PREVENTION PROGRAMS FOR YOUTH: AN EXAMINATION OF THE STATE OF THE ART

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PREVENTION PROGRAMS FOR YOUTH

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EXECUTIVE SUMMARY

New York State, in addition to Federal and local governments, has expended considerable resources on programs providing preventive services to children and adolescents. The notion of preventing the development of serious problems among young persons, thereby precluding future need for costly treatment and rehabilitative services, has considerable appeal to the public, to legislators, and to administrators and policymakers in the human services. Yet, in spite of the high commitment to and expectations of preventive services, the actual impacts of most prevention programs have not been conclusively demonstrated.

This report examines the state of the art in the design and evaluation of preventive services to children and adolescents in New York State. Specifically, programmatic efforts to prevent youth problems in the following broad areas are discussed: juvenile delinquency, foster care placement, drug abuse, and alcoholism. Following an overview of the concept of prevention in the human services, the Federal and State agency policies governing prevention activities throughout the State are described. Accordingly, the respective roles of the major state agencies administering programs in the aforementioned prevention areas (DFY, DSS, DSAS, DAAA, and DOP) are identified.

Based on interviews with program directors, some specific local programs providing preventive services in New York State under a variety of funding mechanisms are portrayed. The remainder of the report presents an in-depth review of the literature within each prevention area, with special attention given to the scope of prevention activities, efforts at evaluating the effectiveness of prevention programs, and the theoretical underpinnings of preventive intervention strategies.

The major findings of this report are summarized below:

o Within each area studied, preventive activities were not well distinguished from treatment activities. Clients served by prevention programs often experienced disruptions to a degree that made them appear similar to clients served by treatment programs. Program objectives and types of interventions also were similar between prevention and rehabilitative services. It is recommended that the conceptual and operational ambiguities between prevention and treatment programs in the human services be resolved.

o Many prevention programs do not base their intervention strategies on causal theories of human behavior. Where programs articulate theories of problem causation as a rationale for the interventions employed, those theories are usually not adequately tested and validated. More research should be conducted to understand the etiology of the problems to be prevented, and programs should be encouraged to analyze and put forth the theoretical assumptions underlying their programs.

o For all prevention areas that were studied, programs have devoted little attention or effort to evaluating effectiveness. Where program evaluations have been undertaken, the methods employed often were inadequate to assess whether the programs were successful at preventing the actual problems of focus. Prevention programs should devote greater resources to evaluating outcomes. These evaluation studies should be methodologically sound, employing experimental, quasi-experimental, or pretest-posttest designs.

o For prevention programs that have been evaluated with adequate research designs, the results generally were discouraging. Most of these studies have been conducted outside of New York State. More evaluations on a greater diversity of theoretically grounded programs will permit researchers and policymakers to identify which behavior areas and which intervention strategies are most likely to yield success in preventing problems among young persons.

I. INTRODUCTION AND OVERVIEW

On a yearly basis, New York State agencies and local communities within the State spend millions of dollars on preventive services for youth. During the 1981-82 fiscal year, for example, the Division for Youth (DFY) made approximately $44 million available to localities through its Local Assistance Program. Local communities contributed another 53 million dollars to provide a wide range of services designed to promote healthy youth development, prevent delinquency and placement in foster care, and encourage positive recreational opportunities. During the same time period, the Department of Social Services (DSS) invested almost 21 million dollars in federal, State, and local monies in a concerted effort to prevent or reduce the duration of foster care placements. The Division of Substance Abuse Services (DSAS) provided 16 million dollars in State monies to school and community-based drug abuse prevention programs. Federal, State, and local expenses for the alcoholism prevention programs administered by the Division of Alcoholism and Alcohol Abuse (DAAA) totaled $3.8 million during fiscal year 1980-81. Thus, it is evident that substantial sums of money are expended in attempts to obstruct the development of serious youth problems and avoid even greater costs to society.

In spite of its long-standing commitment to preventive services, the State has collected little data on the number and characteristics of the youth served by State-funded prevention programs. In addition, the absence of cross-agency descriptions and comparisons of the kinds of preventive services offered to youth throughout the State promotes confusion, duplication of effort, and poor coordination of services. To date, there also exists no indication of the effectiveness of programmatic efforts to prevent delinquency, foster care placement, substance abuse, or alcoholism.

One significant barrier to understanding and evaluating the State's preventive services activities emerges from the conceptual uncertainty which currently plagues the field of prevention. Preventive services, in the broadest sense, describe a myriad of activities ranging from intensive casework to group activities to the installation of street lights. In addition, programs falling under the rubric of prevention serve diverse target populations. In an effort to prevent the reoccurrence of a problem some preventive strategies are aimed at youngsters who have already experienced delinquency, foster care placement, alcoholism, or substance abuse. Other preventive services are provided to youth who evidence no signs of future problems of this nature.

The interrelatedness of the four problems is also apparent. Delinquency, for example, may be the result of drug abuse, foster care placement, or alcoholism. Moreover, these social problems share certain causal factors: poverty, neglect, and biological and psychological pathology may give rise to all of these problems.[1] Fortunately, much of this confusion may be clarified by identifying the youth served in various types of preventive services and by classifying patterns of service in order to organize preventive programming. The failure to provide this coherent analysis of prevention activity, however, has weakened the State's ability to monitor, evaluate and plan for programs designed to prevent delinquency, foster care, substance abuse and alcoholism.

This report addresses the conceptual issues outlined above by providing an overview of preventive services for youth across agency perspectives and target problem areas. Later sections of this report describe prevention program activities and agency policies for youth in New York State and review

the delinquency, child welfare, and substance abuse and alcoholism prevention literature. In addition to the information extracted from the literature, the report draws upon insights obtained in discussions with agency planners and the directors and staff from 28 prevention programs throughout New York State.

This research was funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) through a grant awarded to the Council on Children and Families (CCF) by the New York State Division of Criminal Justice Services (DCJS). Since the start-up of activities in July 1981, the project has engaged five additional New York State human service agencies in this cross-agency effort. Project activities have involved representatives from DFY, DSS, DSAS, DAAA and Division of Probation (DOP) in discussions of the prevention issue and have benefited from their advice and assistance in identifying and accessing local prevention programs for interview purposes.

The overriding goal of this research is to improve the State's ability to evaluate the effectiveness of community-based preventive services. This will be accomplished through the development and testing of models to evaluate prevention programs for children and youth, and through the provision of assistance to state agencies interested in implementing such evaluation approaches. These models build upon the conceptual work contained in both this report and another project report, entitled Ecological Factors Placing Youth At Risk: Foster Care, Alcohol Abuse, Drug Abuse, and Delinquency, which reviews the empirical research and theoretical literature pertaining to the causes of delinquency, foster care, substance abuse, and alcoholism.

The prevention strategies reviewed in this report do not exhaust all efforts that theoretically fall within the broadest parameters of the prevention concept. This project's goal of developing models for evaluating prevention programs narrows the scope of the prevention activities which need

to be discussed. The models developed and the strategies reviewed pertain to programs which provide direct services to youth or indirect services to youth by helping parents with problems which involve youth (e.g., parenting skills and homemaking). In general, this project has inductively allowed the funding patterns of DFY, DSS, DSAS, DAAA and DOP to set the parameters of the prevention strategies on which to focus. Activities which reasonably fall within the purview of these five agencies and directly or indirectly deliver services to youth are the programs which are of interest to this research. Examples of preventive tactics which do not fall within the scope of this report include the following:

1) Stiff legal sentences designed to deter delinquent behavior, drug abuse, or problem drinking, e.g., New York State Juvenile Offender Law, 1973; New York State Drug Law, 1981; New York State DWI Law.

2) "Target hardening" tactics intended to decrease opportunities to engage in criminal behaviors, e.g., improved lighting, building security systems (see Jeffery, 1971).

3) Traditional narcotic and alcohol control measures which seek to reduce the availability of harmful substances.

The remainder of this report is organized into six sections. Section II presents a discussion of the concept of prevention and describes the manner in which prevention became an important goal in the human services. In Section III, prevention programming patterns in New York State are explained. This section details current federal and State agency policies governing prevention activities throughout the State and describes the respective roles of DFY, DSS, DSAS, DAAA, and DOP. Section IV provides an account of some specific prevention programs for youth that are operating in New York State under a variety of funding mechanisms. This account is based on site visits to 28

prevention programs and structured interviews with each program director. Section V is a review of the prevention literature which summarizes specific programmatic efforts to prevent delinquency, foster care placement, substance abuse and alcoholism and discusses evaluation findings pertaining to the effectiveness of the various strategies.

II. THE CONCEPT OF PREVENTION IN HUMAN SERVICES

The notion of reducing the incidence and destructiveness of an illness on a populationwide basis has traditionally been the mission of the public health field (Leavell and Clark, 1965). However, in recent years, use of the public health model has extended to the fields of mental health (Caplan, 1964), delinquency (Dejins, 1967; Brantingham and Faust, 1976), child welfare (Rappoport, 1961; Sundel and Clark Howman, 1979), and substance abuse and alcoholism (ADAMHA, 1981).

The public health model posits the following three levels of prevention activity:

1) Primary prevention methods attempt to identify and eradicate or abate disease-creating conditions in the environment in order to prevent the onset of the disease. Health protection and health promotion both constitute primary prevention.

2) Secondary prevention strategies identify individuals who live in "high risk" environments or have begun to manifest "high risk" indicators of disease. Secondary prevention, also called early intervention, aims to deter the further development of these symptoms prior to their reaching disease status.

3) Tertiary prevention is synonymous with rehabilitation. Clear cases of the disease are identified and treatment is administered to cure the disease, prevent death, or forestall further physical deterioration.

It seems semantically difficult to place tertiary prevention under the rubric of prevention. Tertiary preventive services begin after the targeted disease or social problem has occurred, when it is no longer possible to prevent its onset. Although human service agencies typically create administrative boundaries between the prevention and treatment functions of the agency, there is no clear distinction between tertiary prevention and treatment. Programs often serve those who have experience with one or another of the problems in question. The literature and the practitioners offer the following explanations of how prevention programs easily can come into the business of treatment:

1) Practitioners may not realize that the problem has occurred. Insufficient evidence sometimes prevents the official identification of the problem to be prevented. Criminologists, for example, report vast differences between official rates of delinquency and the rates obtained from self-report studies (Hindelang, et al., 1981). There may be insufficient evidence for an adjudication of delinquency or placement in a foster home. Moreover, official discretion on the part of police or court officials, rather than the individual's placement on the etiological chain of events, often distinguishes between secondary and tertiary prevention.

2) More than a few practitioners felt that they were receiving cases which had already experienced the problem the program was designed to prevent because "there was nothing else to do with these kids, so we got them." Some programs referred these clients to more appropriate treatment options. Others felt that they had the expertise needed to handle the problem themselves. Still other programs made the programmatic or staffing changes needed to administer to clients whose problems were more difficult than the program was originally designed to cope with.

3) Many practitioners indicated that treatment is prevention because the aim of treatment is to prevent the reoccurrence of the problem behavior.

4) Some problems are difficult to identify because they are difficult to define. There exists, for example, a multitude of definitions of alcoholism (Jellinek, 1960; Cahalan, 1974).

5) Program staff felt that the population of individuals who were delinquent, in foster care, or abusing drugs or alcohol could be differentiated into subgroups which possessed varying amounts of receptivity to treatment. They believed further that those who are amenable to treatment realistically fall into preventive service categories.

Some controversy surrounds the issue of adopting the public health model to human service agencies. In addition to the conceptual difficulties outlined above, the public health model, according to some sources, implies that the causes of social problems are as well known as the causes of medical problems. Unfortunately, they are not. As a result, programs may be targeting primary and secondary prevention on the basis of incorrect prognostic indicators (Kalb, 1975). Moreover, even when it is possible to establish a series of factors which may correlate with problem behavior,

the technology of predicting who will demonstrate antisocial behavior in the future is still tenuous (Wedge, 1978). Placing individuals in secondary prevention programs on the basis of certain symptoms has also been criticized for fear that the program or service may have a "labeling effect" (Schur, 1973) which may increase rather than decrease the chances for future delinquency or addictive behavior.

It appears that the public health model may represent an artificial construct that does not fit the reality of programming in youth and family services. While some prevention programs screen for high-risk youth, and thus may be said to be providing secondary prevention services, others provide services to a general youth population. In many cases, services can be categorized as primary prevention to some youth while the same services would be secondary prevention to others. For example, of the 28 programs visited for this project, only one claimed to provide exclusively primary prevention services and one claimed to provide only secondary prevention services. In fact, 12 of the programs reported they were providing primary, secondary, and tertiary services simultaneously.

Therefore, it appears that the public health model does not provide useful organizing principles for prevention services in the youth and family services field. Also, programs often focus not on long-range impact (e.g., reduction of delinquency), but rather on short-term gains (e.g., development of employability skills, improvement in reading, etc.). The extent to which the short-term program objectives lead to long-term prevention goals remains to be determined.

III. PREVENTION IN NEW YORK STATE: THE INTERAGENCY CONTEXT

Prior to the 1970's, preventive service components were undiscernible in most federal and state agencies that delivered services to youth. The development of substantial programmatic attempts to prevent delinquency, foster care placement, substance abuse, and alcoholism have occurred primarily during the last decade with the enactment of key federal and state legislation and the creation of administrative entities to manage preventive services. The new legislation reflects the realization of the following unsatisfactory social trends:

1) The juvenile justice system was overcrowded and frequently detrimental to youth (OJJDP, 1980);

2) Foster care options were overutilized, disruptive, and precluded strengthening biological families (Goldstein et al., 1973; Temporary State Commision on Child Welfare, 1980);

3) Existing forms of dealing with alcohol and substance abuse were too punitive, negative, and ignorant of the complex behavioral context of substance abusing behavior (Wilkinson, 1970; Resnik, 1978).

The following subsections explain the preventive service roles of five key New York State agencies, the Division for Youth (DFY), the Division of Probation (DOP), the Department of Social Services (DSS), the Division of Alcoholism (DAAA), and the Division of Substance Abuse Services (DSAS). Agency responsibilities are described throughout this section in the context of important federal and State legislation that currently governs their respective activities.

PREVENTING DELINQUENCY: THE DIVISION FOR YOUTH AND THE DIVISION OF PROBATION

DFY encourages comprehensive planning at the local level, a process which relies on local initiative and decision making. County and municipal youth bureaus perform this local planning function in addition to monitoring and evaluating local youth activities. County Comprehensive Planning has as its

goal the development of a multiyear plan for the provision of youth services, including prevention services. The process involves four components: needs assessment, development of action strategies, implementation, and feedback. Throughout, local needs and priorities are stressed, with the involvement of the community, as providers, advocates, and participants.

To communities which engage in comprehensive youth planning, DFY provides 50 percent funding up to $5.40 per youth through its Youth Development and Delinquency Prevention Program (YDDP); 50 percent aid up to $2.75 per youth is available to counties which do not engage in Comprehensive Planning. YDDP monies can facilitate the operations of a wide range of primary and secondary preventive services including recreation programs, playgrounds, counseling, remedial reading, and emergency shelters.

Additional State monies can be provided directly to programs through the DFY Special Delinquency Prevention Program (SDPP). SDPP was established by the New York State Legislature in 1978 and provides 100 percent support on a direct grant basis to programs serving at risk youth in communities which are considered at risk, for example, those which have high rates of unemployment and delinquency. One-half of the funds ($7 million) provides discretionary monies for DFY, while the other half are distributed to Youth Bureaus.

The DFY Youth Initiative Program (YIP) provides extra funding to counties for community-based prevention activities. These monies support local services to high risk youngsters who evidence such problems as truancy, school violence, prostitution and dysfunctional family life. YIP monies provide an additional $1.00 of matching funds beyond the $4.50 per youth YDDP disbursement.

Finally, through its Runaway and Homeless Youth Program, DFY funds up to 60 percent of the local operating costs of temporary shelter, food and crisis counseling services to runaway and homeless youth up to the age of 18. This program was established by the State's 1978 Runaway and Homeless Youth Act. In all, approximately $50 million are available for these various prevention efforts.

The prevention activities of the Division of Probation and the local Probation Departments which it regulates begin when a youth appears at probation intake as a result of an alleged offense. The response of the Probation Intake official is influenced by a variety of factors some of which may be specific to a particular county. One avenue open is to "adjust" the case, thus preventing further involvement of the youth in the judicial process. As part of adjustment, the youth can be referred for services to other community resources or to counseling by probation officers themselves.

While the individual probation services are offered at the county level, the State Division of Probation monitors the activity of the county department and requires an annual program plan which addresses any problems that may have been identified as needing correction. Approximately 19.5 million dollars of state and local funds are spent on juvenile probation activities, which include, in addition to the intake adjustment process, probation supervision and investigation.

PREVENTING FOSTER CARE PLACEMENT: THE DEPARTMENT OF SOCIAL SERVICES

Titles IV-A, IV-B and XX of the Social Security Act have long funded child welfare activities designed to prevent or reduce the duration of foster care placement. Recent enactment of the New York State Child Welfare Reform Act, however, commits vast amounts of State resources to the task of funding preventive services and assuming accountability for their delivery. The Child

Welfare Reform Act (CWRA) was a response to a growing realization that foster care, while necessary in some instances, was overutilized and did not insure permanency for the child placed in foster homes (Goldstein et al., 1973). At the same time, efforts to keep children in their homes, by providing family supports such as more intensive casework, training in parent effectiveness, housekeeping assistance, and day care, were underutilized.

Prior to the passage of CWRA, federal reimbursement for foster care acted to discourage the use of preventive services as a means of dealing with family crises (Temporary State Commission on Child Welfare, 1980). Under local allotment provisions of Title XX, 50 percent of the foster care expenses of children receiving Aid to Families with Dependent Children (AFDC) were reimbursed by the federal government; New York State paid another 25 percent, and local governments paid the remaining 25 percent of the expenses. Preventive services, on the other hand, were generally reimbursed by the State for 50 percent of the cost. The local government paid the remaining 50 percent. As a result, local governments usually paid more to provide preventive services than they paid to place a child in foster care.

Preventive services, while available prior to CWRA, did not approach the need for services. Although the State provided funds for prevention, the year-to-year availability of the monies was uncertain. An additional federal alternative, Section 426 of Title IV-B of the Social Security Act, provided federal grants to the States which did not require a State or local match. Actual appropriations for Title IV-B, however, were considerably and consistently lower than Congressionally authorized appropriations. Preventive services, as a result, tended to be narrow in scope. Unless families fortuitously received the day care, homemaker services, or employment services provided to adults by AFDC Title XX benefits, crisis management was the frequent response to the child at risk.

The Child Welfare Reform Act has endeavored to provide more adequate preventive services by increasing State aid for preventive services from $3.75 million to $5.95 million. Local social service districts are reimbursed for preventive service expenses on a per child basis.

Generally, preventive services under CWRA are available to children at risk of foster care placement on a preplacement, in-placement and aftercare basis. Placement services are provided to the child who is at risk of being placed within 60 days. Preventive services are "mandatory" if it is determined that a child will be placed unless services are provided or will remain in foster care unless services are offered. Mandatory services are reimbursed by the State at 75 percent of their cost whether they are directly provided by the district or purchased from other service providers. The State reimburses a local district for 50 percent of the cost of providing optional preventive services, when no determination of the imminence of placement has been made.[3]

CWRA places a number of conditions on the delivery of preventive services. One of the conditions requires the local districts to continue to utilize Title IV and Title XX monies prior to using CWRA funding in order to insure that the law provides an additional rather than a substitute commitment to existing services. Thus, the act requires districts to meet a "maintenance of effort" by expending a certain amount of money prior to receiving funds under CWRA. Another condition places a six-month limit on the time period during which a child may receive mandatory funds. If the need for continued services is recertified by a local social services official at the end of the six-month time frame, monies are then made available for an extended period of time.

CWRA specifies an additional series of requirements which seek to improve the administration, management, and planning of child welfare. These measures require the local social service districts to prepare annual child welfare services plans and to develop individual service plans for each child at risk of foster care placement. The annual plans (Consolidated Service Plans) delineate the districts' needs and resources and relate the program and expenditure plans for three primary areas of service (i.e., preventive services, foster care and adoptive services). Local Consolidated Service Plans are also needed to compile a State Consolidated Service Plan which meets federal mandates under Titles IV-B and XX of the Social Security Act. Individualized child plans (Uniform Case Records) consist of time-limited, goal-oriented plans which must include descriptions of the child or family problem which led to the child being considered for foster care placement, a list of the services required, the rationale for any foster care considered to be necessary, and a list of the goals to be met throughout the course of the child's involvement with the agency.

Enforcement provisions built into the legislation have involved DSS and the newly created Child Welfare Standards Advisory Council in joint efforts to develop program standards. The Child Welfare Standards Advisory Council must establish mechanisms for evaluating the need and appropriateness of placement, assessing the sufficiency of local agency efforts to avert placement, and monitoring local compliance with State social service laws and DSS regulations. DSS is required to deny reimbursement for a child's expenses when local agencies have not complied with regulations.

Discussions with county personnel and program directors revealed a number of insights important to understanding the impact of CWRA on local social service districts and prevention programs. One issue to emerge in the course of these interviews concerned the effect of CWRA upon programs with which the districts contract for services. Because the act reimburses the districts on a per child basis, private agencies were skeptical of their ability to purchase services without carving out a piece of the districts' budget and becoming part of its program planning process. Per child reimbursements seemed to be more amenable to direct service providers than to private or nonprofit providers.

Finally, with clear unanimity, practitioners were critical of having to compile Uniform Case Records for youth receiving preventive services. Case workers were quick to point to the serious incursions that administrative tasks, under the new legislation, appeared to be making into the time needed to provide services to clients.

PREVENTING DRUG ABUSE AND ALCOHOLISM: THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE

Major responsibility for the operation of drug abuse and alcoholism programs in New York State rests with the Office of Alcoholism and Substance Abuse. This agency is divided into two divisions, the Division of Alcoholism and Alcohol Abuse (DAAA) and the Division of Substance Abuse Services (DSAS). Both divisions provide prevention monies to counties and localities upon the yearly submission of county plans which detail the county's needs for treatment and prevention monies. Additional input is also available to both agencies from needs assessments which utilize agency compilations of incidence

and prevalence data. Reviews of current programs, clients served, resources available, special surveys and evaluation studies provide still more data. The local volunteer involvement of the County Councils of Alcoholism and the local Drug Abuse Prevention Councils also exert influence on State policies and funding patterns.

DAAA contracts with County Councils of Alcoholism in order to provide primary prevention monies to fund information networks and prevention media activities. In February 1980, DAAA implemented a Fetal Alcohol Syndrome (FAS) prevention campaign and an education campaign directed towards health care professionals and the general public. Other DAAA prevention activities include providing assistance to children of alcoholic parents and funding special programs designed to improve self-esteem, coping skills, and decision making. Additional prevention services are offered to juvenile probationers evidencing alcohol problems. This program is operated in cooperation with the New York State Division of Probation. Most prevention monies are administered through DAAA's Prevention, Education and Training Unit which served 511 programs throughout the State during fiscal year 1980-81.

During the same time period, DSAS funded 83 school-based alcoholism and drug abuse prevention programs. These programs involved approximately 900 schools and 60 percent of the State's school-aged population. In addition to furnishing information on alcoholism and drug abuse, these programs also provide diversion and early intervention services to youth. DAAA, DSAS, and the New York State Department of Education assist in the curriculum development for the school programs.

Outside of the public school setting, DSAS supports community-based intervention services consisting of short- and long-term counseling. In an effort to provide the opportunity for youth to work with private industry on projects which benefit both the participants and the community, DSAS

participates in the federally funded Channel One Program. Finally, information dissemination efforts, similar to those operated by DAAA, are provided by the cooperative efforts of DSAS and the local volunteer Drug Abuse Prevention Councils (DAPC).

State and local funds comprise the major portion of the support for the drug abuse and alcoholism prevention programming in New York State. The influence of the federal government is, nevertheless, noteworthy. In 1972, Congress passed the Federal Drug Abuse Office and Treatment Act (P.L. 92-255) which established the National Institute of Drug Abuse (NIDA). Two years earlier, the Comprehensive Alcohol Abuse and Alcohol Prevention, Treatment and Rehabilitation Act (P.L. 91-616) established the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Both agencies are located within the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) of the United States Department of Health and Human Services. Although prevention is a clear priority for both NIDA and NIAAA, massive outlays to fund State and local prevention programs are not. The roles of the two agencies with respect to prevention are to emphasize knowledge development and dissemination by funding demonstration programs and evaluating and replicating the results. Both NIDA and NIAAA endeavor to enhance the capacity of the States to develop prevention strategies, but operate on the premise that State and local governments should assume the financial burden for providing preventive services. In New York State, for example, NIDA funds the Channel One alternatives program and several of the community-based intervention programs; NIAAA funds such special programs as DAAA's Children of Alcoholic Parents program and the FAS prevention and education programs.

As the result of recent federal budget cuts NIDA and NIAAA will no longer disburse funds on a formula grant basis. States will receive block grants. At least twenty percent of these block grants monies may be spent on prevention. State agencies are also no longer obligated to prepare state plans for NIDA or NIAAA in order to receive these monies.

IV. RESULTS OF INTERVIEWS WITH PROGRAM DIRECTORS

The previous section outlined the areas of responsibility, organizational structures, and statutory requirements affecting five major state agencies (DFY, DSS, DOP, DAAA, DSAS) that regulate, monitor, and provide funding for prevention programs for youth in New York State. For the most part, these agencies do not provide preventive services directly, but contract with local agencies to make these services available. In order to obtain more information about the actual provision of preventive services to youth, site visits were conducted to a sample of 28 prevention programs across the State, during which time program directors were interviewed using a structured format. Although a systematic sampling procedure was not employed to select programs for inclusion in this study, it is believed that the programs surveyed adequately represent the current state of affairs in prevention programs in New York State.

METHODOLOGY

The interview instrument developed for this project consisted of predominantly open-ended questions. It took about one hour to complete, and included questions and demographic characteristics of the clients, description of the service components, funding and evaluation information, as well as discussion of conceptual issues around prevention. Three interviewers, each possessing human services evaluation experience were utilized in the data collection. A facsimile of the instrument can be found in Appendix A.

The programs sampled were located in demonstration counties of the Interagency Coordination Project, as well as in New York City. The programs received funding from the Division for Youth, Department of Social Services and Special Services for Children, as well as other public and private sources.

Services

In order to classify the services of prevention programs, a scheme employing nine domains of prevention has been developed for this project. By domain of prevention is meant a recognized branch or sphere of activity aimed at hindering the onset of some undesirable behavior. These domains include:

1. Delinquency and Status Offenses - This domain consists of any action or intervention that aims at precluding delinquent acts (acts that would be criminal if committed by an adult) and status offenses (acts that are illegal for juveniles but not for adults). Prevention activities in this domain support the development of youth as law abiding citizens.
2. Alcohol Abuse This domain consists of any action or intervention designed to prevent illegal use of alcohol, to reduce irresponsible use of alcohol, and to avoid alcohol related problems. These interventions promote a constructive life style among youth.
3. Drug Abuse - This domain consists of any attempt to hinder the use of illegal drugs and to lessen the abuse or misuse of licensed drugs. These prevention activities foster a positive life style for youth.
4. Accident, Disease, and Death - This domain includes any intervention that stops or reduces any behavior having negative consequences that place an individual at risk of impaired health or an untimely death. These preventive actions aim at increasing physical well being.
5. Mental or Behavioral Dysfunction - This domain includes any step taken that hinders an affective state or behavior having detrimental short or long term consequences for an individual's personal and social functioning. These interventions support individual self-actualization.

6. Economic Dependence - This domain consists of any intervention meant to decrease economic dependence on other family members, charitable institutions and public funds. These interventions aim to develop an individual's capacity to be a producing member of society.
7. Adolescent Pregnancy - This domain of prevention involves actions that decrease the incidences of unwanted pregnancies and prepares adolescent parents for positive parenting roles.
8. Family Dysfunction and Child Abuse - This domain of prevention involves any actions that aim at removing the impediments to a family's ability to function as a supportive unit for the physical, emotional and intellectual growth of individual family members.
9. Educational Failure - This domain of prevention involves any action that helps an individual avoid failure in school and promotes achievements in academic, vocational and extracurricular activities. (A fuller discussion of the nine domains is presented in the Taxonomy).

The 28 programs visited represent a diverse lot; program descriptions, target populations, and rationales differed greatly. See Appendix B for a brief synopsis of each program visited. The majority of the programs (15) provided services in the mental and behavioral dysfunction prevention domain. Almost half (12) offered services in the delinquency and status offense prevention domain. Educational failure and family dysfunction and child abuse prevention domains were represented by approximately one-third of the programs (10 and 9, respectively). Most of the activity in the mental and behavioral dysfunction domain involved some sort of counseling, either by professionals, para-professionals, or peers.

Within the delinquency and status offenses prevention domain, services available included a mediation alternative to family court for youth identified as delinquent, truant or involved in community and school conflicts; recreation programs; probation and parole supervision, and investigative and restitutive services; and counseling. Services offered in the educational failure prevention domain include truancy prevention programs utilizing casework and remediation and tutorial programs including reading readiness training. Services in the family dysfunction and child abuse prevention domain included parent aide services, including homemaker training and services; parenting skills training; family counseling; and parent and youth groups.

The other prevention domains that programs addressed were: alcohol abuse (2), death, disease and accident (2), economic dependence (4), adolescent pregnancy (3), and substance abuse (1). Some of the programs could be described as multiservice oriented. More than half of the 28 programs (15) addressed more than one prevention domain, with most of these addressing two or three domains. Nine of the programs addressed both the mental and behavioral dysfunction and delinquency and status offense domains. In addition, several programs provided referrals on an intra-agency and interagency basis, case coordination services, and were involved in community development activities.

Two divergent approaches to the provision of multiple services came up in discussions with multiservice agencies based in New York City. Some agencies espoused a "Clearinghouse Model" which combines service provision and case management in-house with referral to other agencies for services not provided in-house. This approach frequently results in the concurrent provision of

TABLE 1

PREVENTIVE SERVICES: INTERAGENCY ANALYSIS

SELECTED CHARACTERISTICS OF SAMPLED PREVENTION PROGRAMS

TYPE OF PREVENTIVE SERVICE PROVIDED

Type of Service	No. of Programs Offering Services	Percent
Alcohol Abuse	2	7.1
Mental Dysfunction and Behavioral Impairment	15	53.6
Educational Failure	10	35.7
Economic Dependency	4	14.3
Family Dysfunction and Child Abuse	9	32.1
Death, Disease, and Accident	2	7.1
Delinquency and Status Offense	12	42.9
Substance Abuse	1	3.6
Adolescent Pregnancy	3	10.7

NUMBER OF SERVICE CATEGORIES OFFERED

Number of Services Categories	Number of Programs	Percent
1	12	42.9
2	8	28.6
3	6	21.4
4 or more	2	7.1
TOTAL	28	100.0

LEVEL OF PREVENTIVE SERVICE OFFERED

Prevention Level	Number of Programs	Percent
Primary only	1	3.6
Secondary only	1	3.6
Tertiary only	0	0.0
Primary & Secondary	4	14.3
Secondary & Tertiary	9	32.1
All Three	13	46.4
TOTAL	28	100.0

TYPICAL PREVENTIVE SERVICE COMBINATIONS

	Number	Percent
Education and Counseling	7	25.0
Counseling and Recreation	8	28.6
Education and Recreation	6	21.4
Counseling and Coordination	8	28.6

services to a given client by several agencies. Other agencies identified themselves as "Comprehensive Service Agencies." Here clients are served exclusively by a single agency. If that agency cannot meet all the client's needs for services, that client is referred to another agency (with follow-up) and the case is closed by the referring agency. This issue did not come up in discussions with Upstate agencies.

Clients

The 28 programs each reported serving anywhere from 20 to 2,000 clients in a year, with nine programs each serving 100 clients or less. While the programs as a whole served youth of all ages, and in some cases older family members or entire families, the predominant age range served by the programs was 10-16. Many of the programs had an approximately even division of male and female clients, while specialized programs, such as the adolescent pregnancy program, served one sex. In general, the programs which served families had a large percentage of female single parents. The ethnic breakdown of clients in the programs tended to reflect those of the communities which were served.

In general, the programs did not have specific criteria for admission, except in the cases where the nature of the programs dictated such criteria (e.g., an adolescent pregnancy program). A few programs did have age-specific criteria, but, in general, the programs were willing to accept the youth who came to them. In fact, some interviewees mentioned that it was the clients who did the rejecting, not the program. Several programs relied solely on referrals, either from schools or the social services department, but the majority had an open-door admissions policy. When asked about rejecting

applicants, most programs indicated that they do not reject. A few programs did have a small percentage of rejections as a result of their inability to provide services needed by potential clients. In these cases, referrals were made to appropriate programs.

The program interviewees were asked what client problems were addressed by their programs. The most frequently mentioned problem, mentioned by 20 of the 28, was delinquency. School behavior problems and truancy were mentioned in 19 cases, as were alcohol-related problems. Other problems mentioned often included drugs, parenthood, poverty, emotional instability, and child abuse and neglect.

When asked what the most common reasons were for clients leaving the program, 13 of the 28 interviewees mentioned the achievement of goals. Other frequently reported reasons were moving out of the area and aging out. In some instances it was reported that clients drop out of programs, either because program demands are too high, or because other activities compete with the program. Low attention or motivation levels were mentioned as other factors related to dropping out.

Especially for those programs which mentioned success as a reason for clients leaving programs, it is interesting to look at the measures of success they mentioned. The responses varied; improvement in school attendance was the most concrete success measure. More difficult to quantify were the absence of a foster care placement and an easier delivery of a baby. Some respondents simply said that when treatment goals were met, success would be the result. This response skirts some of the more problemmatic aspects of measuring and evaluating goal attainment.

Objectives

In any effort to evaluate the effectiveness of prevention programs for youth, it is necessary for there to be explicit objectives upon which the assessment can be made. For programs to really demonstrate their success, objectives must be conceptualized as measurable outcomes. Identifying objectives that are measurable also provides a mechanism for agencies to monitor their activities and suggest areas of improvement. As reflected in the results of the interviews with personnel at the 28 prevention programs, programs frequently do not define their objectives in measurable terms, but rather use subjective, process-oriented goal statements or overly general outcome measures.

All Department of Social Services (DSS) and Special Services for Children (SSC) funded programs included the Child Welfare Reform Act (CWRA) mandates with respect to prevention of foster care placement as program objectives:

1) to prevent foster care placement;

2) to shorten placement if the child is currently placed outside the home;

3) to prevent further placement in the foster care system for children who have been discharged from placement (prevent recidivism).

The prevention of family breakdown was also identified as a major objective by most of the programs, with truancy prevention an additional objective of one agency, and the enhancement of community functioning through community development and advocacy being mentioned by one agency.

Greater scope and diversity of program objectives was evident in the DFY-funded projects. The most frequently cited program objectives were to divert youth from the juvenile justice system (including Family Court); to strengthen interaction among families, schools, policy and the community; to

prevent child abuse; to prevent substance and alcohol abuse; to provide and/or develop support systems for various populations; to provide strong role models; to provide increased cultural and educational opportunities; to facilitate learning; to prevent school failure, and/or truancy; and to provide dispute settlement services.

Programs funded by both DSS and DFY reflected combinations of the two sets of objectives listed above. CWRA mandates regarding prevention or placement were reflected in all of these agencies' objectives, as well as a focus on social and recreational programming designed to prevent delinquency, truancy, and child abuse and neglect. Of the two programs funded by sources other than DSS and DFY, one stressed pregnancy prevention, parenting skills, and prevention of child abuse in its program objectives and the other stressed enhancement of job skills, including non-traditional women's skills in its program objectives.

Causal Theory

As reported in the literature, a major problem with prevention programs in the human services is that they often are not based on causal theory. That is, the interventions generated are not based on an understanding of the causes of the behavior that is to be prevented. A further difficulty is that many of the objectives that the programs hold are conceived as process objectives rather than outcome objectives. In other words, the objectives are presented in terms of what the programs are doing, rather than in terms of what they expect to achieve by what they are doing. Therefore, it is difficult, if not impossible, to measure the success of a program. As noted in the section on clients, few of the programs had responded to a question on success with anything concrete and absolute.

The justification for the interventions chosen varied greatly, from reflecting staff strengths on the one hand, and informal "causal" theories held by the interviewees on the other. Twenty-two of the programs claimed no causal theory upon which their program was founded. Six programs professed causal theories underlying their treatment approaches. Two claimed General Systems Theory (Family Systems) as a theoretical basis, one claimed isolation as a cause of foster care placement, one claimed truancy as a cause of juvenile delinquency, one claimed lack of communication as a cause of family breakdown, and one cited an alcohol and diet reference as a theory of alcoholism prevention.

Defining Prevention and At Risk

One of the conclusions that is suggested by the analysis of data from the 28 programs is that the primary, secondary and tertiary prevention distinction does not guide the activities of programs. Almost half of the programs (12) claimed to be directed at all three kinds of prevention activities. Only two programs stated they were devoted to a single prevention category: one claimed to be primary only and one claimed to be secondary only. Nine programs claimed to provide secondary and tertiary prevention and four claimed to provide primary and secondary prevention. This suggests that for practical, evaluation purposes, the primary-tertiary continuum is not useful, but rather may be an artificial construct. For evaluative purposes, a classification based on what programs actually do may provide a more significant foundation.

When asked how they defined prevention, two of the program directors responded that they had no operating definition of prevention. The majority of the other programs utilized the Child Welfare Reform Act definition. The programs which did have their own definitions of prevention were those that

had specific target groups and goals, e.g., to prevent truancy or to prevent delinquency. However, one interviewee did say that the definition of prevention depended upon the specific funding source.

The program personnel were also asked for their definition of the term at risk, as utilized in grant proposals, contracts, etc. The CWRA definition was referred to in five instances, while for programs with a specific focus, other definitions emerged. For example, an adolescent pregnancy program identified health problems and, of course, pregnancy as at risk conditions. An alcoholism program considered children of alcoholics to be at risk. Ten programs did not use the term or did not have a definition.

In addition to being asked to define at risk for their specific programmatic and funding needs, the interviewees were asked two additional questions about at risk. One was whether there were common causes for the problems of youth who were at risk of delinquency, foster care placement, substance abuse, mental illness or other problems. The second question inquired as to what factors make youth at risk of one of these problems more than others. In response to the first question, 23 programs agreed that there are common causes for these problems, and most interviewees elaborated by offering a list: Parenting problems, family problems, and neglect were mentioned by most of the program personnel. Other frequently mentioned responses involved poverty and economic pressures.

In answer to the second question, what factors make youth at risk of one problem more than others, 20 interviewees made responses. In the area of delinquency, factors mentioned were single parent working, alcoholism, family hopelessness, lack of supervision, lack of parental support, environmental symbols of worthlessness, no recognition or rewards, poor self-esteem, poor home environment, broken family, learning disability, food additives, peer

pressure, emotional problems, role modeling, truancy, and withdrawal from mainstream. Factors associated with youth at risk of foster care placement were child abuse and neglect, developmental disabilities, family conflict, parental indifference, and modeling from previous family experience.

In the area of substance abuse the risk factors mentioned were need for recognition, peer pressure, family patterns, lack of coping mechanisms, poor role modeling, family fragmentation, and age. For alcoholism, factors indicated included need for recognition, peer pressure, poor environment, family alcoholism, lack of enforcement of liquor laws, lack of coping mechanisms and family fragmentation. The responses for substance abuse were similar to the responses for alcoholism, as would be expected. For mental illness, factors mentioned included: diet, other family members having mental illness, lack of coping mechanism, financial pressures, parental pressure, abuse, parent indifference, and social isolation.

In general, the responses of the directors of programs which are generic in nature tended to reflect the definition of "at risk" and "prevention" provided in the CWRA. The responses of those program directors who represented more specialized program types were similar to each other. Family difficulties, i.e., abuse, neglect, indifference to child and poor role modeling, were frequently mentioned factors by these directors.

Evaluation

For the 25 agencies where the program evaluation section of the questionnaire was administered, 21 stated that they would like to have their programs evaluated or reevaluated. The provision of feedback and information to assist in making program changes and improvements was cited by virtually all agencies. Additionally, six agencies stated that an evaluation might help them expand their programs by demonstrating effectiveness. Only two programs cited public relations as a reason for conducting an evaluation.

One agency director replied that he was "not opposed" to an evaluation, though there was a noted lack of enthusiasm. No reason was given for this response. Three agencies reported that they did not want to have their programs evaluated. The stressful nature of evaluations and the lack of constructive feedback from past experiences were the reasons cited for a disinterest in evaluations. One agency director did state, however, that she saw some value to an evaluation if it was to be used for in-house purposes only.

These programs may be characterized by a lack of experienced staff to conduct program evaluations. Half of the programs (13 of 25) stated that no staff members were experienced in program evaluation. Three reported that although there were no experienced staff in-house, there were small amounts of money for consultant services, some of which could be used for evaluation purposes. Two agencies claims to have board members with some evaluation experience, while the balance (7 of 25) reported varying degrees of experience among current staff members. This experience ranged from "attended one seminar" to "extensive research background" (One agency of the latter group reported having extensive evaluation experience among in-house staff, as well as having used significant outside resources to conduct an independent evaluation).

In analyzing responses to a question on the potential readership of program evaluation studies, funding sources (current and potential) ranked highest in frequency of responses (22), followed by board of directors or executive directors (12), and in-house staff (10). Referral sources were cited as a potential audience for program evaluation reports by seven programs. Three programs responded that an evaluation study could be an

effective public relations tool. Only one program indicated that clients might be a potential audience for an evaluation. This contrasts sharply with the popularity of Client Satisfaction Surveys. This type of evaluation was frequently cited as the most crucial part of an evaluation. It is ironic that a common complaint from the agencies was that they never received feedback from evaluations, yet there seems to be little interest in sharing the results of an agency evaluation with the clients.

Seventeen of 25 agencies claimed that no staff were currently available for evaluation purposes. Three said they could make some staff hours available if the evaluation was an agency priority. Five agencies claimed they had some staff time available for data collection for evaluation purposes, and generally these activities were currently underway.

When these agencies were asked what number of hours would be available for evaluation purposes, four agencies admitted a few hours per week would be available if an evaluation became an agency priority. Three agencies maintained part-time or full-time staff who could be used for evaluation-related activities. Two agencies reported that they would provide whatever staffing was required to get the evaluation done.

When asked how much money might be available for evaluation activities, 24 of the respondents reported that no funds were available, but one agency indicated they had secured a grant to evaluate its programs. The prevailing attitude toward evaluation can be summed up by one program director who said, "An evaluation is a mandated affair, but not a high priority for me due to my staffing requirements." This sentiment was a common element in many of the interviews conducted.

Data Collection

The 28 programs differed substantially in terms of the amount of information which they collected about their clients and their clients' progress. Eleven of the programs utilized the Uniform Case Record provided by DSS, while four programs collected extensive information on their own. Ten programs collected and maintained little information and two programs had no data available. Thus, efforts to evaluate prevention programs need to begin with the development of information gathering methodologies that are well-suited to the programs and that personnel would be willing to participate in. Several interviewees complained about the amount of paper work needed to satisfy funding sources and legal requirements. Thus, any further attempts to elicit information which absorb staff time or do not provide immediate benefit will be met with dismay.

Funding Sources

Upon examining the budgets of 25 of the programs, the average number of funding sources per program is 3.4. This figure includes four programs whose numbers of funding sources appear to be out of the ordinary. (E.g., one program with an annual budget of less than $25,000 had 12 distinct funding sources.) When these four programs are removed, the average number of funding sources falls to 2.4. Eighty-four percent of all programs who provided information had four or fewer funding sources.

SUMMARY OF FINDINGS

The directors of 28 programs which provide preventive services were interviewed in order to gather information on programmatic, evaluation, and funding issues. In addition, theoretical and conceptual concerns of planners, policy makers and practitioners in the area of prevention were explored. The major findings of this survey are listed below:

- Two prevention domains, mental dysfunction and behavior impairment and delinquency and status offense, received attention by the greatest number of programs.

- Services offered by the programs included counseling, casework, recreation and tutoring. In addition, some more specialized services were offered for certain groups (e.g., pregnant adolescents).

- Many of the programs did not have measurable outcome objectives, which may be an impediment to successful evaluation efforts.

- Child Welfare Reform Act (CWRA) mandates often served as stated program objectives for DSS and SSC funded programs; in the case of DFY funded programs diversion from the juvenile justice system was the most frequently mentioned objective.

- Most of the prevention programs did not base their operation upon a causal theory.

- Utilizing the primary-secondary-tertiary prevention model, 26 of the 28 program directors claimed their programs were directed at more than one prevention type, suggesting that this model does not provide a good categorization of programs for evaluation.

- Some of the programs were operated without explicit definitions of prevention, many of the others utilized the CWRA definition.

- Definitions of at risk were in line with the CWRA definition in the case of the generic programs; more specialized programs reflected specific definitions. There was a great deal of agreement on the part of the program directors regarding common causes for youth at risk of diverse problems.

- Most of the program directors indicated interest in having programs evaluated. However, staff experience with evaluation was low and available resources for evaluation were few.

- Funding sources were perceived as the largest audience for potential evaluation efforts.

- The 28 programs were substantially different from each other in the area of data collection. More than a third of the programs utilized Uniform Case Records and more than another third collected little or no information. The rest of the programs gathered differing but significant amounts of information.

- Most of the programs had two or three funding sources.

- The 28 programs ranged in size from 20 to 2,000 clients a year; the predominant ages represented were 10-16.

- A few of the programs had admission criteria; most if not all youth who were interested or referred were accepted.

- It is difficult to determine the effectiveness of the programs, though for almost all of the programs, success was mentioned as the most frequent reason for clients leaving the program.

V. REVIEW OF THE LITERATURE

This section reviews the literature pertaining to delinquency, foster care, and substance abuse and alcoholism prevention. For purposes of organization and meaningful review, each prevention field discussed below is subdivided into the following three sections:

1) The scope of the prevention efforts;

2) The effectiveness of the strategies devised to prevent the problem; and

3) The theoretical underpinnings of the programmatic efforts.

These categories reflect recurring issues that are fundamental to the field of prevention. In addition, they provide a meaningful framework for highlighting distinctions among the separate fields. Each of the prevention areas discussed in this report is unique with respect to the types of strategies used, efficacy of the prevention efforts, and adherence to causal theory as a means for selecting and justifying program methods and procedures.

In reviewing the literature, distinctions emerge between the separate delinquency, foster care, and substance abuse and alcoholism prevention fields. Each prevention field has a unique manner of distinguishing its preventive services from the services available for treatment or rehabilitation. These distinctions are highlighted in the discussion of the scope of the prevention area.

Delinquency, foster care, and substance abuse and alcoholism prevention may also be characterized by their separate types of service delivery. Thus, each prevention field is also discussed according to the types of service delivery systems employed and the efficacy of each type of service.

Unfortunately, empirical evidence of the effectiveness of preventive services is scarce. Sources from all of these fields discouragingly observe that few programs are evaluated and still fewer programs are evaluated with adequate methodologies.

In order to provide reliable results, program evaluations must provide a means for comparing the results attained by program participants with those attained by nonrecipients possessing similar characteristics (e.g., age, socio economic status, problems, etc.). This comparison furnishes an indication of the experimental program's incremental effectiveness over other service alternatives or no service. If experimental and comparison group members are similar, researchers can be reasonably confident that incremental performance differences between the two groups are due to the experiemental program's impact rather than differences in the composition of the two groups. Ideally, subjects are randomly assigned to experimental and comparison groups from a pool of individuals who meet program eligibility criteria. In this manner, differences existing between the subjects are randomly dispersed between the two groups and are less likely to affect outcome performance measures. Alternatively, quasi-experimental designs require that group participants be matched on criteria considered likely to affect outcome measures. With or without experimental or quasi-experimental designs, measurements of program outcome are also enhanced by the ability to compare outcome measures with pre-program measures. The comparison of pretest measures with posttest measures provide change-over-time indicators which enable researchers to determine whether or not program outcomes were actually an improvement over pretreatment conditions (Campbell and Stanley, 1963).

Unfortunately, most programs are not evaluated with experimental, quasi-experimental, or pretest-posttest designs. Moreover, outcome measures often fail to convey the program's impact upon the problem behaviors. Instead, program effectiveness is conveyed by subjective measures, such as indications of how clients liked the program, the staff's perception of client improvement, or client attitudes towards dysfunctional behavior (Lundman et al., 1976; Tanvier et al., 1979). In general, the evaluation studies reviewed in this report employed experimental or quasi-experimental designs and furnished outcome indicates of program impact on delinquency, foster care placement, substance abuse, or alcoholism.

Programs are also criticized for their failure to ground program strategies on causal theories of problem behavior. This criticism has a different meaning for each of the prevention fields, however, the final section of each literature review discusses the application of existing theories to programmatic methods.

PREVENTING DELINQUENCY

Delinquency prevention spans a 60-year history which began in the 1920's with psychotherapeutic programs. The prevention strategy of these programs was to diagnose, study, and treat the individual mental abnormalities and problems which presumably predisposed youngsters to delinquent behavior (Walker et al., 1976). An impressive and expensive array of additional delinquency prevention strategies has been attempted during the intervening years. The more notable types of programs implemented over the course of this 60-year history include the following:

1) The provision of concerned child care workers and counseling services to youth (Powers and Witmer, 1951; McCord and McCord, 1959).

2) Community development projects, or "area projects" developed to improve lower income neighborhoods by strengthening indigenous planning capabilities, incresing work and educational opportunities, and upgrading and coordinating community services (Shaw and McKay, 1931; Marris and Rein, 1967).

3) The infusion of "detached street workers" into decaying urban neighborhoods for the purposes of redirecting delinquent gang members to conventional recreational alternatives and community-based services (Miller, 1959; Kline, 1969).

4) Alternative schools and educational techniques designed to improve self-esteem, strengthen individual bonds to society, provide remedial services, furnish positive role models, educate youth about the law and increase future opportunities (Hawkins and Wall, 1980).

5) Intensive casework and advocacy services for youth and their families (Berleman et al., 1972).

6) Youth employment programs created to improve youth employability skills and improve youth access to opportunities (Hackler and Hagan, 1975).

7) Youth recreational programs developed to provide conventional recreational outlets for youth.

8) Diversion programs designed to provide an alternative to formal criminal justice processing and prevent the acquisition of the delinquent label (Lemert, 1971).

This section of the report furnishes more detailed accounts of these efforts. To date, however, several comprehensive reviews of the literature have focused upon the issues and evaluated the current status of delinquency prevention (e.g., Witmer, and Tufts, 1954; Lundman et al., 1976; Walker et al., 1976; Wright and Dixon, 1977; Newton, 1978). With amazing consensus these authors portray a discouraging picture of the current status of delinquency prevention. After years of intensive programming efforts, researchers and policymakers are unable to identify with certainty the effective and ineffective methods for preventing delinquency. Most of the progarms, in fact, were not evaluated (Wright and Dixon, 1977).[4] Among the programs which were evaluated, few employed the research designs needed to

reliably assess program effectiveness (Lundman et al., 1976; Roesch and Corrado, 1981). Finally, the few programs which conducted methodologically sound program evaluations found no significant differences between experimental and control group participants on various outcome performance measures.

In addition to the paucity of favorable evaluation evidence, the field currently has no discernible scope. Definitions of such key terms as delinquency and prevention have been largely ignored. As a result, no common understanding assures the appropriate selection of youth and the relevant design of programs. Programs have developed haphazardly and atheoretically. Moreover, until recently, no attempts had been made to organize the vast array of prevention strategies into a meaningful framework.[5]

The remainder of this section is divided into three subsections in order to further address the issues outlined above and to present a broad overview of the current status of delinquency prevention. The following subsection outlines the definitional and conceptual barriers to determining the scope of delinquency prevention. The second section provides a brief summary of several prevention studies and presents the conclusions derived by four separate cross-study analyses of the field. This review is limited in scope to discussion of programs serving youth who have not been labeled or adjudicated delinquent. Efforts devoted to youth adjudicated or convicted are mentioned only in connection with programs providing services to both delinquents and nondelinquents. The final section discusses theoretical applications to delinquency prevention in light of criticisms directed at programs for their neglect of theory.

The Scope of Delinquency Prevention

The types of programs and individuals encompassed by the term delinquency prevention depend upon how one chooses to define delinquency and what one means by prevention. In the broadest sense, delinquency prevention could refer to all youth services and all juvenile correctional programs. At the most restrictive extreme, delinquency prevention could mean services delivered to youth who have never committed an offense (detected or nondetected).

Programs seldom specify the nature of the delinquent activity which their services hope to prevent. One important consideration is whether the program intends to prevent all delinquent acts or only official acts of delinquency, since the populations programs serve differ according to these two definitions. Self-report studies have shown, for example, that delinquency involves a higher proportion of the adolescent population than official delinquency statistics reveal. Undetected delinquency also implicates a more equal distribution of the adolescent population across racial and socioeconomic categories than official crime figures indicate (Gold, 1966). Nevertheless, prevention programs are most frequently located in low-income, minority neighborhoods because by official statistics these are the high crime areas (Lundman et al., 1976: 303). Consequently, most prevention research refers to the effectiveness of programs operating in inner-city areas.

A clear focus on the target of programming efforts is further clouded by the variability of behaviors and personalities encompassed by the term delinquent. Delinquents differ considerably according to the quality and quantity of their behavior (Sellin and Wolfgang, 1964). Enumerations of specific illegal behaviors vary across legal jurisdictions (Levin and Sarri, 1974). Divergent police enforcement styles (Black, 1970) and community perspectives further confuse the issue.

Even more imprecise is the task of defining the "potential delinquent." Presumably secondary prevention programs must have some reliable means for identifying high risk youth, and a number of statistical prediction instruments have been designed for this purpose. In a recent review of the literature on predicting future delinquency, however, Wedge (1978) outlined the following three reoccurring problems with these techniques:

1) Most produce an inflated estimate of future delinquency, thereby incorrectly placing youngsters in high risk categories;

2) The instruments harmfully label youngsters;

3) The methods impose an invasion of privacy.

A number of studies have found teacher predictions of future delinquency to be more promising (Scarpitti, 1964; Amble, 1967). The prediction problem, however, is far from resolved.

Outlining the scope of the delinquency prevention field also entails reaching a common understanding of the term prevention. Some progress has been made in identifying the parameters of preventive services. Lejins, (1967) for example, distinguishes between delinquency prevention and delinquency control. Delinquency prevention takes place before delinquent acts have been committed; delinquency control is provided after a delinquent act occurs. Other authors apply the public health model to delinquency prevention (e.g., Brantingham and Faust, 1976; Walker et al., 1976; Newton, 1978; Hawkins et al., 1979). The nemesis of the public health model continues to be the issue of tertiary prevention -- should the prevention field devote more attention to tertiary prevention on the rationale that its practitioners are, in fact, attempting to prevent the recurrence of delinquent behavior? Some sources focus only on primary and secondary prevention (Lundman et al., 1976; Newton, 1978; Hawkins et al., 1979). Others address tertiary issues as

well (Brantingham and Faust, 1976; Walker et al., 1976). Thus, there is no consensus concerning where, in the etiological course of events, preventive services cease to be preventive. Until there is, research, analyses, and developments in the field of delinquency prevention will proceed on two drastically different courses.

The Effectiveness of Delinquency Prevention

After analyzing numerous delinquency evaluation studies, Wright and Dixon (1977) offered a concise summary of delinquency prevention. The authors reported that individual and group counseling, social casework, and detached street workers had not contributed to preventing delinquency. On the other hand, some of the educational, employment and diversion programs and several youth service bureaus reviewed by the authors showed more promise.

Researchers conducting similar analyses were much less optimistic, particularly those who, in contrast to Wright and Dixon, confined their search to studies which used reliable evaluation designs. Berleman et al. (1980), for example, reviewed ten evaluations of programs which adhered to classic experimental designs and observed that only one of the programs reviewed was found to have reduced delinquency. This program, the Wincraft Youth Project, was the only one of the ten programs located outside of the United States. Lundman et al. (1976) also restricted their review to programs with adequate experimental designs in their discussion of the results of 25 prevention studies. The 25 programs included psychotherapy, counseling, gang workers, caseworkers, alternative schools, and recreational and employment programs. For most of these programs, there were no differences between experimental and control group participants.

Finally, in a comprehensive historical account of delinquency prevention, the Juvenile Delinquency Prevention/National Evaluation Program (Walker et al., 1976) provided a synopsis and assessment of numerous theories, practices, and evaluation results. These researchers also decried the state of the art of delinquency prevention. The report concluded that, over the historical course of delinquency prevention, most prevention strategies had failed, whether they focused on individual problems, social conditions in the community, the influence of delinquent peers, or the school.

The effectiveness of counseling programs was questioned almost from the start. The Child Guidance Clinics, founded in the 1920's by William Healy, are the earliest example. These clinics focused comprehensive diagnostic and treatment services to multiple problems believed to be the precursors of delinquency. The Gluecks' (1934) evaluation of the Judge Baker Clinic, however, revealed high arrest rates (70%) five years following treatment.

Another ambitious counseling program assigned child-care workers to 325 boys who were predicted to be at risk of future delinquency. In addition to their guidance, friendship and counseling, the child-care workers directed their clients to additional supportive community services. Another 325 boys assigned to a comparison group received no services. An assessment of arrest, adjudication, and conviction rates three years following the end of the programs showed no differences between the experimental and the control groups (Powers and Witmer, 1951). Long-term results obtained in a ten-year follow-up and again in a 30-year follow-up were similar (McCord and McCord, 1959; McCord, 1978).

Community development programs endeavored to upgrade inner city neighborhoods and social conditions affecting these areas. The Chicago Area Project (CAP), for example, sought to improve lower income neighborhoods by

training neighborhood leaders to engage in and in turn to motivate autonomous planning efforts. Since juvenile delinquency was symptomatic of the deterioration of social control in the community, the community was seen as the logical target for delinquency prevention (Shaw and McKay, 1931).[6] Seventeen programs similar to CAP in strategy, though not in theory, were funded by the Ford Foundation and the President's Committee on Juvenile Delinquency during the 1960's. These community action programs struggled to coordinate community services and to improve opportunities for youth by instituting changes in education, employment, and living conditions (Marris and Rein, 1967).

No detailed evaluations of these community development programs exist. Arrest rates plotted for neighborhoods participating in CAP, however, revealed a decrease in crime rates in three of the four project neighborhoods (Witmer and Tufts, 1954). Similar rates collected in neighborhoods served by the Mobilization for Youth Program years later showed no decrease in arrest rates (Walker et al., 1976). Individual level data pertaining to the effect of these programs, however, are not available. Connecting arrest data to the prevention of delinquent acts by individuals constitutes an ecological fallacy (Selltiz et al., 1976).[7] There are a host of conflicting hypothesis, including variations in enforcement policies and changes in community demographic characteristics, which could also explain the changes in arrest rates.

Studies of detached street worker programs conclusively recommend the abandonment of the tactic. One program, the Chicago Youth Development Program (CYDP), conducted street work with youth in order to reduce antisocial behaviors and direct youth to more positive and conventional adult roles. Concurrently, CYDP conducted community development activities in order to

strengthen adult influence in dealing with the problems of youth at the community level. CYDP was evaluated by comparing arrest and dropouts rates between experimental and control areas of the city. No significant differences were noted (Gold and Mattick, 1975). The program also failed to improve employment rates or leisure-time activities for youth in the catchment areas. Additional studies produced similar findings (Miller, 1959; Kline, 1969).

School-based delinquency prevention programs exist for a variety of reasons and are highly varied (Arnove and Strout, 1978). For example, the range of school program goals includes providing self-esteem, increasing opportunities, providing educational methods more amenable to hard to reach youth and maintaining the individual's stake in society. Programs and methods include legal studies, remedial education, positive role models, reduced teacher-student ratios, teaching machines, and counseling (Hawkins and Wall, 1980). In a review of nine school-based program evaluations, Wright and Dixon (1977) indicated that these studies frequently disregarded the program's impact upon youth arrest rates and focused, instead, upon educational criterion variables.

One school program which was designed specifically to have an impact upon delinquency by enhancing the self-esteem of high risk male juveniles operated in an inner-city junior high in Columbus, Ohio. High risk juveniles were randomly assigned to experimental and control groups. Specially trained adult male role models taught the experimental group. Although participants expressed positive reactions to the class, no significant differences in follow-up arrest rates were found between experimental, control and non high risk students (Reckless and Dinitz, 1972).

One of the most extensive studies of school-based delinquency prevention programs is now underway at the National Center for the Assessment of Delinquent Behavior and Its Prevention (NCADBIP) at the Center for Law and Justice in Seattle, Washington. NCADBIP is currently evaluating six alternative program models throughout the United States. The models test management change methods, cluster schools, several instructional methods, and strategies to promote student participation and school family interactions. Another NCADBIP project, the Comprehensive Delinquency Prevention Project, endeavors to examine developmental methods of enhancing social interactions between youth and such primary social institutions as the family, the school, peer groups, and the community (Weis et al., 1981).

Social casework, as indicated earlier, has not effectively prevented delinquency (Wright and Dixon, 1977). The Seattle Atlantic Street Center Experiment provides an example. This program delivered a variety of casework services to predelinquent and delinquent boys. The boys were classified into four groups according to the seriousness of their delinquent activity and then randomly assigned to treatment and comparison groups. Follow-up analysis of the number of police contacts and the number of commitments to juvenile facilities revealed no significant differences between the comparison and experimental groups. Moreover, school behavior measures were significantly better for boys in the comparison group than for the boys in the experimental group (Berleman et al., 1972).

The Maximum Benefits Project in Washington, D.C. (Tait and Hodges, 1962) also showed discouraging results. Clients in this program received casework and individual and/or family psychotherapy. Youth were assigned to the program on the basis of scores obtained using the Glueck's prediction table, an instrument which predicts the changes of delinquency. Follow-up data

comparing the number of police and court contacts for the experimental and matched comparison group youth revealed better results for the comparison group than for the experimental group. Craig and Turst (1965) found no significant differences between experimental and matching control groups after evaluating a similar program whose participants were first-grade boys.

In Wright and Dixon's summary of prevention and treatment program evaluations, employment programs fared well. The authors note that the job training and manpower service programs examined in their study were proven to be more successful than work-study programs. Work-study methods risked the exposure of participants to ridicule from their peers, especially when the work experiences took place on school grounds in view of nonparticipating students (Alhstrom and Havinghurst, 1971).

The findings obtained in one of the most carefully designed studies of a youth employment program, the Opportunities for Youth Project, do not lend support to Wright and Dixon's assessment of employment programs, however. Operating during the mid-1960's, the Opportunities for Youth Project studied the impact on delinquency rates of two program components, an employment component and a teaching-machine component. The employment component consisted of an employment service, which located occasional jobs for youth, and a work program which employed youth to work in city parks and housing projects. Follow-up findings indicated that official involvement for youth assigned to the employment component was greater than the involvement of their counterparts in a comparison group assigned to the teaching component and greater than the involvement of another comparison group which received no services (Hackler and Hagan, 1975).

Of the eight categories of delinquency prevention programs discussed in this report, research findings pertaining to the impact of recreational programs upon delinquency appeared to be most scarce. In the reviews of the prevention literature cited earlier, for example, only two studies of recreation programs were identified (see Lundman et al., 1976). Both studies reported on programs which operated during the 1940's. One study compared the delinquency rates in an area served by the Louisville Boys Club to the rates of delinquency in similar areas of the city for a period of ten years. The rates decreased in the catchment area of the Boys Club from one in nineteen boys in 1946, when the program opened, to one in thirty-nine by 1954. In contrast, rates for other areas of the city increased (Brown and Dodson, 1959). The research, however, did not examine competing explanations for the decrease in delinquency (e.g., leadership structure in each area, the influence of religious organizations, family structure, impact of commercial expansion, etc). Lutzin and Orem's 1967 analysis of recreation and delinquency prevention produced similar results: the compiling of a compendium of studies conducted from 1925 to 1956[8] led the authors to the conclusion that "the 'usual sort' of recreation programs offering the 'usual sort' of service is not very effective in preventing delinquency or, for that matter, reducing it." While research regarding the impact of recreational opportunities for high risk delinquent populations is scarce, research pertaining to general youth development programs is nonexistent. The efficacy of seasonal youth recreational programs, primary prevention programs common to most communities, remains to be seen.

As a primary rationale, diversion programs prevent youth from acquiring the stigma of a delinquent label (Lemert, 1971). Officially and unofficially, what are known as diversion and adjustment can occur as a result of several different actions. Police officers can decide to let a youth go, rather than involving Probation. Probation officers can adjust cases, rather than petitioning them to court. And official diversion programs may be established through these and other human services auspices. Diversion programs have the advantage of providing an immediate response to an offense, thereby providing some relationship between the offense and the disposition. Another benefit is that diversion costs less than does processing a case through the juvenile justice system. In a review of several New York City diversion studies, Fishman (1977) maintained that diversion programs had been unsuccessful and sometimes actually caused crime. Fishman's assessment did not become the general consensus of the field, however. Roesch and Corrado (1979) challenged the methodological quality of Fishman's work. Moreover, at least two reliably designed studies reported successful outcomes. Rappaport et al. (1979) found that lower recidivism rates and better school attendance were attained by participants in the Adolescent Diversion Project. In an experimental study of 15 diversion projects throughout the State of California, Palmer et al. (1978) also noted a statistically significant positive difference between the client and comparison groups. The recidivism rate for program participants was 25.4 percent, while the rate for the comparison delinquents was 30.7 percent.

The California data support a frequent criticism of diversion programs, however. Diversion programs risk admitting youth who, for a variety of reasons, would not otherwise have been formally processed. This problem, called "widening the net", brings individuals under other forms of social

control when their case might otherwise have been dismissed. In fact, the intake data for the California Study revealed that 49 percent of the clients served by the projects would not have been formally processed (Palmer, et al., 1978).

Theoretical Underpinnings of Delinquency Prevention

Prevention programs are habitually criticized for failure to ground their strategies upon theories of delinquency causation. Because programs too frequently are based upon unspecified causes and intuitive assumptions about delinquency, much of the work in prevention fails to add to the existing knowledge base of delinquency. Years of preventive programming have failed to identify the important causes of delinquency and the causes most amenable to treatment (Hawkins et al., 1979). Programs are also at a loss to explain why one strategy should work better than another.

To some extent, this omission is excusable. Although a number of psychological and sociological theories of delinquency causation have been proposed, the current state of criminogenic theory does not necessarily facilitate program planning. Many of the theories convey broad theoretical constructs, suggestive of numerous program strategies. Conversely, single programs are operative to numerous theories (Walker et al., 1976).

Moreover, building a program on a single theory of delinquency implies that all offenders are alike, when in fact, due to the heteogeneous nature of the offender population, most theories are only applicable to certain portions of the offender population (Warren and Hindelang, 1979). One of the very few causes for optimism in recent correctional research suggests that relatively specific types of treatment can prevent reconviction among offenders with specific characteristics (Warren, 1970; Palmer, 1973). Still, differential treatment has not carried over into the field of prevention. In their

reflections on the Cambridge-Somerville youth study, McCord and McCord argued for the differential concept, writing that, "a treatment program tailored to the needs of each type of delinquent would, in all probability, meet with more success than a program which disregarded differences in causative background" (McCord and McCord, 1959:185).

PREVENTING FOSTER CARE PLACEMENT

With few exceptions, foster care prevention occurs within the case management systems of social service agencies. In this context, preventive service programs endeavor to create environmental and psychological conditions which enable children to remain with their biological parents. Case management involves selecting and coordinating a variety of services, before, during, and after foster care placement, which are needed to reach this goal. The social service agencies provide some of the services directly and advocate on their client's behalf for additional services available from outside sources. In addition, agencies "network" or team with other organizations and programs in order to meet diverse family and personal needs (Janchill, 1981).

Although this model closely approximates other social service delivery systems, prevention has only recently been recognized conceptually or empirically as a unique social service (Geismar, 1969). The 1960 Social Work Yearbook, for example, made no mention of a category for "prevention" (Wittman, 1961). Even among sources which did acknowledge prevention as a social work function, treatment, not prevention, was seen as the strongest and most obvious professional role of the field (Boehm, 1951; Kahn, 1962). The late 1960's and early 1970's, however, saw the emergence of theoretical issues and empirical questions regarding the efficacy of preventive services (Geismar, 1969; Magura, 1981).

Upon the dissemination of several studies of traditional foster care in the late 1960's, the need for preventive services became apparent. In their two-year study of foster care services in nine cities, for example, Maas and Engler (1959) revealed that foster care, in practice, was far from the intended temporary arrangement. Instead, foster care was usually a long-term option which resulted in the permanent dissolution of natural families. Later studies underscored this point by showing dramatic increases in the number of children placed in foster care facilities (Lash and Sigal, 1976). The situation was one which hampered the emotional growth of children in placement (Bryce and Ehlert, 1971) and severed bonds among natural families (Maas, 1969).

While sources agree that the child's own family is the best environment for providing care, certain conditions preclude this.[9] Caseworkers, policy makers, and researchers alike recognize that what has become known as permanence may mean adoption or long-term foster care rather than the preventing of foster care placement per se. Chestang and Heyman (1973) summarized the philosophy underlying preventive services with the following main points:

1. Every child has a right to a permanent home.
2. Foster care is a temporary arrangement, not a solution.
3. Extended foster care is damaging to children.
4. Only two roads to permanence exist for the child: rehabilitating his natural parents or family, or helping them to free him for adoption.
5. Inactivity on the part of the caseworker and/or the child's parents perpetuates the state of extended foster care (88).

Research pertaining to preventive services has endeavored to identify aspects of case management and specific services which help to provide permanence for troubled children and families. In contrast to delinquency, drug abuse and alcoholism prevention, child welfare research has occurred within the context of case management rather than in specific program settings. Studies have examined such case management factors as duration of service, education of the caseworker, worker-client relationship, administrative review, and caseload. In addition, some studies have tested the impact of specific strategies such as services to parents, behavioral techniques, comprehensive services, and crises intervention. In contrast to earlier research on casework which failed to parcel out specific aspects of case processing,[10] recent studies of specific qualities of case management and social services make substantial contributions to the existing knowledge of preventive services.

The following section discusses the scope of preventive services, while the second section reviews the research literature pertaining to preventive services. The final section of this portion of the report discusses theoretical issues pertinent to the prevention of foster care placement.

The Scope of Foster Care Prevention

Unique preventive service components are difficult to identify among the total array of services offered by social service agencies. One reason for this relates to the extreme pathology of the target population (Magura, 1981). The problems experienced by preventive service clients are usually as severe as those experienced by other social service recipients. Families in danger of breakup present problems of severe neglect, abuse, and deprivation. In fact, the majority of children are admitted into child welfare agencies for

child abuse and neglect (Shyne and Schroeder, 1978). Marring the distinction between preventive and protective services is the inability to distinguish between clients appropriate to either service (Halper and Jones, 1981). Furthermore, the integral relationship between protective and preventive services frequently disguises the difference between these two service components.

In contrast to delinquency, drug abuse, and alcoholism prevention models, a major portion of an agency's preventive activities are focused upon those already identified as having problems. Foster care prevention also entails intervening to return children to their biological parents. Thus, preventive services cannot be distinguished from other agency activities on the basis of their categorization as prevention activities. A final characteristic which likens foster care prevention to other social services, while distinguishing it from other types of prevention is the fact that foster care preventive services can be offered on a long-term basis. Some families are kept intact only by receiving supportive services until the children reach maturity (Jones et al., 1981).

Attempts to provide services which can be conceptually distinguished from other child welfare services require an identification of the factors which predispose families to breakup and a consistent delineation of program criteria which utilize these factors. The literature portrays the difficulties of both tasks. Agencies providing secondary prevention invariably encounter the problem of identifying "at risk" children. As with delinquency, drug abuse, and alcoholism prevention, the causal picture is unclear. According to Rapoport (1961):

> The preoccupation with tracking down a causative agent is far from fruitful or even necessary when dealing with a multi-factorial system. It is more useful, therefore, to understand the interrelated parts of a complex system and to plan strategy which could interrupt, at any one of several points, factors contributing to the development of pathology. Classification of cause into predisposing, precipitating, and perpetuating cause is also useful.

Sources are quick to advocate the development of major research efforts to identify appropriate points of intervention on the basis of causal patterns of family breakdown. In the absence of accurate knowledge and instrumentation, however, services must be based upon inference, practical experience and intuition (Kadushin, 1978; Geismar, 1969). Moreover, there are no assurances that programs will utilize the best empirical or intuitive predictors of foster care placement. In a review of several crisis intervention and intensive service programs for example, Magura (1981) faulted programs for selecting clients on the basis of program resources, the clients' chances for success, and their willingness to cooperate with the program. Programs excluded potential clients on the very criteria known to predict family breakups. Services designed to prevent foster care placement in fact administer to extremely diverse populations.[11]

As applied to foster care, primary prevention programs exist mostly in theory. Rapoport (1961) cited the Social Security Administration's efforts to offer "specific protection to a population at large against the stress of basic deprivation through income loss" as an example of primary prevention. She also referred to strategies such as family life education. The literature, however, furnishes no sound evaluative research on primary services or additional examples of such efforts. Some sources advocate that greater attention be given to primary prevention. Geismar suggested institutionalizing primary social services to the entire population in a

manner similar to the delivery of educational, health, and recreational services. The availability of services on a populationwide basis, rather than to dysfunctional groups, would reduce the stigma of receiving such services and increase the likelihood of voluntary requests for assistance. As an example of his model, Geismar cited the Citizen's Advice Board in Great Britain which acts in an information/advisory capacity to the general public. Similarly, Sundel and Homan (1979) suggested increased use of community education, day care, and information and referral services. The authors claimed that the effective delivery of the entire array of services would systematically decrease the use of secondary and tertiary services and increase the use of primary services. The authors offered several additional measures of the effectiveness of primary prevention, including the reduced incidence of social problems within a given time period, increased citizen awareness of the services, greater client satisfaction, and increased self-referrals.

The Effectiveness of Foster Care Prevention

Assessing the efficacy of preventive services entails separating specific aspects of service delivery from the broader range of services loosely called social casework. While preventive services generally operate from casework service delivery systems, research endeavors require a much sharper focus on the intervention strategy (Wood, 1978). The evaluation literature surveyed in this section of the report pertains to such service patterns as comprehensive services, crisis intervention, and services to parents of children in placement. In addition, this review also discusses existing studies of the impact of characteristics of service delivery, such as duration of service, caseworker experience, caseload, worker-client relationship, and administrative case reviews.

Although the growing body of child welfare research provides valuable insights concerning the efficacy of preventive services, efforts to compare the effectiveness of case processing characteristics and specific services across studies must be approached with caution. Use of uncertain and variable selection criteria across programs and the difficulty of separating the impact of service from the seriousness of the target populations must be considered when similar strategies are compared. Moreover, ambiguous service categories often are used to describe diverse services. Use of the term homemaker services, for example, fails to specify the type of service or its purported benefit (e.g., emotional support, child care, training in home management) [Jones et al., 1981].

One method for approaching the multiproblem situations of families in or approaching foster care is through the delivery of a comprehensive array of services. The term comprehensive services is used to describe those programs which entail: 1) multiple service components for youth and a deliberate strategy for establishing a holistic approach to youth who have multiple needs, and 2) organizational mechanisms to assist youth to access other services in the community if necessary (deLoayza, 1981). The literature generally portrays these programs favorably. One of the largest studies of a comprehensive preventive efforts was the New York State Preventive Services Project. In 1973, the New York State Legislature appropriated $500,000 for demonstration projects which tested the effectiveness of intensive family casework services in averting or shortening foster care placement. Funds were awarded to three social service districts; New York City,[12] Monroe County, and Westchester County. Of the 992 children admitted to the project, 354 were at risk of placement and 195 were already in foster care settings. Cases were

randomly assigned to experimental and control groups. Following a year of program operation, the outcome findings showed the program to be effective in reducing the number of children placed and the duration of placement. When the figures for the experimental and comparison groups were compared, significant differences were found on the following measures: 1) the amount of time spent in foster care; 2) the number of children at home by the end of the project period; 3) the number of children remaining at home; 4) improvement in child and family functioning; and 5) goal attainments. Outcomes were consistently more favorable for experimental than comparison cases (Jones et al., 1976).

A similar project, the New York City Preventive Services Demonstration Project, operated between 1978 and 1980. Participants received a wide array of services including volunteer "special friends", parenting assistance, a 24-hour hotline service, financial assistance, and a variety of individual counseling and family counseling services. For evaluation purposes, 120 families were randomly assigned to experimental and comparison groups. Families in the comparison group obtained the services routinely offered to at risk clients by the agency. The outcome findings indicated that the comprehensive services prevented the placements of 150 (96 percent) of the 156 experimental group participants and 22 (83 percent) of the 126 children in the comparison groups. The group differences were statistically significant. The experimental group also showed significantly more favorable results on the number of children remaining in placement and the number of days in placement. Measures of family function showed greater improvements for experimental group families than for the comparison group families. Measures of significance were not computed on the assessments of family functioning, however (Halper and Jones, 1981).

The literature cites several additional studies of comprehensive service programs which favorably affected placement rates. Sherman et al. (1973) evaluated a child welfare program designed to serve children in their own homes. In contrast to the two studies previously described, the program provided secondary services to at risk clients and did not intake children already in foster care. Neglect and abuse were the most frequent reasons for families to request services. A comparison of pretest and posttest measures showed improvement in the goal attainments of the children and mothers after one year.

A program evaluated by Shapiro et al. (1979), Parents and Protectors, administered comprehensive secondary and tertiary services to families living at the poverty level and experiencing numerous problems and stresses. The pretest and posttest comparisons showed improvements in 80 percent of the cases served after two years. The study also examined the impact of the number of services received and found that families who received several services did better than families receiving one or two services.

Due to overlapping program categories, additional studies of comprehensive service programs are discussed in the descriptions of crisis intervention programs and again in the accounts of programs for parents of children in or approaching foster care. The Comprehensive Emergency Services (CES) program exemplifies a comprehensive service program which delivered crisis intervention services. CES dealt with crisis situations such as temporary parental absences and inabilities to meet child rearing responsibilities. CES offered 24-hour intake, emergency care, and homemakers to help with familial and child rearing tasks. During the one-year evaluation period, Nashville's out-of-home placements diminished by 50 percent from 290 placements in 1971-72 to 150 placements during 1972-73 (Burt and Baleat, 1977).

Another crisis intervention program, the Homebuilders, assigned social work therapists to live in the home, if needed, for a period of time up to six weeks. The social worker's role was to help families learn the coping skills needed to avert additional crises. Staff members were trained in a variety of therapeutic techniques in order to facilitate their interactions with family members. Caseloads were limited to three at any given time. Of the 311 children served by the program, 40 (13 percent) were placed within one year of intake (Kenney, 1978).

The Lower East Side Family Union developed worker teams which were oriented to the ethnic neighborhoods of Manhattan's Lower East Side. Each team was staffed by one MSW team leader, five caseworkes, and five homemakers representing three different ethnic groups. The teams served families in crises for brief durations during which the caseworker identified and contracted for long-term services (Weissman, 1978). Of the 193 families served, 11 (6 percent) required placement in foster care facilities (Dance, 1979).

The evaluation literature reviewed for this report provided no studies of crisis intervention programs which used experimental designs. The literature furnished little more than figures indicating the proportion of children placed after the brief interventions furnished by these programs. The nature of crisis intervention programs helps to explain the quality of their evaluations, however. Although the evaluations were unable to show what the results would have been under conditions of normal service delivery, it is difficult to determine what normal service delivery would be, given the fact that crisis intervention programs essentially respond to emergencies.

Service to parents of children in foster care appears to be a key factor in the child's eventual return. In his five-year study of children in foster care, Fanshel (1975) reported significant relationships between the frequency of parental visits and the discharge of their children. Similarly, Maas found a significant relationship between the length of time in care and whether or not natural parents were being attended by social service agencies. Seventy-three percent of the parents of children in long-term foster care were receiving no attention relevant to the child's placement (Maas, 1969). This problem is particularly acute among children who have been in care for long periods of time since parental visiting of children in foster care and their ability to accept their children back from care both tend to deteriorate over time (Fanshel, 1975; Jenkins and Norman, 1975). Even in situations where children are returned home, Jenkins (1969) writes:

> Unless expressed needs and feelings have been worked out so that the parent can understand the placement experience, it is likely that the trauma suffered by the child upon separation from the mother or father will only be reinforced upon the child's return home because problems are unresolved.

One strategy for working with parents of children in foster care encouraged the parents' continued involvement with their children and the decisions which affect their children's lives. Loewe and Hanrahan (1975), for example, described a project run by Children's Services in Cleveland that placed children in foster care during the week and enabled them to return home to their biological parents on the weekends. The project purportedly reduced the trauma of family separations and maintained family relationships. The program was designed to provide a short-term intervention. Parents approached the program on a self-referral basis and reimbursed the program according to

their financial ability. The role of the foster parent included helping the children to understand their parents' difficulties. Of the 28 children served over the course of three years, 17 were discharged from foster care. The lack of comparable information regarding similar clients who had not received such services makes it impossible to interpret these findings, however.

The evaluation of the National Demonstration Program in Child Abuse and Neglect (Cohn, 1979) examined the comparative effectiveness of eleven three-year child abuse prevention programs. Services provided by the eleven programs were clustered into three models. Clients in the lay model received assistance from volunteer parent aids and, in some programs attended, sessions of Parents Anonymous. Another model supplied group therapy and/or parent education while the third model offered a traditional casework approach. All three models achieved limited success with their clients. The research used pretest-posttest comparisons of the family worker's assessment of the client's propensity for abuse or neglect before and immediately after treatment. Only 42 percent of the total client population across programs had reduced their propensity for abuse or neglect according to their caseworkers. This outcome proportion increased to 53 percent among the clients who had received lay services. Researchers attributed the increased success of lay services to the smaller caseloads, more intensive services, and the friendship and self-help aspects of the model. Methodological constraints limit the conclusiveness of these findings, however. The research supplied no control or nontreatment groups. Moreover, comparisons among different programs did not account for the differences among the clients served across programs. The researchers also indicated that the pretest-posttest ratings supplied by the caseworkers were likely to be clinically biased.

The effect of the intensity of casework activity with biological parents upon placement outcomes was examined by Shapiro (1972), in an analysis of the first year results of a five-year, longitudinal study. When the degree of worker contacts with the family was correlated with the child's placement following one year of service, the findings revealed a significant relationship between the intensity of family-centered contact and the child's placement status. Children were more likely to return home by the end of their first year of placement when caseworkers maintained contacts with the biological families during the placement period. The intensity of the family contacts was also significantly related to improvements of family's situation.

The Alameda Project in California taught principles of behavioral therapy to the biological parents of children in foster care as a means of changing dysfunctional behaviors. The project employed three M.S.W. social workers to work with the biological parents and several county child welfare workers to work with the children in foster homes. A primary goal of the project was to help biological parents make important decisions regarding their children's future. Social workers ascertained the parents' wishes regarding the future placements of their children. For the parents indicating that they wanted their children to return home (95 percent), the workers sought to identify, in behavioral terms, the problems which required remediation prior to the child's return home. The behavioral aspects of the treatment program followed the principles of operant conditioning and token economy techniques.[13] With the parents' assistance, workers developed plans of reward systems which endeavored to decrease undesirable behaviors and increase desirable

alternative behaviors. The parents signed a contract in which they agreed to change the specified problem behaviors and follow the agency's plan for behavioral changes. Restoration of the child to the natural parents was recommended upon the resolution of the identified problems (Stein and Gambrill, 1976).

The program operated in two of six service units in the Alameda County Department of Human Resources. One of the units was designated for control and the other for experimental purposes. The experimental and control groups consisted of 136 and 173 children, respectively. Findings were presented according to the case outcomes per unit of time in care. The majority of the experimental children who were in care for one year or less were restored or considered likely to be restored to their natural parents. Most of the experimental children in care between one and three years were adopted. By the three-year point, most of the experimental children were headed for long-term foster care. In contrast, children in the comparison group were headed for long-term foster care in all of the time categories examined except for the period of time between the second and third year of placement. Most of the comparison group children in placement during that period of time were restored to their natural parents. A comparison of the services rendered to the two groups showed that the majority of contacts made on behalf of the comparison group children were made with the foster parents while most contacts for the experimental group were made with the biological parents (Stein, 1976).

The findings of the Alameda project strongly supported earlier data reported in Fanshel's (1971) longitudinal study and in research conducted by Maas and Engle (1959). Both studies reported that the majority of youngsters leave foster care within the first year, and that three years appears to be

the turning point: Most children in foster care for three years remain in care until reaching majority status.

The question of the impact of the duration of service upon the movement of children out of foster care deserves further attention since a number of additional factors are at work. Jones et al. (1981), upon reviewing several evaluation studies, observed that the impact of duration of service upon case outcomes varied by the type of client. Among child welfare clients, for example, favorable outcomes tended to be associated with at least two or more years of service. Less dysfunctional and frequently voluntary clients of family service agencies, however, appeared to benefit from brief interventions. Jones' observation, however, failed to distinguish between the respective impacts of the duration of service upon high risk children and children already in placement. Findings from foster care populations (e.g., Stein, 1976; Maas, 1959; Fanshel, 1971) indicated the clear benefits of rapid movement of children from foster care populations. The goal of keeping children out of care however, does appear to be facilitated by longer periods of care. In a program evaluated by Shapiro (1979), Parents and Protectors, which provided secondary and tertiary services, length of service was significantly related to case improvements. The New York State Preventive Service Project (Jones et al., 1975:109) which also offered secondary and tertiary services, discussed significant correlations between the length of service and the attainment of objectives, as well as between the length of service and the number of placements among experimental clients. Similar findings for preventive and rehabilitative subgroups of the experimental group were not reported. Finally, the study conducted by Sherman, et al. (1973:106) of children serviced in their own homes for one year revealed a statistically significant relationship between the months of service and the extent to which service objectives were attained.

Among working, middle-class clients, who voluntarily applied for marital or parental assistance, Reid and Shyne (1969) randomly assigned participants to short-term and long-term treatment groups. No differences were found between the two groups on measures of the comparative proportions of clients whose problems were "considerably alleviated." Fifty-seven percent of the short-term group reported slight alleviations of their problems whereas 37 percent of the clients receiving long-term treatment reported a slight improvement. Modest successes of the short-term program were attributed to time demands which encouraged staff to concentrate upon the immediate problem rather than upon more in-depth assessments of the personalities involved. A comparison of the Reid and Shyne (1969) study with the Sherman et al. (1976) study, lends support to the observation made by Jones et al. (1981), that the impact of the duration of service could vary by program clientele.

Worker-client rapport has also affected program outcomes. In their study of the New York State Preventive Services Project, James et al. (1976) conducted an exploration of the factors associated with outcome and found positive correlations between ratings of the worker-client relationship and composite measures of client outcome.[14] Outcomes were significantly more favorable among cases which reported good worker-client relationships.

Worker's caseload was a factor examined in Shapiro's (1972) study of the impact of agency investments on client outcomes. The size of the worker's caseload was significantly related to the child's status following one year of program operations. The proportion of youngsters returning home was highest among workers with low caseloads (3-20 cases) as well as for those with the highest caseloads (51 or more). The proportion of youngsters with indefinite case outcome was highest for workers with low caseloads and moderate caseloads (21-30 cases). Caseload size was not significantly related to measures of family improvement.

The study also explored the relationship between worker's experience, based on a composite measure of education and years on the job, and client outcomes. No significant relationship was found between intake worker experience and child status after one year. Findings pertaining to the relationship between the experience of ongoing case supervisors and client outcomes, however, were positive and significant. Strongest differences occurred between the most experienced workers and others. The cut-off point was five years plus a moderate amount of training. Worker's experience was not significantly related to family improvement.

In their evaluation of the Midway Project, Swartz and Sample (1972) experimented with an administrative arrangement whereby MSW's were responsible for diagnostic assessments and case planning. Caseworkers with bachelor's degrees performed the treatment tasks under the supervision of the MSW case managers. Greater improvement was reported for the public welfare recipients randomly assigned to this experimental group.

Periodic review of the cases of children in foster care placement is also believed to be an important factor in reducing the amount of time children spent in foster care. The New York State Legislature enacted legislation in 1971 (Section 392 of the Social Service Law) which required Family Court review of the status of children in foster care for at least two years. Upon the court's review, case dispositions could be redetermined. Festinger (1975) conducted a study which tracked 248 children from the time of their placement in 1970 to follow-up in 1973. By December 1973, 112 (45.1 percent) of the 248 children were still in foster care. The author compared this to nationwide figures of 68.5 percent and data obtained in Fanshel's study which showed

comparable figures ranging from 68 percent to 74 percent. From this comparison, Festinger concluded that the process of court review had a favorable impact upon the movement of children out of foster care placement. The study, however, was not designed to furnish the comparison groups needed to support this conclusion.

An evaluation of a New Jersey administrative periodic case review was less optimistic. The Review of Children in Placement (RCP) system required caseworkers to complete a one-page questionnaire for each child in foster care placement within 60 days of placement and every six months, thereafter. The RCP system then screened the cases for the appropriateness of case goals and progress toward permanency. In order to determine the system's effect upon removing children from foster care placement, random samples of cases were selected from the RCP files for 1974 and from presystem case files for 1971. The RCP records for the 1974 cohort were also compared with the corresponding case records in order to assess the accuracy of the information transferred to the system. A comparison of the goal attainments of the 1971 cohort and the 1974 cohort at an 18-month follow-up point revealed differences between the two groups. Among the case records which stated "return to parent" as the primary goal, successful outcomes were attained in 54 percent of the 1974 cases and 30 percent of the 1971 cases. When the primary goal was adoption, however, proportionately more cases in the 1971 cohort were placed in adoptive homes than in the 1974 cohort. With respect to returning children to their homes, it was not entirely possible to attribute the more successful goal attainments of the 1974 cohorts to the monitoring system. Researchers found that goals specified on the 1974 RCP forms were not as predictive of outcome as the goals extracted from corresponding case records. This was explained by

interviews with the caseworkers which indicated their tendency to enter optimistic goals on the system records. In fact, 66 percent of the goals on the system records specified adoption whereas only 50 percent of the goals in the case records indicated adoption.

Other comparisons of the 1974 RCP data with the 1971 data provided no evidence to suggest that the centralized computer screening procedure played a major role in moving children out of foster care. A comparison of the 18-month follow-up data for the 1971 and the 1974 cohort revealed no differences in the proportion of cases remaining in supervision, the placement status of the children, or the number of moves made within the 18-month period (Claburn and Magura, 1978).

Theoretical Underpinnings of Foster Care Prevention

The practices reviewed in the preceeding section have been grounded in tradition rather than in theory. In contrast to the other prevention fields, the social work field has produced no theories to guide programmatic endeavors. Traditionally, social work has been regarded as an art rather than a science (Siporin, 1975). Skilled performance, creative judgment, and sensitivity, rather than scientific knowledge, are considered to be the components of this art. Professionals, nevertheless, acknowledge the need to develop empirical knowledge of their clients as well as the effectiveness of their services (Geismar, 1969). The complexity of social work practice, however, is likely to continue to encourage practitioners to rely upon their own experience rather than the fragmentary and often contradictory information supplied by research (Reid and Smith, 1981).

PREVENTING DRUG ABUSE AND ALCOHOLISM

Most programmatic efforts to prevent drug abuse and alcoholism have been implemented within the past 20 years. Preventing the dysfunctional use of drugs or alcohol traditionally meant reducing the supply of harmful substances, or enacting harsh legislation and law enforcement policies in order to deter their excessive use (Resnik, 1978). More recent drug abuse and alcoholism prevention activities work within the public health model, espousing the notions of health enhancement and the promotion of life styles which prevent disease (ADAMHA, 1981).

The research and programmatic literature seldom separate drug abuse and alcoholism prevention into programmatic entities. The prevention of alcoholism is typically subsumed within the broader field of substance abuse prevention. Furthermore, it is not unusual for programs to treat drug abuse in a collective manner rather than to focus upon specific types of drug-related activities. In a recent review of 127 drug abuse prevention programs, Schaps et al. (1981) indicated that 61 (48 percent) of the drug abuse programs included alcoholism within the scope of their efforts. Another 48 programs (37 percent) failed to target specific forms of drug use, indicating either that the programs intended to prevent the excessive use of all licit and illicit drugs or ignoring the issue altogether. Accordingly, most of the literature reviewed in this section of this report includes alcoholism prevention within the broad category of drug abuse or substance abuse prevention.[15]

Several reviews of the drug abuse prevention literature have been written within the past ten years (e.g., Goodstadt, 1974; Emrich et al., 1975; Randall and Wong, 1976; Janvier et al., 1979; Schaps et al., 1981). A cursory overview of the most recent articles (Janvier et al., 1979; Schaps et al.,

1981) furnishes a condensed but useful view of the current state of the art of drug abuse prevention. The picture, however, is similar to the discouraging portrayals of the prevention of delinquency and foster care. The majority of the programs implemented failed to conduct evaluations which contributed to the existing knowledge base of drug abuse prevention. These programs either employed inferior evaluation techniques or made no empirical assessments of their effectiveness. Moreover, the drug abuse evaluation literature provides a distorted assessment of the current status of drug abuse prevention because it fails to cover the entire range of programming efforts. The available research evidence speaks primarily to the effectiveness of programs in white, middle-class school districts and provides few indications of the success of programs based outside of schools or of services to minority groups. To repeat a familiar theme, programs generally did not consciously base their procedure and strategies upon causal theories of drug abuse. Finally, many programs failed to reduce the excessive use of drugs; some, in fact increased the incidence of drug abuse among program participants (e.g., Swisher, et al., 1971; Williams et al., 1963; Stuart, 1974; Weaver and Tennant, 1973). The two recent reviews agree, however, that some recent programming efforts have experienced modest successes. These, generally, are strategies which seek to improve family relationships, utilize certain peer group dynamics, or alert youth to alternative pursuits.

Very few types of program strategies characterize the drug abuse prevention field. In their summary of 57 prevention programs, for example, Janvier et al. (1979:3-4), identified only the following four types of programs:

1) Information programs designed to alert youth to the physiological, psychological and legal hazards of drug abuse.

2) Values-oriented programs which endeavor to improve youth decision-making skills and abilities to identify their needs, aspirations and goals.

3) Alternative programs for the purpose of introducing youth to activities and interests which represent healthy alternatives to drugs and alcohol.

4) Counseling programs, including individual counseling, peer counseling, group counseling, and rap groups which attempt to provide supportive environments for dealing with youth problems.

Schaps et al. (1981) include tutoring, family therapy, and program development strategies in their overview of drug prevention methods. The authors acknowledged, however, that they found few evaluations of these three types of strategies.

The sections which follow furnish more detailed accounts of the scope, effectiveness and theoretical orientation of drug abuse prevention.

The Scope Of Drug Abuse And Alcoholism Prevention

The present scope of drug abuse and alcoholism preventive services is limited in a number of ways. Primary prevention activities comprise the major portion of program efforts described in the literature or outlined by federal policy guidelines. While both the National Institute of Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) recognize a need for secondary prevention, the agencies maintain that primary prevention has greater potential for achieving significant long-term health improvements (ADAMHA, 1979). A clear distinction between the prevention and the treatment of drug and alcohol problems also emerges from the literature. Few references are made to tertiary prevention and few programs appear to combine treatment and prevention functions.

Interviews conducted over the course of this project, however, revealed that counseling programs or program components definitely provide secondary and tertiary services. Program staff frequently listed drug and alcohol problems among the concerns which their programs addressed. Programs implemented in high risk neighborhoods or schools might also be termed secondary prevention efforts (Webb et al, 1978). The literature, however, does not acknowledge a merger of primary and secondary services.

Of the 127 program evaluations reviewed by Schaps et al. (1981), 103 (80%) were housed in schools. To some, schools are the logical location for preventive efforts because mandatory attendance laws facilitate reaching a large proportion of the youth population (Braucht et al., 1973). Student surveys, however, reveal two problems with this reasoning: 1) some students doubt the credibility of teachers and other authority figures (Fagerberg and Fagerberg, 1976); and 2) since community and cultural factors are critically interwoven into some drug abusing patterns, the community rather than the school is a better site for prevention efforts (Dembo, 1979).

Drug abuse and alcoholism prevention strategies discussed in the literature also appear limited by dealing with problems and concerns at the individual level. Absent from this perspective are strategies which target certain social and cultural causes of drug abuse or alcoholism. In this respect, the field glaringly neglects techniques which might benefit low-income, minority neighborhoods (Dembo, 1979; Crisp, 1980). Most of the evaluation research, in fact, presents findings of studies conducted in white, middle-class communities (Schapp et al., 1981; Janiver et al., 1979). Accounts of programs which endeavored to address such causal factors as poverty, racism, and a lack of meaningful opportunities are rare.

Definitional problems, which complicate efforts to outline the parameters of drug abuse and alcoholism prevention, seldom receive serious attention in the prevention literature. Sources acknowledge the nebulous qualities of the terms drug abuse (Kinder, 1975) and alcoholism (Jellinek, 1969). On one side of the issue, Bacon (1978) severely criticized the notion of preventing a phenomenon which could not be concretely defined or explained. On the other hand, other sources appeared willing to accept ambiguity. In reference to alcoholism, for example, Room (1974) wrote:

> It is assumed, first of all, that there is an "it"; to speak of alcoholism at all implies very strongly that there is a single definable entity - however we chose to define it - which is the object of our attention (12).

Still other authors superficially dismissed the problem by citing diseases such as pellagra (Worden, 1980) and cholera (Webb et al., 1978), which were eradicated by preventive efforts long before they were completely understood. In general, program descriptions and evaluations showed no concern for defining the specific behaviors their services were attempting to prevent.

The Effectiveness Of Drug Abuse And Alcoholism Prevention

After the decisive failure of initial attempts to prevent drug abuse and alcoholism by providing youth with factual information about drugs, prevention programming efforts took a more creative turn. Programs developed in the 1970's which utilized such methods as peer counseling and alternative education, alerted youth to new interests, and focused upon youth's problems rather than upon their desire for factual information (Resnik, 1978). Reviews which span the period of time covered by both strategies agreed that the most recent programs have achieved some success (Schaps et al, 1981; Janiver et al., 1979).

The evaluation literature does not provide clear empirical evidence of the outcome of program efforts of the 1960's and 1970's. In addition to the research design problems which plagued many evaluation studies, most studies employed questionable techniques for measuring program effectiveness. For example, researchers usually collected outcome data by administering questionnaires. Moreover, researchers seldom reported additional measurement strategies (e.g., record data, observations, etc.) in order to supplement the questionnaires and increase confidence in the outcome findings.

It is also somewhat surprising that increased knowledge about drugs and attitudinal changes, rather than measures of drug use, frequently sufficed as indicators of program effectiveness. Schaps et al. (1981) found that drug attitude measures were used in 76 percent of the studies they reviewed, while knowledge and use indicators were presented in 43 and 54 percent, respectively, of the programs reviewed. Attitudinal measures may have appeared to be a logical indication of the success of programs which set out to foster responsible attitudes towards drinking or to instill values which discouraged drug abuse.[16] In the context of alcoholism and drug abuse, Swisher et al. (1971) found a positive relationship between liberal attitudes and marijuana use. This study also found knowledge of drugs to be positively correlated with drug use.

Before knowledge of ineffectiveness of the drug abuse information programs became widespread, information dissemination was the focus of primary drug abuse prevention. The "rational man" assumption guided these efforts. Presumably, once rational individuals learned of the physical, mental, and legal hazards involved, they would decide to avoid or discontinue drug use. Information was passed on to adolescent audiences in a variety of ways. The

federal government, for example, was a major producer of pamphlets, films, and other resources. The mass media also proved to be an important provider of drug information. In addition to being the major consumers of governmental pamphlets and other products of the media, schools furnished information through teacher lectures, guest presentations from doctors or attorneys, or the testimonies of ex addicts.

The information models failed on several counts. One crucial fault was the inaccuracy of many of the materials. A study conducted during the late 1960's, for example, found that 80 percent of the informational materials reviewed contained factual errors. Researchers considered one-third of the materials unscientific and another portion to be flagrantly dangerous (DeLone, 1972).

Although very little empirical evidence can be cited to support their contentions, a number of sources questioned the use of television, radio, newspaper ads, and posters as a vehicle for changing attitudes towards drugs and alcohol. One criticism concerned the media's use of scare tactics and sensationalism which glamorized drug use and encouraged experimentation (Abelson, 1968). The effectiveness of the media was also doubted. In a review of several media campaigns to reduce alcohol abuse, for example, Whitehead (1979) concluded that there was little evidence of any marked change in attitudes towards drinking. Kalb (1975) expressed similar doubts by citing the failure of other media efforts, such as promotions to curb cigarette smoking or encourage the use of seat belts. Furthermore, media campaigns to prevent alcoholism are stymied into ineffectiveness by the strong financial interest of the liquor industry (Room, 1974) and by the relatively fixed attitudes of the American populace, 68 percent of whom drink (Kalb, 1975).

School-based information programs have failed dramatically according to the most reliable evaluations of their effectiveness. In reviews which compared evaluations of the information model to other prevention models, both Schaps et al. (1981) and Janvier et al. (1979) found information techniques to be considerably less effective in changing drug specific outcomes than other techniques. The results of individual studies elaborate these findings. In an evaluation of a ten-week program in which teachers and students presented information on a wide range of drugs, experimental students exhibited increased knowledge and use of drugs in contrast to their counterparts in a comparison group (Stuart, 1974). Swisher et al. (1971) compared the results of students who participated in an information program with three other groups, who received three different counseling strategies. No significant differences were noted among the groups on outcome measures of knowledge, attitude, or behavior. Another study found that high school journalists who had participated in a one-day drug education program were no more likely to conduct a newspaper crusade against drugs than were journalists in a matched group who had not seen the presentation (Haskins, 1979). Barresi and Gigliotti (1976) compared the results of three different lectures on drug abuse. Four English classes were randomly assigned to a control group or one of three groups exposed to the legal, pharmacological, social, and psychological implications of drug use. The study showed that none of the lectures produced a change in student orientation to drugs.

Surveys of student populations portrayed the school-based information model as the most frequently experienced and least preferred method of drug abuse prevention. This discrepancy was discovered in a statewide survey of New York public junior high and high school students (Dembo et al., 1975). The respondents indicated that classroom and assembly films and lectures were

most familiar to them. In contrast, the youths indicated a preference for interaction techniques, such as counseling, rap groups, and activities with their peers. Among high school students surveyed by Fagerberg and Fagerberg (1976), only 9.2 percent of the respondents expressed trust or value for the advise of a high school teachers, counselor, coach, or principal.

Limiting service delivery to primary prevention for the masses also ignored the nature and the extent of the drug and alcohol problems among youth. The fact that these programs were based in schools meant that their services were received by some youth who had alcohol and/or drug problems. Some primary prevention strategies, especially information dissemination programs, simply were not appropriate for individuals who already were abusing drugs or alcohol. Failure to match the program's message to the cognitive style of the participants can produce the opposite effects desired (Braucht et al., 1973). Information on alcohol, for example, may be a stimulus to the problem drinker (Kalb, 1975); information on drugs can turn some adolescents into "junior pharmacologists" (Swisher et al., 1971).

Braucht et al. (1973) outlined additional explanations of the failure of school-based information programs. The tactics could be abrasive at times. Some presentations were authoritative and moralistic. Others relied upon scare tactics and sensationalism provided by outside experts. Most interventions were too short, sometimes no longer than a single school assembly.

Values clarification strategies involve youth in an exploration of needs, interests, and attitudes. These activities include youth interactions which focus on joint or individual decision making and afford the opportunity to examine short- and long-term goals in the context of personal values. Studies of value-oriented programs lend some support to the concept. Schaps et al.

(1981) reviewed 33 values clarification programs and found 13 to have positive effects on at least one of three outcome measures (drug use, attitudes towards the use of drugs, or intentions to use drugs). Janvier et al. (1979) restricted their review to evaluations which measured program impact upon drug use and employed experimental or quasi-experimental designs. Two of the three studies of values clarification programs reviewed by Janvier et al. (1979) showed a positive impact on drug use.

In one of the studies, Slimmon (1973) compared pretest and posttest responses of four groups of students. Three of the four groups participated in values clarification exercises. The fourth group, the comparison group, consisted of students who had been matched to the experimental subjects on school and age. Drug use differences in all three of the experimental groups were significantly lower than the results for the comparison groups. Another program summarized by Janvier et al. (1979:16) worked toward developing attitudes of moderate drinking. Small group discussions shared and examined attitudes of their fellow group members. Williams et al. (1968) reported that pretest-posttest differences on attitudes toward moderate drinking were more favorable for the experimental group members. Differences between the two groups were not significant relative to drinking behaviors.

Janvier et al. (1981) also reviewed a study of a program which integrated affective and cognitive (factual) components of a values clarification curriculum for fourth, fifth, sixth, and twelfth grade students. Findings pertaining to the extent of drug use and dangerous behavior following the program were more favorable for experimental group members than for members of the comparison group (Carney, 1971). This study was marred, however, by a lack of comparability between experimental and control group members.

The discussions of the remaining types of drug abuse prevention strategies are severely hampered by the scarcity of research available on alternative and counseling programs. Of the 127 studies examined by Schaps et al. (1981), only 12 evaluated the strategy of introducing youth to alternatives to drug abuse; 24 program evaluations studied the effectiveness of various counseling strategies. The evaluations examined by these authors were not limited to studies which provided outcome measures pertaining to drug use.

Several examples of the proposed alternatives to drug abuse emerging from the literature include meditation, yoga, athletics, dance, art, video productions, and employment. In addition to introducing youth to new interests, many of these programs purport to improve self-esteem and instill a sense of accomplishment among program participants by providing opportunities for peer interactions (Resnik and Gibbs, 1981).

The average composite outcome rating for the twelve alternative programs assessed by Schaps et al. (1981) was higher than the ratings attained by any other strategy reviewed by these authors. Unfortunately, only two accounts of specific alternative programs were available for presentation in this report. In a project which engaged youth in the production of video tapes, Gurgin (1977) found that program participants evidenced increased self-esteem, less antisocial behavior, better academic performance, and reduced interest in drugs. The program participants and their matched counterparts in the comparison group were drawn from a pool of students who were identified by teachers as problem children with low self-esteem. In another study, Shaffi et al. (1976) assessed the differences in alcohol use between individuals who

practiced transcendental meditation and those who did not. Responses to a telephone survey[17] showed that of 126 individuals who had meditated for more than two years, 60 percent had discontinued use of beer and wine; 54 percent of the respondents had discontinued the use of hard liquor. In contrast, none of the 90 comparison respondents stopped drinking wine and beer and only one respondent refrained from hard liquor.

Accounts of counseling programs are varied and again poorly researched. The methods described in the literature include peer counseling, individual counseling, and rap groups. These programs work from the underlying assumption that dysfunctional drug use among youth is likely to be a response to unresolved problems. Peer counseling offers the added rationale that youngsters will accept reactions from their peers that they will not accept from adults. Of 24 counseling programs reviewed by Schaps et al. (1981), eight attained positive outcomes, and 16 produced no effect on such measures as drug use, intentions to use drugs, and attitudes toward drug use. It is not possible to examine the effects of specific strategies. Programs frequently employed several methods simultaneously or failed to fully describe the counseling technique utilized. Occasionally, counseling components were difficult to separate from values-oriented strategies or alternative strategies. For example, the Polaski Project which operated in an urban high school in Milwaukee provided counseling along with such alternative activities as yoga, dance, art, and encounter games. In addition, the Polaski Project referred students to other agencies for treatment, and conducted rap groups during detention sessions. Although counseling was the major component, outcome findings were nevertheless the result of a multiservice effort.

Responses to pretest and posttest questionnaires indicated improved self-concept scores and continued drug use, although students appeared to be using fewer and less potent drugs (McClellan, 1975). Due to the lack of comparison groups, these findings are not definitive.

Swisher et al. (1971) conducted one of the few studies which endeavored to isolate different counseling strategies. Eighth and eleventh grade students were randomly assigned to four different health classes. All four classes received the standard lectures and films on drug abuse. Three of the four classes supplemented the regular curriculum with a counseling component. In one group, peer counseling enabled students to choose their own approach to discussing drug issues. The other two experimental groups provided reinforcement counseling to the participants. Trained counselors led these two groups. In addition, one of the two groups was attended by two college student role-models who were nonusers of drugs while the other group was attended by two ex-addicts. Pretest-posttest increases in drug knowledge occurred for all groups on measures of attitudes toward drugs or drug use.

In addition to the four most frequent approaches to drug abuse prevention, Schaps et al. (1981) examined seven programs which addressed problems in family relationships and sought to improve parenting skills. Five of the seven programs were effective on outcome measures. Individual evaluations of family programs were not available for presentation in this report. The involvement of parents in drug prevention endeavors is rare, yet it is advocated in student surveys (Fagerberg and Fagerberg, 1976) and by policy makers (Dupont, 1980).

Theoretical Underpinnings Of Drug Abuse And Alcoholism Prevention

Although existing theories of drug abuse and alcoholism take into account individual, social, and cultural levels of causation, all programs reviewed for inclusion in this report were atheoretical. Generally, program reports neither indicated an awareness of the causes of drug abuse or alcoholism, nor accounts for why and how programs would affect causal factors. Greater attention to theory could direct the field of drug abuse prevention to sorely needed new directions. Earlier portions of this report faulted drug abuse programming efforts for their failure to move beyond the individual approach to solving drug abuse and alcoholism. Programming and research activities were also criticized for their failure to involve minority settings and provide nonschool approaches.

A number of theories provide useful suggestions for movement into these neglected program areas. For example, Huba et al. (1980) suggested an interactive theory which integrates the biological, intrapersonal, interpersonal, and sociocultural causal factors of drug abuse and alcoholism. The authors, emphasizing a differential approach to prevention, stated:

> There is no single path to the initiation of drug use; many different domains of influences interact to lead to the beginning stage of experimentation. In designing primary prevention programs, we must look toward aspects of the intimate culture, the personality and affect systems, and the way the individual combines information into a judgment of perceived behavioral pressures. Any effective primary prevention program will have to address themes in many of the domains we have outlined since the influences combine together in many different ways to cause or preclude the initiation of use.

The theory appears especially warranted in light of criticisms which fault programs for their failure to consider the relationships between individual differences (e.g., intellectual development, previous involvement with drugs, social roles, social conditions, and attitudes) and drug use (Braucht et al., 1973).

Crist (1980) cites additional theories which seem appropriate to low-income, minority settings. The systems counseling approach, for example, considers such environmental factors as racism and poverty to be causal factors of addictive behavior in low-income neighborhoods (Ortiz, 1978; Wheeler, 1977). Prevention from this perspective is a process which helps individuals to manipulate or negotiate dysfunctional environmental factors. Other theories reviewed by Crisp suggest that substance abuse prevention should take place in the community (Bear, 1970), because frequently the causes of drug abuse are operating at the community and the cultural level (Dembo, 1979).

APPENDIX A: PROGRAM INTERVIEW SCHEDULE

11/25/81

PREVENTIVE SERVICES
INTERAGENCY ANALYSIS
PROGRAM INTERVIEW SCHEDULE

Program Name _____

Name of Program Director _____ Telephone _____

Program Address _____
Street

_____
City State Zip Code County

Sponsoring Agency/Institution _____

Executive Director _____

Agency/Institution Address _____
Street

_____
City State Zip Code County

Name(s) and Job Titles of the Person(s) Interviewed:

1) Name _____ Title _____

2) Name _____ Title _____

3) Name _____ Title _____

I. OVERALL PROGRAM DESCRIPTION

As a means of beginning this interview, could you take just a few minutes to describe what your program does and the overriding purpose of your program?

(If the program is a multiple service program:) How could we divide this program into components which would be useful for descriptive and evaluative purposes?

II. For every program component mentioned during the introductory comments furnished earlier in this interview, complete and append one copy of Form A. If the program is not divided into two or more components of service delivery, submit only one copy of Form A.

Component Name _____

Form A Submit one copy of this form for every program component, or submit one copy for all programs which are not divided into two or more components of service delivery. ("Component refers to the program's routine, operational use of the word rather than structures which have been established for funding, administrative, etc., purposes).

GENERAL PROGRAM/PROGRAM COMPONENT CHARACTERISTICS

Check if same as other program component(s)

☐ 1. What are the objectives of your program/this component of your program?

a. _____

b. _____

c. _____

2. Over the last calendar year, how many clients were served by your program/this component of your program?

_____ Estimated Count

_____ Percent served by other program components

☐ 3. Approximately how long do most of the clients served by your program/this component of your program remain with your program?

4. When is your program open?

_____ hours _____ weekdays of operation

Do these hours change during different seasons of the year?

If yes: Please explain

CLIENT INFORMATION

☐ 5. What age groups are served by this program/program component?

0 - 3 _____
4 - 5 _____
6 - 9 _____
10 - 14 _____
15 - 16 _____
17 - 21 _____
22 - 35 _____
36 - 65 _____
65 and over _____

☐ 6. What age group(s) comprise(s) the majority of the clients served by your program/this program component? (Circle age groups, above)

☐ 7. What client problems are addressed by your program/this program components? (Check the problem areas as they are mentioned:)

✓ = spontaneously raised

2= indicated after interviewer read list of problems

General adolescent development	_____
Alcohol-related	_____
Drug-related	_____
Running away/homelessness (specify) _____	_____
Sexual acting out	_____
School behavior/truancy	_____
"Latch key" children	_____
Delinquency	_____
Parenthood	_____
Eating Disorders (Anorexia/Bulemia)	_____
Abuse/Neglect	_____
Other severe family dysfunction (specify) _____	_____
Poverty	_____
Emotional disability	_____
Physical handicap	_____
Developmental disability	_____
Mental retardation	_____
Learning disability	_____
Other (specify) _____	_____

PROGRAM STRUCTURE AND FUNCTION

9. What services are delivered to youth by your program/this program component? Ascertain, also whether or not services 1) are direct or referral; 2) involve youth interacting with adults; 3) provide assistance to family units; 4) are preventive; 5) involve formal group (FG) formal individual FI) or information (I) participation.

	Direct (✓)	Referral (✓)	Youth Interacting with Adults (✓)	Family (✓)	Preventive (✓)	Participation (FG,FI
a.						
b.						
c.						
d.						
e.						
f.						
g.						
h.						
i.						
j.						
k.						
l.						
m.						
n.						
o.						

10. If referral services are indicated in question 9 :

☐ What organizations, agencies or professionals provide the referral sources you just mentioned? (Indicate types of services offered by these referral sources).

☐ 11. How do youngsters enter your program/this component of your program?

(Provide details in the following categories where applicable).

a. Criteria for admission

b. Referral sources

c. Voluntary admission/formal admission

d. Outreach procedures

e. Other

☐ 12. Does program entry involve a formal sequence of events which occur either prior to or upon the individual's introduction to the program?

If yes: Please describe.

☐ 13. Does your program/this program component ever reject clients from program entry?

If yes: Approximately what proportion of the program applicants are rejected?

What are the most frequent reasons for program rejection?

What actions if any are taken (and by whom) with clients who are not allowed entry into your program?

Is it possible for a client to appeal the rejection decision?

☐ 14. Are clients formally assessed/diagnosed in order to identify problems and plan for services?

If yes: Please describe the assessment procedures used.

What proportion of the clients served by this program/program component are formally assessed in this manner?

☐ 15. Are there case management procedures for the assessment and reassessment of client-needs, referral of clients to other services/service components within your program after the client has entered your program?

If yes: Will you describe them?

16. If clients are referred to outside service providers:

Will you describe the clients who are referred to sources outside of the program?

Do these clients remain in your program while receiving help from outside sources?

Do you follow-up on the clients that you refer to services outside of the program? If so: How is follow-up conducted?

What kinds of communications are maintained between your program/this program component and your referral sources?

☐ 17. Are there procedures for discharging clients from your program/ this program component.

If yes: Please describe them?

☐ 18. What were the three most common reasons for your clients to leave this component of your program? (Rank, in order of the frequence of use, the reasons given for clients to leave the program.)

a. _____

b. _____

c. _____

19. Is client participation formally scheduled?

If yes: How often are clients scheduled to attend your program?

_____ daily _____ weekly _____ biweekly

_____ monthly _____ no pattern

20. We know that prevention is a difficult concept of measure. What indicates to you that your preventive services have succeeded? i.e., What do you consider to be an indication of a clients having succeeded in this component of your program?

III. EVALUATION AND DATA COLLECTION

1. Was your program recently monitored? That is, was your program's compliance with a contract or regulations assessed?

_____ Yes _____ No _____ Don't Know

If yes:

a. Under whose auspices was your program monitored?

b. Are the preventive services monitored separately?

c. On what criteria was your program monitored?

d. Were any program changes made as a result?

2. Was your program recently evaluated? That is, was the program's progress in achieving its goals and objectives, number of services delivered, impact on clients, or efficiency recently assessed?

_____ Yes _____ No _____ Don't Know

If yes:

a. Who was the evaluation conducted by?

_____ your program
_____ a parent organization
_____ a funding source
_____ independent evaluator
_____ other _____
(specify)

b. Why was this evaluation conducted?

c. On what criteria was your program evaluated?

d. May we review a copy of this evaluation

e. Is the evaluation to be returned?

f. If Preventive Services represent a portion of the services delivered by the program: Was the preventive services component of your program evaluated as a separate evaluation or an identifiable, subsection of your program evaluation?

_____ Yes _____ No _____ Don't Know

g. Were any program changes made as a result of the evaluation?

If yes: Please describe them.

h. Was this evaluation helpful?

If yes: In what ways?

If no: Is there any way that the evaluation could have been helpful to you?

i. Did the evaluation process disrupt program operations?

If yes: In what ways?

3. Would you like to see your program evaluated or re-evaluated?

Why/Why not?

3.a. Programs may be evaluated on different kinds of criteria. There are different types of evalutions, in other words (or "as you know"). Programs, for example, may be evaluated in terms of outcomes (e.g., did they prevent foster care placement, delinquency, alcoholism or substance abuse). They may also be evaluated in terms of internal processes and operations, (e.g, assessments of organizational climate, communication, etc.) or client satisfaction. What kinds of evaluation would you like to see conducted by this program?

3.b. What are your feelings about evaluating this program on certain outcome criteria?

If the interviewee is agreeable to an outcome evalution. On what outcome criteria would you like to see this agency evaluated?

3.c. What are your feelings about evaluating the organizational climate of this program?

3.d. What are your feelings about evaluating the clients' satisfaction with this program?

3.e. Are there any specific kinds of questions you'd like to see asked in an evaluation of this program?

4. In what ways would an evaluation (re - evaluation) of your preventive services be helpful to you?

5. Who is/who would be the audience for an evaluation of your preventive services?

6. Do any of your staff members have experience with evaluation research or data management?

   Please explain:

7. Do you have the staff resources for data collection activities?

   Please explain:

8. With your present staff, approximately how many staff hours per week would be available for data collection activities?

9. Federal guidelines suggest that evaluation expenses entail 10% of an agency's annual operating budget.

   a. Is this within your means?

   b. If no: Approximately how much money would be available to cover evaluation-related expenses?

10. Where do you store your records?

11. What kinds of information does your program routinely collect in the following situations. For every piece of information collected, ascertain also who collects the information and how the information is collected. (Do not complete this question, if the program maintains UCR's for clients).

Information Collected	Who collects the information?	How is the information collected?
a. at program intake		
_____	_____	_____
_____	_____	_____
b. to reject program applicants		
_____	_____	_____
_____	_____	_____
c. to plan for client services		
_____	_____	_____
_____	_____	_____
d. to refer clients to other service providers within your program		
_____	_____	_____
_____	_____	_____
e. to refer clients to service providers outside of your program		
_____	_____	_____
_____	_____	_____
f. to record client visits and progress through your program		
_____	_____	_____
_____	_____	_____

Information Collected	Who collects the information?	How is the information collected?
g. to terminate clients from program participation (at normal termination point)		
h. to terminate clients from program participation (early terminations)		
i. to follow up on clients who have left your program		

13. Are any of these data particularly difficult to collect?

    If yes: Please explain.

14. Are any of these data occasionally incomplete?

    If yes: Please explain.

15. Are any of these data collection instruments required by sources outside of the program?

    If yes: Please explain (for whom and for what purpose are these data collected?)

16. Are any of these data not used by your program?

    If yes: Which data are not used?

17. If the program collects follow-up information on clients who have been terminated from program participation (successfully or unsuccessfully): At what point do you collect follow-up information? How long have the clients been out of your program at this point?

    Who collects follow-up data?

18. What are your procedures regarding the confidentiality of client information?

19. Do you aggregate client data on a monthly, quarterly or annual basis? (collect appropriate forms).

IV. PERCEPTIONS OF "AT RISK" AND PREVENTION

One of the intentions of the research we are conducting is to get some understanding of what it means to be preventing problems such as delinquency, foster care placement, mental illness, drug addiction and alcoholism. To date, a great deal of confusion exists concerning the types of services which might be considered to be preventive services as well as the kinds of kids who might be considered to be "at risk" of some of the problems we are trying to prevent. Knowing that you have worked with troubled youngsters and have run/helped to run a program designed to prevent some of these problems, we think that the Council stands to benefit from your expertise in this area.

In this series of questions, I'm going to ask for your opinions concerning the causes and prevention of foster care, delinquency, mental illness, alcoholism and/or substance abuse.

1. In recent years, there has been considerable use of the term "at risk" to refer more specifically to youngsters who are at risk of delinquency, foster care placement, substance abuse, mental illness, or other problems of a similar nature. In your opinion, are these common causes for these problems? (i.e., are there factors which make kids at risk of all of these problems?)

2. Are there any factors which make kids at risk of one problem more than others?

   a. delinquency _____

   _____

   b. foster care placement _____

   _____

   c. substance abuse _____

   _____

   d. alcoholism _____

   _____

   e. mental illness _____

   _____

We are also interested in finding out how your program deals with the concepts of "at risk" and prevention.

3. Do you target any services to specific at risk groups?

   If so, which "at risk" groups?

4. How does your program (e.g., grant proposals, funding agreements, contracts, etc.) define the concept of "at risk"? (Who is at risk of what and why?)

5. How does your program define the concept of prevention?

6. Do you provide any of these preventive services to youngsters who have not evidenced problems pointing to the onset of _____?

   If yes: What preventive services are provided to these youngsters?

7. Do you provide preventive services to youngsters who already show signs of future _____ but have not experienced the problem?

   If yes:

   What are the problems or behaviors which seem to be pointing in this direction?

   What services are delivered?

8. Have any of your clients experienced _____?

   If yes:

   a. What services are delivered to these youngsters?

   b. How do these services differ from those provided to other program participants?

   c. In your opinion, should these services be called preventive?

   If yes:

   Why do you consider this (these) service(s) to be preventive when _____ has already occurred on at least one prior occasion?

   Why do you call these prevention rather than treatment?

   If no:

   Would you say that these are treatment services instead?

   d. What is the distinction between prevention and treatment?

9. Would you say that your program adheres to any specific causual theories of _____ or ideas put forth by a specific writer or organization on the topic of _____ prevention?

   If yes: Which one(s)?

   If no: Why did you select the intervention strategies that you selected.

V. STAFF

1. Over the past calendar year, what was the maximum size (in full-time equivalents) of your staff (i.e., during peak periods of service delivery)?

2. What is the size of your core staff (in full-time equivalents) (i.e., the staff members who are employed on a year-round basis)?

3. At this point in time, how many volunteers (in full-time equivalents) are providing assistance to your program?

   What kinds of services are provided by these volunteers?

   Do you consider these services to be preventive?

4. At this point in time, what is the size (in full-time equivalents) of your support staff?

5. Now, I'd like to ask you some questions about staff/client ratios.

   a. How many youngsters are served by your program?

   b. How many youngsters are served on an intensive basis?

   c. What is the staff to client ratio for kids who are served on an intensive basis.

6. Of the staff members who interact with kids, what training/education do you require?

7. Do you provide staff training?

   If yes: (describe)

8. (Collect available organization charts)

VI. NUMBER AND CHARACTERISTICS OF PROGRAM CLIENTS

1. How many clients are served by your program per year?

   _____ estimate

   _____ formal count

2. What is the proportionate breakdown or numbers of males and females serviced by your program?

   a. _____ males

   b. _____ females

   Are these figures based upon program statistics or program estimates?

3. How about the breakdown of racial categories?

   a. Black _____

   b. White _____

   c. Hispanic _____

   d. Asian _____

   e. Native American _____

   f. Other _____

   Are these figures based upon program statistics or program estimates?

VII. FISCAL

1. What was the total operating budget for your program during the last fiscal year.

under $25,000	$300,000 - $400,000	$ 700,000 - $ 800,000
$ 25,000 - $ 50,000	$400,000 - $500,000	$ 800,000 - $ 900,000
$ 50,000 - $100,000	$500,000 - $600,000	$ 900,000 - $1,000,000
$100,000 - $200,000	$600,000 - $700,000	$1,000,000 - $2,000,000
$200,000 - $300,000		$2,000,000 - or more

2. Please list the public and private funding sources for your program during the last fiscal year.

Public and Private Funding Source	Amount of Funding
	TOTAL

3. If the program is divided into program components:

How much money is allocated to each program component?

VIII. GOVERNANCE

1. Do you have a Board of Directors? _____ Yes _____ No

2. Do you have an Advisory Board or Committee? _____ Yes _____ No

3. Which groups or individuals exert a great degree of influence in policy or operations decisions (e.g., state or county agencies, local government, school boards, community advocacy groups, Board of Directors)?

4. Do youth participate in the governing of this program?

   If yes:

   4.a. To what extent did youth participate in the planning of your program (e.g., through membership on advisory or planning committees or the Board of Directors)?

   _____ not at all _____ little _____ moderately _____ greatly

   4.b. To what extent did youth participate in the provision of services in your program or for other members of your community (e.g., peer counseling, public speaking, tutoring)?

   _____ not at all _____ little _____ moderately _____ greatly

5. Is your program a part of a larger umbrella organization?

6. (If program is a part of a complex organizational structure try to obtain a copy of an organizational chart.)

APPENDIX B: PROGRAM SUMMARIES

1) Program summaries are provided for 27 of 28 programs; 1 program interview did not provide sufficient data.

Program 1

Prevention Domains: Family dysfunction and child abuse

Rationale: Program is a locally mandated service based on the theory that competent role modeling by a trained para-professional in the home provides a deficient parent with sufficient parenting skills and home management abilities to maintain a child safely in the home.

Population: 40 families per year in which child is considered at risk of foster care placement due to inability of parent(s) to provide effective care. Population is 99% white.

Description: Program provides Home Aides to work with the parent(s) in the home in order to teach basic home management and parenting skills and provide assistance in housekeeping and child care. Program is part of a local Department of Social Services and acts as a referral and coordination service for all available community services.

Location: urban, some rural clients

Budget: $100,000, with 12 1/2% being local tax dollars

Data: Uniform case records are maintained. Additionally, the Childhood Level of Living Scale: Urban is administered to all clients to evaluate progress.

Evaluation: SDSS Utilization Review is anticipated. Program evaluates effectiveness through change in score on psychometric instrument over time.

Program 2

Prevention Domains: Family dysfunction and child abuse

Rationale: Child abuse and neglect are prime factors leading to out-of-home placement. Prevention of these factors will decrease the number of placements.

Population: 50 families with children (under 18 years) identified as being at risk of abuse or neglect. Clients are 97% white.

Description: Program provides counseling and case management services to families. Active referral brokerage is one program function. Program is part of a larger umbrella agency.

Location: Rural

Budget: Not available

Data: Uniform Case Records are maintained.

Evaluation: Program is monitored by funding source through site visits and statistical reporting. Utilization Review is anticipated by SDSS.

Program 3

Prevention Domains: Family dysfunction and child abuse

Rationale: Families whose children are placed out-of-home are multi-problem families. Active linkage-building and on-going case management are necessary to secure needed service.

Population: Families with children who are designated as "high-risk", that is, having characteristics comparable to families whose children are sent into placement (approximately 400 fam./yr.).

Description: This is a case management program that serves its clients by outlining a written work agreement between client and worker, developing mutual agreement on long-term objectives, convening a gathering of providers and outlining written statements concerning the goals and tasks of each party, and monitoring the provision of said services. Homemaker services are also offered.

Location: Urban

Budget: $700,000 - 800,000, with 2 funding sources

Data: Program completes all relevant Uniform Case Records. Additionally, an internal management information system is in effect.

Evaluation: Program has neither been monitored nor evaluated in the last year. Agency has contracted for a rigorous multi-year outcome evaluation. (not required by funding source)

Program 4

Prevention Domains: Delinquency and status offenses

Rationale: To provide recreation to a wide variety of age groups

Population: All youth, ages 7-11, in an upstate village are eligible. The program serves 500 youth.

Description: Recreational Program using a formal schedule of activities and an information drop-in center. Activities include swimming, sports, exercise, etc.

Location: Rural

Budget: $66,000, with 2 funding sources

Data: Name, address, phone number (plus emergency phone number) and usage figures

Evaluation: Program is monitored through site visits by both funding sources. Monthly statistics are produced. No formal evaluation exists.

Program 5

Prevention Domains: Delinquency and status offenses

Rationale: Mediation of disputes by a neutral third party can be an effective alternative to the judicial process or litigation and can assist in avoiding future conflict.

Population: Youth between the ages of 13 and 21 who are identified as delinquent, truant, involved in neighborhood or school conflicts, and willing to participate in the mediation process as an alternative to Family Court. The youth served consist of 62% males and 37% females. Eighty-two percent of the youth are white, 12% Black and 6% other. Total number served annually is 350 individuals in 177 disputes.

Description: This youth component is part of a larger Dispute Settlement Program. Mediation services are provided to youth as an alternative to court involvement. Participation is voluntary. Follow-up is done to insure compliance and referrals are made to appropriate agencies on an as-needed basis. Services are available by phone on a 24-hour basis, with hearings being held predominantly in the evening hours. All mediators are volunteers.

Location: Urban

Budget: This program operates on a $45,000 budget, with 7 funding sources.

Data: Program gathers standard demographics, description of dispute, a record or statement of the agreement, progress notes on adherence to agreement and survey of client satisfaction with program. Additionally, program submits quarterly statistics to major funding sources.

Evaluation: Monitoring, as noted above, is the only current activity by outside sources. Program has initiated a client satisfaction survey.

Program 6

Prevention Domains: Delinquency and status offenses

Rationale: Positive role models provide an incentive for youth development

Population: 700+ youth between the ages of 6 and 21, with a focus on youth between 10 and 16.

Description: Program operates a recreational drop-in center for youth. Rap groups and informal counseling are available to participants. Program is part of an umbrella agency.

Location: Urban

Budget: Less than $25,000, from one funding source

Data: Attendance figures and limited demographics. Monthly statistics are compiled.

Evaluation: Program is monitored by funding source with scheduled semi-annual site visits and occasional unannounced visits. Program is involved in a community needs assessment and evaluation of community perception of program.

Program 7

Prevention Domains: Mental and behavioral dysfunction

Rationale: To provide a neutral ground for parties in conflict to resolve problems.

Population: Any resident of community willing to avail self of services. Targeted to families with children ages 10-16; 60% male, 40% female. Approximately 225 clients served annually.

Description: Individual, marital or family counseling provided to clients by trained para-professional volunteers under professional supervision. Referrals to a BB/BS-type program available.

Location: Rural

Budget: $25,000, with 12 funding sources.

Data: Fee sheet, discharge summary, progress notes, intake sheet (demographics). Quarterly statistics compiled for funding source.

Evaluation: Program was monitored two years ago for contract compliance. No program changes were made as a result. No formal evaluations exist.

Program 8

Prevention Domains: Adolescent pregnancy

Rationale: Preparation for and knowledge of the birth process increases the parent's ability to cope. Preparing the pregnant teen for the parenting experience can favorably affect future rates of child abuse and neglect.

Population: 125 pregnant adolescents (less than 21 years): 75% white; 25% Black. 50 clients are served intensively while 756 are "extended" clients.

Description: Program provides pregnancy testing and comprehensive information and education to pregnant teens. Labor preparation, breathing exercises and birth control are some of the topics covered. Referrals for financial assistance, counseling and other social services are made. Approximately 3% of pregnant teen's mates participate. Intra-agency referrals for parenting groups and peer support groups are routinely made. Program is part of a larger family planning agency. Follow-up after birth is available for 2 years.

Location: Rural

Budget: $40,000, from 1 source

Data: Demographics, client status -- medical, education, job placement, measures of self-esteem, and, if after birth service provided, infant medical history.

Evaluation: Program is monitored for contract compliance.

Program 9

Prevention Domains: Alcohol abuse

Rationale: Awareness of alcohol-related issues allows youth to make informed choices with respect to alcohol use.

Population: Children and youth in grades 4 through 12. Serves 1,500 - 2,000 youth annually.

Description: An alcohol-awareness program outlining the nutritional, physical and psychological implications of alcohol use and abuse. Use of group presentations and peer counselors to discuss alcohol-related issues. Program is part of a larger community-based program.

Location: Rural

Budget: $10,000, with one funding source and an equal match by the parent agency.

Data: Number of participants

Evaluation: Program is monitored for contract compliance of numbers served. Consumer evaluation of program is on-going. No formal follow-up.

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Williams, A.F., DiCicoo, L.M., and Unterberger, H. "Philosophy and Evaluation of an Alcohol Education Program." Quarterly Journal of Studies on Alcohol, 1968, 29(3), 685-702.

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Program 10

Prevention Domains: Economic dependence

Rationale: The paradox of youth employment (the need for experience to get first job) can be addressed through the development of job-hunting skills and/or the accumulation of experience thru odd-jobs and occasional employment.

Population: 125 adolescents aged 16-18 years. (also, one component geared to women (18+ years) seeking non-traditional women's employment.)

Description: Three components: A) youth career counseling and referral for odd-jobs and occasional employment as a basis for future career planning; B) youth career counseling and job-hunting strategy; C) career counseling for women seeking non-traditional jobs through career counseling, development of a support group and job-hunting strategy development.

Location: Urban

Budget: Not available

Data: Name, address, social security number, grade-level, references and brief outline of work-interest and availability.

Evaluation: Programs are monitored by funding sources. A recent evaluation based on client satisfaction scales and follow-up of placement status was conducted. Some program revision occurred as a result.

Program 11

Prevention Domains: Delinquency and status offenses; mental and behavioral dysfunction

Rationale: Close linkage between police and counseling services can divert cases from the court system. Decreases in future incidence of juvenile crime are anticipated.

Population: Investigation of all youth-related crimes and counseling for 100 youth under the age of 21, with particular focus on youth ages 15-16.

Description: Program provides investigative and restitutive services for youth related crimes. Counseling services are available to youthful offenders with referrals made for mental health services, emergency shelter and other community services involvement. Recreation activities are available through intra-agency referrals.

Location: Rural

Budget: $100,000 - $200,000 from 2 funding sources

Data: Demographics, police reports, summary case plans, and progress notes; statistics compiled monthly.

Evaluation: Program is monitored by local funding source on issues of contract compliance. Program was evaluated several years ago and demonstrated an 83% decrease in petitions to Family Court. Monitoring of petition rates continues.

Program 12

Prevention Domains: Mental and behavioral dysfunction; Family dysfunction and child abuse

Rationale: A) To enhance community functioning, agencies must be prepared to offer comprehensive services or develop firm referral linkages at intake, otherwise client follow-through suffers; B) "Hard" service needs (e.g., housing, financial assistance) must be met before "soft" services (e.g., counseling) will be accepted by clients.

Population: All residents of identified community, with focus on families with children at risk of out-of-home placement. 750 families served annually.

Description: Program is a multi-service community-based agency providing counseling and group social work services to community residents. Client advocacy and outreach are major program foci. The provision of some type of service at intake is an agency mandate. Recreational activities are provided as well.

Location: Urban

Budget: $300,000 - 400,000, from 1 funding source.

Data: Uniform Case Record is maintained.

Evaluation: Site visit by funding source once a year. State Utilization Review is anticipated. No formal evaluation anticipated.

Program 13

Prevention Domains: Mental and behavioral dysfunction; Family dysfunction and child abuse

Rationale: Supportive services to families can prevent out-of-home placement of children.

Population: 35 families with children identified as at risk of foster care placement.

Description: Casework services, parenting skill development and advocacy and referral services are offered to families of children imminently at risk of placement. Court-liaison activities are provided. Linkage to available community resources is a prime function. Program is part of a larger multi-service agency.

Location: Urban

Budget: Less than $25,000, with a single funding source

Data: UCR is maintained

Evaluation: Monitored for UCR compliance

Program 14

Prevention Domains: Educational failure; delinquency and status offenses

Rationale: Promotion of constructive use of free time will prevent anti-social activities

Population: 100 youth ages 6-17 who have been identified by their home schools as functioning approximately 2 years below reading level

Location: Urban

Budget: $20,000, with one funding source

Data: Demographics and attendance

Evaluation: Program is monitored for contract compliance. No formal evaluation has been done (or is being considered).

Program 15

Prevention Domains: Adolescent pregnancy; Death, disease, and accident

Rationale: Enhancement of parenting skills, knowledge of service availability and development of support systems for young mothers will positively affect future child abuse and neglect as well as alcohol and substance abuse rates.

Population: Adolescents 15-20 years of age, with particular focus on pregnant adolescents. Annually serves 40 pregnant teens.

Description: Group counseling services to pregnant adolescents. Group facilitator encourages peer counseling. Some services to non-pregnant adolescents through public speaking and awareness programs. Component program of larger community-based counseling program. Intra-agency referrals for service are common.

Location: Rural

Budget: Less than $25,000, from one funding source

Data: Basic demographics, narrative history and treatment plan, progress notes. No formal follow-up.

Evaluation: Program was monitored for contract compliance by funding agency within the last year. Also, ongoing monitoring (statistics) of program by parent agency.

Program 16

A

Prevention Domains: Educational failure; Mental and behavioral dysfunction

Rationale: Effective intervention in the dysfunctional family system can prevent out-of-home placement of children and promote the development of a healthier and safer family environment.

Population: Families with children aged birth to nine years, with particular focus on infants (0-3 years). Children must be considered at risk of foster care placement.

Description: Preventive program with emphasis on case management practices and strong education component. Limited counseling services available within program component, though intra-agency referral for formal counseling services is available. Tutoring, reading readiness, infant stimulation and socialization skills development services are provided. Program is part of a large family service agency.

Location: Urban

Budget: $150,000 with three funding sources

Data: UCR data is collected. Additionally, an internal management information system is in effect.

Evaluation: Program is monitored on a monthly basis by funding source. Program statistics are compiled monthly. Consumer-based evaluation is in progress.

Program 16

B

Prevention Domains: Educational failure

Rationale: Meeting the technology needs of agency professionals and para-professionals has a favorable impact upon service delivery. Additionally, an informed consumer and community can use services more effectively, identify problems more readily and provide primary prevention (through education) to address many problem areas.

Population: Agency professionals and any interested community member. Blue collar workers are increasingly represented in consumer population. Comprised predominantly (60-70%) of women.

Description: Varying topics are addressed in group setting. Training issues for agency professionals and general topics touching areas of community interest and concern are presented. Groups meet for single sessions or for a short series of lectures. A fee is charged though waivers are available. Topics are both chosen by the program personnel or are developed as a result of requests by community members or agencies. Program is one component of a larger family service agency.

Location: Urban

Budget: $80,000 from one funding source and client fees

Data: Attendance data, race, salary range, marital status, family size and employer

Evaluation: Client evaluation of each session

Program 17

A

Prevention Domains: Educational failure; Delinquency and status offenses

Rationale: Supportive services to youth experiencing difficulties in school affects not only school behavior but general life situation as well.

Population: 130 children ages 8-12 who are experiencing academic and/or behavioral difficulties in school.

Description: Program operates an after school tutorial and recreational program. Client advocacy in the school system is a program function. Outreach services are provided. Intra-agency referrals to a multi-service center are available.

Location: Urban

Budget: Less than $25,000 from two funding sources

Data: Demographics, narrative summary. Statistics compiled monthly.

Evaluation: Program is monitored by both funding sources. On-site visits are conducted semi-annually.

Program 17

B

Prevention Domains: Educational failure; Mental and behavioral dysfunction; Delinquency and status offenses

Rationale: Community-based services have an obligation to meet as many of the educational, social and emotional needs of their client population as possible.

Population: 200 youth, ages 14-17. Program has as its target no specific problem area. Its catchment area is a well defined community in a large urban area.

Description: While the only funded program component is a tutorial service, this program, through extensive use of volunteer time, offers a range of services including counseling (drug, alc., family); probation and parole supervision; rap groups; crisis intervention; leadership training groups; 24-hour hotline; and emergency shelter. The sponsoring agency contributes in-kind services.

Location: Urban

Budget: $25,000, from 2 funding sources

Data: Demographics and treatment plans for funded component only. Statistics are compiled quarterly.

Evaluation: Program is monitored for funded piece by both funding sources. Local planning agency is involved in community needs assessment. No formal evaluation is planned.

Program 18

Prevention Domains: Mental and behavioral dysfunction; Delinquency and status offenses

Rationale: Homeless youth in crisis need a safe, low threat environment while working on solutions to their problems

Population: Youth, ages 13-17, who have run away or are homeless. Estimate 60% female and 40% male, with 84% being white.

Description: Program provides emergency shelter and crisis counseling to runaway/homeless youth and their families. Reconciliation is the goal only if prognosis is good. Active outreach and community awareness programs are also program components. The program is part of a large umbrella agency; thus, intra-agency referrals for long-term counseling occur often.

Location: Urban

Budget: $150,000, with three funding sources

Data: Program gathers demographics, service history, family assessment and service plans. Extensive statistical aggregates are compiled monthly, quarterly and annually. Redundant data collection forms are required by funding sources and parent agency.

Evaluation: Program is monitored for contract compliance by parent agency and funding source. Program is in process of conducting an in-house evaluation of organizational climate and consumer satisfaction. No outcome measures are contemplated. Program reports formal evaluation by parent agency within last year, though document not reviewed. No program changes were made as a result of this evaluation.

Program 19

Prevention Domains: Mental and ehavioral dysfunction; Family dysfunction and child abuse

Rationale: Services targeted to youth are frequently narrowly focused. Appropriate counseling combined with the development of linkages between home, school and community promotes a rational approach to problem solving.

Population: 200 families with children under the age of 21 who are at risk of involvement in the juvenile justice system or of institutionalization.

Description: Program provides counseling services to available family members of identified client. Staff will make referrals to any outside services the family may need and assist in developing those linkages. Support groups and self-help groups are offered. This program is a part of a larger family-focused agency.

Location: Urban

Budget: $500,000 with two funding sources

Data: Program collects demographics at intake and maintains a narrative summary of participation in sessions.

Evaluation: Statistical reports are prepared for funding sources

Program 20

Prevention Domains: Delinquency and status offenses; Mental and behavioral dysfunction; Family dysfunction and child abuse

Rationale: Impact on troubled youth can be maximized through a systems approach that activates all available community actors

Population: 125 youth, ages 7-19, referred by teachers from school systems. Positively and negatively functioning youth are included. Selection indicators are prescribed. 55% of clients are female; 50% white; 35% Black.

Description: Through counseling, role modeling, advocacy, community development and recreation activities, heterogeneous groups of youth and relevant community actors (e.g., schools) are involved in a collaborative effort to develop avenues of cooperation and communication. Program has use of recreational facilities of parent agency.

Location: Urban

Budget: $85,000, with two funding sources.

Data: Demographics, attendance records, psychological evaluation and court records (if appropriate), and progress notes.

Evaluation: Program is monitored by funding sources through site visits and monthly statistical reports. Outcome evaluations were performed in past but are no longer possible.

Program 21

Prevention Domains: Mental and behavioral dysfunction; Delinquency and status offenses; Family dysfunction and child abuse

Rationale: Early intervention and diversion from the juvenile justice system reduces deviant behavior and has a favorable impact upon the rate of out-of-home placement.

Population: 20 youth in grades 6-8 (ages 11-14) who are at risk of having PINS petitions filed in Family Court. Indicators of at risk have been developed and include behavioral measures at home and in school, attendance measures and selected family history elements.

Description: Program provides individual, group, and family counseling in order to divert youth from the Family Court process. Youth activity and recreation groups are emphasized as well as parenting groups and case management services. Referrals come from the school system generally, though self-referrals are accepted. Program is part of a larger family service agency. Intra-agency referral for intensive (long-term) counseling is available.

Location: Urban

Budget: $60,000, with 3 funding sources

Data: Demographics, narratives of contacts, progress reports, monthly and quarterly statistical reports and treatment plans.

Evaluation: Monitored by funding agencies for contract compliance. Program is evaluated annually by parent agency on attainment of program objectives and compilation of client characteristics.

Program 22

Prevention Domains: Educational failure; Mental and behavioral dysfunction; Delinquency and status offense

Rationale: Constructive use of free time can have a positive impact upon the incidence of juvenile delinquency

Population: 50 youth, ages 6-15, who are in need of remedial education, and any youth interested in leisure time activities.

Description: Program operates a tutorial component 1 night a week and a recreational, drop-in center 3 nights a week. Paid high school students, under supervision, serve as tutors and positive role models. Informal counseling is available. Program is one component of a larger community service agency.

Location: Urban

Budget: Less than $25,000, from one funding source

Data: Attendance figures and some demographics. Statistics supplied to funding source monthly.

Evaluation: Program has operated less than six months. Anticipates program monitoring by funding source. No evaluation anticipated.

Program 23

Prevention Domains: Educational failure; Mental and behavioral dysfunction; Delinquency and status offenses

Rationale: The provision of services to truants can have a favorable impact upon later juvenile delinquency and foster care placement rates.

Population: School-identified truants, ages 10-16, who voluntarily participate in program, with parental permission.

Description: Program provides educational services to youth during the school day. Counseling and recreational activities are available to program participants. One-to-one volunteers are used. Program has access to services of parent agency.

Location: Urban

Budget: $50,000 - $100,000, with 2 funding sources

Data: UCR is maintained. Attendance records are kept. Statistics are gathered monthly for funding sources and parent agency.

Evaluation: Program has only recently begun and only internal monitoring is being carried out at this time. SDSS Utilization review will occur. No formal evaluation is anticipated.

Program 24

Prevention Domains: Educational failure; Mental and behavioral dysfunction; Death, disease and accident

Rationale: There is a causal link between truancy and later juvenile delinquency.

Population: One hundred and fifty 6-12 year olds who are classified as truant (50 unexcused absences/year) or demonstrating a trend in that direction

Description: This program is a truancy prevention program that utilizes casework services, remediation, counseling, and an extensive use of volunteers. Medical services and psychological testing are also provided. This program constitutes the bulk of a larger umbrella agency.

Location: Urban

Budget: $300,000 - 400,000, with 3 funding sources

Data: Program maintains UCR and diagnostics on each participant (pre and post). Reports progress status to funding source.

Evaluation: Was formally evaluated in 1977. Has not been monitored nor evaluated by outside source. Contracted for a survey of program by outside consultant in 1981 -- not an evaluation. Is attempting to design a comprehensive evaluation design at this time.

Program 25

Prevention Domains: Educational failure; Mental and behavioral dysfunction; Delinquency and status offenses; Family dysfunction and child abuse; Adolescent pregnancy.

Rationale: The provision of family supports on a broad front and in one site can assist in maintaining family integrity in an isolated urban community. Community-based agencies must meet a broad range of needs in order to be a viable service provider.

Population: Any resident of the identified community, with a particular focus on families with children at risk of foster care placement (50% Black; 40% Hispanic; 10% White).

Description: This program is a multi-service program providing counseling services to families and individuals. Recreational activities, services to pregnant adolescents, outreach, homemaker services and educational programs are also offered to community residents. Referrals for concurrent services are made only for medical services and occasionally for psychiatric services. The agency position is that if it is decided at intake that the agency cannot meet all of the client's needs then the client should not be accepted for services. Program is part of a larger umbrella agency serving this community.

Location: Urban

Budget: $200,000 - 300,000 (number of funding sources unknown)

Data: Uniform Case Record and client demographics

Evaluation: No formal monitoring or evaluation in last year. Program anticipating Utilization Review in near future.

Program 26

Prevention Domains: Mental and behavioral dysfunction; Delinquency and status offense; Family dysfunction and child abuse

Rationale: Active intervention in family systems can prevent placement of a child out-of-home and assist in re-establishing family functioning.

Population: The program is geared toward families with children ages 16 and under who are at risk of placement in the foster care system due to abuse, neglect and other severe parental deficits. Approximately 100 families are expected to be served annually, with 50% of the families being Black, 10% White, and 40% Hispanic. The majority of families are single parent, female head-of-household.

Description: The program is part of a large, multi-service umbrella agency with many intra-agency referrals being made. Services include various counseling modalities, service advocacy, emergency financial assistance, homemaker services and recreational activities. In-house referrals are made for diagnostic testing, health services (including dental) and legal services. Services are both home-based and agency-based.

Location: Urban

Budget: The program budget is $200,000, with this money coming entirely from one funding source.

Data: Data include all relevant Uniform Case Record forms. Additionally, monthly statistical summaries are compiled for client-related services. Bulk of data is collected for sponsor and umbrella agency use and is not used by program.

Evaluation: Program is monitored through submission of monthly statistics to funding source and annual site visit by funder. Compliance with contract provisions is validated. Program anticipates annual evaluation of program through site-visit and State Utilization Review.

Program 27

Prevention Domains: Mental and behavioral dysfunction; Family dysfunction and child abuse; Delinquency and status offenses; Alcohol and substance abuse.

Rationale: Recreation is the focus of the parent agency. Contact with a large number of the community's youth presents a significant opportunity to engage troubled youth and their families in counseling services in a location that is non-threatening and comfortable for the youth.

Population: 400 youth, between the ages of 6-21, and their families, with emphasis on 14-16 year olds. Youth are referred by schools, police, probation and self-referral. Population is 96% White, 4% Black, and approximately 50% male.

Description: Program provides on-going individual and family counseling services. Parent and youth groups are run encompassing topics ranging from sex education and parenting skills to decision-making skills and eating disorders. Groups are held for youth only, parents only and both parents and youth. Recreational activities are available through the parent agency's facilities. Participation averages approximately 6 mos. though no time limit is specified. Two month follow-up occurs for most cases. Program also runs separate alcohol and substance abuse groups.

Location: Suburban

Budget: $100,000, with 5 major funding sources

Data: Demographics, family history, school records, psycho-social summary, progress notes, weekly summaries, attendance statistics, psychological testing (as needed), individual treatment plan, termination summary and follow-up summary. Monthly and quarterly statistics are compiled.

Evaluation: Program is monitored by funding sources through statistical reports and site visits. Program was recently evaluated for organizational effectiveness by outside evaluator. Program uses MBO and monitors its compliance with stated objectives.

FOOTNOTES

[1]For a review of the literature on delinquency, foster care, drug abuse, and alcoholism causation, the reader is referred to Lynch (1982).

[2]Included in these efforts are several community action programs established by the Ford Foundation, the President's Committee on Juvenile Delinquency, Office of Economic Opportunity, the National Institute of Mental Health (e.g., Mobilization for Youth, Oakland Inter-Agency Project, Crusade for Opportunity, St. Louis Human Development Corporation, etc.). These programs endeavored to spur social change in high delinquency urban areas by encouraging local residents to initiate needed educational, recreational and life style improvement. The reader is referred to Moynihan (1968) and Morris and Rein (1973) for additional details.

[3]As of December, 1981, optional funds had not be allocated to the local social service districts and were pending a thorough review of local Consolidated Service Plans.

[4]For example, after obtaining 350 abstracts of evaluation studies of delinquency prevention programs, Wright and Dixon (1977:37) found only 96 reports (27%) which furnished empirical outcome data.

[5]For a classification scheme which organizes delinquency prevention programs according to causal assumptions of delinquency, see Hawkins, et al., 1979.

[6]The work of Cloward and Ohlin (Delinquency and Opportunity) strongly influenced the development of the youth opportunity programs of the 1960's. Building upon the earlier work of Sutherland, Shaw and McKay, and Merton, Cloward and Ohlin maintained that delinquency was the result of an inability to meet conventional standards of success. Delinquency was an adaptation to blocked legitimate and illegitimate avenues to success and was primarily a product of social settings rather than the individuals or groups exhibiting delinquent behavior.

[7]The ecological fallacy refers to the erroneous assumptions, made on the basis of group-level data, that individuals in the group necessarily behave as the group behaves collectively. Individual level data are needed to support conclusions about individuals (see, Selltiz et al, 1976:439).

[8]Lutzin and Orem (1967) reviewed the following five studies of recreational programs: 1) Shanas and Dunning (1942); 2) Thrasher (1927); 3) Reed (1948); 4) Truxal (1929); and 5) Brown (1956). The studies were considered too outdated for inclusion in this report since they generalize to communities of the 1930's and 1940's.

[9]Magura (1981:196) enumerated the following examples of situations in which preventive services are insufficient to prevent placement: 1) the parent's desertion; 2) repeated harm to children; 3) the parent's severe mental impairment; 4) the parents' rejection of the child or rejection of the parental role; 5) the parent's rejection of help; and 6) court orders which remove the child from the home.

[10]For an in-depth review of research pertaining to the effectiveness of casework, see Fisher (1976).

[11]The distinction between family service agencies and child welfare agencies provide a case in point. Clients of family service agencies usually approach the agency voluntarily while services for child welfare clients frequently originate with complaints of abuse or neglect. Family service agency clients also appear to be more financially secure and more likely to be married than do the clients of child welfare (Jones et al., 1981:68).

[12]New York City, in turn, subcontracted with seven voluntary child welfare agencies in order to establish the special service units (Jones et al, 1976:14).

[13]The Token Economy is a structured motivational environment based upon positive reinforcement. Individuals "earn" tokens by engaging in specific behaviors which the therapy is designed to increase. Punishment is also used. Tokens may be taken away in response to undesirable behavior, or individuals may not be allowed to earn tokens for a certain amount of time.

[14]The following six items comprised the composite outcome measure called the Status Index: 1) the whereabouts of the children at the time of the evaluation; 2) the desirability of their whereabouts; 3) the likelihood of maintaining or achieving the desired whereabouts; 4) the well-being of the children; 5) the effect of the children's current environment upon their well-being; and 6) the number of problems in family functioning that were present but not improved by the close of the case (Jones, et al, 1976:104).

[15]This inclusion is primarily for the sake of convenience rather than the similarity of the tasks involved. Because alcohol and marijuana use is accepted in varying degrees in this culture, there is no consensus over whether or how their use should be prevented. Theoretically, program designers and practitioners have a much more controversial task in operating programs designed to prevent alcohol and marijuana use than in operating programs aimed at other forms of drug use (ADAMHA, 1981; Room, 1974).

[16]Social psychologists have not established clear relationships between attitudes and behaviors. For example, in a review of several attitudinal studies, Fishbein (1967) notes that "after more than seventy-five years of attitude research, there is little consistent evidence supporting the hypothesis that knowledge of an individual's attitudes will allow one to predict the way he will behave."

[17]This study had a very high non-response rate. Researchers were able to contact only 187 (37%) of the 525 individuals initiated into the Student International Meditation Society from 1969 until 1972 (Shafii et al, 1976:19).

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