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A PRELIMINARY NATIONAL ASSESSMENT OF THE  
FUNCTION AND IMPACT OF 24-HOUR  
JUVENILE JUSTICE SYSTEM INTAKE UNITS

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## FOREWORD

The National Institute for Juvenile Justice and Delinquency Prevention established an Assessment Center Program in 1976 to partially fulfill the mandate of the Juvenile Justice and Delinquency Prevention Act of 1974, as amended, to collect and synthesize knowledge and information from available literature on all aspects of juvenile delinquency.

This report provides insight into the critical area of the function and impact 24-hour juvenile justice system intake units have on juvenile case processing decisions. Review of the operational impact of 24-hour intake units was undertaken with the specific objective of determining what overall effect available 24-hour intake services have on diversion, detention, and court processing decisions made by law enforcement and court intake staff. The findings and conclusions are based on a review of current literature concerning both the intake screening and detention process combined with a comparative analysis between 24-hour intake units and other intake models of case processing decisions developed from survey data reported by 213 court intake and probation agencies in 23 States. Conclusions are drawn based on observable differences and trends, not on statistical significance or causal relationships.

The assessment efforts are not designed to be complete statements in a particular area. Rather, they are intended to reflect the state-of-knowledge at a particular time, including gaps in available information or understanding. Each successive assessment report then may provide more general insight on a cumulative basis when compared to other reports.

Due to differences in definitions and the lack of a readily available body of information, the assessment efforts have been difficult. In spite of such complexity, the persons who participated in the preparation of this report are to be commended for their contribution to the body of knowledge.

James C. Howell, Director  
National Institute for Juvenile Justice and Delinquency Prevention

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Administrative editing and production were done by Paula L. Emison with the assistance of Colleen B. Cousins. Graphic arts were provided by Tom Yamane.

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## PREFACE

As part of the Assessment Center Program of the National Institute for Juvenile Justice and Delinquency Prevention, topical centers were established to assess delinquency prevention (University of Washington), the juvenile justice system (American Justice Institute), and alternatives to the juvenile justice system (University of Chicago). In addition, a fourth assessment center was established at the National Council on Crime and Delinquency to integrate the work of the three topical centers.

This report on "A Preliminary National Assessment of the Function and Impact of 24-Hour Juvenile Justice System Intake Units" has been developed by the American Justice Institute. It includes the findings and conclusions on the overall effect available 24-hour intake services have on diversion, detention, and court processing decisions made by law enforcement and court intake staff.

Other work of the American Justice Institute as part of the National Juvenile Justice System Assessment Center includes reports on the status of offender, child abuse and neglect, classification and disposition of juveniles, serious juvenile offenders, number and characteristics of juveniles processed nationally through the juvenile justice system, less-serious juvenile offenders, juvenile advocacy, job opportunities for delinquents, cost of juvenile crime, special problems of juveniles, and sexual abuse and exploitation of juveniles.

In spite of the limitations of these reports, each should be viewed as an appropriate beginning in the establishment of a better framework and baseline of information for understanding and action by policymakers, operational personnel, researchers, and the public on how the juvenile justice system can contribute to desired child development and control.

Charles P. Smith, Director  
National Juvenile Justice System Assessment Center



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## EXECUTIVE SUMMARY

This assessment effort was primarily concerned with identifying whether 24-hour intake discourages unwarranted detention of juveniles and increases usage of intervention alternatives and whether the availability of 24-hour intake services affects processing decisions on juveniles labeled as delinquents, abused, neglected, or status offenders. Literature based knowledge about other aspects of the intake process such as which intake models jurisdictions typically use, the role and relationships of key agencies, and issues about whether clear-cut decision criteria are used by intake staff were secondary considerations.

Analysis of the published literature revealed that no empirical studies have systematically assessed the direct impact that 24-hour intake services have on case processing decisions made by law enforcement, probation, detention, prosecution or child protective services staff. No literature was found that addressed the availability of 24-hour intake services and the corresponding impact on processing decisions involving dependent/neglected or abused/victimized juvenile referrals. When the intake process is discussed in current literature, it apparently is considered in the context of delinquency and status offense case decisions.

Even with these limited sources it was determined, however that there is a *definite trend among local agencies to provide 24-hour juvenile intake services. It is also evident that many local jurisdictions initially began organizing and staffing 24-hour intake units during the mid 1970's.* This research effort found at least 10 distinctive operational models of intake operation, and concedes the existence of many others, finally concluding that 24-hour intake services is not a separate and distinct model of intake procedures, but is a separated *style* of delivery and therefore could exist in virtually any jurisdiction.

It was found that intake processing characteristics were most consistently related to the size of the total county population where the intake unit resides, and that, from this sample, as jurisdiction size grows, so does the likelihood that 24-hour intake services will be in effect.

This study conducted a representative survey of 213 separate jurisdictions representing 401,165 juvenile referrals in 1978. From this survey it was found that actual 24-hour coverage is a rarity (in only 13.1 percent of jurisdictions) and most often found in only very large jurisdictions over 500,000 population. *Most agencies claiming 24-hour coverage tend toward eight-hour, or normal workday, on-site coverage, with the remaining hours on-call.*

Detention rates are effected differently by 24-hour coverage depending upon the size of the jurisdiction. Basically the conclusions are: (a) *the percent of juvenile referrals detained increases slightly with the size of the jurisdiction for 24-hour intake facilities and dramatically for non-24-hour intake facilities,* (b) *it appears that increasing the amount of intake coverage from non-24-hour coverage to 24-hour and then to 24-hour on-site coverage effects large jurisdictions by significantly decreasing the percent of juveniles detained, and small and medium size jurisdictions by increasing the detention rates slightly.*

The latter finding further indicates that even though the detention percentage may decrease, the total number of detention cases increase dramatically with 24-hour coverage. Consequently, dramatic reductions in detention percentages for large jurisdictions could be the result of reaching the maximum occupancy level of available detention facilities. Furthermore, it is concluded that these overwhelming processing increases caused by 24-hour coverage result in large jurisdictions implementing more intensive screening policies, which become evident in lower detention rates and higher diversion percentages than agencies with non-24-hour intake services. In conclusion, *any reduction in detention rates gained by the implementation of 24-hour intake are outweighed by the increase in necessary detentions due to the expected increase in total numbers of referrals caused by increased coverage.*

Uniformly, it was found that high referral rates caused by 24-hour intake coverage lead to high diversion rates, and low referrals to low diversion rates, averaging out to approximately 50 percent across the nation. *The overall effect of 24-hour intake services is to increase slightly the diversion percentages.* Status offenses show the greatest increase. Screening decisions made around-the-clock cause smaller jurisdictions to concentrate on services to status offenders and therefore diverting individually more of them. Larger jurisdictions tend to concentrate on increased services to delinquent cases, but with nowhere near the concentration of smaller jurisdictions with status offenses. This may be the separate effects of increased 24-hour coverage or the fact that 24-hour intake services tend to increase diversion statistics on the majority offense type handled. The latter assumes then that small jurisdictions tend to handle proportionally more status offenders with stepped-up juvenile arrest policies and large jurisdictions see more delinquents.

In conclusion, this report recommends more intense and better controlled studies of the actual effects of implementing 24-hour intake services. Increasing services does not assure a more effective decision process. The multitude of individual extraneous factors apparent at each intake unit and in its caseloads does apply dramatically towards stopping the positive and consistent influence of increases coverage. *Neither is it apparent that 24-hour on-site coverage is in every case a better or more effective type of service than is 24-hour on-call coverage or any combination of the two. The only consistent finding in this study is that 24-hour intake services generally are more effective in uniformly increasing diversion percentages than non-24-hour intake service are.* The on-site coverage is normally effective for extremely large jurisdictions (1,000,000 or over) but seems counterproductive for small jurisdictions (under 25,000).

Whether a jurisdiction has 24-hour or non-24-hour intake coverage, the single most influential factor for providing consistent processing percentages is having *specialized training* on how to make processing decisions for intake officers. The more formally the screening officers are trained to make intake decisions, the more consistent these decisions will be and increasing the number of hours of intake coverage does not effect the manner in which these decisions are rendered. Furthermore, when formal training is not present, then increasing the hours of intake coverage has an inverse effect on processing rates, causing proportionally fewer juveniles to be handled judicially and consequently increasing diversion rates almost unwarrantedly. This same phenomena also exists when the prosecutor who generally is well-trained and very knowledgeable in making processing decisions has major decision-making powers.

## I. INTRODUCTION

### BACKGROUND

In most cases, a suspected juvenile offender who is arrested or placed in detention will never appear before a juvenile court judge. Rather, the juvenile will be released or referred to a service agency or juvenile program after undergoing a non-appealable screening process. This practice is in use, in one variation or another, in virtually every jurisdiction across the country. It occurs in two stages, the first administered by the police and the second by "intake" units or departments attached to local courts. The fundamental purpose of intake screening at either stage of the juvenile justice system is to determine what action should be taken, if any, on complaints that allege a youth to be a status offender, delinquent offender, neglected, or abused juvenile.

The impact that intake and screening decisions have on the lives of juveniles and their families can be as significant as court adjudication decisions. The concern over labeling and stigmatization, the exorbitant cost of operating the juvenile justice system, the trends to handle many juveniles in alternative types of programs, the re-questioning of the purposes and scope of system intervention, the wide disparity in intake decision-making among jurisdictions, the increasing demands for safeguards on individual rights, and numerous other issues have focused attention on those procedures and processes that lead to "formal" handling by the juvenile justice system.

At any level of the juvenile justice system the intake process consists of series of complex decision points and alternatives. Law enforcement is normally the first point of contact with a youth. Their options generally consist of releasing, diverting into an alternative public or private program, citing, or arresting and booking. In the juvenile court network, probation or protective services make the next series of intake and screening decisions which include similar alternatives of release, diversion, or further penetration into the system by filing of a court petition. These decisions are often then reviewed by the prosecutor. Juvenile courts then determine issues of guilt and disposition.

The intake process in juvenile courts has long had a unique and extremely significant role in the juvenile justice system. Despite its importance in the administrative structure of court services and procedures, the intake function has received little attention as a distinct process. More significantly, organizational policies and practices such as the staffing on a 24-hour basis of intake units have not been examined or agreement reached as to the relative effect such practices have on juvenile case processing decisions. There is agreement that the court intake process should be assigned to specialized units or individuals whenever possible. There is partial agreement about the nature of the decisions which should be made at the point of intake, and considerable disagreement as to the nature of the process and its underlying philosophy.

Efforts to establish operational policies and standards relating to the intake process during the 1970's have centered, to a large extent, on the central premise that intake personnel should be encouraged to use certain types of "non-judicial" case decision options. The rationale for non-judicial handling of juvenile referrals is predicated on the belief that it allows the exercise of some control and provides for service to a juvenile without invoking the detrimental consequences of judicial processing which labels the juvenile and by doing so, stigmatizes the youth. Non-judicial handling is also viewed as more effective than judicial processing in "rehabilitating" the delinquent juvenile. Similarly, the use of non-judicial processing options keeps court dockets at a manageable level in relation to the limited resources often available for the judicial processing of juveniles in local jurisdictions.

The focus of the standard setting efforts during the past decade have also placed equal importance on extending procedural "due process" safeguards such as the right to counsel, timely judicial hearings, evidentiary guidelines and appeal or modification of processing decisions at critical points in the juvenile justice system. Standards have also been developed which are aimed at giving the prosecutor a more active role in the review of intake, detention, and court petitioning decisions.

Standard setting groups have also proposed policies regarding the selection

of personnel of juvenile probation departments and other agencies responsible for intake services. These standards also cover such areas as tenure, promotion, education, training, salaries, and workload as well as the use of paraprofessionals and volunteers. Other policies have been proposed about the organization, administration, and financing of intake services. These standards have been directed at securing the effective and efficient delivery of services at the intake stage of the juvenile justice process.

Encompassed within these standards is the assumption that, in general, an effective intake process should be available on an around-the-clock, seven-day-week basis. Yet, even a cursory review of recently published national juvenile processing statistics and research results of projects concerned with analyzing the impact these operational goals have in jurisdictions which have chosen to implement these standards have produced little information on how many jurisdictions operate 24-hour intake units let alone what overall impact the availability of 24-hour intake services have on juvenile processing decisions.

Many general questions about the intake process are unanswered, including the type of intake processing models jurisdictions have chosen to use; the extent to which specially trained personnel are making intake decisions, the proportion of intake units that are staffed on an "on-call" rather than an "on-site" basis; and the actual authority the prosecutor has (or chooses to use) in juvenile case decisions. Areas associated with 24-hour intake services that need examination including determinations of whether the availability of 24-hour intake units discourages the unwarranted detention of juveniles and whether the presence of 24-hour intake units effect classification of juveniles as delinquents, abused, neglected or status offenders.

More importantly, no current system-wide data has been compiled which can be used for policy planning purposes to show, on the basis of population, how jurisdictions operationally handle intake responsibilities. Likewise, no comparative information has been collected to show the impact 24-hour intake screening functions on diversion, detention, and court processing decisions considering jurisdictional populations.

## ASSESSMENT OVERVIEW

The increased focus of attention on the decision-making process has produced a large body of literature dealing with the exercise of discretionary powers in juvenile justice agencies. These efforts, however, caused increasing concern to be expressed about the operation of intake units and the role various system agencies have in making intake decisions. While proposed organizational and administrative standards address many of the identified operational deficiencies, the gaps in knowledge about just how responsive local jurisdictions have been in implementing the standards related to the intake process still remain. System-wide information about the function and impact of 24-hour intake units is especially lacking.

In response to the increasing concerns being expressed about the operations of intake units, this assessment attempts to examine the functions and impact 24-hour units have on the handling of referrals in the juvenile justice system. The assessment focuses on the intake process from the initial referral decisions made by law enforcement through intake and screening decisions of juvenile probation agencies. The assessment also reports on the roles and functions prosecutors have assumed in the intake process.

Specifically, this assessment seeks to determine what overall effect 24-hour intake operations have on diversion opportunities, detention, and system penetration decisions. The major areas of impact that are addressed focus on analyzing whether 24-hour intake services discourage the unwarranted detention of juveniles and increase usage of intervention alternatives such as immediate crisis resolution counseling and short-term interim community residential placement programs.

The assessment also explores whether the availability of 24-hour intake services affect processing decisions on juveniles labeled as delinquents, abused, neglected, or status offenders. Data is collected which also permits an analysis of which intake models jurisdictions typically use, emphasizing the roles and relationships of each key agency in the intake process (intake screening, detention staff, and prosecutors). Issues about whether clear cut criteria are used by intake staff and if they limit detention rates and the development of extra-ordinarily costly and complicated processing procedures are also examined.

The entire review of the functions and operational impact of 24-hour intake units was also made with the specific objective of reporting, on the basis of population, how jurisdictions operationally handle intake responsibilities and analyzing the impact 24-hour intake services have on juvenile case processing decisions considering jurisdictional size.

### National Juvenile Justice System Assessment Center

This assessment is one of several interrelated topical reports reflecting efforts of the National Juvenile Justice System Assessment Center (NJJSAC) to synthesize and add to the general knowledge base about the juvenile justice system.

The National Institute for Juvenile Justice and Delinquency Prevention (NIJJDP) of the United States Office of Juvenile Justice and Delinquency Prevention (OJJDP) established an Assessment Center Program (ACP) in 1976 to partially fulfill requirements of the Juvenile Justice and Delinquency Prevention Act of 1974, as amended, that required the systematic collection, synthesis, preparation, and publication of data, knowledge, and information obtained from studies and research by public and private agencies in all aspects of juvenile delinquency (Title II, Part C, Sections 242(1) and 242(2)).

The National Juvenile Justice System Assessment Center has as its primary study focus the flow of juveniles through the major components of the official juvenile justice system. It also examines the many service agencies and programs that are operated by the system that have as their primary orientation the referral and treatment of juveniles, after having made contact with the system at one point or another.

The primary objectives of the Assessment Center are aimed at adding to the general knowledge base on juvenile delinquency and juvenile related problems. In attempting to achieve this objective, the NJJSAC is directed either specifically or intuitively to identify and describe existing knowledge gaps, and exemplary and promising programmatic approaches to solving problems made apparent in State-of-the-Art studies conducted by the NJJSAC. Other objectives of the NJJSAC are to collect and synthesize data and the results of previously conducted studies and written reports, as well as lend assistance to State and Federal agencies requiring information about

the juvenile problem for policy, legislative, or organizational frameworks or system designs being drafted.

### Assessment Objectives

This preliminary assessment of the function and impact of 24-hour juvenile justice system intake units has been prepared for policy-makers, practitioners, and researchers seeking to better understand the structure and administrative process associated with the intake segment of the system. The assessment concentrates on fulfilling the following primary and secondary objectives:

#### Primary Objectives

- Assess the impact 24-hour intake screening functions have on diversion, detention, and court processing decisions made by law enforcement, probation, and court intake staff.
- Determine if the availability of 24-hour intake can effect disposition decisions on juveniles labeled as delinquents, abused, neglected, and status offenders.
- Estimate nationally, how many jurisdictions operate 24-hour probation and court intake units that are specifically responsible for screening juvenile referrals from law enforcement and other sources.
- Determine how many jurisdictions' staff 24-hour intake units with "on-site" personnel who screen juvenile cases seven days a week.
- Analyze differences in case processing decision patterns among jurisdictions that provide actual on-site 24-hour intake, combinations of "on-call" and "on-site" staffing arrangements and non-24-hour intake services.
- Analyze the relationship between the way jurisdictions handle intake responsibilities and the impact 24-hour intake services have on case processing decisions considering jurisdictional size.
- Determine if the use of "specialized" intake staff in combination with the role the prosecutor has assumed in the juvenile decision process effects diversion, detention, and court petitioning case decisions.

#### Secondary Objectives

- Determine whether clear-cut criteria and written policy guidelines are used by probation and court intake staff when making juvenile case screening decisions.
- Identify the criteria probation and court agencies use when assigning staff to their agencies' intake units and the number of hours of formal training usually provided new staff assigned to intake units.

- Among agencies that do not operate 24-hour intake units, determine what impact would occur on diversion, detention, and judicial processing decisions if these extended services were available.
- Regardless of how agencies handle intake and screening functions, determine how satisfied agencies are with their intake services.
- Identify any exemplary intake procedures and program approaches which could be studied further for their potential of being replicated by other local jurisdictions.
- Determine what significant procedural and programmatic issues and conflicts in the intake screening process could be addressed with further research.

#### Assessment Methodology

The basic methodological approach used in the assessment consisted of a literature review of both the intake screening and detention process; a survey of 1,456 jurisdictions in 23 States about the available use of 24-hour intake services, and an in-depth analysis of specific aspects of the functions associated with intake services in selected jurisdictions. The assessment methodology is based on a comparative analysis of the relationships between 24-hour intake units and other jurisdictional intake models and their impact on diversion, detention, and judicial processing rates. Analysis is also made of the operational procedures, key decision-makers, decision options, and use of alternatives comparing their importance in diverse juvenile justice system environments.

#### Literature Review

The first task in the assessment consisted of a comprehensive review of literature concerning both the intake screening and detention process. The review included literature on the detention topic because many times research about the detention process also discusses related conflicts and issues associated with the intake process. The review of literature provided several important areas of information including:

- Relevant organizational and intake decision patterns used by jurisdictions in the juvenile system (roles of intake screeners, detention staff, and prosecutors).
- Significant conflicts and issues which should be considered in studying 24-hour intake units.
- A needed information base of expert opinion about such areas as diversion alternatives, decision criteria, and value of specific program approaches.
- A description of the impact intake screening decisions have in the juvenile justice system.

The major sources that were used for the literature review included the National Criminal Justice Reference Service, University of California Libraries, the National Center for State Courts, the Institute for Court Management, the Center for the Study of Law and Society, the National Council of Juvenile Court Judges, the State Libraries, the California Inter-Agency Departmental Library, and State Planning Agencies (SPA). Review of these major information sources uncovered over 310 articles, research studies, and government publications which were examined in the literature.

Analysis of the literature-based knowledge of the use and impact 24-hour intake has on case processing decisions focused on the following topics and issues:

- (1) Juvenile Intake Process: Increasing Reliance On 24-Hour Intake-- Summary discussion of the fundamental importance and role of intake services in the juvenile justice system including the chronological development of the practice of using intake or "preliminary inquiry" procedures when handling referrals through probation and juvenile court. Information is provided about the factors that have contributed to the practice of establishing intake units.

Information is also included about the way juvenile probation ideally should work. Information developed from the literature is given which shows the growing trend that is emerging for the use of 24-hour intake units including an analysis of the number of States that have enacted statutory laws governing 24-hour and other intake processes. Indications are also provided about which States provide mandatory intake procedures rather than discretionary procedures and which ones mandate 24-hour intake services. Further indications are provided about the need for 24-hour intake services by examining juvenile workload patterns in selected jurisdictions.

- (2) Juvenile Court Intake Processing Models-- Descriptive and graphic material is given about the basic organizational intake models typically used by local jurisdictions. The general intake functions and processing procedures that agencies follow are identified in each model. The processing models described are identified in order to assess the specific impact 24-hour intake has on case screening and processing decisions considering various organizational system variables.

An analysis is conducted of case screening and intake decision patterns and trends for police, probation, and juvenile courts using 1976 and 1977 data from nationally published sources. Comparative diversion, detention, and court processing data for calendar year 1978 is also analyzed for a sample of selected jurisdictions that provide 24-hour and other intake screening models. Summary conclusions are covered about the factors that the literature shows appear to influence intake decisions at the police and probation level of the juvenile justice system. Emphasis is placed on studies that have examined case-related variables, decision-maker characteristics, agency practices and policies in 24-hour intake units.

The relationship between detention and 24-hour intake services is also examined with a summary analysis between juvenile arrest, referral to court intake, and use of secure detention in 33 States.

- (3) Intake Standards and Goals--Using literature-based data, an analysis is conducted about the historical development of nationally proposed standards and goals for the intake segment of the juvenile justice system. Discussions include model intake decision criteria and processing procedures jurisdictions should adopt, policy issues and the underlying rationale for the various operational standards. The need for clear, written criteria for intake personnel to follow when making screening and case processing decisions is also outlined. Evidence is presented that shows the juvenile justice system is suffering from a lack of use of such criteria.

#### 24-Hour Intake Services Survey

Since the assessment methodology was based on a comparative analysis between 24-hour intake units and other intake models, it was first necessary to determine which models generally operate in particular jurisdictions. The primary reason for determining how the intake process is handled by local jurisdictions is that in recent years many States, through legislative mandates, have started to dictate who will make intake and detention decisions, general intake functions, decision criteria, and processing procedures that agencies must follow when processing juvenile referrals. As a consequence, in order to determine the specific impact 24-hour intake services have on diversion, detention, and system penetration decisions, these operational system variables had to be identified and taken into account when examining the intake process.

Secondly, it was important to collect current information about referral workload, intake staffing patterns and case disposition decisions in order to explore whether the availability of 24-hour intake service affects juvenile processing decisions. Using these two criteria as a planning guide, a "mini" Survey Questionnaire (pre-coded, single card, mail-back, see Appendix F) was devised which contained questions which would permit the Center to determine on a jurisdictional basis for 1978 the following types of information:

#### Juvenile Intake Services

- Determination of whether agency provides 24-hour intake and screening services for juveniles.
- Location and hours when intake workers are on-site and on-call on weekdays and weekends.
- Determination of which category of probation or court staff are responsible for screening juvenile referrals.

- An indication about the organizational relationship between detention screening and the court intake unit (do detention screeners perform general intake functions--are they a separate unit, an integrated part of the intake division, or are probation officers carrying beginning-to-end case responsibilities).
- Total number of staff that perform intake and case screening duties.
- A determination of the prosecutor's role in the juvenile case decision process.

#### Juvenile Referrals (1978)

- Number of juveniles referred to court or probation agency by source.
- Detention center statistics including (1) total referrals, (2) number detained more than four hours, (3) rated capacity in number of beds of detention center, (4) average daily occupancy, (5) average length of stay in days, (6) average daily cost of housing juveniles, and (7) percentage of juveniles detained in secure and non-secure facilities.

#### Juvenile Case Dispositions

- Number of juveniles that were handled non-judicially by basic offense category (delinquents, status offenders, and all others).
- Number of petitions agency formally filed or requested be filed with juvenile court by basic offense category (delinquents, status offenders, and all others).

#### State Selection Criteria

Figure 1 (p. 11) shows the 23 States that were included as part of the assessment survey of the function and impact of 24-hour intake units. In total, 1,556 counties with a combined juvenile population of 43,422,000 were sent copies of the mini-survey.

Each of the 23 States that were included in the mini-survey questionnaire were selected because either: (1) State law mandated 24-hour intake units, (2) statistical processing data for the years 1975 through 1978 are readily available, (3) possible extremes in the way jurisdictions operate intake units were represented, (4) the State had a reputation as being "progressive" in providing intake services, (5) the prosecutor has either first level or second level decision authority, or (6) the State had recently reorganized the entire component of its juvenile justice system.



As Table 1 shows, the Center received a response from at least one jurisdiction in every State surveyed. Overall, nearly 13.6 percent or 213 of the counties returned the mini-questionnaire.

TABLE 1  
COMPARISON BETWEEN THE NUMBER OF  
COUNTIES SURVEYED AND THE PERCENTAGE  
THAT RESPONDED BY STATE

State	# of Counties	Number of Counties Responding To Survey	Percent
Alabama	67	3	4.5
California	58	24	41.4
District of Columbia	1	0	0.0
Florida	67	3	4.5
Idaho	44	1	2.3
Illinois	102	15	14.7
Iowa	99	6	6.7
Maryland	24	3	12.5
Michigan	83	20	24.1
Mississippi	82	5	6.1
Nebraska	93	4	4.3
New Jersey	21	5	23.8
New York	58	13	22.4
North Dakota	53	3	5.7
Ohio	88	25	28.4
Oregon	36	12	33.3
Pennsylvania	67	18	26.9
South Dakota	64	2	3.1
Texas	254	10	3.9
Utah	29	4	13.8
Washington	39	7	17.9
West Virginia	55	13	23.6
Wisconsin	72	17	23.6
TOTAL	1,556	213	13.7

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA: American Justice Institute, 1980).

Analysis of the type of jurisdictions that responded to the survey showed that significantly more of the larger and average size jurisdictions responded. About 4.6 percent of the counties had populations of 500,000 and over 1,000,000 persons. About one-third of the jurisdictions that responded had

populations between 100,000 and 500,000. Less than 20 percent of the jurisdictions had populations under 25,000. Overall, the 213 jurisdictions that responded to the survey handled 401,185 juveniles in 1978. Table 2 (p. 15) shows the number of juveniles included in the survey by size of jurisdiction.

#### Intensive Analysis of Intake Functions in Selected Jurisdictions

In order to supplement the mini-survey results with a more in-depth analysis of other factors associated with the function and impact of 24-hour intake services, an additional group of selected jurisdictions were surveyed for the following types of information:

- Number of other agencies that operate 24-hour intake screening units.
- Type of agency (public/private) and type of referral agencies will accept when 24-hour intake is available.
- Number of community-based diversion program or projects that are available to accept referrals from intake and percentage of juveniles annually diverted to these programs.
- Number of short-term residential or shelter care facilities available in each jurisdiction (other than the local detention center) which could be used as alternative placement programs by placement staff.
- Percentage of juveniles handled by probation intake that are referred to these facilities in lieu of juvenile hall detention.
- Number of agencies that use a citation process as part of the procedures followed in handling juvenile referrals.
- Number of agencies that have written policy guidelines which contain specific criteria intake staff should follow when making screening decisions. Intake staff assessment of how adequate agencies' policies are in explaining how to deal with the kind of situations intake personnel encounter when dealing with juveniles.
- Indications of how intake staff are assigned to agencies' intake units and the number of hours of formal training usually provided new staff assigned to intake.
- Assessment of how complicated local intake process and procedures are and staff ratings of their overall satisfaction with the way their agency handles intake and screening functions.
- Comparisons between agencies that have 24-hour intake units and those that do not with staff assessments of whether intake procedures can impact the way different juvenile incidents are handled.

TABLE 2

COMPARISONS BETWEEN THE NUMBER OF JURISDICTIONS  
SURVEYED AND THOSE THAT RESPONDED BY  
SIZE AND NUMBER OF JUVENILES  
PROCESSED IN 1978

Size of Jurisdiction	INTAKE UNITS				# of Juveniles Handled in 1978
	Number of Jurisdictions Surveyed		Number of Jurisdictions Responding		
	Number	Percent	Number	Percent	
1 million or more	22	1.4	5	2.4	99,065
500,000-999,999	30	1.9	9	4.2	72,424
250,000-499,999	53	3.4	19	8.9	86,063
100,000-249,999	117	7.4	49	23.0	87,011
50,000- 99,999	182	11.7	38	17.8	30,329
25,000- 49,999	276	17.7	49	23.0	17,289
Under 25,000	882	56.4	44	20.7	9,004
TOTAL	1,562	100.0	213	100.0	401,185

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT  
CENTER (Sacramento, CA: American Justice Institute, 1980).



Collection of this information was carried out among the jurisdictions that participated in a 1979 symposium sponsored by the Institute for Court Management concerning "Juvenile Court Intake: Decision-Making at the Front End of the Juvenile System" held in Santa Fe, New Mexico. The jurisdictions that agreed to participate in the study from the symposium included: (1) Rockford, Illinois, (2) Washington, D.C., (3) Great Falls, Montana, (4) Elkhart, Indiana, (5) Kenosha, Wisconsin, (6) Atlanta, Georgia, (7) Albuquerque, New Mexico, (8) Baton Rouge, Louisiana, (9) Oklahoma City, Oklahoma (10) Woodstock, Illinois, (11) Jonesborough, Georgia, (12) Topeka, Kansas, (13) Camden, New Jersey, (14) Birmingham, Alabama, (15) Olathe, Kansas, (16) Fairfax, Virginia, and (17) Fresno, California.

#### Analysis and Interpretation of Assessment Data

The basic purpose of both survey efforts and the results of the literature review were intended to provide summary indications of the impact 24-hour intake procedures have on diversion, detention, and court processing rates. The results were also intended to show in a clear and concise way answers to specific questions about the importance 24-hour intake services provide in the juvenile justice system including:

- Do 24-hour intake units discourage unwarranted detention of juveniles more than other intake procedures?
- When 24-hour intake is used, what type of cases usually get processed through the system?
- Do 24-hour intake units make more or less use of diversionary options and programs?
- Where 24-hour intake facilities exist, are there any other system alternatives available?
- Does it matter if "specialized" intake staff make case screening decisions as opposed to regular probation or court personnel?
- Has the emerging role of the prosecutor in the intake process effected case processing decisions?
- Is there any relationship between jurisdictions that provide on-site intake services and other intake models with respect to their case decision patterns?

## Organization of the Report

The report is divided into four chapters including the Introduction. Chapter II, "Literature Review" presents a summarization of literature-based knowledge of the use and impact 24-hour intake has on juvenile diversion, detention, and court processing decisions. Information about other aspects of the intake process, such as which intake models jurisdictions typically use, the role and relationships of key agencies, and historical development of the intake process is also analyzed. Data is also presented which shows the need for 24-hour intake by examining juvenile workload patterns in selected jurisdictions.

Chapter III, "Results of a Survey" describes a comparative analysis between 24-hour and other intake processing models that were undertaken using 1978 case processing data collected through a survey of agencies in 23 States and an in-depth examination of a smaller sub-sample of jurisdictions about the effect available intake services has on diversion, detention, placement, and court referral decisions. Information is presented which shows why jurisdictions operate intake units in the way they do and the problems and conflicts on existing procedures, especially as they relate to the use of alternatives. Information is presented which shows how juveniles are handled when there is no 24-hour intake services.

Chapter IV, "Conclusions and Future Policy Recommendations" presents a summary of the overall findings and generalizations that could be made about the use and impact 24-hour intake units can have in the entire juvenile justice system. Specific policy and planning recommendations for future assessments are also discussed.

## II. LITERATURE REVIEW

### OVERVIEW

The first step in the assessment of the 24-hour intake process for the juvenile justice system consisted of a review of literature concerning both intake screening and detention. The review covered detention literature because such material often contains discussions of key issues directly related to the intake process.

During the literature search, 310 articles, books, evaluation reports, and other publications were identified as possibly containing information about the function and impact 24-hour intake services can have on juvenile diversion, detention, court processing, and alternative placement decisions. Content analysis of the documents showed that 91 publications did contain relevant information and data which should be considered when examining the effect available 24-hour intake services have on screening decisions in the juvenile justice system.

The initial scope of the planned literature review was primarily concerned with identifying whether 24-hour intake discourages unwarranted detention of juveniles and increases usage of intervention alternatives and whether the availability of 24-hour intake services affects processing decisions on juveniles labeled as delinquents, abused, neglected, or status offenders. Literature based knowledge about other aspects of the intake process such as which intake models jurisdictions typically use, the role and relationships of key agencies, and issues about whether clear-cut decision criteria are used by intake staff were secondary considerations.

Analysis of the published literature revealed, however, that *no empirical studies have systematically assessed the direct impact that 24-hour intake services have on case processing decisions made by law enforcement, probation, detention, prosecution or child protective services staff.*

The review did uncover some limited discussions pertaining to a few local jurisdictions and States that provide 24-hour intake services from which trends in the overall use of 24-hour intake could be determined as well as general indications about operational procedures and the possible impact 24-hour intake has had on diversion, detention, and court referral decisions. *No literature*

*was found that addressed the availability of 24-hour intake services and the corresponding impact on processing decisions involving dependent/neglected or abused/victimized juvenile referrals. When the intake process is discussed in current literature, it apparently is considered in the context of delinquency and status offense case decisions.*

Much of the literature traces the historical development and importance of the intake process including the proper role of intake units, conflicts between law enforcement and intake, the type of decisions typically made, the relationship of detention to intake, and characteristics of the personnel making intake decisions. Several publications highlighted trends in the volume of juveniles processed through intake. Two of the studies related expenditure and case processing cost data to the intake and juvenile court adjudication process.

Another group of articles described selected intake models and how they function in different jurisdictional settings. Statute analysis highlighting legislatively mandated procedural guidelines and trends in how local jurisdictions organize and manage intake screening functions are also incorporated in these descriptions.

Several studies were reviewed that were primarily concerned with analyzing within a range of predetermined variables, factors that influence intake decisions at the police and probation level of the juvenile justice system. The studies examined such factors as the importance of case related variables, decision-maker characteristics, accepted agency practices and norms, and the use of agency policy guidelines and screening criteria.

The most significant body of literature about intake concerns the need and historical development of nationally proposed standards and goals. Numerous publications outline model intake decision criteria and processing procedures jurisdictions should adopt; including various policy issues and the underlying rationale for these proposed operational standards. Some of the reports analyze the areas of diversity and consensus between different standard setting groups. Other documents focus on the emerging trend in the literature calling for broader use of more specific written intake decision criteria. Indications are also provided about the number of agencies that routinely use predetermined criteria when making screening decisions.

The widely debated issue of extending due process guarantees to the intake level of the juvenile justice system has also produced a sizeable

amount of intake related literature. Several studies analyze the need for evidentiary standards, legal counsel, and the role attorneys can have at intake. Others deal with the need for timely detention review hearings and complainant appeal processes. Encompassed within the due process considerations are a number of legal research publications which address a range of legal challenges confronting the discretionary decision powers of intake units. One of the important areas that has been studied includes the potential legal problems inherent in the use of diversion as an intake decision option. The other is directed to the arbitrary decisions rendered by intake staff especially with respect to the practice and use of "informal" probation.

A direct outgrowth of the debate associated with the need for standards and use of full procedural due process in juvenile intake proceedings has produced two research efforts that have attempted to evaluate the way different intake models can impact juvenile case processing decisions. The studies compare both traditional and proposed court and intake structures using selected measures of effective case processing procedures. The proposed models which are examined incorporate the use of specialized intake staff who only make decisions to file court petitions and perform no probation counseling tasks and are supervised by intake supervisors. Indicators of an effective intake screening process which were considered consist of a decision process in which information about cases and especially about the offense is gathered reliably and examined carefully, non-coercive and non-court alternatives are attempted first, case processing is speedy, and records and knowledge of court contact is kept private.

Other separately published reports were also identified which have studied selected aspects of the intake process including changes in victims' attitudes that occur as a result of the increased use of diversion alternatives at intake, recidivism rates among offender groups and intake dispositional decisions, the importance of centralized versus decentralized intake, and the use of a citation process in police intake referral decisions.

The last group of intake related documents that were analyzed concerned the results of systemwide evaluations of the intake and juvenile court process in major metropolitan jurisdictions. These studies were undertaken because critics of the local juvenile court process maintained that the system (intake screening, juvenile courts, and family services) was failing in each jurisdiction by almost any measure one chose to use. As a result of the evaluations,

a large body of information was developed that shows who comes to probation intake, what happens to them, what influences decisions at intake, what role community services play in the intake process, and what changes should occur at the intake level in order to bring about improvements in the process.

A complete discussion of the wide range of issues and operational aspects of the intake screening process that appears in the literature is beyond the scope of an assessment that is primarily concerned with determining the function and impact available 24-hour intake services have on juvenile case processing decisions. To undertake such a discussion would require, among other things, a detailed analysis of the larger body of literature dealing with the intensely debated subject of the proper role and function of the juvenile court.

While the review only produced a few findings about 24-hour intake services, many of the publications that were analyzed during the literature search, however, contain information which should be considered in order to understand and properly evaluate the relationship 24-hour intake services have within the broader context of the juvenile justice system case screening decision process. The remainder of this chapter contains a summary synthesis of the major observations about the juvenile intake process which are directly related to the present 24-hour intake assessment.

#### JUVENILE INTAKE PROCESS: RELIANCE ON 24-HOUR INTAKE SERVICES

*Less than half of all cases of juvenile delinquency referred to juvenile courts are formally adjudicated. Many other instances of delinquency are never referred to court at all* (Paulsen and Whitebread, 1974, p. 123): The task of sorting and screening through juvenile complaints and determining what appropriate action should be followed is, in most jurisdictions, the responsibility of police and juvenile court intake units.

Local police departments have initial responsibility for the investigation of most complaints involving the violation of most provisions of the penal law. The exercise of discretion by police to determine who will enter the formal criminal justice system is openly acknowledged. Nowhere, however, is this discretion so openly exercised and so often institutionalized as in juvenile cases. As a result of this discretionary power, police officers serve an intake screening function (as they do in adult criminal cases) when they decide what should be done with problem juveniles coming to their attention.

A juvenile's initial contact with the juvenile justice system is usually with the police officer who has taken the juvenile into custody, either as a result of the observation of a criminal act, or in response to a citizen complaint. The power of the police to exercise discretion is not established by any of the juvenile court acts. It arises from the practical power of a police officer to "look the other way" or to release those taken into custody.

Ferster and Courtless in, "The Beginning of Juvenile Justice, Police Practices, and the Juvenile Offender," list six ways police can deal with arrested youth:

"(1) release; (2) release accompanied by an official report describing the encounter with the juvenile; (3) an official "reprimand" with release to parent or guardian; (4) referral to other agencies when it is felt that an officer and parent can assist a child cooperatively; (5) referral to the juvenile court without detention; and (6) referral to the juvenile court with detention" (Ferster and Courtless, 1969, p. 567).

In larger police departments, there may be a separate group of officers who have received special training in handling juvenile cases. This group is sometimes referred to as the *Juvenile Bureau*. In jurisdictions where the Juvenile Bureau exists, an apprehending officer will usually refer a juvenile case to the Juvenile Bureau for further investigation rather than proceed any further alone. These Juvenile Bureau officers typically possess greater expertise in juvenile delinquency matters than the average police officer, and generally have investigative facilities to perform a preliminary examination of the case and the juvenile's background. They also have increased discretion on deciding what action to take with the juvenile's case.

In some cities, the department's juvenile officer makes the decision in a "police hearing." In these hearings, the officer determines which cases require the attention of the court. This decision-making process is often termed the "stationhouse adjustment" (Maron, 1975, p. 28).

About 90 percent of all delinquency court referrals come from the police. In terms of sheer numbers, the impact of this practical power can have significant consequences within the juvenile justice system (Paulsen and Whitebread, 1974, p. 126). In Chicago, for example, it has been estimated that the police avoid court referral for about 70 percent of the juveniles they apprehend for delinquent acts. Most studies estimate that the police divert from the juvenile court process at least 50 percent of the juvenile offenders known to them (Besharov, 1974, p. 108).

When a case is forwarded to juvenile court from the police (or by any other method of initiating a complaint against a juvenile), it is generally handled first by the intake department. As Rubin points out, "Whether or not a referred youth should become the subject of a formal petition, should have no further action taken against him, or should be handled through some informal procedure, is the next intake decision to be made (after a juvenile has been referred to the court). In most courts, this is made by the probation staff, particularly, the intake division of the department. There has been a decided move in the last decade to divide probation into an intake unit and a field supervision unit...However, a number of courts still maintain probation staff who make intake decisions, conduct social studies, and provide field process" (Rubin, 1976, pp. 91-92). There have been other approaches to court intake decision-making:

"In some courts, intake has the form of a judicial hearing, often before a referee. In others, it is an extended process involving what is tantamount to a complete diagnostic study. In still others, it is a mechanical process in the court clerk's office providing little if any selectivity" (Sheridan, 1962, p. 139).

Irrespective of the variation in administrative and organizational procedures at intake, the screening procedures after arrest are designed to (a) eliminate matters over which the court has no jurisdiction, (b) eliminate cases where a petition would be insufficiently supported by evidence, (c) eliminate cases not serious enough to require juvenile court adjudication, (d) properly charge and detain those cases that need to be prosecuted and brought to the attention of the court, and more controversially, (e) to arrange an "informal adjustment" which may involve a degree of supervision and treatment without the stigma of court adjudication. The decision to send a case to the court for adjudication is also made in different ways. In some places, the complainant may insist that the case go to court. In others, the consent of an intake officer, a public prosecutor, or the judge must be obtained before a petition will be entertained (Paulsen and Whitebread, 1974, p. 29).

The court intake function is described in the President's Commission on Law Enforcement and Administration of Justice Task Force Report: Juvenile Delinquency and Youth Crime (1967):

"Intake is essentially a screening process to determine whether the court should take action and if so what action or whether the matter should be referred elsewhere. Intake is set apart from the screening process used in adult criminal courts by the pervasive attempt to

individualize each case and the nature of the personnel administering the discretionary process. In criminal justice, at the post-arrest stage, decisions to screen out are entrusted to the grand jury, the judge, or, usually to the prosecutor. The objective is screening, as an end in itself; attempts to deliver service to those screened out are rare.

At intake in the juvenile court, screening is an important objective. But referral to, if not insistence upon, service and imposition of controls are additional goals. Thus the express function of intake is likely to be more ambitious than that of its criminal law counterpart. And the function is performed chiefly by persons who are neither legally trained nor significantly restricted, in the exercise of their discretionary authority, by procedural requirements comparable to those of the criminal law.

Thus intake is a broadly conceived screening and helping process conducted within a judicial tribunal by probation officers or by the judge as *pater patriae*. Neither defense attorney nor prosecutor regularly appears. Even States with recently enacted right-to-counsel provisions in their juvenile court laws have not generally experienced significant increase in the number of attorneys appearing on behalf of delinquent juveniles; New York State is a striking exception. Nor does the prosecutor usually participate in the pre-judicial stages of juvenile cases except as he may review petitions, routinely or on request, to ascertain their legal sufficiency. Indeed, in metropolitan courts that task often falls to a legal assistant to the judge, not to the lawyer who represents the State's interests.

In the juvenile court intake process there is nothing comparable to the key role played by the prosecutor in criminal cases during bargaining for dismissal or lesser charges. Instead, the agreement--to adjust, for example, or to file for neglect or supervision rather than delinquency--is made between the probation officer and the juvenile and his parents. In some places the judge is directly engaged in the process, as when he actively participates in informal hearings that culminate in information dispositions. In other places he is general supervisor of the staff's execution of informal adjustments and consultant on difficult cases" (President's Commission on Law Enforcement and Administration of Justice, 1967, pp. 14-15).

One of the most widely quoted statements as to the purpose of juvenile court intake appeared in an April 1964 issue of Crime and Delinquency. In an article entitled "Juvenile Court Intake--A Unique and Valuable Tool," Judge Wallace Waalkes made the following observation:

"Intake is a permissive tool of potentially great value to the juvenile court. It is unique because it permits the court to screen its own intake not just on jurisdictional grounds but, within some limits, upon social grounds as well. It can cull out cases which should not be dignified with further court process. It can save the court from subsequent time-consuming procedures to dismiss a case. It provides an immediate test of jurisdiction at the first presentation of a case. It ferrets out the contested matters in the beginning and gives the opportunities for laying down guidelines for appointment of counsel and

stopping all social investigation and reporting until the contested issues of fact have been adjudicated. It provides machinery for referral of cases to other agencies when appropriate and beneficial to the child. It gives the court an early opportunity to discover the attitudes of the child, the parents, the police, and any other referral sources. It is a real help in controlling the court's caseload because it operates in the sensitive area of direct confrontation with the police, the school and other community agencies. Intake can make or break the community's good communication with an understanding of the juvenile court's role" (Waalkes, 1964, p. 118).

In practice, the literature shows that juvenile court intake ranges all the way from an ideal screening and assessment decision process to systems which do little more than process and file court petitions. Somewhere between these two extremes "...lies a prevalent view of intake which sees itself as making only two decisions: (1) whether or not to detain the juvenile, and (2) whether or not to take the juvenile to court" (Arthur D. Little, Inc., 1979, p. 1).

While these are critical decisions of any court intake process, a clear consensus among the literature also shows that a court or probation department that restricts its intake staff to making only these two basic decisions is severely limiting the overall purpose of the intake process. In the best of systems, intake officers view themselves as:

"...service brokers in addition to assessors, evaluators, and decision-makers. They begin with a complaint and determine what further information is needed. They gather the necessary information. They assess what is known to determine what information is relevant to the decisions they have to make. They reach their decisions. They properly document the information they have gathered, the decisions they have made, and the rationale for those decisions. They take the steps necessary to initiate action on their decisions. They approach the decision-making process from the point of view of one having knowledge of all the resources and services that can be brought to bear on the problem at hand. Their decisions are seen as appropriate matching of resources with the situations of the children they are dealing with" (Arthur D. Little, Inc., 1979, p. 2).

#### Historical Development of the Intake Process

A brief examination of the history of intake reveals that under one name or another, intake has been practiced in various ways by juvenile courts since the first juvenile court was organized in Illinois in 1889. Judge Ben Lindsey, in commenting about the juvenile court in Denver, Colorado, in 1904, indicated: "The result is that in Denver all complainants must first submit their case to the probation officers or the district attorney. The district attorney has properly turned all such cases over to the probation officers. It is then investigated and often settled out of court" (Wallace and Brennan, 1963, p. 442).

In 1961, numerous jurisdictions made reports to the National Probation and Parole Association describing the organization of their respective court and probation intake service. The juvenile court of Philadelphia reported:

"...nearly every probation office visited had spontaneously developed some practice of this sort, in several courts to a considerable extent. Ever since the organization of the juvenile court in Chicago, some unofficial work has been carried on there, according to the statement of several police officers. One officer, the first to file a petition in a juvenile court in America, stated that he has always handled some complaints without court action. Thus, unofficial work is not new in the sense that it lately came into practice; it is merely receiving closer attention" (Besharov, 1974, p. 157).

The practice of using intake or "preliminary inquiry" procedures when handling juvenile referrals has been judicially recognized since 1926 when the first of five editions of the Standard Juvenile Court Act prepared by the Committee on the Standard Juvenile Court Act of the National Probation and Parole Association (now the National Council on Crime and Delinquency) in cooperation with the National Council of Juvenile Court Judges and Children's Bureau was published (Wallace and Brennan, 1963, p. 445). Section 6 of Article II, "Procedure in Children's Cases," as it appears in the first three editions of the Standard Juvenile Court Act provided that whenever a juvenile court was informed that a juvenile came under the purview of the Act, the court should "make a preliminary inquiry to determine whether the interests of the public or of the child require that further action be taken." Equivalent sections in succeeding editions\* also contained this wording. The same wording is also contained in Section 12 of the first Standard Juvenile and Family Court Act (Sheridan, 1962, p. 146).

Early editions of the Standard Act explained the nature of this preliminary inquiry process as follows: "Whenever practicable such inquiry shall include a preliminary investigation of the home and environmental conditions of the child, his previous history, and the circumstances of the conditions alleged." The concept of an "intake department" also appears for the first time in the comment sections of the 1959 Standard Juvenile and Family Court Act (Sheridan, 1962, p. 140). The function of this department is described as "receiving all complaints and conducting investigations to determine whether (a) the court or its staff should take action, and if so, what kind of action, or (b) the matter should be referred elsewhere" (Sheridan, 1962, p. 145).

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\*1926, 1928, and 1933.

The language and intent of both the original Standard Juvenile Court Acts and the later revised Standard Juvenile and Family Court Acts providing for a preliminary inquiry, established the legal foundation for the juvenile intake process. *The basic value of intake has continued to be recognized; differences, however, have been encountered in the way the intake process has been defined by various courts and the practices and procedures that have been incorporated in the juvenile court laws of most States.*

Many factors contributed to the practice of establishing and carrying out an intake function in conjunction with the operation of juvenile courts. Prominent among them was the recognition that some offenses brought to the attention of the courts were too trivial to warrant any action other than a warning not to repeat the act. Moreover, there were other situations which merely required advice or direction rather than the disciplinary intervention of the courts; and still others in which favorable home conditions and responsible parents argued well for favorable results without the formality of a court hearing and adjudication of delinquency. *Irrespective of the reasons, historically oriented literature shows that the rationale for the practice of informally adjusted cases at intake has not changed substantially through the years.*

#### Statutory Status of the 24-Hour Intake Process

*The concept of intake as the processing of a juvenile case through some sort of preliminary review by the court has received wide acceptance among local jurisdictions.* Most juvenile courts have established some type of preliminary screening process to determine whether the court should take action, and if so, what action or whether a case should be referred elsewhere. In smaller courts the intake function may be handled by a probation officer or the judge himself, while in larger courts there are specialized intake units to screen incoming cases (Kobetz and Bosarge, 1973, p. 241).

This research effort found that at least 42 States\* have enacted specific statutory provisions describing the intake process. Of these, 35 States (seven out of every 10 States) provide for mandatory intake procedures in their juvenile court statutes. In six States, the decision to establish an intake function is discretionary (Levin and Sarri, 1974, p. 26).

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\*See Appendix C for an alphabetic listing of the States, including the year the statute was enacted.

Six of the States have been following some type of statutory law governing the intake process since 1960. The overwhelming majority of States, however, enacted intake statutes during the 10-year period between 1960 and 1970. A comparison between Sheridan's 1962 statutes analysis and Levin's and Sarri's comparative analysis of legal codes in the United States in 1974 shows that as States enact laws to define the intake process, *a significant number are clearly requiring a mandatory intake process in their juvenile courts rather than giving local jurisdictions the discretionary option to establish an intake process.* Sheridan found that in 1962, "...only in about one-half of the jurisdictions a preliminary inquiry or investigation was mandated" (Sheridan, 1962, p. 143).

Analysis of the laws in States that have passed intake screening statutes shows that in all of those States, a juvenile, with parental consent, may be placed on probation without formal court adjudication. Few State statutes, however, do more than sanction the disposition of juveniles without court processing by providing that courts "may informally handle" or "informally adjust" a case as it sees fit. In these States, the discretion of the juvenile judge to delegate dispositional authority to intake and other court personnel is unlimited (Levin and Sarri, 1974, p. 53). Increasingly, as Levin and Sarri have pointed out, "...statutes require either that the child as well as his parents consent to the probation arrangement, or that the child admit he committed the alleged offense."

There is also general agreement that the chief function of the intake process as statutorily defined is to:

...determine which complaints should be referred for a judicial hearing, although differences of opinion do exist concerning the criteria and procedures which are to be used in making this determination. It is also generally agreed that intake should decide whether the juvenile is to be released to his family or detained until the court hearing... (Ferster, Courtless, and Snethen, 1970, p. 866).

There is much less agreement, however, concerning the propriety of a third function which is performed by the intake staff of many courts: supervision and treatment of juveniles against whom a delinquency complaint has been made but who are not referred to the judge for a hearing.

Statutes in the majority of States require that the decision to formally adjudicate a juvenile complaint be preceded by a preliminary investigation, but most of these same statutes give little indication concerning who should make the investigation. In 10 States, there is no designation about who should

make the investigation. Ten others simply designate "the court," while the remaining statutes typically designate the probation officer (Ferster, Courtless, and Snethen, 1970, p. 869).

The authority delegated to intake also varies. In some jurisdictions, the intake staff decision does not always settle the question of whether the complaint is to be referred for a judicial hearing. In some States, like New York for example,\* complainants can insist on filing a petition for formal adjudication, thereby overruling an intake officer's decision. Complainants in a few other jurisdictions cannot force a judicial hearing, but can demand that intake's determination be reviewed by a district attorney or other prosecution official.\*\*

Another indication of the number of juvenile courts and probation departments that rely on intake services was found in the results of the National Council on Crime and Delinquency's Special Survey of Corrections in the United States, conducted in 1966 for the President's Commission on Law Enforcement and Administration of Justice. The national survey of 250 representative counties showed that "approximately 50 percent of the agencies in the sample provided intake and referral services, assigning a total of 541 intake officers to this function" (National Council on Crime and Delinquency, 1967, p. 62).

*More recently published documents indicate that the number of agencies who are organizing and staffing intake units is also continuing to increase.* In a 1977 State of the Judiciary address to the New Jersey Legislature, Judge Richard J. Hughes, Chief Justice of the State Supreme Court, for example, indicated that "...a greater proportion of all juvenile complaints filed were referred to juvenile intake units throughout the State as the number of counties with established intake programs increased *from 12* in the court years ending August 31, 1976 *to 16* August 31, 1977" (Hughes, 1977, p. 41) (emphasis added).

In the same address, Chief Justice Hughes also provided some of the only evidence in the intake literature about the possible impact the existence of juvenile court intake services can have on police intake referral decisions

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\*See Illinois Annotated Statutes Chapter 37, Section 703-8 (Smith-Hurd Supplement 1967); New Mexico Revised Statutes, Section 13-8-32 (1953); New York Family Court Act, Section 734 (McKinney 1963).

\*\*Maryland provides for review by the State's attorney. Maryland Annotated Code, Article 26, Section 70-6 (Supplement 1969). The District of Columbia provides for review by its corporation council. District of Columbia Annotated Code, Section 16-2302 (1967).

when he reported that the "...total number of juvenile delinquency complaints filed by local police departments decreased 3.3 percent during the same period" (Hughes, 1977, p. 41).

#### Available 24-Hour Intake Services

While the literature only contains a few references about the use of 24-hour intake services from a relatively small cross-section of jurisdictions, it is evident that there is a *definite trend among local agencies to provide 24-hour juvenile intake services. It is also evident that many local jurisdictions initially began organizing and staffing 24-hour intake units during the mid 1970's.*

Florida, for example, in 1974 reported it had "...the only statewide 24-hour intake program for juveniles in the United States" (Bailey, 1974, p. 72). The same publication pointed out that the 24-hour intake system Florida adopted was the first step in a major reorganization of the State's juvenile justice system that began when the State took over the operation of county probation supervision and intake services in 1971. The statewide implementation of 24-hour intake services was completed when the State assumed administrative responsibility for all juvenile detention facilities in 1974.

Other publications show that in the mid-1970's when many jurisdictions launched major juvenile detention facility construction projects and other programs aimed at reducing the high incidence of juvenile delinquency, 24-hour intake services were also often implemented. In the final 1974 evaluation report of the Berrien County Regional Juvenile Center in Michigan, for example, which was originally planned with an LEAA discretionary grant in 1971, it was noted that "...the intake call sheet had been used since the fall of 1973, when the court implemented a system of 24-hour intake services through the use of tone activated radio pagers" (Kehoe and Mead, 1974, p. 11).

Further evidence of the increased use of 24-hour intake services is found in Wisconsin's 1978 Children's Code which mandated that the State's 72 counties (which contained a combined juvenile population of over 1.4 million juveniles) provide 24-hour, seven-day-a-week intake screening services. Wisconsin

Statute Section 48.067, "Powers and Duties of Intake Workers," specifically mandated in part that:

"...to carry out the objectives and provisions of this chapter but subject to its limitations, intake workers shall:

(1) provide intake services 24 hours a day, seven-days-a-week, for the purpose of screening children taken into custody and not released..."

By enacting this statute, the Wisconsin legislature also gained the distinction of being the first State in the United States to statutorily mandate 24-hour intake services.

Additional indication of the use of 24-hour intake services is found in Rubin's 1976 book on juvenile courts in which he reported "...the juvenile court in Salt Lake City maintains an 18-hour screening staff at the detention center, with a staff member being on call the other 6 hours a day" (Rubin, 1976, p. 91). He also reported that Seattle and Atlanta provided intake screening staff 24 hours a day.

One of the most current and conclusive indications about the number of local jurisdictions that provide onsite 24-hour intake services, was obtained from information included in a juvenile court intake training manual developed by the Institute for Court Management for the First National Juvenile Court Intake Symposium held in March 1979.

Prior to the Symposium, the Institute surveyed the participants for information about selected organizational features of their agency's intake process. Analysis of the responses revealed that, regardless of the population of the jurisdiction, all 16 agencies used specially trained intake officers when making case processing decisions (see Appendix D, Table D-1, p. 15). Additionally, nearly half of the agencies (seven of the 16 jurisdictions) also provided on-site, 24-hour intake services. Two agencies provided between 10 and 16 hours a day of on-site intake services. Only three of the participating agencies operated on-site intake units for only eight hours a day.

The need for 24-hour intake services was also documented in three other reports which contained data which showed workload patterns that occur in intake units. In the 1974 evaluation report of the Berrien County Juvenile Center in Michigan, the author reported:

"...since the opening of the Center, it was found that 138 (79.8%) of the

admissions occur between 3:00 P.M. and 11:00 P.M. These include 7:00 A.M. to 3:00 P.M. days when the Court is open. Cases received during the normal Court hours are referred to the Center for intake screening at 3:00 P.M. Only 35 (20.2%) of the cases are received between 12:00 A.M. and 7:00 A.M. Wednesdays and Fridays were the two busiest days accounting for 42.7% of all intakes" (Kehoe and Mead, 1974, p. 17).

The second study of juveniles booked into San Francisco's juvenile hall showed that:

"...73.9 percent of all admissions took place between 5:00 P.M. and 8:00 A.M., with 40.6 percent of them between 5:00 P.M. Fridays and 8:00 A.M. on Mondays" (Pappenfort and Young, 1975, p. 40).

A third report, based on an independent evaluation of Sacramento, California's countywide status offender program, which provided 24-hour, seven-day-a-week service, showed that over a two-year period (1976-1978), 54.7 percent of the referrals to the local probation department were received between 5:00 P.M. and 8:00 A.M. (Appendix D, Table D-2, p.103). Furthermore, it was found that 25.4 percent of the referrals were handled on Saturday and Sunday as opposed to the normal workdays Monday through Friday (Criminal Justice Research Foundation, 1979, p. 60).

#### JUVENILE COURT INTAKE PROCESSING MODELS

One of the basic purposes of the literature search was to determine which organizational intake models are typically used by jurisdictions. The primary reason for determining how the intake process is handled by local jurisdictions is that in recent years many States, through legislative mandates, have begun dictating who will make intake and detention decisions, general intake functions, decision criteria, and operational procedures that agencies must follow when processing juvenile referrals. In order to assess the specific impact 24-hour intake services have on diversion, detention, system penetration, and placement decisions, these organizational system variables have to be identified and taken into account when examining the intake process, especially when comparing available 24-hour intake services with other intake screening decision models.

Information contained in the literature revealed that irrespective of whether jurisdictions provide 24-hour intake services, *that at least 10 different intake processing models are being used by juvenile courts when making screening and juvenile case processing decisions.* Generally, however, when

the organizational and procedural aspects of the various intake processing models are described, the discussions are limited to information about the organization and case flow of the juvenile intake process (units or subunits which perform the particular screening function).

Limited information is available about the basic decision options intake staff can exercise and the broad criteria (if any) intake usually follows when making release, diversion, detention, and petition decisions. Information about staffing patterns, the location, and hours when intake screeners are on-site or on-call and at what stage in the intake process counsel should be appointed to represent indigent youth, and the conditions (if any) when a juvenile can be held in jail when court intake services are not available, are usually not mentioned.

The descriptions usually contain a determination of the prosecutor's role and decision authority in the intake process and an indication of who actually files juvenile court petitions. No indication about the organizational relationship between detention screening and the court intake units, especially as to whether detention screeners perform regular intake functions, is included in the discussions. Likewise, little information is also given about the general detention criteria and review process followed when a juvenile is detained, or which category of probation or court staff are responsible for preparing the social background study which is used by many juvenile judges at dispositional hearings.

More importantly, the descriptions of the different approaches jurisdictions follow in operating intake units usually only focus on delinquent case decision procedures and not on status offense and dependent/neglect or abused/victimized processing procedures, which in most jurisdictions vary significantly depending on the type of juvenile referrals being handled. When profiling specific examples of the procedures associated with a particular intake process, the literature also usually only relates the flow of juveniles through the court to probation supervision dispositions, which is only one of a number of dispositions juvenile judges can use when handling juvenile offenders.

Summary flow charts showing the variations in the delinquent case intake process that exists in jurisdictions are illustrated in Appendix E (p. 149). While graphically oversimplified for comparison purposes, the intake process represented in each jurisdiction consists of a series of complex decision

points and alternatives. Law enforcement is normally the first point of contact with a juvenile. Their options generally consist of releasing, diverting into an alternative public or private program, citing, or arresting and booking. In the juvenile court network, probation or other designated court staff makes the next series of intake and screening decisions which include similar alternatives of release, diversion, or further penetration into the system by filing of a court petition. In many jurisdictions, these decisions are often then reviewed by the prosecutor. Juvenile court then determines issues of guilt and disposition.

Analysis of the 10 intake processing models shows that in *most courts (six of 10 models)*, intake decisions are made by probation staff, particularly, the intake division of the department. As Rubin (1976, p. 91) has pointed out, "...there has been a decided move in the last decade to divide probation into an intake unit and field supervision unit." In several of the models, intake staff, however, can only recommend that a petition be filed with juvenile court. The decision for formal court action in a juvenile case must be reviewed and concurrence received from the local prosecutor before initiating further court proceedings.

In these models the probation intake officer is responsible for making a "preliminary inquiry" which is procedurally designed to basically determine (1) whether the court has jurisdiction in the case, (2) if sufficient probable cause has been established, (3) if intake's action is in the best interest of the juvenile and public, and (4) whether an informal disposition\* can be used in the handling of the incident. The intake officer may consult with the prosecuting attorney's office but makes no formal decision on petition filings.

There are some models, such as in Utah, where the probation intake officer or the chief intake officer makes all screening and case processing decisions without the review of any local prosecutor.

In the remaining intake models, the local district or county attorney makes all delinquent case screening and processing decisions with or without having the advantage of a preliminary investigation of the probation department. With some jurisdictions like California, there is an additional division, the court investigation unit which largely prepares social history studies of juveniles for use by the judge at the time of disposition.

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\*A major part of the intake function is to consider whether a case may be dealt with informally; that is, without a petition, through the efforts principally of social work and counseling rather than the court.

A number of States still maintain probation staff who make intake decisions, conduct social studies, and provide field probation supervision and counseling for the same juvenile as he is processed through juvenile court. An advantage of the separate intake investigation and supervision is the greater attention the staff give to each function. The disadvantage is that the juveniles and their parents must adjust to two or more probation officers. The trend is, however, toward a specialization of services in probation departments.

In only three of the intake process models are there provisions whereby the complainant can appeal an intake officer's decision when a referral is rejected. Under the California model, if a case is rejected by intake, the complainant must be notified of the rejection and the reasons why. The complainant must also be notified that they have a right to appeal the decision to the local district attorney's office. The same appeal procedures are incorporated into the Florida intake processing model as well. In a major variation, the New York intake model which has been in operation since 1962, the complainant has an automatic right to have a petition filed with juvenile court regardless of probation intake's case processing decision.

As was pointed out earlier in this chapter, regardless of which of the 10 intake models operate in any locale, *it is evident that many jurisdictions (especially larger populated counties) have opted to include 24-hour intake services in their local intake process.* It is unclear from the literature just how many jurisdictions provide on-site 24-hour intake. Many obviously have chosen to include combinations of staff on-site and on-call in order to be able to offer 24-hour intake services.

Another variation in these basic intake processing models concerns whether jurisdictions choose to centralize the intake screening process in one location or decentralize the process throughout a number of satellite agencies and locations. References were found which also show that regional intake procedures are used by adjacent jurisdictions. Cooperative arrangements of this type are quite common, especially in less populated areas and regions.

Other differences result when different units of government have administrative authority over the operation of intake and detention facilities. In States like Florida where the State Department of Health and Rehabilitation Services has responsibility for administering all juvenile intake, detention,

probation services, and institutional programs, the practices in local intake units have become more formalized and structured. Case processing procedures have become more standardized and there appears to be a more uniform application of decision criteria in the general intake and detention process regardless of the size of particular court operation (Bailey, 1974, p. 90).

The increasing reliance on community alternatives to traditional court processing has also had an influence on the operation of local intake units. Despite pressures to deal more stringently and harsher with juvenile offenders, a number of States in recent years have encouraged the development of a wide variety of community correctional alternative programs. Project funds made available to States through the Law Enforcement Assistance Administration and the U.S. Department of Health, Education, and Welfare have been used to establish intake programs which by policy rely more extensively on informal processing dispositions compared to traditional intake units.

Efforts to narrow the jurisdiction of the juvenile court with respect to status offenders has also affected local intake procedures. Many jurisdictions attempting to implement the deinstitutionalization mandates of the Juvenile Justice and Delinquency Prevention Act of 1974 altered their local intake and detention practices. Some of the changes have resulted in major reorganizations of intake functions, often encouraging separate intake and court processing procedures for each category of juvenile referrals.

Other organizational and administrative variations in the operation of local intake procedures are the result of jurisdictional responses to legal issues associated with efforts to establish due process guarantees in juvenile case decision processing procedures. The right to silence and to counsel, establishing sufficient evidence to support the allegations in a complaint, safeguards against self-incrimination, written notice outlining the specifics of the offense, timely judicial review of temporary detention orders, and the use of jury trials are a few examples.

The way jurisdictions have chosen to deal with these issues with respect to the juvenile court process depends on two major variables: the State's judicial code, and the "cultural" environment of local courts. To a considerable degree, in those jurisdictions operating under the same statute, the value of the intake process is completely dependent upon the "...philosophies and orientation of those responsible for its operation..." (Sheridan, 1962, p. 156). Statutory differences account for some of the basic differences in the intake

process in various jurisdictions. The referral procedures of the police and other community agencies also effect the operation of juvenile court intake units. The greatest contributing factor to the lack of uniformity is the difference in concepts regarding the overall function of intake.

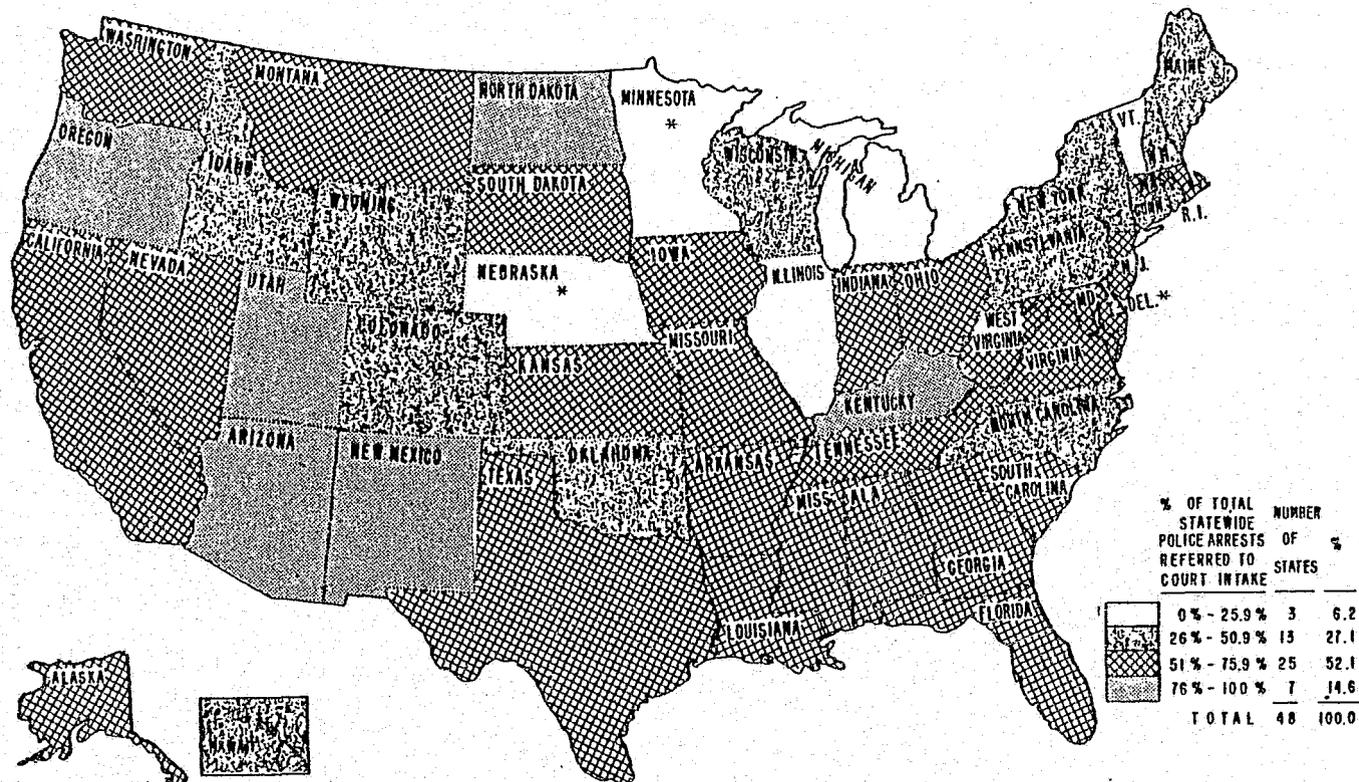
#### 24-HOUR INTAKE DECISION OPTIONS AND CASE PROCESSING TRENDS

The case screening process used in the juvenile justice system is broken down into two basic stages, the first administered by the police and the second by "intake" departments or units attached to juvenile courts. The literature search revealed numerous publications which describe in detail a broad range of discretionary decision options available to police and court intake personnel when processing juvenile referrals. *None of the publications, however, have specifically examined the relationship between available 24-hour intake services and diversion, detention, or court referral decisions made by these two system components.* Data from these publications do exemplify the overall importance of the police and court intake process in the juvenile justice system. The information also clearly shows intake decision patterns and trends for police and juvenile courts.

At the police level, annual Uniform Crime Reports indicate nationally that the majority of juveniles arrested are referred to juvenile court intake. In effect, 53.4 - 55.9 percent of all juvenile offenders taken into police custody were subsequently referred to juvenile court intake between 1976 and 1978. Nearly one-third of the arrests were handled "informally" by the police without juvenile court or other agency intervention (Appendix D, Table D-3, p.105). Summary data published by the National Council of Juvenile and Family Court Judges shows however, that nationally during the past 20 years, the rate of police delinquent referrals to court intake has nearly doubled from a low of 20.0 in 1958 to 38.1 per thousand youth population in 1976 (Appendix D, Table D-4, p.107).

A special 1977 dispositional analysis of police juvenile arrests also shows that law enforcement use of court intake varies significantly among States. Figure 2 (p. 39) shows that while the majority of agencies refer between 51 - 76 percent of all arrests to court intake, police departments in seven States (14.6 percent) refer three out of every four arrests to juvenile court intake. Agencies in one-third of the States refer less than

FIGURE 2  
 PERCENTAGE OF POLICE DISPOSITIONS REFERRED TO COURT  
 INTAKE BY STATE (1977)



\* data not reported  
 (SEE APPENDIX D, TABLE D-5, p. 109).  
 SOURCE: U. S. DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF INVESTIGATION, UNIFORM CRIME REPORTS—SPECIAL REPORT REQUESTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (WASHINGTON, D. C., 1978).  
 FIGURE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (SACRAMENTO, CA: AMERICAN JUSTICE INSTITUTE, 1980).

51 percent of the juveniles to court intake. Three States, Michigan, Vermont, and Illinois refer about 12 percent of all juvenile cases to court intake after arrest indicating that the police handled the overwhelming majority of incidents within their own agency (Appendix D, Table D-5, p.109).

*Compiled data by the National Council of Juvenile and Family Court Judges, indicates that, in 1976, once juveniles are referred to court intake about half of the cases are handled non-judicially. The other half usually have an "official" petition filed requesting a court hearing as a result of the incident.\**

The overall percentage of juvenile arrests that result in a petition being filed differs significantly depending on the size of the court jurisdiction. In larger metropolitan jurisdictions, the majority of juvenile cases handled by court intake are handled judicially. In less populated courts, the majority of cases are handled non-judicially. *Thus, the larger the jurisdiction, the more likely a juvenile will be processed through the court system if they are referred to court intake rather than diverted* (Appendix D, Table D-6, p. 111).

Analysis of changes that occurred between 1958 and 1976 in the way juvenile court intake units process juveniles shows that while there have been rather dramatic shifts in the number of cases handled judicially in individual years, generally about half of all arrests are handled without juvenile court intervention (Appendix D, Table D-7, p.113).

When statewide court data is analyzed, it is evident that the method of handling juveniles varies significantly among States, regardless of whether 24-hour intake services are available. Nearly 46 percent of the 26 States reported by the National Center for Juvenile Justice (NCJJ) indicate that the majority of juveniles screened at intake go through juvenile court. One-third of these States processed between 26 - 50 percent of the juveniles through court with a formal petition. Only five States reported that less than 25 percent of the cases were handled judicially. Among States that reported the lowest percentage of court petitions, in 1976, Texas had the lowest percentage of juveniles handled judicially compared to any State on which data was available (Appendix D, Table D-8, p. 115).

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\*As a caution, it is important to recognize that the decisions to handle a juvenile arrest judicially or non-judicially may be made by intake staff, prosecutors, or other court personnel responsible for screening juvenile cases. As a consequence, while the data presents a broad overview of the basic screening decisions that are made, the information does not allow readers to specifically identify whether intake actually made the decision.

Figure 3 (p.43) is a comparison of statewide police arrests referred to juvenile courts (1977) with the percentage of cases handled judicially in the same 26 States shown in Table D-8 (1976).\* In grouping these individual States together by their referral rates four classes or categories are created. The lowest referral category (0 percent to 25.9 percent), or class 1 consists of State jurisdictions where law enforcement personnel are encouraged to make informal dispositions as often as possible. Whereas, class 4 (76 percent to 100 percent), where the referral rates are over 75 percent, law enforcement agencies are assumed to be making very few informal dispositions and are referring (or processing) many more cases. From Figure 3 it can be seen that the greater law enforcement agencies referral rates are, court intake decisions seem to result in more diversions and fewer cases processed. However, the difference across referral classes is not as significant as would be expected. It appears that regardless of the law enforcement policy regarding referrals, the court generally handles about half or from 45 percent to 57.1 percent of those referred.

Initially one would tend to believe that law enforcement agency referral policy makes no difference in the eventual intake screening results. To better understand the results of such differences in agencies and their operational policies, an examination of the combined effect of both law enforcement dispositional decisions and those made by the court is graphed in Figure 4 (p. 45). Here it is obvious that even though court intake handling may not vary itself significantly by referral policy, the total effect on the juveniles processed by both agencies together does show the result of such policies.

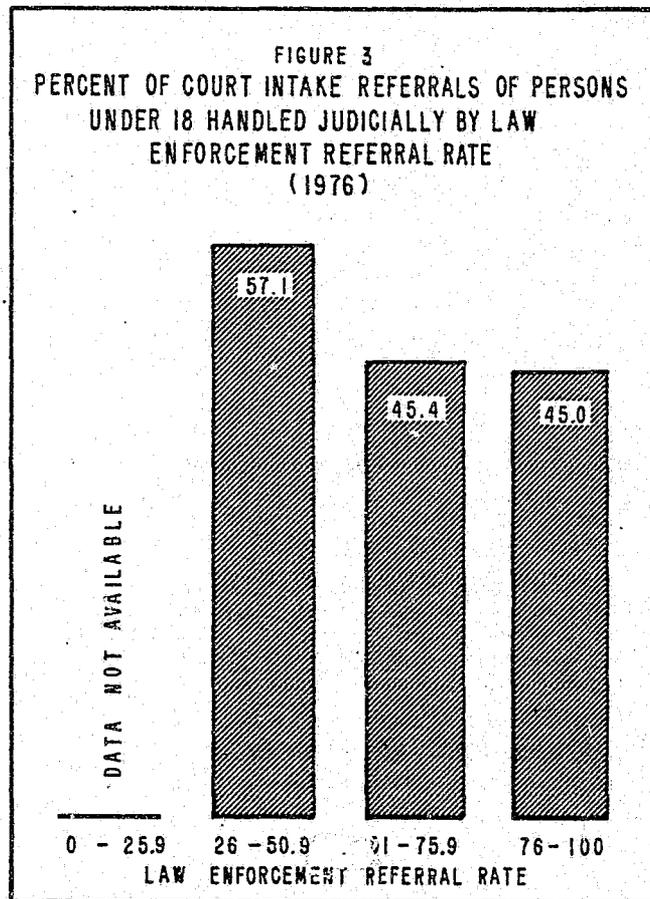
Agencies in class 2 (26 - 50.9 percent) influence the total juvenile population being processed by handling significantly fewer cases by official means. As the referral policy changes to higher referrals, the result is a corresponding increase in the total percentage of cases being handled by official means.

It seems evident then that law enforcement referral policy is one of the determining factors in making of intake case processing decisions. The implementation of 24-hour intake services in various sized jurisdictions then could be closely linked to this referral variation. Jurisdiction size obviously could be another factor when coupled with non-diversion policy or practices by referring agencies such as the police.

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\*The years of 1976 and 1977 were used due to the unavailability of individual State referral rates from the same years. It is assumed from all other indications that no appreciable difference exists from 1976 to 1977 in referral rates.

FIGURE 3  
 PERCENT OF COURT INTAKE REFERRALS OF PERSONS  
 UNDER 18 HANDLED JUDICIALLY BY LAW  
 ENFORCEMENT REFERRAL RATE  
 (1976)



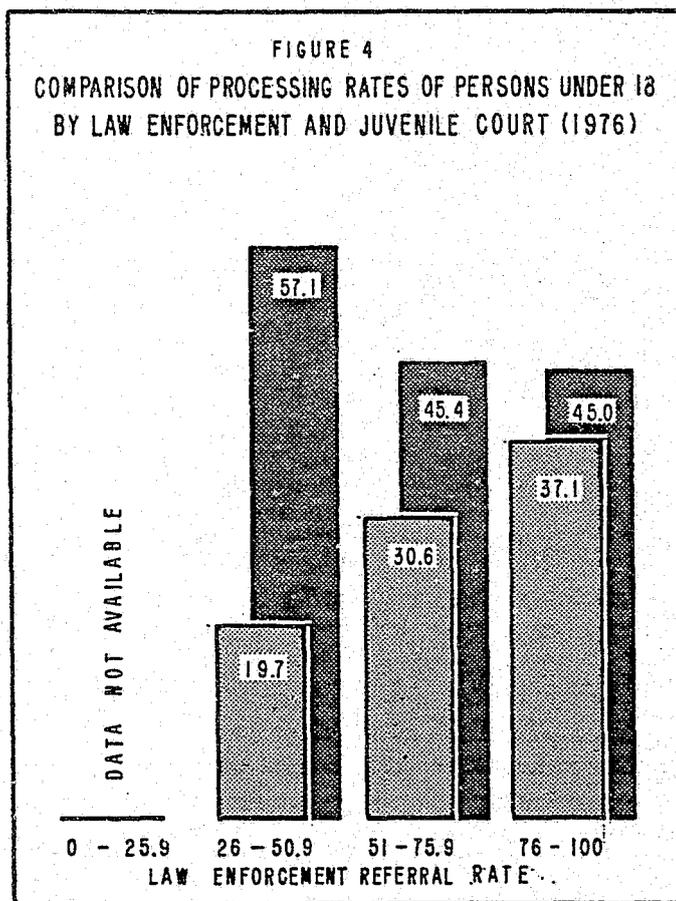
(SEE APPENDIX D, TABLE D-5, P.109; D-8, P.115).

SOURCES: NATIONAL CENTER FOR JUVENILE JUSTICE, RESEARCH DIVISION OF NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES. "JUVENILE COURT STATISTICS--1976." (PITTSBURGH, PA: NATIONAL CENTER FOR JUVENILE JUSTICE, UNPUBLISHED); AND U.S. DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF INVESTIGATION, UNIFORM CRIME REPORTS-SPECIAL REPORT REQUESTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER. (WASHINGTON, D. C., 1978).

FIGURE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (SACRAMENTO, CA: AMERICAN JUSTICE INSTITUTE, 1980).



FIGURE 4  
 COMPARISON OF PROCESSING RATES OF PERSONS UNDER 18  
 BY LAW ENFORCEMENT AND JUVENILE COURT (1976)



■ COMBINED PROCESSING RATE    ■ COURT PROCESSING RATE  
 ( SEE APPENDIX D, TABLE D-9, P.117 ; D-10, P.119 )  
 SOURCES: NATIONAL CENTER FOR JUVENILE JUSTICE, RESEARCH DIVISION  
 OF NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES. "JUVENILE  
 COURT STATISTICS --1976." (PITTSBURGH, PA: NATIONAL CENTER FOR  
 JUVENILE JUSTICE, UNPUBLISHED); AND U.S. DEPARTMENT OF JUSTICE,  
 FEDERAL BUREAU OF INVESTIGATION, UNIFORM CRIME REPORTS-SPECIAL  
 REPORT REQUESTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM  
 ASSESSMENT CENTER. ( WASHINGTON, D. C., 1978 ).  
 FIGURE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM  
 ASSESSMENT CENTER, ( SACRAMENTO, CA: AMERICAN JUSTICE INSTITUTE, 1980 ).



Very large jurisdictions may tend to swamp the intake facilities with referrals depending upon these policies. In turn, detention facilities may also be over capacity causing a sudden shift in detention rates. Smaller jurisdictions would obviously have less of a problem with this type of policy change. The study of the impact of 24-hour services, therefore, must be linked closely to the practical reasons for its implementation and the referral policies of referring agencies as well as the relative size of the jurisdictions being studied must be accounted for in the interpretation of outcome statistics.



### III. RESULTS OF A SURVEY OF 24-HOUR JUVENILE INTAKE SERVICES

#### INTRODUCTION

To help uncover the dynamics and consequently the parameters effecting the processing of juveniles through the 24-hour court intake facility, a survey of major intake agencies across the United States was conducted. The primary directive of the survey was to assess the availability of such facilities, their operational environments, and the subsequent impact of these policies and procedures on diversion, detention and processing decisions made by law enforcement, court intake and juvenile court personnel.

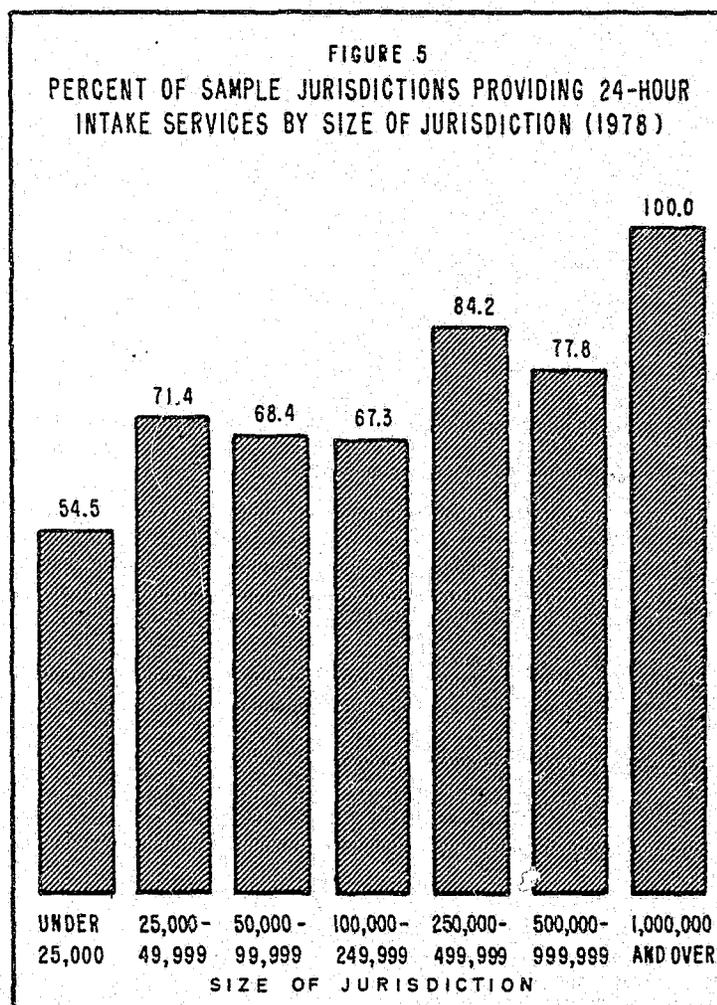
The survey approached these more abstract relationship by asking key intake staff, such as the chief probation officers, for standard processing statistics normally reported in agency annual reports. Additional information was requested on the particular intake environment of each agency surveyed. Specific emphasis was placed upon the 24-hour intake services provided within individual court jurisdictions.

Processing and referral data when coupled with the operational environment of the intake unit indicate, at least by inference, the specific agency policies and guidelines being used. For more detailed information, Appendix F (p. 171) contains a copy of the survey instrument with the instructions for its use.

In most cases, collective agency data was not as informative as when segmented into agencies of similar size and environment. Analysis proved the significant characteristics were most consistently related to the size of the total county population where the intake unit resides. Seven separate jurisdiction sizes were formulated, ranging from *under 25,000* to *one million or more*. No category contained less than five reporting jurisdictions, or less than 7,000 juvenile referrals.

The survey respondents covered 213 jurisdictions with a total of 329,979 separate referrals for 1978. Generally it was found that a majority, or 68.5 percent (146), of the jurisdictions surveyed did have 24-hour coverage for intake services. Figure 5 (p. 50) illustrates the seven jurisdictional sizes and the percentage of the jurisdictions within each that are operating juvenile intake on a 24-hour basis. The larger the jurisdiction the more likely they are to be

making intake screening decisions on a 24-hour basis. In every case, there is a majority of 24-hour services. How these services are carried out may vary. However a *clear majority of intake units, regardless of the size of their jurisdictions, do operate 24-hours a day* (Appendix D, Table D-11, p. 121).



(SEE APPENDIX D, TABLE D-11, P.127).

FIGURE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM  
ASSESSMENT CENTER (SACRAMENTO, CA: AMERICAN JUSTICE INSTITUTE, 1980).

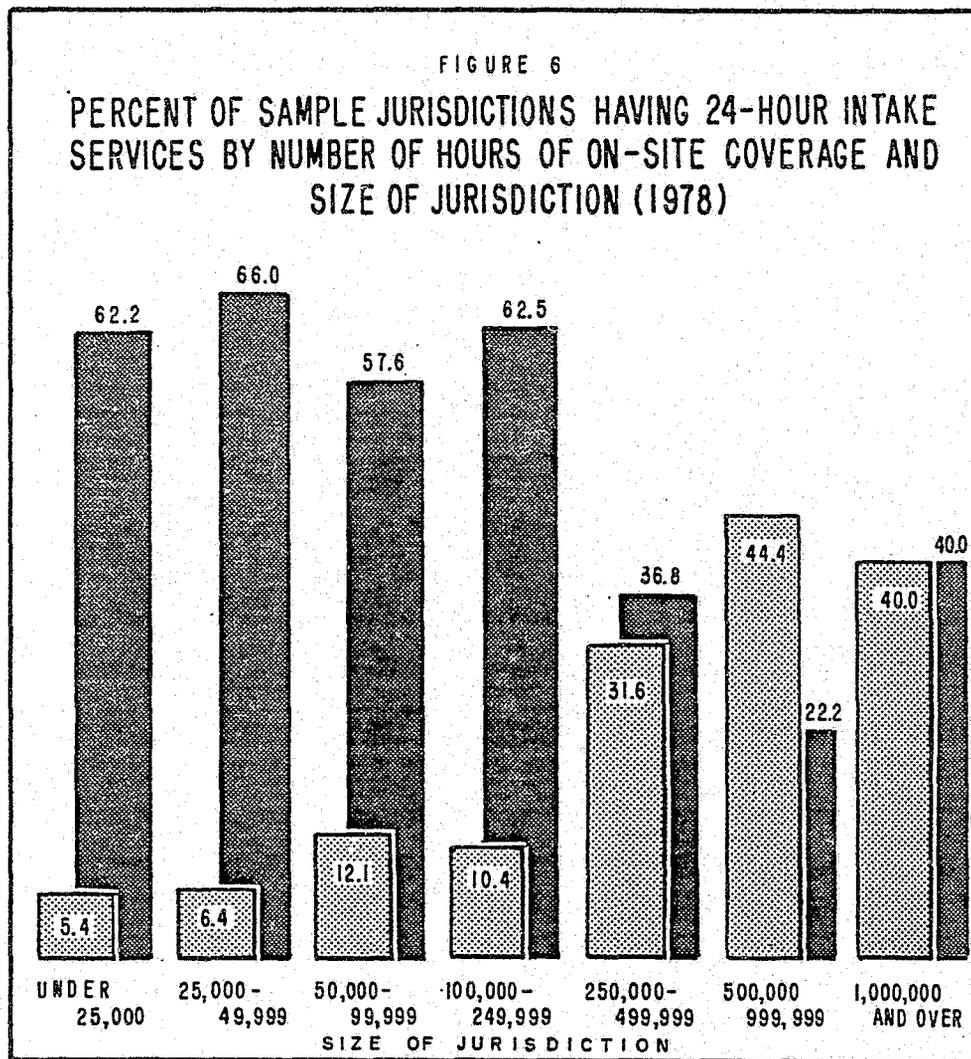
A significant finding concerning the policies of juvenile court intake agencies can be seen in the 24-hour coverage for smaller jurisdictions. The fact that large and extremely large jurisdictions have around-the-clock coverage could be expected. Figure 5, above, indicates that, extremely large (one million

and over) jurisdictions make screening decisions at any hour of the day or night. This may simply be a factor of their great size. Five such jurisdictions processed 99,065 referrals in 1978. The mere size of the work load, and the shortage of temporary holding facilities would seem to dictate some form of immediate screening activity. Smaller jurisdictions, however, do indicate that there was at least a choice between having 24-hour coverage or not having it. The major point of interest is that even for the smallest jurisdiction, those with less than 25,000 population, a majority (54.5 percent) maintain a 24-hour around-the-clock intake facilities and operations. Clearly then, the individual agency sees a definite need to render screening decisions as soon as possible after the incident offense.

Not all of the 24-hour intake coverage is provided on-site. Some of those hours are often covered by having intake officers or other screening personnel on-call and not actually at the intake facilities. In examining the actual hours on-site for those jurisdictions recorded as having 24-hour intake coverage, it was found that, once again, the larger jurisdictions tend to actually have 24-hour on-site intake while smaller jurisdictions tend to have on-site coverage less than 24-hours.

For all jurisdictions sampled, only 13.1 percent actually had 24-hour intake on-site coverage, while 57.6 percent had eight hour coverage on-site and the remainder on-call. This varies greatly, of course, with jurisdiction size and if on a weekend or weekday. Figure 6 (p.52) illustrates these two most typical modes of 24-hour on-site coverage, (24-hour and eight hour) by size of jurisdiction. Larger jurisdictions do have a greater percentage of agencies with complete coverage on-site. Smaller jurisdictions tend toward eight hour, or normal workday on-site coverage, with the remaining hours on-call. Again the policy implications when only looking at size tend to show that the volume of referrals requiring intake screening decisions, dictates the necessity of on-site coverage during other than the normal eight hour workday (Appendix D, Table D-12, p. 123).

As the literature indicated, there is a definite trend to provide 24-hour intake services of some form or another in all jurisdictions. Usually this results in a continuation of on-site and on-call hours in order to provide as effective a service as possible while implementing cost justifiable restraints on over manning during off hours. The implication is obvious: 24-hour intake services should effect intake processing rates considerably. How it would effect rates should relate to the type of cases being processed, the detention rates and the choice of processing alternatives by intake staff.



24-HOUR

8-HOUR

(SEE APPENDIX D, TABLE D-12, P.123).

FIGURE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (SACRAMENTO, CA: AMERICAN JUSTICE INSTITUTE, 1980).

#### 24-HOUR INTAKE SERVICES AND DETENTION

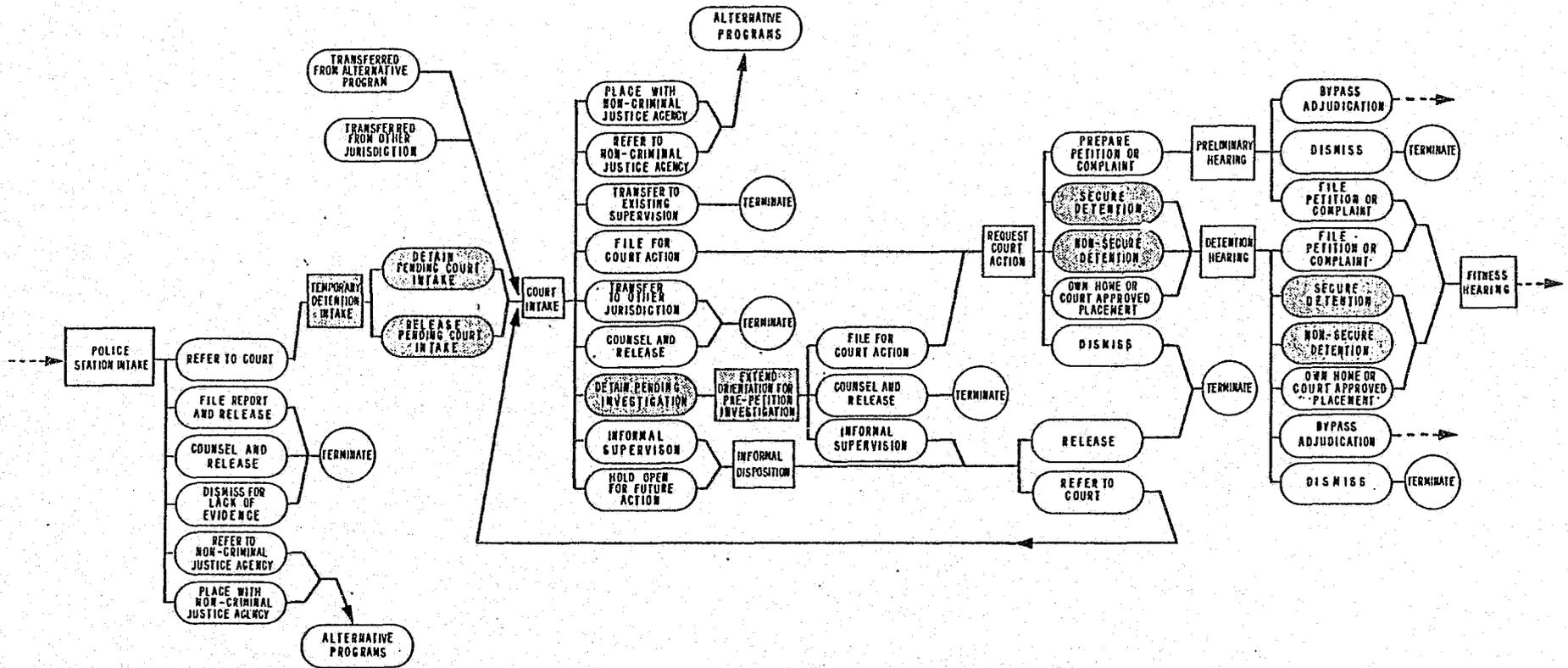
If a juvenile is brought to court intake by law enforcement officers or other sources, regardless of the time of day or night, there are a number of pathways that the juvenile could be processed through. Invariably, however, he will be detained at least for a few hours while a screening decision is made. Figure 7 (p. 53) is a chart depicting this process and the alternate pathways possible. The shaded areas indicate the possibility that exists for a juvenile to be detained. If the law enforcement agency chooses to conduct an informal intake screening of their own, the juvenile may be detained within the police jurisdiction while this is taking place. This usually will only be for a few hours, after which the juvenile may be physically removed to court intake facilities. Here the holding facilities could be used to detain the juvenile

FIGURE 7

THE JUVENILE COURT INTAKE DECISION PROCESS

COURT INTAKE

PROSECUTION



SOURCE: ADAPTED FROM SMITH, CHARLES P.; BLACK, T. EDWIN; CAMPBELL, FRED R.; "INCONSISTENT LABELING: AN ASSESSMENT OF CASE DISPOSITION AND CLASSIFICATION IN THE JUVENILE JUSTICE SYSTEM: VOLUME I, PROCESS DESCRIPTION AND SUMMARY." PAGE 29, SACRAMENTO, CALIFORNIA: AMERICAN JUSTICE INSTITUTE, JANUARY 1979.  
 FIGURE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (SACRAMENTO, CA: AMERICAN JUSTICE, 1980).



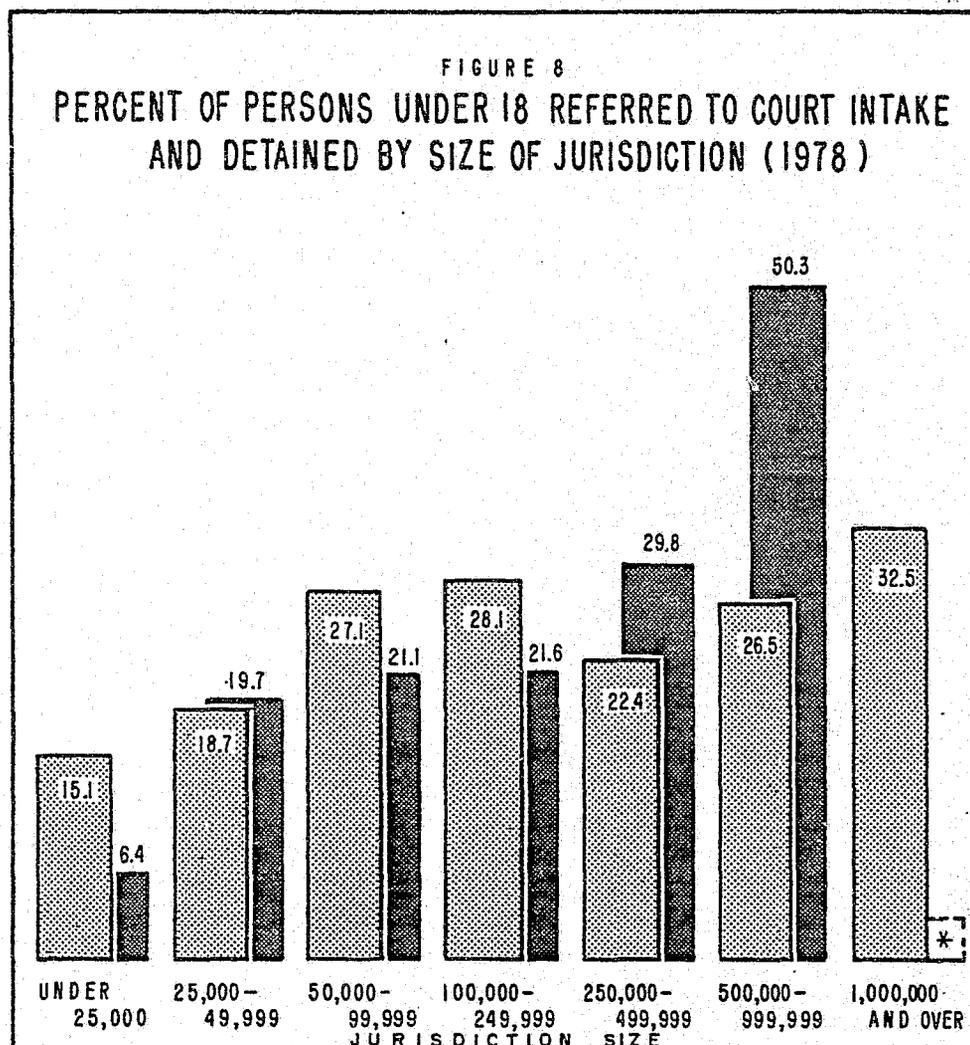
temporarily while the formal charges are being made and the transfer of jurisdictional control is conducted. Eventually an intake recommendation in the form of a screening decision will be made to either release the juvenile in question or detain the juvenile for a longer period of time. This final detention period is usually for a longer period of time than either of the first two. In most jurisdictions, the amount of time in each of these detention facilities is limited by law to a very short period. Often times the preliminary intake detention and the final detention facility will be the same physical facility. In surveying these intake detention facilities it was found that if a juvenile was detained in excess of four hours at intake, the juvenile was considered to have been formally detained as a result of an intake screening decision made by either an intake officer or the prosecutor.

In those sample jurisdictions where detention data was available, it was found that intake services rendered on a 24-hour basis detained 27.2 percent of these referrals, and non-24-hour intake services detained 29.9 percent. This difference does not seem significant in the light of the detention decision alone; however, the processing totals are very different for same sized jurisdictions: Figure 8 (p. 56) illustrates that agencies providing non-24-hour intake generally detain considerably more of the court referrals in larger jurisdictions than do 24-hour intake facilities of the same size.

In both cases, the tendency does exist to detain a higher percentage of juveniles referred to juvenile court. Jurisdictions just under one million having 24-hour intake detained 26.5 percent, while non-24-hour intake agencies of the same size jurisdictions detained 50.3 percent. The middle range varies only slightly, but not enough to be considered significant. Small jurisdictions such as under 25,000 have just the opposite relationship of the larger jurisdictions, that is, 24-hour intake detains more than with non-24-hour intake. It would seem that detention percentages are only affected by 24-hour services only for very large and very small jurisdictions (Appendix D, Table D-13, p. 125).

By separating 24-hour on-site intake agencies from on-call 24-hour agencies, the detention rates show very little systematic variation. For some middle range jurisdictions, the 24-hour on-site detention rate is greater than other types of intake, and again, for the largest jurisdiction it is significantly smaller. There is no systematic indication that having 24-hour intake on-site makes a significant difference in the number or percentage of juveniles who are detained. Detention may very well be more a factor of other variables that are not linked to when the screening decision is rendered or how soon after the incident offense it is made. It could be that statistics for most jurisdictions only reflect

that the detention decision is generally made by the same criteria regardless of the time of day or mode of handling intake has regarding the initial screening decisions and subsequent recommendations made by intake officers (Appendix D, Table Table D-14, p. 127).



24-HOUR INTAKE
  NON-24-HOUR INTAKE

(SEE APPENDIX D, TABLE D-13, P.125).

\* NO JURISDICTIONS THIS SIZE WERE REPORTED AS OPERATING LESS THAN 24-HOURS.

FIGURE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER,  
(SACRAMENTO, CA: AMERICAN JUSTICE INSTITUTE, 1980).

One interesting statistic that is related to the presence of 24-hour intake services, is that the largest jurisdictions render fewer detention decisions consistently when 24-hour coverage is available at intake. For jurisdiction between 500,000 and 999,999 populations, non-24-hour intake services detained 50.3 percent of all referrals. A majority of 23.8 percentage points over the detention rate for 24-hour intake. When examining 24-hour on-site statistics, the largest jurisdiction, (population of over one million) showed 40.9 percent detention rate for 24-hour intake involving some on-call hours, and only 16.8 percent for 24-hour on site

services, a majority of 24.1 percentage points for on-call over on-site services. In both cases, large population bases exist, a large number of referrals are handled, and when handled at intake without full coverage whether it is non-24-hours or 24-hour but not on-site, the detention percentages are dramatically higher where coverage is less than a full 24-hour on-site (Appendix D, Table D-13, p. 125; D-14, p. 127).

The influence 24-hour intake coverage has on detention rates is difficult to understand. Overall, there is no difference between the detention rate where 24-hour coverage exists as opposed to where it does not. However, Figure 9 (p. 59) may explain where the influence of greater coverage can be felt. Each point on this graph is the disparity (percentage point difference) between detention rates for agencies having 24-hour intake and non-24-hour intake services, (solid line) 24-hour on-site intake and 24-hour intake (dotted line), or agencies having 24-hour on-site intake and non-24-hour intake services (dashed line). Each, therefore, represents the influence the more complete coverage (24-hour or on-site) has on detention rates. Regardless of how complete the coverage is, whether it is 24-hour coverage, or 24-hour on-site, it seems to have approximately the same effect on detention rates depending on the size of the jurisdiction. For larger jurisdictions, the effect is the most dramatic where it reduces detention rates as much as 24 percentage points. For middle and small sized jurisdictions, the effect is to increase detention rates slightly.\* This can be seen most easily in the graph of the comparison of 24-hour on-site intake and non-24-hour intake (dashed line). Here the smallest, and middle sized jurisdictions\*\* show the greatest increase (positive disparity) from 11.5 to 14.9 percentage points respectively indicating a tendency to detain less often with increased coverage for jurisdiction with populations under 250,000.

The major conclusion concerning detention of juvenile court referrals and 24-hour intake services is that: *(a) the size of the jurisdiction served is the major determinant of the effect of 24-hour intake services, (b) the percent of juvenile referrals detained increases slightly with the size of the jurisdiction for 24-hour intake facilities and dramatically for non-24-hour intake facilities,*

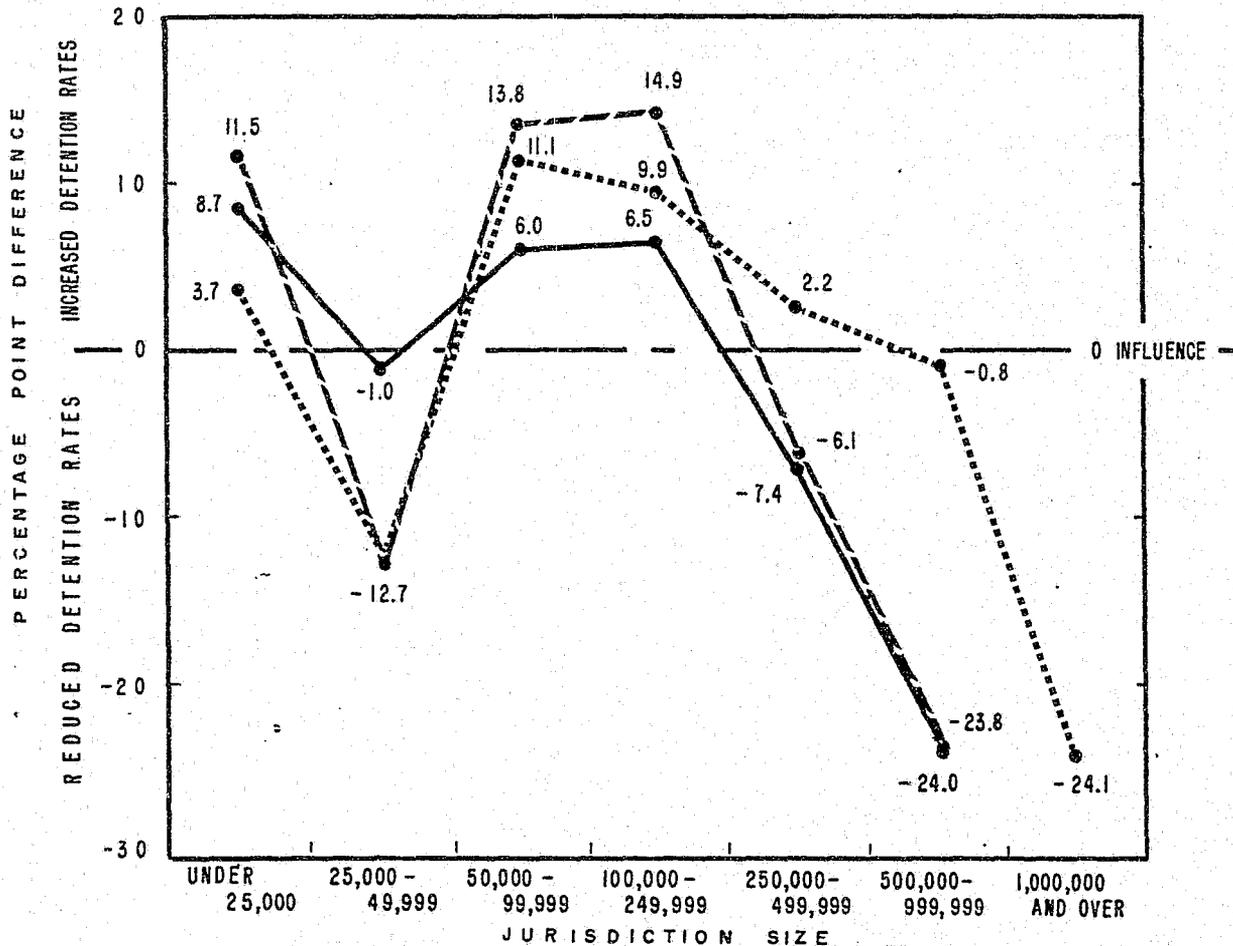
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\*It should be noted here that a test of significance has not been made on these disparity measures. Without which small variances, such as from 0 to 10 percentage points must be considered borderline differences and only thought meaningful in respect to other such measures showing consistent trends.

\*\*25,000 - 49,999 jurisdiction size shows an uncharacteristic reduction in detention rates with increased coverage, and is therefore left unexplained.



FIGURE 9  
 COMPARISON OF THE INFLUENCE OF 24-HOUR INTAKE SERVICES ON  
 DETENTION RATES BY DEGREE OF INTAKE COVERAGE AND  
 SIZE OF JURISDICTION (1978)



- DISPARITY BETWEEN 24-HOUR AND NON-24-HOUR INTAKE SERVICES
- .....●..... DISPARITY BETWEEN 24-HOUR ONSITE AND 24-HOUR INTAKE
- - -●- - - DISPARITY BETWEEN 24-HOUR ONSITE AND NON-24-HOUR INTAKE

(SEE APPENDIX D, TABLE D-13, P.125; D-14, P.127).

FIGURE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER  
 (SACRAMENTO, CA: AMERICAN JUSTICE INSTITUTE, 1980).



*(c) it appears that by increasing the amount of intake coverage from non-24-hour coverage to 24-hour and then 24-hour on-site coverage effects large jurisdictions by significantly decreasing the percent of juveniles detained, and small and medium size jurisdictions by increasing the detention rate slightly.*

In attempting to understand the factors that may effect the variation in detention rates due to intake services, inquiries are made to a number of related and extraneous factors as possible determinants or at least influencing factors on the detention decision. Extraneous factors, in this context, mean other than obvious or related determinants that are associated with the alleged offender or the offense that was committed. As one of these extraneous but still related factors, the detention center occupancy level is examined often in an effort to pinpoint specific problems in processing, as well as detention policies being implemented by individual agencies.

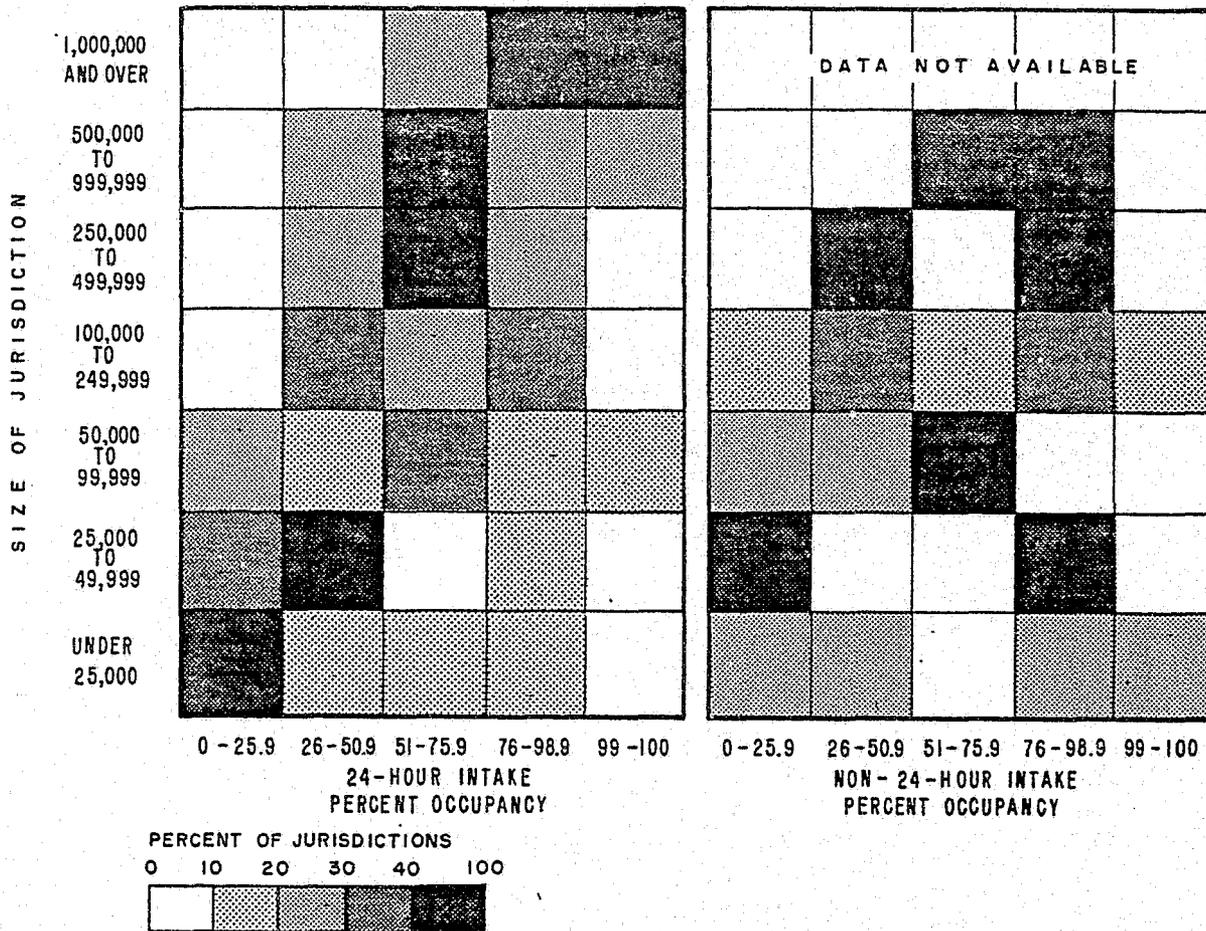
Though the detention center capacity may at first be recognized as a result of detention screening policy, it is also in the reverse sense a determinant of the detention decision. The centers capacity may limit dramatically a given agencies capability to detain juveniles. Average occupancy levels can point out ongoing policies concerning detention procedures and the advisability of using diversion alternatives.

Figure 10 (p. 62) is a graphic display of the occupancy levels of a number of sample jurisdictions by the size of the jurisdiction. For 24-hour intake, there is a definite tendency or trend for the majority of agencies to have high occupancy rates for large jurisdictions, medium for medium-sized jurisdictions and lower occupancy levels for small jurisdictions. The trend is a definite straight line relationship traveling from corner to corner. In comparison, the non-24-hour intake display shows a central tendency, at about middle occupancy, and also a greater dispersion, or less concentration, of agencies across the scale. Thus indicating no obvious trend or policy related directive causing high or low occupancy for various sized jurisdictions.

Twenty-four-hour intake services are obviously more closely linked to detention policies being implemented in individual agencies than non-24-hour intake services are. Primarily it seems a function of the number of referrals. Large jurisdictions detain only at a slightly greater percentage than small agencies (15.1 to 32.5 percent) yet detain nearly 30 times as many juveniles (1,148 to 32,174). In the same sense even at only 32.5 percent detention rate most large agencies are occupying their detention facilities at near 100 percent capacity. This fact alone would tend to dictate restrictive detention criteria thus keeping the detention percentage lower, and almost in line with smaller agencies (Appendix D, Table D-13, p. 125).

FIGURE 10

COMPARISON OF THE DETENTION CENTER ANNUAL OCCUPANCY LEVELS OF SAMPLE JURISDICTION BY SIZE OF JURISDICTION AND TYPE OF INTAKE SERVICES PROVIDED (1978)



(SEE APPENDIX D, TABLE D-15, P.129).

FIGURE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (SACRAMENTO, CA : AMERICAN JUSTICE INSTITUTE, 1980).

Non-24-hour intake agencies, however, vary more dramatically with 50.3 percent for large agencies and 6.4 percent for small agencies. Referrals however, are only at 15,943 for large jurisdictions (Appendix D, Table D-13, p.125). This is only 28 percent of the total number of referrals processed by other agencies of the same size having 24-hour intake services. Assuming that equal size agencies have the same detention facility capacities, then by sheer numbers alone, medium and large jurisdictions without 24-hour intake services have the capacity to detain at a greater percentage and therefore seem to do so. *It would seem then that having 24-hour intake services naturally increases the number of referrals to be screened, and the fact that detention facilities have definite occupancy limits causes large agencies to fill their detention facilities near to capacity. In turn these large agencies implement more intensive screening policies, which becomes evident in lower detention percentages and higher diversion rates than agencies with non-24-hour intake services.*

## 24-HOUR INTAKE AND THE METHOD OF HANDLING

The intake screening decision in its most formal sense is one of deciding whether to handle a case or to summarily dismiss it or otherwise divert the case to some appropriate community or private program. It most often is a decision involving at least two phases: (1) to decide whether to handle the case or dismiss it summarily (2) whether to handle the case informally or process it further along the system. This last function can best be thought of as a check for sufficiency of evidence to support the allegation and the decision to formally charge the case before the juvenile court, or to handle the case by whatever means that are available to the intake officer as an informal adjudication. These later cases are therefore evaluated and disposed of by the person or persons making the intake decision and are seldom processed any further through the system.

Depending upon the size, agency structure and policy of the local agency, various types of official juvenile justice staff can and do make intake screening decisions. In those agencies where 24-hour intake services are provided, approximately 52.5 percent have specially trained intake screening officers making these decisions, 30.3 percent, regular court/probation staff and 17.2 percent some combination of both. For non-24-hour facilities, 31.3 percent have specially trained officers, 61.2 percent regular staff, and 7.5 percent combinations of both. It seems evident that generally 24-hour intake services include special training for screening officers, where as in the non-24-hour facilities most decisions are made by regular court or probation staff (Appendix D, Table D-16, p. 131).

In addition to the general trend for 24-hour services being manned by specially trained personnel, as the size of the jurisdiction grows above the smaller populations more of the screening facilities are staffed by specially trained intake officers regardless of the type of intake services provided.

After the initial decision of whether to process the case past the intake function is made, the primary method of handling is decided upon. If the case or the accused is of a nature that intake criteria dictate that official court action is in order, the decision is to file a formal petition or complaint. This will generally lead to an official juvenile court disposition. Figure 7 (p. 53) however indicates that even after the intake officer decides that the case should be heard formally by the court, there is in some jurisdictions one additional decision point within the system where the case receives an additional review prior to formal action. The prosecutor's office reviews these cases for sufficiency of evidence, dismissing some and forwarding the remainder to the juvenile court. The prosecutor generally passes upon the recommendations of the intake officer as to the advisability of detaining the juvenile, and formally presents the detention request at the detention hearing.

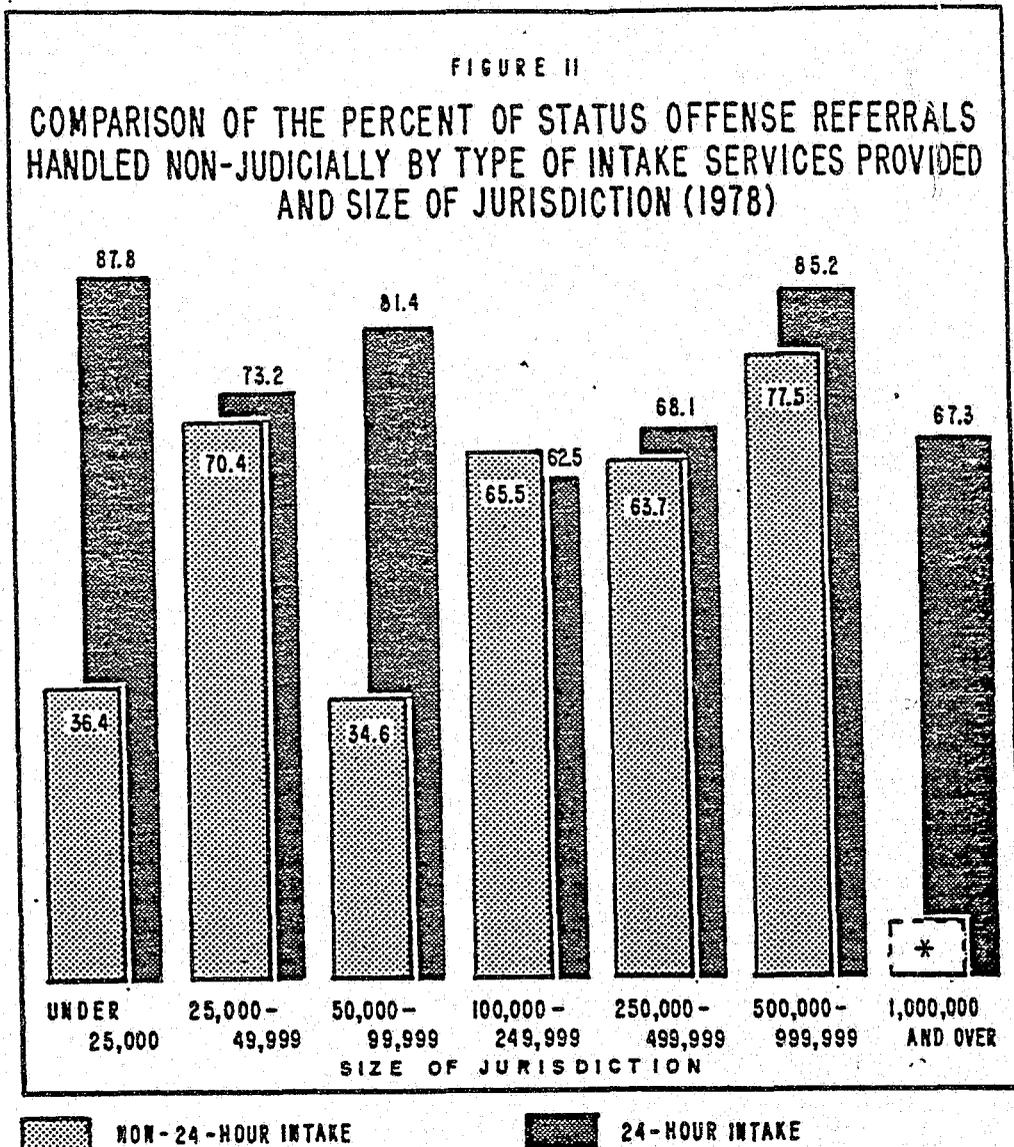
For delinquent and status offender referrals combined, there is very little difference in the number of juveniles processed unofficially between jurisdictions having 24-hour intake services and those without. Approximately 60.2 percent of all referrals at 24-hour intake agencies are processed by non-judicial methods. A similar effect is observed for agencies without 24-hour intake. Here 55.5 percent are handled non-judicially (Appendix D, Table D-17, p. 133; D-18, P. 135).

There is essentially no difference in the number of juveniles handled unofficially by juvenile intake between 24-hour intake services and non-24-hour intake when examining delinquents alone. Status offenders do show a difference with 72.4 percent of those handled in 24-hour intake agencies being handled non-judicially. Agencies with non-24-hour intake handled only 62.6 percent--a difference of 10 percentage points. Figure 11 (p.65) points out this variance for various sized jurisdictions. Generally, it can be seen that where 24-hour intake services are provided, fewer status offense cases are being processed officially. This is dramatically clear for the smaller agencies. Jurisdictions under 25,000 show agencies with non-24-hour intake services diverting or otherwise handling non-judicially only 36.4 percent, while agencies with 24-hour services diverting 87.8 percent. This represents a dramatic variance of over 51.4 percentage points, a highly significant difference (Appendix D, Table D-18, p. 135).

This same variance does exist for delinquent referrals but not to the same degree. Figure 12 (p. 66) illustrates the influence that 24-hour intake has upon the practice of diverting juvenile referrals for both status offenses and delinquent offenses. The influence on delinquency referrals is not as apparent as it is for status offense referrals. Delinquency referrals like status offense referrals do tend to be diverted more often for smaller jurisdictions with 24-hour intake services, and also for the very largest jurisdiction. Generally, the variation would lead to the conclusion that, *for delinquent referrals, 24-hour intake services have little influence on middle and small sized jurisdiction diversion rates.* However, for large jurisdictions there are some unexpected effects. Delinquency referral diversion rates are slightly greater for large jurisdictions (over 500,000 population) where 24-hour intake services are available. This could be once again an illusory effect caused by the tremendous intake referral rates found in large jurisdictions having 24-hour intake, and not solely due to differences in the operational policies concerning diversion criteria for 24-hour intake services.

Figure 12 (p. 66) does, however, point out a definite policy related influence on diversion rates for 24-hour intake services where status offense referrals are concerned. In every jurisdiction size save one, and in the total sample, *the implementation of 24-hour intake services show an increase in agency diversion rates for status offenses.* The strongest effect is shown for small and medium sized

jurisdictions. It appears that, in smaller agencies, increased intake coverage has been interpreted into local agency policy as increased diversion and community referral services to the status offense case.

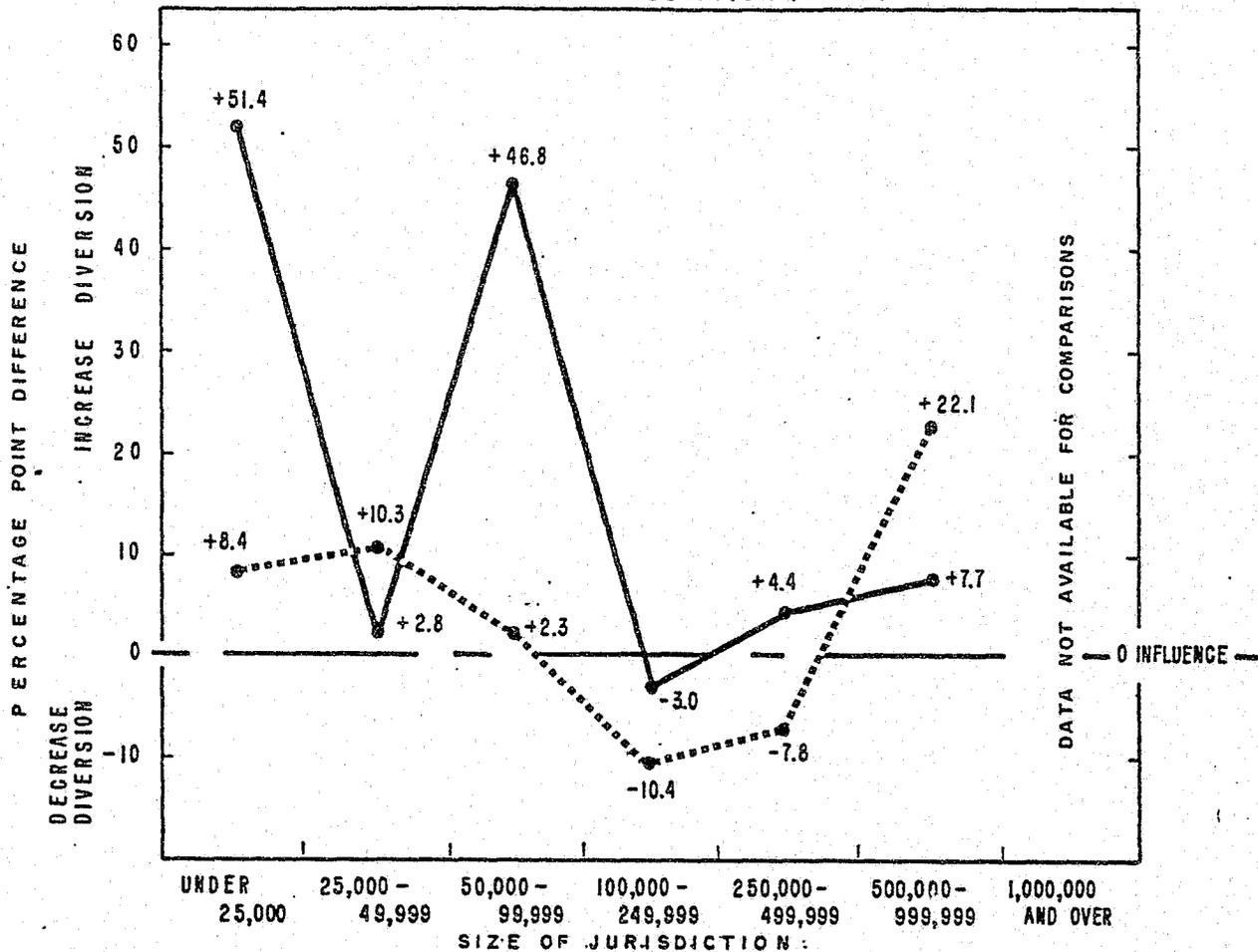


(SEE APPENDIX D, TABLE D-18, P.135).

\* NO JURISDICTIONS THIS SIZE WERE REPORTED AS OPERATING LESS THAN 24-HOURS.  
FIGURE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER,  
(SACRAMENTO, CA: AMERICAN JUSTICE INSTITUTE, 1980).

Definite relationships have been found indicating that, at least for status offense cases, the presence of 24-hour intake service tends to increase diversion rates. Furthermore the type of 24-hour intake coverage seems to make a difference. Overall, for all types of intake referrals, diversion rates are increased by having 24-hour coverage at intake. The type of intake coverage also can increase diversion rates. On-site as opposed to a combination of on-site and on-call intake service causes a slight increase in non-judicial handling of intake referrals. 24-hour on-site coverage shows 64.0 percent of all referrals being handled by non-judicial means, while other forms of 24-hour coverage show 53.8 percent non-judicial handling and 50.4 percent for non-24-hour intake (Appendix D, Table D-19, p.137).

FIGURE 12  
 COMPARISON OF THE INFLUENCE OF 24-HOUR INTAKE SERVICES  
 ON DIVERSION RATES BY TYPE OF REFERRAL AND  
 SIZE OF JURISDICTION (1978)



REFERRAL TYPES

●——● STATUS OFFENSE

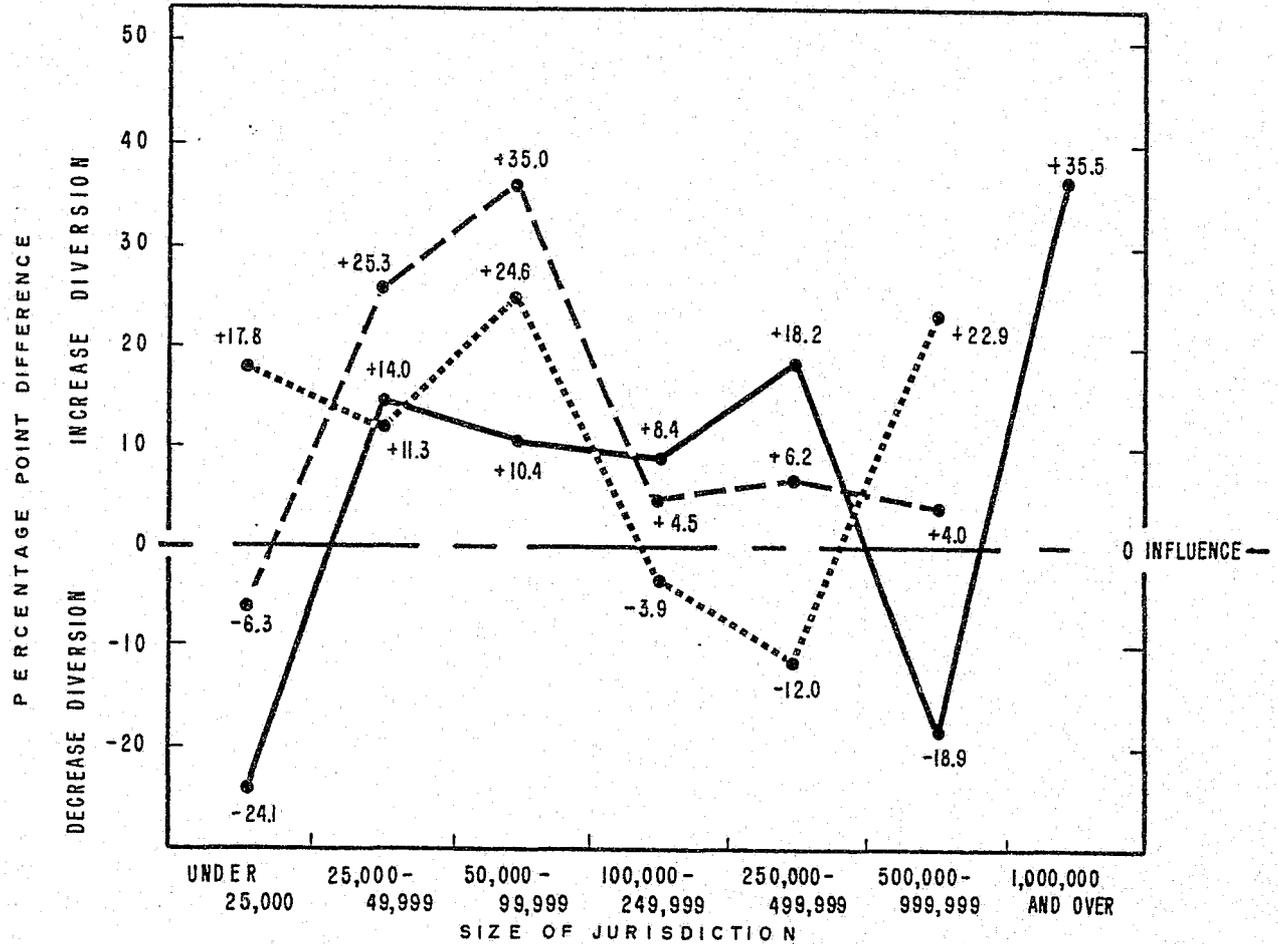
●.....● DELINQUENT OFFENSE

(SEE APPENDIX D, TABLE D-17, P.133; D-18, P.135).

FIGURE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER,  
 (SACRAMENTO, CA: AMERICAN JUSTICE INSTITUTE, 1980).

Figure 13 (p.67) illustrates the changing influence that various types of 24-hour intake has on all offense categories combined. 24-hour on-site intake when compared with just 24-hour intake and non-24-hour intake displays a characteristic increase in diversion rates for the middle and large jurisdictions, and a significant decrease in diversion rates for small sized jurisdictions. The greatest influence is with 24-hour on-site for all jurisdictions except those under 25,000. Jurisdictions under 25,000 show the greatest diversion occurring when comparing 24-hour intake with non-24-hour intake.

FIGURE 13  
 COMPARISON OF THE INFLUENCE OF 24-HOUR INTAKE SERVICES ON  
 DIVERSION RATES BY DEGREE OF INTAKE COVERAGE AND  
 SIZE OF JURISDICTION (1978)



●——● COMPARISON OF 24-HOUR ON-SITE WITH 24-HOUR  
 ●- - -● COMPARISON OF 24-HOUR ON-SITE WITH NON-24-HOUR  
 ●.....● COMPARISON OF 24-HOUR WITH NON-24-HOUR  
 (SEE APPENDIX D, TABLE D-19, P. 137).

FIGURE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER,  
 (SACRAMENTO, CA: AMERICAN JUSTICE INSTITUTE, 1980)

Basically, 24-hour intake services increase the percent of juveniles referred to court intake who are handled non-judicially. Processing rates for delinquency referrals show the least difference over non-24-hour intake services. Diversion statistics concerning status offenses, however, show dramatic decreases in processing percentages. On-site intake services around-the-clock do tend to cause marked increases in the diversion rates for most jurisdictions, however, the advantage over 24-hour services where some hours are on-call is only slight. For small jurisdictions under 25,000, 24-hour on-site intake services have the opposite effect on processing rates when combining all offense types. In this situation, the increased hours of coverage tend to increase the percentage of juveniles being processed judicially.

Possibly the increased hours of coverage, combined with the possibility of specialized training and the small number of referrals in jurisdictions under 25,000 could lead to increased sensitivity and a characteristic propensity to want judicial dispositions on every delinquent act, and on opposite determination to divert as many status offenses as possible.

#### 24-HOUR INTAKE AND THE DECISION-MAKER

The type of staff that make intake decisions may vary, however, in most jurisdictions they are court or probation officers specifically designated and titled as *intake officers*. As was found earlier for 24-hour intake facilities, most often these personnel have been specially trained as intake screening officers (see Appendix D, Table D-16, p. 131). These specially trained staff are experts at implementing local policy guidelines relating to the processing, dismissal and diversion of juvenile referrals to court intake.

Generally, this survey found that the introduction of specialized intake officers was a stabilizing factor. *Whether a jurisdiction had 24-hour intake or not, the percentage of juveniles processed non-judicially remained stable at approximately 53 percent.* Where no specialized officers are utilized, then an interesting phenomena results. Non-24-hour intake agencies (52.3 percent) processed considerably more juveniles than those agencies with 24-hour intake services (32.1 percent) (Appendix D, Table D-20, p. 139).

The presence of specially trained intake officers likely represents the presence of firm processing guidelines, written policy, and formal decision criteria. These additional factors could tend to standardize the process of making screening decisions and utilizing processing criteria. Therefore, around-the-clock coverage or not, the process is the same; and granting the increased referral rates per 24-hour intake facilities, the percentage of cases needing formal hearings should remain constant when applying consistent screening procedures.

This stabilization effect appears doubly clear when examining the processing rate where specialized training is not in force. Here, increased coverage, without formal training and essentially fewer guidelines, results in the higher diversion rates noted in earlier analysis, with decreased diversion rates for non-24-hour facilities.

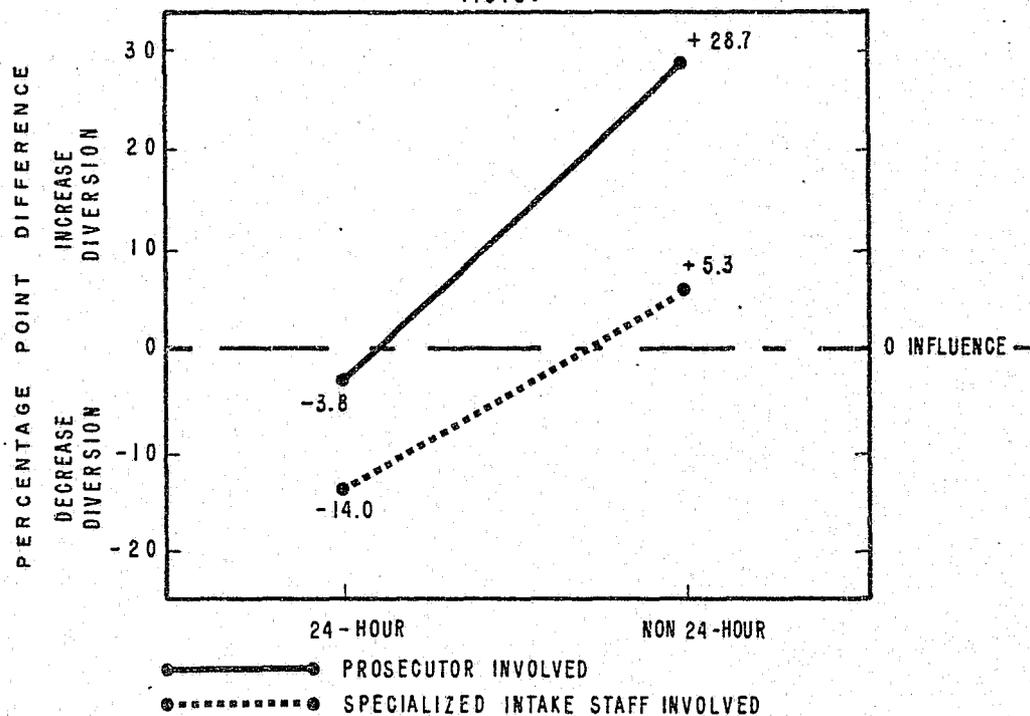
This same phenomena also exists when the prosecutor plays a significant role in the final intake decision. In almost all jurisdictions where the prosecutor is involved in the intake decision process, they hold a major responsibility for case review. Where the prosecutor is involved, the processing percentages are even eventually unwavering. Agencies where there is 24-hour intake services process 43.7 percent when the prosecutor is involved, those not having 24-hour services

process 43.6 percent. No change can be seen until examining those agencies where the prosecutor is not involved. Here only 39.9 percent of 24-hour intake agency referrals are processed or handled formally, and 72.3 percent of the referrals where there are no 24-hour services (Appendix D, Table D-22, p.143).

The resultant conclusion is that, when all jurisdictions are reviewed together, *the more formally the screening officers are trained to make intake decisions, the more consistent these decisions will be and increasing the number of hours of intake coverage does not effect the manner in which these decisions are rendered. Furthermore, when formal training is not present, then increasing the hours of intake coverage has an inverse effect on processing rates, causing proportionally fewer juveniles to be handled judicially and consequently increasing diversion rates.* This increase is so dramatic, that it becomes suspect of indiscriminate or unwarranted decision-making. Leading to the conclusions that increased coverage for untrained intake officers could be interpreted as informal sanctioning of a "divert at any cost" form of intake operation.

The influence that formally trained personnel have on diversion rates over less formal situations can be seen in Figure 14, below. Both the specially trained

FIGURE 14  
COMPARISON OF THE INFLUENCE THAT SPECIALLY FORMED  
INTAKE STAFF AND PROSECUTOR HAVE ON DIVERSION  
RATES BY TYPE OF INTAKE SERVICES AVAILABLE  
(1978)



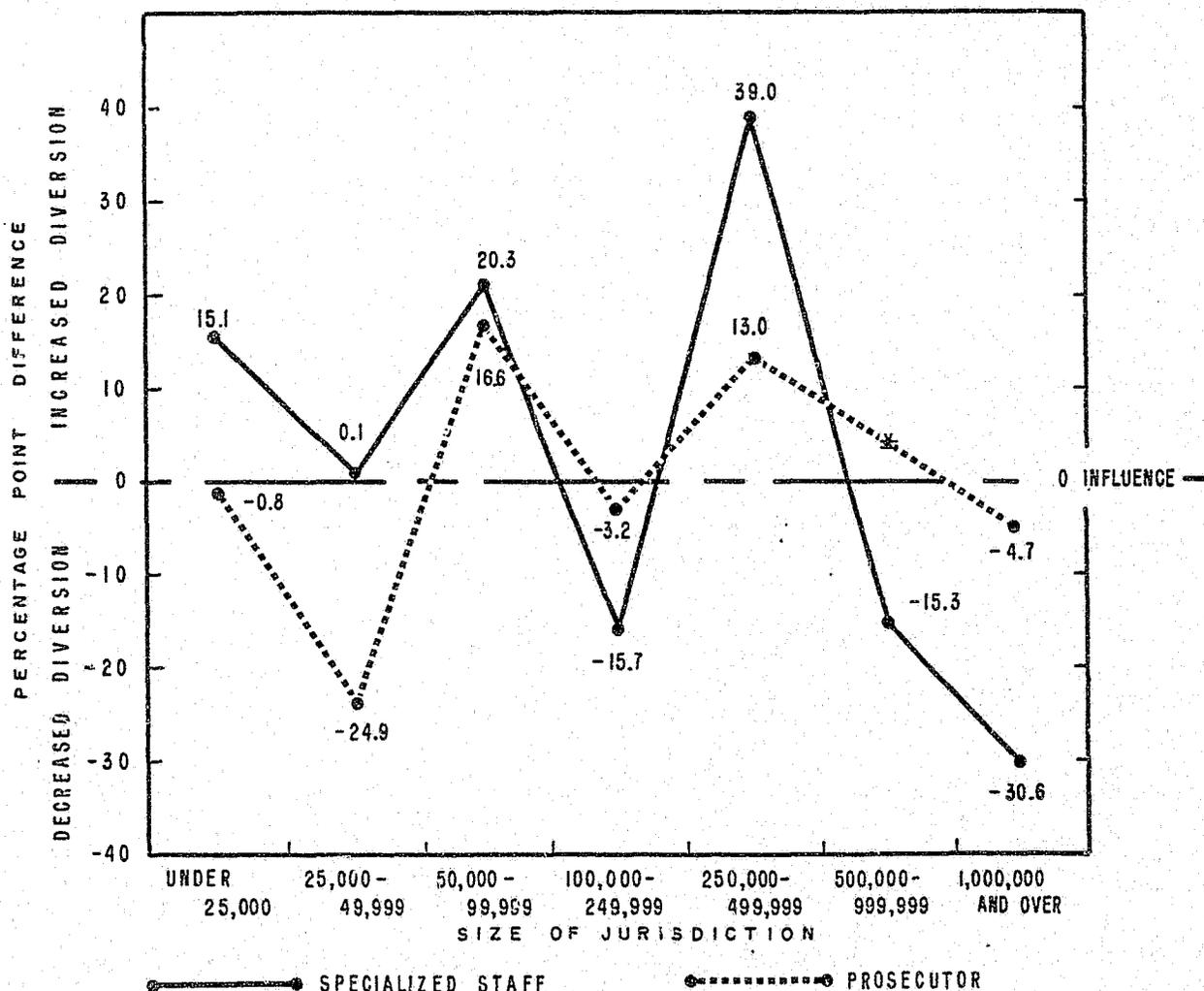
(SEE APPENDIX D, TABLE D-20, P.139; D-22, P.143).

FIGURE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM  
ASSESSMENT CENTER (SACRAMENTO, CA-AMERICAN JUSTICE INSTITUTE,  
1980).

intake officer and the prosecutor have approximately the same type of influence for the same type of intake services. For 24-hour services, the effect is to reduce the number of referrals that are handled non-judicially, whereas for the non-24-hour intake service the effect is to increase the number of referrals directed away from further processing.

Insufficient data exist to fully examine the effects of specialized staff and the prosecutor or non-24-hour intake agencies by size of jurisdiction. For 24-hour intake services, Figure 15, below, illustrates the effect of the prosecutor and specialized intake staff by size of jurisdiction. The primary relationship shown here that the influence of the prosecutor and specialized staff tends to vary in the same direction. Though there is variation between jurisdiction size, the tendency is to stabilize diversion rates.

FIGURE 15  
 COMPARISON OF THE INFLUENCE OF THE TYPE OF DECISION-MAKER  
 ON DIVERSION RATES FOR 24-HOUR INTAKE SERVICES BY  
 SIZE OF JURISDICTION (1978)



\* DATA NOT AVAILABLE  
 (SEE APPENDIX D, TABLE D-23, P.145; D-24, P.147).  
 FIGURE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER,  
 (SACRAMENTO, CA: AMERICAN JUSTICE INSTITUTE, 1980)

#### IV. SUMMARY, CONCLUSIONS AND FUTURE POLICY RECOMMENDATIONS

With the implementation of 24-hour coverage for intake services, it can be hypothesized that some effect will be realized in the manner with which juveniles are handled and subsequently processed by intake staff. In an attempt to identify these changes and in turn the factors that influence it, a nationwide survey was conducted in 23 selected States. The survey was a direct outgrowth of the Assessment Center's effort to synthesize the current state-of-knowledge about the dynamics of 24-hour intake services and the resultant influence on the way juveniles are processed in the juvenile justice system. The literature search revealed that little research was available about the around-the-clock type of intake coverage. The review also revealed that the majority of research on the intake process was broadly focused upon the decision process used at intake and particular case processing decision situations, with virtually little knowledge being recorded as to the resultant effect of various operational policies upon these processing trends.

In an attempt to understand the comparative influence of 24-hour intake services over other models of intake services, a sample of representative intake units from 23 States was examined. This sample consisted of 213 jurisdictions representing a total of 329,979 individual referrals. Site selection procedures assured that 24-hour services would be adequately represented as well as other models of intake servicing. It was felt that factors affecting processing, detention and referral decisions would be evident if these different juvenile intake environments were examined. The overall survey strategy did not intend to account for the numerous organizational and administrative models that exist and operate in various intake units across the nation. Nor was it designed to analyze the entire quantity of factors that could affect the intake decision-making process. More specifically, the survey was intended to determine within a specific range of criterion measures what the difference is when only one model of intake, the 24-hour model, is examined against all other forms of intake combined. Within a very limited range of variables, the survey was intended to examine what factors seem to effect the processing rates of both these major types of intake service models.

The overall analytical approach used in the survey was based on the belief that the effect of intake policy could be explained by variances in processing statistics between the intake models being examined. That would enable an informed researcher to identify the actual implications of various levels of system policy and their respective implications. Finite interpretations are avoided in favor of broad interpretations of obvious variances. Within this approach, an endless number of research questions and issues could be studied. Because of the time constraints and degree of cooperation that can be expected from busy agency staff, the survey strategy adopted for this assessment limited the analysis to finding evident relationships and providing possible answers about the overall impact of 24-hour, around-the-clock, intake coverage on the diversion, processing, detention and referral rates.

### FINDINGS

Before discussing the specific findings related to the implementation of 24-hour intake services, it is important to identify the systemwide generalizations that emerged from the analysis of the 213 intake units examined in the 24-hour intake survey. Though each unit was different and most assuredly practiced under vastly differing procedural policies, the individual impact of some factors tend to influence intake statistics uniformly. One of these factors is the size of the jurisdiction being serviced by the individual intake unit. It has been generally found both in small and large samples that the size of the jurisdiction is most closely related to the number of individual cases a juvenile court will process.

The data in this survey did point to the general finding that size of jurisdiction was a powerful influencing factor in both the probability of an intake unit operating 24-hours a day, as well as, having a definite impact on the case processing levels of these individual intake units. To avoid possible unwarranted conclusions, every relationship tested was further examined by separating individual intake units into seven separate classes of jurisdiction size. These classes segmented the jurisdictional population into seven categories ranging from 25,000 to one million or more. The survey methodology assured that no category contained less than five reporting jurisdictions, or less than 7,000 juvenile referrals. Where combined data showed little difference between 24-hour and non-24-hour intake services, an examination of the same relationships by comparing intake units only with other agencies of similar size and environment were made. In this way a more informative relationship often resulted. Thus, the conclusion is that *intake*

*characteristics were most consistently related to the size of the total county population where the intake unit resides.*

In reviewing the results of the survey, it is important to keep in mind that the analysis did reveal some significant observations about certain factors that could influence detention and disposition decisions. Because the survey was only a preliminary research effort, intended as an assessment, the findings may raise additional questions that can only be answered with further follow-up research in a larger sample of jurisdictions, under a more controlled situation. Even so, the survey has provided a definite indication about the issues and especially the direction future research might take in further examining and identifying the factors directly related to improving intake services.

#### The 24-Hour Intake Model

One primary objective of the literature review was to determine which models of intake services are generally being used in the actual processing of juvenile offenders. Generally, there are as many different models as there are agencies implementing them. Though the differences may be idiosyncratic, combined they do point to some global solutions to either the legislative or situational demands placed upon the practitioner, in this case the intake officer or supervisor. The basic tenet underlying this study and those interpreting it is that the rehabilitative goal still precedes all juvenile processing decisions. With this in mind, the operational environment of the intake unit is designed to best handle the juvenile by providing adequate services, and wise decisions in the interest of delivering justice, tempered with a little understanding, to each juvenile who makes contact with the official system.

Though the different models exist, they are generally only operational environments intending to best orchestrate the legal, philosophical and practical tenets of a swift and effective juvenile justice system. Whether the agency operates 24-hours or not, often times is only a question of need, not policy. Many agencies operating around-the-clock, vary drastically between themselves on how they make processing decisions and who and why they tend to prosecute some cases and not others. In this light the 24-hour intake service itself is not a model, only a style of delivery. It is evident from this study that a clear majority of jurisdictions have chosen to include 24-hour intake services in their local intake process. The size of jurisdiction is a significant factor in interpreting the purpose or reason intake services around-the-clock are being implemented. In this study, it was found that as the jurisdiction size grows, so does the likelihood

that 24-hour intake services will be in effect. It is felt that larger jurisdictions where the workload, or number of referrals, is so great that 24-hour service is almost a necessity. Smaller jurisdictions, where having 24-hour services is more a matter of preference, also show a majority of the intake agencies making screening decisions around-the-clock. Indicating that the individual agencies do see a definite need to render screening decisions as soon as possible after the referral is made.

Not all of the 24-hour intake coverage is provided on-site. Due to the individual agencies preferences, and correspondingly the local agencies perceptions of the value of quick screening decisions, some of the 24-hour coverage may be "on-call" coverage. Smaller jurisdictions having 24-hour coverage tend to consist of a combination of on-site and on-call hours. Larger jurisdictions, possibly because of the increased workload, and lack of unlimited overnight detention facilities have more full 24-hour on-site coverage. *Actual 24-hour on-site coverage is a rarity (13.1 percent) and most often found only in very large (over 500,000) jurisdictions. Most agencies claiming 24-hour coverage tend toward eight-hour, or normal workday, on-site coverage, with the remaining hours on-call.*

#### Juvenile Detention

National statistics show that there is a percentage of juveniles that are held in detention but do eventually receive non-judicial dispositions. These cases could be viewed in several different ways. The first view would propose that some juveniles that are detained and eventually released should not be, and these juveniles should have been processed through to a judicial disposition. The second view would support the premise that many of the detained cases, are done so that preliminary social studies could be made and evaluated so that a non-judicial disposition could be supported. Many of these statistics are overnight detention cases. These are juveniles held while awaiting the next available intake officer for agencies having non-24-hour intake services that are usually overnight.

The major conclusion concerning detention of juvenile court referrals and 24-hour intake services is that (a) *the size of the jurisdiction served is the major determinant of the effect of 24-hour intake services, (b) the percent of juvenile referrals detained increases slightly with the size of the jurisdiction for 24-hour intake facilities and dramatically for non-24-hour intake facilities, and (c) it appears that by increasing the amount of intake coverage from non-24-hour coverage to*

24-hour and then 24-hour on-site coverage effects large jurisdictions by significantly decreasing the percent of juveniles detained, and small and medium size jurisdictions by increasing the detention rate slightly.

This last finding must be supplemented with the realization that even though the detention percentage may decrease the total number of detention cases increases dramatically with 24-hour coverage.

Further findings indicate that by implementing 24-hour intake services large jurisdictions tend to fill their detention facilities to capacity, thus causing a cramping condition that must influence the rate at which detention can be used as a temporary alternative. Assuming that equal size agencies have the same detention facility capacities, then by sheer numbers alone, medium and large jurisdictions without 24-hour intake services have the capacity to detain at a greater percentage and therefore seem to do so. It would run then that having 24-hour intake services naturally increases the number of referrals to be screened, and the fact that detention facilities have definite occupancy limits causes large agencies to fill their detention facilities near to capacity. In turn, these large agencies implement more intensive screening policies, which becomes evident in lower detention percentages and higher diversion rates than agencies with non-24-hour intake services.

As to the actual impact of not having to use detention as an overnight holding facility, it would appear that the phenomena obviously does exist. However, any reduction in detention rates gained by the implementation of 24-hour intake are outweighed by the increase in necessary detentions due to the expected increase in total numbers of referrals caused by increased coverage.

#### Case Processing Trends

Without taking into account the type of intake service available, national statistics show that from 53 to 56 percent of all juvenile offenders taken into police custody are referred on to juvenile court intake. Once referred to intake, approximately half of these cases are handled non-judicially or diverted. National statistics also indicate that, the larger the jurisdiction the more likely a juvenile will be processed through the court system if they are referred to court intake rather than diverted. Though the method of handling juveniles does vary dramatically among States, with some law enforcement agencies referring less than 25 percent and others close to 80 percent, when juvenile court intake processes these

referrals they still stand steadily at about a collective diversion rate of about 50 percent. High referral rates lead to high diversion rates, and correspondingly low referral rates lead to low diversion rates. They tend to average out across the nation.

Without questioning the existence of this broad discretionary philosophy that exists across the juvenile justice system, and in no way attempting to limit it to scientific scrutiny, the existence of 24-hour services may as a by-product tend to standardize some of the effects found in various processing philosophies. *The overall effect of 24-hour intake service is one of increasing slightly the diversion percentages.*

Separating these effects by the type of offense indicates that status offenses display the greatest change in processing due to the increased services. Screening decisions made around-the-clock, cause smaller jurisdictions to concentrate on services to status offenders and therefore diverting individually more of them. Larger jurisdictions tend to concentrate on increased services to delinquent cases, but with nowhere near the concentration of smaller jurisdictions with status offenses.

Generally, this resultant difference in concentration could be due to inherent differences in the sizes of the jurisdiction and the type of juvenile offenses referred. Increased coverage does influence diversion rates by increasing them. Large heavily populated areas tend to have higher delinquency percentages than do smaller areas therefore the effect of increased coverage is primarily felt among the majority offense type. A referral phenomena may also be happening. Increased coverage in smaller jurisdictions could also be coupled with increased referral rates. Law enforcement personnel may be adapting to the larger coverage by processing more of the less-serious cases that in non-24-hour coverage areas are handled in the field by law enforcement officers. Future research should be directed towards determining the effect of corresponding changes in police referral policies, when intake services are increased to around-the-clock coverage. Separate analysis should be made controlling these effects and allowing for a more discriminate analysis of the dynamics of 24-hour intake decision-making.

As can be seen, merely increasing services does not assure a more effective decision process. Obviously, the multitude of individual extraneous factors apparent at each intake unit and in its caseloads does apply dramatically towards stopping the influence of increased coverage. *Neither is it apparent that 24-hour on-site coverage is in every case a better or more effective type of service than is 24-hour on-call coverage or any combination of the two. The only consistent finding is that*

*24-hour intake services generally are more effective in uniformly increasing diversion percentages than non-24-hour intake services are.* The on-site coverage is normally effective for extremely large jurisdictions (1,000,000 or over), but seems counterproductive for small jurisdictions (under 25,000). By implication only, it can be reasoned that where a jurisdiction has a caseload sufficient enough to tax the intake staff were they always available, then 24-hour on-site coverage is recommended. This taxation could be sheer numbers of cases to process or in the complexity of the decisions being made. In this type of environment, on-call hours lose their effectiveness (see Figure 13, p. 67) and on-site coverage increases the effectiveness of the unit in general. For smaller units where the type and number of cases are significantly more relaxed, 24-hour on-site has a tendency to over-emphasize the intake decision as a justification for the increased on-site coverage. This increased sensitivity to the intake decision, possibly coupled with specialized training in small jurisdictions could lead to increased sensitivity and a characteristic propensity to want judicial dispositions on nearly every delinquent act, and an opposite determination to divert as many status offenders as possible.

Future research should attempt to qualify the use of 24-hour coverage in various typical intake agency networks. Individual factors that could effect the process of intake decision-making could be examined in both the 24-hour maximum coverage and the other types as well. Specific criteria should be developed to aid agencies considering increased coverage. This should provide the maximum impact without over-emphasizing the necessity of the 24-hour policy but, more to the point, placing emphasis on agency outcomes and effective processing patterns.

#### Specialized Training and the Decision-Maker

Too often the intake process is viewed independent of the decision-maker. Recent studies have indicated that the least amount of emphasis is actually placed upon intake officers and how well equipped they are to make effective intake decisions. In many agencies, it is the first assignment given a new prosecutor or probation officer who often lacks experience and training in deciding the advisability of a judicial or non-judicial disposition.

The application of adequate and applicable services usually requires some experience or at least a modicum of training. In a national survey aimed at determining some of the factors influencing the processing of juveniles, it was found that adequate decision-making guidance in the form of written policy manuals

was seldom available and in the few cases where it was the majority of intake officers indicated that these guidelines were only useful in some instances (Smith, Black and Campbell, 1979, p.188).

To consider the *office* of intake and not the decision-maker could be a serious mistake if not rectified, and a primary factor in the measureable variation in processing statistics from agency to agency. The juvenile court may be the fulcrum of the juvenile justice system, however national statistics show that 86.7 percent of all system referrals are diverted or otherwise handled prior to official adjudication (Black and Smith, 1980, p. 43). Thus, the intake officer sees more than the court cases and often makes the final processing decision in a case.

In this study, it was found that, when intake decisions are made by specially trained court appointed officers, processing statistics were consistently lower. This same phenomenon was evident where the prosecutor was involved as a major decision-maker in the process. The primary impact of this is that whether or not the intake agency has 24-hour services or non-24-hour services, when trained individuals are making intake decisions, the processing percentages remain unchanged for similar jurisdictions.

*The more formally the screening officers are trained, to make intake decisions the more consistent these decisions will be, and increasing the number of hours of intake coverage does not effect the manner in which these decisions are rendered.* Furthermore, when formal training is not present, then increasing the hours of intake coverage has an inverse effect on processing rates, causing proportionally fewer juveniles to be handled judicially and consequently increasing diversion rates almost unwarrantedly.

If the desired outcomes of increasing intake coverage to 24-hours is to increase diversion rates and to apply appropriate alternative services to each case, then the 24-hour intake services succeeds in most jurisdictions. However, the effect varies considerably because of a lack of consistency in the manner and procedure of making these important decisions. The single most valuable influence in benefiting the system and the juvenile is the assurance that each case is reviewed by a well-trained and highly qualified decision-maker. When this is done, increasing the number of hours of coverage only acts as a procedural escape valve needed only to relieve the pressure of an ever-growing caseload. The ultimate goal must be to eventually gain a stable environment where the decision to process or divert the juvenile is made in the context of good procedural policies and by knowledgeable decision-makers. Before this is achieved, the measurement of the influence of programs such as 24-hour intake coverage can only at best be speculative, and will eventually support the premise that it is the decision-maker that does make the difference.

APPENDIX A

NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER

STAFF, ADVISORY COMMITTEE,  
AND PROGRAM MONITOR



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APPENDIX B  
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APPENDIX C  
ALPHABETICAL LISTING OF STATES  
WHICH HAVE ENACTED INTAKE STATUTES



<u>State</u>	<u>Year Statute was Passed</u>	<u>Statutory Reference</u>
Alabama	1958	Code, Title 13, Section 352
Alaska	1962	Section 47.10.020
Arizona	1965	Revised Annotated Statutes, Section 8-222
California	1966	Welfare and Institutions Code, Sections 652-654 and Section 655
Colorado	1967	Revised Annotated Statutes, Section 22-3-1
Connecticut	1969	General Annotated Statutes, Section 17-61
Delaware	1953	Annotated Code, Title 10, Sections 972, 1172
District of Columbia	1967	Annotated Code, Section 16-2302
Florida	1961	Annotated Statutes, Section 39.04
Georgia	1968	Annotated Code, Section 24-11
Hawaii	1968	Revised Statutes, Section 571-21
Idaho	1967	Annotated Code, Section 16-1807
Indiana	1969	Annotated Statutes, Section 9-3113a
Iowa	1966	Annotated Code, Section 232.3
Kansas	1968	Annotated Statutes, Section 38-816
Kentucky	1963	Revised Annotated Statutes, Section 208 070
Louisiana	1968	Revised Statutes, Section 13.1574
Maine	1965	Revised Annotated Statutes, Title 15, Section 2601
Maryland	1968	Annotated Code, Article 26, Sections 70-21, 70-6, 70-8
Missouri	1962	Annotated Statutes, Section 211.081

<u>State</u>	<u>Year Statute was Passed</u>	<u>Statutory Reference</u>
Montana	1969	Revised Annotated Code, Section 10-605.1(1)
Nevada	1967	Revised Statutes, Section 62.130
New Mexico	1953	Annotated Statutes, Section 13-8-30
North Dakota	1969	Annotated Code, Section 27-20-19
Oklahoma	1968-69	Annotated Statutes, Title 10, Section 1103
Oregon	1967	Revised Statutes, Section 419-482
Pennsylvania	1965	Statutes, Title 11, 248
Rhode Island	1967	Annotated General Laws, Sections 8-10-17, -22, -23 and Sections 14-1-10, -11
South Carolina	1968	Annotated Code, Section 15-1095.14
South Dakota	1968	Code, Section 43.0304
Texas	1964	Revised Civil Statutes, Article 2338-1
Utah	1967	Annotated Code, Section 55-10-83
Virginia	1960	Annotated Code, Section 16.1-164
Washington	1962	Revised Annotated Code, Section 13.04.060 and Section 13.04.056
Wisconsin	1955	Annotated Statutes, Section 48.9

APPENDIX D

TABLES



TABLE D-1

ORGANIZATIONAL INFORMATION  
ABOUT THE INTAKE PROCESS IN SELECTED JURISDICTIONS (1978)

Selected Jurisdictions	Population	INTAKE PROCESS		
		Specialized Probation Intake Officers	Number of Intake Officers	Number of Hours of On-Site Intake Services
Elkhart, Indiana	65,000	Yes	5	24
Great Falls, Montana	85,000	Yes	7	24
Norman, Oklahoma	100,000	Yes	4	8
Woodstock, Illinois	130,000	Yes	4	24
Kenosha, Wisconsin	130,000	Yes	N/A	8
Jonesboro, Georgia	138,000	Yes	7	24
Topeka, Kansas	178,000	Yes	8	N/A
Olathe, Kansas	256,000	Yes	7	8
Albuquerque, New Mexico	409,000	Yes	3	10
Camden, New Jersey	500,000	Yes	10	24
Birmingham, Alabama	600,000	Yes	14	24
Fairfax, Virginia	600,000	Yes	7	16
Louisville, Kentucky	695,000	Yes	14	N/A
Atlanta, Georgia	700,000	Yes	13	24

Source: Juvenile Court Intake Training Manual, prepared for 1979 Juvenile Court Intake Symposium, conducted by the Institute for Court Management (unpublished).

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA: American Justice Institute, 1980).

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TABLE D-2

TIME AND DAY OF ACCEPTANCE OF STATUS OFFENDER  
REFERRALS TO SACRAMENTO COUNTY PROBATION DEPARTMENT'S  
NEIGHBORHOOD ALTERNATIVE CENTER PROGRAM\*  
(October 1976 - October 1978)

<u>Hours</u>	<u>Time of Acceptance</u>	
	<u>Number</u>	<u>Percent</u>
12 am - 4 am	277	8.8
5 am - 8 am	77	2.4
9 am - 12 pm	542	17.2
1 pm - 4 pm	885	28.1
5 pm - 8 pm	952	30.2
9 pm - 12 am	416	13.3
	<u>3,149**</u>	<u>100.0</u>
 <u>Day of Week</u>		
Sunday	335	10.6
Monday	473	15.0
Tuesday	500	15.8
Wednesday	516	16.3
Thursday	407	12.9
Friday	462	14.6
Saturday	468	14.8
	<u>3,161</u>	<u>100.0</u>

\*24-hour, 7 day a week countywide probation department status offender intake program.

\*\*Data not recorded on 12 referrals.

Source: Criminal Justice Research Foundation. "Sacramento County Neighborhood Center Evaluation Report." Sacramento, CA: Criminal Justice Research Foundation, January 1979.



TABLE D-3

NATIONAL ESTIMATES OF THE NUMBERS OF PERSONS UNDER 18  
ARRESTED BY TYPE OF DISPOSITION (1976-1978)

DISPOSITIONS	1976		1977		1978	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Handled within Department	934,656	39.0	933,120	38.1	876,571	36.6
Referred to Juvenile Court	1,279,760	53.4	1,302,939	53.2	1,338,807	55.9
Other Dispositions	184,535	7.7	213,075	8.7	179,625	7.5
Total	2,396,555		2,449,134		2,395,003	

Source: U.S. Department of Justice, Federal Bureau of Investigation. Uniform Crime Reports for the United States - 1976, (p. 220); 1977, (p. 219); 1978 (p. 228). (Washington, D.C.: U.S. Government Printing Office.)

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA: American Justice Institute, 1980).



TABLE D-4

ESTIMATED NUMBER AND RATE OF DELINQUENCY  
CASES REFERRED TO INTAKE AND  
JUVENILE COURTS (1958-1976)

DELINQUENT REFERRALS			
YEAR	ESTIMATED DELINQUENCY CASES <sup>1</sup>	JUVENILE POPULATION <sup>2</sup> 10 THROUGH 17 YEARS OF AGE (IN THOUSANDS)	RATE <sup>3</sup> OF REFERRAL
1958	470,000	23,443	20.0
1959	483,000	24,607	19.6
1960	510,000	25,368	20.1
1961	503,000	26,056	19.3
1962	555,000	26,989	20.6
1963	601,000	28,056	21.4
1964	686,000	29,244	23.5
1965	697,000	29,536	23.6
1966	745,000	30,124	24.7
1967	811,000	30,837	26.3
1968	900,000	31,566	28.5
1969	988,500	32,157	30.7
1970	1,052,000	32,614	32.3
1971	1,125,000	32,969	34.1
1972	1,112,000	33,120	33.6
1973	1,143,700	33,377	34.2
1974	1,252,700	33,365	37.5
1975	1,316,950	33,045	39.9
1976	1,237,200	32,501	38.1

<sup>1</sup>Data for 1958-69 estimated from the national sample of juvenile courts. Data for 1970-1976 estimated from all courts who have responded for two consecutive years. This sample represents 54.5 percent of the population of the United States.

<sup>2</sup>U. S. Bureau of the Census, Current Population Reports, Series P-25, No. 643, issued January 1977, "Estimates of the Population of the United States, By Age, Sex, and Race: July 1, 1974, to 1976," U.S. Government Printing Office, Washington, D.C., 1977.

<sup>3</sup>Rate based on the number of delinquency cases per 1,000 U. S. juvenile population, 10 through 17 years of age.

Source: National Center for Juvenile Justice. Research Division of National Council of Juvenile and Family Court Judges. "Juvenile Court Statistics--1976." (Pittsburgh, Pennsylvania: National Center for Juvenile Justice.)



TABLE D-5  
POLICE DISPOSITION OF PERSONS UNDER 18  
ARRESTED BY STATE (1977)

STATE	TOTAL ARRESTS	DISPOSITIONS					
		HANDLED WITHIN POLICE DEPARTMENT		REFERRED TO COURT INTAKE		OTHER DISPOSITIONS	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Alabama	20,172	5,846	29.0	10,595	52.5	3,731	18.5
Alaska	4,089	1,080	26.4	2,738	67.0	271	6.5
Arizona	35,224	4,311	12.2	30,525	86.7	388	1.2
Arkansas	14,160	2,398	16.9	7,338	51.8	4,424	31.2
California	282,158	110,500	39.2	166,519	59.0	5,139	1.8
Colorado	25,686	12,527	48.8	8,768	34.1	4,391	17.1
Connecticut	20,809	10,764	51.7	5,760	27.7	4,285	20.6
Delaware*	—	—	—	—	—	—	—
Florida	99,760	23,588	23.6	71,830	72.0	4,342	4.4
Georgia	21,042	5,438	25.8	13,774	65.5	1,830	8.7
Hawaii	9,943	4,229	42.5	5,010	50.4	704	7.0
Idaho	12,231	5,354	43.8	5,891	48.2	986	8.0
Illinois	102,053	42,411	41.6	25,988	25.5	33,554	33.0
Indiana	34,645	13,560	39.1	19,094	55.1	1,991	5.7
Iowa	22,950	7,144	31.1	14,709	64.1	1,097	4.8
Kansas	23,858	2,355	9.9	13,891	58.2	612	2.5
Kentucky	24,923	3,629	14.6	20,661	82.9	633	2.5
Louisiana	35,606	8,871	24.9	19,427	54.6	7,308	20.6
Maine	10,353	5,933	57.3	3,860	37.3	560	5.4
Maryland	55,368	12,358	35.0	34,904	63.0	1,108	2.0
Massachusetts	27,945	8,796	31.5	17,601	63.0	1,548	5.2
Michigan	42,791	34,085	79.7	3,011	7.0	5,695	13.3
Minnesota*	—	—	—	—	—	—	—
Mississippi	9,493	2,037	21.5	7,064	74.4	391	4.2
Montana	7,943	2,777	35.0	4,674	58.8	492	6.2
Missouri	37,332	12,093	32.4	22,996	61.6	2,250	6.0
Nebraska*	—	—	—	—	—	—	—
Nevada	10,801	569	5.3	8,180	75.7	2,052	19.0
New Hampshire	10,833	6,116	56.2	3,921	36.0	846	7.8
New Jersey	115,950	53,985	46.6	59,794	51.6	2,171	1.9
New Mexico	2,948	238	8.1	2,637	89.5	73	2.5
New York	34,856	21,119	60.6	12,273	35.2	1,464	4.2
North Carolina	14,312	6,021	42.1	6,599	46.1	1,692	11.8
North Dakota	7,138	652	9.2	6,003	84.1	576	6.7
Ohio	82,239	32,799	39.9	47,139	57.3	2,301	2.9
Oklahoma	26,757	12,328	46.1	11,725	43.9	2,684	10.1
Oregon	37,395	5,687	15.2	30,860	82.3	848	2.2
Pennsylvania	130,723	62,230	47.6	36,467	27.9	32,025	24.5
Rhode Island	12,947	8,879	68.6	3,429	26.5	638	4.9
South Carolina	8,531	2,007	23.5	6,448	75.6	76	.9
South Dakota	5,333	1,534	28.8	3,255	61.0	544	10.2
Tennessee	12,873	3,340	25.9	8,676	67.4	857	6.7
Texas	102,206	40,824	39.9	55,669	54.5	5,713	5.6
Utah	12,112	1,714	14.2	9,326	81.1	572	4.7
Vermont	1,084	691	63.7	121	11.2	272	25.1
Virginia	38,731	11,344	29.3	26,771	69.1	616	1.6
Washington	31,145	8,402	27.0	21,019	67.5	1,724	5.5
Washington, D.C.	5,289	290	5.5	4,733	89.5	266	5.1
West Virginia	8,359	2,723	32.6	5,123	61.3	508	6.1
Wisconsin	85,532	38,194	44.7	40,123	47.0	7,155	8.4
Wyoming	3,384	1,448	42.8	1,198	35.4	738	21.8
TOTAL	1,782,049	679,230	38.1	943,647	53.2	154,243	8.7

\*Unreported

Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reports—Special report requested by the National Juvenile Justice System Assessment Center, (Washington, D. C., 1978).

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (Sacramento, CA: American Justice Institute, 1980).

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TABLE D-6

NATIONAL ESTIMATES OF THE NUMBERS OF PERSONS UNDER 18  
REFERRED TO JUVENILE COURTS BY MANNER OF HANDLING (1976)

SIZE OF JURISDICTION	NUMBER OF COURTS	ESTIMATED JUVENILE POPULATION SERVED	SAMPLE COURTS							NATIONAL ESTIMATES <sup>1</sup>		
			NUMBER OF COURTS IN SAMPLE	PERCENT OF JUVENILE POPULATION SERVED	CASES HANDLED JUDICIALLY		CASES HANDLED NON-JUDICIALLY		TOTAL REFERRALS	CASES HANDLED JUDICIALLY	CASES HANDLED NON-JUDICIALLY	TOTAL REFERRALS
					NUMBER	PERCENT	NUMBER	PERCENT				
1,000,000 or more	25	6.9 million	18	69.1	76,497	52.5	66,474	46.5	142,971	110,710	96,204	206,914
500,000 - 999,999	52	5.5 million	27	53.3	68,825	51.3	65,465	48.7	134,290	129,059	123,518	252,577
250,000 - 499,999	78	4.3 million	45	57.9	47,742	45.9	56,213	54.1	103,955	84,205	99,146	183,351
100,000 - 249,999	207	5.0 million	105	50.4	56,368	52.1	51,885	47.9	108,253	111,052	102,220	213,272
50,000 - 99,999	326	3.6 million	165	50.8	41,619	51.0	35,982	49.0	81,601	82,070	78,842	160,912
25,000 - 49,999	553	3.1 million	223	41.1	23,087	44.8	20,411	55.2	51,498	56,549	69,590	126,139
10,000 - 24,999	936	2.5 million	412	44.5	12,988	38.5	20,782	61.5	33,770	29,434	47,026	76,460
Under 10,000	702	0.7 million	300	42.2	2,989	41.6	4,202	58.4	7,191	6,945	9,764	16,709
TOTAL	2,879	31.6 million	1,295	54.4	330,115	49.8	313,414	50.2	643,529	610,824	626,380	1,237,204

<sup>1</sup> Estimates for the total population are based upon the relationship found for the sample population.

Source: National Center for Juvenile Justice, Research Division of National Council of Juvenile and Family Court Judges, "Juvenile Court Statistics-1976." (Pittsburgh, Pennsylvania: National Center for Juvenile Justice, unpublished).

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA: American Justice Institute, 1980).

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TABLE D-7  
 CHANGES IN THE ESTIMATED  
 NUMBER OF DELINQUENT CASES REFERRED TO  
 INTAKE AND JUVENILE COURTS  
 BY METHOD OF HANDLING (1958-1976)

YEAR	METHOD OF HANDLING			
	JUDICIALLY		NON-JUDICIALLY	
	NUMBER	PERCENT	NUMBER	PERCENT
1958	237,000	50	233,000	50
1959	250,000	52	233,000	48
1960	258,000	50	256,000	50
1961	257,000	51	246,000	49
1962	285,000	51	270,000	49
1963	298,000	50	303,000	50
1964	333,000	49	353,000	51
1965	327,000	47	370,000	53
1966	357,000	48	387,000	52
1967	382,100	47	428,900	53
1968	425,400	47	474,400	53
1969	433,300	44	555,200	56
1970	472,000	45	580,000	55
1971	475,000	42	650,000	58
1972	461,300	41	651,200	59
1973	522,000	46	621,700	54
1974	667,700	53	585,000	47
1975	639,480	49	677,470	51
1976	615,007	50	622,197	50

Source: National Center for Juvenile Justice. Research Division of National Council of Juvenile and Family Court Judges. "Juvenile Court Statistics--1976." (Pittsburgh, Pennsylvania: National Center for Juvenile Justice, unpublished).

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT (Sacramento, CA: American Justice Institute, 1980).



TABLE D-8  
 METHOD OF HANDLING DELINQUENT  
 JUVENILE REFERRALS BY INTAKE AND JUVENILE  
 COURTS IN SELECTED STATES (1976)

STATES	NUMBER COURTS REPORTING	METHOD OF HANDLING				TOTAL REFERRALS
		JUDICIALLY		NON-JUDICIALLY		
		NUMBER	PERCENT	NUMBER	PERCENT	
Alabama	67	9,584	67.7	4,565	32.3	14,149
Alaska	4	968	23.7	3,125	76.3	4,093
California	58	52,204	31.7	112,561	68.3	164,765
Connecticut	3	6,843	49.3	7,039	50.7	13,882
Florida	67	27,067	28.8	66,977	71.2	94,044
Georgia	159	17,696	45.6	21,142	54.4	38,838
Hawaii	4	3,101	49.9	3,112	50.1	6,213
Idaho	44	3,187	45.7	3,782	54.3	6,969
Iowa	95	4,155	21.3	15,382	78.7	19,537
Kentucky	120	5,383	66.0	2,768	34.0	8,151
Maryland	24	20,284	38.2	32,800	61.8	53,084
Mississippi	80	5,802	52.6	5,235	47.4	11,037
Missouri	94	2,521	20.6	9,729	79.4	12,250
Nebraska	93	3,857	78.8	1,039	21.2	4,896
Ohio	87	51,382	71.4	20,579	28.6	71,961
Oklahoma	77	4,282	38.8	6,752	61.2	11,034
Oregon	26	6,000	21.6	21,746	78.4	27,746
Pennsylvania	59	24,983	62.7	14,869	37.3	39,852
Rhode Island	1	3,308	87.7	462	12.3	3,770
South Dakota	8	4,063	66.7	2,031	33.3	6,094
Texas	247	12,673	19.8	51,269	80.2	63,942
Utah	5	11,339	54.4	9,521	45.6	20,860
Virginia	134	95,559	82.6	20,122	17.4	115,681
Washington, D.C.	1	5,973	85.1	1,044	14.9	7,017
West Virginia	54	3,387	64.4	1,875	35.6	5,262
Wisconsin	72	6,644	49.4	6,819	50.6	13,463
TOTAL	1,683	392,245	47.0	446,435	53.0	838,590

Source: National Center for Juvenile Justice. Research Division of National Council of Juvenile and Family Court Judges. "Juvenile Court Statistics--1976." (Pittsburgh, Pennsylvania: National Center for Juvenile Justice, unpublished).

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA: American Justice Institute, 1980).

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TABLE D-9  
 COMPARISON OF THE TYPE OF DISPOSITION RENDERED ON PERSONS UNDER 18  
 BY LAW ENFORCEMENT AND THE JUVENILE COURT COMPONENT

STATES AND CLASS	LAW ENFORCEMENT DISPOSITION						JUVENILE COURT DISPOSITION				
	TOTAL ARRESTS	HANDLED WITHIN DEPARTMENT OR OTHER DISPOSITION		REFERRED TO JUVENILE COURT INTAKE		NUMBER COURT REPORTING	TOTAL REFERRALS	JUDICIAL		NON-JUDICIAL	
		NUMBER	PERCENT	NUMBER	PERCENT			NUMBER	PERCENT	NUMBER	PERCENT
All Classes <sup>1</sup>	1,164,072	504,201		659,871			833,694	388,388		445,306	
Class Two (26-50.9 PERCENT)	251,376	160,396	63.8	90,980	36.2	183	84,149	48,066	57.1	36,083	42.9
Connecticut						3	13,882	6,843	49.3	7,039	50.7
Hawaii	9,943	4,933	49.6	5,010	50.4	4	6,213	3,101	49.9	3,112	50.1
Idaho	12,231	6,340	51.8	5,891	48.2	44	6,969	3,187	45.7	3,782	54.3
Pennsylvania	130,723	94,256	72.1	36,467	27.9	59	39,852	24,983	62.7	14,869	37.3
Rhode Island	12,947	9,518	73.5	3,429	26.5	1	3,770	3,308	87.7	462	12.3
Wisconsin	85,532	45,349	53.0	40,183	47.0	72	13,463	6,644	49.4	6,819	50.6
Class Three (51-75.9 PERCENT)	824,977	330,166	40.0	494,811	60.0	1255	685,771	311,627	45.4	374,144	54.6
Alabama	20,172	9,577	47.5	10,595	52.5	67	14,149	9,584	67.7	4,565	32.3
Alaska	4,089	1,351	33.0	2,738	67.0	4	4,093	968	23.7	3,125	76.3
California	282,158	115,639	41.0	166,519	59.0	58	164,765	52,204	31.7	112,561	68.3
Florida	99,760	27,930	28.0	71,830	72.0	67	94,044	27,067	28.8	66,977	71.2
Georgia	21,042	7,268	34.5	13,774	65.5	159	38,838	17,696	45.6	21,142	54.4
Iowa	31,950	17,241	53.9	14,709	46.1	95	19,537	4,155	21.3	15,382	78.7
Maryland	55,370	20,466	37.0	34,904	63.0	24	53,084	20,284	38.2	32,800	61.8
Mississippi	9,492	2,428	25.6	7,064	74.4	80	11,037	5,802	52.6	5,235	47.4
Missouri	37,339	14,343	38.4	22,996	61.6	94	12,250	2,521	20.6	9,729	79.4
Ohio	82,239	35,100	42.7	47,139	57.3	87	71,961	51,382	71.4	20,579	28.6
Oklahoma	26,737	15,012	56.1	11,725	43.9	77	11,034	4,282	38.8	6,752	61.2
South Dakota	5,333	2,078	39.0	3,255	61.0	8	6,094	4,063	66.7	2,031	33.3
Texas	102,206	46,537	45.5	55,669	54.5	247	63,942	12,673	19.8	51,269	80.2
Virginia	38,731	11,960	30.9	26,771	69.1	134	115,681	95,559	82.6	20,122	17.4
W. Virginia	8,359	3,236	38.7	5,123	61.3	54	5,262	3,387	64.4	1,875	35.6
Class Four (76-100 PERCENT)	87,719	13,639	15.5	74,080	84.5	152	63,774	28,695	45.0	35,079	55.0
Kentucky	24,923	4,262	17.1	20,661	82.9	120	8,151	5,383	66.0	2,768	34.0
Oregon	45,395	6,535	14.4	38,860	85.6	26	27,746	6,000	21.6	21,746	78.4
Utah	12,112	2,286	18.9	9,826	81.1	5	20,860	11,339	54.4	9,521	45.6
Washington, D.C.	5,289	556	10.5	4,733	89.5	1	7,017	5,973	85.1	1,044	14.9

SOURCE: U. S. DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF INVESTIGATION, UNIFORM CRIME REPORTS-SPECIAL REPORT REQUESTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT (WASHINGTON, D.C., 1978). NATIONAL CENTER FOR JUVENILE JUSTICE, RESEARCH DIVISION OF NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES, "JUVENILE COURT STATISTICS--1978" (PITTSBURGH, PENNSYLVANIA: NATIONAL CENTER FOR JUVENILE JUSTICE, UNPUBLISHED).

<sup>1</sup> NO DATA AVAILABLE FOR CLASS I STATES.

TABLE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (SACRAMENTO, CA) AMERICAN JUSTICE, INSTITUTE, 1980.



TABLE D-10

SAMPLE OF THE NUMBER OF JUVENILES DIVERTED  
BY LAW ENFORCEMENT AND JUVENILE COURT INTAKE COMBINED (1976)

CLASS <sup>1</sup> (LAW ENFORCEMENT REFERRAL RATES)	TOTAL <sup>2</sup>	NUMBER DIVERTED <sup>3</sup>	PERCENT DIVERTED	PERCENT PROCESSED
Class 2 (26-50.9 percent)	244,545	196,479	80.3	19.7
Class 3 (51-75.9 percent)	1,004,903	697,558	69.4	30.6
Class 4 (76-100 percent)	77,413	48,218	62.9	37.1

<sup>1</sup>No data available for Class 1 (0 to 26.9 percent) States.

<sup>2</sup>Calculated by adding the total judicial dispositions of the juvenile court and the figure for the number diverted (column 2).

<sup>3</sup>Calculated by adding total law enforcement arrests not referred to juvenile court intake and the total non-judicial dispositions rendered by juvenile court intake.

Source: National Center for Juvenile Justice. Research Division of National Council of Juvenile and Family Court Judges. "Juvenile Court Statistics--1976." (Pittsburgh, Pennsylvania: National Center for Juvenile Justice, unpublished).

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (Sacramento, CA: American Justice Institute, 1980).



TABLE D-11

NUMBER OF SAMPLE JURISDICTIONS PROVIDING INTAKE SERVICES  
BY SIZE OF JURISDICTION AND HOURS OF OPERATION (1978)

Size of Jurisdiction (Population)	Number of Jurisdictions Reporting		TYPE OF INTAKE SERVICES			
			24-Hour		Less Than 24-Hour	
	Number	Percent	Number	Percent	Number	Percent
1 million or more	5	2.4	5	100.0	0	0
500,000-999,999	9	4.2	7	77.8	2	22.2
250,000-499,999	19	8.9	16	84.2	3	15.8
100,000-249,999	49	23.0	33	67.3	16	32.7
50,000- 99,999	38	17.8	26	68.4	12	31.6
25,000- 49,999	49	23.0	35	71.4	14	28.6
Under 25,000	44	20.7	24	54.5	20	45.5
TOTAL	213	100	146	68.5	67	31.0

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA: American Justice Institute, 1980).



TABLE D-12  
 NUMBER OF STUDY JURISDICTIONS PROVIDING 24-HOUR ON-SITE INTAKE SERVICES  
 BY SIZE OF JURISDICTION, HOURS OF ON-SITE COVERAGE, AND TIME OF WEEK (1978)

Size of Jurisdiction (Population)	Number of Jurisdictions Reporting	ACTUAL HOURS ON-SITE																					
		WEEKDAYS										WEEKENDS											
		24-hour		16-23		9-15		8		Less Than 8		24-hour		16-23		9-15		8		Less Than 8		No Intake Staff	
Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent		
1 million or more	5	2	40.0	1	20.0	0	0	2	40.0	0	0	2	40.0	0	0	1	20.0	1	20.0	0	0	1	20.0
500,000-999,999	9	4	44.5	1	11.1	2	22.2	2	22.2	0	0	4	44.5	1	11.1	1	11.1	0	0	1	11.1	2	22.2
250,000-499,999	19	6	31.6	1	5.3	3	15.8	7	36.8	2	10.5	5	26.3	0	0	2	10.5	0	0	1	5.2	11	57.9
100,000-249,999	49 <sup>1</sup>	5	10.4	1	2.1	6	12.5	30	62.5	6	12.5	5	10.4	0	0	2	4.5	3	6.3	1	2.1	37	77.1
50,000- 99,999	38 <sup>2</sup>	4	12.1	0	0	3	9.1	19	57.6	7	21.2	4	12.1	0	0	1	3.0	2	6.0	1	3.0	25	75.9
25,000- 49,999	49 <sup>3</sup>	3	6.4	0	0	0	0	31	66.0	13	27.6	5	10.6	0	0	1	2.1	1	2.1			40	25.2
Under 25,000	44 <sup>4</sup>	2	5.4	0	0	0	0	23	62.2	12	32.4	2	5.4	0	0	0	0	0	0	0	0	35	94.6
TOTAL	213	26	13.1	4	2.0	14	7.1	114	57.6	40	20.2	27	13.6	1	0.5	8	4.0	7	3.5	4	2.0	151	76.3

- <sup>1</sup>One jurisdiction did not report the actual hours intake staff are on-site.  
<sup>2</sup>Five jurisdictions did not report the actual hours intake staff are on-site.  
<sup>3</sup>Two jurisdictions did not report the actual hours intake staff are on-site.  
<sup>4</sup>Seven jurisdictions did not report the actual hours intake staff are on-site.

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA: American Justice Institute, 1980).



TABLE D-13

COMPARISON OF THE NUMBER OF PERSONS UNDER 18 DETAINED MORE THAN FOUR HOURS  
BY 24-HOUR AND NON-24-HOUR INTAKE SERVICES AND SIZE OF JURISDICTION (1978)

		JUVENILE DETENTION					
		24-Hour Intake			Non-24-Hour Intake		
SIZE OF JURISDICTION (POPULATION)	NUMBER OF REPORTING JURISDICTIONS	NUMBER OF REFERRALS	DETAINED		NUMBER OF REFERRALS	DETAINED	
			NUMBER	PERCENT		NUMBER	PERCENT
1 million or more	5	99,065	32,174	32.5	0	0	0
500,000-999,999	9	56,461	14,963	26.5	15,943	8,023	50.3
250,000-499,999	19	66,771	14,974	22.4	19,292	5,742	29.8
100,000-249,999	49	60,982	17,120	28.1	26,029	5,620	21.6
50,000- 99,999	38	22,966	6,217	27.1	7,363	1,556	21.1
25,000- 49,999	49	16,117	3,013	18.7	1,172	231	19.7
UNDER 25,000	44	7,617	1,148	15.1	1,387	89	6.4
TOTAL	213	329,979	86,609	27.2	71,186	21,261	29.9

Note: Data only includes jurisdictions which indicated the number of juveniles being detained.

Source: National Juvenile Justice System Assessment Center "24-Hour Juvenile Intake Services Survey." (Sacramento, CA: American Justice Institute, 1979).

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA: American Justice Institute, 1980).



TABLE D-14

COMPARISON BY THE NUMBER OF JUVENILES DETAINED MORE THAN FOUR HOURS  
BY SIZE OF JURISDICTION AND TYPE OF INTAKE SERVICE PROVIDED (1978)

Size of Jurisdiction (Population)	Number of Jurisdictions Reporting	Number of Juvenile Referrals to Intake	TYPE OF INTAKE SERVICES								
			7-DAY 24-HOUR ON-SITE INTAKE			24-HOUR INTAKE			NON-24-HOUR INTAKE		
			Number of Referrals	Detained		Number of Referrals	Detained		Number of Referrals	Detained	
Number	Percent	Number		Percent	Number		Percent				
1 million or more	5	99,065	34,743	5,848	16.8	64,322	26,326	40.9	0	0	0
500,000-999,999	9	72,404	39,992	10,501	26.3	16,469	4,462	27.1	15,943	8,023	50.3
250,000-499,999	19	86,063	27,772	6,580	23.7	38,999	8,394	21.5	19,292	5,742	29.8
100,000-249,999	49	87,011	8,990	3,284	36.5	51,992	13,836	26.6	26,029	5,620	21.6
50,000- 99,999	38	30,329	6,518	2,280	34.9	16,448	3,911	23.8	7,363	1,556	21.1
25,000- 49,999	49	17,289	796	56	7.0	15,321	2,930	19.1	1,172	231	19.7
Under 25,000	44	9,004	1,730	310	17.9	5,887	838	14.2	1,387	89	6.4
TOTAL	213	401,165	120,541	28,859	23.9	209,438	60,697	28.9	71,186	21,261	29.9

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA: American Justice Institute, 1980).



TABLE D-15

COMPARISON OF THE ANNUAL DETENTION CENTER OCCUPANCY LEVEL  
BY TYPE OF INTAKE SERVICES PROVIDED AND SIZE OF JURISDICTION (1978)

Size of Jurisdiction* (Population)	24-HOUR INTAKE SERVICES PERCENT OF OCCUPANCY											NON-24-HOUR INTAKE SERVICES PERCENT OF OCCUPANCY										Total		
	0-25		26-50		51-75		76-98		99-100		Total	0-25		26-50		51-75		76-98		99-100			Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent			
1 million or more	0	0.0	0	0.0	1	20.0	2	40.0	2	40.0	5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
500,000-999,999	0	0.0	1	20.0	2	40.0	1	20.0	1	20.0	5	0	0.0	0	0.0	1	50.0	1	50.0	0	0.0	2	0.0	2
250,000-499,999	0	0.0	3	21.4	6	42.9	4	28.6	1	7.1	14	0	0.0	1	50.0	0	0.0	1	50.0	0	0.0	2	0.0	2
100,000-249,999	1	4.3	8	34.8	6	26.1	8	34.8	0	0.0	23	1	11.1	3	33.3	1	11.1	3	33.3	1	11.1	9	11.1	9
50,000- 99,999	4	25.0	2	12.5	5	31.3	2	12.5	3	18.7	16	1	20.0	1	20.0	3	60.0	0	0.0	0	0.0	5	0.0	5
25,000- 49,999	3	33.3	5	55.6	0	0.0	1	11.1	0	0.0	9	1	50.0	0	0.0	0	0.0	1	50.0	0	0.0	2	0.0	2
Under 25,000	3	50.0	1	16.7	1	16.7	1	16.7	0	0.0	6	1	25.0	1	25.0	0	0.0	1	25.0	1	25.0	4	25.0	4
TOTAL	11	14.1	20	25.6	21	26.9	19	24.4	7	9.0	78	4	16.7	6	25.0	5	20.8	7	29.2	2	8.3	24	16.7	24

\*Only includes those jurisdictions that reported both the number of referrals and an average day occupancy of the Detention Center.

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA: American Justice Institute, 1980).



TABLE D-16

## COMPARISON BETWEEN THE TYPE OF COURT/PROBATION STAFF MAKING INTAKE DECISIONS IN JURISDICTIONS PROVIDING 24-HOUR INTAKE SERVICES

Size of Jurisdiction (Population)	TYPE OF COURT/PROBATION STAFF MAKING INTAKE DECISIONS													
	24-HOUR INTAKE						NON-24-HOUR INTAKE							
	Number of Jurisdictions Providing 24-hour Intake	Specially Trained Intake Screening Officers		Regular Court/Probation Staff		Combination of Specially Trained and Regular Court/Probation Staff		Number of Jurisdictions With No 24-hour Intake	Specially Trained Intake Screening Officers		Regular Court/Probation Staff		Combination of Specially Trained and Regular Court/Probation Staff	
Number		Percent	Number	Percent	Number	Percent	Number		Percent	Number	Percent	Number	Percent	
1 million or more	5	3	60.0	0	0.0	2	40.0	0 <sup>2</sup>	---	---	---	---	---	---
500,000-999,000	7	5	71.4	0	0.0	2	28.6	2	0	0.0	0	0.0	2	100
250,000-499,999	16	14	87.5	0	0.0	2	12.5	3	2	66.7	0	0.0	1	33.3
100,000-249,999	33 <sup>1</sup>	24	75.0	6	18.8	2	6.2	16	12	75.0	3	18.8	1	6.2
50,000- 99,999	26	14	53.8	4	15.4	8	30.8	12	5	41.7	7	58.3	0	0.0
25,000- 49,999	35	12	34.3	17	48.6	6	17.1	14	2	14.3	12	85.7	0	0.0
Under 25,000	24	4	16.6	17	70.8	3	12.6	20	0	0.0	19	95.0	1	5.0
TOTAL	146	76	52.5	44	30.3	25	17.2	67	21	31.3	41	61.2	5	7.5

<sup>1</sup>One jurisdiction did not indicate the type of staff responsible for making intake screening decisions.

<sup>2</sup>Jurisdictions with a population of 1 million or more do not have non-24-hour intake services.

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA; American Justice Institute, 1980).

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TABLE D-17

COMPARISON OF THE NUMBER OF DELINQUENT REFERRALS HANDLED JUDICIALLY  
BY TYPE OF INTAKE SERVICES PROVIDED AND SIZE OF JURISDICTION (1978)

Size of Jurisdiction (Population)	METHOD OF HANDLING											
	24-hour Intake						Non-24-hour Intake					
	Number of Referrals With 24-hour Intake	Number of Delinquents Processed	Non-Judicial		Judicial		Number of Referrals With 24-hour Intake	Number of Delinquents Processed	Non-Judicial		Judicial	
			Number	Percent	Number	Percent			Number	Percent	Number	Percent
1 million or more	4	79,416	44,798	56.4	34,618	43.6	0	0	0	0.0	0	0.0
500,000-999,999	6	44,651	26,248	58.8	18,403	41.2	2	14,765	5,417	36.7	9,348	63.3
250,000-499,999	13	43,406	26,739	61.6	16,667	38.4	2	8,607	5,975	69.4	2,632	30.6
100,000-249,999	28	44,376	22,459	50.6	21,917	49.4	14	18,100	11,038	61.0	7,062	39.0
50,000-99,999	16	9,737	6,845	70.3	2,892	29.7	7	2,350	1,111	47.3	1,239	52.7
25,000-49,999	24	9,378	6,872	73.3	2,506	26.7	10	1,363	861	63.2	502	36.8
Under 25,000	20	4,552	2,944	64.7	1,608	35.3	8	1,087	612	56.3	475	43.7
TOTAL	111	235,516	136,905	58.1	98,611	41.9	43	46,272	25,014	54.1	21,258	45.9

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA: American Justice Institute, 1980).



TABLE D-18

COMPARISON OF THE NUMBER OF STATUS OFFENSE REFERRALS HANDLED JUDICIALLY BY  
TYPE OF INTAKE SERVICES PROVIDED AND SIZE OF JURISDICTION (1978)

SIZE OF JURISDICTION (POPULATION)	S T A T U S   O F F E N S E S									
	24-HOUR INTAKE					NON-24-HOUR INTAKE				
	TOTAL REFERRALS	NON-JUDICIAL		JUDICIAL		TOTAL REFERRALS	NON-JUDICIAL		JUDICIAL	
		NUMBER	PERCENT	NUMBER	PERCENT		NUMBER	PERCENT	NUMBER	PERCENT
1 million or more	6,208	4,176	67.3	2,032	32.7	0	0	0	0	0
500,000-999,999	9,109	7,765	85.2	1,344	14.8	1,178	913	77.5	265	22.5
250,000-499,999	9,477	6,451	68.1	3,026	31.9	609	388	63.7	221	36.3
100,000-249,999	8,729	5,453	62.5	3,276	37.5	5,570	3,647	65.5	1,923	34.5
50,000- 99,999	2,783	2,266	81.4	517	18.6	1,107	383	34.6	724	65.4
25,000- 49,999	1,757	1,286	73.2	471	26.8	341	240	70.4	101	29.6
UNDER 25,000	995	874	87.8	121	12.2	228	83	36.4	145	63.6
TOTAL	39,058	28,271	72.4	10,787	27.6	9,033	5,654	62.6	3,379	37.4

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA: American Justice Institute, 1980).



TABLE D-19

COMPARISON OF THE NUMBER OF INTAKE REFERRALS HANDLED JUDICIALLY  
BY THE TYPES OF INTAKE SERVICES PROVIDED AND SIZE OF JURISDICTION  
(1978)

SIZE OF JURISDICTION (POPULATION)	METHOD OF HANDLING														
	24-HOUR ON-SITE INTAKE					24-HOUR INTAKE					NON-24-HOUR INTAKE				
	NUMBER OF REFERRALS	NON-JUDICIAL		JUDICIAL		NUMBER OF REFERRALS	NON-JUDICIAL		JUDICIAL		NUMBER OF REFERRALS	NON-JUDICIAL		JUDICIAL	
		NUMBER	PERCENT	NUMBER	PERCENT		NUMBER	PERCENT	NUMBER	PERCENT		NUMBER	PERCENT	NUMBER	PERCENT
1 million or more	35,583	28,948	81.4	6,635	18.6	64,322	29,539	45.9	34,783	54.1	0	0	0.0	0	0.0
500,000-999,999	30,247	13,227	43.7	17,000	56.3	32,837	20,815	62.6	12,022	37.4	15,943	6,330	39.7	9,613	60.3
250,000-499,999	27,920	18,100	66.0	9,820	34.0	34,097	17,178	47.8	16,919	52.2	15,653	9,366	59.8	6,287	40.2
100,000-249,999	8,217	4,735	57.6	3,482	42.4	54,879	26,975	49.2	27,904	50.8	31,759	16,865	53.1	14,894	46.9
50,000- 99,999	6,268	4,432	70.7	1,836	29.3	17,620	10,495	60.3	7,125	39.7	7,454	2,660	35.7	4,794	64.3
25,000- 49,999	93	80	86.0	13	14.0	16,289	11,727	72.0	4,562	28.0	2,344	1,423	60.7	921	39.3
Under 25,000	<u>1,730</u>	<u>957</u>	<u>55.3</u>	<u>773</u>	<u>44.7</u>	<u>6,055</u>	<u>4,808</u>	<u>79.4</u>	<u>1,247</u>	<u>20.6</u>	<u>2,112</u>	<u>1,300</u>	<u>61.6</u>	<u>812</u>	<u>38.4</u>
Total	110,058	70,479	64.0	39,579	36.0	226,099	121,537	53.8	104,562	46.2	75,265	37,944	50.4	37,321	49.6

TABLE CONSTRUCTED BY THE NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (SACRAMENTO, CA: AMERICAN JUSTICE INSTITUTE, 1980).



TABLE D-20

COMPARISON BETWEEN THE TYPE OF INTAKE SERVICES PROVIDED  
AND THE USE OF SPECIALIZED INTAKE STAFF IN THE  
CASE DECISION PROCESS BY METHOD OF HANDLING

Type of Intake Services	SPECIALIZED STAFF					
	Number of Agencies	Total Number of Referrals	Method of Handling			
			Non-Judicial		Judicial	
			Number	Percent	Number	Percent
<u>24-Hour Intake Services</u>						
Specialized Staff	69	219,980	118,569	53.9	101,411	46.1
No Specialization	58	104,475	70,939	67.9	33,536	32.1
<u>Non-24-Hour Intake Services</u>						
Specialized Staff	19	42,425	22,485	53.0	19,940	47.0
No Specialization	<u>33</u>	<u>30,849</u>	<u>14,715</u>	<u>47.7</u>	<u>16,134</u>	<u>52.3</u>
TOTAL	179*	397,729	226,708	55.5	171,021	44.5

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA: American Justice Institute, 1980).



TABLE D-21

COMPARISON BETWEEN THE EXTENT OF THE SPECIALIZED STAFF'S ENROLLMENT  
IN THE INTAKE PROCESS AMONG JURISDICTIONS THAT PROVIDE 24-HOUR INTAKE SERVICES

SPECIALIZED STAFF'S INVOLVEMENT IN CASE DECISION PROCESS														
Size of Jurisdiction (Population)	Number of Agencies With 24-Hour Intake	24-HOUR INTAKE						NON-24-HOUR INTAKE						
		Major Case Review Responsibility		Review Legal Sufficiency Only		No Involvement		Number of Agencies Not Providing 24-Hour Intake	Major Case Review Responsibility		Review Legal Sufficiency Only		No Involvement	
		Number	Percent	Number	Percent	Number	Percent		Number	Percent	Number	Percent	Number	Percent
1 million or more	5	3	60.0	1	20.0	1	20.0	0	---	---	---	---	---	---
500,000-999,999	7*	6	100.0	0	0.0	0	0.0	2	1	50.0			1	50.0
250,000-499,999	16	11	68.8	3	18.8	2	12.5	3	2	66.7	1	33.3		
100,000-249,999	33	22	66.6	5	15.2	6	18.2	16**	11	78.7	1	7.1	2	14.2
50,000- 99,999	26	18	69.3	1	3.8	7	26.9	12*	6	54.5	1	9.1	4	36.4
25,000- 49,999	35	27	77.1	3	8.6	5	14.3	14*	12	92.3	1	7.7	0	0.0
Under 25,000	24	14	58.3	5	20.8	5	20.8	20**	13	72.2	3	16.7	2	11.1
TOTAL	146	101	69.7	18	12.4	26	17.9	67	45	73.7	7	11.5	9	14.8

\*One jurisdiction did not record the nature of the specialized staff's role in the case decision process.

\*\*Two jurisdictions did not record the nature of the specialized staff's role in the case decision process.

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA: American Justice Institute, 1980).



TABLE D-22

COMPARISON BETWEEN THE TYPE OF INTAKE SERVICES PROVIDED AND THE PROSECUTORS' INVOLVEMENT IN THE CASE DECISION PROCESS BY METHOD OF HANDLING

Type of Intake Services	PROSECUTORS' INVOLVEMENT					
	Number of Agencies	Total Number of Referrals	Method of Handling			
			Non-Judicial		Judicial	
			Number	Percent	Number	Percent
<u>24-Hour Intake Services</u>						
Prosecutor Involvement	108	291,424	164,071	56.3	127,353	43.7
No Prosecutor	22	34,554	20,766	60.1	13,788	39.9
<u>Non-24-Hour Intake Services</u>						
Prosecutor Involvement	49	56,985	32,140	56.4	24,845	43.6
No Prosecutor	9	15,057	4,171	27.7	10,886	72.3
TOTAL	188	398,020	221,148	55.6	176,872	44.4

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER (Sacramento, CA: American Justice Institute, 1980).

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TABLE D-23

ANALYSIS OF THE TYPE OF INTAKE SERVICE PROVIDED AND THE USE  
OF SPECIALIZED INTAKE STAFF IN THE CASE DECISION PROCESS  
BY METHOD OF HANDLING AND SIZE OF JURISDICTION

Size of Jurisdiction (Population)	METHOD OF HANDLING							
	24-Hour Intake				Non-24-Hour Intake			
	Non-Judicial		Judicial		Non-Judicial		Judicial	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<u>1 million or more</u>								
Specialized Staff	28,170	51.3	26,713	48.7	0	0.0	0	0.0
No Specialization	30,317	81.9	6,705	18.1	0	0.0	0	0.0
TOTAL*	50,487	63.6	33,418	36.4				
<u>500,000-999,999</u>								
Specialized Staff	23,288	50.0	23,327	50.0	0	0.0	0	0.0
No Specialization	10,754	65.3	5,715	34.7	6,330	39.7	9,613	60.3
TOTAL	34,042	54.0	29,042	46.0	6,330	39.7	9,613	60.3
<u>250,000-499,999</u>								
Specialized Staff	35,570	58.6	25,121	41.4	6,365	65.1	3,718	36.9
No Specialization	1,224	19.6	5,010	80.4	3,000	53.9	2,569	46.1
TOTAL	36,794	55.0	30,131	45.0	9,365	59.8	6,287	40.2
<u>100,000-249,999</u>								
Specialized Staff	19,729	45.3	23,800	54.7	14,777	50.9	14,276	49.1
No Specialization	11,852	61.0	7,586	39.0	2,087	77.2	618	22.8
TOTAL	31,581	50.2	31,386	49.8	16,864	53.1	14,894	46.9
<u>50,000-99,999</u>								
Specialized Staff	10,034	77.2	2,958	22.8	1,252	37.8	2,056	62.2
No Specialization	4,893	56.9	3,790	43.6	1,408	41.2	1,930	57.8
TOTAL	14,927	68.9	6,748	31.1	2,660	40.0	3,986	60.0
<u>25,000-49,999</u>								
Specialized Staff	3,080	71.8	1,207	28.2	308	78.8	85	21.2
No Specialization	8,487	71.7	3,355	28.3	1,005	54.5	838	45.5
TOTAL	11,567	71.7	4,562	28.3	1,313	58.8	921	41.2
<u>Under 25,000</u>								
Specialized Staff	765	86.6	118	13.4	0	0.0	0	0.0
No Specialization	4,766	71.5	1,902	28.5	1,033	59.1	715	40.9
TOTAL	5,531	73.2	2,020	26.8	1,033	59.1	715	40.9

\*Only includes jurisdictions that reported the type of staffing making intake decisions.

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (Sacramento, CA: American Justice Institute, 1980).



TABLE D-24

ANALYSIS OF THE TYPE OF INTAKE SERVICE PROVIDED AND  
THE PROSECUTORS' INVOLVEMENT IN THE CASE DECISION PROCESS  
BY METHOD OF HANDLING AND SIZE OF JURISDICTION

Size of Jurisdiction (Population)	METHOD OF HANDLING							
	24-Hour Intake				Non-24-Hour Intake			
	Non-Judicial		Judicial		Non-Judicial		Judicial	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<u>1 million or more</u>								
Prosecutor Involvement	54,747	58.3	39,222	41.7	0	0.0	0	0.0
No Prosecutor	<u>3,740</u>	<u>63.0</u>	<u>2,196</u>	<u>37.0</u>	0	0.0	0	0.0
TOTAL	54,487	58.5	41,418	41.5				
<u>500,000-999,999</u>								
Prosecutor Involvement	34,042	54.0	29,042	46.0	3,369	74.0	1,184	26.0
No Prosecutor	<u>0</u>	<u>0.0</u>	<u>0</u>	<u>0.0</u>	<u>0</u>	<u>0.0</u>	<u>0</u>	<u>0.0</u>
TOTAL	34,042	54.0	29,042	46.0	3,369	74.0	1,184	26.0
<u>250,000-499,999</u>								
Prosecutor Involvement	36,271	55.2	29,416	44.8	9,366	59.8	6,287	40.2
No Prosecutor	<u>523</u>	<u>42.2</u>	<u>715</u>	<u>57.8</u>	<u>0</u>	<u>0.0</u>	<u>0</u>	<u>0.0</u>
TOTAL	36,794	55.0	30,131	45.0	9,366	59.8	6,287	40.2
<u>100,000-249,999</u>								
Prosecutor Involvement	24,782	49.5	25,289	50.5	15,872	52.4	14,425	47.6
No Prosecutor	<u>6,799</u>	<u>52.7</u>	<u>6,097</u>	<u>47.3</u>	<u>992</u>	<u>67.9</u>	<u>469</u>	<u>32.1</u>
TOTAL	31,581	50.2	31,386	49.8	16,864	53.1	14,894	46.9
<u>50,000- 99,000</u>								
Prosecutor Involvement	10,531	68.4	4,865	31.6	2,400	46.7	2,742	53.3
No Prosecutor	<u>4,396</u>	<u>51.8</u>	<u>4,096</u>	<u>48.2</u>	<u>260</u>	<u>11.2</u>	<u>2,052</u>	<u>88.8</u>
TOTAL	14,927	62.5	8,961	37.5	2,660	37.5	4,794	64.3
<u>25,000- 49,999</u>								
Prosecutor Involvement	6,766	63.3	3,917	36.7	1,347	71.1	547	28.9
No Prosecutor	<u>4,801</u>	<u>88.2</u>	<u>645</u>	<u>11.8</u>	<u>76</u>	<u>16.9</u>	<u>374</u>	<u>83.1</u>
TOTAL	11,567	71.7	4,562	28.3	1,493	61.8	921	38.2
<u>UNDER 25,000</u>								
Prosecutor Involvement	4,606	73.1	1,693	26.9	1,244	60.7	804	39.3
No Prosecutor	<u>925</u>	<u>75.9</u>	<u>327</u>	<u>26.1</u>	<u>56</u>	<u>87.5</u>	<u>8</u>	<u>12.5</u>
TOTAL	5,531	73.2	2,020	26.8	1,300	61.6	812	38.2

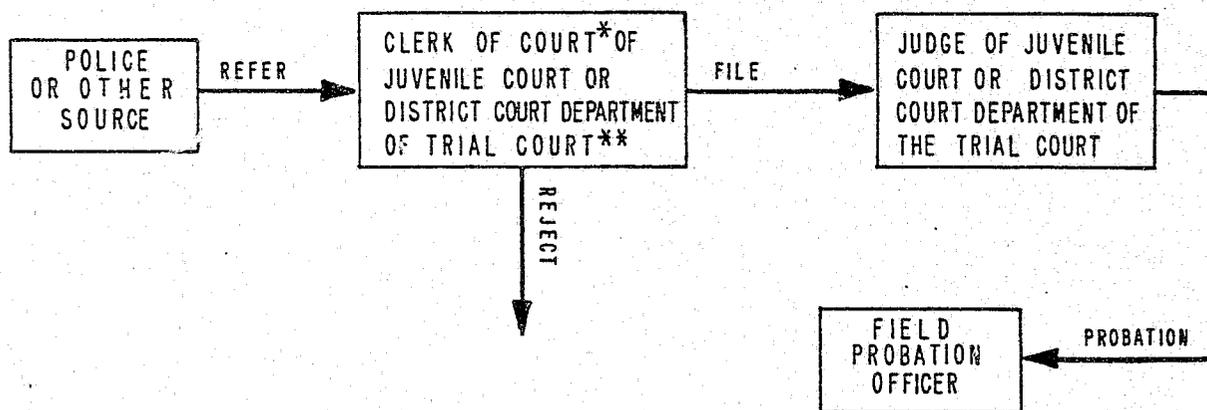
Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (Sacramento, CA: American Justice Institute, 1980).



APPENDIX E  
A SAMPLE OF  
JUVENILE COURT INTAKE PROCESSING MODELS



FIGURE E-1  
**JUVENILE INTAKE PROCESS IN MASSACHUSETTS**



\*Clerk of Court is an independent, appointive officer. There is no probation intake; probation is a local or regional judicial function. The Clerk of Court prepares the petition.

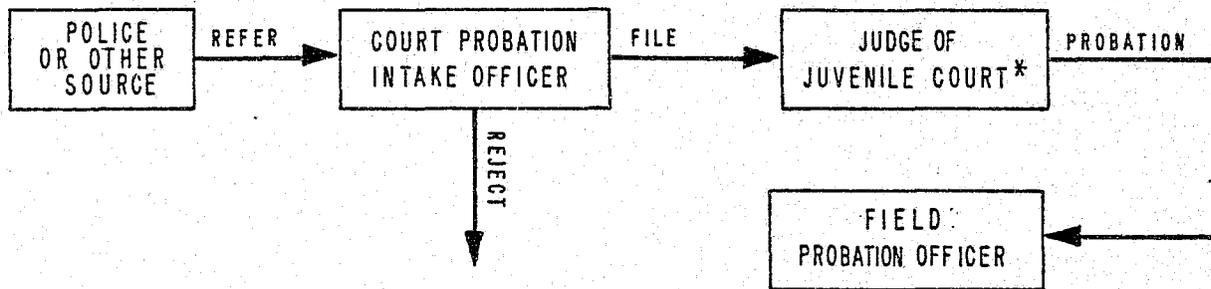
\*\*Prior to January 1, 1979, there were four separately organized juvenile courts; elsewhere, juvenile jurisdiction was in the District Court (a lower court). As part of a major court reform measure, these courts along with five other types of trial courts became departments of the unified Trial Court of Massachusetts.

Source: Adapted from participants attending the Juvenile Intake Symposium, Santa Fe, New Mexico, May 1979.

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (Sacramento, CA: American Justice Institute, 1980).



FIGURE E-2  
JUVENILE INTAKE PROCESS IN UTAH



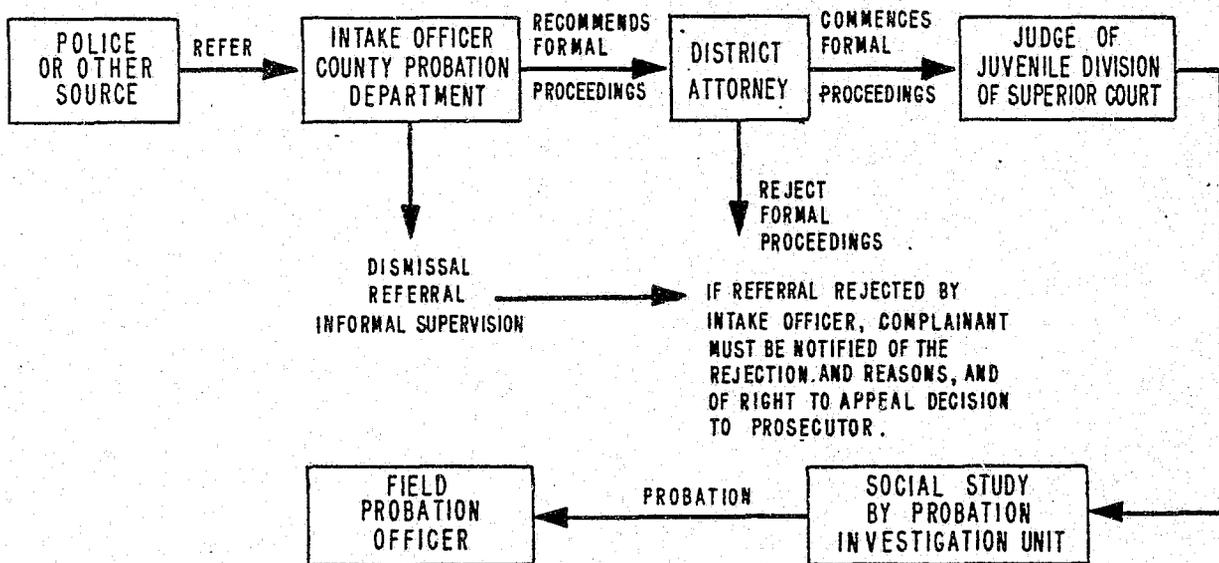
\*Separate statewide juvenile court. Probation is a judicial function.

Source: Adapted from participants attending the Juvenile Intake Symposium, Santa Fe, New Mexico, May 1979.

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (Sacramento, CA: American Justice Institute, 1980).



FIGURE E-3  
**JUVENILE INTAKE PROCESS IN CALIFORNIA**



\*County probation departments administer juvenile detention, probation, ranches, special schools, and related community programs. Juvenile jurisdiction is in the Superior Court, the court of general jurisdiction.

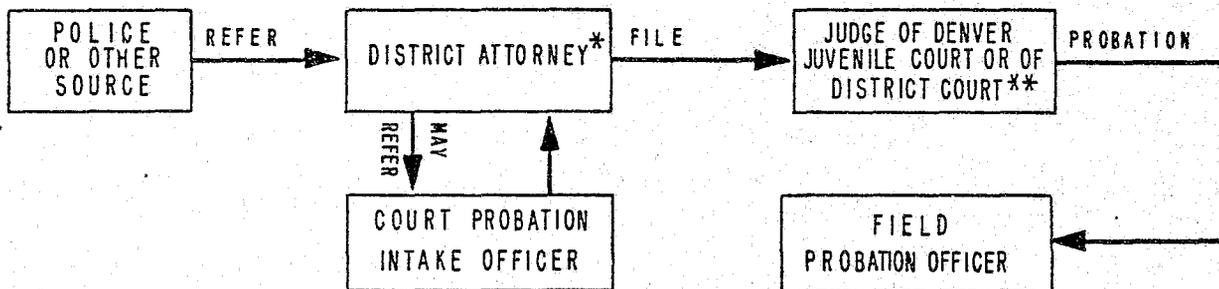
Source: Adapted from participants attending the Juvenile Intake Symposium, Santa Fe, New Mexico, May 1979.

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (Sacramento, CA: American Justice Institute, 1980).



FIGURE E-4

## JUVENILE INTAKE PROCESS IN COLORADO



\*A 1973 statute granted the prosecutor the decision-making role on delinquency referrals, and provided that the prosecutor may ask for intake investigation where further information is needed to make a final decision.

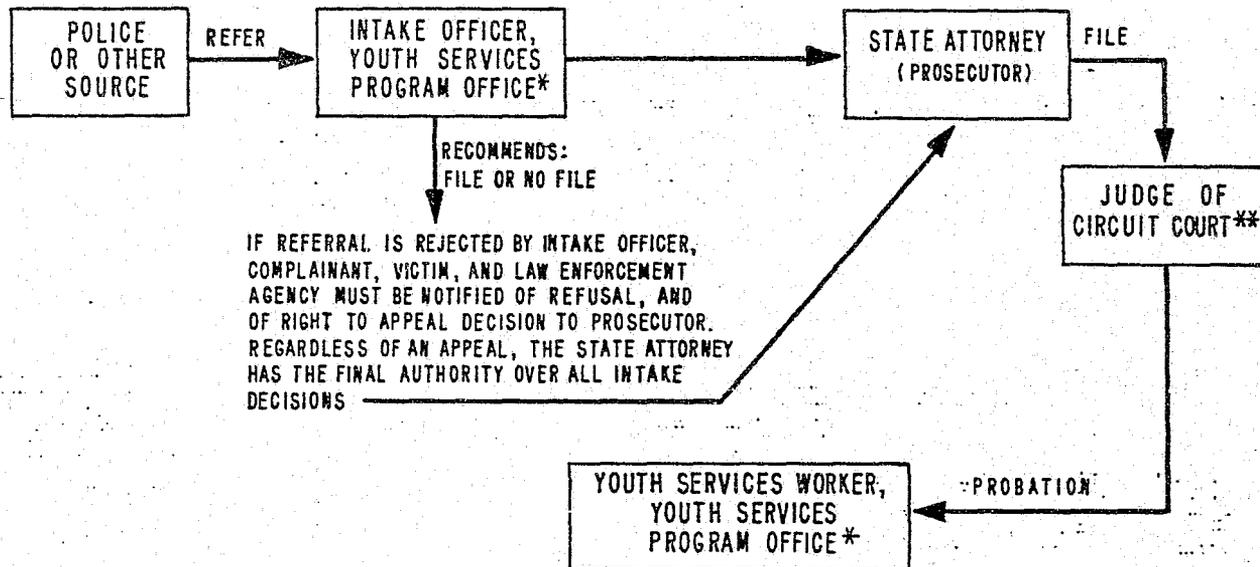
\*\*Court of general jurisdiction. Probation is a judicial function.

Source: Adapted from participants attending the Juvenile Intake Symposium, Santa Fe, New Mexico, May 1979.

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (Sacramento, CA: American Justice Institute, 1980).



FIGURE E-5  
**JUVENILE INTAKE PROCESS IN FLORIDA**



\*The Youth Services Program Office, Florida Department of Health and Rehabilitation Services, administers all juvenile intake, probation supervision, detention, institutions, and aftercare.

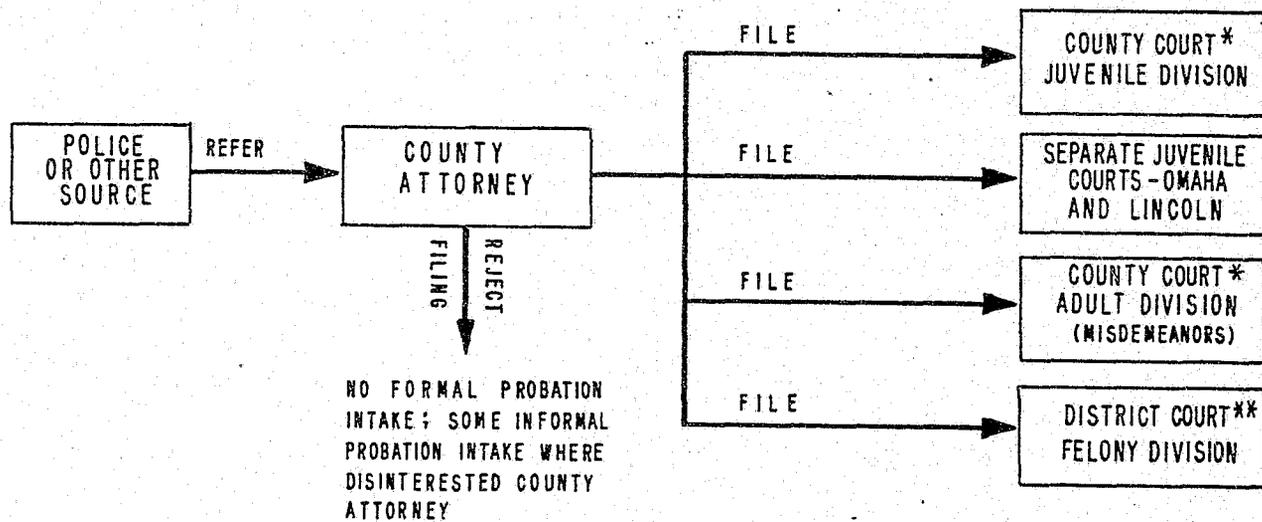
\*\*The court of general trial jurisdiction.

Source: Adapted from participants attending the Juvenile Intake Symposium, Santa Fe, New Mexico, May 1979.

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (Sacramento, CA: American Justice Institute, 1980).



FIGURE E-6  
 JUVENILE INTAKE PROCESS IN NEBRASKA



\*Lower court.

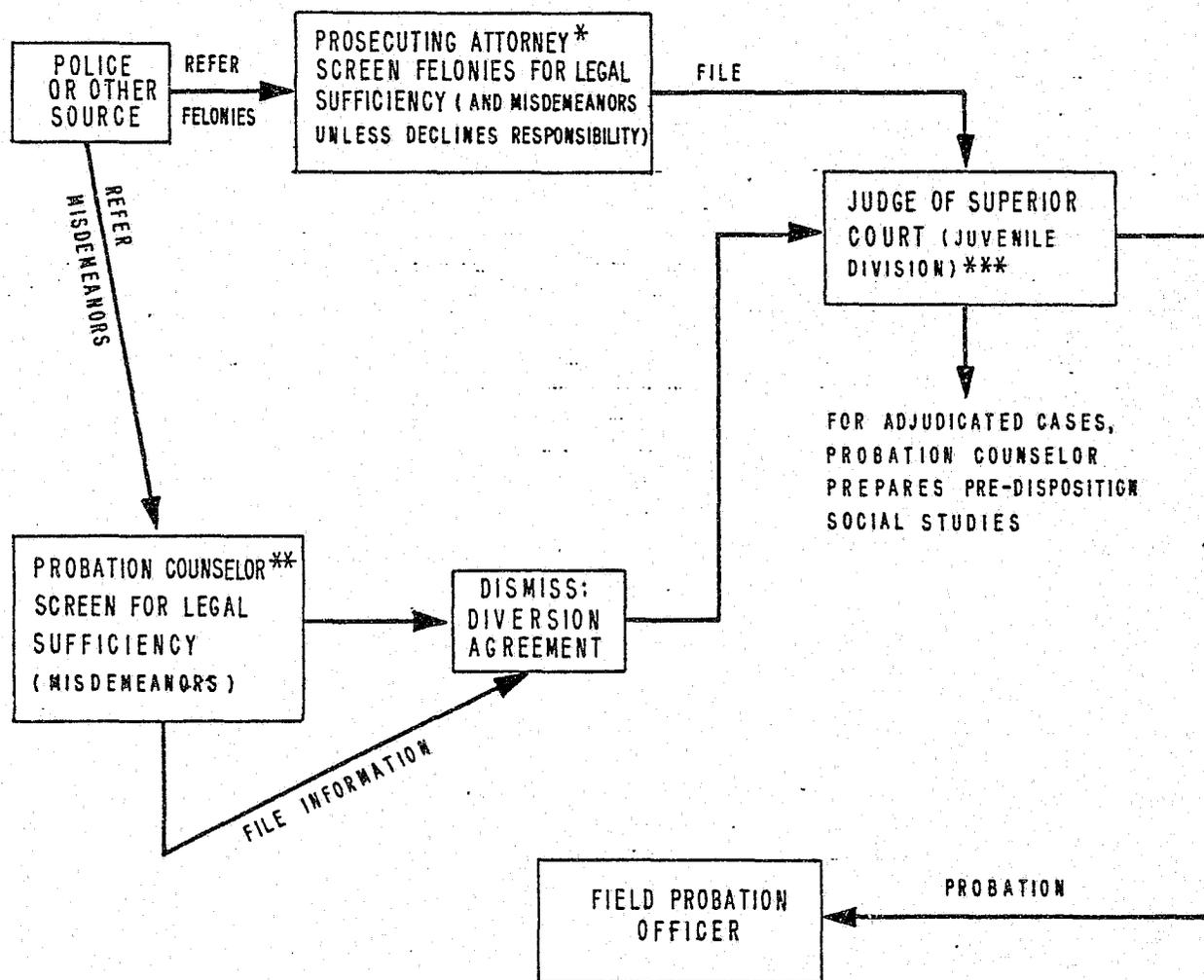
\*\*Highest court of general trial jurisdiction.

Source: Adapted from participants attending the Juvenile Intake Symposium, Santa Fe, New Mexico, May 1979.

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (Sacramento, CA: American Justice Institute, 1980).



FIGURE E-7  
**JUVENILE INTAKE PROCESS IN WASHINGTON**



\*By statute, prosecutor shall file a petition on all Class A and B felony offenses, and for additional specified offenses or offense combinations, and may file a petition on a Class C felony. For all other offenses, prosecutor shall refer the complaint to the probation diversionary unit for the formation of a diversion agreement.

\*\*Prosecutor functions for misdemeanors shall be performed by probation counselors if prosecutor advises court he will not review misdemeanors.

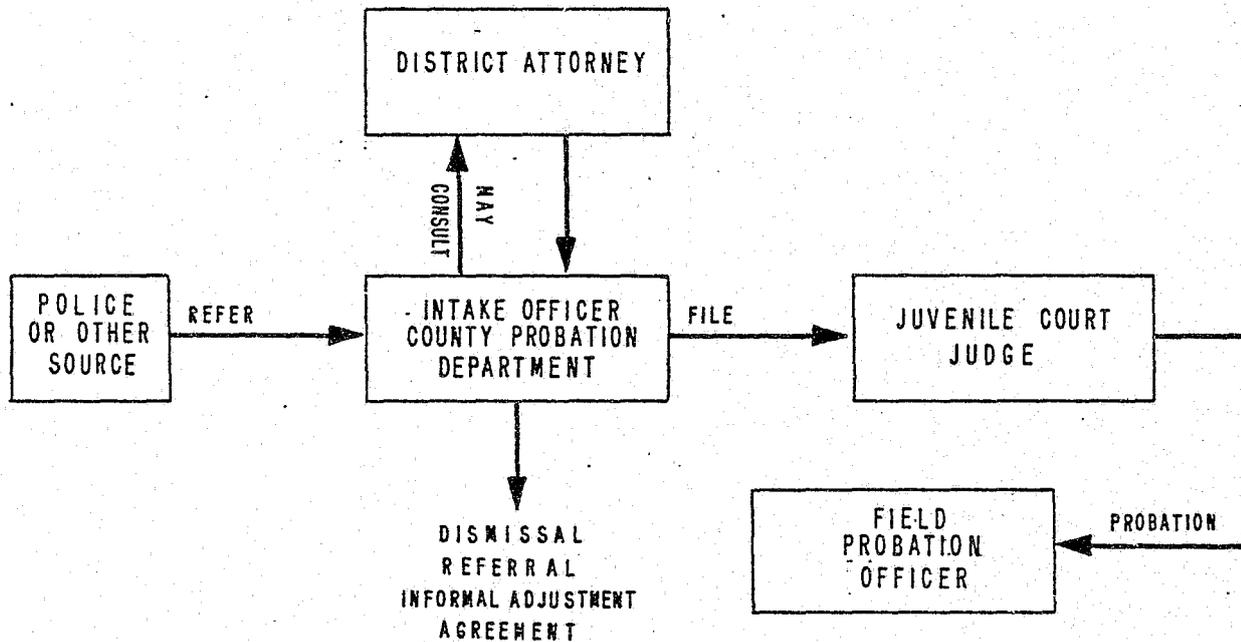
\*\*\*Highest court of general trial jurisdiction.

Source: Adapted from participants attending the Juvenile Intake Symposium, Santa Fe, New Mexico, May 1979.

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (Sacramento, CA: American Justice Institute, 1980).



FIGURE E-8  
**JUVENILE INTAKE PROCESS IN ALABAMA**



\*Complaint is filed with the Intake Officer. The Intake Officer makes a "preliminary inquiry": (a) is jurisdiction and probable cause established? (b) is action in best interests of child and public? (c) is informal adjustment possible?

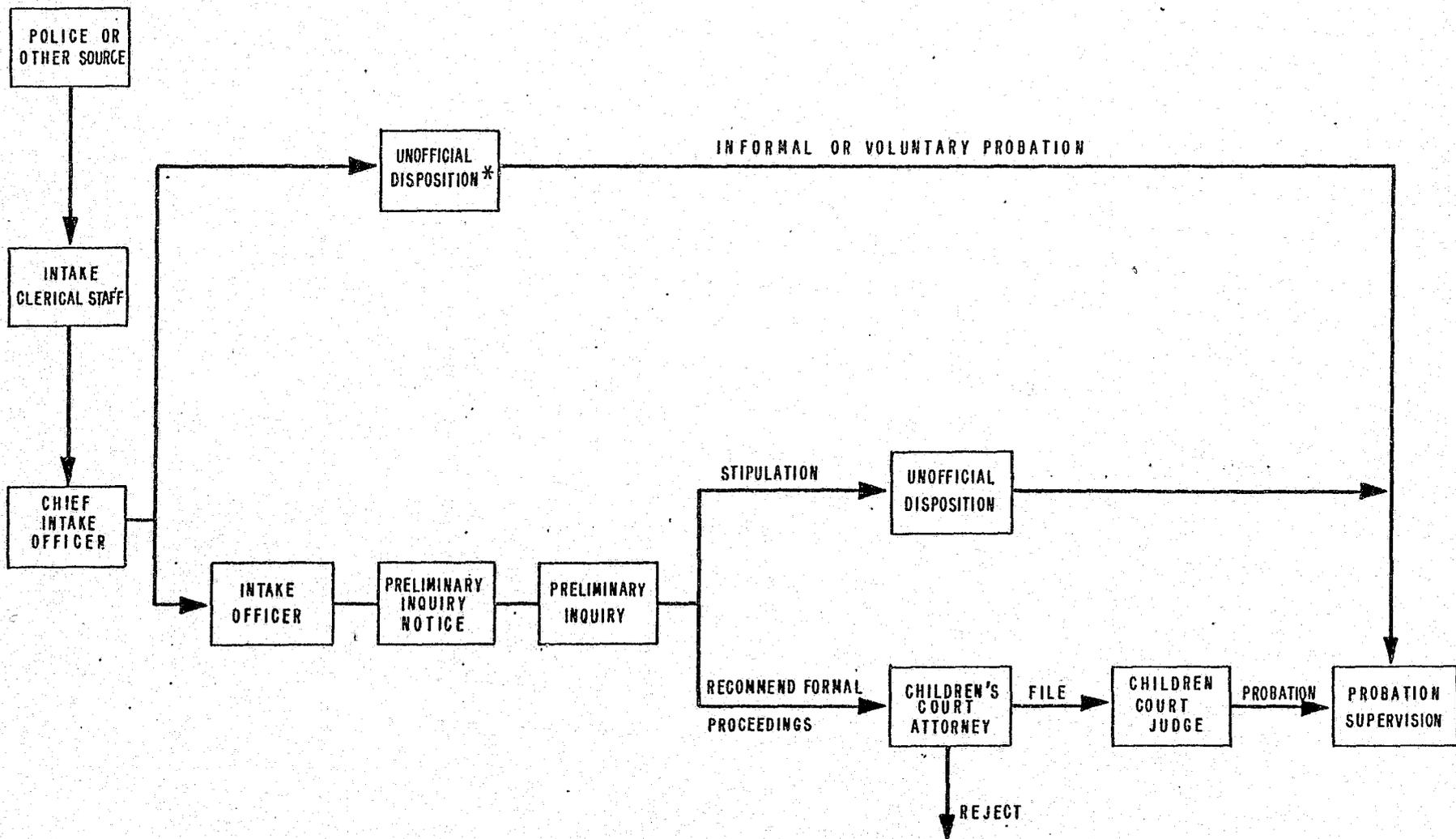
\*\*The Intake Officer may consult with the Deputy District Attorney, but makes final decision on petition filing. Appeal of Intake Officer's decision is to Intake Supervisor. Intake Officer prepares petitions with help from District Attorney as needed.

Source: Adapted from participants attending the Juvenile Intake Symposium, Santa Fe, New Mexico, May 1979.

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (Sacramento, CA: American Justice Institute, 1980).



FIGURE E-9  
 JUVENILE INTAKE PROCESS IN ALBUQUERQUE NEW MEXICO

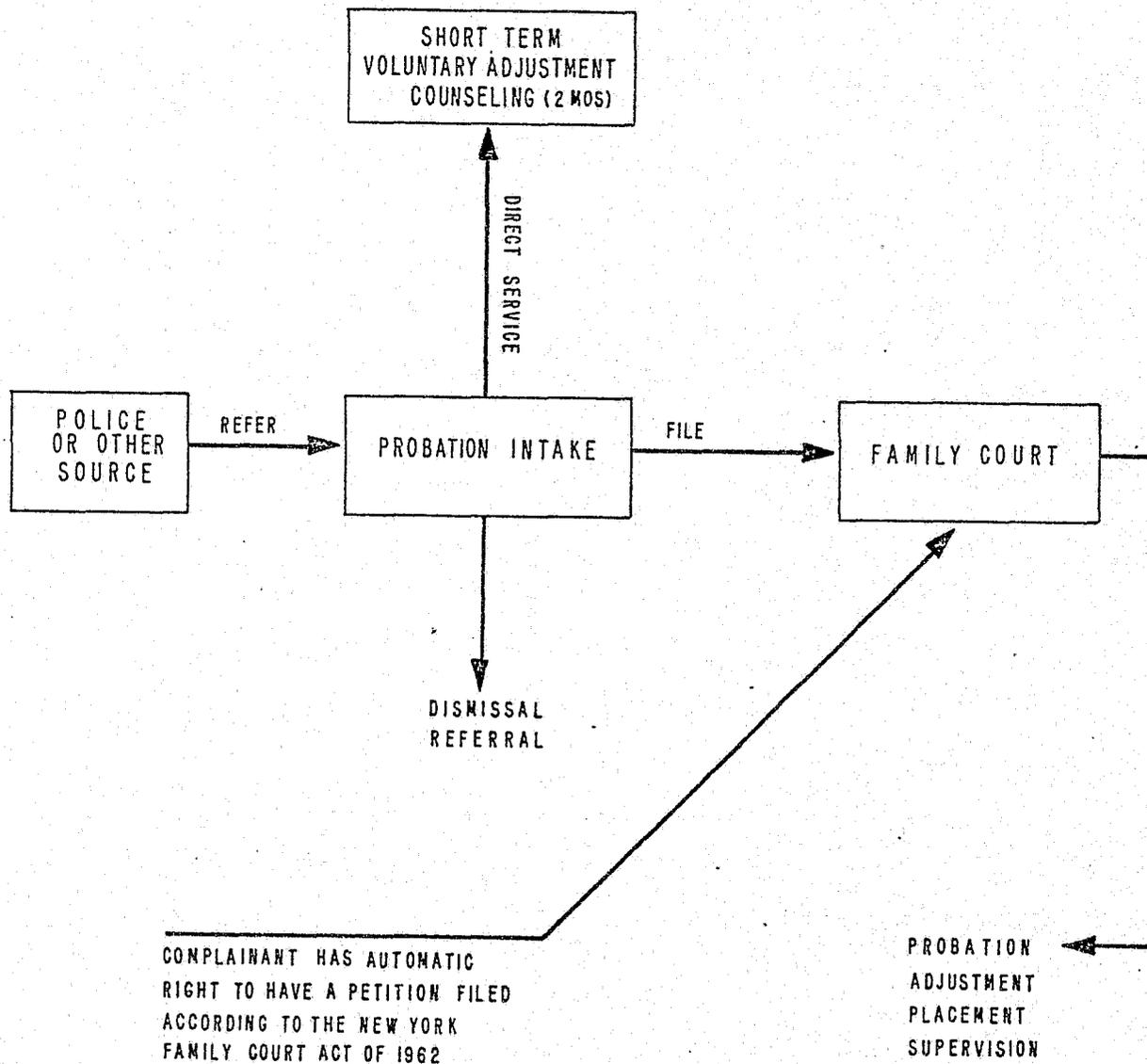


Source: Adapted from participants attending the Juvenile Intake Symposium, Santa Fe, New Mexico, May 1979.

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (Sacramento, CA: American Justice Institute, 1980).



FIGURE E-10  
 JUVENILE INTAKE PROCESS IN NEW YORK



Source: Adapted from participants attending the Juvenile Intake Symposium, Santa Fe, New Mexico, May 1979.

Table constructed by the NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER, (Sacramento, CA: American Justice Institute, 1980).



APPENDIX F

24-HOUR JUVENILE INTAKE SERVICE SURVEY



# NATIONAL JUVENILE JUSTICE SYSTEM ASSESSMENT CENTER 24-HOUR JUVENILE INTAKE SERVICES SURVEY

## — INSTRUCTIONS —

TO: Chief Probation Officers and Juvenile Court Officials

The National Juvenile Justice System Assessment Center, operated by the American Justice Institute, is requesting your participation in a survey directed toward juvenile court and probation agencies' use of 24-hour intake services. This survey is part of a national assessment the Center is undertaking to determine the function and impact 24-hour intake services have on the handling of referrals in the juvenile justice system.

The results of this survey will be used to estimate nationally how many jurisdictions operated 24-hour intake units and the number of hours intake screeners are actually on-site and on-call. The survey is also intended to provide information about who and what kind of staff make intake screening decisions, including the role and authority of local prosecutors.

Other information about referral workload, intake staffing patterns, and case disposition decisions is also being collected in order to explore whether the availability of 24-hour intake services affects juvenile processing decisions.

Juvenile courts and local probation departments in 23 states are being surveyed. THE SURVEY IS CONFIDENTIAL AND NO AGENCY WILL BE IDENTIFIED. Only basic summary analysis will be made of the results, and no geographic area, region, or agency will be compared. The survey questions are designed to be easily answered from information that many agencies routinely compile for internal case load management purposes or for annual reports to external funding boards.

Your cooperation would be greatly appreciated. If you have additional questions about any aspect of the survey, please contact T. Edwin Black, Principal Investigator, National Juvenile Justice System Assessment Center, Sacramento, California 95814 at (916) 444-3096.

## — SURVEY INSTRUMENT —

### Juvenile Intake Services

1. Does your agency provide 24-hour intake and screening services for juveniles?  Yes  No

2. How many hours are intake screeners actually on-site/on-call each day?

Weekdays		Weekends	
On-site	_____ Hours	_____	_____ Hours
On-call	_____ Hours	_____	_____ Hours

3. Does your agency have "specialized" intake officers whose primary responsibility is screening juvenile case referrals?  Yes  No

If yes, how many? Intake Officers \_\_\_\_\_ Intake Supervisors \_\_\_\_\_

4. If your agency **does not** have specialized intake officers, who is primarily responsible for screening juvenile case referrals?

(Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Field Supervision Officers             | <input type="checkbox"/> Detention Facility Personnel  |
| <input type="checkbox"/> Court Clerk                            | <input type="checkbox"/> Prosecuting Attorneys Staff   |
| <input type="checkbox"/> Court Officers (specify by job titles) | <input type="checkbox"/> Other (specify by job titles) |

What is the total number of these staff that perform intake and case screening duties? Number of Staff \_\_\_\_\_

5. Does the local prosecuting attorney have any responsibilities in the juvenile case decision process in your jurisdiction?  Yes  No  
If yes, what are their specific case responsibilities?

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### Juvenile Referrals

6. How many juveniles were referred to your court or probation agency in 1978?

From Law Enforcement Sources \_\_\_\_\_  
From All Other Sources \_\_\_\_\_

7. Detention center statistics for 1978:

Total Referrals	_____
Number Detained More than 4 Hours	_____
Rated Capacity in Number of Beds	_____
Average Daily Occupancy	_____
Average Length of Stay in Days	_____
Average Daily cost of Housing	\$ _____
What percentage were detained in:	_____ %
	_____ %

Secure Facilities  
Nonsecure Facilities

### Juvenile Case Dispositions

8. How many juveniles referred to you were handled **non-judicially** (without formal court intervention) in 1978?

\_\_\_\_\_ Delinquents  
\_\_\_\_\_ Status Offenders  
\_\_\_\_\_ All Other

9. How many delinquent petitions did your agency formally file or request be filed with the juvenile court in 1978?

\_\_\_\_\_ Delinquent  
\_\_\_\_\_ Status Offender  
\_\_\_\_\_ All Other

If we wish to contact your agency for further information who should we contact:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name & Address of Respondent (used for followup)

TO MAIL: FOLD BOTTOM END UP ①, TOP END DOWN ②, AND STAPLE

