\_\_\_\_, (6) Advanced Degrees \_\_\_\_\_Father's Education: (1) To 8th \_\_\_\_\_, (2) HS Non-grad \_\_\_\_\_, (3) HS Grad \_\_\_\_\_,  
(4) Coll. non-grad \_\_\_\_\_, (5) Coll. grad. \_\_\_\_\_, (6) Advanced Degrees \_\_\_\_\_Mother's Occupation: (1) Prof. \_\_\_\_\_, (2) Managerial \_\_\_\_\_, (3) Sales \_\_\_\_\_,  
(4) White Collar \_\_\_\_\_, (5) Blue Collar \_\_\_\_\_, (6) Housewife \_\_\_\_\_, (7) Deceased \_\_\_\_\_,  
(8) Disabled Welfare \_\_\_\_\_Father's Occupation: (1) Prof. \_\_\_\_\_, (2) Managerial \_\_\_\_\_, (3) Sales \_\_\_\_\_,  
(4) White Collar \_\_\_\_\_, (5) Blue Collar \_\_\_\_\_, (6) Unemployed \_\_\_\_\_, (7) Unknown \_\_\_\_\_,  
(8) Deceased \_\_\_\_\_

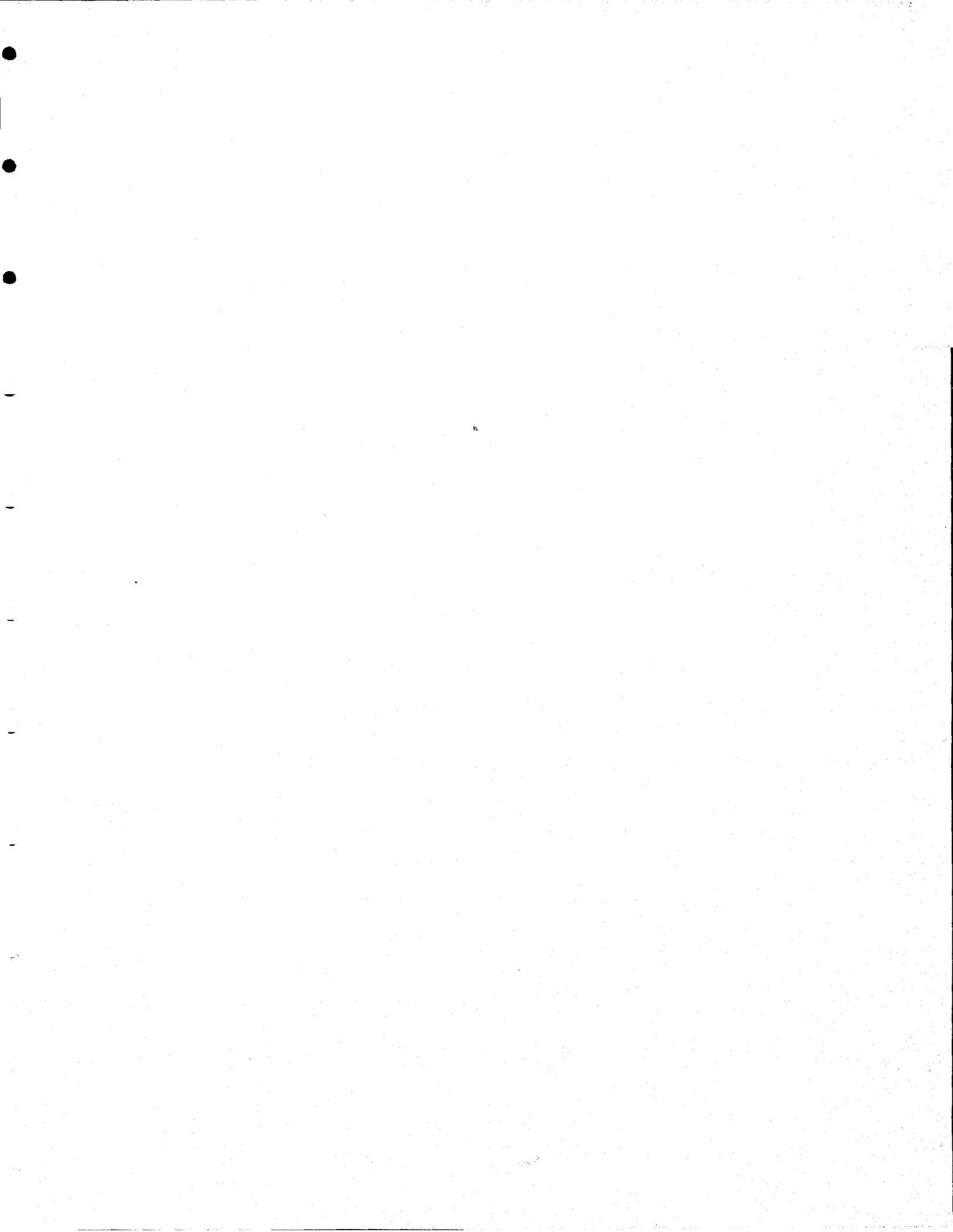
Marital Status: Intact \_\_\_\_\_, Separated \_\_\_\_\_, Widowed \_\_\_\_\_, Divorced \_\_\_\_\_

Prior Contacts-Other Agencies: (1) DSS \_\_\_\_\_, (2) Family Ct. Mental Hlth Cl. \_\_\_\_\_,  
(3) N.C. Psych. Consult. Clinic \_\_\_\_\_, (5) Harmony Heights \_\_\_\_\_, (6) Hillside Hos. \_\_\_\_\_,  
(7) N.C. Medical Ctr. \_\_\_\_\_, (8) PRICE \_\_\_\_\_, (9) Nassau House \_\_\_\_\_, (10) Madonna Heights \_\_\_\_\_,  
(11) Manhasset Day-Care Ctr. \_\_\_\_\_, (12) Other out-patient Psych. Clinic \_\_\_\_\_,  
(13) None \_\_\_\_\_, (14) DSS Explained \_\_\_\_\_

Town in which family resides: \_\_\_\_\_

Closings:

No Petition: Date \_\_\_\_\_ (1) Immediately \_\_\_\_\_, (2) Before 4 months \_\_\_\_\_,  
(3) At 4 months \_\_\_\_\_, (4) After 4 months \_\_\_\_\_With Petition: Date \_\_\_\_\_ (1) Immediately \_\_\_\_\_, (2) Before 4 months \_\_\_\_\_,  
(3) At 4 months \_\_\_\_\_, (4) After 4 months \_\_\_\_\_



## AGENCY LISTING

AGENCY	#PRIOR CONTACT	SAMPLE CASES REFERRED	AGENCY	#PRIOR CONTACT	SAMPLE CASES REFERRED
Adelphi Psychiatric Services	3	1	Long Beach East End Youth Center	0	1
AA/Alateen	5	1	Long Beach Memorial Hospital, Mental Health Clinic	24	1
Alliance Counseling	1	6	Long Island Council of Churches	1	0
Berkshire Aftercare	4	0	Long Island Jewish/Hillside Court Project & Pediatrics Neurological Clinic	5	3
Bill Baird Clinic-Hempstead	0	0	Lutheran Family Counseling Center	1	1
BOCES	18	7	Madonna Heights	1	0
Catholic Charities	2	2	Manhasset Daycare Center	6	2
Central Island Community Health Center	4	1	Manhasset Youth Center	1	0
Child Development Center (NCMC)	0	0	Mental Health Center of North East Nassau	1	0
Children's Bureau	7	0	Mercy Hospital	1	0
Community Council, West Nassau	2	0	Mid-Island Guidance Center	0	0
Comprehensive Mental Health Center	0	1	Mid-Nassau Psychiatric Clinic	3	1
COPAY	0	1	Midway	3	0
Counseling Services of Long Island Council of Churches	0	0	Mineola Youth Center	0	0
Dept. of Social Services	30	8	Nassau County Medical Center	10	4
Diagnostic Learning Center	0	0	Nassau House	1	1
Direct Services, Family Court Mental Health Clinic	5	13	New York Foundling Hospital	1	0
Division for Youth	1	1	North East Nassau Psychiatric Hospital	2	2
East Meadow Community Counseling	7	1	North Shore Child Guidance	8	2
East Plains Clinic	6	4	Oceanside Counseling Center	0	0
Elmont Family Counseling	3	4	Other Psychiatric Clinics Outreach	3	1
Family Court Counseling	2	5	Penninsula Counseling Services	5	15
Family Service Association	5	11	Pilgrim Psychiatric Center	11	3
Freeport Community Services	0	1	Plainview Medical Center	0	0
Geln Cove Co-op Center	0	1	Price	0	2
Glen Cove Community House	1	1	Pride	0	7
Glen Cove Mental Health	1	0	Private Therapy	19	1
Great Neck Consultation	0	0			
Harmony Heights	0	0			
Hempstead Consultation Center	3	1			
Hempstead Halfway House	0	0			
Hempstead Psychotherapy	2	0			
Hicksville Youth Center	1	2			
Hillside Hospital	5	3			
Jamaica Center for Psychotherapy	1	0			
Jewish Community Services	3	2			
Lake Grove School	0	2			
Flushing Learning Institute	1	0			
Lincoln Hall	1	0			

AGENCY LISTING P. 2

AGENCY	#PRIOR CONTACTS	SAMPLE CASES REFERRED	AGENCY	#PRIOR CONTACTS	SAMPLE CASES REFERRED
Probation Halfway House	0	0	South Shore Child Guidance	13	6
Protective Services	47	20	South Shore Learning	0	1
Queens-Nassau Mental Health Services	1	0	Center		
Reach	1	2	Sunrise Clinic	1	1
Residential Placement	3	2	The People's Center	0	0
Rhineback Country Day School	0	0	Upward Bound Program	1	0
Roosevelt Community Mental Health Center	5	2	Walk-In Center of Floral Park	1	0
Sagamore Shildren's Shelter	0	0	West End Youth Center	0	0
St. Anthony's Clinic	2	2	West Nassau Child Guidance	2	3
South East Nassau Guidance Center	13	7	West Nassau Community Consultation Center	2	1
South Nassau Consultation Service	1	0	West Nassau Medical Center	1	0
South Shore Center for Psychotherapy	0	0	Youth Board	0	0
			Youth Direction Council	1	0

VILLAGES

VILLAGE	NUMBER IN SAMPLE	VILLAGE	NUMBER IN SAMPLE
Baldwin	6	Mnahasset	3
Bayville	1	Massapequa	29
Bellerose	2	Massapequa Park	3
Bellmore	5	Merrick	4
Bethpage	7	Mineola	4
Carle Place	3	New Hyde Park	4
Cedarhurst	2	North Bellmore	5
East Farmingdale	1	North Massapequa	2
East Massapequa	1	North Merrick	2
East Meadow	25	Oceanside	14
East Rockaway	2	Old Bethpage	0
Elmont	26	Old Brookville	1
Farmingdale	9	Plainedge	1
Floral Park	10	Plainview	5
Franklin Square	12	Port Washington	6
Freeport	42	Rockville Center	6
Garden City Park	6	Roosevelt	27
Glen Cove	15	Roslyn Heights	3
Glenhead	2	Sea Cliff	2
Great Neck	13	Seaford	8
Hempstead	61	Stewart Manor	1
Hewlett	4	Syosset	5
Hicksville	25	Uniondale	4
Inwood	4	Valley Stream	8
Island Park	3	Wantagh	5
Island Trees	0	Westbury	23
Jericho	2	West Hempstead	13
Lawrence	1	Williston Park	7
Levittown	24	Woodbury	2
Long Beach	21	Woodmere	3
Lynbrook	5	Other:	2

JUVENILE AID BUREAU  
REENTRY OFFENSES BY CATEGORY

<u>REENTRY OFFENSE</u>	<u># IN THE SAMPLE</u>	<u>REENTRY OFFENSE</u>	<u># IN THE SAMPLE</u>
<u>DRUGS</u>		<u>MISCELLANEOUS</u>	
Marijuana	3	Congregating	2
Hypodermic Needle	1	Criminal Association	3
Controlled Substance	8	Dangerous Weapon	0
Suspicious Drug Use	1	Disorderly Conduct	4
		Disturbance	0
<u>PROPERTY</u>		False Written Statement	0
Burglary	12	Fireworks	2
Possession of Tools	0	Intoxication or Alcohol (possession of)	3
Criminal Mischief	17	Loitering	1
Grand Larceny	3	Obstruction of Gov't Admin.	1
Petit Larceny	13	Pulled Fire Alarm	0
Shoplifting	9	Resisting Arrest	1
Stolen Car	1	Soliciting	0
Possession of Stolen Property	1	Suspicious Person	3
Trespassing	7	Unlicensed Peddler	1
<u>PERSONAL:</u>		PINS Charge JAB	6
Arson	1	Missing Persons	34
Assault	7	Criminal Court Charge	4
Harassment	3		
Menacing	0		
Robbery	5		
Sexual Assault	0		
<u>MOTOR VEHCLE</u>			
Hitchhiking	0		
Minibike of Motorcycles	5		
Railroad Track Crossing	1		
Skitching	4		
Unauthorized use	4		
Unlicensed Operator or VTL	2		

Evaluation Methodology

The purpose of the evaluation of OJI, conducted by the Criminal Justice Center of the John Jay College of Criminal Justice, was to measure the effectiveness of the specialized, intensive services provided by OJI and to describe the organizational context in which they took place. The research effort has two phases:

1. assessing the overall effectiveness of OJI in comparison to conventional services provided by Intake
2. examining the impact of each of the specific program strategies utilized by OJI

In both phases an analysis based on age, sex, offense category and other client characteristics was to determine the extent to which such variables are useful in predicting program outcomes. The possibility that particular intervention strategies are only effective when applied to specific client sub-groups was also to be explored. Finally, an evaluation of program impact on school attendance behavior and the relationship of OJI to outside agencies were also to be explored.

1. Variables

In evaluating the effectiveness of OJI in comparison to the conventional services provided by Intake and examining the impact of each of OJI's specific program strategies, the following variables were delineated:

a. Dependent Variables

i. Reentry

Operationally defined as referral to a Family Court Intake Unit or arraignment on criminal charges within twelve months following termination of short-term intensive crisis intervention, reentry was seen as the key dependent variable with which the evaluation was to be concerned. Reentry data came from two basic sources:

- a. family court intake records which indicated whether or not the child had returned to Family Court on a PINS charge
- b. police records which showed whether or not a child had subsequent contact with police agencies either as a juvenile or as an adult

In many of the cross-tabulations presented in Section IV of this report, the reentry variable has been formulated by combining Family Court Intake and Juvenile Aid Bureau Information. As it turned out, the total sample breaks down nicely into three categories: those reentering on more than one separate occasion, those reentering only once and those not reentering at all (respectively 19, 25 and 56 percent of the total sample).

It should be noted that the time between case closing and re-entry is not the full year for all cases. This is because the timing of the evaluation phase of the study dictated that reentry data be collected in April 1977. As a result, only those cases entering OJI or Intake between August 1, 1975, the

beginning of OJI and November 30, 1975 had the full 12 months time lapse since their treatment period. Although this factor may have had the effect of making the overall reentry rate lower than it actually is, it would not bias the systematic comparison of the OJI and Intake samples because it influences both samples in comparable ways.

ii. Offense Category at Reentry

This variable is reentry analyzed in terms of the specific charge on which referral or arraignment was based. Charges are categorized as to whether they are serious or not serious. Delinquency charges are broken down into the categories: drugs, property, personal, motor vehicle and miscellaneous.

iii. Length of Time Prior to Reentry

Operationally, this variable is defined as the number of months between case closing and reentry.

iv. School Attendance

In an attempt to examine another type of dependent variable directly related to project effectiveness, patterns of school attendance are examined for a selected group of cases referred by schools for truancy. The percentages of days of unexcused absences immediately prior to referral, during the treatment period and after the treatment period are computed. (See School Attendance Questionnaire, Appendix A-2). Where the percentage after the treatment period is lower than the percentage immediately prior to treatment, the pattern is seen as "improved." Otherwise, it is regarded as "unimproved."

The school attendance study was discussed in Section V of this report.

v. Referral Agency Contact

The final dependent variable provides a measure of client contact with agencies to which they were referred. The variable is measured on a selected group of cases referred by OJI and Intake to outside agencies. The basic measure is whether or not the client is or was known to the agency. If he or she was known, there are further measures concerning whether a treatment plan was formulated and the extent to which the client followed through on the treatment plan (See Agency Questionnaire, Appendix A-3). The agency study was discussed in Section VI of this report.

b. Independent Variables

Since the main objective of the evaluation is to compare OJI to Intake, the key independent variable is participation in OJI as opposed to participation in Intake. In an attempt to specify the variables influencing the success of treatment (i.e., non reentry), the following socio-demographic, case type and case activity variables were conceptualized. (See also Case Records Questionnaire, Appendix A-1):

i. Socio-demographic

- age in years
- sex
- race
- religion
- grade in school
- child's place in family (only, youngest, middle, oldest)
- residency by village (54 villages were identified)
- natural father's age in years
- natural mother's age in years
- present father's occupation
- present mother's occupation
- mother's level of education
- father's level of education
- marital status of parents (married or "intact," separated, divorced, widowed)
- prior PINS involvement
- family prior legal involvement (including all family members)
  - intake family court
  - probation family court
  - criminal court
  - other (includes family offense, family support, neglect and child support)
  - JAB informal (Juvenile Aid Bureau)
- prior involvement other social agencies 64 were identified
- actual prior J.D. (Based on reported contacts with JAB prior to treatment period)
- self reported prior J.D. (could have been considered a J.D. case)
- family current legal involvement (including all family members-initiated before and during case-active while case is current)
  - intake family court
  - probation family court
  - JAB informal
  - other (includes neglect and support)
- during treatment J.D. (based on reported contacts with JAB during the treatment period)

ii. Case Type

- date case initiated (by month)
- date case closed (by month)
- immediately petitioned
- counselor (numbered one through six for OJI and Intake)
- petitioner (school, parent, other)
- type of problem presented (truancy and school, run away from home, unmanageable in home, problems with drugs or alcohol, other)

iii. Case Activity

- numbers of case contacts with petitioner, with respondent or respondent's family, with others (personal in office, personal in field, telephone, letter)
- time lapse between initial interview and follow-up contact with client (number of days)
- type of case contact

The type of case contact variable requires further explanation in that it defined a number of case treatment strategies utilized by OJI and to a much lesser extent by Intake:

a. Social Group Work Techniques: Whether or not the client attended one of the special group sessions run at various time by OJI: e.g., boy's group, mother's group, parent effectiveness training, behavioral contract performance, family counseling sessions and encounter groups. At least three and as many as six or seven sessions may have been attended by any one client.

b. Locate and Develop Resources for Client Management: Whether or not the counselor explored and/or attempted (i) alternative school options, such as BOCES, or (ii) other agency options, or (iii) other programs, such as Big Brothers. Because of (ii), all referred or interfaced cases (see below) would be included in this strategy.

c. Traditional One-to-One Approach: Whether or not a client received basic counselor/client casework services after the initial investigatory interview. The client's family or other agency would not be part of the treatment in these cases. These services could be rendered at the office or the client's home.

- d. Weekly Conferences: Whether or not case conferences were held. Weekly is interpreted as regular which operationally means at least one conference every three weeks. In many instances the conferences may have occurred more frequently.
- e. Field Trips: Whether or not clients were included in recreational or leisure time activity with counselors or other treatment team members. The type of activity included the summer recreational program, tours, skate board competition, beach trips and the informal activity of a counselor taking a client to lunch or for ice cream.
- f. Multi-methods: Whether or not two or more of the above, i.e., (a) to (e), strategies were employed.
- g. Systems Approach: Used by OJI as a means of conceptualizing case issues and problems, this variable was operationalized in terms of whether or not there was an attempt made to involve the parents or someone other than the PINS child in a treatment strategy.
- h. Team: Whether or not there were two or more people, including the counselor, involved in case treatment.
- i. Interfaced: Whether or not there were at least three joint conferences with another social agency, working together on the case over a period of at least two weeks.
- j. Referred: Whether or not a case was referred to another agency. It should be noted that most interfaced cases would also be referred but it is by no means true that referred cases would be interfaced.

c. Intervening Variable

In the evaluation one variable is exceptional in that it can be seen both as dependent and independent, viz., whether a case is adjusted or petitioned after being initially processed through OJI or Intake. As a dependent variable, case adjustment may be influenced by the same independent variables which influence reentry (as described in (b) above). As an independent variable, whether a case is adjusted or petitioned may have

a significant influence upon reentry.

In our analysis we found the differences between adjusted and petitioned cases to be so significant that a meaningful comparison of the OJI and Intake samples in terms of reentry is only feasible if adjusted and petitioned cases for each of the samples are compared. Hence, there are four groups of cases which can be systematically compared:

- OJI adjusted
- OJI petitioned
- Intake adjusted
- Intake petitioned

In fact, in assessing the independent variables as they influence re-entry, in most instances the appropriate comparison is between the OJI adjusted and the Intake adjusted groups of cases.

## 2. Sampling

In the systematic evaluation of OJI and Intake services several different samples were utilized to explore the relationship between the variables outlined in the preceding section.

### a. Case Records

The most comprehensive part of the evaluation utilized the OJI and Intake records of cases processed between August 1, 1975 and July 31, 1976. During that time, OJI processed 326 and Intake processed 503 for a total of 829 PINS cases. It is on a sample of these cases that reentry information was gathered in April 1977 and detailed information on the dependent, independent and intervening variables was accumulated.

It is important to note that the Probation Department was thoroughly committed to the principle of random assignment of PINS cases to the OJI "experimental" and Intake "control" groups. The random assignment worked by assigning to OJI the odd numbered cases (i.e., 1,3,5...) on odd dates and the even number cases on even dates of a given month. The pattern was broken only when OJI reached its quota of 20 cases per worker, which accounts for the greater number of Intake than OJI cases.

In order to avoid a pattern of exceptional attention being rendered to cases processed at the beginning of the project, the first 20 OJI and the first 20 Intake cases were dropped from the sample. Of the control cases, an additional 97 which would have gone to OJI had the caseloads not been full were also dropped. In the few instances in which two family members were given the same case number, each was counted as a separate case. In view of the fact that the control sample was still larger than necessary, a systematic sampling which deleted every fourth case, the first one being chosen at random, was taken. In the end the OJI sample numbered 306 and the Intake sample numbered 288.

In collecting the case records data, some further problems were experienced. There were several records which were unavailable for use, a few cases which were withdrawn or reclassified and others which contained too little information to be of aid in the systematic data processing. In all, these cases on which information was missing constituted 18 or 5.9 percent of the OJI sample and 28 or 9.7 percent of the Intake

sample. The net result is that in the data to be reported later, the OJI sample numbers 288 and the Intake sample numbers 260 cases.

That the random assignment of cases to OJI and Intake was effective can be seen in Table Twenty-Two which provides a comparison of the two samples on a number of key variables.

Calculation of the chi-square statistic for each of the categories of petitioner(s) and type(s) of problems presented shows no significant differences in the percentage of cases included in the two samples. The only exceptions are "other" petitioners and the presenting problem of drugs or alcohol. However, both of these categories are rather small, ten percent or less, in terms of the numbers included in the sample and, since multiple responses were permitted, may well have represented secondary case factors. In any event, there are no significant sample differences for the major categories of petitioner, school and parent or the major categories of type of problem presented, truancy, runaway, unmanageability in the home.

(See Table 22)

Age groups break down conveniently into the 13 or less, 14 and 15 year old groups, with about half of the sample in the 15 year old group and the remaining divided between two other age groups. Again there are no significant differences in the two samples for age. Similarly, with slightly less than 60 percent of the sample being male, a little over 70 percent white and about one-third having been involved in prior juvenile delinquent behavior, it can be said that these characteristics appear in comparable percentages in the

OJI and Intake samples. In view of the consistent absence of differences between the samples on these basic variables, we can confidently assume that random assignment worked to insure that comparable populations were serviced by OJI and Intake. (See Table 22).

b. School Attendance

The school attendance study sample took as its basis the OJI and Intake cases entering between August 1st and December 30th, 1975, i.e., during the first five months of OJI. The focus was centered on those cases referred by schools for truancy. In all, these school referred truancy cases numbered 116, 58 OJI and 58 Intake cases. Because several schools had referred more than one student, the numbers of schools involved in the 116 cases was 55.

In this study the schools appearing in the sample were each visited to obtain information directly from the school's attendance records. At the same time, the attendance officer, assistant principal or other involved school official was interviewed concerning his or her attitude and feeling about OJI and the regular Family Court Intake and Probation Services.

The largest obstacles to obtaining information on school attendance were unavailability of records, usually because of moving from one school to another, and lack of cooperation from the school officials in a few of the school systems. It is these two factors which account for our inability to secure data from five schools which related to 23 or 19.8 percent of the original 116 cases called for by the sample.

TABLE TWENTY-TWO  
OJI AND INTAKE SAMPLES COMPARED  
ON KEY VARIABLES

<u>VARIABLE</u>	<u>OJI</u>	<u>INTAKE</u>	<u>CHI-SQUARE</u>	<u>Significance</u>
<u>PETITIONER (S)</u>	(288)	(260)		
School	51%	49%	.07 ldf	Not Significant
Parent	49%	52%	.59 ldf	Not Significant
Other	4%	10%	8.19 ldf	.005
<u>TYPE OF PROBLEM (S) PRESENTED</u>				
Truancy	77%	72%	1.65 ldf	Not Significant
Runaway	27%	22%	1.66 ldf	Not Significant
Unmanageable in Home	36%	41%	1.31 ldf	Not Significant
Drugs or Alcohol	6%	3%	3.40 ldf	.10
Other	2%	4%	1.52 ldf	Not Significant
<u>AGE</u>				
13 or less	24%	23%		
14	24	27	.64 ldf	Not Significant
15	52	50		
	<u>100%</u>	<u>100%</u>		
<u>SEX</u>				
Male	59%	57%		
Female	41%	43%	.01 ldf	Not Significant
	<u>100%</u>	<u>100%</u>		
<u>RACE</u>				
White	72%	71%		
Nor-White	28%	29%	.01 ldf	Not Significant
	<u>100%</u>	<u>100%</u>		
	(272)	(168)		
<u>ACTUAL PRIOR JD</u>				
Yes	39%	33%	1.85 ldf	Not Significant
No	61%	67%		
	<u>100%</u>	<u>100%</u>		

In the end, after repeated call backs in several cases, we were able to contact 50 schools and secure data on 93 cases.

As with the case records study, there are suggestions of an absence of biasing factors in the sampling method employed. To begin with, the numbers of OJI and Intake cases in the school attendance study are comparable 46 for OJI and 47 for Intake. Furthermore, the mean number of days of unexcused absences for the prior school year is 42.05 for the OJI group and 38.41 for the Intake group. Calculation of a T-Test showed that the difference of these means was not statistically significant.

c. Referral Agency

The referral agency study, like the school attendance study was based on the OJI and Intake cases entering between August 1st and December 30th, 1975. The purpose of this study differed both from the case records and school attendance studies in that its intent was to follow-up cases referred to other agencies for treatment. Because OJI did so much more referral work than Intake, its scheduled sample of 66 referrals involving 46 clients considerably outnumbered the Intake sample of 9 involving 9 clients. The number of agencies to be contacted numbered only 30, again because of the fact that some agencies had been referred more than one case.

In the agency study there were also instances of inability to provide data on cases. However, if information on a client was reported as missing, this is interpreted as a finding in that it means that the designated client did not follow through

on the referral. Methodologically, the problems were in our inability to contact agencies or to receive a response from them. In all, the non responding agencies numbered 5. Of this number, three claimed that client confidentiality precluded a response on their part. The remaining two could not be contacted, or were no longer located at the address given in the case records. These non-responding agencies mean that referral agency information was missing on 15 referrals, 13 OJI and 2 Intake.

d. Other Sampling Considerations

Compared to the systematic, well defined sampling procedures utilized in the case records, school attendance and referral agency studies, the intent of sampling in the broader study was to provide the evaluators with an exposure to the widest range of perspectives necessary to understand OJI in its operation and organizational context. Hence, an attempt was made to have these samples be as inclusive as possible.

Starting with OJI, there have been many discussions, probably well over 30 in all, with the administrative staff of OJI. These discussions have been both formal and informal. Each of the OJI counselors were interviewed formally once and informally on numerous other occasions. The case aides were also interviewed.

The evaluators have also been in regular attendance at the OJI advisory board meetings and, to date, nine meetings have been attended. Five of the OJI staff meetings have also

been attended. Attendance at these meeting, in addition to the interviews of project personnel and other activities, has meant that there were a substantial number of on-site visits to OJI offices during the course of the evaluation. During these visits, there was much interaction and discussion with OJI personel.

There were a total of five on-site visits to the offices of the Intake section of the Probation Department. Supervisory personnel were interviewed on each of these occasions. In addition, each of the four counselors and the Intake Unit supervisor who handled PINS cases were interviewed. Finally, two supervisors of the investigation section, which also handle PINS cases, were interviewed.

### 3. Hypotheses

The various hypotheses developed from the variables listed in Appendix D-1 were presented in the chapters in which the findings were reported.

### 4. Other Research Considerations

Given the research design as elaborated above, it must be recognized that it was quite possible to lose information, not to mention entire cases, as it passed between agencies over a period of time. The first and probably major loss stemmed from information never having been recorded in the official records, whether it was the case record, school attendance file, referral agency data or reentry data obtained from the Family Court or the Juvenile Aid Bureau. If the data

were never recorded or recorded and lost by one of the agencies involved, they would simply not have been available for our study.

On the other hand, we have made every possible effort to include all of the appropriate data available for the sample population in the records of the agencies involved. In any case we have no reason to believe that omission of data, especially data related to the dependent variables, seriously biased the findings regarding the effectiveness of OJI as compared to Intake. If anything, the bias may have served to understate somewhat the extent of reentry for both groups.

There was some information loss because of a lack of cooperation with a small number of schools and referral agencies. However, the information loss here, as already noted, is relatively minor and there is no reason to believe that it would seriously bias the findings.

Generally, the cooperation of OJI and the Intake Section of the Probation Department has been excellent. Both agencies have been open and candid in their discussions with members of the evaluation team and both have either secured the necessary information or given the access necessary to secure it. As part of the research, we have recognized an obligation to preserve the confidentiality of the data that was collected and the anonymity of the people on whom the data was collected.

## 5. Statistical Tests

In this report, hypotheses have been tested by the use of the chi-square statistic. Furnishing an estimate of sample deviation from a hypothetical population, significant chi-squares allow for rejection at specific confidence levels of the null hypothesis that the findings could have occurred by chance. In rejecting the null hypothesis, it can be stated that the variables in question are related. If chi-square is not sufficiently large, the finding is regarded as not significant, for example, the variables are not related.

In many instances, two by two tables are utilized. In these cases, following established procedures, a correction for continuity has been made. In other cases 2XC or RXC contingency table models have been utilized as appropriate. Although the details of the calculations are not shown, in each instance, the actual and hypothetical frequencies, related to the percentages or proportions have been calculated and the chi-square computed with the standard formula:

$$X^2 = \frac{(f-F)^2}{F}$$

(f represents actual frequencies; F represents expected frequencies). (See Snedecor and Cochran, 1967, pp. 214-221, 238-240)

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