INNOVATION AND EXPERIMENTATION IN JUVENILE CORRECTIONS: IMPLEMENTING A COMMUNITY REINTEGRATION MODEL FOR VIOLENT JUVENILE OFFENDERS

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INTRODUCTION

Nearly a century ago, the juvenile court was founded in part on the belief that young offenders can and should be rehabilitated (Platt, 1967; Feld, 1983). The reformers presumed that youthful crime was merely a deviation on the developmental path to maturity, and that simple interventions to correct these ills could restore the youth toward a law abiding and productive future. Early rehabilitative efforts were aimed at alleviating the underlying causes of youthful misbehavior. Consequently, the goals of treatment rapidly became enmeshed in the rehabilitative policies of the juvenile court (Gottfredson, 1982). Accordingly, systems of control and rehabilitation were quickly established in each state to provide treatment interventions for youths deemed by the court to be in need of such services (Lerman, 1975).

What to do about delinquents has been a difficult question, as well as a perpetual problem. A recent national commission recommended that "it is necessary to clarify assumptions about what causes delinquency before deciding . . . appropriate actions to reduce [it]" (NAC, 1977:8). Yet, there is little agreement on the causes of delinquency, other than that there is no single cause. The juvenile courts typically encounter youths with a variety of problems, from biological and psychological deficiencies to poor family and social environments (Weis and Sederstrom, 1981; Fagan and Jones, 1984; Greenwood and Zimring, 1985). It is not surprising that the juvenile justice system has embraced a wide range of treatment efforts to address these causes. Over the years, the success of these efforts has been measured by the subsequent reductions in the criminality of their recipients.

In recent years, the prevailing wisdom is that such efforts do not work (Bailey, 1966; Slaikeu, 1973; Martinson, 1974; Gendreau and Ross, 1975; Lipton, Martinson, and Wilks, 1975; Cook and Scioli, 1975). In turn, the wisdom of the parens patriae policies which spawned them have been questioned. The presumed failure of rehabilitative interventions, inferred largely from rising rates of serious juvenile crime, has been generalized to support significant shifts in juvenile justice policy. Increases in serious, chronic, and violent juvenile crime in the past decade have led to suggestions to narrow or eliminate the jurisdiction of the juvenile court (Hamparian et al, 1982; Feld, 1983; Rudman, Fagan, Hartstone, and Moore, 1986). In other words, the "nothing works" argument has been translated into policy (e.g., longer sentences, transfer to criminal court)

which assumes that current rehabilitation efforts cannot reduce serious juvenile crime. Longer terms of secure confinement and increased use of criminal sanctions to punish juvenile offenders have replaced the individualized treatment responses of the juvenile court.

IMPLEMENTATION, TREATMENT EFFECTIVENESS, AND POLICY

The loss of public confidence in rehabilitation arguably is related to the apparent inability of juvenile justice agencies to implement effective treatment programs, especially for the most dangerous offenders in the juvenile justice system. A closer look at these conclusions suggests perhaps a more complex relationship between treatment and subsequent behaviors. Several reviewers have noted that the rehabilitative failure argument presumes rigorous treatment evaluations which correctly reject hypotheses about the effects of various interventions (Sechrest, White, and Brown, 1979; Gottfredson, 1982; Fagan and Hartstone, 1984; Rezmovic, 1984). Yet this has hardly been the case. The conclusions may be based more on the absence of empirical evidence that treatment is effective, rather than on conclusive evidence that treatment does not work. However, no proof is not the same as disproof. In turn, the rejection of rehabilitative policies may be premature.

The weaknesses of the evaluation studies which underlie the "nothing works" conclusions are now widely recognized. The persistent claims that treatment is ineffective are based on surveys of treatment evaluations which also point out the weaknesses of their designs. For example, neither statistical nor experimental controls were consistently applied (Logan, 1972); accordingly, no attribution of effects was possible. Other programs were marked by inconsistencies between theories and intervention practices or outcome measures. More often, the absence of theory led to widely divergent intervention practices. They often were not well grounded in the theories and causal assumptions which explained delinquent behavior. Cressy's (1958) observation appears to hold true for the more recent efforts: rehabilitation tends to label as theory anything that programs do. Some programs are often atheoretical, relying on the vision or zeal of staff to achieve behavioral changes. Also, outcome measures often were insensitive to incremental changes in behavior, such as reduction in the rates, severity of crime, or intervals between crimes.

Finally, most studies paid insufficient attention to the degree to which the intervention was actually implemented. Evaluators often speak of "the program" or "the treatment" as if the experience of each program client was identical (Mark, 1983). This often leads to the use of a dichotomous treatment variable in models designed to estimate treatment effects (Cook and Poole, 1982). However, this assumption of a "black box" has been challenged in the recent evaluation literature (Sechrest and Redner, 1979; Cook and Poole, 1982; Mark, 1983; Scheirer and Rezmovic, 1983; Rezmovic, 1984). Often, program participants are exposed to a variety of experiences, despite their participation in an ostensibly uniform program. This variability is likely to increase with multiple program sites, where organizational and operational characteristics affect treatment implementation. Differences in clients' motivation and characteristics, program personnel, and site characteristics can cause differences in treatment implementation.

Implementation is not an all-or-nothing matter. The assumption of uniform implementation and a dichotomous treatment variable can lead to erroneous conclusions that a treatment was ineffective, when, in reality, implementation was inadequate to afford a valid test of the program. Inattention to variability in treatment implementation, for example, would discount the possibility that the interventions were not sufficiently strong to create attitudinal or behavioral change. It also may be that the treatment appeared ineffective because it was not received by a majority of clients, or that it was not implemented as designed. In other words, the failure to measure treatment implementation in analyses of treatment intervention can severely confound the interpretation of results (Cook and Poole, 1982). As Sechrest and Redner (1979) point out: "Any conclusions about whether a treatment is effective or not must be reached in full knowledge of just how strong the treatment was" (p.23).

It is impossible to say how often studies have concluded that treatments were ineffective when they should have concluded that weaknesses in treatment implementation precluded definitive conclusions on their effectiveness (Rezmovic, 1984). Sechrest, White, and Brown (1979) and others have found this to be particularly true for correctional interventions. If evaluations have been performed on poorly implemented correctional intervention programs, then the "nothing works" doctrine and the delinquency policies which flow from it seem unfounded. It is more likely that innovative methods have not been well tested, and that worthwhile programs have been overlooked or incorrectly classified as ineffective. In fact, Currie (1985), Greenwood and Zimring (1985), Romig

(1978), Neithercutt (1978) and others have found treatment programs for serious juvenile offenders that were demonstrably effective. Accordingly, the further evolution of delinquency policy should reexamine the available evidence on treatment effectiveness, and await new developments in the measurement of treatment implementation.

MEASURING IMPLEMENTATION

Implementation has been much discussed throughout the social policy literature, but rarely studied until recently (Pressman and Wildavsky, 1984). Partially in response to the "nothing works" doctrine, and also because of their frequent inability to explain the outcomes of their studies, evaluation researchers in crime and delinquency now emphasize the importance of measuring program implementation **prior** to measuring program effectiveness (Scheirer and Rezmovic, 1983). Implementation, both as delivered and received, can be regarded as a continuum, to be measured and incorporated into treatment research. However, current implementation measures of implementation may not be adequate for rigorous research. Also, there are no standard paradigms for measuring implementation.

The measurement of implementation is a relatively new endeavor in social science. Pressman and Wildavsky (1984) regard implementation as the first step in a chain of causal events leading to an outcome. Understanding implementation provides the ability to "forge links in the causal chain to obtain the desired results" (p. 8). Scheirer and Rezmovic (1983) distinguish between the "degree of implementation" and "implementation processes." The former refers to the changes which have occurred toward use of the innovation being tested. Implementation processes are the sequences of organizational changes which account for the degree of implementation.

Sechrest, White, and Brown (1979) emphasized the importance of understanding the **strength** and **integrity** of intervention to explain treatment effects. Integrity refers to the extent to which the treatment provided conforms to the design. The strength of intervention refers to the degree of exposure of participants to the services and treatments provided. Knowledge of a range of factors such as the duration, frequency, and intensity of treatment; the treatment environment; training and qualifications of the staff; staff intentions and motivations; the target population; and external events and

constraints are essential to an understanding of the process and outcome of implementation. For example, Greenwood and Zimring (1985) argue that focusing exclusively on the type of intervention presumes that "treatment" dominates all other program variables. Variables other than treatment "mode" should also be examined in well-articulated programs to fully understand program outcomes. However, whether it is the underlying theory or the zeal of the implementors which contribute to implementation and outcome is an empirical question.

Despite agreement that different measurement techniques will yield divergent findings, there have been few efforts to standardize or validate implementation measures. Different components of an innovation may be implemented with varying strength and integrity, requiring independent and multiple measures for each component. The constructs described above provide some early clues for implementation measurement. Scheirer and Rezmovic (1983) reviewed 74 studies of treatment implementation, and identified five measurement criteria which can accurately reflect the extent to which implementation takes place: the use of multiple measurement techniques for each construct; the presence of an operational definition of each component; the examination of reliability; the assessment of validity; and the use of sampling. Adhering to these criteria enhances the confidence levels in the measurement of implementation. With the empirical knowledge developed from these procedures, researchers can determine the intervention activities or components necessary to achieve program goals.

A CASE STUDY: THE VIOLENT JUVENILE OFFENDER PROGRAM

The attention and concern over serious and chronic juvenile offenders has led to calls for restricting the scope and authority of the juvenile court (Feld, 1983). In large part, this is based on evaluation research which fails to show methods to control or reduce violent delinquency. Accordingly, the rehabilitative policies of the juvenile court are brought into question. But the inattention to implementation suggests that valid assessments of treatment may have yet to occur. Juvenile justice agencies, in responding to the criticisms of rehabilitation, must raise the quality and effectiveness of treatment interventions, especially for violent, serious, and chronic offenders. Innovation and experimentation are

needed which emphasize theoretical and practical considerations. The implementation of these efforts should be closely studied to determine the promise of treatment intervention.

This study examines the results of such an experiment. The analysis of implementation examines which dimensions of the program design are implemented and to what degree; which are mitigated or weakened by factors within and external to the program design. A discussion then follows on whether such experimentation can occur in the justice system, and what happens to innovation during the implementation process. Thus, this paper seeks to demonstrate and operationalize a methodology to measure implementation, and to identify the factors which impact implementation in a treatment experiment for the most difficult population in juvenile corrections.

PROGRAM ORIGINS AND INTENT

In 1980, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) of the Department of Justice initiated a research and development program to test experimental programs for the treatment and community reintegration of chronically violent juvenile offenders. The program was launched at a time of rising rates of violent juvenile crime (Strasburg, 1984) and growing disaffection with the rehabilitative policies and programs of the juvenile justice system (Miller and Ohlin, 1984). At its inception, the program was seen as providing needed information more closely to evaluate the rehabilitative ideals of the juvenile court, and to determine whether it could address public safety concerns while providing remedial interventions to its most problematic offenders. The results of the treatment experiment were seen by many as a bellweather of the future of the parens patriae policies.

The Violent Juvenile Offender (VJO) Research and Development Program was designed to implement an intervention model integrating strain, control, and learning theories, and to measure its impact on the subsequent recidivism and social outcomes compared to youths assigned to "mainstream" juvenile corrections programs. The integrated theory addressed the variety of correlates and causal paths leading to violent delinquency, and was based on earlier integrations of theory (cf., Elliott et al, 1979; Hawkins and Weis, 1980; Fagan and Jones, 1984), which stressed strengthening prosocial bonds and "unlearning" delinquent bonds while developing skills applicable to the community setting. The

program design emphasized the transition and reintegration of program youths into the community following correctional intervention.

The research and development strategy was chosen to address the methodological initiatives of prior treatment research. Experimental design, integration of theory into both research and intervention elements, and close monitoring were strategies to ensure that the program results could be generalized. The program design incorporated "performance measures," or operational definitions of each element, to bridge from theory to practice. The program development strategy was designed to strengthen implementation and minimize variability across sites. This included training of program personnel responsible for service delivery, the development of supportive materials to ensure that operational definitions were communicated in practical and consistent terms, monitoring of treatment delivery according to the operational definitions and performance standards, and the delivery of on-site technical assistance to address the specific needs and deficiencies of the implementing site.

The sites were selected competitively based on responses to a published solicitation. Fifteen applicants competed for five slots, all public juvenile justice agencies. The selection criteria included the applicant's proposed strategy to implement each of the elements of the program design, the size of the "target client" population, and the applicant's understanding of the research and development goals of the initiative. Each site was given a three month planning period in which to marshall the resources to execute their program designs. The projects were funded in two 18-month phases at $700,000 each.

Five test sites were selected: Boston, Denver, Memphis, Newark and Phoenix. The five projects opened between November,1981 and February,1982. Two of the five original sites closed early. The Denver project was terminated after three months due to an insufficient number of youths in the region meeting the eligibility criteria[1]. The Phoenix program was discontinued after the initial 18-month contract period, when the newly appointed Commissioner for the Arizona Department Corrections elected to discontinue his department's involvement with the initiative. Thus, three of the original five test

1. The criteria were a current adjudication for a violent felony (murder, rape or sodomy,armed robbery, aggravated assault, kidnap, attempted murder or rape, and a prior adjudication for any felony (including property offenses).

sites (Boston, Memphis and Newark) conducted a test of the intervention model for the full three year period.

In addition to these sites, the state of Michigan elected to use state funds to replicate the VJO intervention model for Detroit violent juvenile offenders[2]. The Detroit program implemented many elements of the program design (see later discussion); OJJDP elected to include the Detroit program in the research effort. The Detroit project operated between July 1,1983 and February 28,1986. This paper examines the implementation of the experiment in four test sites for a three-year period.

PROGRAM ELEMENTS

The program design included four dimensions: a multiple phase program, theoretical principles, structural elements, and the actual intervention strategies[3]. Figure 1 illustrates the integration of these dimensions, and in turn the intent of the model. The underlying theoretical principles incorporated the intervention theory and served as a bridge between theory and program. They were intended to inform program design by providing strategies for the practical application of theory. Briefly, the four underlying principles included:

- **Social Networking**--the strengthening of personal bonds (attitudes, commitment and beliefs) through positive experiences with family members, schools, the workplace, or non-delinquent peers.
- **Provision of Youth Opportunities**--the strengthening of social bonds (attachments and involvement) through achievement and successful participation in school, workplace, and family activities.
- **Social Learning**--the process by which the personal and social bonds are strengthened and reinforced. Strategies include rewards and sanctions for attainment of goals or contingent behaviors.
- **Goal-Oriented Behaviors**--the linkage of specific behaviors to each client's needs and abilities, including problem behaviors and special intervention needs (e.g., substance abuse treatment or psychotherapy).

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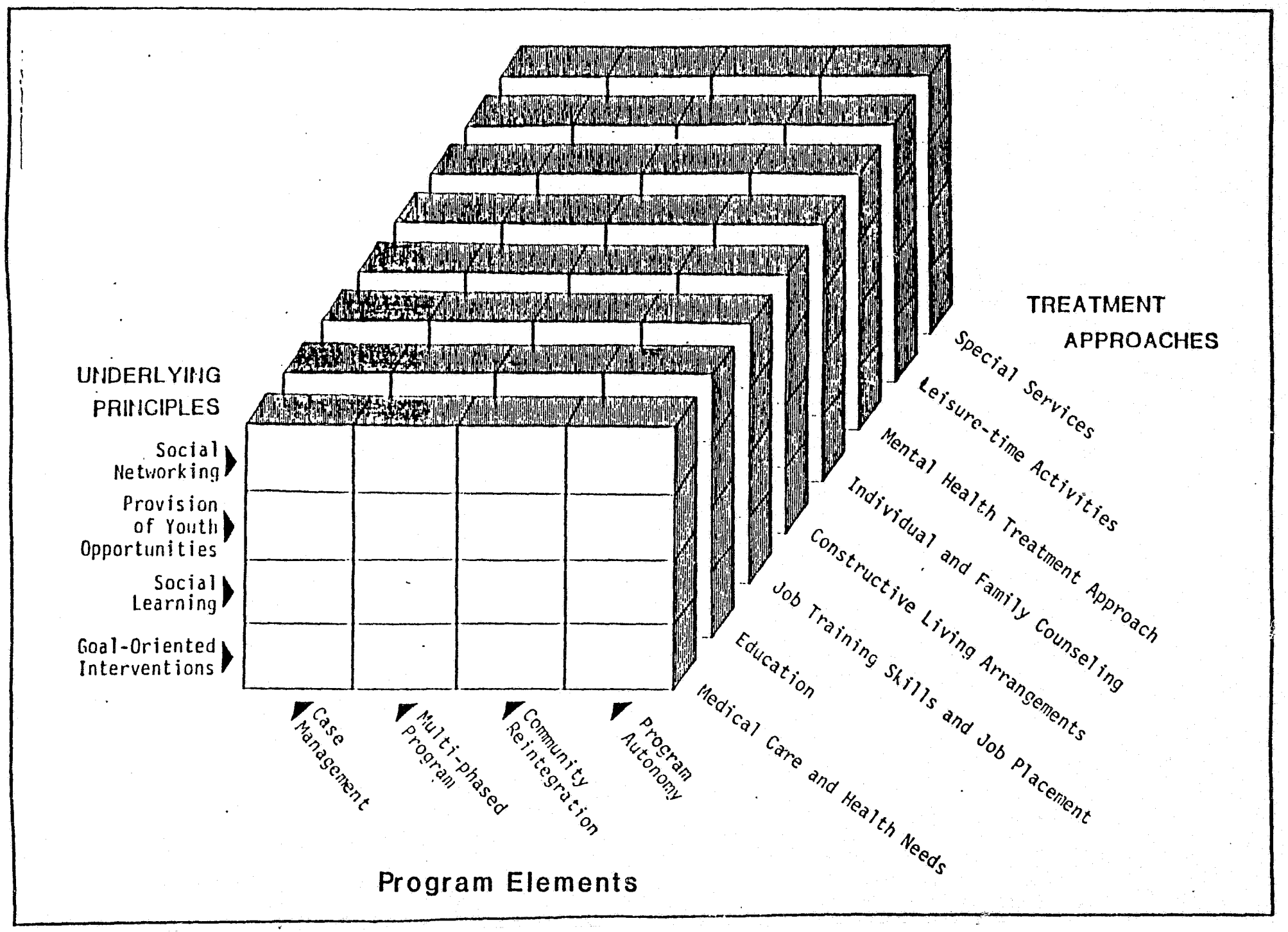
2. OJJDP juvenile justice "formula," or block grant, funds.

3. See: Fagan et al, 1984, for a full discussion of the model.

FIGURE 1

COMMUNITY REINTEGRATION MODEL



The structural elements included the necessary program components to implement the underlying principles and deliver the specific treatment interventions. Three of these elements stand out as hallmarks of the program design, and are described below. The case management approach is critical to the design:

> "Perhaps the heart of the Community Reintegration Model is continuous case management with periodic review and (as necessary) modification of each you's service needs and plans. . . . Case management serves several purposes. It ensures rational planning and continuity so that youths receive all the services they need in a timely, efficient, and continuous manner. It builds in clear and consistent expectations for youths across numerous service agencies, maintains important relationships throughout the entire correctional program, provides opportunities for rewards where gains are made, and keeps the youth in touch with the positive elements of his or her environment." (Fagan et al., 1984, p. 216)

The "Community Reintegration Model" name reflects the value placed on efforts to reintegrate youths into their communities, throughout the program phases:

> "Projects should stress the eventual successful reintegration of youths into their communities, and must include follow-up with participating youth and their families through (and, if feasible, beyond) the completion of the programs. A simple rule-of-thumb can be followed; projects should spend as many dollars on youths when they are in the community as they do in earlier phases, through supervision and purchase of services. . . . Thus, the importance of community reintegration lies both in sustaining new behaviors and skills learned during treatment and in reinforcing the modification of these behaviors during adaptation to family and community life on the streets and in the workplace. (Fagan et al, 1984, pp. 219-220)

The third dimension of the program design refers to the specific skills and deficits which describe violent delinquents: education, job skills, medical health, living skills, family attachments, and mental health care (Strasburg, 1978; Fagan and Jones, 1984). The analyses below describe the implementation experiences of four sites which were selected to participate in the VJO program. The results provide important lessons for the future of innovation and experimentation in juvenile justice.

The program design required a multiple phase residential program which included: secure care, community based residence (CBR), and community living or community reintegration. As stated in the performance measures:

The reasons for a multi-phased program are, to ensure that project youth receive the maximum amount of treatment in the least restrictive environment; to provide the opportunity to balance programmatic structure with the safety and well being of the project youth and staff and the general community as a whole; to provide project youth with a gradual reentry into community living; and to assist project youth in the development and strengthening of community bonds and relations which will help support the youth when he completes program involvement. (Cook et al, 1983:6)

METHODS

The primary objective of the VJO program has been to test in multiple and divergent sites the implementation and impact of a theoretically driven intervention model developed specifically for violent juvenile offenders. The research design utilizes multiple measures of the strength and integrity of each site's model implementation.

DATA SOURCES

Data on mode implementation was gathered through several methods: participant observation, staff questionnaires, youth interviews, and monthly data abstraction.

Observations. Field researchers were stationed at each project for the duration of the experiment. They observed staff-resident interactions, attended staff meetings, gathered program documents and often talked with staff and residents in informal settings. Field staff were trained and instructed to closely observe implementation efforts . They used a structured format for documenting implementation, based on operational definitions of the performance measures of the program design.

Surveys. Staff perceptions of implementation were obtained through a questionnaire to all staff midway in the experiment. Items included questions on program operations and staff assessments of the key program components.

Interviews. Project and control group youth were interviewed at regular intervals: upon release from secure care; movement from a group home to a community residence; and at the end of project (or agency) supervision. These interviews were similar to the staff questionnaire. Interviews were voluntary, and youths were paid a stipend for each

interview[4]. (The number of youth interviews completed at each site can be seen in Table A-1 in the appendix.)

Case Records. Finally, staff in the experimental programs completed monthly forms describing several aspects of implementation for each youth. These included tallies of rewards and sanctions given to each youth during the month (measures of social learning) and behavioral ratings (violence, social relations).

MEASURES

The discussion below briefly reviews the measures and specific data collection methods used to assess central components of the program model: an integrated phased program, underlying theoretical principles, case management, and community reintegration.

Integrated Phased Program. Implementation of integrated, multiple phases (secure, community based residence, and community reintegration) and the continuity of treatment across phases were measured through observations by field staff, reviews of program documents and case records, and site liaison also closely observed the way that the local projects sought to implement an integrated program from what were typically geographically, and in some instances administratively, separate program phases and components.

Underlying Theoretical Principles. Several methods were used to measure the strength and consistency of the theoretical principles in the experimental sites. Particular attention was paid to the use of rewards and sanctions as a social learning tool. Both staff and youth responded to interview items comprising scales specifically designed to assess their perceptions of the extent to which the theoretical principles were incorporated into each program's operating environment. The "Social Climate Scales" corresponded with the four principles described earlier. The scales were adapted from Miller and Ohlin (1984) in a

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4. Interviews were voluntary, and youths were paid $10.00 for each interview. Field staff were extremely successful in obtaining interviews with experimental group youths upon leaving secure care or the CBR. The most difficult interviews to obtain were control interviews (due to the geographical distance of many control youths) and experimental/control group interviews with youths residing in the community (youth often did not show up for scheduled interviews).

nationwide study of treatment interventions in secure care and non-secure residential facilities for juvenile offenders. The 87 items were sorted into four subscales, corresponding to the theoretical domains.

Implementation was measured by staff and youth scale scores in both experimental and control conditions. This is a departure from previous research on implementation, which presumed that none of the experimental orientation was present in control conditions. To measure integrity, two procedures were used. First, the distribution of scores within groups in each phase was measured to determine if differences occurred in perceptions by individuals. This was done for both youth and staff. In effect, this procedure controlled for self-selection of youth and differential participation in program services. Second, differences across program phases were compared to determine if implementation varied by program phase. In a design focused on community reintegration, we were especially concerned that treatment interventions did not erode as youths reentered community life. The resulting scale scores, including both staff and youth scores, are used as vector representations of the independent variable--treatment--for both experimentals and controls in the analyses of program outcomes.

Interpretations and illustrations of the specific strategies for each element were described through observation and case studies. The model called for the presence of these principles in each phase and component of intervention. The descriptions afforded a close view not only of what sites did, but also how they interpreted and translated the theoretical principles into interventions.

One key strategy for implementing the theory behind the model is that youths need to be provided a positive learning environment with consistent, timely, and proportionate responses to behaviors. The youths need to be taught personal accountability, have community norms and values reinforced, and have bonds established to social institutions. To assess the use of rewards and sanctions, descriptive data were collected on the project's rewards and sanctions system through observation by field staff. Also, treatment staff recorded the number and type of rewards and sanctions each month.

Case Management. Both qualitative and quantitative data were used to assess implementation of the case management component. Through case studies, field staff described the case management systems, including: caseload, social contracts, decisions on

youths' phase movement, and treatment service. The staff questionnaire (administered to all staff in both experimental and control facilities) also asked how case managers performed key aspects of their position (e.g., developed client understanding of rewards and sanctions, helped guide youths at times of crisis, provided youth with support and encouragement) and how effective case managers were in controlling violent behavior, developing client skills, improving client relations with others and facilitating community reintegration. Youth interviews described the quality and content of their relations with case managers and assessed how helpful case managers were (orientation, establishing daily routine, understanding rules, encouragement, obtaining needed services).

Community Reintegration. Again, a combination of observational and interview/questionnaire data collection techniques were used. Field staff recorded the projects' community reintegration efforts including: community reintegration efforts at each phase (secure care, group home, community living); the use of community resources; and, the use of support services and special living arrangements. Staff questionnaires elicited information on staff perceptions of projects' community reintegration efforts. A third source of data on community reintegration were youth interviews. At each phase, (secure care release, community-based residence release, exit) interviews measured youth perceptions of specific community reintegration efforts by the projects.

THE VALIDITY OF IMPLEMENTATION ASSESSMENT

Table 1 provides an overview of the extent to which these implementation evaluation strategies and methods capture the "quality criteria" described by Scheirer and Rezmovic (1983). For the four program components examined in this study, the criteria were applied consistently, especially for measurement and definitional criteria. Each component was assessed with multiple measures, including both staff and youth reports. Qualitative data were gathered by independent research staff to verify analyses and illustrate the results. Validity was assessed for two elements, and reliability for one. The others were not amenable to standard validity assessments due to the circumstances in which they were collected--by program staff involved in service delivery or with samples insufficient to support validity assessments. However, the use of qualitative data to verify staff reports provided for cross-validation of these elements.

TABLE 1--MEASUREMENT STRATEGIES FOR IMPLEMENTATION ASSESSMENT

	PROGRAM COMPONENTS			
MEASUREMENT CRITERIA	Theoretical Principles	Case Management	Rewards and Sanctions	Community Reintegration
Multiple Measures	• Social Climate Scales • Staff Questionnaire • PDP	• Youth Interviews • Staff Questionnaire • PDP	• Monthly Staff Assessment • Program Records • PDP	• Staff Questionnaire • Youth Interview • PDP
Operational Definitions	Yes-Performance Measures	Yes-Performance Measures	Yes-Performance Measures	Yes-Performance Measures
Assessment of Validity	Yes	Yes	No	No
Examination of Reliability	Yes	No	No	No
Use of Sampling or Universe	Yes-Universe of Staff and Youth	Yes-Universe of Youth and Sample of Staff	Yes-Universe of Youth and Sample of Staff	Yes-Universe of Youth and Sample of Staff

The close adherence to the quality criteria for the assessment of implementation afford confidence that treatment implementation in this initiative was fully measured and analyzed. Both the strength and integrity of intervention, analyzed comparatively for experimental and control conditions, are well understood through these methods. Finally, the organizational processes which led to the implementation outcomes are also fully analyzed through the historical analyses of program development. The results are applied later on to interpret the implementation outcomes.

RESULTS

INTEGRATED, MULTIPLE PHASES PROGRAM

The program design included a multi-phased program with at least four phases: diagnostic assessment, secure care, community based residence, and community living. These phases were designed to protect public safety while youths were placed in the least restrictive placement required. Further, by using a "transition house" and intensive supervision upon reentering the community, youths were to receive a gradual reentry back into the community. Movement between project phases was to result from progress made on the youth's performance contract.

Programs coordinated and integrated "all components of a project into a comprehensive program of progressive phases that built on each other toward successfully less restrictive environments with more opportunities to demonstrate independence and voluntary compliance with community norms." (Cook et al, 1984: p. 11). The projects attempted to:

- establish position description and job responsibilities for a Project Director (or coordinator) to assure consistent implementation of the intervention model throughout all program phases and integration of the various components into one comprehensive system;
- establish regular communication across program phases to assure two directional information sharing across all phases for treatment service planning and consistency in administering rewards and sanctions;

- review operations to assure that services and interventions were progressive and consistent, building upon those provided at earlier phases; and
- establish procedures which assured continuity of service providers across phases when ever possible.

While all sites implemented a multiple phase program to meet these guidelines, each project had a distinct configuration of phases, with divergent strategies for achieving integration across phases. The four sites varied considerably with regard to: the proximity the secure facility to the community based residence, the autonomy given to each facility, and the interaction by staff across program phases. Moreover, each test site experienced a different set of problems satisfying the goals stated in the performance measures. While all of the programs offered a program description satisfying the performance measures for an integrated multi-phased program, each test site experienced problems which led to programs in practice, which were quite different from the programs on paper.

The program which structurally seemed to be the most conducive to providing integrated and consistent services across program phases was the SCVOP in Memphis[5]. The SCVOP was operated by a private vendor under contract to the Shelby County Juvenile Court. The private vendor implemented a four phase program which had three residential phases (secure care, semi-secure care and simulated independent living), all located on the same grounds. By locating the different phases together, it was felt that the project could maximize continuity and consistency in care and treatment of project youths and communication across staff.

The secure and semi-secure phases of the SCVOP were located in the largest house on the grounds, and youths in the simulated independent living phase were placed in a smaller house. The secure care phase was designed to achieve its security through intensive structure, locked room doors, and staff supervision. Youth were to have a strict routine with staff present at all times, even in the most secure section of the home. When in the semi-secure stage, residents were placed in the front of the building and were not required to have have their doors locked at all times. The youths could move about the secured areas of the building freely as long as staff knew where they were. Youths in the simulated independent living phase were required to have job or be enrolled in school

5. Shelby County Violent Offender Program

full-time. They resided in the small house and were responsible for attending school/work, shopping, cooking, etc. They were free to leave the campus as long as they had approval from staff and specific plans.

While the program contained three residential phases, the same staff worked at all three phases. Further, the residents participated jointly in certain services (e.g.,education) and activities (e.g., leisure). Thus, the intent was to have three separate but integrated phases on the same grounds, which would benefit from the sharing of staff and services but maintain different freedoms and privilege for project youths according to the phase the youth had earned.

Despite its good intent and apparently advantageous structure, the project experienced difficulty meeting the guidelines for an integrated multiple phase program. Specifically, the program experienced considerable difficulty maintaining separation of the three phases. As a result of staff's working across project phases, youth joining together in activities and services, and youths from the small house going to the large house to take advantage of the additional recreational activities present, the project's phases became blurred. Staff frequently were confused as to the current assigned program phase and appropriate privileges of the project youths. The problem of blurring program phases was exacerbated when the large house used initially for secure and semi-secure phases was taken back from the SCVOP by the Shelby County Juvenile Court. The space in the houses did not allow for separate areas for what were to be different phases. With so many youths in so little space, staff found it nearly impossible to keep track of which youth was in what phase.

Thus, it appears that the promise for enhanced program integration of having the various program phases housed on the same grounds also brings about the risk of excessive integration to the point of losing the desired program phase distinctions. That is, the objective of multiple phases with different security precautions, client responsibilities, and community involvement and access becomes threatened when the different components are so integrated that staff loses its ability to distinguish the youth's program status.

The Newark program, Project Genesis, was jointly operated by the New Jersey Department of Corrections (DOC) and the Essex County Division of Juvenile Services.

Though the program contained all the necessary elements for an integrated multiple phase program, it experienced problems in implementation (e.g, staff shortages, threats to program autonomy) which detracted from these objectives.

Youths assigned to the Genesis program were initially placed within one of the DOC intake facilities for a diagnostic review. After completing the diagnostics, youths assigned to the Genesis program were first placed into the secure care program component located at the Essex County Youth House (ECYH) in Newark[6]. Youths were placed in a isolated wing in the facility which contained 11 rooms for residents and a day room. Although the ECYH is a secure detention facility run by the county of Essex, with the exception of psychological counselling, all treatment was provided to the project youth by Genesis staff. Due to the limited size of the wing provided, the youths were frequently taken on trips into the community and they spent an average of only six months in this program phase. Project case managers were located at the ECYH and consistently spent about 25% time on-line coverage. The third phase of the program was a community based residence, referred to as the residential unit, housed in a county building in Newark and within a couple of miles of the ECYH. The residential program housed up to 12 youths and was separated from the rest of the building programs. The residential phase provided a full range of in-house treatment services. The program was designed for Genesis staff to work at both the secure and residential facilities in order to promote continuity and consistency in treatment. The last phase of the Genesis program was referred to as the Mentor phase and it included three options (home, mentor or independent living) based on resident need. The program was designed to quickly move youth from one phase to the next as they met criteria for movement based on treatment progress and behavioral control.

Despite the fit of the above design into the multi-phase program described in the performance measures, the Genesis program did not meet performance standards mandates in practice. Most of these difficulties resulted from either staff shortages or limitations in program autonomy. Serious staff shortages forced the project director to drop the plan to have staff work at both program residential facilities. Staff worked at only one

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6. With six months left in contract funds, the DOC elected to move the program's secure phase to one of its training schools, JMSF. Since for most the project's life the secure care phase was at the Essex County youth House, this paper will typically use this facility for its discussion.

facility. Genesis made a few changes to develop continuity across phases (e.g.,regular staff meetings, continuous service providers) once this attempt at staff dual coverage was discontinued. For example, the vocational orientation and development which was initiated in the secure phase never evolved into additional vocational activities in the residential phase. Youths who got jobs while in the residential phase were not closely monitored for their continued employment while in the mentor phase. Staff shortages also made it impossible for staff to consistently impose facility confinement sanctions, since there were insufficient staff to maintain security both in the community and in the facility. Thus, youths who were supposed to be "grounded" were on many occasions allowed to go to scheduled community activities. Staff frequently commented on the lack of consistency within and across phases in providing youths with rewards and sanctions.

The lack of autonomy given to the Genesis program seemed to impinge on the movement of youths across program phases according to progress on one's performance contract. Again, phase movement often resulted from the amount of time the youth had spent in the facility rather than the youths' behavior. Movements seemed to reflect agency needs concerning facility beds and overcrowding rather than the youth warranting movement to the next phase. In fact, when the secure unit moved from Essex County Youth House to the state training school late in the experiment, DOC ordered a three month maximum stay in secure care. Thus, youths would not be held accountable to the achievement of the short term goals of the secure unit nor be ready to accept the responsibilities required in a community based residence. On the other hand, they maintained close contact with the community, and avoided internalizing the culture of the training school. Autonomy also proved to be an issue in the mentor phases. Youths released from residential care by DOC were placed into the custody of the state parole agency. It is the parole board that determined when a youth's behavior warrants return to residential care (parole revocation). Consequently, Genesis staff felt that they had no control over the behavior of the youth during the fourth phase as they could not hold the youths accountable for failing to go to school, work or treatment programs. They stated they were unable to continue to implement the youth's treatment plan if the youth was uncooperative.

Thus, the New Jersey program's intentions for program integration were severely impeded when insufficient staff were provided to carry out the intended plans and when external agencies or departments circumvented the autonomy of the program to make decisions

regarding client movement across program phases. However, Genesis youth avoided institutional acculturation and maintained close contacts with family and community.

The Boston Offender Program (BOP) implemented four different phases. Each unit separately met many of the objectives of a multiple phase program. However, when the program phases are examined for their integration and continuity, several issues emerge which weakened implementation.

The Boston program was operated by the Massachusetts Department of Youth Services (DYS), and consisted of four phases. The first phase consisted of a diagnostic assessment conducted while the youth was in his first residential placement (usually secure care). The second phase consisted of placement into a secure care facility run by DYS staff on the grounds of a state mental hospital 40 miles out of Boston. While the facility was a new unit for the DYS, the staff had worked together for a number of years with serious juvenile offenders. Youths placed into the third phase typically were placed into one of two privately-operated community based residences located in the Boston area. The private vendor was experienced in the operation of group homes, although most experienced in working with adult offenders. While youths were in the CBR phase, youths typically were enrolled in schools in the community and/or working at jobs located for the youth by the program. Youths were gradually moved out of the CBRs and into the community living phase. Caseworkers saw the youths frequently and school and employment activities initiated during the CBR phase were continued. Independently, each of the above phases worked well. However, throughout its duration, the BOP experienced continuous problems providing continuity in care and services across the program phases.

The main reason for these difficulties was the decision of the DYS to establish a program structured to increase the prospects of state institutionalization at the closure of federal funding. The program was integrated into the DYS system, rather than establishing an autonomous program. While advantageous for the future needs of the state system, it made the goals of continuity, consistency and integration across phases most difficult to implement.

For example, the individuals assigned to the positions of Project Director and Project Coordinator where not given line authority over the program facilities (secure care, and

community based residences). While these individuals monitored these facilities they could not direct the heads of these units. Rather, the secure care facility director reported to the DYS regional director of institutions and the CBR directors reported to the head of the subcontracted non-profit firm. This structure prevented the program director and coordinator from ensuring consistency across the two phases in three key ways.

First, the program coordinator was unable to hold facility staff accountable for failing to attend scheduled meetings and case conferences designed to share client information across program phases. As a result, many of the scheduled meetings and conferences were either canceled or sparsely attended. Second, the program coordinator was unable to implement treatment services and activities within the facilities which she thought would improve services to the clients, improve the implementation of the intervention model, or increase consistency in treatment across the phases. She did not have the authority to make changes in the facility programs. This problem was exacerbated by the fact that as a result of the well respected treatment histories of the facility staff involved, such staff were reluctant to alter the approach they had used for years to meet the demands of the intervention model being tested. The program coordinator was unable to bring about these changes.

Third, it became increasingly clear to the program coordinator that the main residential components were operating at extreme points on a structure continuum. The secure care facility operated in manner that had almost every moment of the youth's day structured. The CBR approach was to give the youth extensive freedom. While this is not unusual or surprising, it created a difficult situation for youths going from one facility to the next. There was no gradual entry into the freedom and responsibilities provided at the CBR. The program coordinator was unable to make changes in either facility to reduce the dramatic change the youth experienced upon his progression to the CBR phase.

The Detroit project, Project Regroup, was funded by the Michigan Office of Criminal Justice Planning. Consequently, it was not obligated to implement the full program design. However, Project Regroup was established to replicate a version of the intervention model, and it did receive training on the Performance Measures.

Consistent with the model, Project Regroup implemented a three phased program consisting of: secure care, transition home, and community living. However, the Michigan and Wayne County Area Departments of Social Services elected to implement the Community Reintegration Model at the "back end" of treatment: the second and third phases. There was little implementation in the secure care phase. Project Regroup sought to integrate the transition and community living phases through a unique and innovative concept--the Community Adjustment Team.

Youth in the secure care phase of the project received primarily the same care and treatment as all other Michigan youths assigned to secure care within the Wayne County Department of Social Services. Project Regroup youth were placed in either the Maxey or Adrian Training Schools. At Maxey, there were four treatment centers with eighteen treatment teams. Each of the eighteen treatment teams was randomly assigned to receive either experimental or control group youths. At Adrian, one of the four cottages was assigned for experimental group youths. Although experimental and control group youth were placed into separate units within the training schools, the care and treatment they received was not differentiated.

Youths moved from the training school into the transition phase. The group homes were run autonomously by separate private vendors and consequently they were quite different from each other. Although under contract to the Department of Social Services to participate in Project Regroup, the homes were allowed extensive autonomy. However, case managers were much more involved with the day-to-day activities and services of project youths at this phase than during secure care. In addition, case managers shared in the determination of when a youth was to leave the group home phase and enter into community living.

As was the case in Boston, the core project staff in Detroit had no line authority over the secure care and transition home facilities. Similar to Boston, this impeded continuity in care and services across the project's residential phases.

The Community Living phase of Project Regroup consisted of intensive supervision by the case managers who worked with the youth and the CAT (discussed below) to locate appropriate services and activities.

The main thrust of this version of the Community Reintegration Model was its development and use of the Community Adjustment Team (CAT). It was largely through the use of the CAT's that Project Regroup sought to integrate the program phases. Under the direction of the case managers, the CATs were central vehicles for community reintegration. The CAT included a network of interested people, agencies and services in the youth's home community tailor-made by the case manager to meet the specific needs of each youth. The CAT's were used as a basis to better assess the youth's community resources and ties, consolidate community reintegration goals, and specify goals into performance contracts. Although the CAT was not always clearly reflected in secure care activities, it was a major factor in the project's second and third phases. A major focal point of the CAT was the youth's family; the CAT promoted family involvement through a careful assessment of the family situation, provided family assistance when feasible, and sought alternative living arrangements when necessary. In addition, the CATs provided project youths positive role models and emotional and physical support, and assisted in promoting improved educational, employment and vocational opportunities.

The CAT's worked well. Recruitment of CAT members was done by Case Managers, assisted by project supervisors. The orchestration of this effort was time-consuming, though, and tradeoffs with other case manager roles became necessary. Overall, the emphasis on community phases and lesser efforts during secure care led to stronger implementation in Detroit for these phases. Other sites devoted greater effort to developing their secure care facilities, sometimes taking efforts away from important reintegration activities.

Placement Patterns and Length of Stay

The Community Reintegration Model presumed that youth would move through the sequence of phases in response to their progress in treatment. Typically, committed youth had lengthy stays in training schools, followed by periods of aftercare or parole supervision on large caseloads in the community. Length of stay usually depended on behavior in the institution, and in some locales the severity of the committing offense. The experimental program tried to depart from these practices in two ways: linking movement to less restrictive phases to progress in treatment, and using transitional, community-based residences to provide a bridge of semi-structured programming prior to community reentry. Table 2 examines the utilization of these options. The utilization

TABLE 2--UTILIZATION AND LENGTH OF STAY BY PHASE (DAYS)

Phase		Boston (N)	Boston $\bar{X}$	Detroit (N)	Detroit $\bar{X}$	Memphis (N)	Memphis $\bar{X}$	Newark (N)	Newark $\bar{X}$
Secure Care	E	(22)	172	(26)	399	(22)	125	(32)	148
	C	(16)	222	(10)	369	(17)	254	(22)	213
Community-Based Residence	E	(16)	143	(10)	153	(18)	59	(12)	228
	C	(10)	55	(2)	155*	NA**		(5)	188
Community Reintegration/ Parole	E	(10)	204	(4)	123	(7)	179	(4)	126
	C	(5)	87	(4)	219	(7)	166	(1)	241

* Figure based on two out of four control youth placed in CBR. The length of stay of the other two youth could not be verified.

**No CBR for control youth in Memphis.

data show that the phase components were well implemented and utilized according to the program intent.

CBR Placements. All programs used community-based residences more frequently and for longer average stays than the control programs. In each site, the rate of CBR placements for experimentals exceeded the rate for controls. Utilization of CBR placement ranged from 36% of experimental youth in Newark to over 80% in Boston and Memphis. In contrast, control CBR placements ranged from none in Memphis to 62.5% in Boston. In Memphis, no CBR placement existed for control youth. In Detroit, where experimental and control CBR stays were comparable, control case managers used CBR placements for the duration of aftercare, ending supervision at the same time as release from CBR. There was no "transitional" component to CBR stay in Detroit.

Length of Stay. Three of four sites had shorter lengths of stay in secure care and CBR phases for experimental youth. Detroit alone departed from this trend, but this was built into its program design. The supervision periods in the community were varied by site, though the quality of supervision differed sharply (see Community Reintegration, later on). Boston experimental youth had the longest supervision periods, and also the strongest contrast with controls. Newark and Detroit experimental youth spent more time in CBR and less on community supervision than their control counterparts. Memphis youth had similar supervision periods, though under quite different conditions.

UNDERLYING THEORETICAL PRINCIPLES

Figure 2 shows youth perceptions of the application of the underlying theoretical principles for secure and non-secure residential phases. The Social Climate Scales were designed to tap four components of the theory base: (a) social networks (youth/staff and youth/youth relations), (b) social learning (program rules, reward and sanction), (c) youth opportunities (community ties, achievement orientation), and (d) goal orientation (emphasis on social skills, decision making, and behaviors). These four elements were a conceptual bridge for translating theory into program. In a program emphasizing continuity across phases, we expected that implementation would be consistent within experimental and control groups and generally higher for experimentals across phases.

Figure 2
Youth Ratings of Program Environment

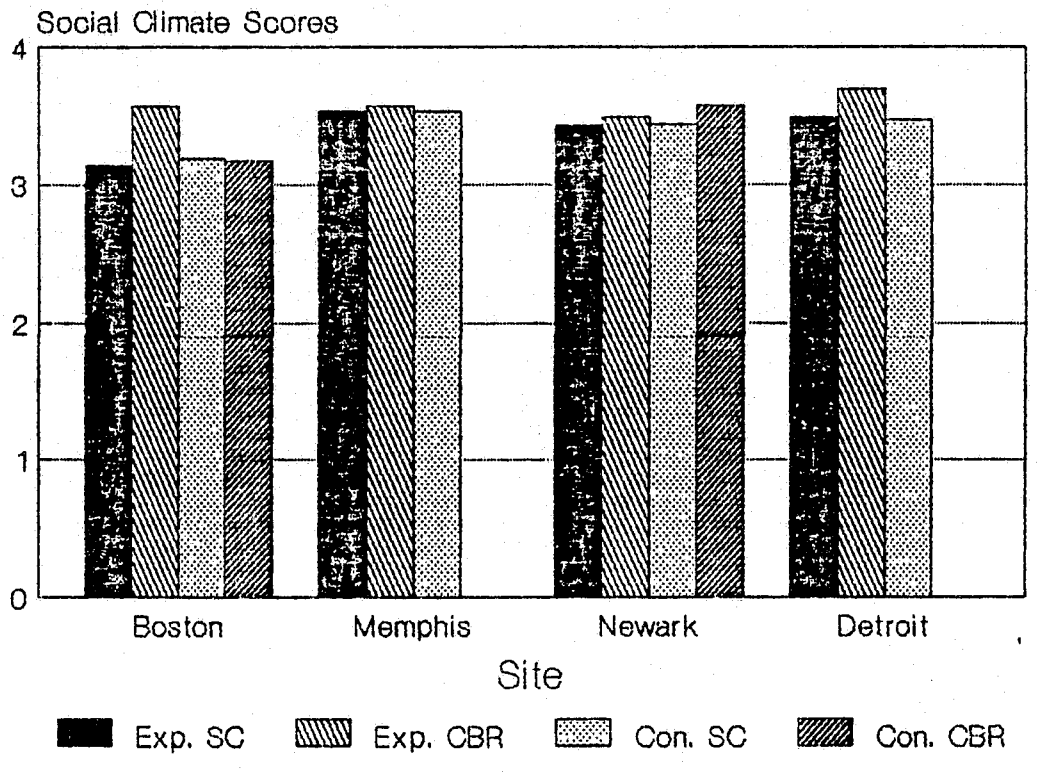

Figure 3
Staff Ratings of Program Environment

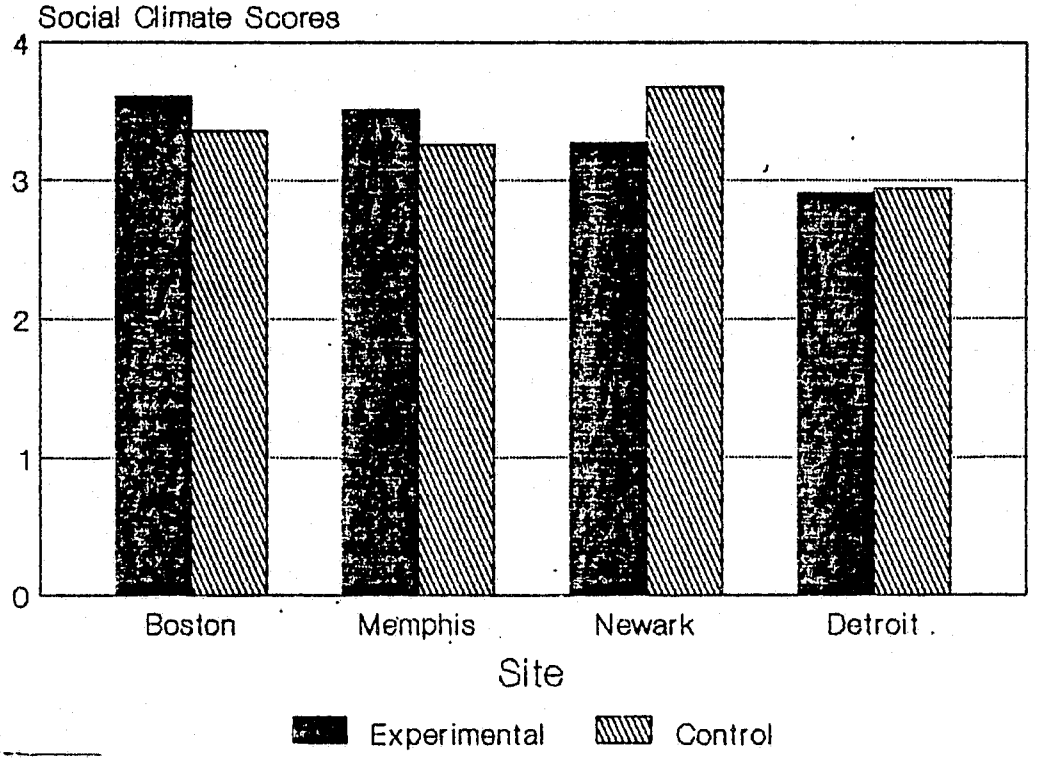

Figure 2 shows the combined score for four elements, and Table A-2 (in the appendix) shows the scale scores for each theoretical domain[7].

The CBR phase is difficult to contrast with SC phases due to the small number of control youth placed into group homes. The limited comparisons show that Boston experimental youth scored their group homes higher than the few control group youths responding. However, none of the differences were statistically significant. In two sites, the overall CRB scores were well above SC scores for the experimental programs. Newark experimental group youths defined their group homes significantly higher than controls on questions relating to youth opportunities. However, control group youth scored their group homes significantly higher on social learning and social networking questions.

Figure 3 presents the staff perspectives, comparing staff from experimental and control facilities. Actual scale scores are shown in Appendix A-3. Pilot testing of the staff questionnaire suggested that the instrument be shortened to increase acceptance and the response rates. Accordingly, the combined scale scores for two theoretical domains (social networks, youth opportunities) are shown. ANOVA routines determined significance between groups within sites.

For two sites, Memphis and Boston, staff perceptions were more favorable for experimental than control facilities. In Memphis, staff responses were significantly higher for youth opportunities and somewhat, though not significantly, higher for overall indicators of theory application. In Boston, experimental staff seemed to believe project facilities provided youths with better social networking as well as more overall theoretical applications. However, neither of the Boston differences are statistically significant. In contrast to the Memphis and Boston, the Newark staff perceived control facilities more in line with the model theoretical underpinnings than experimental staff viewed their facilities (social networking, overall). While these responses are surprising, they are consistent with study youths' higher scores for control facilities. In Detroit, staff perceptions of experimental and control facilities were similar. Given that the Detroit project's implementation of the CRM deemphasized the facilities aspect and used existing facilities and staff, this finding was expected.

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7. Note that there were no community-based residence components for control youth in Memphis and Detroit.

Overall, measures of social climate based on youth or staff perceptions do not provide clear measures of the program's implementation of the theoretical underpinnings of the Community Reintegration Model, particularly in Memphis and in Newark. It does appear that in Boston, at least according to the youths, the experimental facilities had a greater operationalization of the theoretical principles than the control facilities. The relationship between youth perceptions of implementation and their subsequent behavior will provide further tests of implementation.

As noted previously, a more intensive assessment was made of the projects' process of socialization through the use of rewards and sanctions. The program design required a system of rewards and sanctions that was clear, proportionate, and consistently administered. Rewards and sanctions were to be applied throughout each treatment phase, with movement to less restrictive settings (including the community) used as the ultimate reward. Conversely backward movements to more restrictive settings were the most severe sanctions imposed. Staff were continually instructed to make sure youth were not only punished for inappropriate behavior, but were in fact rewarded for their positive behavior. It was anticipated that projects would be predisposed to punish wrong doing and fail to provide rewards for desired behaviors.

Data on rewards and sanctions are derived from two sources. First, quantitative data are provided from monthly client check off forms completed by project case managers. In completing this data form, case managers were asked to record how many times each youth was rewarded and sanctioned. Second, qualitative data are provided from field staff observations and completion of the PDP.

Table 3 uses data collected from monthly case manager check off forms to show the mean number of rewards and sanctions for each youth in the experimental program. The monthly mean is provided as well as the mean total over the duration of the program. The differences are also computed. Project staff at all four sites provided more than twice the number of rewards than sanctions during their program stay. In fact, Detroit youths received over four times as many rewards as sanctions, and in Newark rewards were given almost three times as often as sanctions. Also, there was extreme variation by site, suggesting markedly different interpretations of this treatment concept.

TABLE 3--MEAN SANCTIONS AND REWARDS FOR EXPERIMENTAL PROGRAMS

	SANCTIONS		REWARDS		DIFFERENCE	
SITE	Mean	Total	Mean	Total	Mean	Total
Boston	2.27	36.10	3.45	66.56	1.18	30.46
Memphis	1.16	13.84	3.19	50.84	2.03	37.00
Newark	1.66	18.03	4.61	88.00	2.95	69.97
Detroit	0.43	7.80	1.87	39.56	1.44	31.77
All Sites	1.35	18.37	3.27	39.55	1.92	21.18

In Memphis, staff rarely sanctioned youths for behaviors until the point that the youth had misbehaved enough times to be sent to a detention facility or moved back to an earlier program phase (e.g., Secure Care). In Newark, the failure to produce a systematic reward and sanction system was a consistent implementation problem[8]. Rewards and sanctions were given on an ad hoc basis by project staff. Further, after efforts over several months to develop a formal structure, the system was dropped prior to implementation when the Secure Care facility was moved to a new location. In Detroit, rewards and sanctions were at a much lower rate than the other sites. This reflected the fact that rewards and sanctions were given primarily by facility staff; in the Detroit program there are no special project facility staff. The only site which operationalized a systematic reward and sanction system was Boston. The Boston project secure care unit used a level system which was designed to alter resident behaviors and teach residents to comply with behavioral expectations. The secure unit operationalized four levels distinguished by privileges (allowances, furloughs, bed time, phone privileges, etc.). Staff met weekly to reassess the youths' level assignment. In addition to the level system, staff could impose immediate sanctions for misbehaviors (early bed time). Further, staff could release youths from Secure Care earlier when the youth displayed exceptionally good behavior.

In summary, although case management forms show all sites provided rewards and (to a lesser extent) sanctions, on-site observational data revealed that only in Boston was a formal reward and sanctions system developed and implemented. Staff in other sites were generally unwilling or unable to surrender their individual judgments to a set of pre-determined rules. The dilemma is a microcosm of the debate within juvenile justice over determinant responses to delinquent behavior. The lessons here are important reflections on the social culture of juvenile corrections, and the resistance of line staff to practices which minimize individual judgment and require adherence to formal guidelines[9].

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8. The program design called for a contingent system of rewards and sanctions. Behaviors, both positive and negative, would evoke a proportionate response which was publicized to youth and staff.

9. Many staff rejected the reward/sanction approach because it did not consider the context in which behaviors occurred (e.g., provocation, self-defense, unrealistic goals). Some criticized it as erring too often against youth, that is, too often mandating sanctions when there were mitigating circumstances.

CASE MANAGEMENT

Specific requisites of the case management system were provided in the Performance Measures given to each site. These in turn served as operational definitions and evaluation criteria. Some of the requisites include:

- Maximum active caseloads were to be 6-8 youth per case manager;
- Case manager assignment within 5 working days of admission;
- Youth should be assigned a permanent, single case manager to be responsible for him throughout all project phases (unless there is turnover or mutual rapport cannot be established);
- Case managers were responsible for coordinating diagnostic assessments; participating in phase movement decisions; developing and revising treatment plans and performance contracts; arranging for treatment services; providing direct care and supervision of active care load youth including direct face-to-face contacts a minimum of 1-2 days a week; and advocacy for youth to resolve problems and obtain services.

All projects were provided training on case management and each project implemented a case management system. The only control group youths to receive case managers from the state juvenile corrections department were in Boston and Detroit.

Observations of local sites revealed that all projects used a sufficient number of case managers to have small client caseloads consistent with the performance measure directives. Although caseloads varied within site depending on the number of clients in the program at a given time, and differed by case managers, caseloads always remained within the desired limits. Caseloads ranged from a low of 3 or 4:1 in Memphis to 5 to 7:1 in Boston, Detroit and Newark. In Boston case managers for control group youths had an average caseload of 21 clients per case manager, approximately three to four times the case loads of the Boston experimental program. In Detroit control case managers have caseloads of 30-40 youth, consistent with Wayne County DSS caseload standards.

Table 4 examines case management activities during the secure care phase for experimental youth. Over 80% of the experimental group youths in Boston and Newark were assigned case managers within the first week of care (performance measures requested assignment within 5 working days). In Boston, all additional experimental group youths were assigned in the second week. Memphis and Detroit appeared to be

slower in assigning case managers. In these two sites 59-65% of the youths were assigned within the first week, and 20-30% were assigned in the third week or later.

According to performance measure standards, case mangers were to meet with clients an average of approximately two times per week at each project phase. Case managers were not to significantly decrease contacts when youths entered the community. Continued regular work with the youths while in the community was viewed as a crucial component of the intervention model and a significant departure from traditional corrections. As seen in Table 5, case managers for all four projects typically met regularly (at least 1-3 times per week) with study youths while the youths were in secure care or in the CBR. However, when the experimental group youths entered the community living phase, two sites (Boston and Newark) decreased contacts considerably (at least 70% of the youths saying they met with case managers less than once a week). Memphis and Detroit case managers on the other hand, continued to meet with youths regularly (82% Memphis and 65% Detroit-at least 1-3 times a week). While case managers in the Boston program decreased client meetings in the community phase, it should be noted that the project case workers met with project youths much more regularly than control group case managers at all interval points. In fact, 10 of the 13 control group youths interviewed upon leaving a secure care facility said their case managers saw them less than once a week while they were in the facility.

Another important aspect of the case management system was the desire to have youths retain, whenever possible, the same case manager throughout his stay in the program. With some exceptions, due to normal staff turnover and isolated cases of inadequate case manager-client relationships, the Boston and Memphis program appeared to meet this model requirement. In these two sites, over 80% of the experimental youths retained the same case manager in all three program phases. In Newark, however, one-third of the youths changed case managers at the CBR phase, and 30% changed while in the community living phase. In Detroit the continuity of case manager concept appeared to be most problematic. Sixty-three percent of the youth interviewed about their stay in the community based residence stated that the case manager changed in this phase from the case manager in secure care. But this break in continuity of case management in Detroit was due to the resignation of two case managers for health reasons.

TABLE 4--CASE MANAGER ASSIGNMENT

(EXPERIMENTAL YOUTH ONLY)

Case Management Assignment	Boston		Memphis		Newark		Detroit	
	%	(N)	%	(N)	%	(N)	%	(N)
1st Week	81	(17)	65	(13)	82	(27)	59	(19)
2nd Week	19	(4)	15	(3)	3	(1)	9	(3)
3rd-4th Weeks	0	(0)	15	(3)	12	(4)	28	(9)
>1 Month	0	(0)	5	(1)	3	(1)	3	(1)

TABLE 5--FREQUENCY OF CASE MANAGER/CLIENT MEETINGS

(EXPERIMENTAL YOUTH ONLY)

	>3 x per week		1-3 x per week		<1 x per week	
	%	(N)	%	(N)	%	(N)
SECURE CARE						
Boston	13	(3)	87	(20)	0	(0)
Memphis	25	(5)	70	(14)	5	(2)
Newark	33	(11)	56	(19)	12	(4)
Detroit	3	(1)	86	(30)	11	(4)
CBR						
Boston	0	(0)	87	(13)	13	(2)
Memphis	31	(4)	54	(7)	15	(2)
Newark	14	(3)	76	(16)	10	(2)
Detroit	0	(0)	100	(8)	0	(0)
COMMUNITY						
Boston	0	(0)	25	(2)	75	(6)
Memphis	27	(3)	55	(6)	18	(2)
Newark	10	(1)	20	(2)	70	(7)
Detroit	0	(0)	65	(11)	35	(6)

Study youths were asked a series of questions on the assistance they received from case managers. Some questions, reflecting their content and applicability, were asked in only one phase (e.g., questions on rule orientation and establishing daily routine in secure care). Other questions were asked at two or all three program phases. A total of nine case management functions were examined through these questions. For each area, youths were asked to what extent the case manager had been helpful and were given four possible responses: a lot, somewhat, hardly at all, or not at all.

Figure 4 summarizes the major findings. First, experimental youths in Detroit, Boston and Memphis typically defined case managers as providing "a lot" of help to them in the questioned areas at the secure care phase of the project. And second, case managers in Newark received much more inconsistent client appraisals than their Boston and Memphis counterparts. Typically, fewer Newark youth said they received "a lot" of help from case manager. (The complete results of youth perception can be found in the appendix in Table A-4.)

To complement the youths' perceptions of case management, debriefing questionnaires distributed to project and control staff contained a series of questions on case management. Staff were asked about helpfulness in the five areas contained in the youth interviews (establishing a daily routine, rule orientation, explaining consequences of behavior, encouraging program participation, and counseling). In addition, staff were questioned on case manager effectiveness in three areas: controlling violence, developing client skills and improving relations with others. The staff responses to those questions are highlighted in Figure 5. (The complete results can be found in Table A-5 in the appendix.)

Staff responses to questions on case manager helpfulness show curious findings. First, a comparison of Figures 4 and 5 reveals that Boston staff typically described the case managers as being less helpful than did the youths. For whatever reasons, the Boston project staff did not feel the experimental group youths received the level of help and assistance that the kids believed they received from case managers. Next, Memphis staff consistently scored the project case managers higher than staff at the other sites scored theirs. For all four of the questions displayed in Figure 5, over 70% of the Memphis staff defined case managers as providing "a lot" of help to project youths. It should be noted that the higher Memphis scores may reflect the higher percentage of staff completing the

Figure 4
Youth Perceptions of Case Management

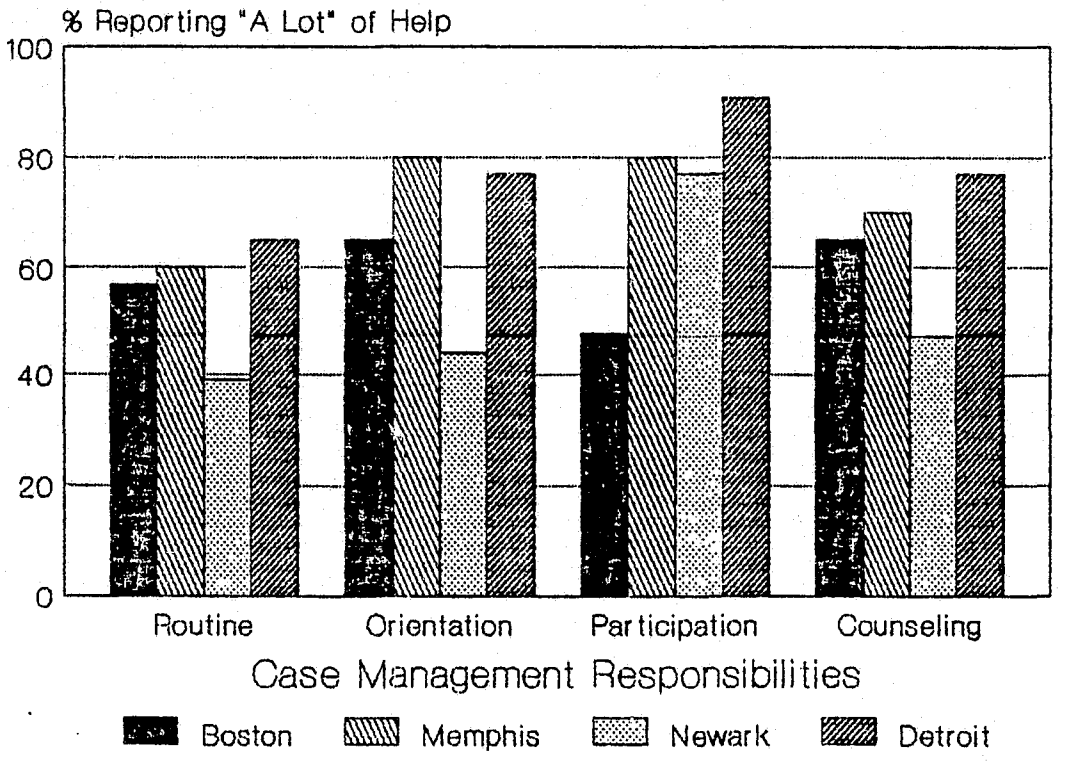
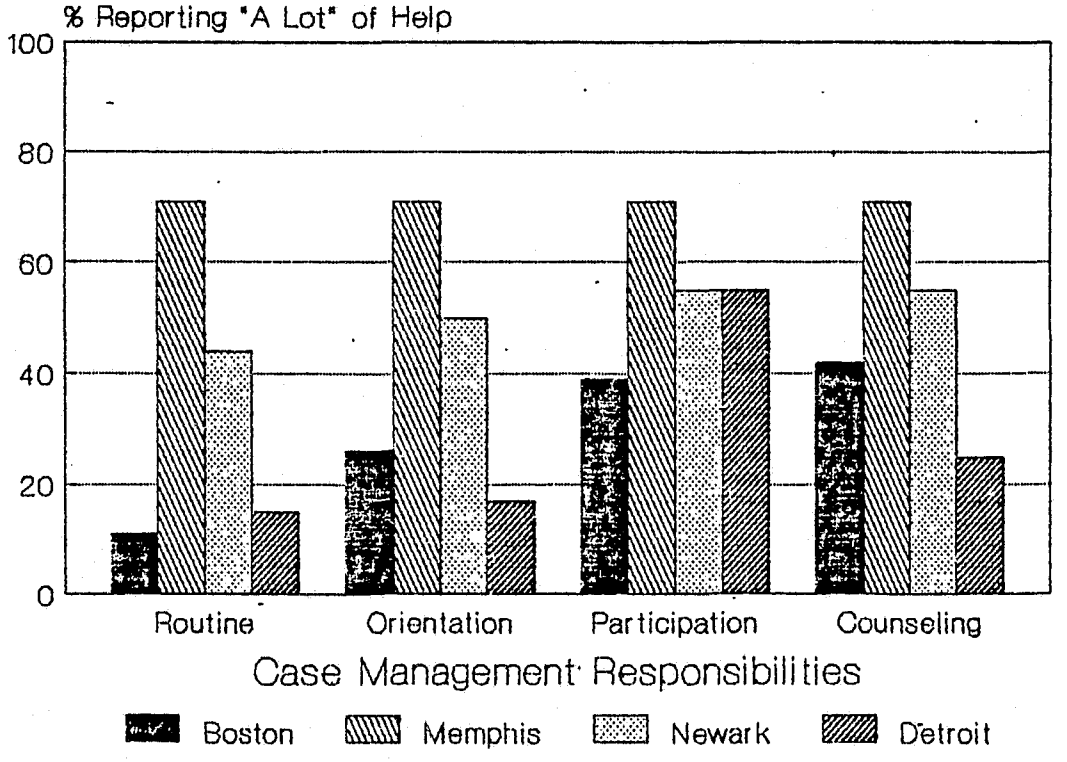


Figure 5
Staff Perceptions of Case Management



staff questionnaire who were case managers (Memphis, 39%; Detroit, 16% Boston, 10%; Newark, 11%). Nevertheless, the gap between staff and youth responses suggest different and possibly important trends in implementation. If staff respond less enthusiastically to the program, their diminished value of the program may eventually be communicated to the youth. This lowering of expectations may in turn lower youth aspirations, and affect their behavior outside. Thus, the disparity between staff and participant views may be an important measure of implementation.

In summary, the Boston and Memphis projects implemented a case management system which included small caseloads, timely case manager assignments, and continuity in case manager assignments. Further, experimental youths in these two sites typically believed their case managers assisted them in a wide variety of ways during all program phases, and were effective in controlling violent behaviors and developing social skills. In Detroit, case managers were given small caseloads but case managers were assigned later than desired and changed at the group home phase. However, both youth and staff in Detroit expressed uniformly positive perceptions about the quality of services provided by the experimental case managers, and had much higher perceptions of their assistance to the youths than control staff and youth had about the control group case managers. The Newark case management system had more breaks in continuity of case manager assignments across program phases than Boston and Memphis, and received much less favorable descriptions from its clients regarding the assistance they received from project case managers.

COMMUNITY REINTEGRATION

Some of the key aspects of reintegrating a youth back into the community are: vocational training and employment, education, family relations, and social skills. The youth interviews included questions on each of those community reintegration concerns. In addition, the staff questionnaire included questions on how effective staff perceived their community reentry efforts. Both youth and staff perceptions of case management were asked across all program phases, (e.g., staff help in getting a job) and other questions are limited to particular phases (e.g. program's impact on getting and keeping job, found it easier or harder to make friends since return to the community).

Employment Preparations

Figure 6 suggests that projects were not particularly successful in implementing the vocational training aspect of community reintegration, especially in the secure care phase. (The complete results are found in Table A-6 in the appendix.) Control secure care facilities were more likely to provide youth with vocational training, with 70-80% of youths receiving such services. In contrast, the secure facilities in the experimental projects provided only 9-20% of the youths with vocational training. As is typically the case in juvenile corrections, Tennessee and New Jersey control facilities provided such training within the facility. On the other hand, the Massachusetts Division of Youth Services utilized a private vendor in the community to provide vocational training services to youth located in the Boston secure care facilities. Consequently, 55% of the control youths received their vocational training in the community.

Youth responses on vocational training reveal that in Boston, many project youths did ultimately receive vocational training at either the CBR (40%) or community living (45%) phase. However, in Newark and Memphis the large majority of experimental group youths did not receive training at any phase.

Figure 7 shows efforts to employ study youths. Implementation of the community reintegration strategy was uneven, both across and within projects. (Complete results are in Table A-6 in the appendix[10].) All four projects experienced at least some success obtaining jobs for youths while they were in the CBR and community living phases. The Detroit and Boston projects were the most successful with 86% and 69% of the youths employed while in the CBR phase respectively. Further, 88% of the youth in both Boston and Detroit the were employed during the Community Living phase. Both Boston and Detroit subsidized the salaries of project youth through linkages with local youth employment programs.

Memphis had difficulties placing youths into jobs while in the CBR phase (40%) but was more successful when youths left residential care (70%). Newark, on the other hand, placed 57% of youths in the CBR into jobs, but only 43% of those Newark project youths worked after they were released to community.

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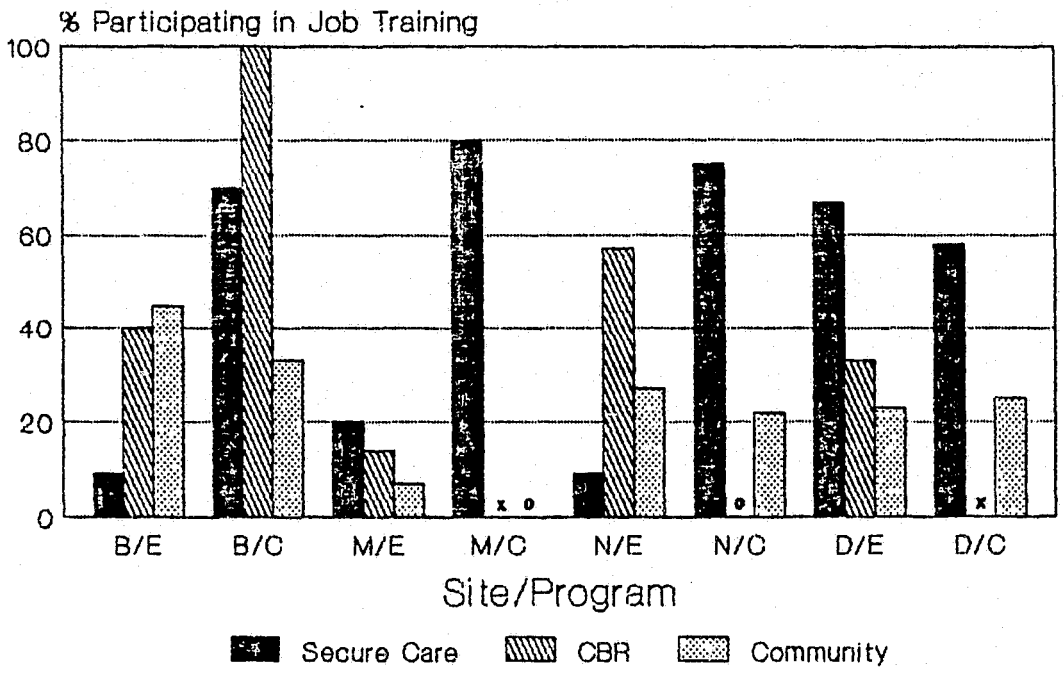
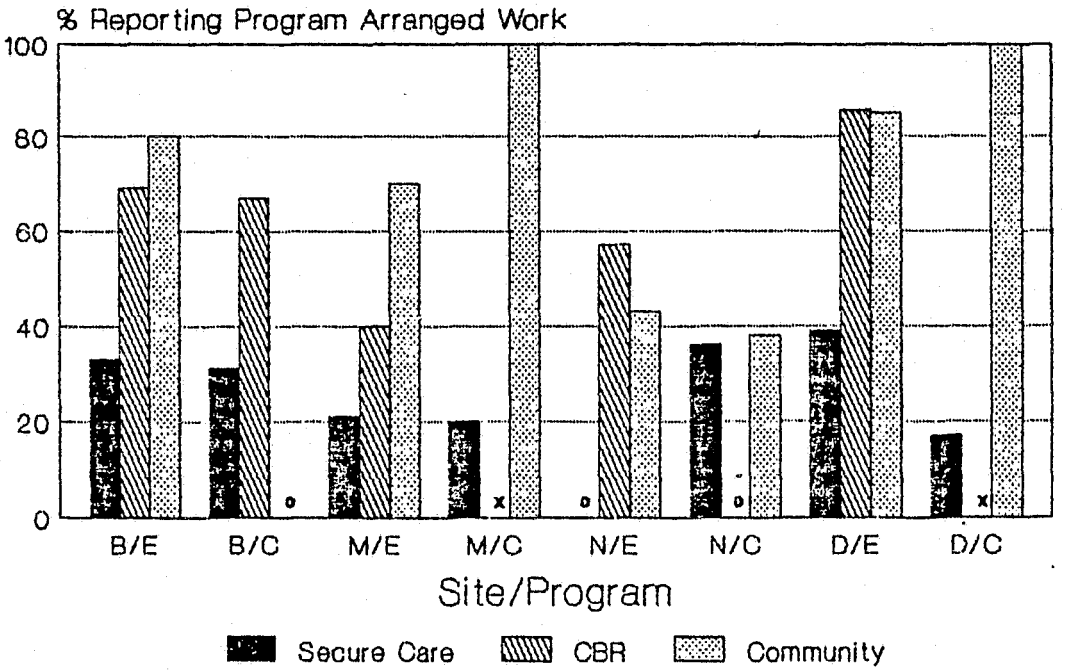
10. Note that response categories are not displayed in the figure when percent equals zero.

Figure 6
Youth Participation in Job Training



0=0% X=component did not exist
B=Boston M=Memphis N=Newark D=Detroit
E=Experimental C=Control

Figure 7
Youth Reports of Program Arranging Work



0=0% X=component did not exist
B=Boston M=Memphis N=Newark D=Detroit
E=Experimental C=Control

While to some extent the success enjoyed by the Boston Project may reflect differences in job opportunities available in Boston as opposed to Newark and to a lesser extent Memphis, it also appears these differences reflect a strategy decision made by the Boston and Detroit projects. The Boston program used its funds to hire a full time employment resource developer to work exclusively on locating employers for project youths and to monitor the youths' employment attendance and performance. Further, both Detroit and Boston projects reimbursed employers for a percentage of the youths' salaries, with the percentage decreasing each month. Clearly, this strategy increased youth employment rates. Youngsters learned work skills needed to maintain jobs in the community, and also gained added social skills and other non-monetary benefits of entering the work world.

Youths were asked how often they showed up for their jobs. Consistently, project youth across sites and program phases said they either "always" or "almost always" showed up. (See Table A-6 in appendix.) In Memphis only one youth (community phase) did not say he "always" showed up for work. In Boston, between 78% (community) and 86% (CBR) of the experimental youths said they "always" showed up for work. In Detroit, 100% of the experimental group youths in the CBR and two thirds of the youths in the community living phase said they always showed up. In Newark, 91% of the experimental CBR youths said they showed up all the time. Newark experimental youth in the community were not quite as consistent in their attendance as the other projects, with 43% saying they "always" showed up and 57% saying they "almost always" showed up.

The youth interviews also contained three questions on the utility of jobs and vocational training. At each phase, they were asked to describe the job, and during the last interview whether the program improved their work skills and made them better able to get and keep jobs. In contrast to control group youths, experimental youths in Boston appear to have both liked their jobs better, and believed the program employment training improved their work skills and better prepared them for getting and keeping jobs. Memphis youth also appeared to be satisfied with their employment opportunities. Once in the CBR phase, Newark youth were fairly satisfied with employment opportunities and believed they were in better position to get and keep jobs. However, they were divided on whether the program had improved their work skills. Detroit youth seemed pleased with the job skills they received and their ability to hold on to a job, but were mixed in their overall satisfaction with the jobs they received.

Overall, providing subsidies for employment improved the reintegration effort, yet there still were gaps in implementation. The jobs often were low wage/low status positions. Also, the gaps between job preparation work in early phases and later placements, created some tension for youth in achieving social and personal satisfaction at work. Case managers often felt their job was done when youth started work. The necessary adjustments and work place behaviors were not yet developed, though. Reintegration required more than job skills--it required social skills and behaviors to meet the difficulties of work. By limiting reintegration to work- or school-related efforts, implementation was mitigated.

Family and Social Interaction

Figures 8a and 8b present an overview of the data on how youth perceived program activities concerning their families and social interaction and community reintegration. (The full results are found in Table A-7 in the appendix.) Responses on social interaction skills (i.e. conflict resolution, getting along with kids, making friends) suggest that the projects were only moderately effective in improving the youths social skills and were in many instances less effective than control facilities. However, Memphis and Newark CBR's did appear helpful in assisting experimental youths to get along better with other kids, and Memphis, Detroit and Boston did assist youths somewhat in resolving conflicts with others.

Boston, Detroit and Newark experimental secure care facilities (like the control facilities) were typically either not allowed to visit families or were limited to day trips with staff. However, major differences between experimental and control family activities were revealed. First, in Memphis, 90% of the experimental group youths in secure care could visit families at home without staff, as opposed to only 40% of the control youths. Further, 60% of the control youths in Memphis did not get to visit their homes at all from secure care. Second, once Boston and Newark experimental youths reached the CBR phase, they (as in Memphis) often were allowed to visit their homes for weekends, without staff. Since most control group youths in Memphis and Newark did not go to group homes as a transition phase, they very rarely got to spend time at their home with their families prior to the discharge to the community. Third, in both Boston, Detroit and Memphis experimental programs were described by about three out of four study youths as providing either "a lot" or "some" assistance to youths' families while the youths were in the community. Family assistance was not reported as occurring regularly by the control

Figure 8a
Youth Perceptions on Social Interaction

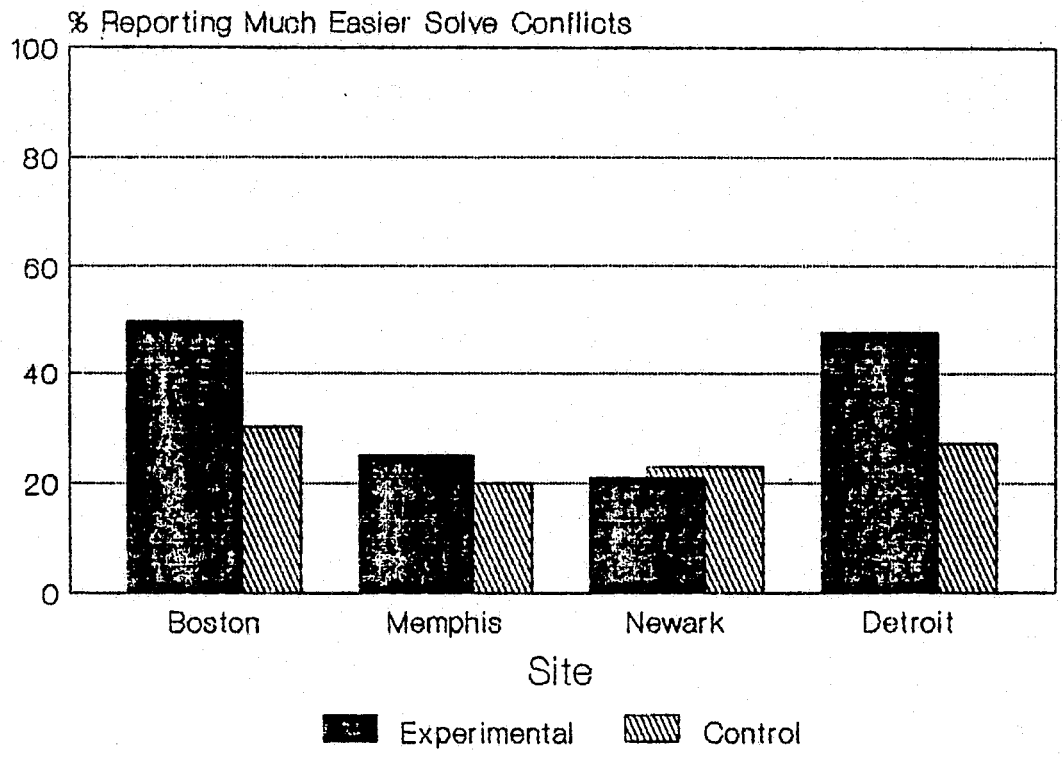
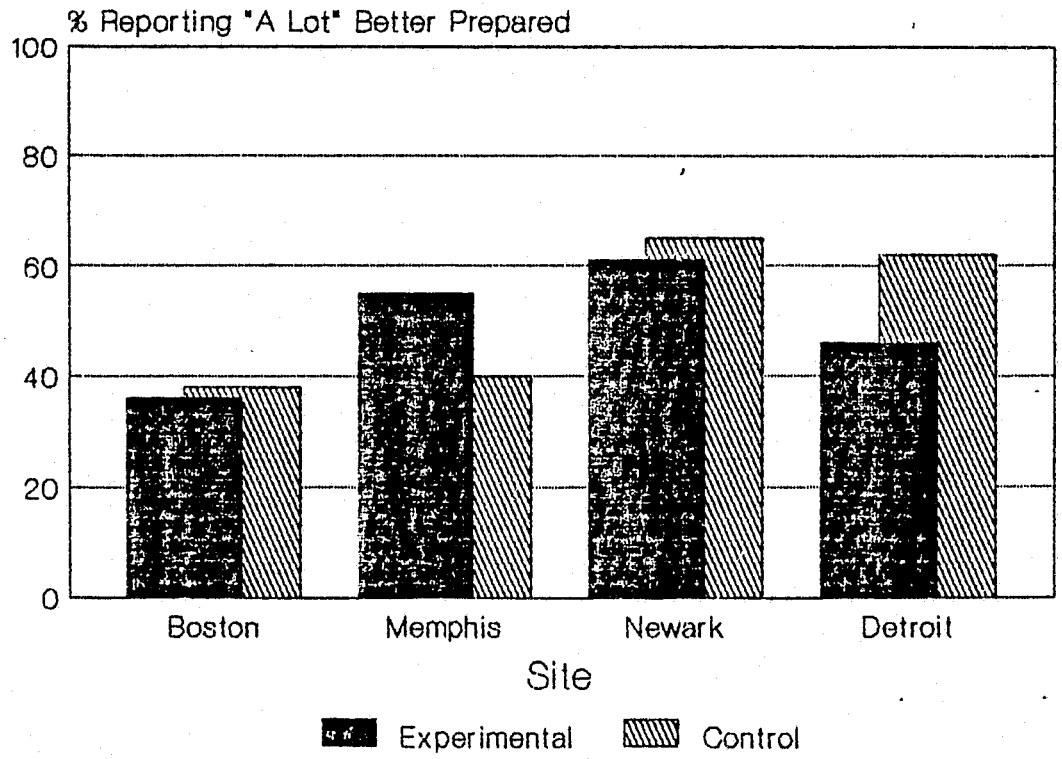


Figure 8b
Youth Perceptions on Reintegration



youths in any of the sites (e.g. no youths in Boston or Newark saying "somewhat" or "a lot"), or in the Newark VJO program.

Table 6 displays data collected through the staff debriefing questionnaire on how staff felt overall about the effectiveness of the community reintegration efforts of secure care facilities, CBR/group homes, the case managers and the program overall. Experimental staff at three sites (Boston, Memphis, and Newark) were evenly divided on how effective they saw the secure care facilities' community reintegration efforts, but perceived such efforts more favorably than control staff viewed theirs. This difference was not found in Detroit. Over 85% of the staff in Boston, Detroit and Memphis felt the CBR's were either "very" or "somewhat" effective. In Newark, 58% of the staff perceived such efforts positively.

Experimental staff at all sites typically viewed case managers as "somewhat" effective in community reentry activities. Experimental staff at all sites (Boston, 95%; Detroit, 86%, Memphis, 85%; Newark, 78%) thought the youths were either much or somewhat better off for living in the community due to the program. In Memphis this perception is considerably different from control staff which frequently (57%) stated the youths were neither better nor worse prepared for living in the community.

In summary, VJO projects had different degrees of success in developing and operationalizing strategies to help experimental youths reenter the community. The Boston project had the greatest success, having:

- provided vocational training services (in the CBR and community living phases);
- located jobs for many youths at all program phases;
- placed youth in jobs which caused youths to show up regularly and describe them favorably; and
- provided assistance to youths' families.

The Memphis project also had some positive community reintegration efforts (e.g., family weekend visits from secure care, locating satisfying jobs for a number of youths at all phases, assisting client families). However, the Memphis program typically did not provide youth with vocational training at any of the phases, and did not locate jobs for a large number of youths at the CBR phase. The Newark program was the least successful

TABLE 6--STAFF PERCEPTIONS OF COMMUNITY REINTEGRATION MODEL IMPLEMENTATION

	Boston				Memphis				Newark				Detroit			
	E		C		E		C		E		C		E		C	
	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)
EFFECTIVENESS IN COMMUNITY RE-ENTRY																
Secure Care:																
Very Effective	5	(1)	19	(4)	0	(0)	14	(1)	22	(2)	22	(5)	4	(1)	17	(1)
Somewhat Effective	43	(9)	24	(5)	43	(3)	14	(1)	36	(4)	26	(6)	54	(13)	67	(4)
Only Slightly Effective	43	(9)	38	(8)	57	(4)	43	(3)	22	(2)	39	(9)	29	(7)	17	(1)
Not Effective	9	(2)	19	(4)	0	(0)	29	(2)	11	(1)	13	(3)	13	(3)	0	(0)
CBR/Group Home:																
Very Effective	20	(3)	100	(2)	43	(3)		--	36	(4)		--	19	(4)		--
Somewhat Effective	67	(10)	0	(0)	43	(3)		--	22	(2)		--	67	(14)		--
Only Slightly Effective	13	(2)	0	(0)	14	(1)		--	22	(2)		--	10	(2)		--
Not Effective	0	(0)	0	(0)	0	(0)		--	11	(1)		--	5	(1)		--
Case Manager:																
Very Effective	32	(6)	19	(4)	33	(2)	25	(1)	57	(4)	22	(2)	28	(6)	0	(0)
Somewhat Effective	42	(8)	43	(9)	50	(3)	0	(0)	29	(2)	44	(4)	59	(13)	75	(3)
Only Slightly Effective	21	(4)	29	(6)	17	(1)	75	(3)	14	(1)	33	(3)	9	(2)	25	(1)
Not Effective	5	(1)	9	(2)	0	(0)	0	(0)	0	(0)	11	(1)	4	(5)	0	(0)
HOW MUCH BETTER PREPARED FOR LIVING IN COMMUNITY																
Much Better	5	(1)	19	(4)	14	(1)	0	(0)	0	(0)	10	(2)	27	(6)	40	(2)
Somewhat Better	90	(18)	67	(14)	71	(5)	43	(3)	78	(7)	67	(14)	59	(13)	60	(3)
Neither Better Nor Worse	5	(1)	10	(2)	0	(0)	57	(4)	11	(1)	19	(4)	14	(3)	0	(0)
Somewhat Worse	0	(0)	5	(1)	14	(1)	0	(0)	11	(1)	0	(0)	0	(0)	0	(0)
Much Worse	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	5	(1)	0	(0)	0	(0)

in implementing community reentry strategies. Major difficulties experienced by the Newark project were: locating paying jobs for youth while in the community, locating community employment for which youth always show up and feel satisfied in improving their work skills, and providing assistance to client families. Also, the perceptions of these efforts by staff and youth varied. Jobs alone were not sufficient to satisfactorily reintegrate youth; further efforts to socially prepare youth for work and community living are needed to develop a complete reintegration strategy. In some instances, control facilities were perceived as more successful in these efforts. Perhaps because they tried so many newer and more difficult tasks, such as youth employment, experimental programs ran into problems and conflicts. In turn, the youth ratings reflected the frustrated efforts to resolve barriers to job development and placement for inner city youth.

A Threshold of Implementation

Implementation of the program elements in the Community Reintegration Model varied by element and measure. Youth perceptions often were at odds with staff perceptions (see Figures 2 and 3, for example), and observations sometimes contradicted structured measures. Yet it is possible to combine the implementation results from qualitative and quantitative measures to construct a composite assessment of implementation of the core elements in the program design. Table 7 shows the results of this assessment, based on a simple trichotomous rating from strong to weak.

The Boston and Detroit programs by consensus of research staff were the most consistent programs with strongest implementation. They adhered to the spirit and letter of the model. In turn, they had a moderate or strong implementation for the majority of elements, but also several weak areas. Also, these sites varied on individual elements. The complications of establishing the program elements at the other sites resulted in mostly weak to moderate ratings. Also, the composite assessments for each site were validated by overall assessments based on secondary analyses of field notes and comparative analyses by research staff.

The results suggest that no particular element determines implementation. A salient program environment is established when a threshold of elements is achieved. Implementation appears to be a function of achieving this threshold, regardless of the specific elements which were established. There is no prescribed set of components which

TABLE 7

IMPLEMENTATION OUTCOMES BY PROGRAM DOMAIN[a]

PROGRAM DOMAIN	Boston	Detroit	Memphis	Newark
Case Management	Full-time case managers with DYS experience. Youth ratings high on four elements of CM role, but overall staff ratings low. Early assignment, 1-3 meetings per week on early phases. Overall implementation: HIGH.	Full-time case managers with DSS experience. Youth ratings very high on four elements of CM role, but staff ratings low. Late assignment for 60%, 1-3 meetings per week in all phases. Overall implementation: HIGH	Full-time case managers with small caseloads, early assignment, 1-3 meetings per week in all phases. CM's had little experience. Youth and staff ratings on four elements of CM role were high. Overall implementation: HIGH	Part-time case managers, problems in continuity across phases. Early assignment but little contact in community phases. Youth ratings on four elements on CM role were low, but staff ratings high. Overall implementation: LOW
Integrated, Multiple Phases	Established separate SC facility with experienced DYS staff, contracted for CBR phases with longstanding DYS vendors. SC phase was 40 miles from Boston. Abrupt shift in program climate and rules from SC to CBR phases. Decision process weak across phases. Overall implementation: MEDIUM	Added CM component to existing SC facilities. Used two vendors for CBR phase. Established CR phase through "community team" approach. SC phase was 40 miles from Detroit. Placed program emphasis on latter phases. SC phase was largely the same for experimental and control youth. Overall implementation: HIGH	Highly integrated program in one facility on Memphis. But little distinction between phases. Semi-independent living phase prior to CR was unique to initiative. Staff was integrated across phases, as were treatment interventions. Overall implementation: MEDIUM	SC unit in county detention center, CBR a few blocks away. Mentor home phase for CR poorly done. Problems in autonomy (decision making) and staff shortages lead to weak program environment. Overall implementation: MEDIUM
Community Reintegration	Job placements (with salary subsidies) strengthened CR focus. Controls had higher job training rates in SC, CBR, but lower in CR phase. Experimentals had stronger job placements in all phases. E's reported better problem-solving skills, but weaker preparation for community living. Experimental staff reported stronger reintegration focus in all phases. Overall implementation: HIGH	Job placements (with subsidy) strengthened reintegration phase. CAT helped establish community ties early on, carried through into CR phase. Experimental youth report higher job training and job placement participation; better skills to resolve conflicts, but controls reported overall better community preparation. Overall implementation: HIGH	Location promoted community ties. But job-related efforts were weak for experimental youth. Experimental youth reported stronger social skills for CR phase. Experimental staff viewed reentry preparation as favorable, more so than control staff. Overall implementation: MEDIUM	Weak CM component diluted CR effort. Poor record of job placement and training efforts, equal for control and experimentals. Little support to youth or family during CR phase. Control youth and staff rated CR efforts equal to or better than experimental efforts. Overall implementation: LOW
Theoretical Principles	Few differences in youth ratings on Social Climate Scales, except for experimentals in CBR phase. Staff rated experimental program stronger. Boston program had most balanced reward/sanction ratio. Overall implementation: MEDIUM	Youth ratings for SC are similar for E's and C's, as expected. No CBR phase for controls, so CBR placements for E's provide significant additional program exposure. Staff ratings are equal on program environment. Reward/sanction ratio unbalanced. Overall implementation: MEDIUM	Youth ratings for SC, CBR phases are similar for E's and C's. Staff ratings stronger for E's. No control CBR, so experimental youth had significant additional program exposure. Poor reward/sanction ratio. Overall implementation: MEDIUM	Youth ratings for SC, CBR are similar for E's and C's. Staff ratings show stronger theory base in control facilities. Poor reward/sanction ratio, implemented very late in program. Overall implementation: LOW

a. Overall ratings are based on multiple measures, including (1) responses to youth and staff surveys, including Social Climate Scales for theory implementation, and Case Management ratings for preparation for community re-entry; (2) qualitative data from field staff observations and review of archival informaiton, and (3) assessments of program characteristics and implementation strategies compared to program guidelines (cf, Performance Measures).

constitutes a program. Also, programs may have glaring weaknesses in one or more elements and still achieve a sufficient implementation threshold to sustain a program environment. Finally, the importance of context and process data to understand the mitigating circumstances of implementation outcomes enhances this type of analysis.

Incorporating the organizational dynamics and characteristics adds to the analysis of implementation.

DISCUSSION

Successful innovation may be more closely associated with characteristics of the adopting organization and its implementation strategies than with the innovation itself (Harris and Harland, 1985). It requires strong support of the program by those who implement it, and modification of the program design to meet local circumstances. The levels of implementation increase as individuals accept new roles and modify their authority or responsibility. Of course, support must exist at both the upper-levels and "street" bureaucracies (Lipsey, 1980). Miller and Ohlin (1986) showed that implementation also is a function of predictable political cycles of reform, as well as the implementor's recent innovation experiences.

A range of factors typically contributes to implementation outcomes, including the motivation of the implementing agency, the organizational milieu where the innovation occurs, and the structure of decision making in the milieu. A brief review of these factors across the four test sites provides the context to understand the results of this effort at innovation.

Implementation outcomes varied significantly among and sometimes within sites. One site (Boston) successfully implemented the key components of the program design. A second site, Detroit, successfully adopted selected elements of the model; a version which down-played secure care treatment and focused on community reintegration at the later phases. A third site (Memphis) was successful in implementing several key components (youth home visitation, work on client social skills, case management during residential phases) but met with resistance in other areas (rewards and sanctions, employment during CBR

phase, vocational training, case management during community living). Newark consistently had difficulty implementing the model, particularly with regard to rewards and sanctions, case management, employment, and family assistance.

This section of the paper examines how such diversity in implementation outcomes could occur when implementors received similar "inputs," sought to implement a well articulated intervention model, and received identical assistance in program development. Possible factors are identified to explain the variation in model implementation, based on the experiences of four juvenile corrections systems whose structure and organization were typical of the range of nationwide approaches.

MOTIVATION

The perceived needs for change varied extensively across the sites. Problems with existing practices, and the availability of (presumably) superior options, made reform desirable. Yet the perceptions of these problems varied widely, and gave rise to different goals for the innovation. In other words, what the implementors disliked about their existing systems reveals much about the implementation outcomes.

Innovation in the Massachusetts Department of Youth Services had a lengthy history, dating back for over a decade to the closing of state training schools (Coates et al, 1976). The Boston site was initiated in the tradition of innovation, despite the adverse climate in this era toward non-punitive responses to violent delinquency. DYS implementors saw gaps in their system for which the initiative offered solutions: smaller caseload size, establishment of continuity across disparate vendors of residential services, and coordination of intervention services during the aftercare period. It was not a system in crisis at the time, and implementors sought to improve existing techniques. Though there were criticisms of the system and efforts by some legislators to curtail its budget and autonomy, DYS nevertheless received residual support internally and externally to support innovation.

Similarly, the Detroit site became involved to improve techniques for reintegration. Moreover, there was consensus between aftercare and institutional administrators about the importance of improving this component of the system. Such alignment was a

significant departure from other sites where institutional staff perceived aftercare staff as part of the erosion of treatment gains in the institutions. Also, both Detroit and Boston implementors sought improvements in aftercare as a response to legislative challenges to the efficacy of their services. In each state, bills before the legislatures would limit the jurisdiction and discretion of juvenile corrections agencies. The innovation offered a programmatic response to neutralize arguments rooted in prevailing punitive responses to perceived weaknesses in juvenile corrections.

The New Jersey and Memphis sites were developed largely in response to dissatisfaction with current *institutional* services, rather than as an enhancement of reintegration efforts. Memphis youth committed to the state training school were sent over 400 miles to an isolated, rural setting. The experimental program offered the promise of establishing a complete correctional program within Shelby County, complete with secure and transitional facilities. New Jersey juvenile facilities had been chronically overcrowded for several years. In one facility, juveniles were housed in a wing adjacent to older offenders, creating problems for administratively and programmatically separating juvenile and adult offenders. Moreover, the problems were to worsen as the legislature entertained new laws which would increase both the length and severity of punishment for serious delinquents. The new beds in both secure and nonsecure settings created by the experiment promised to increase system capacity and at least temporarily ease overcrowding.

Implementation and motivation appear to be related. Interest in developing new aftercare and reintegration techniques motivated the two projects whose implementation outcomes were the strongest. In other sites, interest in additional system capacity was the major motivating force. Reintegration and aftercare were the core of the program intent, and implementation seemed strongest where the intent of the implementors was aligned with the purposes of the initiative. In considering *alternatives* to current procedures, implementors varied on what the new programs were alternatives to. While some saw the innovation as an alternative to the current system structure, others saw it as a departure from the prevailing treatment philosophy. Still others saw it as enhancements to the current system, basically compatible with the dominant correctional ideology but offering improvements without displacement of staff or authority. In turn, these differing views of exactly what the alternative was, contributed to internal conflict within the initiative both locally and across sites. When the alternative was defined simply as a structural

change (new beds, new facilities), implementation was weak, for the program was designed to offer a new structure as a vehicle for new ways to treat and reintegrate violent youth.

STRUCTURE AND MILIEU

Differences between host agencies were identified early on as possible influences on model implementation. The alignment of influential staff within agencies, the complexity and centralization of decision making, and the culture of "rule compliance" within the agency, contributed to variations in organization which in turn mitigated implementation outcomes. The interdependency of different components of the correctional systems, which in turn empowers one actor to neutralize the actions of another, points to the importance of "goal consensus" and shared motivation as determining factors in implementation. Also, the locus of both the perceived need for change and the impetus for it will influence implementation outcomes. Moreover, when conflicts arise, implementation is halted unless there is a "fixer," a persistent advocate at an influential level in the organization, to find solutions (Palumbo et al, 1984). The implementing agencies in this study varied widely in auspices, program autonomy, project leadership, and the willingness of staff to experiment with new approaches. These factors contributed to the implementation results in a variety of ways.

Auspice

The results suggest that agency auspice had varying and offsetting effects on model implementation. The outcomes do not show any pattern to suggest that any auspice (state corrections agency, juvenile court, county juvenile services agency, or private vendor) is superior. Two of the three sites (Boston and Newark) were state juvenile corrections agencies, with responsibility for both institutional and aftercare services. One site (Memphis) was the juvenile court which subcontracted to a private non-profit organization to implement the program design. The Detroit site was an agency responsible for aftercare services only, but which shared equal status with the institutional services agency within a large state child welfare agency. From the outset, the Memphis project had significant autonomy to implement the model. The juvenile court judge granted complete autonomy to the private contractor in such areas as: treatment and services, moving youths from one phase to the next, and community activities. The Boston and

Newark projects each were constrained by agency guidelines, and had decisions reviewed by agency administrators. The state-level involvement placed program decisions in a wider public arena, with close legislative and political attention. Moreover, the programs became part of the current crime debate. On the other hand, the state agency approach provided more organizational experience and resources to support implementation. Detroit implementation required a high degree of integration with other agencies for some parts of the program, but the later stages were an autonomous endeavor by the Wayne County field office of the aftercare agency.

Milieu

Organizational norms and traditions, both political and programmatic, shaped the implementation outcomes. The Memphis project was run by an agency which was for the first time operating residential facilities. Consequently, staff would seem to have been open to a new approach. Yet the results suggest that implementation was uneven. This is due in part to the limited staff resources in the Memphis vicinity, especially those with treatment or corrections experience. Boston used staff already working in the DYS. Further, the secure unit was staffed primarily by personnel from one pre-existing secure care unit. The CBR was an already established group home, and case managers were selected on a competitive basis from case workers in the DYS system. This situation could be viewed as precluding an openness to adopt a new system, and in it did manifest this problem in a variety of ways. However, implementation in the Boston program was consistent across phases. Newark employed primarily correctional staff, selected from civil service lists. Most had worked for the state or county corrections agency, and others with Newark community based organizations. Despite having both experience and not being wedded to a common facility approach, the New Jersey site still was unable to implement the model adequately. Administrators complained that they met hiring barriers due to the civil service requirements. But this was the only site which cited this, though Boston and Detroit had similar requirements. Detroit staff were recruited from within the county aftercare agency. Nevertheless, they embraced the model enthusiastically. Thus, while staff backgrounds and their correctional orientations were an influence on implementation, there did not seem to be predictable consequences of importing a staff with extensive correctional frames of reference. Instead, the homogeneity of staff, the general human services resource pool in the region, and the agency's ethos regarding innovation, influenced the strength of implementation.

In the secure care phase, both physical and organizational milieux influenced the tenor of the program; the momentum in these phases carried over to the community in most programs. For example, the Newark and Memphis projects located all program phases in close proximity to their respective communities. In each case, though, organizational factors undercut implementation. Newark's juvenile detention center, the location of the secure phase, was operated by Essex County, not the state agency. The resulting conflicts over procedure and access to facility services limited the development of the project. Also, the Newark project used staff from the Department of Corrections to operationalize its treatment approach, or hired staff from a variety of locations with no pre-existing approach. The danger was that corrections staff would mitigate against the acceptance of a new and innovative approach, particularly one which redistributed day-to-day decision making authority from staff to a more formal set of rules. For example, the Newark youths in secure care were not allowed home visitations, and staff had the greatest difficulty instituting a reward/sanction system. Memphis staff were preoccupied with security issues, mitigating their efforts to develop a therapeutic setting. The Boston and Detroit projects had secure facilities about one hour's drive from the city (and the CBR phase). While some community reintegration efforts (vocational training in the community) were limited in these sites, having the facility within or close to the community did not assure superior community reintegration efforts. Further, limitations in community reintegration at the secure care phase does not necessarily mean poor community reintegration in other program phases. The varied findings on the relationship between setting and implementation again suggest that other factors in the agency and program had stronger influence on implementation.

Autonomy, Zeal, and "Fixers"

It is been suggested by some that the key to a quality program is not the approach taken but the charisma, knowledge, involvement, and talent of the project director and staff (cf, Greenwood and Zimring, 1985). In Newark, the project director was replaced after a year by the deputy director, who had less than one year experience in residential treatment or correctional services. Also, the Newark program reported to the regional administrator for DOC, several levels removed from the agency leadership and the people who were the strongest advocates for the innovation. The problem in leadership may have played a role in Newark's difficulties. On the other hand, the Memphis director was a dynamic leader, informed in the program's theory and design, and experienced in residential care and juvenile corrections. Despite the knowledge and commitment of the project director,

Memphis implementation of the model was uneven. In Boston, the project director was also a regional supervisor in the DYS system, and had only a 25% time commitment to the project. She was supported by a project coordinator. The roles of these two positions were often unclear; and the project director's other agency responsibilities allowed for only minimal involvement in the innovation. Further, the project coordinator was given no line authority over either of the residential phases. Despite these apparent limitations in directorship, the Boston program seemed to best implement the model. Detroit staff similarly were experienced, and the leadership reported directly to the sponsoring agency director, who also maintained an active, "hands on" level of supervision. The contrast between the Boston/Detroit experiences and the other sites suggests that simply the quality or zeal of the program's leadership is sufficient to influence implementation. Effective leadership can be neutralized by conflicts or barriers elsewhere in the agency, typically in policy quarters where the authority exists to solve operational problems.

The factor which most influenced implementation was the political commitment from the leadership of the implementing agency. In Boston, the Commissioner and Deputy Commissioner of DYS displayed a strong commitment to:

- provide innovative treatment to the study youth, despite their violent histories;
- honor its agreement with OJJDP to operationalize a test of a specified intervention model; and
- provide additional resources necessary to ensure model implementation

In Detroit, similar commitments were evident, as well as a shared motivation by otherwise independent agencies whose cooperation was critical to the program. The leadership of the other projects did not display such commitment. At one site, Memphis, the facility provided for the secure care phase of the program was "taken back" from the project after only two years when a so-called "better offer" was made to the Shelby County Juvenile Court. In addition, the Judge remained largely uninvolved in the program operation during its tenure. In New Jersey, the consistent departures from the program design suggested a clear trend of noncompliance with the intent of the innovation. For example, significant deviations included: no reward or sanction system, inappropriate phase movement, part-time case managers, and, at the end, closure of the secure care facility. In the sites where implementation was strongest, the persistence of prominent individuals with agency authority to resolve conflicts was instrumental to implementation. These people served as persistent advocates for starting the program, shaping its design through

early stages, marshalling needed resources, and resolving problems and conflicts to the shared satisfaction of otherwise adversarial groups. This was particularly true in three important types of events: (1) granting the autonomy to access a skill or resource pool outside of traditional channels (e.g., subsidies for job placements), (2) overcoming resistance to innovations which redistributed power away from current holders (e.g., developing reward/sanction systems, establishing behavior-based criteria for phase movement in lieu of staff or parole board decisions), and (3) resisting encroachments on the innovation to dilute its integrity (e.g., tolerance of failure, empty beds, or ideological controversy). In each case, an aggressive leader was instrumental in creating and maintaining incentives for all participants to continue with the innovation.

RISK TAKING, INNOVATION, AND REFORM

Leadership is a necessary condition for implementation. Commitment from high level administrators can make up for the other problems, but limited commitment can undercut positive program features. Consequently, it makes little difference how sound the approach is, how qualified the project director may be, or how open the staff is--the program has very little chance of success without the political insulation and autonomy granted by aggressive leadership. The locus of the perceived need for change with respect to authority in the organization, the shared values of the innovation by significant others in the agency, and the incentive for staff to adopt potentially superior but displacing options, are central to successful innovation.

The variation in commitment of the participating agencies was not surprising, since they weighed its risks and benefits differently. The context in which the initiative was launched--skepticism about treatment, particularly of violent delinquents--certainly was a factor in weighing those risks. One must look to the histories of each of these agencies and their experiences with innovation to further understand the implementation outcomes.

For Boston, innovation had become a part of the ethos of the agency. Massachusetts has been a leader in the use of smaller residential facilities in lieu of institutions. Also, they had a positive experience with the treatment innovations of the previous decade. In Memphis, the implementing agency entered the program seeking alternatives to institutionalization of delinquents in state facilities located over 400 miles away. Once

they achieved that goal--the development of a viable residential facility for delinquents within the county--interest in the specific issues of the violent offender program lessened. An "easier" program with fewer political risks became more attractive and viable at the same time. Specifically, the "replacement program" offered many more new beds than did the first innovation. Having met the goal of a local residential facility, the local agency turned its attention elsewhere.

In Detroit, threatened encroachments on juvenile jurisdiction, largely due to perceived weaknesses in aftercare, created the incentive to experiment in an agency with little history of innovation. At stake here was not bed space but budget--as the age of juvenile jurisdiction was reduced, demand for community supervision of delinquents also would reduce. Thus, the incentives were evident, and there was no competition for the external resources for the innovation.

In Newark, a similar scenario unfolded. The state agency sought to increase its capacity by increasing the number of residential beds in its system. It was part of a concerted effort statewide to alleviate overcrowding in its juvenile facilities. Also, during the unfolding of this experiment, the state agency was in the midst of expanding its jurisdiction, preempting local sponsorship of detention and juvenile corrections services. Newark was one of several New Jersey cities where the state juvenile corrections agency assumed operating responsibility for detention, usually a local service. Having established not one but two facilities in Newark--including 12 secure and 20 non-secure beds--the agency limited its commitment of political leadership and resources. The implementation of the key aspects of the model--theory, reintegration, case management, and skill development--took a back seat once the beds were in place.

This is hardly the first study to identify correctional administrators as an obstacle to innovation and research. Logan (1972) identified situational factors to explain the choices of correctional administrators when confronted with implementation decisions. Austin and Krisberg (1982) show that attempted correctional reforms suffer from actions by criminal justice actors to insert, replace, or displace the original objectives. The demands of managing a correctional system with shrinking resources and more difficult populations are in conflict with the risk-taking and departure from established norms which innovation requires. While innovators are concerned with developing new and more effective ways to fulfill their legislative mandates, they also are concerned with the

immediate political consequences of their decisions. Consequently, reform may result as much from sobering fiscal realities as the changes in the ideological and organizational milieux of the agencies. These are not passive processes, however; they occur from the active infusion of ideas and advocacy into troubled systems. For example, violence in institutions may force a reexamination of policy as much as the election of new leaders.

The legislatures and the public, especially families and youth, are the constituencies of the juvenile corrections systems. Reform and innovation are cyclical phenomena--it takes strategic planning and good timing to know when to take risks or consolidate gains (Miller et al, 1982). Perhaps the results of this experiment suggest that, as in humor, timing is everything. That is, this experiment was launched during a public backlash against violent delinquency. The main constituencies were not clamoring for more effective treatment--they wanted longer confinement for greater numbers of youth. The correctional administrators delivered what the legislatures had asked for, and the other aspects of this model, those concerned with social learning and reintegration of violent delinquents, were secondary. If this experiment was conducted in a different era, when crime control policy was not skewed toward punishment and retribution, the implementation outcomes may have been different.

CONCLUSIONS

The results of an innovation in juvenile corrections for chronically violent youth showed that implementation is well measured by adhering to a range of validity criteria for implementation (Scheirer and Rezmovic, 1983). Moreover, one should measure implementation not only in experimental conditions, but also in the control conditions, to empirically understand the extent to which change may be attributed to new practices. Finally, the importance of the historical contexts and legislative environments should be part of the understanding of implementation. The contradictory results from the multiple measures of implementation are best understood when supplemented by organizational analyses and the context of reform and innovation at each locale. And what in the past may have appeared as a weak theory may in fact have been weak implementation.

There is no single element or configuration of elements which determines implementation. Instead, implementation occurred when a threshold of elements was established. The combination of elements varied in the strongest innovations, but these sites exceeded the level of implementation needed to establish a palpable program environment. Though the combination of elements varied, the stronger sites offered consistent responses to participants, no abrupt changes in form or content of intervention, and emphasized both concrete and processual elements.

Most important, the translation of the reintegration emphasis in the well implemented programs was similar: job and school preparation, reliance on transitional placements between institutions and community, and reconstruction of family and neighborhood ties. And these programs were notable for clear rules and contingencies, strong modeling of prosocial behaviors, problem-solving, advocacy in the community, and differential approaches to risk and treatment. In Detroit, for example, the emphasis was on productivity and job placement as program outcomes.

For these programs, implementation was a continuous process throughout all program phases, with problem solving and advocacy at each step along the way. Nevertheless, they varied in strategy and outcome regarding reintegration (youth contacts with the community), structure and milieu (group home, detention center, training school settings), and auspice. Finally, one may look to the interests and intent of the implementors early on to understand the implementation outcomes.

The results suggest that programs can be established to reintegrate violent youth to the community. This in turn reaffirms the rehabilitative principles of parens patriae: programs rooted in contemporary theory and practice can be implemented and validated through experimental research (Cullen and Gilbert, 1982). Policies which shift the responsibility for youth crime from the juvenile justice system to the criminal process have been based on the weaknesses of reintegrative programs. The results here suggest that such programs are feasible, if not effective, rendering policy shifts both costly and premature.

But reintegration as a policy and program goal relies on the availability of concrete alternatives and opportunities for youth. The juvenile justice process implicitly embodies a social contract. Youth who break laws suffer the consequences of punishment through

deprivation of liberty in sometimes harsh conditions. Those freedoms are re-earned through successful participation in correctional programs and the development of social skills and adherence to the law. In the community, a similar balance of reward and punishment should be maintained. But the denial of opportunities for jobs and social or material rewards of law abiding behavior violates the contract. This suggests that delinquency policy and neighborhood policy are interdependent. The development of job opportunities must be a part of the social contract between youth and society. Currie (1985) states this in basic economic terms: raising the benefits of "going straight" must accompany increases in the costs of breaking the law. Accordingly, the establishment of reintegrative (and also preventive) programs depends heavily on the availability of resources to fulfill the social contract. When reintegration fails, it is important to distinguish between cases where youth fail in the community and those where the community fails the youth.

Recent economic trends show significant income shifts in this decade. Income and wealth are steadily shifting away from the poor and middle strata in American society, leaving isolated urban poor populations (Ehrenreich, 1986). The consequences for the development of reintegrative programs are ominous. First the urban revenue and tax base will shrink, leaving fewer dollars for basic social opportunities (e.g., public schools, investment in urban industry). Second, the resulting weaker, resource-poor communities will be less equipped to prevent failures in youth socialization. Their ability to sustain the societal contract for delinquency prevention will be weakened, and the isolation of inner cities will give way to a further hardening of the social status of the urban poor. If the social milieux of inner cities continues to decline, the prospects for successful reintegration of delinquents became poor. And the processes which spawned and sustained their behaviors will continue to influence new generations of youth. As delinquency and neighborhood policies converge, the resulting reallocation of existing resources to creating neighborhood-based youth supervision and opportunities will be a natural and productive outcome of investments in reintegrative programs.

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APPENDIX A

TABLES

TABLE A-1--YOUTH INTERVIEWS COMPLETED

	Boston		Memphis		Newark		Detroit		Total	
Interview Interval	E	C	E	C	E	C	E	C	E	C
Secure Care Release	23	13	20	5	28	34	35	13	71	52
CBR Release	16	3	16	0	21	2	8	0	53	5
Exit	10	5	15	2	23	22	17	4	48	29

TABLE A-2--YOUTH PERCEPTIONS OF PROGRAM ENVIRONMENT,
MEAN SOCIAL CLIMATE SCORES

SECURE CARE

SCALE	Boston E (N=22)	Boston C (N=14)	Memphis E (N=20)	Memphis C (N=5)	Newark E (N=34)	Newark C (N=28)	Detroit E (N=35	Detroit C (N=13)
Social Networks	3.28	3.45	3.59	3.78	3.66	3.62	3.77	3.71
Youth Opportunities	3.02	3.05	3.60	3.44	3.22	3.32	3.22	3.20
Social Learning	3.23	3.18	3.35	3.54	3.28	3.32	3.56	3.65
Goal Orientation	3.68	3.69	4.22	4.00	4.13	4.15	4.22	4.18
Overall	3.14	3.19	3.54	3.53	3.43	3.44*	3.49	3.47

CBR/GROUP HOME

SCALE	Boston E (N=16)	Boston C (N=3)	Memphis E (N=16)	Memphis C --	Newark E (N=21)	Newark C (N=3)	Detroit E (N=38	Detroit C (N=0)
Social Networks	3.51	3.27	3.52	--	3.41	3.83*	3.62	--
Youth Opportunities	3.57	2.98	3.40	--	3.51	2.89**	3.64	--
Social Learning	3.11	2.95	3.37	--	3.05	3.95**	3.45	--
Goal Orientation	4.08	3.52	4.19	--	3.98	3.96	4.19	--
Overall	3.57	3.17	3.57	--	3.49	3.58	3.70	--

*:p<.05
** <.01

TABLE A-3--STAFF PERCEPTIONS OF PROGRAM ENVIRONMENT,
MEAN SOCIAL CLIMATE SCORES

SCALE	Boston		Memphis		Newark		Detroit	
	E (N=21)	C (N=23)	E (N=7)	C (N=7)	E (N=9)	C (N=23)	E (N=25)	C (N=7)
Social Networks	3.57	3.24	3.34	3.37	3.28	3.94*	3.09	3.20
Youth Opportunities	2.80	3.10	3.72	2.10*	3.25	3.14	2.67	2.66
Overall	3.61	3.36	3.51	3.26	3.27	3.68	2.91	2.94

*:$p<.05$

TABLE A-4--YOUTH PERCEPTIONS OF CASE MANAGEMENT ACTIVITIES

SECURE CARE

CM ACTIVITY		BOSTON E % (N)	BOSTON C % (N)	MEMPHIS E % (N)	MEMPHIS C % (N)	NEWARK E % (N)	NEWARK C % (N)	DETROIT E % (N)	DETROIT C % (N)
Case Manager Assistance:									
Establish daily routine	A lot	57 (13)	39 (5)	60 (12)	- -	39 (12)	- -	66 (23)	0 (0)
	Somewhat	30 (7)	31 (4)	35 (7)	- -	23 (7)	- -	20 (7)	23 (3)
	Hardly	4 (1)	15 (2)	5 (1)	- -	7 (2)	- -	2 (1)	8 (1)
	Not at all	9 (2)	15 (2)	0 (0)	- -	32 (10)	- -	11 (4)	69 (9)
Rule orientation	A lot	65 (15)	46 (6)	80 (16)	- -	44 (14)	- -	77 (27)	23 (3)
	Somewhat	17 (4)	31 (4)	15 (3)	- -	28 (9)	- -	17 (6)	31 (4)
	Hardly	9 (2)	0 (0)	5 (1)	- -	3 (1)	- -	0 (0)	8 (1)
	Not at all	9 (2)	23 (3)	0 (0)	- -	25 (8)	- -	6 (2)	39 (5)
Explained consequences of behavior	A lot	74 (17)	62 (8)	75 (15)	- -	68 (21)	- -	83 (29)	39 (5)
	Somewhat	17 (4)	39 (5)	15 (3)	- -	19 (6)	- -	17 (6)	39 (5)
	Hardly	4 (1)	0 (0)	10 (2)	- -	0 (0)	- -	0 (0)	0 (0)
	Not at all	4 (1)	0 (0)	0 (0)	- -	13 (4)	- -	0 (0)	23 (3)
Encouraged program participation	A lot	48 (11)	54 (7)	80 (16)	- -	77 (26)	- -	91 (32)	46 (6)
	Somewhat	35 (8)	38 (5)	20 (4)	- -	21 (7)	- -	6 (2)	23 (3)
	Hardly	9 (2)	0 (0)	0 (0)	- -	0 (0)	- -	3 (1)	15 (2)
	Not at all	9 (2)	8 (1)	0 (0)	- -	3 (1)	- -	0 (0)	15 (2)
Obtained needed services	A lot	70 (16)	46 (6)	75 (15)	- -	55 (18)	- -	83 (29)	23 (3)
	Somewhat	17 (4)	46 (6)	15 (3)	- -	36 (12)	- -	9 (3)	8 (1)
	Hardly	4 (1)	0 (0)	10 (2)	- -	6 (2)	- -	0 (0)	8 (1)
	Not at all	9 (2)	8 (1)	0 (0)	- -	3 (1)	- -	9 (3)	62 (8)
Provided needed counseling	A lot	65 (15)	35 (5)	70 (14)	- -	47 (16)	- -	77 (27)	23 (3)
	Somewhat	26 (6)	23 (3)	25 (5)	- -	41 (14)	- -	14 (5)	8 (1)
	Hardly	0 (0)	8 (1)	5 (1)	- -	12 (4)	- -	0 (0)	8 (1)
	Not at all	9 (2)	31 (4)	0 (0)	- -	0 (0)	- -	9 (3)	62 (8)
Educational services	A lot	- -	- -	- -	- -	- -	- -	- -	- -
	Somewhat	- -	- -	- -	- -	- -	- -	- -	- -
	Hardly	- -	- -	- -	- -	- -	- -	- -	- -
	Not at all	- -	- -	- -	- -	- -	- -	- -	- -
Employment	A lot	- -	- -	- -	- -	- -	- -	- -	- -
	Somewhat	- -	- -	- -	- -	- -	- -	- -	- -
	Hardly	- -	- -	- -	- -	- -	- -	- -	- -
	Not at all	- -	- -	- -	- -	- -	- -	- -	- -
Family	A lot	- -	- -	- -	- -	- -	- -	- -	- -
	Somewhat	- -	- -	- -	- -	- -	- -	- -	- -
	Hardly	- -	- -	- -	- -	- -	- -	- -	- -
	Not at all	- -	- -	- -	- -	- -	- -	- -	- -

TABLE A-4--YOUTH PERCEPTIONS OF CASE MANAGEMENT ACTIVITIES

CBR/GROUP HOME

CM ACTIVITY		BOSTON E % (N)	BOSTON C % (N)	MEMPHIS E % (N)	MEMPHIS C % (N)	NEWARK E % (N)	NEWARK C % (N)	DETROIT E % (N)	DETROIT C % (N)
Case Manager Assistance:									
Establish daily routine	A lot	- -	- -	- -	- -	- -	- -	- -	- -
	Somewhat	- -	- -	- -	- -	- -	- -	- -	- -
	Hardly	- -	- -	- -	- -	- -	- -	- -	- -
	Not at all	- -	- -	- -	- -	- -	- -	- -	- -
Rule orientation	A lot	- -	- -	- -	- -	- -	- -	- -	- -
	Somewhat	- -	- -	- -	- -	- -	- -	- -	- -
	Hardly	- -	- -	- -	- -	- -	- -	- -	- -
	Not at all	- -	- -	- -	- -	- -	- -	- -	- -
Explained consequences of behavior	A lot	- -	- -	- -	- -	- -	- -	- -	- -
	Somewhat	- -	- -	- -	- -	- -	- -	- -	- -
	Hardly	- -	- -	- -	- -	- -	- -	- -	- -
	Not at all	- -	- -	- -	- -	- -	- -	- -	- -
Encouraged program participation	A lot	75 (12)	33 (1)	75 (12)	- -	43 (9)	- -	- -	- -
	Somewhat	25 (4)	33 (1)	25 (4)	- -	43 (9)	- -	- -	- -
	Hardly	0 (0)	0 (0)	0 (0)	- -	0 (0)	- -	- -	- -
	Not at all	0 (0)	33 (1)	0 (0)	- -	14 (3)	- -	- -	- -
Obtained needed services	A lot	81 (13)	67 (2)	56 (9)	- -	33 (7)	- -	- -	- -
	Somewhat	19 (3)	0 (0)	44 (7)	- -	48 (10)	- -	- -	- -
	Hardly	0 (0)	0 (0)	0 (0)	- -	14 (3)	- -	- -	- -
	Not at all	0 (0)	33 (1)	0 (0)	- -	5 (1)	- -	- -	- -
Provided needed counseling	A lot	75 (12)	0 (0)	69 (11)	- -	38 (8)	- -	- -	- -
	Somewhat	25 (4)	67 (2)	25 (4)	- -	47 (10)	- -	- -	- -
	Hardly	0 (0)	0 (0)	6 (1)	- -	10 (2)	- -	- -	- -
	Not at all	0 (0)	33 (1)	0 (0)	- -	5 (1)	- -	- -	- -
Educational services	A lot	- -	- -	- -	- -	- -	- -	- -	- -
	Somewhat	- -	- -	- -	- -	- -	- -	- -	- -
	Hardly	- -	- -	- -	- -	- -	- -	- -	- -
	Not at all	- -	- -	- -	- -	- -	- -	- -	- -
Employment	A lot	- -	- -	- -	- -	- -	- -	- -	- -
	Somewhat	- -	- -	- -	- -	- -	- -	- -	- -
	Hardly	- -	- -	- -	- -	- -	- -	- -	- -
	Not at all	- -	- -	- -	- -	- -	- -	- -	- -
Family	A lot	- -	- -	- -	- -	- -	- -	- -	- -
	Somewhat	- -	- -	- -	- -	- -	- -	- -	- -
	Hardly	- -	- -	- -	- -	- -	- -	- -	- -
	Not at all	- -	- -	- -	- -	- -	- -	- -	- -

TABLE A-4--YOUTH PERCEPTIONS OF CASE MANAGEMENT ACTIVITIES

COMMUNITY

CM ACTIVITY		BOSTON E % (N)	BOSTON C % (N)	MEMPHIS E % (N)	MEMPHIS C % (N)	NEWARK E % (N)	NEWARK C % (N)	DETROIT E % (N)	DETROIT C % (N)
Case Manager Assistance:									
Establish daily routine	A lot	- -	- -	- -	- -	- -	- -	- -	- -
	Somewhat	- -	- -	- -	- -	- -	- -	- -	- -
	Hardly	- -	- -	- -	- -	- -	- -	- -	- -
	Not at all	- -	- -	- -	- -	- -	- -	- -	- -
Rule orientation	A lot	- -	- -	- -	- -	- -	- -	- -	- -
	Somewhat	- -	- -	- -	- -	- -	- -	- -	- -
	Hardly	- -	- -	- -	- -	- -	- -	- -	- -
	Not at all	- -	- -	- -	- -	- -	- -	- -	- -
Explained consequences of behavior	A lot	- -	- -	- -	- -	- -	- -	- -	- -
	Somewhat	- -	- -	- -	- -	- -	- -	- -	- -
	Hardly	- -	- -	- -	- -	- -	- -	- -	- -
	Not at all	- -	- -	- -	- -	- -	- -	- -	- -
Encouraged program participation	A lot	- -	- -	- -	- -	- -	- -	- -	- -
	Somewhat	- -	- -	- -	- -	- -	- -	- -	- -
	Hardly	- -	- -	- -	- -	- -	- -	- -	- -
	Not at all	- -	- -	- -	- -	- -	- -	- -	- -
Obtained needed services	A lot	- -	- -	- -	- -	- -	- -	- -	- -
	Somewhat	- -	- -	- -	- -	- -	- -	- -	- -
	Hardly	- -	- -	- -	- -	- -	- -	- -	- -
	Not at all	- -	- -	- -	- -	- -	- -	- -	- -
Provided needed counseling	A lot	100 (8)	0 (0)	82 (9)	- -	25 (2)	- -	82 (14)	50 (2)
	Somewhat	0 (0)	40 (2)	18 (2)	- -	25 (2)	- -	6 (1)	25 (1)
	Hardly	0 (0)	0 (0)	0 (0)	- -	25 (2)	- -	12 (2)	0 (0)
	Not at all	0 (0)	60 (3)	0 (0)	- -	25 (2)	- -	0 (0)	25 (1)
Educational services	A lot	63 (5)	0 (0)	91 (10)	- -	14 (1)	- -	82 (14)	50 (2)
	Somewhat	25 (2)	20 (1)	0 (0)	- -	29 (2)	- -	12 (2)	25 (1)
	Hardly	13 (1)	0 (0)	0 (0)	- -	14 (1)	- -	6 (1)	0 (0)
	Not at all	0 (0)	80 (4)	9 (1)	- -	43 (3)	- -	0 (0)	25 (1)
Employment	A lot	50 (4)	0 (0)	40 (4)	- -	0 (0)	- -	49 (8)	25 (1)
	Somewhat	38 (3)	0 (0)	30 (3)	- -	43 (3)	- -	35 (6)	0 (0)
	Hardly	0 (0)	20 (1)	0 (0)	- -	0 (0)	- -	12 (2)	25 (1)
	Not at all	13 (1)	80 (4)	30 (3)	- -	57 (4)	- -	6 (1)	50 (2)
Family	A lot	29 (2)	0 (0)	55 (6)	- -	29 (2)	- -	71 (12)	25 (1)
	Somewhat	57 (4)	0 (0)	18 (2)	- -	0 (0)	- -	6 (1)	25 (1)
	Hardly	0 (0)	60 (3)	9 (1)	- -	0 (0)	- -	12 (2)	0 (0)
	Not at all	14 (1)	40 (2)	18 (2)	- -	71 (5)	- -	12 (2)	50 (2)

TABLE A-5--STAFF PERCEPTIONS OF CASE MANAGEMENT HELPFULNESS AND EFFECTIVENESS

	Boston				Memphis				Newark				Detroit			
	E		C		E		C		E		C		E		C	
	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)
CASE MANAGER HELPFULNESS																
Establishing Daily Routine:																
A Lot	11	(2)	20	(4)	71	(5)	--		44	(4)	--		15	(3)	0	(0)
Somewhat	32	(6)	15	(3)	14	(1)	--		44	(4)	--		35	(7)	0	(0)
A Little	36	(5)	15	(3)	14	(1)	--		11	(1)	--		20	(4)	25	(1)
Not at All	32	(6)	50	(10)	0	(0)	--		0	(0)	--		30	(6)	75	(3)
Rule Orientation:																
A Lot	26	(5)	25	(5)	71	(5)	--		50	(4)	--		17	(3)	0	(0)
Somewhat	16	(3)	10	(2)	14	(1)	--		38	(3)	--		33	(6)	0	(0)
A Little	37	(7)	35	(7)	14	(1)	--		13	(1)	--		17	(3)	75	(3)
Not at All	21	(4)	30	(6)	0	(0)	--		0	(0)	--		33	(6)	25	(1)
Explained Consequences of Behavior:																
A Lot	42	(8)	43	(9)	57	(4)	--		55	(5)	--		40	(8)	0	(0)
Somewhat	42	(8)	33	(7)	43	(3)	--		22	(2)	--		25	(5)	50	(2)
A Little	5	(1)	19	(4)	0	(0)	--		11	(1)	--		30	(1)	25	(1)
Not at All	11	(2)	5	(1)	0	(0)	--		11	(1)	--		5	(1)	25	(1)
Encouraged Program Participation:																
A Lot	39	(7)	52	(11)	71	(5)	--		55	(5)	--		55	(11)	0	(0)
Somewhat	50	(9)	29	(6)	29	(2)	--		22	(2)	--		30	(6)	50	(2)
A Little	11	(2)	19	(4)	0	(0)	--		11	(1)	--		10	(2)	50	(2)
Not at All	0	(0)	0	(0)	0	(0)	--		11	(1)	--		5	(1)	0	(0)
Counseling:																
A Lot	42	(8)	29	(6)	71	(5)	--		55	(5)	--		25	(5)	0	(0)
Somewhat	32	(6)	33	(7)	14	(1)	--		11	(1)	--		35	(7)	0	(0)
A Little	26	(5)	29	(6)	14	(1)	--		33	(3)	--		35	(7)	50	(2)
Not at All	0	(0)	10	(2)	0	(0)	--		0	(0)	--		5	(1)	50	(2)
CASE MANAGER EFFECTIVENESS																
Controlling Violent Behavior:	26	(5)	10	(2)	28	(2)	--		14	(1)	--		14	(3)	0	(0)
Very Effective	53	(10)	38	(8)	57	(4)	--		57	(4)	--		32	(7)	0	(0)
Somewhat Effective	16	(3)	24	(5)	14	(1)	--		28	(2)	--		41	(9)	40	(2)
Only Slightly Effective	5	(1)	28	(6)	0	(0)	--		0	(0)	--		14	(3)	60	(3)
Not Effective																
Developing Client Skills:																
Very Effective	16	(3)	19	(4)	43	(3)	--		57	(4)	--		18	(4)	0	(0
Somewhat Effective	58	(11)	33	(7)	43	(3)	--		28	(2)	--		59	(3)	0	(0
Only Slightly Effective	26	(5)	38	(8)	14	(1)	--		14	(1)	--		23	(5)	50	(2)
Not Effective	0	(0	10	(2)	0	(0)	--		0	(0)	--		0	(0	50	(2)
Improving Relations with Others:																
Very Effective	37	(7)	15	(3)	28	(2)	--		28	(2)	--		28	(6)	0	(0
Somewhat Effective	42	(8)	33	(7)	57	(4)	--		57	(4)	--		46	(10)	20	(6)
Only Slightly Effective	16	(3)	52	(11)	14	(1)	--		14	(1)	--		23	(3)	40	(2)
Not Effective	5	(1)	0	(0	0	(0)	--		0	(0)	--		5	(1)	40	(2)

TABLE A-6--YOUTH INTERVIEW DATA ON EMPLOYMENT, SCHOOL, AND COMMUNITY REINTEGRATION ACTIVITIES

SECURE CARE

		BOSTON				MEMPHIS				NEWARK				DETROIT			
		E		C		E		C		E		C		E		C	
		%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)
EMPLOYMENT																	
Participate in job training?	Yes	9	(2)	70	(9)	20	(4)	80	(4)	9	(3)	75	(21)	67	(21)	58	(7)
	No	91	(19)	30	(4)	80	(16)	20	(1)	91	(29)	25	(7)	33	(10)	42	(5)
If yes:	In community	0	(0)	55	(5)	0	(0)	0	(0)	0	(0)	10	(2)	0	(0)	0	(0)
	In facility	100	(2)	44	(4)	75	(3)	100	(4)	100	(3)	81	(17)	100	(21)	86	(6)
	Both	0	(0)	0	(0)	25	(1)	0	(0)	0	(0)	9	(2)	0	(0)	14	(1)
Has facility/staff/ CM arranged work?	Yes	33	(7)	31	(4)	21	(4)	20	(1)	0	(0)	36	(10)	39	(12)	17	(2)
	No	67	(14)	69	(9)	79	(15)	80	(4)	100	(31)	64	(18)	61	(19)	83	(10)
How describe job?	Excellent	50	(3)	0	(0)	25	(1)	0	(0)	-	-	30	(3)	8	(1)	0	(0)
	Good	33	(2)	0	(0)	0	(0)	0	(0)	-	-	40	(4)	8	(1)	50	(1)
	OK	0	(0)	100	(0)	75	(3)	100	(1)	-	-	30	(3)	54	(7)	50	(1)
	Not good	17	(1)	0	(0)	0	(0)	0	(0)	-	-	0	(0)	8	(1)	0	(0)
	Terrible	0	(0)	0	(0)	0	(0)	0	(0)	-	-	0	(0)	23	(3)	0	(0)
How often show up for job?	Always	80	(4)	50	(2)	100	(4)	100	(1)	-	-	100	(10)	77	(10)	50	(1)
	Almost always	20	(1)	25	(1)	0	(0)	0	(0)	-	-	0	(0)	15	(2)	50	(1)
	Sometimes	0	(0)	25	(1)	0	(0)	0	(0)	-	-	0	(0)	8	(1)	0	(0)
	Rarely	0	(0)	0	(0)	0	(0)	0	(0)	-	-	0	(0)	0	(0)	0	(0)
	Not at all	0	(0)	0	(0)	0	(0)	0	(0)	-	-	0	(0)	0	(0)	0	(0)
Better able to get/keep jobs due to program?	Yes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Improved skills to get jobs due to program?	Yes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SCHOOL																	
Attend school:	Every day	95	(19)	92	(12)	80	(16)	80	(4)	75	(24)	100	(27)	97	(30)	100	(12)
	Usually	0	(0)	0	(0)	10	(2)	0	(0)	16	(5)	0	(0)	0	(0)	0	(0)
	Half time	5	(1)	8	(1)	0	(0)	0	(0)	6	(2)	0	(0)	3	(1)	0	(0)
	Not too often	0	(0)	0	(0)	5	(1)	0	(0)	3	(1)	0	(0)	0	(0)	0	(0)
	Not at all	0	(0)	0	(0)	5	(1)	20	(1)	0	(0)	0	(0)	0	(0)	0	(0)
Enrolled in school?	Yes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
How satisfied with school?																	
Very satisfied		29	(6)	39	(5)	50	(10)	50	(2)	31	(10)	32	(9)	58	(18)	75	(9)
Somewhat satisfied		52	(11)	39	(5)	40	(8)	50	(2)	59	(19)	43	(12)	32	(10)	25	(3)
Not at all satisfied		19	(4)	23	(3)	10	(2)	0	(0)	9	(3)	25	(7)	10	(3)	0	(0)

TABLE A-6--YOUTH INTERVIEW DATA ON EMPLOYMENT, SCHOOL, AND COMMUNITY REINTEGRATION ACTIVITIES

CBR/GROUP HOME

		BOSTON				MEMPHIS				NEWARK				DETROIT			
		E		C		E		C		E		C		E		C	
		%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)
EMPLOYMENT																	
Participate in job training?	Yes	40	(6)	100	(2)	14	(2)	-	-	57	(12)	0	(0)	33	(2)	-	-
	No	60	(9)	0	(0)	86	(12)	-	-	43	(9)	100	(3)	67	(4)	-	-
If yes:	In community	83	(5)	50	(1)	0	(0)	-	-	100	(0)	-	-	50	(1)	-	-
	In facility	17	(1)	50	(1)	100	(2)	-	-	0	(0)	-	-	0	(0)	-	-
	Both	0	(0)	0	(0)	0	(0)	-	-	0	(0)	-	-	50	(1)	-	-
Has facility/staff/ CM arranged work?	Yes	69	(11)	67	(2)	40	(6)	-	-	57	(12)	0	(0)	86	(6)	-	-
	No	31	(5)	33	(1)	60	(9)	-	-	43	(9)	100	(3)	14	(1)	-	-
How describe job?	Excellent	21	(3)	0	(0)	40	(2)	-	-	40	(4)	-	-	33	(2)	-	-
	Good	14	(2)	33	(1)	0	(0)	-	-	20	(2)	-	-	0	(0)	-	-
	OK	50	(7)	33	(1)	40	(2)	-	-	30	(3)	-	-	17	(1)	-	-
	Not good	14	(2)	0	(0)	20	(1)	-	-	10	(1)	-	-	0	(0)	-	-
	Terrible	0	(0)	33	(1)	0	(0)	-	-	0	(0)	-	-	50	(3)	-	-
How often show up for job?	Always	86	(12)	66	(2)	100	(5)	-	-	91	(10)	-	-	100	(6)	-	-
	Almost always	7	(1)	33	(1)	0	(0)	-	-	9	(1)	-	-	0	(0)	-	-
	Sometimes	7	(1)	0	(0)	0	(0)	-	-	0	(0)	-	-	0	(0)	-	-
	Rarely	0	(0)	0	(0)	0	(0)	-	-	0	(0)	-	-	0	(0)	-	-
	Not at all	0	(0)	0	(0)	0	(0)	-	-	0	(0)	-	-	0	(0)	-	-
Better able to get/keep jobs due to program?	Yes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Improved skills to get jobs due to program?	Yes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SCHOOL																	
Attend school:	Every day	59	(7)	50	(1)	93	(14)	-	-	85	(17)	67	(2)	80	(4)	-	-
	Usually	25	(3)	50	(1)	0	(0)	-	-	15	(3)	0	(0)	0	(0)	-	-
	Half time	8	(1)	0	(0)	0	(0)	-	-	0	(0)	33	(1)	20	(1)	-	-
	Not too often	8	(1)	0	(0)	7	(1)	-	-	0	(0)	0	(0)	0	(0)	-	-
	Not at all	0	(0)	0	(0)	0	(0)	-	-	0	(0)	0	(0)	0	(0)	-	-
Enrolled in school?	Yes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
How satisfied with school?																	
Very satisfied		8	(1)	0	(0)	60	(9)	-	-	35	(7)	0	(0)	40	(2)	-	-
Somewhat satisfied		75	(9)	100	(1)	40	(6)	-	-	50	(10)	100	(3)	60	(3)	-	-
Not at all satisfied		17	(2)	0	(0)	0	(0)	-	-	15	(3)	0	(0)	0	(0)	-	-

TABLE A-6--YOUTH INTERVIEW DATA ON EMPLOYMENT, SCHOOL, AND COMMUNITY REINTEGRATION ACTIVITIES

COMMUNITY

		BOSTON				MEMPHIS				NEWARK				DETROIT			
		E		C		E		C		E		C		E		C	
		%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)
EMPLOYMENT																	
Participate in job training?	Yes	45	(5)	33	(1)	7	(1)	0	(0)	27	(3)	22	(2)	24	(4)	25	(1)
	No	55	(6)	67	(2)	93	(13)	100	(2)	73	(8)	78	(7)	76	(13)	75	(3)
If yes:	In community	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	In facility	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Both	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Has facility/staff/ CM arranged work?	Yes	88	(7)	0	(0)	70	(7)	100	(2)	43	(3)	38	(3)	85	(11)	100	(3)
	No	12	(1)	100	(3)	30	(3)	0	(0)	57	(4)	62	(5)	15	(2)	0	(0)
How describe job?	Excellent	22	(2)	0	(0)	33	(3)	0	(0)	29	(2)	14	(1)	7	(1)	33	(1)
	Good	33	(3)	0	(0)	33	(3)	0	(0)	14	(1)	14	(1)	20	(3)	0	(0)
	OK	22	(2)	67	(2)	33	(3)	0	(0)	43	(3)	71	(5)	53	(8)	67	(2)
	Not good	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	20	(3)	0	(0)
	Terrible	22	(2)	33	(1)	0	(0)	0	(0)	14	(1)	0	(0)	0	(0)	0	(0)
How often show up for job?	Always	78	(7)	100	(3)	88	(8)	-	-	43	(3)	50	(3)	68	(10)	67	(2)
	Almost always	22	(2)	0	(0)	12	(1)	-	-	57	(4)	17	(1)	7	(1)	33	(1)
	Sometimes	0	(0)	0	(0)	0	(0)	-	-	0	(0)	0	(0)	13	(2)	0	(0)
	Rarely	0	(0)	0	(0)	0	(0)	-	-	0	(0)	17	(1)	13	(2)	0	(0)
	Not at all	0	(0)	0	(0)	0	(0)	-	-	0	(0)	17	(1)	0	(0)	0	(0)
Better able to get/keep jobs due to program?	Yes	89	(8)	75	(3)	89	(8)	0	(0)	86	(6)	50	(4)	100	(15)	33	(1)
	No	11	(1)	25	(1)	11	(1)	0	(0)	14	(1)	50	(4)	0	(0)	67	(2)
Improved skills to get jobs due to program?	Yes	78	(7)	0	(0)	78	(7)	0	(0)	43	(3)	62	(5)	73	(11)	100	(30)
	No	22	(2)	100	(4)	22	(2)	0	(0)	57	(4)	38	(4)	24	(4)	0	(0)
SCHOOL																	
Attend school:	Every day	71	(5)	0	(0)	100	(7)	-	-	75	(3)	75	(6)	58	(7)	100	(2)
	Usually	0	(0)	0	(0)	0	(0)	-	-	25	(1)	25	(2)	25	(3)	0	(0)
	Half time	29	(2)	0	(0)	0	(0)	-	-	0	(0)	0	(0)	17	(2)	0	(0)
	Not too often	0	(0)	0	(0)	0	(0)	-	-	0	(0)	0	(0)	0	(0)	0	(0)
	Not at all	0	(0)	100	(1)	0	(0)	-	-	0	(0)	0	(0)	0	(0)	0	(0)
Enrolled in school?	Yes	70	(6)	0	(0)	47	(7)	0	(0)	36	(4)	73	(8)	71	(12)	50	(2)
	No	30	(3)	100	(3)	53	(8)	100	(2)	64	(7)	27	(3)	29	(5)	50	(2)
How satisfied with school?																	
Very satisfied		29	(2)	-	-	83	(5)	-	-	33	(1)	-	-	25	(3)	100	(2)
Somewhat satisfied		57	(4)	-	-	0	(0)	-	-	67	(2)	-	-	50	(6)	0	(0)
Not at all satisfied		14	(1)	-	-	17	(1)	-	-	0	(0)	-	-	25	(3)	0	(0)

TABLE A-7--YOUTH INTERVIEW DATA ON FAMILY, SOCIAL INTERACTION AND COMMUNITY REINTEGRATION

SECURE CARE

	BOSTON				MEMPHIS				NEWARK				DETROIT			
	E		C		E		C		E		C		E		C	
	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)
FAMILY																
Spend Time with Family at Home																
Weekends without staff	9	(2)	8	(1)	70	(14)	20	(1)	0	(0)	0	(0)	0	(0)	0	(0)
Days without staff	4	(1)	0	(0)	20	(4)	20	(1)	0	(0)	0	(0)	9	(3)	0	(0)
Weekends with staff	0	(0)	0	(0)	5	(1)	0	(0)	0	(0)	0	(0)	3	(1)	0	(0)
Days with staff	26	(6)	31	(4)	5	(1)	0	(0)	53	(18)	4	(1)	12	(4)	0	(0)
Not allowed	61	(14)	62	(8)	0	(0)	60	(3)	47	(16)	71	(20)	76	(26)	100	(12)
Did CM Assist your Family?																
A lot	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Somewhat	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hardly	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
None	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SOCIAL INTERACTION																
Resolve Conflicts with Others																
Much easier	50	(7)	30	(3)	25	(4)	20	(1)	21	(6)	23	(6)	46	(16)	27	(3)
Easier	36	(5)	40	(4)	50	(8)	40	(2)	32	(9)	46	(12)	51	(18)	67	(7)
Neither	14	(2)	10	(1)	0	(0)	0	(0)	14	(4)	8	(2)	0	(0)	9	(1)
More difficult	0	(0)	10	(1)	6	(1)	40	(2)	32	(9)	15	(4)	0	(0)	0	(0)
Much more difficult	0	(0)	10	(1)	19	(3)	0	(0)	0	(0)	8	(2)	3	(1)	0	(0)
Has Staff Helped You Get Along with Other Kids?																
A lot	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Somewhat	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hardly	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
None	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Found it Easier or Harder to Make Friends																
Much easier	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A little easier	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Same	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A little harder	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Much harder	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
COMMUNITY REINTEGRATION																
Are You Better Prepared for Living in the Community?																
A lot better	36	(8)	38	(5)	55	(11)	40	(2)	61	(26)	65	(17)	46	(16)	62	(8)
Better	50	(1)	46	(6)	30	(6)	40	(2)	33	(11)	31	(8)	51	(18)	31	(4)
No difference	9	(2)	8	(1)	15	(3)	0	(0)	6	(2)	4	(1)	0	(0)	0	(0)
Worse	5	(1)	8	(1)	0	(0)	20	(1)	0	(0)	0	(0)	0	(0)	7	(1)
A lot worse	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	3	(1)	0	(0)

TABLE A-7--YOUTH INTERVIEW DATA ON FAMILY, SOCIAL INTERACTION AND COMMUNITY REINTEGRATION

CBR/GROUP HOME

	BOSTON				MEMPHIS				NEWARK				DETROIT			
	E		C		E		C		E		C		E		C	
	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)
FAMILY																
Spend Time with Family at Home																
Weekends without staff	95	(15)	100	(3)	93	(14)	-	-	100	(21)	-	-	27	(2)	-	-
Days without staff	6	(1)	0	(0)	7	(1)	-	-	0	(0)	-	-	57	(4)	-	-
Weekends with staff	0	(0)	0	(0)	0	(0)	-	-	0	(0)	-	-	0	(0)	-	-
Days with staff	0	(0)	0	(0)	0	(0)	-	-	0	(0)	-	-	0	(0)	-	-
Not allowed	0	(0)	0	(0)	0	(0)	-	-	0	(0)	-	-	14	(1)	-	-
Did CM Assist your Family?																
A lot	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Somewhat	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hardly	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
None	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SOCIAL INTERACTION																
Resolve Conflicts with Others																
Much easier	19	(3)	33	(1)	50	(8)	-	-	25	(5)	-	-	13	(1)	-	-
Easier	37	(6)	0	(0)	38	(6)	-	-	25	(5)	-	-	87	(7)	-	-
Neither	0	(0)	33	(1)	6	(1)	-	-	5	(1)	-	-	0	(0)	-	-
More difficult	37	(6)	33	(1)	6	(1)	-	-	25	(5)	-	-	0	(0)	-	-
Much more difficult	6	(1)	0	(0)	0	(0)	-	-	20	(4)	-	-	0	(0)	-	-
Has Staff Helped You Get Along with Other Kids?																
A lot	6	(1)	0	(0)	20	(3)	-	-	14	(3)	-	-	0	(0)	-	-
Somewhat	37	(6)	67	(2)	47	(7)	-	-	57	(12)	-	-	50	(4)	-	-
Hardly	12	(2)	0	(0)	6	(1)	-	-	0	(0)	-	-	0	(0)	-	-
None	44	(7)	33	(1)	27	(4)	-	-	29	(6)	-	-	50	(4)	-	-
Found it Easier or Harder to Make Friends																
Much easier	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A little easier	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Same	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A little harder	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Much harder	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
COMMUNITY REINTEGRATION																
Are You Better Prepared for Living in the Community?																
A lot better	44	(7)	33	(1)	50	(9)	-	-	38	(8)	-	-	50	(4)	-	-
Better	31	(5)	33	(1)	38	(6)	-	-	52	(11)	-	-	50	(4)	-	-
No difference	25	(4)	0	(0)	6	(1)	-	-	9	(2)	-	-	0	(0)	-	-
Worse	0	(0)	0	(0)	0	(0)	-	-	0	(0)	-	-	0	(0)	-	-
A lot worse	0	(0)	33	(1)	0	(0)	-	-	0	(0)	-	-	0	(0)	-	-

TABLE A-7--YOUTH INTERVIEW DATA ON FAMILY, SOCIAL INTERACTION AND COMMUNITY REINTEGRATION

COMMUNITY

	BOSTON				MEMPHIS				NEWARK				DETROIT			
	E		C		E		C		E		C		E		C	
	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%	(N)
FAMILY																
Spend Time with Family at Home																
Weekends without staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Days without staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Weekends with staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Days with staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Not allowed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Did CM Assist your Family?																
A lot	29	(2)	0	(0)	55	(6)	50	(1)	29	(2)	0	(0)	72	(12)	25	(1)
Somewhat	57	(4)	0	(0)	18	(2)	0	(0)	0	(0)	0	(0)	6	(1)	25	(1)
Hardly	0	(0)	60	(3)	9	(1)	0	(0)	0	(0)	0	(0)	12	(2)	0	(0)
None	14	(1)	40	(2)	18	(2)	50	(1)	71	(5)	100	(7)	12	(2)	50	(2)
SOCIAL INTERACTION																
Resolve Conflicts with Others																
Much easier	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Easier	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Neither	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
More difficult	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Much more difficult	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Has Staff Helped You Get Along with Other Kids?																
A lot	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Somewhat	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hardly	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
None	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Found it Easier or Harder to Make Friends																
Much easier	36	(4)	20	(1)	29	(4)	50	(1)	18	(2)	25	(3)	35	(6)	25	(1)
A little easier	9	(1)	20	(1)	29	(4)	0	(0)	0	(0)	33	(4)	29	(5)	50	(2)
Same	36	(4)	40	(2)	36	(5)	0	(0)	64	(7)	33	(4)	24	(4)	25	(1)
A little harder	9	(1)	0	(0)	7	(1)	0	(0)	9	(1)	0	(0)	6	(1)	0	(0)
Much harder	9	(1)	20	(1)	0	(0)	50	(1)	9	(1)	8	(1)	6	(1)	0	(0)
COMMUNITY REINTEGRATION																
Are You Better Prepared for Living in the Community?																
A lot better	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Better	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
No difference	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Worse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A lot worse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

APPENDIX B

SOCIAL CLIMATE SCALES

APPENDIX B

SOCIAL CLIMATE SCALES

Possible Responses:
5) strongly agree
4) agree
3) neither agree or disagree
2) disagree
1) strongly disagree

SOCIAL NETWORKS (Staff/Youth Relations, Treatment/Custody Orientation, Youth/Youth Relations)

Staff try to keep kids informed about what is happening with the program.	5	4	3	2	1
Staff do a lot of individual counseling.	5	4	3	2	1
If a kid does well, the staff will tell him so personally.	5	4	3	2	1
Staff work with individual kids.	5	4	3	2	1
Staff pay a lot of attention to each kid's relationship with other kids.	5	4	3	2	1
If a kid screws up, the staff will tell him so personally.	5	4	3	2	1
Staff make changes they think necessary without consulting the kids.	5	4	3	2	1
If a kid screws up, staff will make life less pleasant for him.	5	4	3	2	1
Staff will reward a kid for good behavior by making life more pleasant for him.	5	4	3	2	1
Staff deal fairly and squarely with all kids.	5	4	3	2	1
Staff express concern with keeping kids under control.	5	4	3	2	1
Staff get involved in kids' personal problems.	5	4	3	2	1
If a kid cooperates with the program, staff will see that he is protected from kids who are not cooperating.	5	4	3	2	1
Staff encourage kids to make each other confront personal problems.	5	4	3	2	1
Staff encourage kids to make life more pleasant for kids who do well.	5	4	3	2	1
Staff courage kids to make life less pleasant for kids who screw up.	5	4	3	2	1
When kids do well, staff courage other kids to tell them so personally.	5	4	3	2	1

Staff organize kids in regimented groups to maintain order.	5 4 3 2 1
Staff will keep working with a youth who is failing.	5 4 3 2 1
Staff give a youth only a few chances and, if he fails, he has to leave.	5 4 3 2 1
Staff teach educational skills to youth.	5 4 3 2 1
Staff teach vocational skills to youth.	5 4 3 2 1
Staff teach obedience and respect for authority.	5 4 3 2 1
Staff are careful to avoid admitting youth who will not get along well in the program.	5 4 3 2 1
Staff will try to work with almost any youth here.	5 4 3 2 1

SOCIAL LEARNING (Reward, Punishment, Decision Making)

If a kid does well in the community, staff will tell him so personally.	5 4 3 2 1
The kids spend a lot of time outside the program in the larger community.	5 4 3 2 1
Staff talk with a kid's family, friends, employers, teachers, and people like that.	5 4 3 2 1
If a kid does well in the community the staff will get involved and intervene to encourage people in the community to make life more pleasant for the kid.	5 4 3 2 1
Many aspects of the program are actually tied to services in the larger community.	5 4 3 2 1
If a kid screws up in the community, staff will get involved and intervene to encourage people in the community to tell him so personally.	5 4 3 2 1
If a kid really wants to help plan his future in the community, staff will help him do it.	5 4 3 2 1
If a kid does well in the community, staff will get involved and intervene to encourage people in the community to tell him so personally.	5 4 3 2 1
Staff are very interested in keeping kids from getting in trouble in the community.	5 4 3 2 1
Staff get involved in kids' personal problems in the community.	5 4 3 2 1

Staff help kids get jobs outside, get into youth groups, into new school programs, and things like that.	5 4 3 2 1
If a kid screws up in the community, staff will get involved and and intervene to encourage people in the community to make life less pleasant for him.	5 4 3 2 1
Staff leave a kid's family life alone.	5 4 3 2 1
If a kid screws up in the community, staff will make life less pleasant for him.	5 4 3 2 1
If a kid does well in the community, staff will make life more pleasant for him.	5 4 3 2 1
If a kid screws up in the community, staff will tell him personally.	5 4 3 2 1

YOUTH OPPORTUNITIES (Community Relationships, Skill and Achievement Opportunities)

There was really very little done here to help me, so I just "did my time" and waited to be released.	5 4 3 2 1
The project really provided me with all the services it could have.	5 4 3 2 1
Most of the staff here are pretty fair.	5 4 3 2 1
Most of the staff here don't really care what happens to you; they're just doing their job.	5 4 3 2 1
If a kid screws up in the program, the kids will tell him so personally.	5 4 3 2 1
If a kid does well in the program, kids will tell him so personally.	5 4 3 2 1
Kids share in the decisions about how the program is run.	5 4 3 2 1
If a kid screws up in the program, the other kids will make life less pleasant for him.	5 4 3 2 1
If a kid does well in the program, the other kids will make life more pleasant for him.	5 4 3 2 1
The program rules are fair.	5 4 3 2 1
The program is split into two groups with staff in one and kids in another.	5 4 3 2 1
It seems as if a few kids pretty much run the program.	5 4 3 2 1

GOAL ORIENTATION (Choices, Behavioral Emphasis)

Staff points out to kids things he says or does which get him in trouble.	5 4 3 2 1
Staff helps kids get all the services they need.	5 4 3 2 1
If a kid in the program has a special problem, staff will see to it that he gets help with that problem.	5 4 3 2 1
Staff teach kids how to stay out of trouble.	5 4 3 2 1
Most of the staff here think all kids are alike and try to teach them the same things.	5 4 3 2 1
If a kid screws up in the community, staff tries to help the kid understand why it happened.	5 4 3 2 1
Staff teach kids how to make decisions about which friends to hang out with.	5 4 3 2 1
Staff teach kids how to make decisions about what kind of job to look for.	5 4 3 2 1
If a kid has trouble getting along with someone in the program, staff will help him find ways to avoid fights.	5 4 3 2 1
Staff helps kids set goals for themselves.	5 4 3 2 1