

**SERVICES FOR AT-RISK YOUTH IN
WESTCHESTER COUNTY:**

A REVIEW AND EVALUATION

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A REVIEW AND EVALUATION**

DECEMBER, 1989

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We are hopeful that this report will serve as a catalyst for positive change in creating programs that are truly responsive to the needs of youth, a goal shared by all of us.

EXECUTIVE SUMMARY

Data were obtained from 79 agencies in Westchester County in order to evaluate their strategies for solving the problems of youth in eight critical areas: school dropouts, substance abuse, unemployability, child abuse, early pregnancy, runaways and homelessness, emotional disturbance, and criminal behavior. Information was obtained on what strategies these programs currently use, what their program coverage is, and how they evaluate the success of their efforts. The following summary findings and recommendations emerge from these data:

PROGRAM EVALUATION

While many, but not all, programs record how many youth they serve, other data essential for a substantive evaluation of outcome are not collected by most programs. A better tabulation of costs of services is also needed in order for county planners to determine cost efficiency.

SCHOOL DROPOUT PROGRAMS

- may rely too heavily on counseling while lacking academic assistance and job exposure;
- should be directed more toward younger adolescents and those truly at risk;
- some programs may be too small or offer too little to expect much impact.

SUBSTANCE ABUSE PROGRAMS

- are comprehensive in scope and generally use a multiplicity of nationally recognized strategies;
- some programs may be too small to be cost effective.

UNEMPLOYABILITY PROGRAMS

- are reasonably comprehensive and are strong in job preparation, while weaker in placement and follow-up;
- are serving at-risk youth and usually maintaining measures of impact.

CHILD ABUSE PROGRAMS

- have major interventions that rely upon education and therapy;
- few make use of nationally recognized strategies;
- would benefit from better targeting of efforts and expansion of interventions.

PREGNANCY PREVENTION PROGRAMS

- direct many resources toward teens who are already pregnant;
- programs which focus on the "say no" approach would be better directed toward young teens;
- more programs might make contraception easily available.

RUNAWAY AND HOMELESS PROGRAMS

- few programs exist and those that do are focused on short-term solutions;
- focus is on runaway rather than homeless youth;
- few provide long-term housing or assist with independent living tasks;
- interagency cooperation is essential for success.

EMOTIONAL DISTURBANCE PROGRAMS

- a large number of programs exist in this area, although not limited to youth;
- tend to be comprehensive in their approach to treatment and prevention.

DELINQUENCY PREVENTION PROGRAMS

--most use only one or two interventions and several use no nationally recognized strategy;

--few programs are directed toward immediately at-risk youth.

INTRODUCTION

In 1988 the Westchester County Youth Bureau was directed by the county legislature and the county executive to assess the effectiveness with which agencies in Westchester County are addressing the problems of high risk youth. High risk youth are those who have a high probability of developing long term dependency upon various levels of government for their care and well-being, either in institutional or non-institutional settings.

The Comprehensive Plan of the Westchester County Youth Bureau identifies eight problem areas which often lead to long term dependency. To reduce long term dependency, efforts among high risk youth are directed toward the problems of: (1) school dropouts; (2) alcohol and substance abuse; (3) unemployability; (4) child abuse; (5) early pregnancy; (6) runaway and homeless youth; (7) emotional disturbances; and (8) criminal behavior.

This report includes a review of the magnitude of these problems in Westchester County, a review of the nationally recognized interventions for dealing with these problems, and an assessment of the comprehensiveness and effectiveness with which each of these problems is being addressed in Westchester County.

THE PROBLEMS OF WESTCHESTER: AN ASSESSMENT OF YOUTH AT RISK

During the past decade the Westchester County Youth Bureau and other agencies concerned with the problems of youth have attempted to assess the magnitude of problems of Westchester youth in a variety of areas. The information in this section is a summary of those findings and is intended to form a partial backdrop for the analysis of program strategies in the sections to follow.

SCHOOL DROPOUTS

The number of youth who leave school in Westchester County before graduation is small compared to the nation as a whole. An estimated 14% to 25% of students entering the ninth grade across the nation are expected not to finish. During the 1984-85 school year only 27 students per thousand in Westchester, or 2.7% left school. Thus, over the four year period of high school an estimated 10.4% of Westchester youth entering the ninth grade would be expected to become dropouts, a number that is lower than the national rate by 4% to 15%.

Over the five year period, 1980-1985, the four largest municipalities (Yonkers, New Rochelle, Mt. Vernon, and White Plains), accounted for two-thirds of the dropouts, while enrolling only one-third of the students in the county. Yonkers and Mt. Vernon together accounted for over half of the dropouts in each

of the school years during the first half of this decade. The dropout rates in these cities are more than twice that of the rest of the county.

Between 1980 and 1985 the dropout rate in Westchester decreased from 37 to 27 students per thousand. Fourteen municipalities showed significant decreases while only 3 showed significant increases. Mt. Vernon and Yonkers, while still accounting for a majority of the dropouts in the county, also experienced substantial declines in dropout rates during this period. Mt. Vernon had the largest decline in the county and Yonkers the fifth largest.

SUBSTANCE ABUSE

The extent of alcohol and drug use among youth of Westchester County cannot be fully determined. Knowledge only exists about those who come into contact with authorities because of some action related to their abuse. However, information is available about involvement in the criminal justice system as a result of substance abuse.

Between 1982 and 1985 the number of youth drug offenses increased 39%, from 5.19 offenses per thousand in 1982 to 7.21 offenses per thousand in 1985. The problem appears to be most serious in Mt. Vernon, with a drug offense rate of 36.00 per thousand in 1985, but also is a factor in Ossining (12.63 per thousand) and New Rochelle (10.07 per thousand). Together these

three municipalities accounted for 52% of all known drug offenses among youth in Westchester County in 1985, with Mt. Vernon alone reporting 38% of the offenses. During the period 1982 to 1985 the drug offense rate in Mt. Vernon increased from 14 to 36 per thousand.

The widespread availability and use of CRACK has increased the problem of substance abuse in the past 2 or 3 years. Because it is inexpensive while at the same time highly addictive, it is a special problem for young people. How serious the problem will become and how it will affect the service delivery system is only just beginning to be known.

UNEMPLOYABILITY

Unemployability among youth is highly related to educational attainment. Those who dropout or do poorly in school have minimal skills that are valuable to an employer. In addition, their orientation to work often reflects a lack of knowledge about job expectations and attitudes helpful to success.

In 1980, 3,870 youth in Westchester County who had not graduated were not enrolled in school. Fifty-eight percent of these were classified as in the labor force, and 25% were unable to find work. Many may have been classified as not in the labor force because they were not actively seeking a job and others who had jobs may have been underemployed in part-time work. There were a total of 2,171 youth between 16 and 19 years of age who were not

in school, did not have a diploma, and were not working.

CHILD ABUSE

The statistics on child abuse and neglect for Westchester County show an increase in the number of substantiated reports, indicated cases, and Family Court petitions between 1980 and 1985. Between these years, substantiated reports increased by 46%, indicated cases by 20%, and Family Court petitions by 63%. By 1985 there were 1,094 substantiated reports, 743 indicated cases, and 227 Family Court petitions. The number of children represented in Family Court petitions increased by more than 84%, reaching a total of 429. One hundred and seventy five children were removed from their homes on an emergency basis. In part this increase in reported child abuse reflects an increase in public awareness and reporting as mandated by law.

The greatest number of cases of child abuse were reported by the Mt. Vernon and Yonkers offices. In 1985 these two offices accounted for 50% of the substantiated reports, 47% of the indicated cases, and 58% of the Family Court petitions in the county.

EARLY PREGNANCY

The pregnancy rate for women under the age of twenty increased from 27.94 per thousand in 1980 to 51.20 per thousand in 1986, or an increase of 83%. In 1986, the pregnancy rate for

women under 15 years of age was 1.6; for those 15 to 17 it was 32.7; and for those 18 and 19, the rate was 77.1.

These rates reflect a total of 2,008 pregnancies to women under the age of twenty in 1986. Some 620 of these pregnancies, or 16%, resulted in live births and 1,366, or 68%, were terminated by induced abortions.

The youth who became pregnant and decided to give birth to their babies, often failed to adequately care for their unborn children. In 316 (51%) of the 621 instances in 1986 where the pregnancy resulted in a live birth, the mother did not receive any prenatal care until her second or third trimester, if at all. Almost 80% of the mothers under 15 years of age and 63% of those 15 to 17 did not receive early prenatal care. Eleven percent of the babies born to these mothers were low birth weight. Eighteen percent of the pregnancies to women under the age of 15 that did not end in an induced abortion ended in a spontaneous one.

Many municipalities have pregnancy rates for women under the age of twenty substantially higher than the rate for the total county. In 1984 the county-wide rate per thousand in this age group was 36.39, but in Elmsford it was 76.92, in Mt. Vernon, 67.97; and in Peekskill, 64.20. Mt. Vernon has consistently had one of the highest early pregnancy rates in the county.

RUNAWAYS AND HOMELESS YOUTH

It is difficult to determine exactly how many runaway youth are in Westchester County. Local police differ in how they handle the situation, many times simply returning the youth to his or her place of residence. Some youth find at least temporary living arrangements with friends, and in other cases the family simply does not report it.

In 1985, 289 youths in Westchester County were arrested as runaways. These youth were absent from their place of residence without the consent of their parents, legal guardians, or custodians. Ninety-nine of these arrests took place in New Rochelle, 44 in Ossining Village, and 35 in Irvington. Together these municipalities account for 62% of the runaway arrests. New Rochelle, which reported 34% of the runaways, is the home of a non-secure juvenile detention facility. Twenty-five of the 43 municipalities reported no runaways during 1985.

Homeless youth lack a residence where care and supervision are available. Many have been thrown out of homes by parents or guardians. These youth are too old for conventional services such as foster care and yet too young to live independently. An estimated one-third of runaway youth are homeless.

EMOTIONAL DISTURBANCE

The total number of emotionally disturbed youth in Westchester County is impossible to determine. Authorities

usually do not become aware of such persons until the problem is manifest some other way such as substance abuse, school problems, or runaways. Information about emotionally disturbed youth is therefore included among the other problems discussed here.

CRIMINALITY AND DELINQUENCY

In 1985, a total of 9,209 arrests were made of youth 10 to 19 years of age. Although the actual number of arrests was down from the 9,410 in 1982, the arrest rate increased to 75.55 per 1,000 youth. The highest arrest rates were found in Pleasantville (176.87), Harrison (147.95), White Plains (125.41), Peekskill (101.95), Mt. Vernon (100.77) and New Rochelle (100.26). With the exception of Yonkers and Rye City, criminal arrest rates appear to be highest in the cities and lowest in towns and villages of the county.

Arrests for major felonies (murder, rape, robbery, aggravated assault, burglary, larceny, and vehicle theft) represented 27% of all criminal arrests for Westchester youth in 1985. A total of 2,487 major felony arrests were made for a rate of 20.39 per thousand youth, down from 23.45 in 1982.

OTHER PROBLEMS

The problem of HIV infection and AIDS is a relatively new one both to Westchester and the nation. While programs to address HIV infection among youth are being quickly mobilized at this writing,

the disease was not, of course, a focus for the current five-year plan in place to serve at-risk youth in the county. We have nevertheless tried to describe, at least briefly, the current prevention services being offered to youth, owing to the growing importance of this threat to young people.

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CONSOLIDATED SERVICES PLAN, 1988-1991 (Westchester County Department of Social Services, 1987).

A DESCRIPTIVE STUDY OF 75 HOMELESS YOUTH SEEKING SERVICES IN WESTCHESTER COUNTY (Westchester County Youth Bureau, 1988).

PERSPECTIVES ON WESTCHESTER: A COORDINATED STUDY OF YOUTH AND FAMILY SERVICE NEEDS (Westchester Community Service Council, City University of New York Graduate Center, and Westchester County Youth Bureau).

NATIONAL PERSPECTIVES ON SOLVING THE PROBLEMS OF YOUTH

In order to assess the success of the agencies of Westchester County in solving the problems of youth, it would be ideal to examine the available data on how many pregnancies have been prevented, how many young people have been kept in school, how many teens have ceased to abuse alcohol and drugs, and so on. However, a realistic perspective predicted that many agencies would not be able to furnish that kind of information (an expectation that was indeed confirmed in the survey). With little true evaluation data available, then, an evaluation of these services could at least examine how each of these problems is approached in Westchester. Is there any evidence that the strategies used in the county are effective ones?

There has been no lack of research and study on strategies to deal with these potentially disabling problems in the nation as a whole. In this section we review the existing literature on programs to prevent and treat those affected by these problems. The review specifically focuses on 1) the strategies that have been most successful in each problem area and 2) the ways in which success has been measured in each.

SCHOOL DROPOUTS

There are many programs currently in place nationwide for dealing with the problem of school dropouts. Some of these programs are designed to prevent youth from dropping out by altering middle and secondary school curriculum, while others identify those who are at-risk of dropping out and provide them with special services. Still other programs are designed primarily for those who have already left school in the hope that they will return to school or enroll in an alternative program that will provide them with equivalent and work-related skills.

Where programs are designed for both prevention and treatment it is important to have in place a system that tracks all students so that those who left school can be reached and those who show signs of having academic, personal, social, or behavioral problems related to dropping out can be identified in advance. According to the review of existing dropout prevention and treatment programs by Orr (1987) there are four basic target populations that should be identified:

- (1) those interested in school but experiencing personal and educational problems that might result in disengagement;
- (2) those who appear to have given up or lost interest as indicated by absenteeism, tardiness, behavioral problems, etc.;
- (3) those who are unable to continue in school, whether they want to or not, due to external circumstances (e.g. teen motherhood, need to work, etc.), and
- (4) those who have already dropped out.

In order for schools to identify these various categories of students they must have, first, a counseling system so that someone in the school is aware of students' problems and dispositions. Secondly, some form of data collection system must keep track of student attendance, achievement, and behavioral problems so that the at-risk student population can be targeted with appropriate prevention programs. An outreach system should also be operative so that those who have dropped out can be made aware of existing programs.

Researchers who have examined the various community and school district programs aimed at the high at-risk and dropout populations (Orr, 1987; Hamilton, 1986; Lotto, 1982) cite the following elements as the most critical for the success of these programs:

1. Small Size. The most successful programs identify a relatively small at-risk population within the schools (based primarily on achievement measures) and provide this population with a concentrated set of resources.

2. Basic Skills Remediation and Training. The educational emphasis in these programs is on basic reading, writing, and math skills required for employment. Intensive instruction with low student to teacher ratios is most successful.

3. World of Work Exposure. A central ingredient in all of the successful dropout prevention programs involves exposing students to different work organizations and experiences in part-time jobs. This not only prepares students for employment but also makes students aware of the link between basic skills and the successful transition to employment. Students should also be provided with career information and employment strategies that will aid in the transition to full-time labor market status.

4. Involvement of the Private Sector. As a part of the world of work exposure it is useful to establish ties with local businesses who can cooperate with program efforts and place students in different work settings. Federal support for the private-public strategy is provided through the Job Training Partnership Act (JTPA). Part-time employment during the school year and full-time employment during the summer can also serve as an incentive to keep students in school or encourage dropouts to enter programs.

5. Removal From Conventional Academic Structure and a Vocational Emphasis. Successful dropout prevention programs assume that a significant portion of the at-risk, and an even larger share of the actual dropout population, require a different subject matter and instructional approach from that offered in the conventional high school. In most of the programs, therefore, the

emphasis should be on practical training for employment, preparation for real-life situations, and vocational education.

6. Establishment of a Close Relationship with Adult Mentor or Counselor. Developing a strong relationship with an adult figure within the school, through the counseling system, or with outside volunteers through a mentorship system, provides students with the support and encouragement needed to complete their high school education or training program.

7. Supplemental Services to Remove Outside Barriers to Continued Education. For students who have dropped out or are planning to drop out due to outside problems and events such as pregnancy, marriage, or the need to work, services can be provided to encourage and allow completion of their education. Some programs offer day-care services for teenage mothers or part-time employment and job guarantees if the student completes high school or passes the GED. Counseling services for general family problems can also be offered.

These eight characteristics are found in some or all of the exemplary programs cited by Orr (1987). It is important that each of these components be part of a larger plan that is coordinated and integrated.

In addition to specific programs targeted toward the at-risk and dropout populations, there are some prevention strategies aimed at reducing dropout rates. These usually involve restructuring the organization and curriculum of schools. These comprehensive strategies emphasize both early prevention and the institutional factors that contribute to the dropout problem. The view is that, in many of the cases, disengagement from school begins prior to high school because the different needs and interests are not accommodated by the educational systems. By intervening prior to the high school level, and offering students a more diverse learning environment, the number of at-risk students at later stages will be reduced. These programs can be instituted as early as the preschool level where the academically disabled, at-risk, and developmentally delayed children can be identified and treated (State Education Department of New York, 1987). In fact, some of the strongest evidence for program effectiveness exists for disadvantaged children who participate in the special preschool programs. Others have advocated instituting the "effective schools" guidelines in primary and secondary schools (Edmonds, 1982), restructuring of instructional programs at the middle school level (Sherwood, n.d.), and creating a more positive organizational "climate" within the schools (Gottfredson and Gottfredson, 1987). Each of these proposals are designed to enhance retention rates and achievement at the middle and secondary school levels by manipulating the schools'

institutional environment.

Very few of the dropout prevention and treatment programs reviewed in the literature have been subjected to an independent systematic form of evaluation as to their effectiveness. In most cases evaluations are carried out by those who implement the programs and are done in an ad hoc fashion. Nonetheless many programs are deemed effective and successful and these claims tend to be based on the following indicators:

- »»»» high school graduation (or dropout) rates
- »»»» attendance rates
- »»»» basic skills achievement
- »»»» postsecondary education enrollment rates
- »»»» GED completion rates
- »»»» postgraduation employment rates.

This literature emphasizes the need for implementation of systematic evaluation criteria and guidelines so that the effectiveness and cost-efficiency of various dropout prevention and treatment strategies can be assessed.

SUBSTANCE ABUSE

Programs aimed at preventing drug and alcohol abuse among youth spring up almost on a daily basis. The Office of Substance Abuse Prevention, and the Alcohol, Drug Abuse and Mental Health Administration recently appointed a committee to review some of the more effective community and school-based programs operating

in the United States. The committee selected twenty "exemplary" programs and has published project summaries for each of these programs (National Association of State Alcohol and Drug Abuse Directors, 1987). A review of these "particularly effective" programs finds the following features:

- ▶▶▶ emphasis on the resistance or "Just Say No" approach to educational curriculum;
- ▶▶▶ teacher, school counselor and parent training programs;
- ▶▶▶ primary prevention as the major focus;
- ▶▶▶ prevention training services for community and school officials;
- ▶▶▶ parental involvement in programs;
- ▶▶▶ recreational activities and campaigns emphasizing a substance-free lifestyle;
- ▶▶▶ peer education and positive peer-pressure;
- ▶▶▶ dissemination of resource material and information;
- ▶▶▶ emphasis on public awareness of problem and prevention;
- ▶▶▶ referral and assistance for at-risk youth, and
- ▶▶▶ development of self-awareness, problem-solving skills and a positive self-image among youth.

Along with the summary of the key elements of each of the programs, the report also indicates whether the programs have been evaluated or in what ways they have been deemed effective. None of the programs has been evaluated in any systematic way and in most cases there is no indication of any measure of effectiveness. For the few programs that indicate their impact, the following

effects are cited: large number of requests for special information presentations, anti-drug attitudes among students, widespread public awareness of the program, a demand for program services, a decrease in school disciplinary actions and improved grades, calls for additional information. None of the programs indicate any measurable effect on the actual consumption and use of alcohol and drugs.

The committee chose the twenty exemplary programs on the basis of conformity with a set of attributes which they believe make for an effective prevention program (National Association of State Alcohol and Drug Abuse Directors, 1987: 43-44). While the data on the necessity for these attributes is lacking, making them unsuitable for inclusion on the questionnaire to Westchester agencies, these attributes may nevertheless be useful to substance abuse program directors in the county. They are:

- ▶▶▶▶ a program planning process that is sound and involves the various interested agencies in the community;
- ▶▶▶▶ goals and objectives that are part of a written document, measurable, and in line with the assessed needs of the community;
- ▶▶▶▶ multiple activities to accomplish goals;
- ▶▶▶▶ multiple targets and populations that include all elements of the community;
- ▶▶▶▶ strong evaluation base that includes data collection, cost analysis, and outcome evaluation to facilitate reform and revision;
- ▶▶▶▶ sensitivity to the needs of all within the particular community;
- ▶▶▶▶ part of the overall health promotion and health care system;

- ▶▶▶▶ community ownership and involvement with grassroots participation;
- ▶▶▶▶ long-term commitment that is adaptable and flexible;
- ▶▶▶▶ multiple systems/levels of the community are integrated and mobilized behind the program;
- ▶▶▶▶ marketing/promotion to showcase the positive effects of the program, and
- ▶▶▶▶ replicability through the documentation of methods and strategies so that the program's utility can be assessed and its applicability to other settings determined.

A review of the alcoholism prevention projects funded by the National Institute on Alcohol Abuse and Alcoholism demonstrates rather limited success (Staulcup et al., 1979). The programs examined are similar to those cited above in that they are targeted toward youth and are community- and school-based. Most also take the primary prevention approach which assumes that the greater knowledge and education about alcohol, the development of a positive self-concept, and the enhancement of coping and problem solving skills will result in lower rates of alcohol use and abuse. In attempting to determine the effectiveness of these programs Staulcup et al. (1979) note that none of the programs implemented a true experimental design, instead relying on quasi-experimental and nonexperimental methods. It is also worth noting that their review of outcome effects is based on information provided by program directors. Among the outcomes used to measure effectiveness are: alcohol consumption, problems due to drinking, self-reported changes in drinking habits, knowledge and correct

attitudes about alcohol, changes in drinking behavior, an improved self-concept, problem-solving skills, and general level of awareness. While a number of the studies reported positive effects in the area of attitudes, awareness and knowledge, none of the studies demonstrated a link between knowledge or attitude change and subsequent drinking behavior. Staulcup et al. (1979) suggest that alternatives to drug education should be examined if programs hope to influence the actual behavior of youth.

Those who have reviewed school-based drug prevention programs arrive at similar conclusions. Education, awareness, and personal and social skills training prevention programs have weak, inconsistent, and only short-term effects on attitudes and knowledge, and virtually no effect on actual drug use (Klitzner, n.d.; Moskowitz, 1987). Only in the area of cigarette smoking have these programs proven effective, and in this special case it is difficult to attribute success exclusively to the programs themselves given the broader anti-smoking climate that currently pervades American society. More generally, "school policy approaches", involving the enforcement and implementation of a comprehensive school drug and alcohol policy, have been found to be more effective in actually decreasing the use of drugs (Moskowitz, 1987). The basic elements of the school policy approach include a public statement of norms and expectations; training for parents, teachers and staff to identify drug-related problems; and a concerted effort to limit the availability of

drugs on campus.

The above cited programs are designed primarily for the purpose of public awareness, indicating to students and parents the potential dangers of alcohol and substance abuse. Through public awareness it is hoped that students will resist the temptation to drink and use drugs, and that those who have already started will either quit or seek treatment. This latter objective requires that communities and schools have counseling and referral services for youth who need assistance as well as for those who have already developed a serious alcohol or drug problem. Once youth are brought into the referral and counseling system they can be channelled toward the appropriate treatment programs.

There is a wide assortment of youth drug treatment programs currently in operation in the United States. Most common are the therapeutic residential community (TRC) and the drug-free outpatient (DFOP) treatment programs. The TRC's are highly structured drug-free residential settings that include an intensive regiment of treatment, training, counseling, and education. The length of stay in these communities may extend up to 18 months, depending on the need of the client. DFOP programs vary widely but they are non-residential and clients drop in for treatment voluntarily on a daily basis or on whatever schedule they and their counselor deem most appropriate. In spite of the many differences between and among the TRC's and DFOP's almost all share the following strategies (Kusnetz, 1987):

▶▶▶▶ combination of group and individual counseling and

therapy;

- ▶▶▶ requirement for parental and/or familial involvement in the treatment; and
- ▶▶▶ attention to other youth problems which may aggravate substance abuse.

Counselors in the different programs also tend to emphasize the same strategies as being most effective for the treatment of youth (Beschner, 1987). Those approaches most often cited are:

- ▶▶▶ an understanding empathetic attitude toward the alcohol substance user;
- ▶▶▶ directly confronting clients with the self-destructive consequences of their behavior;
- ▶▶▶ the provision of emotional support throughout the treatment process, and
- ▶▶▶ provision of practical assistance in solving the real life problems faced by youth.

There are no systematic or controlled evaluation studies able to determine the relative efficacy of the TRC versus DFOP programs. There have been, however, a number of studies based on surveys of adolescents who have entered and completed different types of drug treatment facilities. These studies (Rush, 1979; Sells and Simpson, 1979; Hubbard et al., 1987) indicate limited success for either program type in reducing post-treatment alcohol and marijuana use among adolescents. Reviews of these and similar studies report somewhat greater positive effects of the TRC's on productivity improvement (an index combining education, training, and employment, (Beschner, 1987)), while both programs tended to

reduce the likelihood of criminal activity and hard drug use (Hubbard et al, 1987). It was also found that younger clients (17 and under) were much more satisfied with treatment under the TRC than DFOP programs (Hubbard et al., 1987). Ultimately, the effectiveness of the program depends on the characteristics and needs of the particular client. However, the evidence suggests that TRC's may be more appropriate for younger drug/alcohol abusers who require a more structured environment.

More recently, a number of innovative drug treatment programs have emerged that take a comprehensive or holistic approach to the youth drug problem. The most notable example of such a program is The Door, a private nonprofit youth center in New York City (see Shapiro, 1987). Using a carefully selected and experienced staff who possess a humanistic, holistic and flexible orientation to the problems of youth, The Door provides psychiatric services, social services, drug education and prevention, career counseling, learning centers, legal counseling, food service, medical services, and sex and nutrition counseling. Many regard The Door as an extremely effective treatment model due to its comprehensive approach yet no formal evaluation of treatment outcomes has been carried out.

UNEMPLOYABILITY

Since the late 1970's a large number of youth employment and training programs have been instituted and evaluated. These include both private and public efforts aimed at reducing the unemployment and poverty rate among youth. The relative effectiveness of these various programs has been assessed by a variety of observers (Gueron, 1984; Hamilton and Claus, 1985; Weissman, 1969; Work in America Institute, 1979) who come to similar conclusions concerning the factors that contribute to a successful strategy. These include the following:

1. Skill Training and Basic Education. The programs should combine services that insure that youth possess basic reading, writing and math skills as well as at least one set of specific marketable skills for the purpose of employment.

2. Counseling and World of Work Orientation. Program participants need to be prepared to enter the labor market. They should learn how to find a job, fill out an application and participate in a job interview. Participants should also be made aware of the actual and real job prospects that exist, the kinds of jobs they are truly qualified for, and the pay scale of these types of jobs. Finally, counseling should include tips on the symbolic importance of attendance, punctuality, and interpersonal relations on the job.

3. On the Job Training. The most successful programs are those that rely less on classroom learning and more on actual workplace training and experience. Many of the targeted youth for these programs are dropouts who are unattracted to the classroom environment and more likely to prefer vocational training in a workplace context.

4. Establishing Strong Ties and Connections With the Private Sector. This may be the single most important factor for the ultimate success of youth employment programs. Programs must provide job training and placement and this requires the cooperation and involvement of private employers in the community. All studies indicate that private sector employment experience also provides the most useful credentials and skills for subsequent employment.

5. Training for Labor Scarcity. Programs should, through the collection of labor market data and in consultation with local employers, identify areas where labor shortages exist and tailor their training strategies accordingly. Programs are much more successful where participants are trained in job areas that are not glutted or highly competitive.

6. Job Placement in a Sequence of Jobs or Entry Level Positions. It is important that program participants are not slotted into dead end positions that offer few opportunities for promotion, no expansion of skills, and no incentives for quality performance. Programs can be designed so that participants move through a series of jobs that involve increasing skill and responsibility or are placed into entry-level positions that include career ladders and promotion opportunities.

7. Post-Placement Support and Counseling. Once program participants have been placed in a job they should still receive counseling and support services that allow the program to monitor success and aid the participants during the transition to full-time employment.

In order to determine the effectiveness of youth employment programs, criteria must be established as to the goals and objectives of the program. Among past and existing programs, the most common measures of success are: acquisition of basic skills, job placement rate, number of job referrals, retention in jobs, post-program employment rate and post-program earnings.

CHILD ABUSE

Program interventions aimed at reducing the incidence of child abuse are complicated by the fact that both child victims and adult abusers require services and treatment. Community systems for the prevention and treatment of child abuse should include multidisciplinary teams to assess community needs, direct services to maltreating parents, direct services to maltreated children, and crisis intervention services to respond to family problems and abusive incidents (Daro, 1988a:90).

It is important that community agencies identify the different forms of maltreatment and direct the most appropriate services to these maltreatment subpopulations (Daro, 1988a:80). The most common forms of maltreatment, and the associated maltreatment subpopulations, are physical neglect, physical abuse, and sexual abuse. For physical neglect, services should include welfare and emergency relief services, parent aid and home visitor programs, family support services, and substance abuse treatment programs. For physical abuse, services should include facilities for respite care, family/adult support groups, and parenting education services. For sexual abuse, services should include victim and offender therapy and support groups.

Daro (1988a) provides the most comprehensive and up-to-date review of past and existing programs and evaluation evidence for effective strategies and treatments. Among the more effective components of child abuse services, she cites the following:

- ▶▶▶▶ a multidisciplinary approach that draws on the expertise and experience of the legal, social welfare, medical, and educational fields;
- ▶▶▶▶ the provision of services from a family rather than purely individual perspective that recognizes the family context of the maltreatment problem;
- ▶▶▶▶ intervention services that include direct therapeutic services to abused and at-risk children;
- ▶▶▶▶ provision of concrete assistance to families in the form of income support, housing, medical care and employment assistance, and
- ▶▶▶▶ integration of professional, lay volunteer, self-help and peer group counseling in the treatment plans.

The last strategy, peer group and lay counseling (e.g. Parents Anonymous), is emerging as a particularly effective form of treatment for abusive parents.

Further insights into effective treatment strategies are provided by the National Clinical Evaluation Study of various child abuse projects throughout the United States. The project imposed uniform procedures for evaluating the impact of the strategies across each site. Outcome measures were based on clinician ratings of their clients' overall progress, their propensity for future maltreatment, and the number of different types of reincidence occurring during treatment (see Daro, 1988a: 93). There are a number of findings from the evaluation project that can serve as a guide for future programs.

- ▶▶▶▶ For physical neglect subpopulations, treatment staff should be trained to handle substance abuse problems which are highly correlated with this form of abuse.
- ▶▶▶▶ Improvements in clients' self-esteem, management of anger, use of social supports, child development

knowledge, appropriate roles and responsibilities within the family, and achievement of employment and vocational objectives were seen to reduce a client's propensity toward future maltreatment.

- ▶▶▶▶ All the programs used the ecological treatment approach which viewed the client in the broad sense as an entire family unit.
- ▶▶▶▶ Combining individual, group, and family therapy proved a successful strategy especially for the sexual abuse group.
- ▶▶▶▶ For the physical neglect subpopulation, positive effects resulted from casework counseling and educational and skill development.
- ▶▶▶▶ In addition to therapeutic services, all programs provided nontherapeutic services such as parent education classes, assistance in securing welfare and health care services, homemaker services, and vocational and job training assistance.
- ▶▶▶▶ For the children and adolescent maltreatment victims personal skill development classes, temporary shelter, and group counseling all had positive effects.

It should be noted that the Daro study confined itself to measuring outcomes during treatment. The ultimate success of these programs can only be determined with measures of long-term post-treatment impact on future maltreatment and abuse.

The National Center for Prevention of Child Abuse has recently developed innovative forms of intervention aimed at the prevention of child abuse. Preliminary evaluation studies indicate that early intervention with new mothers can significantly reduce the risk of child abuse and neglect. The service goals of new parents programs should include (Daro, 1988b:13):

- ▶▶▶▶ education on child development and parenting;

- >>>> developing parent skills to cope with child-rearing stress;
- >>>> enhancing the emotional parent-child bonds;
- >>>> reducing the burden of child care;
- >>>> increasing access to social and health services for all family members, and
- >>>> provision of home visitors to meet with parents on a regular basis.

This type of early intervention strategy represents one of the most promising approaches to the prevention of child abuse. A related prevention strategy, that involves intervention at an even earlier stage, is the provision of family planning services. Studies reveal that unplanned conceptions increase the probability of abuse and neglect and that unplanned fertility is largely the result of inadequate use of birth control methods (Zuravin, 1987). Prevention programs should integrate both new mother and family planning strategies.

TEENAGE PREGNANCY

In the past two decades, much attention has been given to the problem of reducing rates of childbearing among adolescents. Early childbearing is seen as problematic because of the high costs in terms of both health and life chances for babies and their young parents.

The attack on teen pregnancy has utilized a multitude of approaches. First, there have been programs that try to change

knowledge or attitudes. These include sex and family life education programs, efforts to increase assertiveness or decision-making ability, programs to encourage communication about sexuality issues among family members, teen theater programs, and media efforts.

While few of these programs have gathered data sufficient to measure their impact on teen pregnancy per se, several of them have been shown to be effective in reaching intermediate goals related to teen pregnancy. For example, sex education programs do consistently show impacts on knowledge among young people (Kirby, 1984). In addition, parent-child communication programs increase the number and frequency of talks about sexual behavior and related issues among family members (Alter et al., 1982). There are also data to suggest that young people who participate in decision-making or assertion training may in fact, improve their skills in these areas and use contraception more consistently (Schinke et al., 1981).

A second major approach to preventing adolescent pregnancy has been to provide access to contraception. Contraceptives are distributed to teens in traditional family planning programs, through school-based clinics, by health departments, and at clinics in a variety of tertiary care settings. Here the findings seem rather clear: increased use of contraception by teens reduces the incidence of pregnancy (Hayes, 1987). In addition, there is no evidence that the provision of contraception to teens encourages

sexual activity (Moore and Caldwell, 1977).

Some data suggest that school-based clinics can be particularly powerful tools in encouraging contraceptive use and thus, in lowering pregnancy rates (Zabin et al., 1986; Edwards et al., 1980). One of these clinics in Baltimore was also successful in postponing the onset of sexual activity among students (Zabin et al., 1986).

Yet a third general approach to preventing adolescent pregnancy has been to establish programs which promote other life options besides pregnancy and early childbearing. These programs include role model and mentoring interventions, programs to enhance life planning skills, youth employment programs, and programs which place young people in volunteer work. For the most part these programs have been poorly evaluated for their ultimate impact on teen pregnancy. However, evidence does exist to show that they succeed in getting young people involved in work activities and some programs have preliminary data to suggest lower pregnancy rates (Philliber et al., 1988).

The measurement of success in programs to prevent teen pregnancy requires that programs demonstrate lower pregnancy rates among the treated population than among a comparison group of teens. Other intermediate variables used to measure success of these programs include rates of sexual activity, contraceptive use and contraceptive continuation. Unfortunately, clinic continuation is not always synonymous with regular and effective

use of contraception, making it a less desirable measure of program achievement.

Treatment programs designed to aid pregnant and parenting teens seem to need several important components in order to improve outcomes for their young clients. First, moral arguments aside, it is clear that the availability of abortion services reduces the number of live births to teens.

For the young teen deciding to carry a pregnancy to term, the availability of prenatal care enhances birth outcomes for both mother and child. Fewer low birth weight babies, fewer stillbirths, and so on are associated with the provision of prenatal care (Shadish and Reis, 1984). Nutrition services are likewise effective in reducing the incidence of low birthweight (Kotelchuck et al., 1984).

Other interventions recognized by the National Research Council as important to pregnant and parenting teens include parenting education, child care services to facilitate return to school for young mothers, alternative school programs, employment programs, income support, contraceptive services to delay future births, and regular pediatric care for children of teen mothers (Hayes, 1987).

Evaluations of these programs have measured various health indicators among both mothers and children; rates of repeat pregnancy; number of mothers on welfare support at various intervals after giving birth, and numbers who return to school.

RUNAWAYS AND HOMELESSNESS

Programs designed to serve runaway and homeless youth are of relatively recent vintage in comparison to the other youth programs cited above. There has been virtually no systematic evaluation research to determine the effectiveness of the various programs currently in operation around the country. It should be emphasized that the runaway/homeless problem is intimately tied to the other problems faced by youth in their family and school, including substance abuse, delinquent behavior, and emotional disturbance. Comprehensive programs aimed at these interrelated problems would certainly contribute to reducing the incidence of runaways and homelessness.

Most community programs for missing/runaway children have as their goal early intervention in order to avoid later intervention by the law enforcement and juvenile justice system. This requires that law enforcement agencies, who are routinely the first to intervene when a child has run away or is reported missing, refer the case to youth service agencies designed to handle this specific problem. The youth service agency can then intervene and determine an appropriate strategy. The runaway/missing youth may already be involved with other youth service agencies and services. The most common strategy is to set up an appointment with the entire family to determine whether there are any specific problems within the home, such as parent-child conflict, or physical, sexual or

substance abuse. Where these problems exist, other intervention programs may be appropriate. In general, it is recommended that systematic records and reports be kept for each runaway case that includes basic information about the family and runaway circumstances. These records can be used to determine the effectiveness of the initial intervention strategy and, in the event of subsequent runaway behavior, the extent to which more serious family problems exist.

One of the most innovative referral services for runaway and homeless youth is the Project Safe Place program. Joining the efforts of volunteers and local youth agencies, safe places are designated by distinctive signs placed outside public and private establishments. Youth can enter any of these facilities and request help, whereby the appropriate local agency is contacted to provide whatever services are required. The program requires the active participation of private businesses and trained volunteers who pick up the youth and transport them to the local agency.

Unlike the runaway and missing, homeless youth are often unable to be reunited with their family or guardians. Thus, the programs and services designed to serve this population must be more comprehensive. A recent task force report on the problems of homeless youth (Harlan and Doub, 1988) recommends the provision of the following short-term and comprehensive services:

>>>> short- and intermediate-term housing with the goal of

family reunification or emancipation;

- ▶▶▶▶ developing a funding base to support homeless youth services;
- ▶▶▶▶ exploring the use of AFDC-foster care funds to support housing needs;
- ▶▶▶▶ training community volunteers and agency workers about the problems faced by homeless youth;
- ▶▶▶▶ developing a street outreach program for areas inhabited by homeless youth;
- ▶▶▶▶ developing a central intake center to direct the homeless youth to needed services;
- ▶▶▶▶ a system for making diagnostic medical and mental health assessments of homeless youth, and
- ▶▶▶▶ making available education, job and independent living skills training to facilitate emancipation.

The effectiveness of the homeless and runaway programs is generally measured by the successful return of youth to their natural homes, the absence of repeated runaway behavior, a reduction in the number of homeless and runaway youth in the community, establishing self-sufficiency among homeless youth, and the number of homeless and runaway youth reached and served by youth agencies.

EMOTIONAL DISTURBANCE

Most studies indicate that programs devoted to the prevention and treatment of youth mental health problems are either poorly developed, entirely inadequate, or nonexistent (Joint Committee on Mental Health of Children, 1969; Knitzer, 1982, 1984). States and communities have typically directed their mental health

services toward the adult population relying heavily on inpatient hospitals, traditional residential, or institutional care. The general consensus is that the existing mental health infrastructure is an inappropriate basis for serving the special needs of the troubled and disturbed youth population. In assessing program needs and effectiveness it is not so much a case of what particular strategy solves a particular psychological problem, but rather whether basic mental health programs for youth exist at all.

As a way to restructure the existing mental health system in order to handle the needs of youth, the following general recommendations are offered (Knitzer, 1982):

- ▶▶▶▶ identify youth that are currently being served inappropriately or awaiting service;
- ▶▶▶▶ promulgate specific treatment and placement standards for youth to discourage hospital placement and encourage less restrictive care;
- ▶▶▶▶ develop training programs for agency officials to identify and refer youth to available services;
- ▶▶▶▶ establish an administrative unit in the mental health agency for youth problems;
- ▶▶▶▶ develop coordinated efforts with nonmental health agencies that deal with youth, and
- ▶▶▶▶ strengthen the attention given by youth advocacy groups to the needs of mentally disturbed youth.

Programs designed to prevent the onset of emotional disturbance among youth are frequently based on identifying infants, children, and adolescents who make up an "at-risk" population. These risk-factors are based on the characteristics

and behavior of the child, family characteristics, and stressful environment and life events (Lewis et al., 1988). The aim is to intervene and/or make services available to youth who are characterized as being at-risk for emotional disorder.

Primary prevention includes programs for infants in high risk populations who may be born with certain physical and mental disabilities or to parents who are unprepared for child-rearing. Interventions are designed to strengthen the bond between parents and children and provide parents with the necessary information and skills to raise and care for children. Home visits and referral to other family agencies are a major part of this prevention strategy (Tableman, 1981). Children living with disordered adults (mentally ill or substance dependent) are also considered at-risk for emotional difficulty and therefore potential recipients of mental health services. Classic interventions using open-ended individual and nondirective individual and group psychotherapy have been reported as most effective for older at-risk youth (Anthony, 1974). Children who exhibit various forms of asocial behavior may also be in need of mental health services. These are often provided through special day-care and school programs that combine remedial services, therapy, and behavior modification techniques. Finally, children who experience stressful life events, such as the divorce of parents or loss of a family member, are at especially high risk for emotional disorder and maladjustment. The most common strategy

for this group is the short-term crisis intervention model that involves group sessions with parents and peers and the opportunity for children to express their emotions, feelings, and grief.

There are three basic types of programs providing mental health services to youth: nonresidential, residential, and therapeutic case advocacy services (Knitzer, 1982). An important component of nonresidential services is primary prevention or early intervention programs like those discussed above (Tableman, 1981). A second common form of nonresidential service is outpatient therapy usually offered through community mental health services or comprehensive youth programs. The primary strategy is to provide various forms of therapy to children individually and with their parents. A third nonresidential form of treatment is intensive services in the home or community. These kinds of programs are designed as an alternative to residential treatment or institutional treatment for seriously disturbed children. The treatment usually involves a structured plan of extensive therapy along with educational and recreational services.

Residential services include inpatient care in general or psychiatric hospitals, and residential treatment centers. Placement in a residential setting is often required for severely disturbed children and those who need to be removed from their family. The trend is away from the institutional model in the direction of therapy group and family foster homes. Residential forms of treatment usually include a highly structured system of therapy,

educational and vocational training.

Finally, the "therapeutic case advocacy" system (Knitzer, 1982) is a different form of service that provides families and youth with an advocate that will aid them in gaining access to the services and programs they require. This is reported as a very effective strategy for the hard-to-reach families and youth who are unaware of, or unable to deal with, the various youth and family agencies that can provide them with what they need.

In a review of some of the most innovative and successful programs providing mental health services to youth, Knitzer (1982:18) cites the following criteria and principles for evaluating effective programs:

- ▶▶▶▶ Programs should reflect the problems, age, developmental level, and strengths and weaknesses of youth.
- ▶▶▶▶ Services should be delivered in the least restrictive setting possible.
- ▶▶▶▶ Programs should involve the child's family as much as possible.
- ▶▶▶▶ Services should be delivered by people comfortable with the particular cultural and ethnic background.
- ▶▶▶▶ Programs should encourage the child to move from one program to another and from a more to less restrictive setting.
- ▶▶▶▶ Programs should consider the educational, vocational, and other needs of the child especially where they are seriously disturbed or multiply disabled.
- ▶▶▶▶ All programs should contain a strong advocacy capacity to make agencies work for the child or adolescent.

In the area of mental illness it is difficult to assess the actual effectiveness of mental health programs for youth. For early primary prevention programs, success tends to be based on the progress of parents in raising and interacting with their children and, over the long-run, the extent to which they lead productive lives as measured by school achievement, employment, absence of substance abuse, absence of delinquent behavior, and an absence of emotional disorders. These latter outcomes are also used to measure the success of secondary prevention and treatment services. Other outcome measures used to assess the effectiveness of treatment programs include: behavior in the school and at home, incidence of asocial behavior, behavioral and psychological diagnoses, school attendance, and scores on achievement tests.

CRIMINALITY AND DELINQUENCY

Programs aimed at reducing youth criminality and delinquency can be divided into those designed to prevent delinquent behavior and those designed to treat delinquent youth. Among the prevention programs there are three basic strategies: school-based, family-based, and neighborhood-based approaches.

There has been considerable experience with and evaluation of school-based delinquency prevention programs. The school-based approach is based on a structural or environmental model that links the delinquent and disruptive behavior of youth to their experiences in pivotal institutions, in this case the

school. Programs intervene at the school level in an effort to improve the effectiveness and climate of the schools. This, in turn, should enhance student attachment and commitment to school thus reducing disruptive behavior at school and, it is hoped, delinquent behavior outside of school. Program components that have proven effective are classroom management disciplinary procedures and instructional innovations, student-concern support teams, business-education partnerships, school-wide academic interventions (study and reading skills training, team learning, peer counseling) (Gottfredson, 1986a, 1986b), parental involvement and support, clear goals and high expectations (Gottfredson, 1986a, 1986b; Kimbrough, 1985). These programs are more successful when implemented on a school-wide basis than when directed toward students selected on the basis of disciplinary problems (Gottfredson, 1986a; Lane and Murakami, 1987). As a final prevention component, a school-based program might include law-related education programs and classes designed to reduce the likelihood of illegal activities and promote a greater awareness of the criminal justice system (Johnson and Hunter, 1985).

A second strategy is family-based intervention. The two most successful methods, using parents as the agents of change, are the parent training and contracting approaches (Morton and Ewald, 1987). Parent training programs provide basic information to parents concerning child development processes in order for parents to understand their child's behavior and be able to identify

positive and negative behaviors. Through training in self-control parents develop an improved supervisory capacity over their children. The contracting system involves setting up a schedule of positive reinforcers between the parent and the child. Children participate in the development of the contract and are rewarded when specific components of the contract are met. The emphasis is on positive rather than negative sanctions. Family-based strategies are used for both the prevention and treatment of delinquent behavior.

A third prevention strategy is the neighborhood or community program approach (O'Donnell et al., 1987). These are typically nonresidential programs designed for youth in high-risk areas or those referred by the school or social agencies. Neighborhood programs offer services and activities as a way to provide youth with an alternative to delinquent or illegal activities. Program components usually include recreational activities, academic training, peer group sessions, summer camps, and employment-related services. In many cases these programs are not designed explicitly for the purpose of reducing juvenile delinquency but are part of the broader emerging effort to offer multiple services to community youth (see Feldman, 1987). Of the various services offered, however, those that are employment-related have been found to be most effective in reducing delinquency (O'Donnell et al., 1987).

Overall, prevention programs have proven most effective when they are characterized by the following (Lindgren, 1986; Pransky, 1987):

- ▶▶▶ a comprehensive and multilevel approach , going beyond individual behavioral methods and including efforts to alter institutional and interpersonal factors such as the school, the family and peer groups;
- ▶▶▶ voluntary versus coercive participation in individualized intervention programs, and
- ▶▶▶ efforts to strengthen natural informal relations (peer and family) rather than establishing new relationships between youth and professional practitioners.

There have been, literally, thousands of programs implemented to treat juvenile offenders. As a first step most communities employ some form of diversion strategy that divert delinquent youth from the juvenile court and criminal justice system into programs that provide services and individual therapy as a means to alter their behavior. These programs are typically based on fundamental psychological principles associated with cognitive, reinforcement, and social learning theory (Morris and Braukmann, 1987). The vast research is inconclusive concerning the relative efficacy of these methods in reducing delinquent behavior (Ross and Fabiano, 1985).

Communities usually offer residential and non-residential services for the treatment of delinquency. A common residential form of treatment is the institutional program that combines correctional and mental health facilities and staff. This type of treatment is usually reserved for the more serious youth offenders and involves a highly structured treatment program

employing, instead of punishment, various psychological behavior modification techniques. Success has been reported for programs combining therapy with remedial education, with reward contingent on proficiency and effort (Washington State Department of Social and Health Services, 1985). Generally, programs are reported as more effective when the staff is trained in the psychological techniques being used, there is a high staff-youth ratio, and systems have been developed for the prompt discipline of misbehavior (Agee, 1986; Fairchild, 1986). A secure setting and adequate time for treatment are also considered critical factors in the success of institutional programs.

Group homes represent a somewhat different approach to residential treatment. The group home setting is composed of a smaller number of youthful offenders, usually 4-12, who receive structure and guidance from a program staff while, at the same time, attending school, holding jobs, and (where possible) visiting their natural homes. One popular approach to this general treatment strategy is the teaching-family model (Braukmann and Wolf, 1987). The teaching-family group home is directed by a married couple who is responsible for 4-6 adolescents in a family-style home environment. The teaching "parents" are trained to develop social and relationship skills, motivational capacities, and self-government procedures among the youth and to apply youth advocacy procedures on their behalf. A common motivational system used in these and other residential treatment programs is the token

economy system that reinforces behavior through points (or "tokens") earned or lost as a result of appropriate and inappropriate behavior. Since most of these programs combine social skills training with some form of reinforcement system, it is impossible to determine which of these various strategies are responsible for the program's effectiveness.

Among non-residential programs specific strategies vary widely and there is no consensus as to the single best strategy. The commonly cited components of nonresidential programs are:

- ▶▶▶▶ a multifaceted approach that includes family involvement, remediation of basic skills, vocational planning and employment preparation, social skills training, and creative therapy (Van Nagel et al., 1986);
- ▶▶▶▶ individualized treatment strategies;
- ▶▶▶▶ wilderness and camping programs to challenge, build confidence, and empower youth;
- ▶▶▶▶ peer counseling;
- ▶▶▶▶ use of volunteer personnel to serve as mentors to troubled youth, and
- ▶▶▶▶ restitution programs.

Overall, there appears to be general agreement that a holistic approach is required and that nonresidential programs should provide a variety of services to delinquent youth that will facilitate self-confidence and success, divert youth into positive and productive social networks, and reduce the likelihood of dependency.

Claims for the effectiveness of the various delinquency

programs are based on many different forms of evaluation, depending on the type of program in question. School-based prevention programs indicate the following outcomes: greater support among students for school rules, less alienation, fewer suspensions, a reduction in delinquency risk factors for school populations, less self-reported delinquent behavior and drug-related activity, and proper attitudes about violence and deviance. Programs treating youthful offenders measure success on the basis of: reduced recidivism rates, fewer court contacts, number of post-treatment criminal offenses, post-treatment institutionalization, school attendance, and probation violations.

CONCLUSIONS AND DISCUSSION

This review of current interventions and outcome measures for eight different adolescent problem behavior areas suggests a conclusion that others before us have reached: both the causes of and the needed programs for these seemingly different problem areas have much in common. Moreover, these problem behaviors co-occur. Those who become pregnant early are at high risk of school leaving; drug using adolescents are at high risk of runaway and homelessness problems; delinquent young people often have drug, school, pregnancy, and runaway problems.

In an analysis of adolescent risk-taking behavior, Dryfoos (1988) has suggested that the following eight interventions will be effective in a variety of preventive efforts for problem

adolescents:

- ▶▶▶▶ early and sustained intervention;
- ▶▶▶▶ comprehensive services;
- ▶▶▶▶ surrogate parents for those who lack parental support;
- ▶▶▶▶ a focus on schools, including school reform, continued use of alternative schools, and co-location of services in school settings;
- ▶▶▶▶ the linking of school and work;
- ▶▶▶▶ social skills training for young people;
- ▶▶▶▶ careful recruitment and training of staff in programs serving youth;
- ▶▶▶▶ incentives, including cash payments, to young people.

Interestingly, items on this list have appeared repeatedly in our own review of what "works" in these eight problem areas. While specific interventions, like the provision of housing for runaways or supplying contraceptives to prevent pregnancy, may be appropriate for specific problem areas, this more general list of approaches seems ubiquitous across all the problem areas.

In the analysis of strategies being used in Westchester then, it seems reasonable to not only search for recognized approaches in each individual problem area, but to investigate the availability of comprehensive programs for youth.

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METHODOLOGY

Westchester County has hundreds of agencies which offer services to youth at risk. The number of these agencies, coupled with the budget and time frame limitations for this project did not permit the design of agency-specific evaluation strategies over a multi-year time period. Rather, the project was designed to give Westchester County executives a preliminary sense of obvious strengths and weaknesses of those programs which are receiving county money to support their work.

The sampling frame used to produce the data reported here included 157 youth-serving programs currently or recently funded by the Westchester County Office of Employment and Training, Department of Social Services, Department of Community Mental Health, Office of Criminal Justice Planning, the Department of Health, and the Youth Bureau. Some agencies appeared on the program list from more than one department. After eliminating these duplicate agencies, 126 survey questionnaires were mailed.

Each agency on the list received three separate mailings of the questionnaire and its cover letter and each agency head was asked to telephone directors of their programs who had not responded. After a first draft of this report was prepared, yet another contact to non-responding agencies was made. From the original 126, 91 questionnaires were returned, for a response rate of 72%. Among these 91 replies, 7 agencies reported they did not, in fact, serve young people, 1 agency had closed, and the responses

from four questionnaires were combined with four others because they represented subprograms in the same agency. This produced usable responses from 79 agencies but represented many more discrete programs.

Non-response to the survey was not random across county departments, being greatest for the mental health (11 programs) and substance abuse programs (12 programs). Another 5 alcohol abuse programs also failed to respond, so that these three areas taken together accounted for 80 percent of the nonrespondents. Seven programs from the Jobtrac list also failed to respond. Table 1 shows the youth problem areas addressed by the 79 agencies which responded to the survey. The greatest number of agencies serve youth with substance abuse and/or emotional disturbance problems. Very few programs offer services for runaway and homeless youth.

TABLE 1: PROBLEM AREAS ADDRESSED BY AGENCIES
RESPONDING TO THE SURVEY

Service Offered to Solve Problems of--	Number of Agencies Total Number = 79
Dropouts	24
Substance Abuse	39
Unemployability	16
Child Abuse	21
Early Pregnancy	14
Runaways and Homeless	8
Emotional Disturbance	39
Criminality and Delinquency	18

The agencies and programs represented in this report are not inclusive of all the services available to youth in Westchester. They include only those that receive money through the County of Westchester. Probably some of the most important exclusions from this study are the public and private school systems. Many schools provide services also directed toward the types of problems studied here. School personnel are most likely to be in a position to recognize the problems of youth, whether those are in school performance, emotional disturbance, or behavior problems. Another important omission occurs here because the state directly provides support to some programs which is not funneled through the county. These programs serve youth in the areas of emotional disturbance, substance abuse, early pregnancy, and others. Some additional agencies were omitted from the study by directors who supplied a list of their contract agencies but who did not understand they were to include public agencies as well. Finally, some programs are totally supported by private funds. These services may receive all of their funding from such groups as the United Way, foundations or religious organizations. The report therefore describes a large portion of the youth services supported by the County of Westchester, but not all of the services available to youth living in the county.

The questionnaire used for the survey is attached here as an Appendix. It was constructed around the eight problem areas in Table 1, a list that originated in the Comprehensive Plan of the

Westchester County Youth Bureau. Each problem section of the questionnaire includes questions to assess:

- ▶▶▶▶ how many program components the agency uses which are nationally recognized as effective solutions to each problem;
- ▶▶▶▶ what criteria are used to select youth to be served in the program;
- ▶▶▶▶ how many youth are served and what their characteristics are;
- ▶▶▶▶ how much the program costs, and
- ▶▶▶▶ what evaluation information is kept by the program to measure the success of its efforts.

The questionnaire might thus be described as "generic" or designed to be filled out at least in part, by all of the agencies to which it was mailed. However, individual agencies of course, experienced more or less difficulty in answering these questions. For example, an agency like F.I.R.S.T., or the Family Information and Referral Service Teams, does not provide direct services to young people. Questions about how many youth they had served could thus not be answered directly. Similarly, none of the program components chosen for the dropout questionnaire are offered by Student Advocacy, Inc. since they are a legal services agency. In fact, dividing the questionnaire into problem areas created problems for some agencies who simply define their mission as serving youth, whatever their specific problems. Some of these agencies could not report how many young people they served for specific problems, although it might be argued that such record keeping would enhance planning and evaluation for these programs.

Still another problem was that agencies often had data on a characteristic like the age of their clients, but the categories in which they generally tabulate that information did not match the categories on the survey. Some of these programs went the "extra mile" and furnished special tabulations just for the survey. Others correctly pointed out that this would be expensive and time consuming. Many programs indicated that some information asked for was known but did not report it.

Many programs appended additional materials to their questionnaires, which considerably enhanced the survey information. In addition, some agencies provided additional information by telephone.

Finally, it seems inappropriate to begin the description of the data gathered here without quoting the frustrated program director who wrote:

Statistical analysis of the issue cannot capture the number of teens who have been dissuaded from committing suicide, from staying in physically and emotionally abusive relationships, who gradually decrease their poor health habits by giving up drugs, alcohol, poor diets, etc. and subsequently enter productive situations such as re-entering high school, attending college, obtaining their first jobs, etc.

Of course, these events can be captured statistically, although neither this survey nor the data being gathered by most of these agencies are currently doing that. Still, the author seemed to have made the comment more to point out that this generic survey approach must, by definition, miss some of the "action." For example, while the survey looks for nationally recognized solutions

to problems being implemented in Westchester, there are areas studied here where knowledge about how to solve these problems is woefully inadequate. In addition there are some very important ingredients to success with youth that have not been measured here.

This same program director writes:

...the most attractive detailing of curriculums and training programs cannot by any means replace the truly essential stance of caring and acceptance that fosters positive change.

To that we can only add Amen.

THE SOLUTIONS OF WESTCHESTER: SERVICES TO DECREASE SCHOOL DROPOUTS

Twenty-four agencies who responded to the survey on services to youth indicated they had programs to decrease the number of dropouts. As seen in Table A:1, the most common intervention used in these programs is counseling (75%), followed by identification of youth at risk (50%), and work in local schools (50%). For 5 of the 24 programs surveyed, these were the only interventions being utilized. It is unlikely that these interventions, by themselves, will be strong enough to prevent many at risk youth from leaving school before graduation. Programs which combine these interventions with academic assistance and/or a vocational emphasis have a better chance of making a difference.

The most commonly used form of academic assistance reported was one-on-one instruction (42%), followed by instruction in basic skills (38%). Very few of the programs made use of adult mentors (17%), although some commented that recruiting such mentors was a problem.

World of work orientations, which involve instruction in such topics as how to apply for a job, the importance of being on time, or on expectations of an employer, were used by 42% of the programs as part of their vocational emphasis. A third of the programs actually included some job experience. Few (13%) involved local businesses.

**TABLE A:1 COMPONENTS OF PROGRAMS USED TO DECREASE THE NUMBER
OF SCHOOL DROPOUTS**

COMPONENT	NUMBER OF PROGRAMS TOTAL = 24	PERCENTAGE OF PROGRAMS
Counseling services	18	75%
Identification of youth at risk	12	50%
Direct work in local schools	12	50%
One-on-one instruction	10	42%
World of work orientation	10	42%
Instruction in basic skills	9	38%
Experience in part-time jobs	8	33%
Outreach to dropouts	7	29%
Exposure to work organizations	6	25%
Vocational training	5	21%
Adult mentors	4	17%
Involvement of local businesses	3	13%

The review of programs across the nation indicated that the most successful dropout prevention programs utilize a multiplicity of interventions. Twelve interventions were identified as being important in such programs. Figure A:1 indicates that only 4 of the 24 programs in Westchester currently use more than half of those interventions. The most comprehensive program appears to be

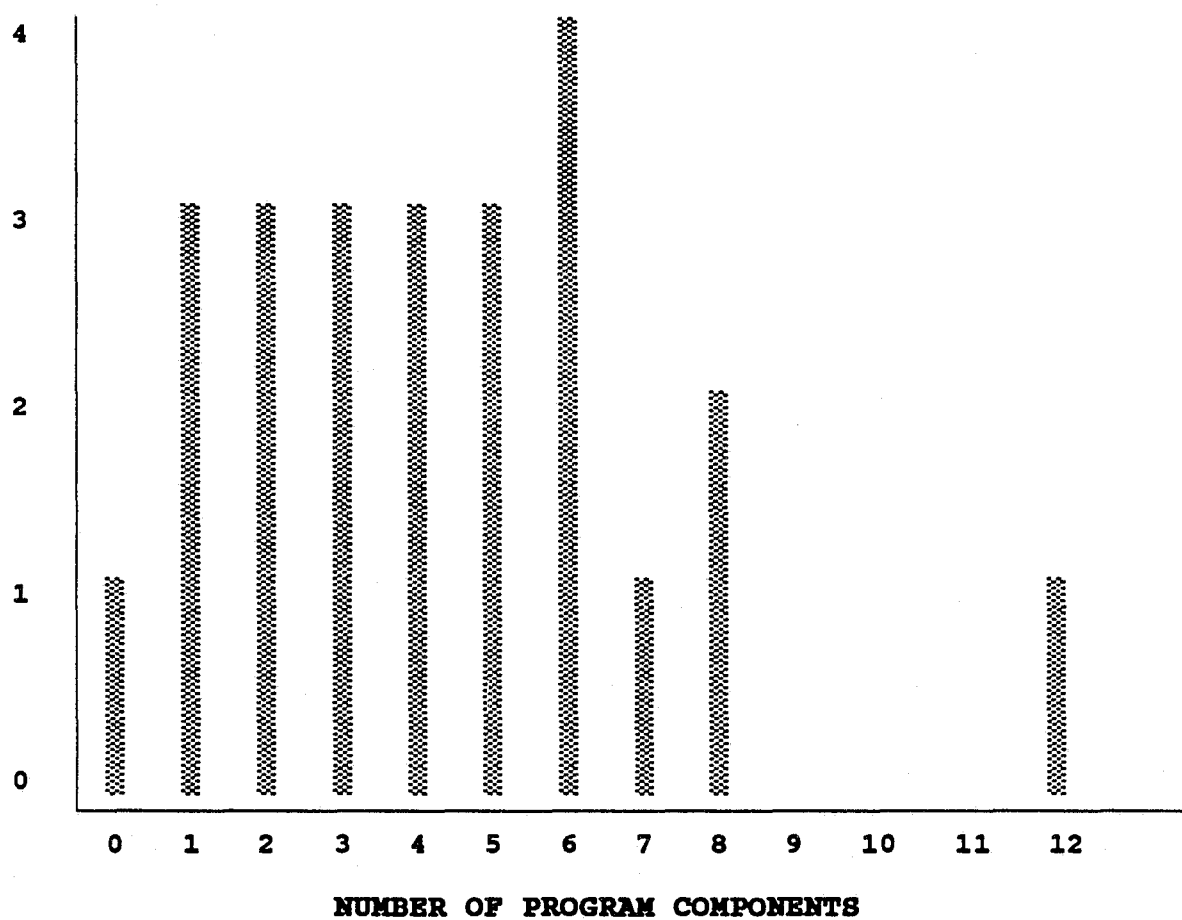
that of the Nepperhan Community Center (see Figure A:2).

Table A:2 shows that almost all of the programs depend upon referrals for clients (96%). However, eligibility for most programs appears to be based on age (71%), geographic area (62%), and evidence of particular problems (58%). There is a substantial concentration of these programs in Yonkers and Mt. Vernon, two areas of high need. Half of the programs also utilize other criteria. These include the presence of other problems such as substance abuse and criminal behavior or poverty indicators such as income, single-parent households, or non-English speaking parents. Some of these programs pursue dropout prevention as a secondary interest among youth they treat for a different primary problem, such as substance abuse.

Many of these organizations appear to keep very few records on the youth they serve. Table A:3 indicates that 11 of the 24 programs (46%) were unable to report the number of youth served last year by their efforts. For 5 of the 11 unable to report the number served, dropout prevention was listed as the only problem area in which they work of those included on the questionnaire. From those who did report the number of youth served, a total of 8,866 youth were reached. The median size program served 150 youth. The smallest program served 33 youth and only three programs reached more than 260. Three programs appear to be very large (725, 992, and 6,012) and each of these large programs serves a multiplicity of needs among youth.

**FIGURE A:1 THE NUMBER OF RECOMMENDED COMPONENTS INCLUDED IN
PROGRAMS TO DECREASE THE NUMBER OF SCHOOL DROPOUTS**

**NUMBER OF
PROGRAMS**



Average Number of Program Components: 4.3 of 12

FIGURE A:2 COMPONENTS OF DROPOUT PREVENTION PROGRAMS

[illegible]

FIGURE A:2 (continued)

Program	Basic Skills R,W,M	One on One	Exp PrtTm Job	Exp Work Organ	World Work Orient	Involve Local Bus.	Outreach Dropout	ID'ed At Risk	Direct Work Loc.Sch.	Voca. Train	Adult Mentor	Counsel Service
Pleasant- ville Cot. Sch -JCCA	X	X	X					X				X
Port Chest. Carver Cen.	X	X	X		X		X					X
SMART (Stud. Mediator - Alt. Res. Tm)												X
St. Peter's Church	X	X							X			
Student Assistance Srvc.									X			
Student ** Advocacy, Inc.												X
The Street Theater		X			X			X	X			
Urban League of Westch. Co.	X	X		X	X			X	X			
West. Co. Dept. of Probation				X				X			X	X
Westch. Jewish Comm. Services	X	X					X	X				X
Westch.-Putnam Council Boy Scouts				X	X	X		X	X		X	X

FIGURE A:2 (continued)

Program	Basic Skills R,W,M	One on One	Exp PrtTm Job	Exp Work Organ	World Work Orient	Involve Local Bus.	Outreach Dropout	ID'ed At Risk	Direct Work Loc.Sch.	Voca. Train	Adult Mentor	Counsel Service
Yonkers Rehab. Center			x	x	x	x	x	x		x	x	
Yonkers Resid. Center, Inc.	x	x						x	x			x
Youth Counsel. League							x		x			x

** Student Advocacy Inc. offers legal services to students and others and does, in fact, offer a multi-faceted program which seeks system rather than client-based change.

**TABLE A:2: CRITERIA USED TO SELECT YOUTH FOR
PROGRAMS TO DECREASE SCHOOL DROPOUTS**

CRITERIA	NUMBER OF PROGRAMS TOTAL = 24	PERCENTAGE OF PROGRAMS
Referrals	23	96%
Age	17	71%
Average low age = 10.4		
Average high age = 18.2		
Geographic areas	15	62%
<div> Yonkers (3 programs) Mt. Vernon (3 programs) Low income areas of Westchester Census tracts 78 & 80 Zip Codes 10545 10550 (4 programs) 10562 10566 10573 (2 programs) 10591 10601 10701 (4 programs) 10703 (2 programs) 10705 (2 programs) 10706 (2 programs) 10710 (2 programs) 10801 </div>		
Certain problems found	14	58%
<div> Educationally-related problems Poor school performance Aging out youth at risk Truancy, incorrigible behavior, delinquency (2 programs) Emotional disturbance, behavioral, learning problems Poor/failing grades, record of school suspension, acting out behavior Conflicts with other students in the school Social adjustment problems Academic need of counseling services/resources Adolescent issues Substance abuse, drug & alcohol related (2 programs) Pins, parent/child conflict Average or low grades, high school dropout, raised in poverty </div>		

TABLE A:2 (continued)

CRITERIA	NUMBER OF PROGRAMS TOTAL = 23	PERCENTAGE OF PROGRAMS
Other criteria	12	50

High schools willing to participate in program
 At-risk population, poor school performance
 PINS or court involved
 Repeating same grade, excessive school absences
 Parents are (studying) working or non-English speaking
 Particular need for conflict or resolution skills
 Risk of academic failing
 Must be of average intellectual potential
 Sometimes family income
 Must meet with counselor two times/month
 Single parent household BB/BS
 Involved in criminal justice system (2 programs)
 Some form of substance abuse

**TABLE A:3 NUMBER OF YOUTH SERVED LAST YEAR BY PROGRAMS
 TO DECREASE THE NUMBER OF SCHOOL DROPOUTS**

NUMBER OF YOUTH SERVED	NUMBER OF PROGRAMS TOTAL = 24	PERCENTAGE OF PROGRAMS
0 - 50	3	12%
51 - 100	2	8%
100 - 150	3	12%
151 - 250	1	4%
251 - 500	1	4%
Over 500	3	12%
Program Unable to Report	11	46%

Median size of program 150
 Total number of youth reported served 8,866

Most of the programs were also unable to report the demographic characteristics of the youth they served. According to the information summarized in Table A:4, less than half knew the race, age, or grade in school of their clients. Of those who did have such information, it is interesting to note the data on age and grade in school. The programs in Westchester which are seeking to reduce dropouts direct their efforts predominantly to older youth who are in high school. Fifty-three percent of the youth were sixteen years of age or older and 64% of those in school were high school students. Attempts to reduce dropouts may be more successful if directed towards youth before they reach high school, an observation also made by the program staff who responded to the survey. Youth who enter high school deficient in math and reading, held back one or more years, and/or having attendance problems have already established patterns which are likely to result in leaving school. Programs aimed at younger youth may inoculate them before these problems become serious.

Table A:5 shows the presence of risk factors among youth served in dropout prevention programs. Organizations appear rarely to take such information into account in selecting youth for their programs, or perhaps they rely on the records of others to insure that those they serve are, in fact, at risk.

**TABLE A:4 CHARACTERISTICS OF YOUTH REPORTED SERVED BY PROGRAMS
TO DECREASE THE NUMBER OF SCHOOL DROPOUTS**

CHARACTERISTICS	NUMBER OF YOUTH REPORTED SERVED	NUMBER OF PROGRAMS UNABLE TO REPORT
RACE:		14 of 24
Hispanic	855	
Black	1,625	
White	4,936	
Other	373	
GENDER:		11 of 24
Male	3,959	
Female	4,713	
AGE:		15 of 24
Under 7	78	
7 - 9	159	
10 - 12	345	
13 - 15	622	
16 - 18	1,373	
GRADE:		17 of 24
Below 7th grade	125	
7th to 9th grade	2,514	
10th to 12th grade	4,626	
School dropouts	361	

**TABLE A:5 RISK FACTORS AMONG YOUTH SERVED IN PROGRAMS
TO DECREASE THE NUMBER OF SCHOOL DROPOUTS**

RISK FACTORS AT PROGRAM ENTRY	AVERAGE PERCENTAGE OF THOSE SERVED	NUMBER OF PROGRAMS UNABLE TO REPORT
Repeated one or more years of school	16%	20 of 24
Previous low levels in reading	43%	18 of 24
Previous low levels in math	48%	20 of 24
Previous attendance problems	48%	16 of 24
Dropped out of school before beginning program	25%	19 of 24

Of those who do know the risk factors among the youth they serve, less than half of the youth have deficiencies in performance or attendance and very few (16%) have been held back in school. Thus, these programs may be serving a large number of youth who would succeed in school without the intervention of an agency.

In evaluating their success, a majority of programs include indicators other than school performance, attendance, or completion as shown in Table A:6 and Figure A:3. These indicators often involve program participation or reports from parents or case workers. Interestingly, in dropout prevention programs which are predominantly directed toward high school students, only 25% of

the programs keep records on whether the client completed school. A third of the programs monitor school attendance and 42% know the school performance of their youth. A fourth of the programs reported they kept no records on the success of their efforts.

Only 3 of the 24 dropout prevention programs utilize data from comparison groups to measure the success of their efforts. Without such data it is not possible to determine how youth served by a program compare to those for whom such an intervention was not available.

Figure A:4 lists the obstacles agencies found in attempting to reduce the number of dropouts in Westchester. Not surprisingly, the most frequently cited obstacle was lack of funds (9). However, a number of programs cited lack of cooperation from schools (9), lack of support from parents (3), and the need for earlier identification of youth with problems (5).

**TABLE A:6 EVALUATION DATA KEPT BY PROGRAMS TO DECREASE THE
NUMBER OF SCHOOL DROPOUTS**

TYPE OF RECORD	NUMBER OF PROGRAMS TOTAL = 24	PERCENTAGE OF PROGRAMS
Among Youth Served -		
School performance	10	42%
School attendance	9	38%
School completion	6	25%
Skills achievement	11	46%
Post-secondary enrollment	3	13%
Other indicators of program success	12	50%
<div style="border: 1px solid black; padding: 5px;"> Attendance at tutoring records are kept on the above when school problems are paramount issues in the case. Case notes productivity and earnings. Parent report & Project NEED Control group in some locations Attendance at tutoring & counseling sessions, job retention (if applicable) Pre/post testing (2 programs) Continued enrollment, contact with parents & teachers as follow-up GED test scores Children able to return to less restrictive setting </div>		
Data Available from Comparison Groups -	3	13%

FIGURE A:3: EVALUATION MEASURES AVAILABLE: PROGRAMS TO REDUCE SCHOOL DROPOUTS

Program	School Perform	School Attend	School Complete	Skills Achieve	Post-second Enroll	Other Indicators	Any Comparison Data?
College Careers Fund of Westchester, Inc.				X	X	X	
Daytop Village, Inc. -Westchester Outreach Center	X	X	X	X		X	
Division of Adolescent Medicine-New York Medical College						X	
Family Services of Westchester, Inc.	X	X	X	X		X	
FIRST, Inc.							
Hastings Youth Advocate Program							
Mt. Vernon Youth Bureau	X					X	
Vepperhan Community Center, Inc.				X		X	
Ossining Community Action Program							
Phelps Mental Health Center							

FIGURE A:3: EVALUATION MEASURES AVAILABLE: PROGRAMS TO REDUCE SCHOOL DROPOUTS
(continued)

Program	School Perform	School Attend	School Complete	Skills Achieve	Post-second Enroll	Other Indicators	Any Comparison Data?
Pleasantville Cottage School	X			X		X	
Port Chester Carver Center, Inc.			X			X	
S.M.A.R.T.				X			
St. Peter's Church							
Street Theater				X			X
Student Advocacy, Inc.						X	
Student Assistance Services		X					
Urban League of Westchester County, Inc.	X	X		X			X
Westchester County- Department of Probation	X	X					
Westchester Jewish Community Services	X	X	X	X	X	X	X
Westchester-Putnam Council, Boy Scouts of America							
Yonkers Rehabilitation Center	X	X	X	X	X	X	

FIGURE A:3: EVALUATION MEASURES AVAILABLE: PROGRAMS TO REDUCE SCHOOL DROPOUTS
(continued)

Program	School Perform	School Attend	School Complete	Skills Achieve	Post-second Enroll	Other Indicators	Any Comparison Data?
Yonkers Residential Center, Inc.	X	X	X	X		X	
Youth Counseling League	X	X					

FIGURE A:4: THE BIGGEST OBSTACLES IN REDUCING
THE NUMBER OF DROPOUTS IN WESTCHESTER
Perceptions of Program Staff

Children must fail many other settings before being eligible for ours.

Parental resistance because of stigma.

Not enough funding for all necessary mental health services.

Lack of concerted effort toward communication/coordination of efforts between DSS, school and other youth serving professionals.

Early, prompt identification is lacking.

Remedial services within the school.

Vocational education in the junior high.

Homelessness.

Lack of appropriate alternative in-school options.

Funding the program. It costs \$4 per teenager per year.

Schools have not as yet funded the cost.

Financial budget.

Earlier intervention by the schools.

Lack of alternative programs.

Inadequate funding for youth programs.

Insensitivity to cultural differences and learning patterns within the schools.

Programming time and funding.

Funding.

Adequate funds, sufficient staff, cooperation with school district.

Not enough staff; not enough funds.

Parents not taking advantage of resources.

The schools letting parents know too late what is happening academically with their children.

Insufficient funds to give program necessary scope.

Educational systems that have rules that gaining credits is difficult because of attendance issues.

No attendance officers; substance abuse.

Limited staff time for case advocacy.

Recruitment of adult mentors, especially minority males.

Late recognition of problems.

Early identification of high risk youth.

Substance abuse.

Attendance referrals from schools and parents; identification of problems with client.

Employment opportunities for minority youth.

Substance abuse.

Summary Given the estimated magnitude of the dropout problem in Westchester County, the number of dropout prevention programs and the number of youth they are able to serve appear to be adequate. Moreover, these programs tend to be located in county areas of high need. However, some of the existing programs may be too small or may offer too little to succeed in making a difference. Reliance on counseling as the principal intervention in the absence of academic assistance and vocational experience, for example, is unlikely to result in major changes in behavior. Some efforts are primarily directed toward youth least likely to change, those already over the age of fifteen and in high school. Those programs might achieve greater success among young people in middle and even elementary school. The record keeping and evaluation strategies of most of these programs require attention. Being able to report the number of youth served would seem to be a minimum requirement, as would knowing how many of those stay in school.

THE SOLUTIONS OF WESTCHESTER: SERVICES TO DECREASE SUBSTANCE ABUSE AMONG YOUTH

The greatest number of programs responding to the survey of services for youth in Westchester reported that they offer a program designed to decrease alcohol and substance abuse. Table B:1 shows that 39 programs of the 80 submitting questionnaires offer programs in this area.

Of those 39, 31 report that their focus is prevention and 22 offer services for treatment of substance abuse. The number of programs reporting that they offer both prevention and treatment is 14.

The most common interventions utilized in prevention programs focus on the youths' perceptions of themselves. Eighty-one percent offer programs aimed at "development of self-awareness"; 77% seek "development of a positive self-image"; and 77% develop problem-solving skills. Interventions aimed at building positive social supports are also frequently found. Seventy-four percent include peer education or positive peer pressure; 74% seek parental involvement, while 68% have prevention training for parents. Half of the programs have prevention training for teachers or school officials. Only a minority make direct attempts in the school to regulate the flow of drugs (16%) or affect school policy (23%).

Most prevention programs utilize several modes of intervention in their attempts to reduce alcohol and drug abuse.

**TABLE B:1 COMPONENTS OF PROGRAMS USED TO DECREASE
ALCOHOL AND SUBSTANCE ABUSE AMONG YOUTH**

COMPONENT	NUMBER OF PROGRAMS TOTAL = 39	PERCENTAGE OF PROGRAMS
PREVENTION -	TOTAL = 31	
Emphasis on "Just Say No"	10	32
Prevention training for parents	21	68
Prevention training for teachers and school officials	15	48
Prevention training for community officials	11	35
Recreational activities focusing on substance-free lifestyle	13	42
Peer education and positive peer pressure	23	74
Parental involvement	23	74
Dissemination of resource material	19	61
Emphasis on public awareness	18	58
Referral and assistance for at-risk youth	23	74
Development of self-awareness among youth	25	81
Development of problem-solving skills among youth	24	77
Development of positive self-image among youth	24	77
Attempts to enforce firm drug policy in schools	7	23

TABLE B:1: (Continued)

COMPONENT	NUMBER OF PROGRAMS TOTAL = 39	PERCENTAGE OF PROGRAMS
Attempts to regulate drug flow at schools	5	16
TREATMENT -	TOTAL = 22	
Individual counseling	18	82
Group counseling	16	73
Requirement for parental or family involvement	13	59
Linkage to broader problems	16	73
Provision of practical help in solving other problems	15	68
Provision of emotional support	15	68
Confrontation about self- destructive consequences of behavior	17	77
Use of therapeutic residential treatment communities	11	50
Use of drug-free out-patient programs	16	73

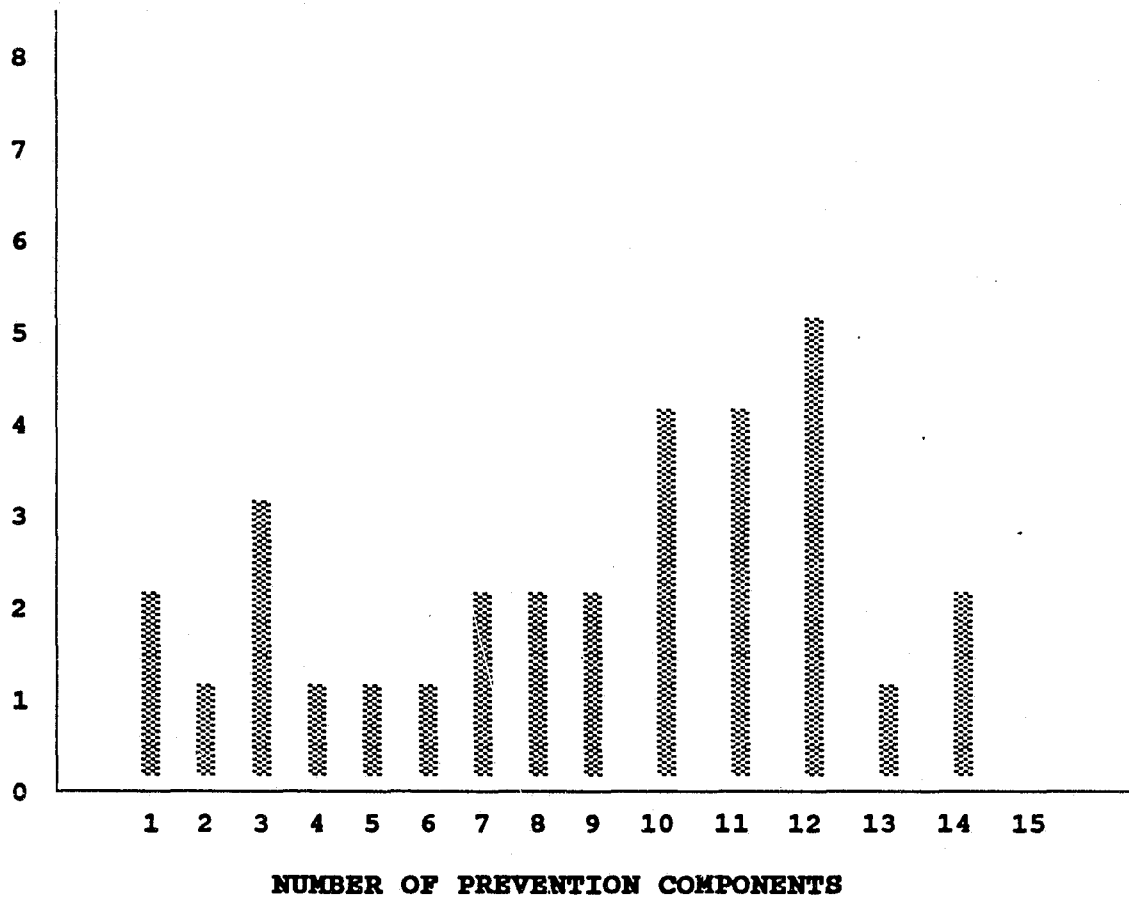
The average program in the county had over eight components (Figure B:1). Only 11 of the programs had fewer than 8. In a difficult situation where no one knows exactly what works these programs appear to be moving forward on a variety of fronts and many of them appear to be quite comprehensive (see Figure B:2).

Programs attempting to treat substance abuse problems most often use some form of counseling or therapy. Eighty-two percent offer individual counseling and 73% have group sessions. Seventy-seven percent confront the individual about the self-destructive consequences of their behavior. The involvement of parents and other family members is required by 59% of the programs in an attempt to control the social environment. A third of the treatment programs make at least some use of all 9 interventions currently regarded as appropriate in the national literature.

Almost 13,000 youth were reached last year by the programs who reported the number served in their attempts to decrease alcohol and substance abuse (Table B:2). The median number served was 100, with 7 of the programs having less than 50 clients and 4 having more than 500. One program served only 3 youth last year and two others served only 10. These programs may be too small to make much difference in the substance abuse problem. Fourteen of these 39 programs were unable to report the number of youth they served to prevent or treat substance abuse last year.

**FIGURE B:1 NUMBER OF PREVENTION COMPONENTS USED IN PROGRAMS TO
DECREASE ALCOHOL AND SUBSTANCE ABUSE AMONG YOUTH**

**NUMBER OF
PROGRAMS**



Average Number of Prevention Components: 8.4 of 15

FIGURE B:2: COMPONENTS OF SUBSTANCE ABUSE PREVENTION PROGRAMS

[illegible]

FIGURE B:2: (Continued)

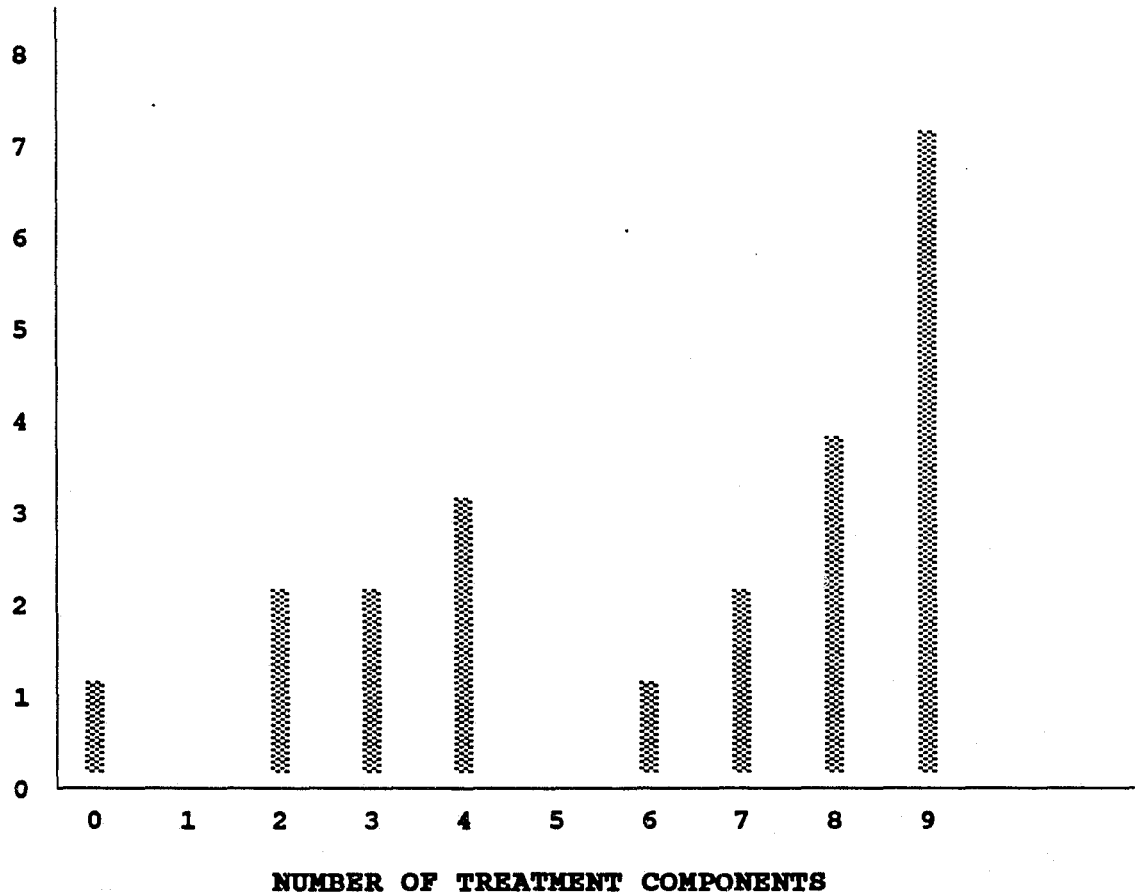
Program	Say No	Parent Train	Teacher Train	Official Train	Recrea- tion	Peer Educ	Parent Invl.	Dissem. Resrc.	Public Aware	Ref. at risk	Self Aware	Probl. Solv.	Self Image	Drug Pol.	Drug Flow
Family Serv. of Westch.	x	x	x		x	x		x	x	x	x	x	x		
FIRST								x		x					
Hastings You. Advocate		x	x	x	x	x	x	x	x	x	x	x	x		
Jewish Brd. of Fam. and Ch. Services	x	x			x	x	x	x		x	x	x	x	x	x
Juvenile Law Educ. Project		x				x	x					x			
Larchmont-Mamar. Commun. Counsel. Center		x	x	x			x	x	x	x	x	x	x		
Nepperhan Commun. Center	x	x			x	x	x		x	x	x	x	x		
NY Hospital, Cornell Med. Ctr.				x			x		x	x	x				
Pelham Guidance Council		x	x	x	x	x	x	x	x	x	x	x	x	x	x
St. Peters Church											x	x	x		
Scarsdale Family Counseling Service	x	x		x		x	x		x	x	x	x	x	x	x

FIGURE B:2: (Continued)

Program	Say No	Parent Train	Teacher Train	Official Train	Recrea- tion	Peer Educ	Parent Invl.	Dissem. Resrc.	Public Aware	Ref. at risk	Self Aware	Probl. Solv.	Self Image	Drug Pol.	Drug Flow
Student Asst. Services			X	X	X	X	X	X	X	X	X	X	X	X	X
Treatment Alt. to Str. Crime										X					
Week End Center					X	X	X	X		X	X	X	X		
West. Co. Dept. of Probation										X	X		X		
West. Public Safety Serv.						X									
West. Co. Stop DWI	X	X				X	X	X	X	X		X	X		
West.-Putnam Council Boy Scouts	X	X	X	X	X	X	X	X	X	X	X	X	X		
Yonkers Resid. Center Inc.		X	X	X		X	X	X	X	X	X	X			
YWCA, White Plains		X			X		X		X		X	X	X		

**FIGURE B:3 NUMBER OF TREATMENT COMPONENTS USED IN PROGRAMS TO
DECREASE ALCOHOL AND SUBSTANCE ABUSE AMONG YOUTH**

**NUMBER OF
PROGRAMS**



Average Number of Treatment Components: 6.2 of 9

FIGURE B:4 COMPONENTS OF SUBSTANCE ABUSE TREATMENT PROGRAMS

[illegible]

FIGURE B:4 (continued)

Program	Indiv. Counsel.	Group Counsel.	Parent/ Fam. Inv.	Link Problems	Help Solve Other Prob.	Provide Emot. Sup.	Self- Destruct	Resident. Treat.	Out- patient
Stony Lodge Hosp.	x	x	x	x	x	x	x	x	x
Treatment Alt. to Str. Crime								x	x
United Hosp. Dept. of Subabuse	x	x	x	x	x	x	x		x
Vocational Assistance Prjct.	x				x				
Week End Center	x	x		x	x	x	x		x
West. Co. Dept. of Probation							x	x	x
West. Co. Stop DWI (Note 1)									
Yonkers Resid. Center, Inc.	x	x	x	x	x	x	x	x	x
YWCA, White Plns.		x	x	x			x		

Note 1 - Although this program indicated that it did provide treatment services, none of the individual components were checked on the questionnaire.

TABLE B:2 NUMBER OF YOUTH SERVED LAST YEAR BY PROGRAMS
TO DECREASE ALCOHOL AND SUBSTANCE ABUSE AMONG YOUTH

NUMBER OF YOUTH SERVED	NUMBER OF PROGRAMS TOTAL = 39	PERCENTAGE OF PROGRAMS
0 - 50	7	18%
51 - 100	8	21%
101 - 150	1	3%
151 - 250	1	3%
251 - 500	4	10%
Over 500	4	10%
Program Unable to Report	14	36%
Median size of program		100
Total number of youth reported served		12,870

Most of the efforts of programs who keep records on the demographic characteristics of the youth they serve are directed toward young adolescents. Fifty-six percent were between the ages of ten and twelve. At face value it seems logical that prevention efforts should begin at such an early age if they are going to have much chance of success. Unfortunately, almost two-thirds of the programs can not report the demographic characteristics of the youth they serve.

Most of the programs do know the previous drug and/or alcohol abuse among their clients. Twenty-four of the programs keep records on previous drug abuse and 24 record alcohol abuse. Since 22 of the programs offer services to treat substance abuse, these findings seem logical. Many fewer programs record previous knowledge or attitudes about drugs and alcohol, an admittedly less important piece of information.

Most of the programs in the substance abuse area lack data that would measure the success of their efforts (see Table B:5 and Figure B:5). About one in five follow-up the drug and/or alcohol abuse of their clients and almost none know the knowledge or attitudes toward substance abuse of the youth they have served. Some use other indicators of success. These indicators frequently involve some relapse measure or medical records. Only 3 of the programs have any data from comparison groups with which to gauge their accomplishments.

**TABLE B:3 CHARACTERISTICS OF YOUTH REPORTED SERVED BY PROGRAMS
TO DECREASE ALCOHOL AND SUBSTANCE ABUSE AMONG YOUTH**

CHARACTERISTICS	NUMBER OF YOUTH REPORTED SERVED	NUMBER OF PROGRAMS UNABLE TO REPORT
RACE:		23 of 39
Hispanic	954	
Black	1,783	
White	6,115	
Other	332	
GENDER:		23 of 39
Male	4,039	
Female	4,885	
AGE:		25 of 39
Under 7	11	
7 - 9	109	
10 - 12	1,620	
13 - 15	468	
16 - 18	682	
GRADE:		28 of 39
Below 7th grade	787	
7th to 9th grade	2,799	
10th to 12th grade	4,336	
School dropouts	230	

**TABLE B:4 RISK FACTORS AMONG YOUTH SERVED IN PROGRAMS TO
DECREASE ALCOHOL AND SUBSTANCE ABUSE AMONG YOUTH**

RISK FACTORS AT PROGRAM ENTRY	NUMBER OF PROGRAMS TOTAL = 39	PERCENTAGE OF PROGRAMS
Previous drug abuse	25	64%
Previous alcohol abuse	24	62%
Previous knowledge about drugs and alcohol	11	28%
Previous attitudes toward drugs and alcohol	14	36%

**TABLE B:5 RECORDS KEPT ON YOUTH SERVED IN PROGRAMS TO
DECREASE ALCOHOL AND SUBSTANCE ABUSE AMONG YOUTH**

TYPE OF RECORD	NUMBER OF PROGRAMS TOTAL = 39	PERCENT OF PROGRAMS
Among Youth Served -		
Post-program drug abuse	7	18%
Post-program alcohol abuse	6	15%
Knowledge about drugs/alcohol	4	10%
Attitudes toward drugs/alcohol	5	13%
Other indicators of program success	8	20%
<div style="border: 1px solid black; padding: 5px;"> Teacher evaluations & student pre & post - test Medical records (confidential) Research evaluations Academic achievement General program - 30 day follow up only Relapse hospitalizations / criminal involvement Communication with family and/or referral agents (NY State Division of Alcohol has this information) On referral and on an on-going basis with faculty/research findings only No out-patient services </div>		
Comparison Groups -	3	8%

FIGURE B:5: EVALUATION MEASURES AVAILABLE: PROGRAMS TO REDUCE SUBSTANCE ABUSE

Program	Drug Abuse	Alcohol Abuse	Knowledge About Drugs/Alcohol	Attitudes Towards Drugs/Alcohol	Other Indicators	Any Comparison Data?
Archdiocese Drug Abuse Prevention Program						
Archway Alcoholism Treatment Program					X	
Boys and Girls Club of New Rochelle, Inc.						
Breakaway-YR.C.FNC.	X	X	X	X	X	
Cage Teen Center, Inc.						
Center for Family Development, Inc.	X					X
Center for Human Options, Inc.						
College Careers Fund of Westchester, Inc.				X	X	
Correctional Health, Westchester County Medical Center						
Daytop Village, Inc. -Westchester Outreach Center	X	X	X	X	X	X

FIGURE B:5: EVALUATION MEASURES AVAILABLE: PROGRAMS TO REDUCE SUBSTANCE ABUSE
(continued)

Program	Drug Abuse	Alcohol Abuse	Knowledge About Drugs/Alcohol	Attitudes Towards Drugs/Alcohol	Other Indicators	Any Comparison Data?
Division of Adolescent Medicine-New York Medical College	X	X	X	X	X	
Family Services of Westchester, Inc.						
FIRST, Inc.						
Four Winds						
Hastings Youth Advocate Program						
Jewish Board of Family and Childrens Services						
Juvenile Law Education Project					X	
Larchmont-Mamaroneck Community Counseling Center						
Nepperhan Community Center, Inc.						
New York Hospital Cornell Medical Center						

FIGURE B:5: EVALUATION MEASURES AVAILABLE: PROGRAMS TO REDUCE SUBSTANCE ABUSE
(continued)

Program	Drug Abuse	Alcohol Abuse	Knowledge About Drugs/Alcohol	Attitudes Towards Drugs/Alcohol	Other Indicators	Any Comparison Data?
Northern Westchester Hospital Center-Dept. of Psychiatry						
Pelham Guidance Council					X	
Renaissance Project, Inc.						
Scarsdale Family Counseling Service	X	X				
St. Joseph's Medical Center						
St. Peter's Church						
Saint Vincent's Medical Center						
Stony Lodge Hospital	X	X				
Student Assistance Services						X
TASC						
The Week-End Center					X	

FIGURE B:5: EVALUATION MEASURES AVAILABLE: PROGRAMS TO REDUCE SUBSTANCE ABUSE
(continued)

Program	Drug Abuse	Alcohol Abuse	Knowledge About Drugs/Alcohol	Attitudes Towards Drugs/Alcohol	Other Indicators	Any Comparison Data?
United Hospital- Dept. of Substance Abuse						
Vocational Assistance Project						
Westchester County Department of Probation						
Westchester County Department of Public Safety Services						
Westchester County STOP DWI			X	X		
Westchester-Putnam Council, Boy Scouts of America						
Yonkers Residential Center, Inc.	X	X				
YWCA of White Plains & Cental Westchester						

The lack of parental and community support was frequently cited by programs as a major obstacle to reducing substance abuse. In some cases there appears to be a reluctance to believe that the problem exists among youth of Westchester County. At the same time there is perceived to be a lack of support for programs in this area, and drugs and alcohol are perceived to be easily available to youth. Agency staff were also concerned about the availability of treatment program space.

Summary. The large number of programs in Westchester County attempting to reduce substance abuse, either through prevention or treatment, is testimony to the recognition of the importance of the problem. Moreover, most of the programs appear to utilize several different interventions. All of the commonly recognized strategies are frequently found among Westchester programs.

Those programs which are able to report information about the youth they serve appear to reach a large number of young people. Some of the programs may be too small to be cost effective.

A large number of programs do not have data for the effectiveness of their efforts. Thirty-six percent of the programs are unable to report how many youth were served by their interventions; two-thirds did not report the demographic of their youth. Only 36% of the programs report measurement of any indicators of success and only 8% could compare the youth they served with other youth.

FIGURE B:6: THE BIGGEST OBSTACLES TO REDUCING
ALCOHOL AND DRUG ABUSE AMONG YOUTH IN WESTCHESTER
Perceptions of Program Staff

After care; day treatment and residential placement.
Lack of services for adolescents.
Peer pressure among this age group; also adult use of alcohol and drugs.
Neighborhood and family breakdown caused by CRACK and the attraction of big money offered by drug addicts to kids if they become involved in dealing.
Parent support; community denial.
Lack of appropriate and accessible treatment agencies especially for youth under 16 years of age.
Lack of referrals; family participation/cooperation; staff expertise.
Overcoming parental attitudes toward drinking; getting a unified approach through schools, homes, churches, etc.
More funding for in depth services.
Parental involvement in substance abuse.
Lack of adult role models; limited recreational opportunities; availability of substances.
Family dysfunction and denial; stigma of seeking mental health services; community norms that accept alcohol use and drug experimentation.
Acceptance by ALL of Westchester that there is a problem.
Easy availability of drugs; social acceptance of alcohol abuse in society as a whole; lack of police enforcement of DWI laws (boys will be boys).
Acceptance by community of adolescent specific treatment; denial (our children are greatest!)

We get the referrals too late; early intervention is essential
Lack of community support (not in my backyard); lack of funds for program infrastructure; no treatment on demand is available for people needing residential drug treatment.
Unable to secure test to determine if urine is positive or negative; lack of treatment facilities.
Availability of illegal substances; insufficient staff to help all clients needing service.
Not funded sufficiently; resistance by youth and school; personnel to refer youth in early stages of addiction.
Cannot cover all schools in need of service; funding!
Easy access to drugs within the community.
The difficulty in engaging adolescents who feel drug and alcohol abuse is their right.
Education, awareness, identification of the problem; denial by parents and client.
Finding in-patient substance abuse rehabilitation programs with bed availability; patients aren't here long enough for us to make a difference unless they go to rehab. from here.

THE SOLUTIONS OF WESTCHESTER: SERVICES TO DECREASE UNEMPLOYABILITY AMONG YOUTH

Several of the interventions which are believed to be effective in decreasing unemployability among youth are found in at least half of the sixteen programs approaching this problem in Westchester County. Over 80% offer work orientation training, or information in how to attend an interview, how to fill out a job application, and so on. Over two-thirds include skills training in their efforts, and half include basic education and the involvement of local employers in their programs. Only training for jobs in response to labor market shortages, job placements, and post-placement counseling and support are offered by fewer than half of these programs. The programs therefore appear to be strong in job preparation but weaker in placement and follow-up.

Figures C:1 and C:2 show that 3 programs of the 16 offer 7 out of 8 of the services listed in Table C:1, and another 3 programs have six of these components. The average program utilized 4 interventions. In other words, half of the programs to reduce unemployability are fairly comprehensive in their approach, a strategy which is likely to enhance their success.

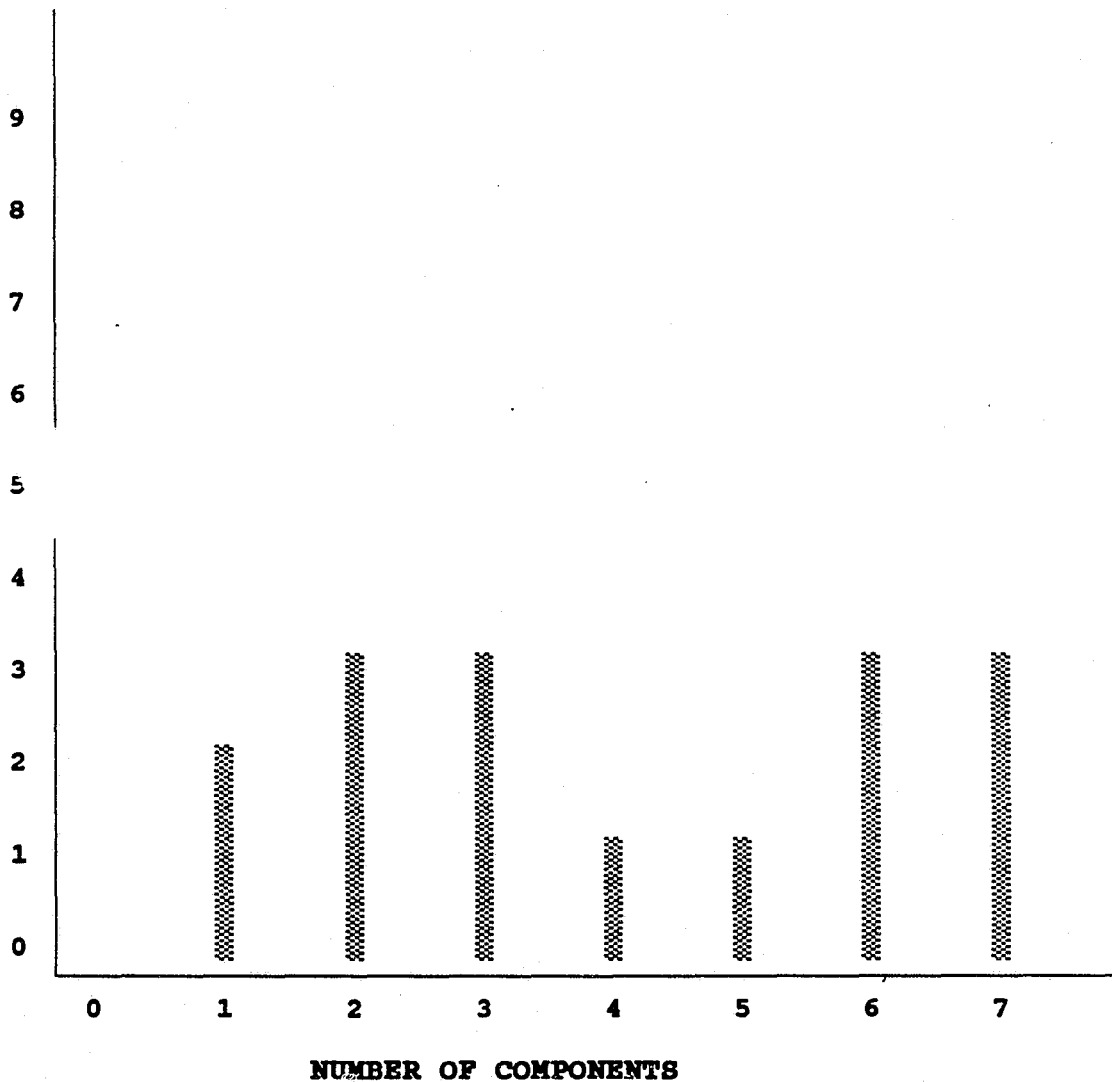
Age and referrals are the primary criteria used by programs to select the youth they serve. Geographic area is also relevant for half of the programs and fewer consider other criteria (see Table C:2).

**TABLE C:1 COMPONENTS OF PROGRAMS USED TO DECREASE
UNEMPLOYABILITY AMONG YOUTH**

COMPONENT	NUMBER OF PROGRAMS TOTAL = 16	PERCENTAGE OF PROGRAMS
Basic education	8	50%
Skill training	11	69%
Work orientation	13	81%
On the job training	9	56%
Involvement of local employers	8	50%
Training for jobs where labor shortages exist	3	19%
Job placement where advancement is possible	7	44%
Post-placement support and counseling	6	38%

**FIGURE C:1 NUMBER OF COMPONENTS IN PROGRAM TO DECREASE
UNEMPLOYABILITY AMONG YOUTH**

**NUMBER OF
PROGRAMS**



Average Number of Program Components: 4.1 of 8

FIGURE C:2 COMPONENTS OF UNEMPLOYABILITY PROGRAMS

Program	Basic Education	Skill Train.	Work Orient.	On the Job Training	Involve Local Employ.	Job Train Labor Short.	Job Place.	Post-Place. Support
Cage Teen Center	x	x	x		x	x	x	x
Center for Human Options		x	x	x				
Coll. Careers Fund	x		x					
Comm. Plan. Coun. of Yonkers			x		x		x	x
Family Serv. of Westch.	x	x	x	x	x	x	x	
FIRST	x	x						
Hastings You. Advocate		x	x	x	x		x	x
Lorentz Lab. Collab. Enterprse.		x						
Mount Vern. Youth Bureau		x	x	x	x		x	
Nepperhan Comm. Center	x	x	x	x			x	x
Pleasant- ville Cot. Sch - JCCA	x		x	x				

FIGURE C:2 (continued)

Program	Basic Education	Skill Train.	Work Orient.	On the Job Training	Involve Local Employ.	Job Train Labor Short.	Job Place.	Post-Place. Support
Summer Conserv. Corps		x	x	x				
The Street Theater	x		x					
West-Putnam Council Boy Scouts					x			
Yonkers Rehab. Center		x	x	x	x	x	x	x
Youth Shelter Prog. of West.	x	x	x	x	x			x

**TABLE C:2 CRITERIA USED TO SELECT YOUTH FOR PROGRAMS TO
DECREASE UNEMPLOYABILITY AMONG YOUTH**

CRITERIA	NUMBER OF PROGRAMS TOTAL = 16	PERCENTAGE OF PROGRAMS
Referrals	12	75%
Age	13	81%
Average low age = 13.3 Average high age = 18.7		
Geographic area	8	50%
<div> Town of Greenburg Low income areas of Westchester Zip Codes 10550 (2 programs) 10703 10566 10705 10573 10801 10701 105.. & 106...,107.. (2 programs) </div>		
Certain problems found	7	44%
<div> Emotional disturbances, behavioral, learning problems PINS - parent/child conflict Involvement with criminal justice Must be low-income or certified by committee on handicapped Disabled or at-risk High school dropout Sometimes - low family income </div>		
Other criteria	5	31%
<div> Average intelligence potential High school willing to participate in the program Want a job - valid work permit Manifest leadership or latent leadership ability 5th grade reading level </div>		

Table C:3 shows that some 4,362 young people have been served by these programs to reduce unemployability in Westchester during the past year. Compared to other program areas in the county, most of these could report how many young people they served (only 3 of 16 could not report). The median size of these programs was about 100 young people. The largest program (the Mt. Vernon Youth Bureau) reported serving 2,400 youth.

While fewer programs could report age or grade level of the young people they serve, most could report the ethnicity and gender of these young clients. If the data from the programs reporting are representative, the vast majority of young people enrolled in these programs in the county are black, between the ages of 16 and 18, and enrolled in school.

Risk factors at program entry are less well known than demographic characteristics, being available from fewer than half of these programs (see Table C:5). However, among those programs which can report these factors, it appears that at least a substantial number of those being served have characteristics at program entry that are predictive of later employment problems. Six programs report that about a third of their clients are school dropouts (a number which does not agree with the characteristics in Table C:4), and 7 programs report that 61% of their clients had attendance problems and 72% had achievement problems in school.

**TABLE C:3 NUMBER OF YOUTH SERVED LAST YEAR BY PROGRAMS
TO DECREASE UNEMPLOYABILITY AMONG YOUTH**

NUMBER OF YOUTH SERVED	NUMBER OF PROGRAMS TOTAL = 16	PERCENTAGE OF PROGRAMS
0 - 50	5	31%
51 - 100	2	12%
101 - 150	2	12%
151 - 250	1	6%
251 - 500	1	6%
Over 500	2	12%
Program Unable to Report	3	19%
Median size of program		100
Total number of youth reported served		4,362

**TABLE C:4 CHARACTERISTICS OF YOUTH REPORTED SERVED BY PROGRAMS
TO DECREASE UNEMPLOYABILITY AMONG YOUTH**

CHARACTERISTICS	NUMBER OF YOUTH REPORTED SERVED	NUMBER OF PROGRAMS UNABLE TO REPORT
RACE:		4 of 16
Hispanic	347	
Black	3,483	
White	309	
Other	90	
GENDER:		5 of 16
Male	1,495	
Female	1,852	
AGE:		9 of 16
Under 7	0	
7 - 9	0	
10 - 12	28	
13 - 15	267	
16 - 18	1,106	
GRADE:		12 of 16
Below 7th grade	45	
7th to 9th grade	1,271	
10th to 12th grade	1,221	
School dropouts	208	

TABLE C:5 RISK FACTORS AMONG YOUTH SERVED IN PROGRAMS
TO DECREASE UNEMPLOYABILITY AMONG YOUTH

RISK FACTORS AT PROGRAM ENTRY	AVERAGE PERCENTAGE OF THOSE SERVED	NUMBER OF PROGRAMS UNABLE TO REPORT
Already dropped out of school	34%	10 of 16
Had attendance problems at school	61%	9 of 16
Had achievement problems at school	72%	9 of 16

Sixty-nine percent of these programs have at least some data to demonstrate the effectiveness of their interventions. Most record some outcome directly related to employability (Figure C:3). A little over a third of the programs to reduce unemployability can report data on job placements and a similar number can report how long young people stay in those jobs (Table C:6). One in four programs know the earnings of the youth they have served while, less than one in five measure job performance or acquisition of basic skills. Six of the 16 programs indicated they do not have any measures of the success of their programs. None of the programs have data available from comparison groups.

The major obstacles cited by programs attempting to reduce unemployability were lack of funds and lack of appropriate jobs.

Summary Relative to other problem areas, the programs aimed at reducing unemployability among youth in Westchester appear to

be appropriately organized and functioning. Most of the programs approach the problem with several interventions combining skill development with practical experience. The size of most programs is also realistic. The programs which report such data are targeted toward appropriate demographic groups and serving at-risk youth. It would be beneficial if the remaining programs would utilize such information in the selection of the youth they serve. In addition, improving the evaluation information available should be a goal of many of these programs.

**TABLE C:6 RECORDS KEPT ON YOUTH SERVED IN PROGRAMS TO
DECREASE UNEMPLOYABILITY AMONG YOUTH**

TYPE OF RECORD	NUMBER OF PROGRAMS TOTAL = 16	PERCENT OF PROGRAMS
Among Youth Served -		
Levels of basic skills	3	19%
Job placement	6	38%
Job performance	3	19%
Job retention	5	31%
Job earnings	4	25%
Other indicators of program success	1	6%
Data Available from Comparison Groups -	0	—

FIGURE C:3: EVALUATION MEASURES AVAILABLE: PROGRAMS TO REDUCE UNEMPLOYABILITY

Program	Level of Basic Skills	Job Placement	Job Performance	Job Retention	Job Earnings	Other Indicators	Any Comparison Data?
Cage Teen Center, Inc.		X	X	X	X		
Center for Human Options, Inc.							
College Careers Fund of Westchester, Inc.	X			X			
Community Planning Council of Yonkers		X	X	X	X		
Family Service of Westchester, Inc.							
FIRST, Inc.							
Hastings Youth Advocate Program							
Lorentz Laboratory for Collaborative Enterprise, Inc.		X					
Mt. Vernon Youth Bureau		X					
Nepperhan Community Center, Inc.		X		X	X		
Pleasantville Cottage School	X						
Street Theater	X						

FIGURE C:3: EVALUATION MEASURES AVAILABLE: PROGRAMS TO REDUCE UNEMPLOYABILITY
(continued)

Program	Level of Basic Skills	Job Placement	Job Performance	Job Retention	Job Earnings	Other Indicators	Any Comparison Data?
Summer Conservation Corps						X	
Westchester-Putnam Council, Boy Scouts of America							
Yonkers Rehabilitation Center		X	X	X	X		
Youth Shelter Program of Westchester, Inc.							

FIGURE C:4: THE BIGGEST OBSTACLES TO REDUCING
UNEMPLOYABILITY AMONG YOUTH IN WESTCHESTER
Perceptions of Program Staff

Funding real jobs that have opportunity for potential growth and advancement.
Money earned by youth by selling drugs; on the job training programs non-existent.
Entry level jobs with a future.
Dropouts due to lack of early intervention.
Drugs.
The short time that most of our residents stay in the program.
Lack of job readiness; lack of job retention skills; lack of job skills.
Getting schools to pickup costs of the program (\$4 per student per year).
Funding which is responsive to the needs of the population in addition to the needs of the funding agency. Due to the performance focus of JTPA funding, the program is seeking new sources of support. Though unemployable students need to reach specific performance capabilities, they must first commit to the values of the work place. These values are best learned through experience or simulation of real life situations, over a significant period of time.
The issue of transportation to a worksite was a barrier.
Funding is the biggest obstacle as these are costly services.
Inadequate priority of young people.
Employment opportunities for minority youth.
Insufficient funds to employ a job developer and a basic skills instructor.

THE SOLUTIONS OF WESTCHESTER: SERVICES TO DECREASE CHILD ABUSE

Twenty-one programs in Westchester responded to the survey by indicating that they offer services to decrease child abuse. The major interventions rely upon education and therapy. Table D:1 shows that about three-quarters of the programs have parenting education interventions and about half offer therapy for the victims of child abuse, services to the entire family, and family or adult support groups. Few of the programs have more direct services such as emergency relief or home visitor programs. Therapy for offenders is available from less than a third of the programs.

The programs in child abuse are not as comprehensive as those in substance abuse and unemployability. Only five of the programs offer more than half of the nationally recognized interventions. Two offer none of the recognized interventions and six offer only one. The average program utilizes three.

A little over half of the programs in child abuse reach clients through referral. A third have age restrictions and a third are limited by geographic area.

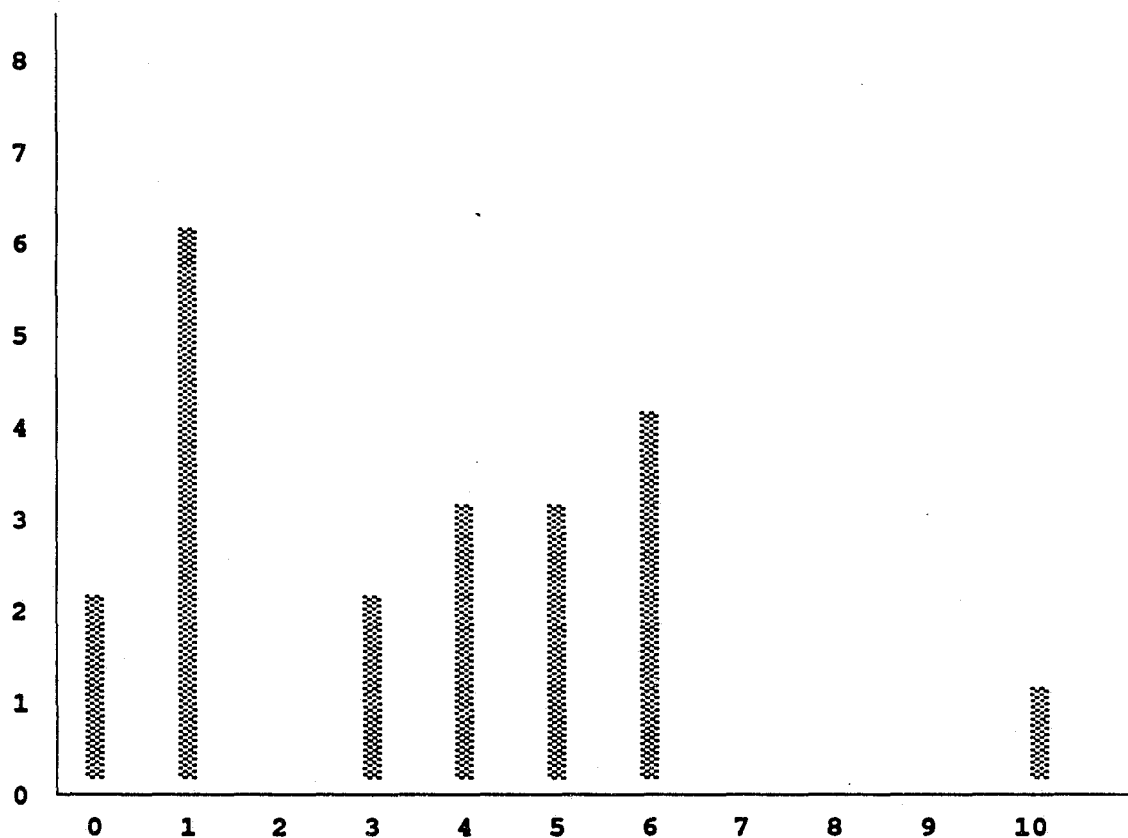
Table D:3 shows that 10 of the 21 programs designed to decrease child abuse are unable to report how many youth they served during the past year. Among those who can report, 4 programs served fewer than 50 youth. One served only 5, another

TABLE D:1 COMPONENTS OF PROGRAMS USED TO DECREASE CHILD ABUSE

COMPONENT	NUMBER	PERCENTAGE
	OF PROGRAMS TOTAL = 21	OF PROGRAMS
Emergency relief services	3	14%
Home visitor programs	5	24%
Family services	4	19%
Parenting education	16	76%
Therapy for victim	10	48%
Therapy for offender	6	29%
Services to entire family	11	52%
Substance abuse services	6	29%
Economic assistance	1	5%
Family/adult support groups	11	52%

**FIGURE D:1 NUMBER OF COMPONENTS USED IN PROGRAMS
TO DECREASE CHILD ABUSE**

**NUMBER OF
PROGRAMS**



NUMBER OF COMPONENTS

Average Number of Components: 3.5 of 10

[illegible]

FIGURE D:2 (continued)

Program	Emerg. Relief	Home Visit	Family Service	Parentng. Education	Therapy Victim	Therapy Offend.	Service Family	Subabuse Service	Economic Assist.	Family/adult Support
Nepperhan Comm. Center				X						
North. Westch. Guidance Clinic		X		X	X	X	X			X
North. Westch. Shelter, Inc.	X	X	X	X	X	X	X	X	X	X
Parent's Place				X			X			X
Pleasant- ville Cot. Sch - JCCA		X		X	X		X			
St. Bernard's Ctr. for Learning				X						
Urban League of Westchester Co.		X	X	X			X			X
Westch. Jewish Comm. Service			X	X	X	X	X			X
West-Putnam Council Boy Scouts										X

Note 1 - FIRST is a referral program, offering no direct services to clients.

Note 2 - My Sister's Place offers education programs in the schools to large numbers of young people and school staff.

TABLE D:2 CRITERIA USED TO SELECT YOUTH FOR PROGRAMS TO
DECREASE CHILD ABUSE

CRITERIA	NUMBER OF PROGRAMS TOTAL = 21	PERCENTAGE OF PROGRAMS
Referrals	13	62%
Age	7	33%
Average low age = 4.3		
Average high age = 17.0		
Geographic areas	7	33%

Yonkers & Mt. Vernon
PINS Mediation - Mt. Vernon

Zip Codes

10506 (2 programs)	10589
10514	10598
10549	10601
10550 (2 programs)	10701
10566 (2 programs)	10703
10576	10704 (2 programs)

105...,107..., and 106...(2 programs)

Certain problems found	6	29%
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Children who were sexually abused (5 programs)
Parent/child conflict
Living in homeless hotel/motel

Other criteria	4	19%
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Must be program for treatment or want to seek treatment.
Standards of leadership and reference checks.
Child must be 2yrs 9mos to 5yrs.

**TABLE D:3 NUMBER OF YOUTH AND ADULTS SERVED LAST YEAR
BY PROGRAMS TO DECREASE CHILD ABUSE**

NUMBER OF YOUTH SERVED	NUMBER OF PROGRAMS	PERCENTAGE OF PROGRAMS
0 - 50	4	19%
51 - 100	1	5%
101 - 150	1	5%
151 - 250	3	14%
251 - 500	1	5%
Over 500	1	5%
Program Unable to Report	10	48%
Median size of program		120
Total number of youth reported served		3,690

NUMBER OF ADULTS SERVED	NUMBER OF PROGRAMS	PERCENTAGE OF PROGRAMS
0 - 50	5	24%
51 - 100	3	14%
101 - 150	2	10%
Program Unable to Report	11	52%
Median size of program		55
Total number of adults reported served		529

8, and a third 10. These programs are too small to be considered a realistic part of a county-wide strategy to prevent child abuse. Among the larger programs, My Sister's Place reports serving 2,500 youth in an education program. Countywide, some 3,690 young people were served by the 11 programs who keep these data. The median program served 120 youth. Only 10 programs could report the number of adults served in their child abuse prevention efforts. A total of 529 adults were served in these programs with a median size program of 55.

The data in Table D:4 show that only a quarter of the programs can report the demographic characteristics of the young people they serve. Among the 3 to 5 programs able to report some information of this kind, there appear to be young people from Hispanic, black and white ethnic groups represented. The clients are about equally divided among males and females and span the age range, with most being under 7 years of age.

Although parenting education is the primary intervention in child abuse programs in Westchester County, almost no programs appear aware of the risk factors of the adults they are educating. Only two or three programs know if they are dealing with teenage mothers, substance abusers, school dropouts, or unemployed persons. Those who have this information know they are not reaching these people. Greater attention might be called for in targeting efforts to reduce child abuse.

**TABLE D:4 CHARACTERISTICS OF YOUTH REPORTED SERVED BY PROGRAMS
TO DECREASE CHILD ABUSE**

CHARACTERISTICS	NUMBER OF YOUTH REPORTED SERVED	NUMBER OF PROGRAMS UNABLE TO REPORT
RACE:		17 of 21
Hispanic	31	
Black	53	
White	57	
Other	1	
GENDER:		16 of 21
Male	124	
Female	118	
AGE:		18 of 21
Under 7	80	
7 - 9	18	
10 - 12	18	
13 - 15	17	
16 - 18	8	

**TABLE D:5 RISK FACTORS AMONG CHILD ABUSERS OR POTENTIAL
CHILD ABUSERS SERVED IN PROGRAMS TO DECREASE CHILD ABUSE**

RISK FACTORS AT PROGRAM ENTRY	AVERAGE PERCENTAGE OF THOSE SERVED	NUMBER OF PROGRAMS UNABLE TO REPORT
Teenage mothers below age of 18	2%	15 of 21
Substance abusers	8%	16 of 21
School dropouts	10%	18 of 21
Unemployed	15%	18 of 21

The available data to evaluate the success of these programs to prevent child abuse is particularly thin. There are virtually no data on success among adults served and only about a quarter of the programs can report even how many young people are living with their parents after being served by these programs. Most programs indicated they neither used these nor other indicators of success. Comparison data are totally lacking so that no true measures of program success in this area are currently available.

Lack of funding was listed by several programs as an obstacle to their efforts but the reluctance to discuss the issue was also a major factor.

Summary Programs in child abuse may need to be expanded and targeted if they are going to make an effective intervention. Over a third of the programs make use of none or only one of the nationally recognized interventions. Programs which offer more comprehensive services may be more effective. Although education is the principal mode of intervention being used, there is little evidence to indicate that the programs are reaching individuals most at-risk for being abusers. Almost none of these programs can report data on the success of their efforts.

In Westchester, as elsewhere, it appears that the public attention and educational interventions in this area may have led to higher and higher rates of reporting about child abuse, throwing more clients into a system where treatment services have not been

expanded proportionally. In other words, massive educational programs flush out more victims of this previously secret problem, but the options from there are limited. The data reported here suggest that families in Westchester seeking treatment for child abuse have very few choices indeed.

**TABLE D:6 RECORDS KEPT ON ADULTS AND YOUTH SERVED IN PROGRAMS
TO DECREASE CHILD ABUSE**

TYPE OF RECORD	NUMBER OF PROGRAMS	PERCENT OF PROGRAMS
----------------	-----------------------	------------------------

Among Adults Served -

Post-program repeat rates of child abuse or neglect	1	5%
Other indicators of program success	4	19%

Repeated reports to CPS Voluntary questionnaires about general program Documentation on outcome and goals met

Data Available from Comparison Groups	0	—
------------------------------------------	---	---

Among Youth Served -

Number living with parents free from abuse	5	24%
Number removed from parents	6	29%
Other indicators of program success	3	14%

Student responses to questionnaires distributed during educational program. Outcome

Data Available from Comparison Groups -	0	—
--------------------------------------------	---	---

FIGURE D:3: EVALUATION MEASURES AVAILABLE: PROGRAMS TO REDUCE CHILD ABUSE

Program	Post-program repeats (Adult)	Other Indicators (Adult)	Any Comparison Information (Adult)	# Live With Parents (Child)	Number Removed (Child)	Other Indicators (Child)	Any Comparison Data? (Child)
Big Brothers-Big Sisters of Yonkers, Inc.							
Center for Family Development, Inc.				X			
Daytop Village, Inc. Westchester Outreach Center				X	X		
Division of Adolescent Medicine-New York Medical College							
Exchange Club Child Abuse Prevention Center of New York	X	X		X	X	X	
Family Life Program/MRI							
Family Service of Westchester, Inc.					X		
FIRST, Inc.							
Hastings Youth Advocate Program				X	X		
Mental Health Association of Westchester County							

FIGURE D:3: EVALUATION MEASURES AVAILABLE: PROGRAMS TO REDUCE CHILD ABUSE
(continued)

Program	Post-program repeats (Adult)	Other Indicators (Adult)	Any Comparison Information (Adult)	# Live With Parents (Child)	Number Removed (Child)	Other Indicators (Child)	Any Comparison Data? (Child)
Mt. Vernon Youth Bureau							
My Sister's Place- Refuge from Violence in the Family					X	X	
Nepperhan Community Center, Inc.							
Northern Westchester Guidance Clinic, Inc.							
Northern Westchester Shelter, Inc.							
Parents Place, Inc.		X					
Pleasantville Cottage School							
St. Bernards Center for Learning							
Urban League of Westchester County		X		X	X	X	
Westchester Jewish Community Services		X					

FIGURE D:3: EVALUATION MEASURES AVAILABLE: PROGRAMS TO REDUCE CHILD ABUSE
(continued)

Program	Post-program repeats (Adult)	Other Indicators (Adult)	Any Comparison Information (Adult)	# Live With Parents (Child)	Number Removed (Child)	Other Indicators (Child)	Any Comparison Data? (Child)
Westchester-Putnam Council, Boy Scouts of America							

FIGURE D:4: THE BIGGEST OBSTACLES TO REDUCING
CHILD ABUSE IN WESTCHESTER
Perceptions of Program Staff

Financial.

In spite of the skills and outreach efforts of professional and experienced staff, newspaper articles, program flyers, promised referrals, there was enormous difficulty recruiting group participants.

Openness to talk; secretiveness; acceptance and identification of problem.

Early identification; knowledge.

Reluctance of youth to talk about the problem.

CRACK.

Child Protective Services is overwhelmed; quality of CPS workers range from very poor to excellent; family court judges need training.

Length of time families spend in homeless facilities; lack of affordable housing.

Lack of money to continue ongoing interventions when there is overcrowding at sessions.

Difficulty parents have in talking about their feelings.

Lack of follow-up services due to lack of sufficient funding.

A large amount of funding for the program must be obtained each year from private sources. Lack of stability in funding limits ability to recruit and maintain qualified staff and to have ability to meet growing community need.

Ongoing funding for primary prevention programs (training and advocacy).

Money to expand services; space in schools for our staff to meet privately with students. Being an integral part of school support system is difficult.

The availability of funds to provide services to any family that needs or requests services. We are only able to reach 108 families a year. There are over 4000 reports in Westchester County.

The stress faced by single parents.

THE SOLUTIONS OF WESTCHESTER: SERVICES TO DECREASE EARLY PREGNANCY

A total of 14 programs in Westchester reported that they offer program services designed to decrease early pregnancy. Of these 14, 9 of the programs report that they include primary prevention services, while all 14 report they offer services for pregnant and parenting teens.

Most of the programs emphasizing primary prevention are unable to offer the interventions needed by sexually active young people. Less than half make contraceptives available free or at little cost (44%), make contraceptives available without parental consent (44%), or make contraceptives available at hours accessible for teens (33%). None offer contraceptives through school-based clinics. Contraceptives are available on site at only 2 of the programs, with the Hastings Youth Advocate Program and Family Services of Westchester referring teens elsewhere for these services. Most of the programs in Westchester which offer any primary prevention services emphasize the "say no" approach. They encourage delay in initiating sexual intercourse through counseling (offered by 66% of the programs), encouraging delay through education (56%), and promoting "life options" (which is included by 66%).

TABLE E:1 COMPONENTS OF PROGRAMS TO DECREASE EARLY PREGNANCY

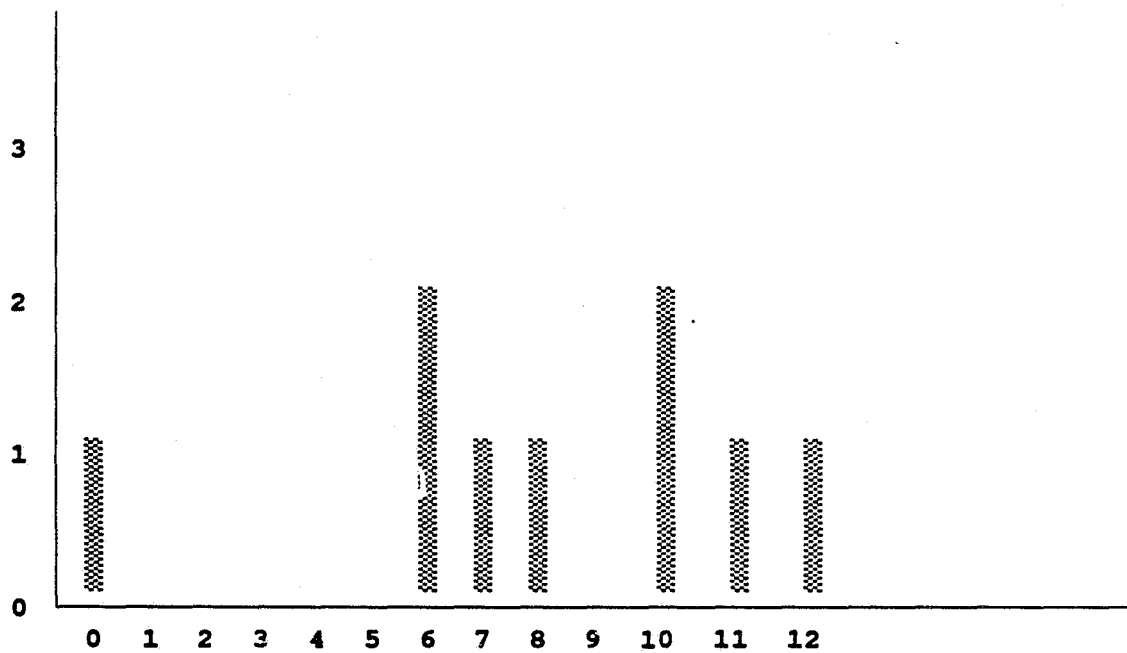
COMPONENT	NUMBER OF PROGRAMS TOTAL = 14	PERCENTAGE OF PROGRAMS
PRIMARY PREVENTION -	TOTAL = 9	
Available contraception- free or at little cost	4	44%
Available contraception- without parental consent	4	44%
Available contraception- at hrs. accessible for teens	3	33%
Available contraception- at school-based clinics	0	—
Available contraception- at teen-only clinics	3	33%
Encourage delay in initiating sexual intercourse through counseling	6	66%
Encourage delay in initiating sexual intercourse through education	5	56%
Encourage delay in initiating sexual intercourse through any specific curriculum	2	22%
Promote "life options" to pregnancy	6	66%
Foster male involvement through programs for males	2	22%
Foster male involvement by encouraging males to attend programs with females	6	66%
Counseling	8	89%

TABLE E:1 (continued)

COMPONENT	NUMBER OF PROGRAMS TOTAL = 14	PERCENTAGE OF PROGRAMS
Education	7	78%
Information on AIDS or other STD's	7	78%
Outreach to schools	7	78%
SERVICES FOR PREGNANT OR PARENTING TEENS - TOTAL = 14		
Access to abortion by referral	8	57%
Access to on site abortion	0	—
Prenatal care by referral	10	71%
On site prenatal care	3	21%
Nutrition services	8	57%
Child care	5	36%
Pediatric care by referral	9	64%
On site pediatric care	3	21%
Alternative school programs	6	43%
Employment assistance	7	50%
Income support	3	21%
Counseling	12	86%
Education	10	71%
Information on AIDS or other STD's	10	71%
Outreach to schools	10	71%

**FIGURE E:1 NUMBER OF COMPONENTS IN PRIMARY PREVENTION PROGRAMS
TO DECREASE EARLY PREGNANCY**

**NUMBER OF
PROGRAMS**



NUMBER OF PRIMARY PREVENTION COMPONENTS

Average Number of Prevention Program Components: 7.8 of 15

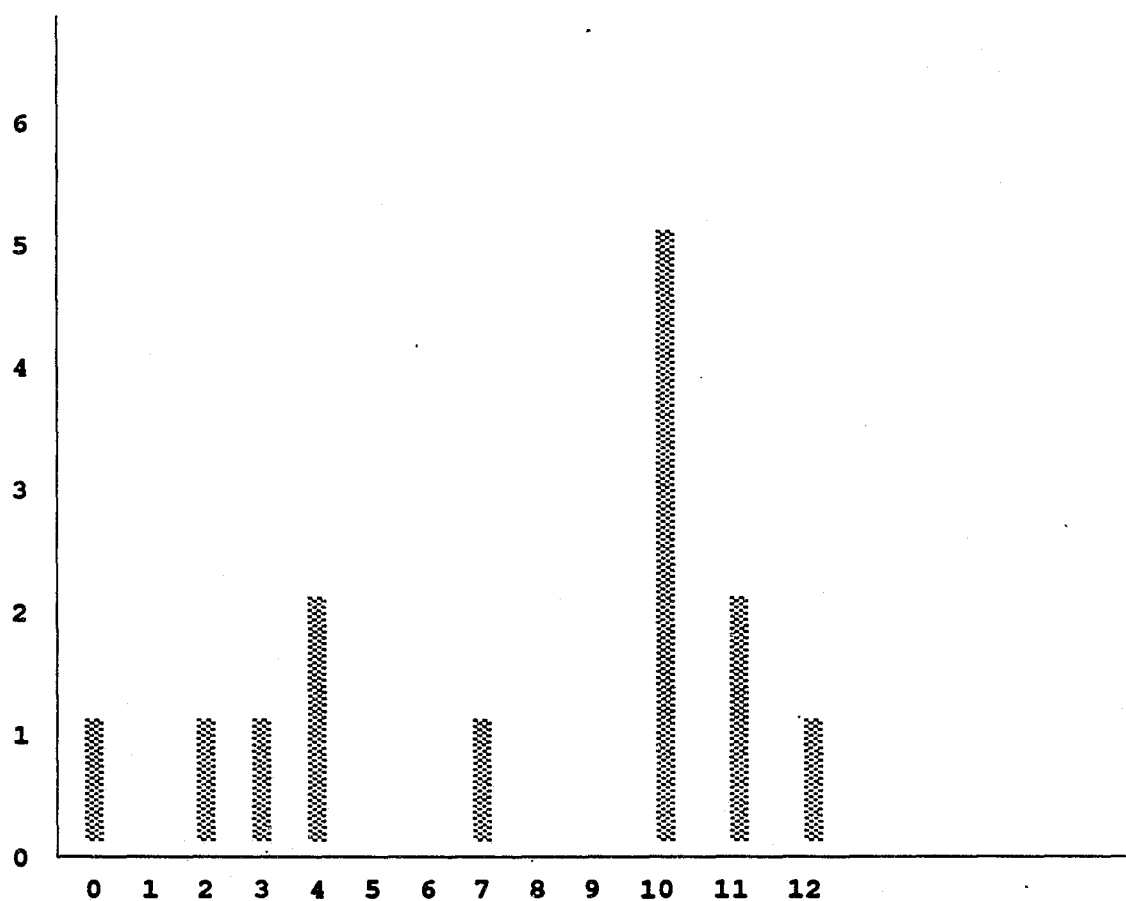
FIGURE E:2 COMPONENTS OF EARLY PREGNANCY PREVENTION PROGRAMS

Program	Free Cntrac Par.Com.	Cntrac w/o Hrs.	Cntrac Teen Only	Cntrac SBC	Cntrac Teen	Encourage Delay	Delay thru Couns.	Delay thru Educ.	Delay thru Curr.	Promote Life Opt.	Foster Male Involve.	Prog. for Male	Male Attnd too
Big Bros/ Big Sis, Yonkers										x	x		x
Div. of Ad. Med., NY Med. College	x	x	x		x	x	x	x		x	x		x
Family Service of Westchester	x	x	x				x	x		x			
FIRST (Note 1)													
Hastings You. Advocate	x	x	x			x	x	x					
Nepperhan Comm. Center						x				x	x	x	x
West. Co. Dept. of Health- Teen Linkage Program						x	x	x	x	x	x	x	x
West. Co. Health Dept. Women & Youth Services	x	x	x		x	x	x			x	x		x
Youth Counsel. League						x	x	x	x		x		x

Note 1 FIRST is a referral program, offering no direct services to clients.

**FIGURE E:3 NUMBER OF TREATMENT COMPONENTS IN PROGRAMS FOR
PREGNANT AND PARENTING TEENS**

**NUMBER OF
PROGRAMS**



NUMBER OF COMPONENTS FOR PREGNANT AND PARENTING TEENS

**Average Number of Program Components for Pregnant
and Parenting Teens: 7.4 of 15**

FIGURE E:4 COMPONENTS OF PROGRAMS FOR PREGNANT AND PARENTING TEENS

Program	Access Abort	Abort Ref	Onsite Abort	Prenat Care	Prenat Ref	Prenat Site	Nutrit Serv	Child Care	Ped. Care Children	Ped. Care Referral	Ped.Care Site	Alt. Sch. Prg.	Emp. Assis	Inc Suppt.
Big Bros/ Big Sis, Yonkers				X	X		X	X	X	X		X	X	
Community Plng. Counsel-Yonkers													X	
Div. of Ad. Med., NY Med. College	X	X		X	X	X	X		X	X	X			
Family Service of Westchester	X	X		X	X		X	X	X			X	X	X
FIRST (Note 1)														
Hastings You. Advocate	X	X			X									
Mount Vernon Youth Bureau				X	X				X	X			X	
Nepperhan Comm. Center	X	X		X	X		X	X	X	X			X	
Westch. Co. Dept. of Health- Prev. Low Birth Weight				X		X	X		X	X	X			
Westch. Co. Dept.. of Health- Teen Linkage Program	X	X		X	X		X		X	X	X		X	

FIGURE E:4 (continued)

Program	Access Abort	Abort Ref	Onsite Abort	Prenat Care	Prenat Ref	Prenat Site	Nutrit Serv	Child Care	Ped. Care Children	Ped. Care Referral	Ped.Care Site	Alt. Sch.	Emp. Assis	Inc Suppt.
West. Co. Dept. Women & Youth Services	x	x		x	x		x		x	x	x	x	x	x
Yonkers Resid. Center, Inc.	x	x		x	x		x	x	x	x		x	x	x
Youth Counsel. League	x	x			x	x		x	x	x		x		
YWCA White Plains (Note 2)														

Note 1 - FIRST is a referral program offering no direct services to clients.

Note 2 - The YWCA of White Plains offers self esteem workshops, mother-daughter dialogues and male-female sexuality sessions.

A positive note here is the relatively high percentage of programs that encourage male involvement. Although only 2 have programs specifically for males, 66% encourage males to attend with females. This percentage is probably much lower among programs nationwide.

While less than half of the programs surveyed offer contraceptive services to youth, these services do provide contraception at little cost or without charge and provide this service without parental consent. Among teens who are already having sexual intercourse, this is an important and clearly effective service and every program need not provide such services for Westchester teens to have them accessible.

Among the services offered for pregnant and parenting teens, also listed in Table E:1, the majority of programs do provide referrals for abortion, prenatal care and pediatric care. Nutrition services are also provided by almost 60% of these programs. Referral services rather than on-site services can be problematic, however, and it would be important to know how many teens referred for these services actually ever receive them.

Fewer of these programs offer services designed to keep pregnant and parenting teens in school and off public assistance. Such services include child care (36%), alternative school programs (43%), employment assistance (50%) and income support (21%). Still, if services such as alternative schools are available from even a few programs, they need not be provided by

every program in the county.

Most of the programs for decreasing early pregnancy in Westchester are fairly comprehensive, as least in their development of the "say no" approach, as shown in Figure E:1. Here we see that 4 programs of the 9 responding offer 10 or more of these services in their overall primary prevention program. Only one of the programs offers less than six interventions. The average program has almost eight components. The programs for pregnant and parenting teens are more varied. Eight of the 14 offer 10 or more services while 5 offer four or less. Most of the 14 programs select youth for services on the basis of referrals (71%). However, half have age and geographic restrictions. A few screen on the basis of problems, usually pregnancy.

Table E:3 shows that 43% of these programs are unable to report how many youth they served during the past year. Among the remaining 8 programs who can report, 4 were relatively small efforts, serving 50 or fewer young people. One served only 10. The largest programs are the Youth Counseling League, which is primarily an education and counseling service, and the Westchester County Health Department Women and Youth Services Program, one of the most comprehensive programs for early pregnancy prevention. A total of 1,534 youth were served by programs reporting. This is probably too few for the number of youth at-risk.

Similarly, Table E:4 shows that most programs cannot report the demographic characteristics of the young people they served.

**TABLE E:2 CRITERIA USED TO SELECT YOUTH FOR PROGRAMS TO
TO DECREASE EARLY PREGNANCY**

CRITERIA	NUMBER OF PROGRAMS TOTAL = 14	PERCENTAGE OF PROGRAMS
Referrals	10	71%
Age	7	50%
Average low age = 11.6		
Average high age = 18.6		
Geographic area	7	50%
<div> <div>10550 (2 programs)</div> <div>10562</div> <div>10566</div> <div>10573</div> <div>10591</div> <div>10601 (2 programs)</div> <div>10603 (2 programs)</div> <div>10605 (2 programs)</div> <div>10606 (2 programs)</div> <div>10607</div> </div> <div> <div>10701 (4 programs)</div> <div>10703 (2 programs)</div> <div>10705 (3 programs)</div> <div>10706</div> <div>10707</div> <div>10701 - 05</div> <div>10801</div> </div>		
Certain problems found	3	21%
<div> Because of early pregnancy & other factors, teens are at high risk of early birth weight and preterm labor Be sexually active, pregnant or parenting Relate to pregnancy/parenting </div>		
Other criteria	1	7%
<div> Being "at risk" of teen pregnancy </div>		

**TABLE E:3 NUMBER OF YOUTH SERVED LAST YEAR BY PROGRAMS
TO DECREASE EARLY PREGNANCY**

NUMBER OF YOUTH SERVED	NUMBER OF PROGRAMS TOTAL = 14	PERCENTAGE OF PROGRAMS
0 - 50	4	28%
51 - 100	1	7%
101 - 150	1	7%
151 - 250	0	—
251 - 500	1	7%
Over 500	1	7%
Programs Unable to Report	6	43%
<hr/>		
Median size of program		58
Total number of youth reported served		1,534

**TABLE E:4 CHARACTERISTICS OF YOUTH SERVED BY PROGRAMS
TO DECREASE EARLY PREGNANCY**

CHARACTERISTICS	NUMBER OF YOUTH REPORTED SERVED	NUMBER OF PROGRAMS UNABLE TO REPORT
RACE:		7 of 14
Hispanic	466	
Black	647	
White	280	
Other	32	
GENDER:		7 of 14
Male	296	
Female	1,210	
AGE:		9 of 14
Under 7	0	
7 - 9	0	
10 - 12	2	
13 - 15	254	
16 - 18	694	
GRADE:		9 of 14
Below 7th grade	7	
7th to 9th grade	271	
10th to 12th grade	705	
School dropouts	27	

Among those who can report some of these data, it appears that a substantial number of minority young people are served and that most of those served are females. As with the dropout prevention programs the majority of young people are of high school age and are in the 10th to 12th grades in school. Again, more probably needs to be done at an earlier age and more needs to be done with males.

Table E:5 makes it clear that while 21% of these programs know how many of the youth serve had prior pregnancies (a known risk factor), only one program out of 14 could report age at first intercourse among the young people they served. The lack of data from these programs is further underscored in Table E:6 where we see that data on the recognized indicators of program success in decreasing early pregnancy are not available from 45% of these programs. A third of the prevention programs and a third of the treatment programs record no indicators of success. Only 1 of the prevention programs and 2 of the treatment programs have comparative data.

There was little consensus on the biggest obstacles to reducing early pregnancy among youth in Westchester (see Figure E:7). Programs mentioned problems that youth have, such as lack of self esteem, or resisting treatment, as well as system problems such as lack of funding for outreach services.

**TABLE E:5 RISK FACTORS AMONG YOUTH SERVED IN PROGRAMS TO
DECREASE EARLY PREGNANCY**

RISK FACTORS AT PROGRAM ENTRY	AVERAGE PERCENTAGE OF THOSE SERVED	NUMBER OF PROGRAMS UNABLE TO REPORT
Prior pregnancies	53%	11 of 14
Number who were under 17 at first intercourse	94%	1 of 14

Summary Most of the resources to reduce early pregnancy appear to be directed to those who are already pregnant. There may be too few programs attempting to prevent pregnancy, especially programs which make contraceptives available, programs which are more comprehensive or programs available to males. More attention needs to be given to the target of programs, especially prevention programs. Programs attempting to delay sexual activity need to be directed to early teens. Other programs need to reach teens who are already sexually active. Finally more programs need to begin to monitor the success of their efforts and almost all need to compare their outcomes with outcomes among unserved youth.

**TABLE E:6 RECORDS KEPT ON YOUTH SERVED IN PROGRAMS TO
DECREASE EARLY PREGNANCY**

TYPE OF RECORD	NUMBER OF PROGRAMS TOTAL = 14	PERCENT OF PROGRAMS
-----------------------	----------------------------------------------	--------------------------------

PRIMARY PREVENTION

TOTAL = 9

Among Youth Served -

Number of sexually active	4	44%
Number accepting contra- ception	5	55%
Number continuing contra- ception	4	44%
Number becoming pregnant	5	55%
Pregnancy outcomes	4	44%
Other indicators of program success	4	44%

Clinical effectiveness indicators (BCRR)
13% decrease in the proportion of delayed pre-natal care
among those delivered
All-list confidential medical research
Records indicate we serve a high risk population
Private sector placements
Efforts toward self-sufficiency in housing, education, &
employment

Comparison Groups -

1

11%

NY State Dept. of Health Statistics
Westchester Co. Statistics

**SERVICES FOR PREGNANT
AND PARENTING TEENS**

TOTAL = 14

Birth outcomes	6	43%
Number of teen parents who return to school	7	50%

TABLE E:6 (continued)

Number of teen parents who are dependent on welfare	4	28%
Health status of their children	6	43%
Number of subsequent pregnancies	7	50%
Outcomes of these pregnancies	6	43%
Data Available from Comparison Groups -	2	17%

FIGURE E:5: EVALUATION MEASURES AVAILABLE: PROGRAMS TO PREVENT EARLY PREGNANCY

Program	Number of Sexually Active	Number Accepting Contraception	Number Continuing Contraception	Number Becoming Pregnant	Pregnancy Outcomes	Other Indicators	Any Comparison Data?
Big Brothers-Big Sisters of Yonkers, Inc.	X	X	X	X	X		
Division of Adolescent Medicine-New York Medical College	X	X	X	X	X	X	
Family Service of Westchester, Inc.							
FIRST, Inc.							
Hastings Youth Advocate Program							
Nepperhan Community Center, Inc.	X	X	X	X	X		
Westchester County Department of Health- Teen Linkage Program		X	X	X	X	X	X
Westchester County Department of Health- Women and Youth Services	X	X				X	
Youth Counseling League				X		X	

FIGURE E:6: EVALUATION MEASURES AVAILABLE: PROGRAMS FOR PREGNANT AND PARENTING TEENS

Program	Birth Outcomes	# Teen Parents Return to School	# Teen Parents On Welfare	Health Status of Children	# Pregnancies Subsequent	Pregnancy Outcomes	Any Comparison Data?
Big Brothers-Big Sisters of Yonkers, Inc.	X	X	X	X	X	X	
Community Planning Council of Yonkers							
Division of Adolescent Medicine-New York Medical College		X		X	X	X	
Family Service of Westchester, Inc.	X			X			
FIRST, Inc.							
Hastings Youth Advocate Program							
Mt. Vernon Youth Bureau		X			X		
Nepperhan Community Center, Inc.	X	X	X	X	X	X	
Westchester County Department of Health-Prevention of Low Birth Weight	X				X	X	X

FIGURE E:6: EVALUATION MEASURES AVAILABLE: PROGRAMS FOR PREGNANT AND PARENTING TEENS

(continued)

Program	Birth Outcomes	# Teen Parents Return to School	# Teen Parents On Welfare	Health Status of Children	# Pregnancies Subsequent	Pregnancy Outcomes	Any Comparison Data?
Westchester County Department of Health-Teen Linkage Program	X	X	X	X	X	X	X
Westchester County Department of Health-Women and Youth Services							
Yonkers Residential Center, Inc.	X	X	X	X	X	X	
Youth Counseling League		X					
YWCA of White Plains and Central Westchester							

**FIGURE E:7 THE BIGGEST OBSTACLES TO REDUCING EARLY
PREGNANCY AMONG YOUTH IN WESTCHESTER
Perceptions of Program Staff**

Those teens who want a baby; there are not parenting programs in Yonkers and school system.
Availability of day care for parenting teens.
Entry of youth into system BEFORE first pregnancy.
Pregnant teens are reluctant to seek early prenatal care.
Low self-esteem; poor to absent decision-making.
Acceptance of contraceptive method doesn't mean regular use; pregnancy is an accepted/acceptable option for some groups.
Schools shy away from human sexuality information and referrals.
Not enough funding for more outreach services.
Motivation; self-confidence.
Lack of information about sexuality; kids receive their information from peers who may not know as much as they think.
Client resistance to treatment; client comes in crisis with unplanned pregnancy.
Societal influences and pressures resulting in teen pregnancy; lack of self esteem and motivation to not have children.

THE SOLUTIONS OF WESTCHESTER SERVICES TO DECREASE THE NUMBER OF RUNAWAY AND HOMELESS YOUTH

The program services to decrease the number of runaway and homeless youth in Westchester are relatively few and appear less comprehensive than programs in other problem areas. Only 8 programs reported on the survey that they focus on this problem area and as the data in Table F:1 and Figures F:1 and F:2 show, there are apparently no comprehensive programs in this area. While each of the recommended program features is available at some program, only 1 program offers as many as five of these components (Family Service of Westchester). Moreover, the only intervention offered by as many as 3 programs are short-term housing, educational services, medical and mental health assessments, and visible community "safe places" or sanctuaries. Few programs offer interventions directed toward long-term solutions, although some of these programs undoubtedly refer to other services for emotional disturbance or substance abuse help.

Table F:2 shows that 5 out of 8 of these programs select youth to serve on the basis of referrals but that, once again, age, geographic and other restrictions apply.

Unfortunately, the other data from these programs is scant indeed. Four out of the 8 cannot report the number of youth served last year by their efforts to reduce runaways and homeless youth (see Table F:3). Of those who can report, one served 12, another 47, and the third 181. Of the 6,252 youth reportedly

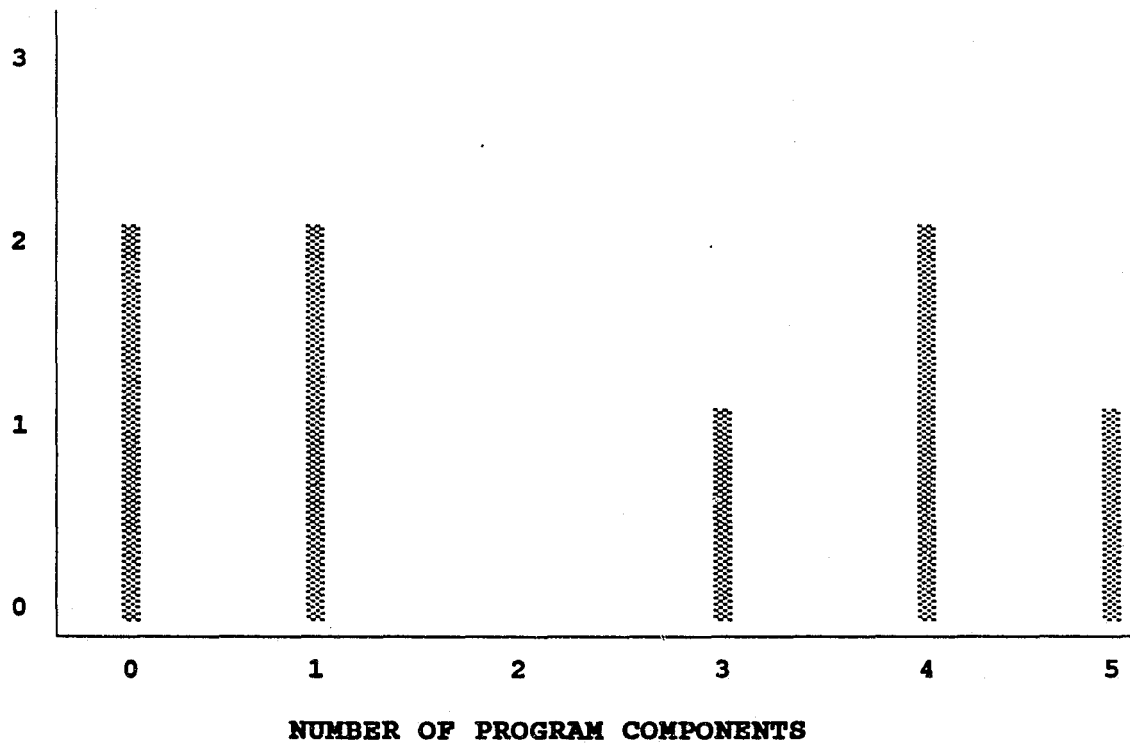
served, 6,012 were provided counseling by Student Assistance Services.

**TABLE F:1 COMPONENTS OF PROGRAMS USED TO DECREASE THE
NUMBER OF RUNAWAY AND HOMELESS YOUTH**

COMPONENT	NUMBER OF PROGRAMS TOTAL = 8	PERCENTAGE OF PROGRAMS
Short-term housing	2	25%
Intermediate-term housing	1	12%
Foster care placement	1	12%
Street outreach programs	2	25%
Educational services	3	38%
Medical and mental health assessments	3	38%
Employment services	2	25%
Independent-living training	1	12%
Visible community "safe places" or sanctuaries for youth	3	38%

**FIGURE F:1 NUMBER OF RECOMMENDED COMPONENTS IN PROGRAMS
TO DECREASE THE NUMBER OF RUNAWAY AND HOMELESS YOUTH**

**NUMBER OF
PROGRAMS**



Average Number of Program Components: 2.3 of 9

FIGURE F:2 COMPONENTS OF RUNAWAY PROGRAMS

[illegible]

TABLE F:2 CRITERIA USED TO SELECT YOUTH FOR PROGRAMS TO
DECREASE THE NUMBER OF RUNAWAY AND HOMELESS YOUTH

CRITERIA	NUMBER OF PROGRAMS TOTAL = 8	PERCENTAGE OF PROGRAMS
Referrals	5	62%
Age	5	62%
Average low age = 10.0		
Average high age = 17.5		
Geographic area	2	25%
<div style="border: 1px solid black; padding: 5px;"> PINS/Mt. Vernon Zip Codes 10550 and 10706 </div>		
Certain problems found	3	38%
<div style="border: 1px solid black; padding: 5px;"> AWOL history Running away Parent/child conflict </div>		
Other criteria	1	12%
<div style="border: 1px solid black; padding: 5px;"> Problems must be severe enough to warrant a risk of placement </div>		

**TABLE F:3 NUMBER OF YOUTH SERVED LAST YEAR BY PROGRAMS
TO DECREASE THE NUMBER OF RUNAWAY AND HOMELESS YOUTH**

NUMBER OF YOUTH SERVED	NUMBER OF PROGRAMS TOTAL = 8	PERCENTAGE OF PROGRAMS
0 - 50	2	24%
51 - 100	0	—
101 - 150	0	—
151 - 250	1	12%
Over 250	1	12%
Program Unable to Report	4	50%
Median size of program		114
Total number of youth reported served		6,252

The data in Table F:4 should be viewed with some caution owing to the small number of programs able to report demographic characteristics of the young people they served. Almost all were served by Student Assistance Services. Somewhat over two-thirds were female and virtually all were teens. The risk factors at program entry among these young people (Table F:5) are simply not known by almost all of these programs.

Five of the eight programs report that they keep no records on the success of their interventions. Three of the programs keep records on repeated runaway behavior. Two can report the number of youth who returned home, and two use other indicators of program success in addition. No data are available from a comparison group.

Family problems which contribute to the youth running away are also cited as obstacles to dealing with these young people. In addition, some staff complained about legal and social service restrictions that make it difficult to provide needed services.

Summary The programs in Westchester which attempt to reduce the problem of runaway and homeless youth seem focused on relatively short term problems. Few are able to provide long-term housing or assist with various independent living tasks. Thus, the programs seem better able to deal with runaway youth than they are with those who are homeless. It is impossible to know whether

**TABLE F:4 CHARACTERISTICS OF YOUTH REPORTED SERVED BY PROGRAMS
TO DECREASE THE NUMBER OF RUNAWAY AND HOMELESS YOUTH**

CHARACTERISTICS	NUMBER OF YOUTH REPORTED SERVED	NUMBER OF PROGRAMS UNABLE TO REPORT
RACE:		5 of 8
Hispanic	567	
Black	1007	
White	4390	
Other	276	
GENDER:		5 of 8
Male	2522	
Female	3718	
AGE:		6 of 8
Under 7	0	
7 - 9	0	
10 - 12	3	
13 - 15	101	
16 - 18	124	

**TABLE F:5 RISK FACTORS AMONG YOUTH SERVED IN PROGRAMS
TO DECREASE THE NUMBER OF RUNAWAY AND HOMELESS YOUTH**

RISK FACTORS AT PROGRAM ENTRY	AVERAGE PERCENTAGE OF THOSE SERVED	NUMBER OF PROGRAMS UNABLE TO REPORT
Earlier problems at school	68%	7 of 8
Problems with substance abuse	42%	6 of 8
Prior arrests	3%	7 of 8
Mental or emotional problems	9%	6 of 8

TABLE F:6 RECORDS KEPT ON YOUTH SERVED IN PROGRAMS TO
DECREASE THE NUMBER OF RUNAWAY AND HOMELESS YOUTH

TYPE OF RECORD	NUMBER OF PROGRAMS TOTAL = 8	PERCENT OF PROGRAMS
Among Youth Served -		
Number returned home	2	25%
Repeated runaway behavior	3	38%
Number leaving the streets	0	—
Other indicators of program success	2	25%
Data Available from Comparison Groups -	0	—

the programs are reaching the youth most in need of their services since few utilize data on risk factors. We must accept on faith the success of their efforts, since few also record any indicators of their accomplishments.

Of all the problem areas reviewed here, the service community to deal with runaway and homeless youth seems least well-defined as a distinct group. Perhaps this is as it should be, with most services needed by these young people being provided by other agencies. Still, a great deal of interagency cooperation will be required in this area if this is to be the model of service delivery.

FIGURE F:3: EVALUATION MEASURES AVAILABLE: PROGRAMS TO REDUCE RUNAWAYS AND HOMELESSNESS

Program	Number Returned Home	Repeated Runaway Behavior	Number Leaving the Streets	Other Indicators	Any Comparison Data?
Family Service of Westchester, Inc.	X	X		X	
FIRST, Inc.					
Hastings Youth Advocate Program					
Mt. Vernon Youth Bureau					
Northern Westchester Guidance Clinic, Inc.		X			
Student Assistance Services					
Volunteers of America of Greater New York Runaway Program	X	X		X	
Westchester County- Department of Probation					

**FIGURE F:4: THE BIGGEST OBSTACLES TO REDUCING
THE NUMBER OF RUNAWAY AND HOMELESS YOUTH IN WESTCHESTER
Perceptions of Program Staff**

Referrals from other youth serving agencies.
Legal limitations; youth/family uncooperative.
Frequently when a situation makes it impossible for an adolescent to return home (parental drug and alcohol abuse) social services makes it very difficult for a kid to get assistance. We need to involve lawyers for the kid and frequently a fair hearing process takes months. We always win (so far) but it is tough in the meantime especially with no accessibility to health care because of no money or insurance.
Alcohol and drug abuse of parents.
Respite shelter not always available; long-standing problems; overwhelmed single parents.

THE SOLUTIONS OF WESTCHESTER: SERVICES TO DECREASE EMOTIONAL DISTURBANCE AMONG YOUTH

A total of 39 programs indicated that they offer services to reduce emotional disturbance among youth. Thirty-one of these programs say they offer preventive services in this area, while 29 offer treatment. Twenty-one programs indicated that they offer both prevention and treatment for emotional disturbance.

Among the prevention-oriented programs in this area, 87% report that they identify at-risk youth, and 84% provide short-term crisis intervention. Most of these programs report that they train parents to care for at-risk youth and that they utilize home visits. About half utilize behavior modification, while fewer offer remedial services of some kind.

Figures G:1 and G:2 show that many of these programs are fairly comprehensive in offering many of these prevention services. Four programs offer all six of the listed prevention components and 20 offer at least four of these services.

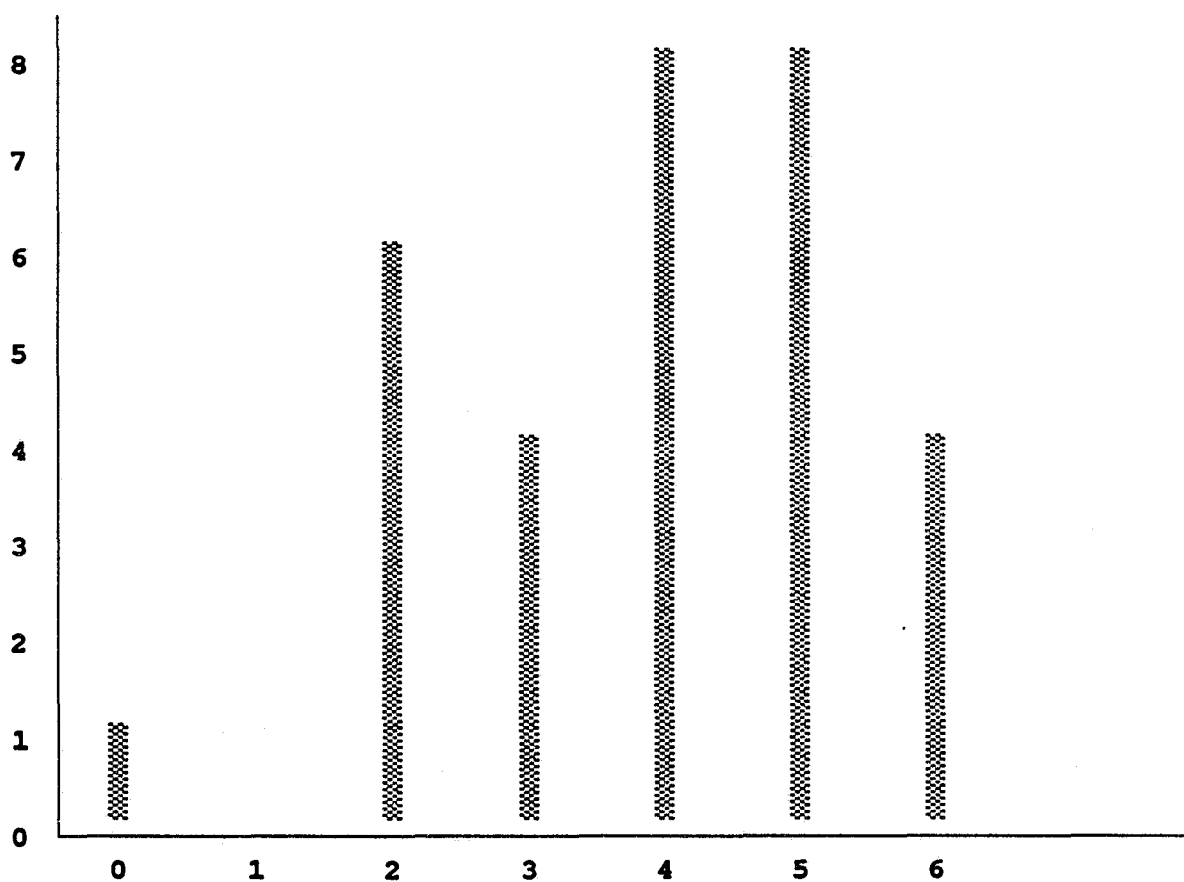
The programs for treatment of emotional disturbance in Westchester also report use of many of the recognized components of effective service in this area. About 90% use involvement of the family and individual therapy. Three-quarters offer group therapy. Fewer programs offer the opportunity to move from more to less restrictive environments (38%), educational or vocational training (52%), and the use of behavior modification (48%). About

**TABLE G:1 COMPONENTS OF PROGRAMS TO DECREASE EMOTIONAL
DISTURBANCE AMONG YOUTH**

COMPONENT	NUMBER OF PROGRAMS TOTAL = 39	PERCENTAGE OF PROGRAMS
PREVENTION-	TOTAL = 31	
Identification of at-risk youth	27	87%
Training parents to raise and care for at-risk youth	23	74%
Home visits	20	65%
Short-term crisis intervention	26	84%
Behavior modification	15	48%
Remedial services	12	39%
TREATMENT-	TOTAL = 29	
Involvement of the family	27	96%
Individual therapy	26	90%
Group therapy	22	76%
Movement from a more to less restrictive environment	11	38%
Educational, vocational, and other life-skills training	15	52%
Behavior modification	14	48%
Residential treatment when necessary for given youth	7	24%

FIGURE G:1 NUMBER OF COMPONENTS USED IN PROGRAMS TO PREVENT EMOTIONAL DISTURBANCE

NUMBER OF PROGRAMS



NUMBER OF PREVENTION COMPONENTS

Average Number of Prevention Components: 3.9 of 6

FIGURE G:2 COMPONENTS OF PROGRAMS TO PREVENT EMOTIONAL DISTURBANCE

Program	ID'ed At-risk	Train Parents	Home Visits	Short-term Crisis	Behavior Modification	Remedial Services
Assn. for Mentally Ill Children Clear View School		x	x	x		
Cntr. Human Options	x			x		
Cntr. for Preventive Psychiatry	x	x	x	x		x
Coll. Careers Fund	x		x	x	x	x
Daytop Village	x	x			x	x
Echo Hills Comm. Counsel. Cntr.	x	x		x	x	
Family Consult. Serv. of Eastchester	x	x	x	x		
Family Serv. Westchester	x	x		x	x	
FIRST						
Guidance Center	x	x	x	x	x	
Hastings Youth Advocate Program	x		x	x		
High Point Hospital					x	x
Larchmont-Mamar. Commun. Counsel Cntr.	x	x		x		
Mt. Vernon Youth Bureau	x	x	x			

FIGURE G:2 (continued)

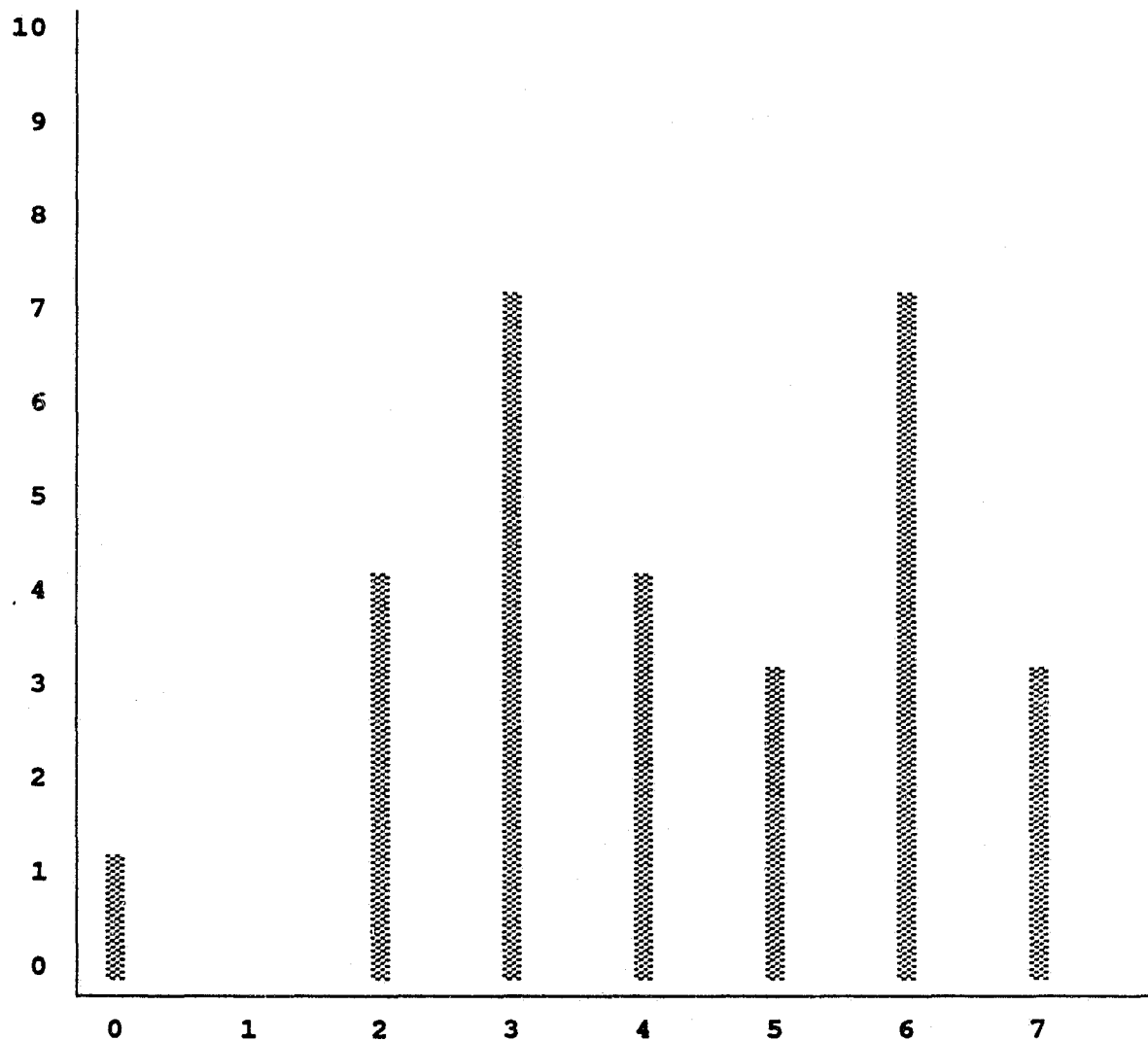
Program	ID'ed At-risk	Train Parents	Home Visits	Short-term Crisis	Behavior Modification	Remedial Services
NY Hospital Cornell Med. Cntr.	x	x	x	x	x	x
North. Westch. Guidance Clinic	x	x	x	x	x	x
North. Westch. Shelter, Inc.	x	x	x	x	x	
Parents Place, Inc.	x			x	x	
Pelham Fam. Services	x	x	x	x		
Pleasantville Cottage Sch.		x	x	x		
Scarsdale Fam. Counsel. Serv.	x	x	x	x	x	
S.E. Consortium for Spec. Services	x					x
St. Bernard's Cntr. for Learning	x	x	x	x	x	x
Student Assistance Services	x			x		
The Street Theater	x				x	
United Hospital Mental Health & Child Guid. Clinic	x	x	x	x	x	
Urban League of Westchester			x	x		

FIGURE G:2 (continued)

Program	ID'ed At-risk	Train Parents	Home Visits	Short-term Crisis	Behavior Modification	Remedial Services
Westch. Co. Dept. of Probation	x	x	x	x		
Westch. Jewish Comm. Services	x	x	x	x	x	x
Yonkers Resident. Center, Inc.	x	x	x	x		x
Youth Counsel. League	x	x	x	x	x	
YWCA White Plains/ Central Westch.	x	x	x	x		

FIGURE G:3 NUMBER OF COMPONENTS IN PROGRAMS TO TREAT EMOTIONAL DISTURBANCE AMONG YOUTH

NUMBER OF PROGRAMS



NUMBER OF TREATMENT COMPONENTS

Average Number of Treatment: 4.3 of 7

FIGURE G:4 COMPONENTS OF PROGRAMS TO TREAT EMOTIONAL DISTURBANCE

Program	Involve. Family	Individ. Therapy	Group Therapy	More to less Restrict.	Life Skills Training	Behavior Modifica.	Residential Treatment
Assn. for Mentally Ill Children Clear View School	x	x	x	x	x	x	
Boys and Girls Club New Rochelle	x	x					
Center for Preventive Psychiatry	x	x	x		x	x	x
Daytop Village	x	x	x		x	x	x
Echo Hills Comm. Counsel. Cntr.	x	x					
Family Consult. Serv. of Eastchester	x	x	x				
Family Serv. Westchester	x	x	x	x	x	x	
FIRST							
Four Winds	x	x	x	x	x	x	x
Guidance Center	x	x	x		x		
Hastings Youth Advocate Program	x	x	x	x			x
High Point Hospital	x	x	x	x	x	x	x
Jewish Board of Fam & Child Serv.	x	x	x	x	x	x	
Larchmont-Mamar. Commun. Counsel Cntr.	x	x	x				

FIGURE G:4 (continued)

Program	Involve. Family	Individ. Therapy	Group Therapy	More to less Restrict.	Life Skills Training	Behavior Modifica.	Residential Treatment
Mt. Vernon Youth Bureau	x	x	x	x			
NY Hospital Cornell Med. Cntr.	x	x	x		x	x	
North. Westch. Guidance Clinic	x	x	x	x	x		
North. Westch. Hosp. - Dept. of Psychiatry	x	x	x				
Pelham Fam. Services	x	x	x				
Pleasantville Cottage Sch.	x	x	x				
Rockland Psych. Center	x	x					
St. Vincent's Hospital	x	x	x				
Scarsdale Fam. Counsel. Serv.	x	x	x				x
Stony Lodge Hospital	x	x	x	x	x	x	x
The Street Theater					x	x	
United Hospital Mental Health & Child Guid. Clinic	x	x	x	x		x	
Westch. Co. Dept. of Probation	x	x					x

FIGURE G:4 (continued)

Program	Involve. Family	Individ. Therapy	Group Therapy	More to less Restrict.	Life Skills Training	Behavior Modifica.	Residential Treatment
Westch. Jewish Comm. Services	x	x	x	x	x	x	
Yonkers Rehab. Center	x			x	x	x	
Yonkers Resid. Center, Inc.	x	x	x		x	x	x
Youth Counsel. League	x	x	x		x		

a fourth of the programs responding to the survey offer residential treatment when necessary, a program component that does not have to be available at all program sites as long as it is available to any county young person who needs such a facility.

Figures G:3 and G:4 shows that in the treatment area too, many programs are comprehensive and offer all or most of these services together. Thirteen treatment programs offer five or more of these seven services, with 3 programs offering all of them.

Referral once again is the most common way for youth to be identified for inclusion in programs to reduce emotional disturbance, although age (69%), geographic area (54%) and other criteria also play a part (see Table G:2).

About a quarter of these programs are unable to report the number of youth they served during the past year. Among those who can report, the data in Table G:3 show that the median number of youth served is 90, a number which obscures the very large size of some of these efforts. One program reportedly serves 4,000 (Westchester Jewish Community Services) through various interventions that also have other problem areas as a focus. Taken together, these programs report serving over 10,000 youth.

As has been common in all the areas explored here, the majority of these programs cannot report the demographic characteristics of the youth they serve. Among those reporting, the majority of youth served are white, are about equally divided between males and females, and are spread in age over the teen

**TABLE G:2 CRITERIA USED TO SELECT YOUTH FOR PROGRAMS
TO DECREASE EMOTIONAL DISTURBANCE**

CRITERIA	NUMBER OF PROGRAMS TOTAL = 39	PERCENTAGE OF PROGRAMS
Referrals	31	80%
Age	27	69%
Average low age = 9.4		
Average high age = 17.5		
Geographic area	21	54%
Pleasantville, Thornwood, Hawthorne, Briarcliff, Valhalla Bronxville, Eastchester, Tuckahoe, Northeast, Yonkers Northern Westchester Low-income areas Local school site Census tract - New Rochelle Various areas in Yonkers		
Zip Codes		
106.. (3 programs)	10804	10591
10601 (3 programs)	10805	10595
10603 (2 programs)	105..	
10605	10550-53	
10607	10522 (2 programs)	
1060.	10523	
107.. (3 programs)	10528 (2 programs)	
10701 - 10	10530	
10701	10533	
10703	10538	
10704 (2 programs)	10543 (2 programs)	
10706 (3 programs)	10545	
10707	10550 (3 programs)	
10708	10553	
10709	10566	
10710	10573 (4 programs)	
10801 (2 programs)	10580	
10803	10583 (3 programs)	

TABLE G:2 (continued)

Certain problems found

20

52%

Suicidal, depression, relationship, behavioral
 Suicidal
 Disabled
 Schools, parents, guardians, police, courts
 Homelessness
 Having been institutionalized and returning home
 Single parents, multi-problem families, alcohol & drug
 abuse
 Domestic violence
 All mental health problems appropriate for out-patient
 treatment
 Identifiable psychiatric illness
 Substance abuse, depression, family & personal problems
 Depression, anti-social behavior, neglected & abused PINS
 Program participants & parents
 High risk
 Classified as ED by CSES

Other criteria

11

29%

At least nominal intellectual functioning
 Acting out behavior
 If we cannot meet needs adequately...refer to more
 appropriate source
 Certified by CSE
 Non DFY facility
 Must be admitted with parent
 Major social disruption - family, school, job
 No fire setters, no psychotics
 Low academic achievement, exhibiting anti-social behavior
 Classes in the schools that feel leisure education is
 appropriate

**TABLE G:3 NUMBER OF YOUTH SERVED LAST YEAR BY PROGRAMS
TO DECREASE EMOTIONAL DISTURBANCE**

NUMBER OF YOUTH SERVED	NUMBER OF PROGRAMS TOTAL = 39	PERCENTAGE OF PROGRAMS
0 - 50	9	23%
51 - 100	7	18%
101 - 150	2	5%
151 - 250	2	5%
251 - 500	3	8%
Over 500	5	13%
Program Unable to Report	11	28%

Median size of program 90

Total number of youth reported served 10,046

**TABLE G:4 CHARACTERISTICS OF YOUTH SERVED BY PROGRAMS
TO DECREASE EMOTIONAL DISTURBANCE**

CHARACTERISTICS	NUMBER OF YOUTH REPORTED SERVED	NUMBER OF PROGRAMS UNABLE TO REPORT
RACE:		19 of 39
Hispanic	351	
Black	1,007	
White	1,712	
Other	54	
GENDER:		21 of 39
Male	1,440	
Female	1,332	
AGE:		19 of 39
Under 7	295	
7 - 9	156	
10 - 12	744	
13 - 15	1,058	
16 - 18	1,164	
GRADE:		28 of 39
Below 7th grade	645	
7th to 9th grade	610	
10th to 12th grade	605	
School dropouts	200	

years. Few school dropouts are reported to be served.

Relative to the other problem areas explored in this report, the programs seeking to decrease emotional disturbance have relatively more information available on the success of their efforts. Eighty-five percent of the programs make some measure of outcome. At least half report having data available on 9 indicators of success shown in Table G:6. The most common item recorded is behavior in school, followed by the amount of asocial behavior or behavior at home. No data are kept by any of these programs on similar items among a comparison group.

Inadequate funding which leads to too few staff and other resources was cited as the major obstacle to reducing emotional disturbance among Westchester youth.

Summary There are a large number of programs in Westchester seeking to reduce emotional disturbance among Westchester youth. Many of these programs are comprehensive both in the prevention and treatment of emotional disturbances. Most use some indicator of success, although none can compare the youth they serve with youth not served, a research design which may never be possible for these programs. A third of the programs are unable to report how many youth they serve and most could not report summary information on risk factors among those they serve.

TABLE G:6 EVALUATION DATA KEPT BY PROGRAMS TO DECREASE EMOTIONAL DISTURBANCES

TYPE OF RECORD	NUMBER OF PROGRAMS TOTAL = 39	PERCENTAGE OF PROGRAMS
Progress of parents in raising children	13	33%
School achievement	20	51%
Employment	13	33%
Absence of substance abuse	21	54%
Absence of delinquent behavior	21	54%
Absence of emotional problems	24	62%
Behavior in school	30	77%
Behavior at home	28	72%
Asocial behavior	28	72%
Achievement scores	18	46%
Hospitalizations	22	56%
Clinical diagnoses	23	59%
Data Available from Comparison Groups -	0	—

Progress Parents Raising Child	School Achieve- ment	Employ	Absent Sub. Abuse	Absent Delinq. Behave	Absent Emot. Disord.	Behave In School	Behave At Home	Asocial Behave	Achieve Scores	Hospital	Clinic Diag.	Any Comp. Data?
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Association for
Mentally Ill
Children-Clear
View School

Boys & Girls Club
of New Rochelle,
Inc.

Center for Human
Options, Inc.

Center for
Preventive
Psychiatry

College Careers
Fund of West., Inc.

Daytop Village,
Inc.

Echo Hills
Community Couns.
Center

Family Consultation
Service of
Eastchester, Inc.

FIGURE G:5: EVALUATION MEASURES AVAILABLE: PROGRAMS TO DECREASE EMOTIONAL DISTURBANCE
(continued)

[illegible]

FIGURE G:5: EVALUATION MEASURES AVAILABLE: PROGRAMS TO DECREASE EMOTIONAL DISTURBANCE
(continued)

Program	Progress Parents Raising Child	School Achieve- ment	Employ	Absent Sub. Abuse	Absent Delinq. Behave	Absent Emot. Disord.	Behave In School	Behave At Home	Asocial Behave	Achieve Scores	Hospital	Clinic Diag.	Any Comp. Data?
New York Hospital Cornell Medical Center		X	X	X	X	X	X	X	X	X	X	X	
Northern West- chester Guidance Clinic, Inc.	X	X		X	X	X	X	X	X	X	X	X	
Northern West- chester Hospital Center-Dept. of Psychiatry				X	X	X	X	X	X	X	X	X	
Northern West- chester Shelter, Inc.	X	X	X	X	X	X	X	X	X	X	X	X	
Parents Place, Inc.													
Pelham Family Service, Inc.	X	X		X	X	X	X	X					
Pleasantville Cottage School	X	X					X	X	X	X	X	X	
Rockland Psy. Center				X		X	X	X	X		X	X	

FIGURE G:5: EVALUATION MEASURES AVAILABLE: PROGRAMS TO DECREASE EMOTIONAL DISTURBANCE
(continued)

Program	Progress Parents Raising Child	School Achieve- ment	Employ	Absent Sub. Abuse	Absent Delinq. Behave	Absent Emot. Disord.	Behave In School	Behave At Home	Asocial Behave	Achieve Scores	Hospital	Clinic Diag.	Any Comp. Data?
Scarsdale Family Counseling Service							X		X			X	
South East Consortium for Special Services							X	X					
St. Bernards Center for Learning							X						
St. Vincent's Hospital						X	X	X	X		X	X	
Stony Lodge Hospital	X	X	X	X	X	X	X	X	X	X	X	X	
Street Theater		X					X						
Student Assistance Services													
United Hospital Mental Health & Guidance Clinic	X	X	X	X	X	X	X	X	X			X	
Urban League of Westchester Co., Inc.		X	X				X	X					

FIGURE G:5: EVALUATION MEASURES AVAILABLE: PROGRAMS TO DECREASE EMOTIONAL DISTURBANCE
(continued)

Program	Progress Parents Raising Child	School Achieve- ment	Employ	Absent Sub. Abuse	Absent Delinq. Behave	Absent Emot. Disord.	Behave In School	Behave At Home	Asocial Behave	Achieve Scores	Hospital	Clinic Diag.	Any Comp. Data?
Westchester County Dept. of Probation		X	X	X	X	X	X	X	X		X	X	
Westchester Jewish Community Services	X	X		X	X	X	X	X	X	X	X	X	
Yonkers Rehab. Center			X			X			X	X	X	X	
Yonkers Residential Center	X	X	X	X	X	X	X	X	X	X	X	X	
Youth Counseling League		X	X		X	X		X	X				
YWCA of White Plains and Central Westchester							X		X				

**FIGURE G:6: THE BIGGEST OBSTACLES IN REDUCING
EMOTIONAL DISTURBANCE AMONG YOUTH IN WESTCHESTER
Perceptions of Program Staff**

Finding time during school hours to do the program;
administrators are interested in program but teachers don't
feel there is the time with their other needs; follow-
through post-testing of how they use their leisure time.
Lack of adequate funding to make salaries competitive and
and attractive.
Enough paid counselors to service the schools.
Poverty; substance abuse.
The need for volunteers to provide one on one support with
staff supervision; negotiating the school system to provide
special educational services; shortage of funding.
Not enough residential placements; long waiting lists for
out-patient services.
Insufficient staff to do all prevention programs necessary.
Education, awareness, identification of problem; denial by
parents and client.
Drugs and alcohol.
Funding for this program as well as for the ancillary
community support services that these young people need.
Overcrowding at the program session; lack of funds to expand
sessions; lack of money to extend service for follow-up with
families who no longer attend.
Lack of money to pay staff to have time to work with selected
families in groups or individual sessions outside of drop-in
time.
Those who are not helped in house must negotiate clinics, etc.
that are not geared towards youth and their needs.
Insufficient staff to meet demand, attrition through waiting
list.
Funding and classroom/workshop time.
Difficult to offset effects of living in homeless motels/
hotels; we offer 1/2 day program and many children need
longer day.
Inadequate parenting skills; multi-problem family units;
poor educational skills; lack of access to vocational
training.
Lack of out patient psychiatric treatment resources for
adolescents.
Not enough funding to impact more troubled youth.
Early intervention in the schools (by grade 3) and the stigma
of mental health.
Lack of follow-up resources.
Stigma; resistant families; insurance.
Budget.
Coordinated care with the clients' other systems, e.g.,
school; we always have a waiting list and not enough staff.

FIGURE G:6: (Continued)

Parents and/or other family members.
Lack of follow-up services due to insufficient funding.
Lack of funding to support treatment needed for number of youngsters applying for services; problems are also intensifying, especially families needing a reduced fee plan.
Alternative education programs.
The widespread expectation that problems which develop over the course of years (infancy and childhood) will be treated and resolved in weeks or months.

THE SOLUTIONS OF WESTCHESTER: SERVICES TO DECREASE CRIMINALITY AND DELINQUENCY AMONG YOUTH

Eighteen agencies and organizations indicated they have programs designed to decrease criminality and delinquency among youth. Seventeen had programs to prevent delinquency; 8 dealt with the treatment of delinquents. Seven organizations had both prevention and treatment programs.

Delinquency diversion programs are the primary intervention used to prevent delinquency among youth. These programs attempt to involve the youth in recreation, employment, or academic programs as an alternative to negative activities. About two-thirds of the programs rely upon such activities. A little over half attempt to train parents. Few of the programs involve the schools and fewer yet involve the private sector.

By and large the delinquency prevention programs are fairly simple. Of the six nationally recognized interventions for preventing delinquency, 13 of the 17 programs utilize two or fewer. Five of the programs have only one intervention and two do not use any of the interventions recognized as effective. Like the runaway and homeless programs, delinquency prevention programs in Westchester are not very comprehensive in their scope.

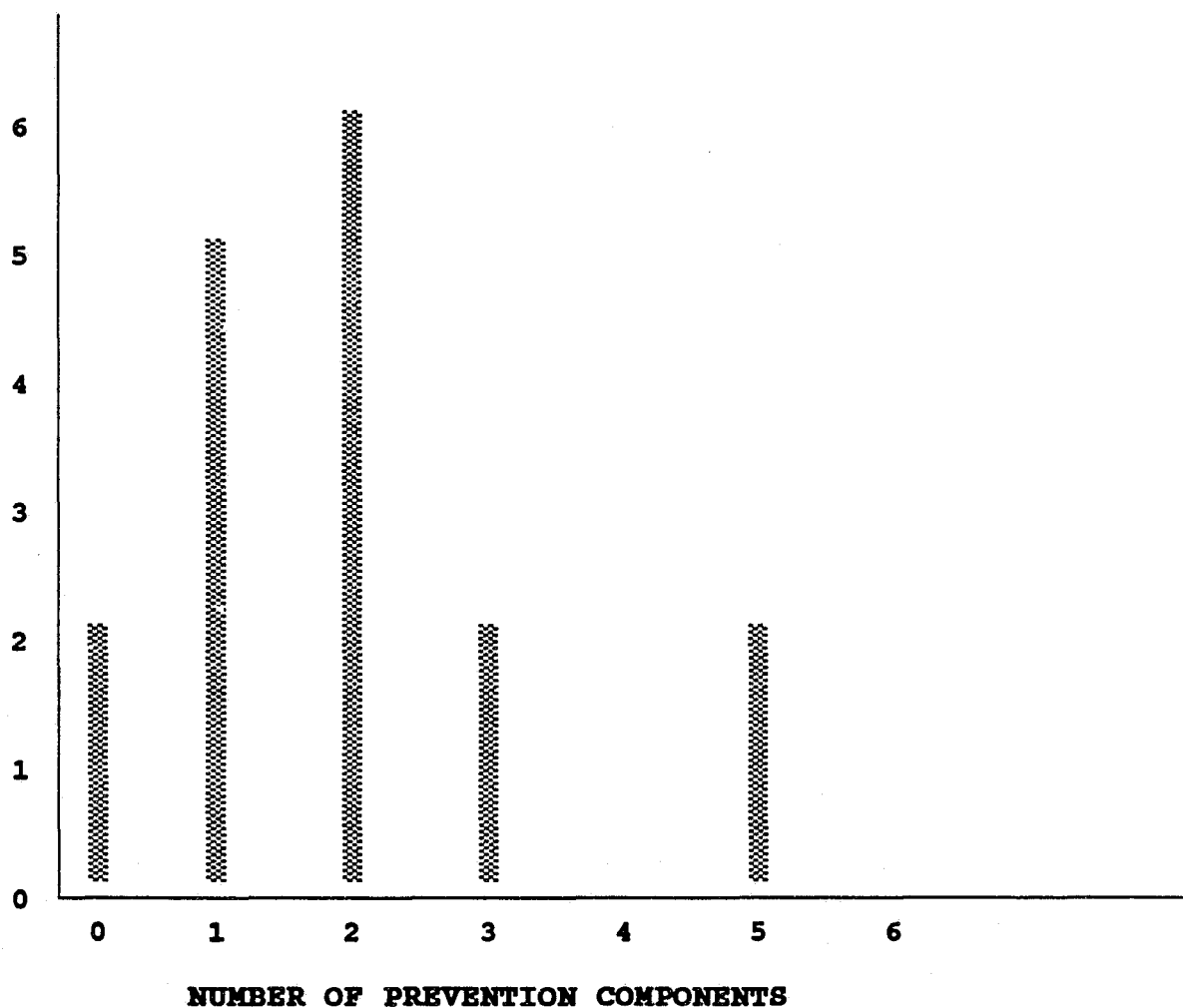
There are four components recognized in the national literature as effective in the treatment of delinquency. No more

**TABLE H:1 COMPONENTS OF PROGRAMS TO DECREASE CRIMINALITY
AND DELINQUENCY AMONG YOUTH**

COMPONENT	NUMBER OF PROGRAMS TOTAL = 18	PERCENTAGE OF PROGRAMS
PRIMARY PREVENTION -	TOTAL = 17	
School-based classroom discipline procedures	4	24%
School-based support teams	3	18%
School-wide interventions	3	18%
Private sector involvement	3	18%
Parent training	9	53%
Diversion through recreation, employment, and academic programs	11	65%
TREATMENT -	TOTAL = 8	
Behavior modification therapy	4	50%
Remedial education	4	50%
High staff to youth ratio	3	38%
Prompt discipline	3	38%

**FIGURE H:1 THE NUMBER OF COMPONENTS IN PROGRAMS TO DECREASE
CRIMINALITY AND DELINQUENCY AMONG YOUTH**

**NUMBER OF
PROGRAMS**



Average Number of Prevention Program Components: 1.9 of 6

FIGURE H:2 COMPONENTS OF PROGRAMS TO PREVENT CRIMINALITY AND DELINQUENCY

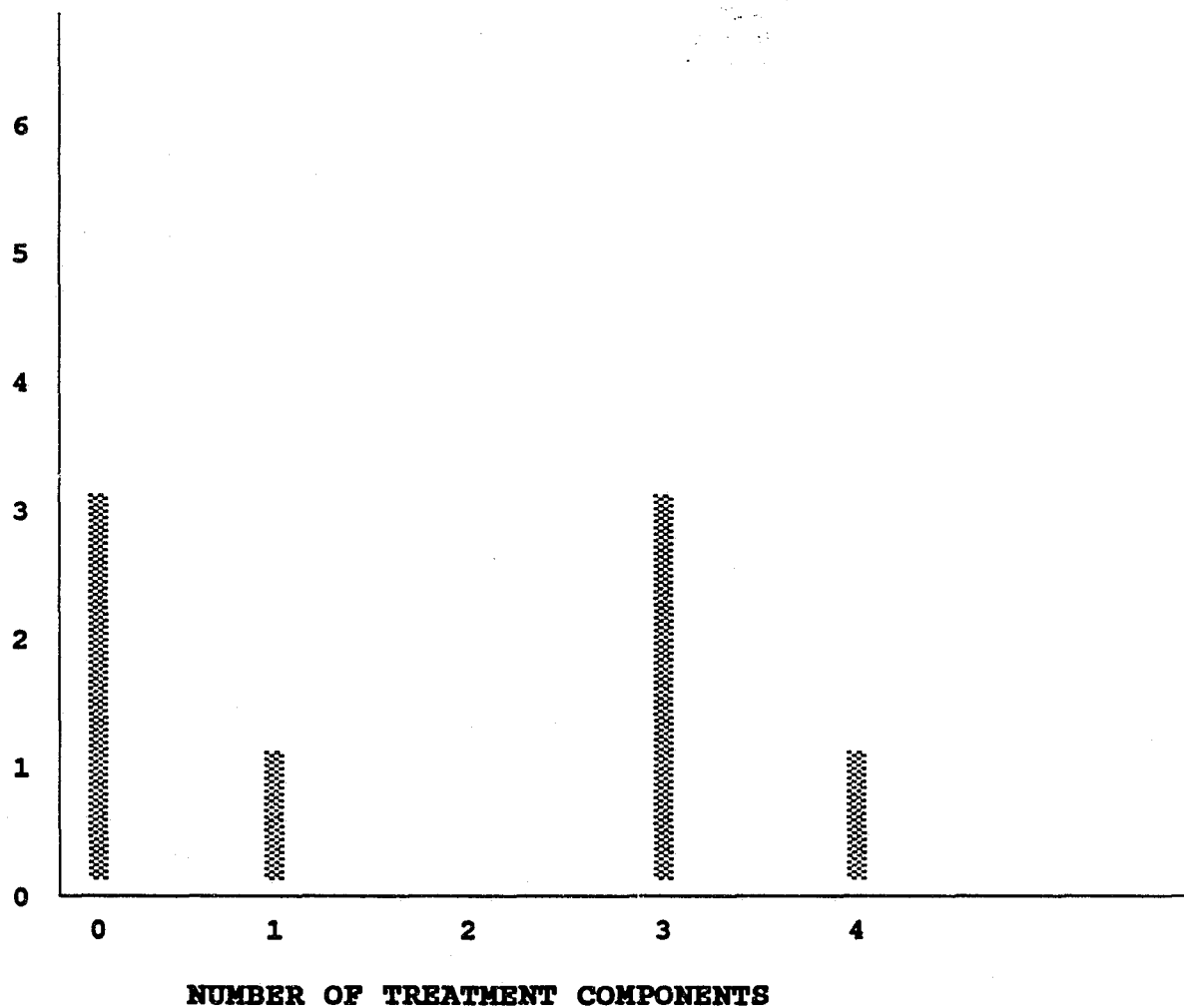
Program	Sch. Classrm. Discipline	Sch. Support Teams	School Interventions	Private Sector Inv.	Parent Training	Diversion thru Recrea, Employ, Academ.
Big Bros/Big Sis Yonkers		X			X	X
Coll. Careers Fund						X
Daytop	X	X	X		X	X
Family Serv. Westchester	X	X		X	X	X
FIRST						
Hastings Youth Advocate Prog.					X	X
Jewish Board of Fam & Child Serv.					X	X
Juvenile Law Educat. Proj.			X		X	
Mt. Vernon Youth Bureau				X		
Nepperhan Commun. Center				X		X
North. Westch. Guidance Clinic					X	
Pleasantville Cottage Sch.					X	

FIGURE H:2 (continued)

Program	Sch. Classrm. Discipline	Sch. Support Teams	School Interventions	Private Sector Inv.	Parent Training	Diversion thru Recrea, Employ, Academ.
Westch. Co. of Probation						
Putnam Council Boy Scouts						x
Yonkers Resid. Center, Inc.			x		x	x
Youth Theater Interactions, Inc.	x					x
YWCA White Plains/ Central Westch.	x					

**FIGURE H:3 THE NUMBER OF COMPONENTS IN PROGRAMS TO DECREASE
CRIMINALITY AND DELINQUENCY AMONG YOUTH**

**NUMBER OF
PROGRAMS**



Average Number of Treatment Program Components: 1.8 of 4

FIGURE H:4 COMPONENTS OF PROGRAMS TO TREAT CRIMINALITY AND DELINQUENCY

Program	Behavior Modification	Remedial Education	High Staff /Youth Ratio	Prompt Discipline
Daytop Village	x	x		x
FIRST				
Jewish Board of Fam & Child Serv.	x	x	x	x
North. Westch. Guidance Clinic				
Pleasantville Cottage Sch.	x			
Westch. Co. of Probation				
Yonkers Resid. Center, Inc.	x	x	x	
Youth Shelter Prog. of West.		x	x	x

than half of the programs have any single component. Half of the programs use behavior modification therapy and half use remedial education. Only about a third have a high staff to youth ratio and about a third make use of prompt discipline. Figure H:2 indicates that 3 of the 8 programs lack all four components. On the other hand, three of the programs use three of the interventions and one uses all four (Jewish Board of Family and Children's Services).

Table H:2 indicates that most of the programs receive youth through referrals (78%). However, most have age restrictions (72%) and half are limited by geographic area. Several screen for prior problems indicative of delinquency.

Half of the programs seeking to decrease criminal behavior among youth were unable to report the number of youth they served last year. Of those who had that information, the median program served 118. The smallest program served 12. The Juvenile Law Education Project served 5,258 youth in a school-based program designed to make youth aware of how laws affect them and what the consequences of their decisions could be. The second largest program served 259. A total of 6,206 youth were reached, but less than a thousand through programs other than the Juvenile Law Education Project.

While a large number of youth are served by programs seeking to reduce criminal behavior, it is difficult to tell how many direct such programs to youth most at-risk. Only about a third

**TABLE H:2 CRITERIA USED TO SELECT YOUTH FOR PROGRAMS TO
DECREASE CRIMINALITY AND DELINQUENCY AMONG YOUTH**

CRITERIA	NUMBER OF PROGRAMS TOTAL = 18	PERCENTAGE OF PROGRAMS
Referrals	14	78%
Age	13	72%
Average low age = 10.6		
Average high age = 18.1		
Geographic area	9	50%
PEN/Group Homes, youth walk-ins, probation PINS Mediation Low income areas of Westchester Co. Census tracts 13.03, 2.02, 1.01, 1.02, 2.01 Zip Codes 105.. 10606 10708 10550 (2 programs) 107.. 10552 10701 (2 programs) 106.. 10702 10601 10703 10603 10704 10605 10706		

Certain problems found	10	56%
Court related - PINS incarceration/probation/parole Low academic achievers raised in poverty Behavior that puts them in jeopardy of PINS or other family court involvement or placement Alcohol or drug related Stealing Alleged delinquency or committed a criminal act Parent/child conflict Physical/sexual abuse Involvement with court Been arrested in Westchester Classified as ED by CSE		

TABLE H:2 (Continued)

Other criteria

4

22%

High-school dropout ex-offender
Boys ages 6-13; Co-Ed ages 14-21
Family/school difficulties severe enough to create risk
of placement

TABLE H:3 NUMBER OF YOUTH SERVED LAST YEAR BY PROGRAMS TO
DECREASE CRIMINALITY AND DELINQUENCY AMONG YOUTH

NUMBER OF YOUTH SERVED	NUMBER OF PROGRAMS TOTAL = 18	PERCENTAGE OF PROGRAMS
0 - 50	2	11%
51 - 100	2	11%
101 - 150	2	11%
151 - 250	2	11%
251 - 500	1	6%
Over 500	1	6%
Programs Unable to Report	9	50%
Median size of program	118	
Total number of youth reported served	6,206	

**TABLE H:4 CHARACTERISTICS OF YOUTH REPORTED SERVED BY PROGRAMS
TO DECREASE CRIMINALITY AND DELINQUENCY**

CHARACTERISTICS	NUMBER OF YOUTH REPORTED SERVED	NUMBER OF PROGRAMS UNABLE TO REPORT
RACE:		11 of 18
Hispanic	812	
Black	1,440	
White	3,087	
Other	71	
GENDER:		10 of 18
Male	2,945	
Female	2,553	
AGE:		11 of 18
Under 7	0	
7 - 9	23	
10 - 12	4,453	
13 - 15	554	
16 - 18	446	
GRADE:		14 of 18
Below 7th grade	4,184	
7th to 9th grade	138	
10th to 12th grade	32	
School dropouts	125	

of the programs know the demographic characteristics of their youth and almost none know more direct risk factors.

Table H:4 indicates that those programs who know the demographic characteristics of their youth serve a large majority of elementary school children between the ages of ten and twelve. These data are primarily from the Juvenile Law Education Project and tell us less about the overall picture of who is being served in the county.

Only 3 of the programs had information on the risk factors of their youth at the time they entered their programs. It is thus impossible to make conclusions about all programs seeking to reduce crime committed by youth. However, among those who reported, there appear to be a high percentage of youth with previous achievement problems in school and a number with prior arrests.

Few of the programs designed to reduce criminal behavior appear to keep records on the post-program behavior of their youth or use other measures of success. Half indicate they use no measures of success and only one program had any comparison data. Of those programs which keep records, 6 record whether the child was suspended from school. Only 3 followed up to see if the youth was arrested.

Among obstacles to reducing crime, programs cited the presence of drugs and the difficulty of obtaining volunteers. The lack of effective cooperation from the courts is also a problem to some.

**TABLE H:5 RISK FACTORS AMONG YOUTH SERVED IN PROGRAMS TO
DECREASE CRIMINALITY AND DELINQUENCY**

RISK FACTORS AT PROGRAM ENTRY	AVERAGE PERCENTAGE OF THOSE SERVED	NUMBER OF PROGRAMS UNABLE TO REPORT
Prior arrests	41%	15 of 18
Achievement problems in school	72%	15 of 18

**TABLE H:6 RECORDS KEPT ON YOUTH SERVED IN PROGRAMS TO
DECREASE CRIMINALITY AND DELINQUENCY**

TYPE OF RECORD	NUMBER OF PROGRAMS TOTAL = 18	PERCENT OF PROGRAMS
Among Youth Served -		
Post-program -		
Arrests	3	17%
Court contacts	4	22%
Delinquent or criminal behavior	5	28%
School suspensions	6	33%
School attendance	4	22%
Other indicators of program success	5	28%
<div style="border: 1px solid black; padding: 5px;"> Participation in GED program Avoidance of placement and/or family court involvement Clinical records A teacher evaluation and student pre & post tests are used No post problem records </div>		
Data Available from Comparison Groups -	1	6%

FIGURE H:5: EVALUATION MEASURES AVAILABLE: PROGRAMS TO REDUCE CRIMINALITY AND DELINQUENCY

Program	Arrests	Court Contacts	Delinquent Or Criminal Behavior	School Suspensions	School Attendance	Other Indicators	Any Comparison Data?
Big Brothers-Big Sisters of Yonkers, Inc.							
College Careers Fund of Westchester, Inc.			X			X	
Daytop Village, Inc.	X	X	X	X	X	X	
Family Service of Westchester, Inc.							
FIRST, Inc.							
Hastings Youth Advocate Program	X	X	X				
Jewish Board of Family and Childrens Services							
Juvenile Law Education Project						X	
Mt. Vernon Youth Bureau							
Nepperhan Community Center, Inc.		X	X	X			
Northern Westchester Guidance Clinic, Inc.							

FIGURE H:5: EVALUATION MEASURES AVAILABLE: PROGRAMS TO REDUCE CRIMINALITY AND DELINQUENCY
(continued)

Program	Arrests	Court Contacts	Delinquent Or Criminal Behavior	School Suspensions	School Attendance	Other Indicators	Any Comparison Data?
Pleasantville Cottage School				X		X	X
Westchester County- Department of Probation							
Westchester-Putnam Council, Boy Scouts of America							
Yonkers Residential Center		X		X	X		
Youth Shelter Program of Westchester, Inc.							
Youth Theater Interactions, Inc.			X	X	X	X	
YWCA of White Plains & Cental Westchester	X			X			X

**FIGURE H:6: THE BIGGEST OBSTACLES TO REDUCING
CRIMINALITY AND DELINQUENCY AMONG YOUTH IN WESTCHESTER
Perceptions of Program Staff**

Environment (poverty, positive parenting skills, single mothers under stress).
Parents (neglect/abuse); money obtained by youth from selling cocaine or CRACK.
Not enough staff.
More funding to expand in the poverty pocket areas.
CRACK. Easy availability of money for dealing drugs.
Alternatives not as attractive as "easy money".
Large volume of cases and wide diversity in precipitating factors and individual problems.
Need for more volunteers. Drugs, school suspension policy which results in periods of out of school freedom.
In urban areas, drugs, especially crack has had devastating effects on families and neighborhoods. In suburban and rural areas, lack of respect for law and lack of awareness of personal and legal consequences of delinquent behavior are problems.
Youth often mandated to treatment but have no initial interest. Often court referred but no follow up to enforce participation of the "unmotivated client."
Difficulty getting PINS; extremely slow and inefficient court system; overburdened and ill trained (in psychological awareness) probation officers.
Recruiting adult volunteers in hard core areas.

Summary Programs designed to reduce criminal behavior among youth in Westchester do not appear to be as comprehensive as programs designed to decrease other problems. Many programs use only one or two interventions; and several fail to use a single nationally recognized strategy. Delinquency diversion is the only widely used intervention. Few programs appear to be directed toward youth immediately at-risk. Most of the children reached by these programs are young and receive a brief educational intervention. Few programs measure the success of their efforts or even know how many youth they reach.

THE SOLUTIONS OF WESTCHESTER: SERVICES TO DECREASE AIDS AMONG YOUTH

At the time the needs assessment studies were prepared which created the basis of this report, AIDS and HIV infection were not considered a threat to youth in Westchester. For that reason, services to youth at risk of AIDS were not included in the design of this report. However, there is a growing realization that AIDS is a very real threat to youth, and programs are beginning to emerge in the county to provide necessary services.

The Westchester County Department of Health has implemented an education program designed to reduce the risk of HIV infection among inner city youth. The Intimate Realities Program seeks to actively involve youth in a variety of education and prevention interventions. A teen theater group provides a program designed to educate both participants and audience. Poster, comic strip, and music video workshops not only provide youth training in each of these areas but information about HIV infection as well. Parents and teens participate together in communication workshops. In many ways the program is modeled after substance abuse prevention programs.

Evaluation of these efforts may be premature at this point but should certainly become an agenda item for the future.

THE SOLUTIONS OF WESTCHESTER: THE COMPREHENSIVENESS OF SERVICES TO YOUTH

There are today many who serve and study the problems of at-risk youth who would argue that comprehensive services, offered early and continuously, will be most effective in alleviating such problems as school dropouts, emotional disturbance, substance abuse, and the other problem behaviors of interest here (see for example, Dryfoos, 1988). In fact, these authors have argued, categorical services which focus on one problem only, are inappropriate because they are organized around symptoms, rather than the common and root causes of all of these negative behaviors. Whether a child develops substance abuse problems, early pregnancy, or leaves school may be less important than what caused any of these symptoms to develop in the first place.

It is apparent from the responses to the survey in Westchester that many agencies share this view, or at least offer rather comprehensive services to young people. In fact, part of the reporting difficulties experienced by agencies in response to the survey was that they do not break down their services into the problem areas chosen for the questionnaire. While they might be able to report, for example, how many youth they served all together, the number which specifically required dropout services was not available. Good evaluations of these programs would eventually dictate more careful record keeping, but suffice it to say here that in terms of national thinking on how to solve the

problems of youth, the more wholistic view of young people is not without merit.

Three of the 79 programs responding to the survey reported that they offered services in all 8 of the problem areas asked about (see Table I:1). These were Family Services of Westchester, Inc., FIRST, Inc. (Family Information and Referral Service Teams), and the Hastings Youth Advocate Program. The Mt. Vernon Youth Bureau with 7 services and the Nepperhan Community Center, Inc., with six were nearly comprehensive in their approaches. Agencies which could be called multi-service, if not comprehensive, because they offer services in four or more problem areas include: College Careers Fund of Westchester, Inc., Daytop Village Inc., the Division of Adolescent Medicine at New York Medical College, Northern Westchester Guidance Clinic, Inc., Pleasantville Cottage School, Student Assistance Services, the Westchester County Department of Probation, Westchester-Putnam Council of the Boy Scouts of America, the Yonkers Residential Center, Inc., and the YWCA of White Plains and Central Westchester. The remaining 65 programs are more narrow in their focus (see Table I:2).

Still, nowhere among these programs is there an agency which truly offers services for all 8 of these problem areas under one roof. Even those which are apparently most comprehensive, refer young people to other sites for some of these needed services. While the "everything under one roof" model has been acclaimed by some, there are no true evaluations of this type of service.

Moreover, Westchester is such a large county that even if such a program were developed, more than one location would be needed to be responsive to the youth of Westchester. Still, referrals are always problematic for young people and those agencies which are depending on one another and the motivation of young people to get from one site to another would do well to track the success of this strategy. The number referred is seldom the same as the number served.

Table I:2 offers a summary of program coverage and data. Most of this information has been discussed above but is offered here in this more summary form for easier reference. The cost information in Table I:2 bears a brief mention, although there is so little of it that it has not been included in the problem-specific discussion above. Twenty-one of the 79 programs could offer any data about costs of their programs and even these data were rarely in the form requested. Often a program could cite the cost of one therapy session, for example, but could not furnish an average cost for treatment of emotional disturbance among youth at their site. This lack of information is not surprising but is an area where considerable improvement is required. An obvious key to cost-effectiveness analysis in these programs is also improvement in knowing how many youth are served and to what end.

Table I:1 Problems Addressed by Youth Serving Agencies in Westchester

PROGRAM	Problems Addressed							
	Dropout	Substance Abuse	Employ	Child Abuse	Early Pregnancy	Runaway	Emotional Disturb	Crime
Archdiocese Drug Abuse Prevention Program-ADAPP		X						
Archway Alcoholism Treatment Program		X						
Assn. for Mentally Ill Children Clear View School							X	
Big Brothers-Big Sisters of Yonkers, Inc.				X	X			X
Boys and Girls Club of New Rochelle, Inc.		X					X	
Breakaway-YR.C.FNC.		X						
Cage Teen Center, Inc.		X	X					
Center for Family Development, Inc.		X		X				
Center for Human Options, Inc.		X	X				X	

Problems Addressed

<u>PROGRAM</u>	Substance		Child		Early	Emotional		Crime
	Dropout	Abuse	Employ	Abuse	Pregnancy	Runaway	Disturb	
Center for Preventive Psychiatry							X	
College Careers Fund of Westchester, Inc.	X	X	X				X	X
Community Planning Council of Yonkers			X		X			
Correctional Health, Westchester County Medical Center		X						
Daytop Village Inc. -Westchester Outreach Center	X	X		X			X	X
Division of Adolescent Medicine-New York Medical College	X	X		X	X			
Echo Hills Community Counseling Center, Inc.							X	
Exchange Club Child Abuse Prevention Center of New York				X				
Family Consultation Service of Eastchester, Inc. (FCS)							X	

Problems Addressed

PROGRAM	Substance		Child Early		Emotional		Crime	
	Dropout	Abuse	Employ	Abuse	Pregnancy	Runaway		Disturb
Family Life Program/ MRI				X				
Family Service of Westchester, Inc.	X	X	X	X	X	X	X	X
FIRST, Inc. (Family Information and Referral Service Teams)	X	X	X	X	X	X	X	X
Four Winds		X					X	
Guidance Center							X	
Hastings Youth Advocate Program	X	X	X	X	X	X	X	X
High Point Hospital							X	
Jewish Board of Family and Childrens Services		X					X	X
Juvenile Law Education Project		X						X
Larchmont-Mamaroneck Community Counseling Center		X					X	

Problems Addressed

<u>PROGRAM</u>	<u>Substance</u>		<u>Child</u>		<u>Early</u>	<u>Emotional</u>		<u>Crime</u>
	<u>Dropout</u>	<u>Abuse</u>	<u>Employ</u>	<u>Abuse</u>	<u>Pregnancy</u>	<u>Runaway</u>	<u>Disturb</u>	
Lorentz Laboratory for Collaborative Enterprise, Inc.			X					
Mental Health Association of Westchester County				X				
Mount Vernon Youth Bureau	X		X	X	X	X	X	X
My Sisters' Place- Refuge from Violence in the Family				X				
Nepperhan Community Center, Inc.	X	X	X	X	X			X
New York Hospital Cornell Medical Center		X					X	
Northern Westchester Guidance Clinic, Inc.				X		X	X	X
Northern Westchester Hospital Center-Dept. of Psychiatry		X					X	
Northern Westchester Shelter, Inc.				X			X	

Problems Addressed

<u>PROGRAM</u>	Substance		Child Early		Emotional		Crime	
	Dropout	Abuse	Employ	Abuse	Pregnancy	Runaway		Disturb
Ossining Community Action Program (Project L.O.V.E.)	X							
Parents Place, Inc.				X			X	
Pelham Family Service, Inc.							X	
Pelham Guidance Council		X						
Phelps Mental Health Center	X							
Pleasantville Cottage School-J.C.C.A.	X		X	X			X	X
Port Chester Carver Center, Inc.	X							
Renaissance Project, Inc.		X						
Rockland Psychiatric Center							X	
Scarsdale Family Counseling Service		X					X	

Problems Addressed

<u>PROGRAM</u>	<u>Substance</u>		<u>Child Early</u>		<u>Emotional</u>		<u>Crime</u>
	<u>Dropout</u>	<u>Abuse</u>	<u>Employ</u>	<u>Abuse</u>	<u>Pregnancy</u>	<u>Runaway</u>	
S.M.A.R.T. (Student Mediator- Alternative Resolution Team)	X						
South East Consortium for Special Services						X	
St. Bernard's Center for Learning				X		X	
St. Joseph's Medical Center		X					
St. Peter's Church	X	X					
St. Vincent's Hospital		X					
Stony Lodge Hospital		X				X	
Student Advocacy, Inc.	X						
Student Assistance Services	X	X				X	X
Summer Conservation Corps			X				

Problems Addressed

<u>PROGRAM</u>	<u>Substance</u>		<u>Child Early</u>		<u>Emotional</u>		<u>Crime</u>
	<u>Dropout</u>	<u>Abuse</u>	<u>Employ</u>	<u>Abuse</u>	<u>Pregnancy</u>	<u>Runaway</u>	
TASC (Treatment Alternative to Street Crime)		X					
The Street Theater	X		X				X
The Week-End Center		X					
United Hospital -Dept. of Substance Abuse		X					
United Hospital- Mental Health and Child Guidance Clinic							X
Urban League of Westchester County	X			X			X
Vocational Assistance Project		X					
Volunteers of America of Greater New York Runaway Program						X	
Westchester County Department of Health -Prevention of Low Birth Weight					X		

Problems Addressed

<u>PROGRAM</u>	Substance Dropout	Abuse	Employ	Child Abuse	Early Pregnancy	Runaway	Emotional Disturb	Crime
Westchester County Department of Health -Teen Linkage Program					X			
Westchester County Department of Health- Women and Youth Services					X			
Westchester County Department of Probation	X	X				X	X	X
Westchester County Department of Public Safety Services		X						
Westchester County STOP DWI		X						
Westchester Jewish Community Services	X			X			X	
Westchester-Putnam Council, Boy Scouts of America	X	X	X	X				X
Yonkers Rehabilitation Center	X		X				X	
Yonkers Residential Center, Inc.	X	X			X		X	X

Problems Addressed

<u>PROGRAM</u>	Substance		Child Early		Emotional		Crime
	Dropout	Abuse	Employ	Abuse	Pregnancy	Runaway	
Youth Counseling League	X				X		X
Youth Shelter Program of Westchester, Inc.			X				X
Youth Theatre Interactions, Inc.							X
YWCA of White Plains & Central Westchester		X			X		X

Table I:2 A Summary of Program Coverage and Data

Program	No. of the 8 Problem Areas Addressed	Total Number Served	Proportion of Recommended Program Components	Any Evaluation Data?	Any Comparison Data?	Any Costs Known?	Type** Of Agency
Archdiocese Drug Abuse Prevention Program-ADAPP	1	59,000	16/24	N	N	N	C
Archway Alcoholism Treatment Program	1	85	20/24	Y	Y	N	C
Association for Mentally Ill Children Clear View School	1	100	9/13	Y	N	Y	C
Big Brothers-Big Sisters of Yonkers, Inc.	3	46*	20/47	Y	N	N	P
Boys and Girls Club of New Rochelle, Inc.	2	10*	7/22	Y	N	N	C
Breakaway-YR.C.FNC.	1	40	19/24	Y	N	Y	C
Cage Teen Center, Inc.	2	466	17/23	Y	N	Y	C
Center for Family Development, Inc.	2	10	14/34	Y	Y	N	C
Center for Human Options, Inc.	3	157*	17/29	Y*	N	Y*	C

No. of the 8 Problem Areas Addressed	Total Number Served	Proportion of Recommended Program Components	Any Evaluation Data?	Any Comparison Data?	Any Costs Known?	Type** Of Agency
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Program

Center for Preventive Psychiatry	1	760	9/13	Y	N	Y* C
College Careers Fund of Westchester, Inc.	5	950	17/47	Y	N	Y C
Community Planning Council of Yonkers	2	876*	8/23	Y	N	Y C
Correctional Health, Westchester County Medical Center	1	120	14/24	N	N	N P
Daytop Village Inc. -Westchester Outreach Center	5	Note 4	49/69	Y	Y	Y C
Division of Adolescent Medicine-New York Medical College	4	800*	42/76	Y	N	N C
Echo Hills Community Counseling Center, Inc.	1	109	6/13	N	N	Y C
Exchange Club Child Abuse Prevention Center of New York	1	350	4/10	Y	N	Y* C

No. of the 8 Problem Areas Addressed	Total Number Served	Proportion of Recommended Program Components	Any Evaluation Data?	Any Comparison Data?	Any Costs Known?	Type** Of Agency
-----------------------------------------------	---------------------------	-------------------------------------------------------	----------------------------	----------------------------	------------------------	------------------------

Program

Family Consultation Service of Eastchester, Inc. (FCS)	1	90	7/13	Y	N	N	C
Family Program/MRI	1	250	5/10	N	N	N	P
Family Service of Westchester, Inc.	8	3438	73/103	Y	N	N	C
FIRST, Inc. (Family Information and Referral Service Teams)	8	Note 6	NA	N	N	N	C
Four Winds	2	100*	15/16	N	N	N	C
Guidance Center	1	350	9/13	Y	N	Y*	C
Hastings Youth Advocate Program	8	345*	59/111	Y	N	N	P
High Point Hospital	1	NR	9/13	Y	N	N	C
Jewish Board of Family and Childrens Services	3	30	24/32	Y*	N	Y*	C
Juvenile Law Education Project	2	13,266	6/21	Note 3	N	Y	C

No. of the 8 Problem Areas Addressed	Total Number Served	Proportion of Recommended Program Components	Any Evaluation Data?	Any Comparison Data?	Any Costs Known?	Type** Of Agency
-----------------------------------------------	---------------------------	-------------------------------------------------------	----------------------------	----------------------------	------------------------	------------------------

Program

Larchmont-Mamaroneck Community Counseling Center	2	2,303	23/37	Y	N	N	C
Lorentz Laboratory for Collaborative Enterprise, Inc.	1	NR	1/8	Y	N	N	C
Mental Health Association of Westchester County	1	NR	1/16	Note 5	N	N	C
Mount Vernon Youth Bureau	7	2430*	19/60	Y	N	Y*	P
My Sisters' Place- Refuge from Violence in the Family	1	2500	Note 2	Y	N	N	C
Nepperhan Community Center, Inc.	6	362*	49/81	Y	N	N	C
New York Hospital Cornell Medical Center	2	NR	16/28	Y	N	Y*	C
Northern Westchester Guidance Clinic, Inc.	4	35-500*	18/52	Y	N	N	C
Northern Westchester Hospital Center-Dept. of Psychiatry	2	NR	12/16	N	N	N	C

No. of the 8 Problem Areas Addressed	Total Number Served	Proportion of Recommended Program Components	Any Evaluation Data?	Any Comparison Data?	Any Costs Known?	Type** Of Agency
-----------------------------------------------	---------------------------	-------------------------------------------------------	----------------------------	----------------------------	------------------------	------------------------

Program

Northern Westchester Shelter, Inc.	2	322	16/16	Y	N	Y	C
Ossining Community Action Program (Project L.O.V.E.)	1	NR	4/12	N	N	N	C
Parents Place, Inc.	2	99	6/16	N	N	N	C
Pelham Family Service, Inc.	1	35	7/13	Y	N	Y*	C
Pelham Guidance Council	1	2320	23/24	Y	N	N	C
Phelps Mental Health Center	1	NR	1/12	N	N	N	C
Pleasantville Cottage School-J.C.C.A.	5	33*	19/49	Y	N	N	C
Port Chester Carver Center, Inc.	1	72	6/12	Y	N	N	C
Renaissance Project, Inc.	1	NR	9/9	N	N	Y	C
Rockland Psychiatric Center	1	20	2/7	Y	N	N	P
Scarsdale Family Counseling Service	2	850*	17/28	Y	N	Y	C

No. of the 8 Problem Areas Addressed	Total Number Served	Proportion of Recommended Program Components	Any Evaluation Data?	Any Comparison Data?	Any Costs Known?	Type** Of Agency
-----------------------------------------------	---------------------------	-------------------------------------------------------	----------------------------	----------------------------	------------------------	------------------------

Program

S.M.A.R.T.
(Student Mediator-
Alternative
Resolution Team)

1	725	1/12	Y*	N	N	C
---	-----	------	----	---	---	---

South East
Consortium
for Special Services

1	22	5/13	Y	N	N	C
---	----	------	---	---	---	---

St. Bernard's Center
for Learning

2	160	6/16	Y*	N	N	C
---	-----	------	----	---	---	---

St. Joseph's
Medical Center

1	3	4/9	N	N	N	C
---	---	-----	---	---	---	---

St. Peter's Church

2	57	5/36	N	N	N	C
---	----	------	---	---	---	---

St. Vincent's
Hospital

2	56	11/16	Y	N	N	C
---	----	-------	---	---	---	---

Stony Lodge Hospital

2	147	16/16	Y	N	N	C
---	-----	-------	---	---	---	---

Street Theater

3	403	10/33	Y	Y	Y*	C
---	-----	-------	---	---	----	---

Student Advocacy,
Inc.

1	992	Note 1	Y	N	Y	C
---	-----	--------	---	---	---	---

Student Assistance
Services

4	6,012	17/42	Y	Y	N	P
---	-------	-------	---	---	---	---

Summer Conservation
Corps

1	17	3/8	Y	N	N	P
---	----	-----	---	---	---	---

No. of the 8 Problem Areas Addressed	Total Number Served	Proportion of Recommended Program Components	Any Evaluation Data?	Any Comparison Data?	Any Costs Known?	Type** Of Agency
-----------------------------------------------	---------------------------	-------------------------------------------------------	----------------------------	----------------------------	------------------------	------------------------

Program

TASC (Treatment Alternative to Street Crime)	1	90	3/24	N	N	N	P
United Hospital -Dept. of Substance Abuse	1	10	8/9	N	N	Y*	C
United Hospital- Mental Health and Child Guidance Clinic	1	53	10/13	Y	N	Y*	C
Urban League of Westchester County	3	387	15/30	Y	Y	Y	C
Vocational Assistance Project	1	NR	0/15	N	N	Y*	C
Volunteers of America of Greater New York Runaway Program	1	181	3/9	Y	N	N	C
Week-End Center	1	100*	15/24	Y	N	Y*	C
Westchester County Department of Health -Prevention of Low Birth Weight	1	649	7/15	Y	Y	N	P
Westchester County Department of Health -Teen Linkage Program	1	150	20/30	Y	Y	N	P

No. of the 8 Problem Areas Addressed	Total Number Served	Proportion of Recommended Program Components	Any Evaluation Data?	Any Comparison Data?	Any Costs Known?	Type** Of Agency
-----------------------------------------------	---------------------------	-------------------------------------------------------	----------------------------	----------------------------	------------------------	------------------------

Program

Westchester County
Department of Health-
Women and Youth
Services

1	406	22/30	Y	N	Y	P
---	-----	-------	---	---	---	---

Westchester County
Department of
Probation

5	NR	17/69	Y*	N	N	P
---	----	-------	----	---	---	---

Westchester County
Department of Public
Safety Services

1	350	1/15	N	N	N	P
---	-----	------	---	---	---	---

Westchester County
STOP DWI

1	NR	9/15	Y	N	N	C
---	----	------	---	---	---	---

Westchester Jewish
Community Services

3	4175*	24/35	Y	N	Y*	C
---	-------	-------	---	---	----	---

Westchester-Putnam
Council,
Boy Scouts of America

5	NR	18/49	N	N	N	C
---	----	-------	---	---	---	---

Yonkers Rehabilitation
Center

3	34*	19/27	Y	N	Y	C
---	-----	-------	---	---	---	---

Yonkers Residential
Center, Inc.

5	50	55/79	Y	N	Y	C
---	----	-------	---	---	---	---

Youth Counseling
League

3	995	29/55	Y	N	Y	C
---	-----	-------	---	---	---	---

No. of the 8 Problem Areas Addressed	Total Number Served	Proportion of Recommended Program Components	Any Evaluation Data?	Any Comparison Data?	Any Costs Known?	Type** Of Agency
-----------------------------------------------	---------------------------	-------------------------------------------------------	----------------------------	----------------------------	------------------------	------------------------

Program

Youth Shelter Program of Westchester, Inc.	2	287	9/21	N	N	N	C
Youth Theatre Interactions, Inc.	1	185	2/6	Y	N	—	C
YWCA of White Plains & Central Westchester	4	25*	21/58	Y*	Y*	N	C

* Data are estimates, incomplete, furnished for one problem area but not another, or are not in the form requested.

** Type of Agency- P=Public
C=Contract

Note 1: Student Advocacy, Inc. offers legal services for students and others and does keep substantial amounts of data on its services and their outcomes.

Note 2: My Sister's Place makes presentations on child abuse to large groups of school students (+/- 2500), offering intensive services as requested to a smaller group (+/- 15).

Note 3: Evaluation of the Juvenile Law Education Project does use some pre- and posttests but also includes "testimonial" information on how people like the program.

Note 4: Daytop Village reported "hundreds" served in their substance abuse treatment efforts but were unable to report numbers served in the other problem areas.

Note 5: The Mental Health Association of Westchester County offers prevention and education services in the area of child abuse, making the evaluation indication suggested on the questionnaire potentially inapplicable to their program. No other indications of programs success were reported, however.

Note 6: FIRST offers training for school personnel and community members in referring those in need to available human services. The agency does keep data on numbers trained and numbers referred to services.

CONCLUSIONS AND RECOMMENDATIONS

This report has provided a cursory examination of the programs in Westchester County which are intended to solve the problems of youth in eight critical areas: school dropouts, substance abuse, unemployability, child abuse, early pregnancy, runaways and homelessness, emotional disturbance, and criminal behavior. The data presented here have included a review of these problems in the county and a review of the nationally recognized strategies for dealing with these problems.

Using this information as backdrop and rationale, survey data were obtained from 79 Westchester agencies in order to identify what strategies these programs currently use, what their program coverage is, and how they evaluate the success of their efforts. The data suggest at least the following conclusions and recommendations:

1. IN PROGRAMS TO PREVENT SCHOOL DROPOUTS:

Services in these programs tend to be relatively less comprehensive and to experience difficulty in securing the cooperation of the schools. The programs appear well located in the most at risk areas of Westchester but some are too small to be cost-effective. The programs which rely only on counseling as a primary intervention are unlikely to be successful. More of these programs should perhaps focus on youth below the high school level.

2. IN PROGRAMS TO DECREASE SUBSTANCE ABUSE:

Westchester County has a large number of programs to decrease substance abuse among youth but some say, still not enough. The existing programs are rather comprehensive and are using the nationally recognized strategies for dealing with this problem. Again, there are a few programs that are too small to be part of an effective solution to this problem.

3. IN PROGRAMS TO DECREASE UNEMPLOYABILITY:

These programs appear relatively well organized and are utilizing most of the nationally recognized interventions. These programs also keep more data than those in other problem areas. Most of them can show that they are serving at-risk youth and have some recognized measures of impact. These programs appear strong in providing job preparation skills but are somewhat weaker on follow-up.

4. IN PROGRAMS TO DECREASE CHILD ABUSE:

The education programs in the child abuse area are well developed in Westchester but the availability and variety of treatment services is lagging further behind. Few of these programs make use of nationally recognized strategies and seem to be struggling under the current drastic increase in reporting. There is also evidence that these programs would profit from better targeting of their efforts to those truly at risk.

5. IN PROGRAMS TO DECREASE EARLY PREGNANCY:

Most of the resources in this area are directed toward those who are already pregnant, with less available for sexually active young people who are not yet pregnant. Clearly, contraceptive services are available through the health department and other medical sites, but most of the other programs concerned with primary prevention focus on the "say no" approach. These "say no" programs would profit by a focus on young teens.

6. IN PROGRAMS TO DECREASE RUNAWAYS AND HOMELESSNESS:

There are few programs specifically dedicated to this problem area in Westchester and most of these are focused on relatively short-term solutions to these problems. The programs seem better able to deal with runaway youth than with homeless ones. These programs are dependent on referrals to other agencies to provide more long-term help for these young people. This may be a workable way to offer these services but will depend on good interagency cooperation to work.

7. IN PROGRAMS TO DECREASE EMOTIONAL DISTURBANCE:

There are a large number of programs in this area, although it is unclear that many of them focus specifically on youth. These programs tend to be relatively comprehensive in their approach to both prevention and treatment and are more often able to report on some measure of success than are many of the other

programs.

8. IN PROGRAMS TO DECREASE CRIMINALITY AND DELINQUENCY:

Most of the programs in this area rely on only one or two interventions for success. The greatest number of children reached by any of the programs are young and receive only a brief educational intervention. Few are directed at youth who are immediately at-risk. Those working in the treatment area most commonly rely on diversion strategies, a recognized approach.

9. FOR THE EVALUATION OF ALL PROGRAMS:

Probably the only measure most programs keep of the success of their efforts is the number of youth served by the agency. Many fewer can report what services the youth receive, and almost none measure the outcomes or impacts of their efforts. Testimonial data from program participants, while valuable for other reasons, does not provide a measure of the outcomes and impacts of these programs, and thus is not evaluative in the sense meant here. Information on units of service rendered or number of clients served, while necessary and useful, is not evaluative of outcome and impact. On the one hand, this is what would be found in any county in the nation. The concept of evaluation, while rapidly spreading, is new to the area of public services. But on the other hand, since funders all over the nation are increasing their demands for impact evaluations, it is unlikely that the

programs can remain funded for very long without improvement in this area.

Funders in the county would do well to require programs to describe the evaluation plan for the program before funding is granted. This will also require that those funders be willing to finance evaluation efforts and perhaps provide technical assistance through networks, workshops, or consultants to programs who do not have the expertise to do evaluation. The requests for proposals used in the county could perhaps be reworked to make the exact evaluation expectations very clear.

There is some evidence that there will be resistance to evaluation among agencies in the county (as there is everywhere), but also some evidence that programs will only need help to better organize their record keeping or data systems to improve in this area. Some of those responding to the questionnaire from medical facilities seemed to feel that the confidentiality of their records would preclude the need for, or the possibility of, program evaluation. This misunderstanding of course, needs correction.

10. FOR COST ANALYSIS IN ALL PROGRAMS:

The information available on costs of services is perhaps the weakest of any data gathered by this research effort. Few programs can report their costs and thus, county planners cannot know which programs are most efficient on this dimension. Improvements in this area could be made at the time programs apply

for funding by requiring them to report how much the program will spend on each youth served in the coming grant period, on average.

11. FOR EMPHASIS ACROSS PROGRAMS:

Overall in Westchester, the problem areas which appear to need the most additional development include child abuse, runaway and homeless youth. Additional audiences need to be reached by programs, programs to reduce early pregnancy, and programs to reduce criminality.

APPENDIX: THE SURVEY QUESTIONNAIRE

WHAT'S IN WESTCHESTER?
A Survey of Services to Youth

What is the name of your organization?

What is the organization's address?

Number and Street	City	State	ZIP
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Please give us the name, title and telephone number of the person who filled out this questionnaire in case we have questions:

Name

Title or position

Telephone

YOU NEED NOT COMPLETE THE WHOLE QUESTIONNAIRE. INSTEAD, PLEASE CHECK BELOW WHETHER YOUR ORGANIZATION PRESENTLY HAS PROGRAMS IN WESTCHESTER COUNTY DESIGNED TO REDUCE THE FOLLOWING PROBLEMS AMONG YOUTH: (Check all that apply and then fill out only the applicable questionnaire pages.)

- ____ school dropouts.....(PLEASE COMPLETE SECTION A)
- ____ alcohol or substance abuse.....(PLEASE COMPLETE SECTION B)
- ____ unemployment.....(PLEASE COMPLETE SECTION C)
- ____ child abuse.....(PLEASE COMPLETE SECTION D)
- ____ early pregnancy.....(PLEASE COMPLETE SECTION E)
- ____ young runaways or homelessness.....(PLEASE COMPLETE SECTION F)
- ____ emotional disturbance among youth.....(PLEASE COMPLETE SECTION G)
- ____ criminal behavior.....(PLEASE COMPLETE SECTION H)

SECTION A

SECTION A

WHAT'S IN WESTCHESTER TO REDUCE SCHOOL DROPOUTS?
A Survey of Services to Youth

1. Please describe the specific interventions your organization uses to reduce dropouts in Westchester County among youths eighteen years old and younger.

2. Does your program to reduce dropouts include: (CHECK IF YES)
- ☐ instruction in basic reading, writing or math skills
 - ☐ one-on-one instruction
 - ☐ experience in part-time jobs
 - ☐ exposure to work organizations
 - ☐ world of work orientation (interviewing, being on time)
 - ☐ involvement of local businesses
 - ☐ outreach to those who have dropped out
 - ☐ a system to identify those in the schools who are at risk
 - ☐ direct work in the local schools
 - ☐ vocational training
 - ☐ adult mentors
 - ☐ counseling services

3. What are the specific criteria used to select youth for your program?
- ☐ no specific criteria OR
 - ☐ they have to be a certain age

☐ range?

☐ they have to be from a certain geographic area

☐ what?

☐ we get referrals

☐ from?

☐ they must have certain problems

☐ what?

☐ there are other criteria

☐ what?

4. Do you know how many youth were served last year by your efforts to reduce dropouts?

☐ unknown

☐ known _____

how many?

5. Among the youth served last year by your efforts to reduce dropouts, do you know:

- a. their race/ethnicity?

☐ unknown

☐ known

IF KNOWN: how many were:

- ☐ Hispanic
- ☐ black, non-Hispanic
- ☐ white, non-Hispanic
- ☐ other _____

What?

- b. their gender?

☐ unknown

☐ known

IF KNOWN: how many were:

- ☐ male
- ☐ female

- c. their age?

☐ unknown

☐ known

IF KNOWN: how many were:

- ☐ under 7 years old
- ☐ 7 to 9 years old
- ☐ 10 to 12 years old
- ☐ 13 to 15 years old
- ☐ 16 to 18 years old

- d. their grade level?

☐ unknown

☐ known

IF KNOWN: how many were:

- ☐ below 7th grade
- ☐ 7th to 9th grade
- ☐ 10th to 12th grade
- ☐ school dropouts

6. Among the youth served last year in your program to reduce dropouts, do you know:

a. how many had already repeated one or more years of school?
____ unknown
____ known _____
how many?

b. how many had previously low levels in reading achievement?
____ unknown
____ known _____
how many?

c. how many had previously low levels in math achievement?
____ unknown
____ known _____
how many?

d. how many had attendance problems previously?
____ unknown
____ known _____
how many?

e. how many had already dropped out of school before beginning your program?
____ unknown
____ known _____
how many?

7. What is the ZIP code or codes of the areas from which your clients come most often? _____

OR _____ they truly come from all areas of the county

8. Among the youth served by your program, do you keep records on (CHECK IF YES)

____ school performance
____ school attendance
____ school completion
____ skills achievement
____ post-secondary enrollment
____ other indicators of program success _____
What?

9. Do you have information on a similar group not served by your program (controls or comparisons) on (CHECK IF YES)

____ school performance
____ school attendance
____ school completion
____ skills achievement
____ post-secondary enrollment
____ other indicators of program success _____
What?

10. Do you know how much it costs for your program to prevent one school dropout?
____ unknown
____ known _____
how much?

11. What are the biggest obstacles your program faces in reducing dropouts in Westchester?

IF YOU HAVE RECORDS ON ANY OF THE ITEMS MENTIONED IN QUESTION 8 ABOVE OR ON ANY OTHER INDICATORS OF SUCCESS FOR YOUTH SERVED BY YOUR PROGRAM OR A GROUP SIMILAR TO THEM, PLEASE ENCLOSE THAT INFORMATION WITH YOUR RESPONSE TO THIS SURVEY. WE WOULD APPRECIATE IT IF YOU WOULD SHARE WITH US ANY OTHER INFORMATION YOU MAY HAVE ABOUT YOUR PROGRAM. ANNUAL REPORTS, SERVICE STATISTICS, AND SIMILAR INFORMATION WILL HELP US OBTAIN A BETTER UNDERSTANDING.

PLEASE MAKE ANY OTHER COMMENTS YOU WISH TO MAKE ABOUT THE EFFECTIVENESS OF YOUR PROGRAM TO PREVENT SCHOOL DROPOUTS HERE:

THANK YOU FOR YOUR HELP!

SECTION B

SECTION B

WHAT'S IN WESTCHESTER TO REDUCE ALCOHOL AND SUBSTANCE ABUSE AMONG YOUTH?
A Survey of Services to Youth

1. Please describe the specific interventions your organization uses to reduce alcohol and substance abuse in Westchester County among youths eighteen years old and younger.

2. Does your program to reduce drug and alcohol abuse focus on prevention or treatment? (CHECK IF YES)

☐ prevention
☐ treatment

3. If your program seeks to PREVENT drug and alcohol abuse, does it include: (CHECK IF YES)

☐ emphasis on the resistance or 'Just Say No' approach
☐ prevention training for parents
☐ prevention training for teachers and school officials
☐ prevention training for community officials
☐ recreational activities focusing on a substance-free lifestyle
☐ peer education and positive peer pressure
☐ parental involvement in programs
☐ dissemination of resource material and information
☐ emphasis on public awareness
☐ referral and assistance for at-risk youth
☐ development of self-awareness among youth
☐ development of problem-solving skills among youth
☐ development of a positive self-image among youth
☐ attempts to enforce a firm drug policy in schools
☐ attempts to regulate drug flow at schools

4. Among the youth served by your program, do you keep records on previous: (CHECK IF YES)

☐ drug abuse
☐ alcohol abuse
☐ knowledge about drugs and alcohol
☐ attitudes toward drugs and alcohol

5. If your program seeks to TREAT drug and alcohol abuse, does it include: (CHECK IF YES)

☐ individual counseling
☐ group counseling
☐ requirement for parental or family involvement
☐ linkage to broader problems (e.g., family, school)
☐ provision of practical help in solving other problems
☐ provision of emotional support
☐ confrontation about self-destructive consequences of behavior
☐ use of therapeutic residential treatment communities
☐ use of drug-free out-patient programs

6. Do you know how many youth were served last year by your efforts to reduce drug/alcohol abuse?

☐ unknown
☐ known

How many?

7. Among the youth served last year by your efforts to reduce drug/alcohol abuse do you know:

- a. their race/ethnicity?

☐ unknown
☐ known

IF KNOWN: how many were
☐ Hispanic
☐ black, non-Hispanic
☐ white, non-Hispanic
☐ other

what?

- b. their gender?

☐ unknown
☐ known

IF KNOWN: how many were
☐ male
☐ female

8. What is the ZIP code or codes of the areas from which your clients come most often?

OR, ☐ they truly come from all areas of the county.

9. Among the youth served last year by your efforts to reduce alcohol/drug abuse, do you know:

a. their age

___ unknown

___ known

IF KNOWN: how many were:

___ under 7 years old

___ 7 to 9 years old

___ 10 to 12 years old

___ 13 to 15 years old

___ 16 to 18 years old

b. their grade level?

___ unknown

___ known

IF KNOWN: how many were:

___ below 7th grade

___ 7th to 9th grade

___ 10th to 12th grade

___ dropouts

10. Do you know how much it costs for your program to PREVENT one young person from abusing drugs/alcohol?

___ unknown

___ known

IF KNOWN: how much? _____

11. Do you know how much it costs for your program to TREAT one young person for drug/alcohol abuse?

___ unknown

___ known

IF KNOWN: how much? _____

12. Among the youth served by your program, do you keep records on their post-program

___ drug abuse

___ alcohol abuse

___ knowledge about drugs/alcohol

___ attitudes toward drugs and

___ alcohol

___ other indicators of program

___ success

what?

13. Do you have information on a similar group not served by your program (controls or comparisons) on:

(CHECK IF YES)

___ drug abuse

___ alcohol abuse

___ knowledge about drugs and

___ alcohol

___ attitudes toward drugs and

___ alcohol

___ other indicators of program

___ success

what?

14. What are the biggest obstacles your program faces in reducing drug and alcohol abuse in Westchester?

IF YOU HAVE RECORDS ON ANY OF THE ITEMS MENTIONED IN QUESTION 12 ABOVE OR ON ANY OTHER INDICATORS OF SUCCESS FOR YOUTH SERVED BY YOUR PROGRAM OR A GROUP SIMILAR TO THEM, PLEASE ENCLOSE THAT INFORMATION WITH YOUR RESPONSE TO THIS SURVEY. WE WOULD APPRECIATE IT IF YOU WOULD SHARE WITH US ANY OTHER INFORMATION YOU MAY HAVE ABOUT YOUR PROGRAM. ANNUAL REPORTS, SERVICE STATISTICS, AND SIMILAR INFORMATION WILL HELP US OBTAIN A BETTER UNDERSTANDING.

PLEASE MAKE ANY OTHER COMMENTS YOU WISH TO MAKE ABOUT THE EFFECTIVENESS OF YOUR PROGRAM TO PREVENT DRUG OR ALCOHOL ABUSE:

THANK YOU FOR YOUR HELP!

WHAT'S IN WESTCHESTER TO REDUCE UNEMPLOYABILITY?
A Survey of Services to Youth

1. Please describe the specific interventions your organization uses to reduce unemployment in Westchester County among youths eighteen years old and younger.

2. Does your program to reduce unemployment include:
(CHECK IF YES)
- ☐ basic education
 - ☐ skill training
 - ☐ work orientation
 - ☐ on the job training
 - ☐ involvement of local employers
 - ☐ training for jobs where labor shortages exist
 - ☐ job placement where advancement is possible
 - ☐ post placement support and counseling

3. What are the specific criteria used to select youth for your program?
- ☐ no specific criteria
 - ☐ they have to be a certain age

☐ range?
☐ they have to be from a certain geographic area?

☐ what?
☐ we get referrals

☐ from?
☐ they must have certain problems

☐ what?

☐ there are other criteria

☐ what?

4. Do you know how much it costs for your program to produce one employable youth?

☐ unknown
☐ known
how much?

5. Do you know how many youth were served last year by your efforts to reduce unemployment?

☐ unknown
☐ known
how many?

6. Among the youth served last year by your efforts to reduce unemployment, do you know:

a. their race/ethnicity
☐ unknown
☐ known
IF KNOWN:how many were:
☐ Hispanic
☐ black, non-Hispanic
☐ white, non-Hispanic
☐ other
what?

b. their gender?
☐ unknown
☐ known
IF KNOWN:how many were:
☐ male
☐ female

c. their age?
☐ unknown
☐ known
IF KNOWN:how many were:
☐ under 7 years old
☐ 7 to 9 years old
☐ 10 to 12 years old
☐ 13 to 15 years old
☐ 16 to 18 years old

d. their grade level?
☐ unknown
☐ known
IF KNOWN:how many were:
☐ below 7th grade
☐ 7th to 9th grades
☐ 10th to 12th grades
☐ dropouts

7. Among the youth served last year in your program to reduce unemployability, do you know:

a. how many had already dropped out of school?
____ unknown
____ known _____
how many?

b. how many had attendance problems in school?
____ unknown
____ known _____
how many?

c. how many had achievement problems in school?
____ unknown
____ known _____
how many?

8. What is the ZIP code or codes of the areas from which your clients come most often?

OR ____ they truly come from all areas of the county

9. Among the youth served by your program, do you keep records on post-program (CHECK IF YES)

____ level of basic skills
____ job placement
____ job performance
____ job retention
____ job earnings
____ other indicators of program success
what? _____

10. Do you have information on a similar group not served by your program (controls or comparisons) on: (CHECK IF YES)

____ acquisition of basic skills
____ job placement
____ job performance
____ job retention
____ post-program employment
____ post-employment earnings
____ other indicators of program success
what? _____

11. What are the biggest obstacles your program faces in reducing unemployability among youth in Westchester County?

IF YOU HAVE RECORDS ON ANY OF THE ITEMS MENTIONED IN QUESTION 9 ABOVE OR ON ANY OTHER INDICATORS OF SUCCESS FOR YOUTH SERVED BY YOUR PROGRAM OR A GROUP SIMILAR TO THEM, PLEASE ENCLOSE THAT INFORMATION WITH YOUR RESPONSE TO THIS SURVEY. WE WOULD APPRECIATE IT IF YOU WOULD SHARE WITH US ANY OTHER INFORMATION YOU MAY HAVE ABOUT YOUR PROGRAM. ANNUAL REPORTS, SERVICE STATISTICS, AND SIMILAR INFORMATION WILL HELP US OBTAIN A BETTER UNDERSTANDING.

PLEASE MAKE ANY OTHER COMMENTS YOU WISH TO MAKE ABOUT THE EFFECTIVENESS OF YOUR PROGRAM TO REDUCE UNEMPLOYABILITY AMONG YOUTH IN WESTCHESTER:

THANK YOU FOR YOUR HELP!

SECTION D

1. Please describe the specific interventions your organization uses to reduce child abuse in Westchester County?

[illegible]

-

11. Among the child abuse victims served last year by your efforts to reduce child abuse, do you know:
- their race/ethnicity?
 - ___ unknown
 - ___ known
 - IF KNOWN: how many were:
 - ___ Hispanic
 - ___ black, non-Hispanic
 - ___ white, non-Hispanic
 - ___ other
 - what?
 - their gender?
 - ___ unknown
 - ___ known
 - IF KNOWN: how many were:
 - ___ male
 - ___ female
 - their age?
 - ___ unknown
 - ___ known
 - IF KNOWN: how many were:
 - ___ under 7 years old
 - ___ 7 to 9 years old
 - ___ 10 to 12 years old
 - ___ 13 to 15 years old
 - ___ 16 to 18 years old
12. Among the child abusers or potential abusers served by your program last year, do you know:
- how many were teenage mothers below the age of eighteen?
 - ___ unknown
 - ___ known
 - how many?
 - how many were substance abusers
 - ___ unknown
 - ___ known
 - how many?
 - how many were school dropouts?
 - ___ unknown
 - ___ known
 - how many?
 - how many were unemployed?
 - ___ unknown
 - ___ known
 - how many?
13. Among the adults served by your program do you keep records on: (CHECK IF YES)
- ___ post-program repeat rates of child abuse or neglect
 - ___ other indicators of program success
 - what?
14. Do you have information on a similar group of adults not served by your program (controls or comparisons) on: (CHECK IF YES)
- ___ repeat rates of child abuse or neglect
 - ___ other indicators of program success
 - what?
15. Among the children served by your program do you keep records on: (CHECK IF YES)
- ___ number living with parents free from abuse
 - ___ number removed from parents
 - ___ other indicators of program success
 - what?
16. Do you have information on a similar group of children not served by your program (controls or comparisons) on: (CHECK IF YES)
- ___ number living with parents free from abuse
 - ___ number removed from parents
 - ___ other indicators of program success
 - what?

IF YOU HAVE RECORDS ON ANY OF THE ITEMS MENTIONED IN QUESTIONS 13 OR 15 ABOVE OR ON ANY OTHER INDICATORS OF SUCCESS FOR THOSE SERVED BY YOUR PROGRAM OR A GROUP SIMILAR TO THEM, PLEASE ENCLOSE THAT INFORMATION WITH YOUR RESPONSE TO THIS SURVEY. WE WOULD APPRECIATE IT IF YOU WOULD SHARE WITH US ANY OTHER INFORMATION YOU MAY HAVE ABOUT YOUR PROGRAM. ANNUAL REPORTS, SERVICE STATISTICS, AND SIMILAR INFORMATION WILL HELP US OBTAIN A BETTER UNDERSTANDING.

PLEASE MAKE ANY OTHER COMMENTS YOU WISH TO MAKE ABOUT THE EFFECTIVENESS OF YOUR PROGRAM TO REDUCE CHILD ABUSE IN WESTCHESTER:

SECTION E

SECTION E

WHAT'S IN WESTCHESTER TO REDUCE EARLY PREGNANCY?
A Survey of Services to Youth

1. Please describe the specific interventions your organization uses to prevent early pregnancy or to care for pregnancy and parenting teens in Westchester County among youths eighteen years old and younger.

2. Does your program for early pregnancy include (CHECK ALL THAT ARE INCLUDED):

☐ primary prevention
☐ services for pregnant and parenting teens

3. Does your PRIMARY PREVENTION program include: (CHECK IF YES)

☐ available contraception
☐ free or at little cost
☐ without parental consent
☐ at hours accessible for teens _____
when?
☐ school-based clinics
☐ at teen-only clinics
☐ encourage delay in initiating sexual intercourse
☐ thru counseling
☐ thru education
☐ using any specific curriculum _____
what?

☐ promote "life options" to pregnancy _____
how?

☐ foster male involvement
☐ thru programs for males
☐ by encouraging males to attend programs with females

4. Does your program to serve pregnant and parenting teens include: (CHECK IF YES)

☐ access to abortion
☐ by referral
☐ on site abortion
☐ prenatal care
☐ by referral
☐ on site prenatal care
☐ nutrition services (WIC, etc)
☐ child care
☐ pediatric care for children
☐ by referral
☐ on site pediatric care
☐ alternative school programs
☐ employment assistance
☐ income support

5. Do either your prevention or care programs for teen pregnancy include: (CHECK IF YES)

☐ counseling
☐ education
☐ information on AIDS and other STDs
☐ outreach to schools

6. What are the specific criteria used to select youth for your program?

☐ no specific criteria
☐ they have to be a certain age

_____ range?

☐ they have to be from a certain geographic area

_____ where?

☐ we get referrals

_____ from?

☐ they must have certain problems

_____ what?

☐ there are other criteria

_____ what?

7. Do you know how many youth were served last year by your efforts to reduce early pregnancy?
 ___ unknown
 ___ known _____
 how many?
8. Among the youth served last year by your efforts to reduce early pregnancy, do you know:
- a. their race/ethnicity?
 ___ unknown
 ___ known
 IF KNOWN: how many were:
 ___ Hispanic
 ___ black, non-Hispanic
 ___ white, non-Hispanic
 ___ other _____
 what?
- b. their gender?
 ___ unknown
 ___ known
 IF KNOWN: how many were:
 ___ male
 ___ female
- c. their age?
 ___ unknown
 ___ known
 IF KNOWN: how many were:
 ___ under 7 years old
 ___ 7 to 9 years old
 ___ 10 to 12 years old
 ___ 13 to 15 years old
 ___ 16 to 18 years old
- d. their grade level?
 ___ unknown
 ___ known
 IF KNOWN: how many were:
 ___ below 7th grade
 ___ 7th to 9th grades
 ___ 10th to 12th grades
 ___ dropouts
9. What is the ZIP code or codes of the areas from which your clients come most often?

 OR ___ they truly come from all areas of the county
10. Do you know how much it costs for your program to prevent one teen pregnancy?
 ___ unknown
 ___ known _____
 how much?
11. What are the biggest obstacles your program faces in preventing teen pregnancy or in caring for pregnant and parenting teens?

12. Among the youth served by your program last year, do you know:
- a. how many had prior pregnancies?
 ___ unknown
 ___ known _____
 how many
- b. their age at first intercourse?
 ___ unknown
 ___ known
 IF KNOWN: how many were:
 ___ under 12 years old
 ___ 12 to 14 years old
 ___ 15 to 16 years old
 ___ 17 to 18 years old
13. Among the youth served by your PRIMARY PREVENTION program, do you keep records on (CHECK IF YES):
 ___ number of sexually active
 ___ number accepting contraception
 ___ number continuing contraception
 ___ number becoming pregnant
 ___ pregnancy outcomes
 ___ other indicators of program success _____
 what?

14. Do you have information on a similar group of teens in need of prevention who were not served by your program (controls or comparisons) on: (CHECK IF YES)
 ___ number sexually active
 ___ number accepting contraception
 ___ number continuing contraception
 ___ number becoming pregnant
 ___ pregnancy outcomes
 ___ other indicators of program success _____
 What?

15. Among the pregnant and parenting youth served by your program, do you keep records on: (CHECK IF YES)
 ___ birth outcomes (stillbirths, no. of low birthweight babies, etc).
 ___ number of teen parents who return to school
 ___ number of teen parents dependent on welfare
 ___ health status of their children
 ___ number of subsequent pregnancies
 ___ outcomes of those pregnancies
16. Do you have information on a similar group of pregnant and parenting teens not served by your program (controls or comparisons) on: (CHECK IF YES)
 ___ birth outcomes (stillbirths, no. of low birthweight babies, etc.)
 ___ number of teen parents who return to school
 ___ number of teen parents dependent on welfare
 ___ health status of their children
 ___ number of subsequent pregnancies
 ___ outcomes of those pregnancies

17. Do you know how much it costs for
your program to care for one
pregnant or parenting teen?
_____ unknown
_____ known _____
how much?

IF YOU HAVE RECORDS ON ANY OF THE ITEMS MENTIONED IN QUESTIONS 13 OR 15 ABOVE OR ON ANY OTHER INDICATORS OF SUCCESS FOR THOSE SERVED BY YOUR PROGRAM OR A GROUP SIMILAR TO THEM, PLEASE ENCLOSE THAT INFORMATION WITH YOUR RESPONSE TO THIS SURVEY. WE WOULD APPRECIATE IT IF YOU WOULD SHARE WITH US ANY OTHER INFORMATION YOU MAY HAVE ABOUT YOUR PROGRAM. ANNUAL REPORTS, SERVICE STATISTICS, AND SIMILAR INFORMATION WILL HELP US OBTAIN A BETTER UNDERSTANDING.

PLEASE MAKE ANY OTHER COMMENTS YOU WISH TO MAKE ABOUT THE EFFECTIVENESS OF YOUR PROGRAM TO REDUCE EARLY PREGNANCY IN WESTCHESTER:

THANK YOU FOR YOUR HELP!

WHAT'S IN WESTCHESTER TO REDUCE RUNAWAY AND HOMELESS YOUTH?
A Survey of Services to Youth

1. Please describe the specific interventions your organization uses to reduce runaway and homeless youth in Westchester County among youth eighteen years old and younger.

2. Does your program to reduce runaway and homeless youth include: (CHECK IF YES)
- ☐ short-term housing
 - ☐ intermediate-term housing
 - ☐ foster care placement
 - ☐ street outreach programs
 - ☐ educational services
 - ☐ medical and mental health assessments
 - ☐ employment services
 - ☐ independent-living training
 - ☐ visible community "safe places" or sanctuaries for youth

3. What are the specific criteria used to select youth for your program?
- ☐ no specific criteria
 - ☐ they have to be a certain age

☐ range?
they have to be from a certain geographic area

☐ what?
we get referrals

☐ from?

☐ they must have certain problems

☐ what?

☐ there are other criteria

☐ what?

4. What is the ZIP code or codes of the areas from which your clients most often come?

OR ☐ they truly come from all areas of the county

5. Do you know how many youth were served last year by your efforts to reduce runaway and homeless youth?

☐ unknown
☐ known

how many?

6. Among the youth served last year by your efforts, do you know:

- a. their race/ethnicity?

☐ unknown
☐ known

IF KNOWN: how many were:

☐ Hispanic
☐ black, non-Hispanic
☐ white, non-Hispanic
☐ other

what?

- b. their gender?

☐ unknown
☐ known

IF KNOWN: how many were:

☐ male
☐ female

- c. their age?

☐ unknown
☐ known

IF KNOWN: how many were:

☐ under 7 years old
☐ 7 to 9 years old
☐ 10 to 12 years old
☐ 13 to 15 years old
☐ 16 to 18 years old

- d. their grade level?

☐ unknown
☐ known

IF KNOWN: how many were:

☐ below 7th grade
☐ 7th to 9th grades
☐ 10th to 12th grades
☐ dropouts

7. Do you know how much it costs for your program to remove one young person from the streets?

☐ unknown
☐ known

how much?

8. Among the youth served last year by your program to reduce runaway and homeless youth, do you know:
- a. how many had earlier problems at school?
 ___ unknown
 ___ known _____
 how many?
- b. how many had problems with substance abuse?
 ___ unknown
 ___ known _____
 how many?
- c. how many had prior arrests?
 ___ unknown
 ___ known _____
 how many?
- d. how many had mental or emotional problems?
 ___ unknown
 ___ known _____
 how many?
9. Among the youth served by your program, do you keep records on (CHECK IF YES)
- ___ number returned home
 ___ repeated runaway behavior
 ___ number leaving the streets
 ___ other indicators of program success _____
 what?

10. Do you have information on a similar group of runaway or homeless young people not served by your program (controls or comparisons) on: (CHECK IF YES)
- ___ number returned home
 ___ repeated runaway behavior
 ___ number leaving the streets
 ___ other indicators of program success _____
 what?

11. What are the biggest obstacles your program faces in reducing runaway and homeless youth in Westchester?

IF YOU HAVE RECORDS ON ANY OF THE ITEMS MENTIONED IN QUESTION 9 ABOVE OR ON ANY OTHER INDICATORS OF SUCCESS FOR THOSE SERVED BY YOUR PROGRAM OR A GROUP SIMILAR TO THEM, PLEASE ENCLOSE THAT INFORMATION WITH YOUR RESPONSE TO THIS SURVEY. WE WOULD APPRECIATE IT IF YOU WOULD SHARE WITH US ANY OTHER INFORMATION YOU MAY HAVE ABOUT YOUR PROGRAM. ANNUAL REPORTS, SERVICE STATISTICS, AND SIMILAR INFORMATION WILL HELP US OBTAIN A BETTER UNDERSTANDING.

PLEASE MAKE ANY OTHER COMMENTS YOU WISH TO MAKE ABOUT THE EFFECTIVENESS OF YOUR PROGRAM TO REDUCE RUNAWAYS AND HOMELESSNESS AMONG YOUTH IN WESTCHESTER:

THANK YOU FOR YOUR HELP!

SECTION G

SECTION G

WHAT'S IN WESTCHESTER TO REDUCE EMOTIONAL DISTURBANCE AMONG YOUTH?
A Survey of Services to Youth

1. Please describe the specific interventions your organization uses to reduce emotional disturbance in Westchester County among youth eighteen years old and younger.

2. Does your program to reduce mental illness focus on: (CHECK IF YES)
☐ prevention
☐ treatment

3. Does your program to PREVENT mental illness include: (CHECK IF YES)
☐ identification of at-risk youth
☐ training parents to raise and care for at-risk youth
☐ home visits
☐ short-term crisis intervention
☐ behavior modification
☐ remedial services

4. Does your program to TREAT mental illness include: (CHECK IF YES)
☐ involvement of the family
☐ individual therapy
☐ group therapy
☐ movement from a more to less restrictive environment
☐ educational, vocational, and other life-skills training
☐ behavior modification
☐ residential treatment when necessary for given youth

5. Do you know how many youth were served by efforts last year to reduce mental illness?

☐ unknown
☐ known _____
 how many?

6. Do you know how much it costs for your program to PREVENT one young person from becoming mentally ill?

☐ unknown
☐ known _____
 how much?

7. Do you know how much it costs for your program to TREAT one young person who is mentally ill?

☐ unknown
☐ known _____
 how much?

8. What are the specific criteria used to select youth for your program?

☐ no specific criteria
☐ they have to be a certain age

_____ range?
☐ they have to be from a certain geographic area

_____ what?
☐ we get referrals

_____ from?

☐ they have certain problems

_____ what?

☐ there are other criteria

_____ what?

9. What is the ZIP code or codes of the areas from which your clients come most often?

OR ☐ they truly come from all areas of the county

10. What are the biggest obstacles your program faces in reducing mental illness among young people in Westchester?

SECTION G

1. Please describe the specific interventions your organization uses to reduce emotional disturbance in Westchester County among youth eighteen years old and younger.

[illegible]

2. Does your program to reduce emotional disturbance focus on: (CHECK IF YES)
- ☐ prevention
- ☐ treatment
3. Does your program to PREVENT emotional disturbance include: (CHECK IF YES)
- ☐ identification of at-risk youth
- ☐ training parents to raise and care for at-risk youth
- ☐ home visits
- ☐ short-term crisis intervention
- ☐ behavior modification
- ☐ remedial services
4. Does your program to TREAT emotional disturbance include: (CHECK IF YES)
- ☐ involvement of the family
- ☐ individual therapy
- ☐ group therapy
- ☐ movement from a more to less restrictive environment
- ☐ educational, vocational, and other life-skills training
- ☐ behavior modification
- ☐ residential treatment when necessary for given youth
5. Do you know how many youth were served by efforts last year to reduce emotional disturbance?
- ☐ unknown
- ☐ known _____
- how many?
6. Do you know how much it costs for your program to PREVENT one young person from becoming emot. disturbed?
- ☐ unknown
- ☐ known _____
- how much?
7. Do you know how much it costs for your program to TREAT one young person who is emotionally disturbed?
- ☐ unknown
- ☐ known _____
- how much?
8. What are the specific criteria used to select youth for your program?
- ☐ no specific criteria
- ☐ they have to be a certain age _____
- _____ range?
- ☐ they have to be from a certain geographic area
- _____ what?
- ☐ we get referrals
- _____ from?
- _____ they have certain problems
- _____ what?
- ☐ there are other criteria
- _____ what?
9. What is the ZIP code or codes of the areas from which your clients come most often?
- _____
- _____
- _____
- _____
- OR ☐ they truly come from all areas of the county
10. What are the biggest obstacles your program faces in reducing emotional disturbance among young people in Westchester?
- _____
- _____
- _____
- _____

11. Among the youth served last year by your efforts to reduce emotional disturbance do you know:

a. their race/ethnicity?

___ unknown

___ known

IF KNOWN: how many were:

___ Hispanic

___ black, non-Hispanic

___ white, non-Hispanic

___ other _____

what?

b. their gender?

___ unknown

___ known

IF KNOWN: how many were:

___ male

___ female

c. their age?

___ unknown

___ known

IF KNOWN: how many were:

___ under 7 years old

___ 7 to 9 years old

___ 10 to 12 years old

___ 13 to 15 years old

___ 16 to 18 years old

d. their grade level?

___ unknown

___ known

IF KNOWN: how many were:

___ below 7th grade

___ 7th to 9th grades

___ 10th to 12th grades

___ dropouts

12. Among the youth served by your program, do you keep records on:

(CHECK IF YES)

___ progress of parents in raising children

___ school achievement

___ employment

___ absence of substance abuse

___ absence of delinquent behavior

___ absence of emotional disorders

___ behavior in school

___ behavior at home

___ asocial behavior

___ achievement scores

___ hospitalizations

___ clinical diagnoses

13. Do you have information on a similar group not served by your program (controls or comparisons) on (CHECK IF YES)

___ progress of parents in raising children

___ school achievement

___ employment

___ absence of substance abuse

___ absence of delinquent behavior

___ absence of emotional disorders

___ behavior in school

___ behavior at home

___ asocial behavior

___ achievement scores

___ hospitalizations

___ clinical diagnoses

IF YOU HAVE RECORDS ON ANY OF THE ITEMS MENTIONED IN QUESTION 12 ABOVE OR ON ANY OTHER INDICATORS OF SUCCESS FOR THOSE SERVED BY YOUR PROGRAM OR A GROUP SIMILAR TO THEM, PLEASE ENCLOSE THAT INFORMATION WITH YOUR RESPONSE TO THIS SURVEY. WE WOULD APPRECIATE IT IF YOU WOULD SHARE WITH US ANY OTHER INFORMATION YOU MAY HAVE ABOUT YOUR PROGRAM. ANNUAL REPORTS, SERVICE STATISTICS, AND SIMILAR INFORMATION WILL HELP US OBTAIN A BETTER UNDERSTANDING.

PLEASE MAKE ANY OTHER COMMENTS YOU WISH TO MAKE ABOUT THE EFFECTIVENESS OF YOUR PROGRAM TO REDUCE EMOTIONAL DISTURBANCE AMONG YOUTH IN WESTCHESTER:

THANK YOU FOR YOUR HELP!

SECTION H

SECTION H

WHAT'S IN WESTCHESTER TO REDUCE CRIMINALITY AND DELINQUENCY AMONG YOUTH?
A Survey of Services to Youth

1. Please describe the specific interventions your organizations uses to reduce criminality and delinquency in Westchester County among youths eighteen years old and younger.

2. Does your program to reduce delinquency and criminality focus on (CHECK IF YES):

___ prevention
___ treatment

3. Does your program to PREVENT juvenile delinquency include: (CHECK IF YES)

___ school-based classroom discipline procedures
___ school-based support teams
___ school-wide interventions
___ private sector involvement
___ parent training
___ diversion through recreation, employment, academic programs

4. Does your program to TREAT juvenile delinquency include: (CHECK IF YES)

___ behavior modification therapy
___ remedial education
___ high staff to youth ratio
___ prompt discipline

5. Do you know how many youth were served last year by your efforts to reduce juvenile delinquency?

___ unknown
___ known _____
how many?

6. Among the youth served last year by your program to reduce criminality and delinquency do you know:

a. How many had prior arrests?
___ unknown
___ known _____
how many?

b. How many had achievement problems in school?
___ unknown
___ known _____
how many?

7. What are the specific criteria used to select youth for your program?

___ no specific criteria
___ they have to be a certain age

___ range?
___ they have to be from a certain geographic area

___ what?
___ we get referrals

___ from?

___ they must have certain problems

___ what?

___ there are other criteria

___ what?

8. What is the ZIP code or codes of the areas from which your clients most often come?

OR ___ they truly come from all areas of the county

9. What are the biggest obstacles your program faces in reducing criminality and juvenile delinquency among youth in Westchester?

10. Among the youth served last year by your efforts to reduce juvenile delinquency, do you know:

a. their race/ethnicity?

___ unknown

___ known

IF KNOWN: how many were:

___ Hispanic

___ black, non-Hispanic

___ white, non-Hispanic

___ other

what?

b. their gender?

___ unknown

___ known

IF KNOWN: how many were:

___ male

___ female

c. their age?

___ unknown

___ known

IF KNOWN: how many were:

___ under 7 years old

___ 7 to 9 years old

___ 10 to 12 years old

___ 13 to 15 years old

___ 16 to 18 years old

d. their grade level?

___ unknown

___ known

IF KNOWN: how many were:

___ below 7th grade

___ 7th to 9th grade

___ 10th to 12th grade

___ dropouts

11. Among the youth served by your efforts to reduce juvenile delinquency, do you keep records on post-program: (CHECK IF YES)

___ arrests

___ court contacts

___ delinquent or criminal behavior

___ school suspensions

___ school attendance

___ other indicators of program

success

what?

12. Do you keep information on a similar group not served by your program (controls or comparisons) on: (CHECK IF YES)

___ arrests

___ court contacts

___ delinquent or criminal behavior

___ school suspensions

___ school attendance

___ other indicators of program

success

what?

IF YOU HAVE RECORDS ON ANY OF THE ITEMS MENTIONED IN QUESTION 11 ABOVE OR ON ANY OTHER INDICATORS OF SUCCESS FOR THOSE SERVED BY YOUR PROGRAM OR A GROUP SIMILAR TO THEM, PLEASE ENCLOSE THAT INFORMATION WITH YOUR RESPONSE TO THIS SURVEY. WE WOULD APPRECIATE IT IF YOU WOULD SHARE WITH US ANY OTHER INFORMATION YOU MAY HAVE ABOUT YOUR PROGRAM. ANNUAL REPORTS, SERVICE STATISTICS, AND SIMILAR INFORMATION WILL HELP US OBTAIN A BETTER UNDERSTANDING.

PLEASE MAKE ANY OTHER COMMENTS YOU WISH TO MAKE ABOUT THE EFFECTIVENESS OF YOUR PROGRAM TO REDUCE CRIMINALITY AND DELINQUENCY AMONG YOUTH IN WESTCHESTER:

THANK YOU FOR YOUR HELP!