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**THE JOHNS HOPKINS UNIVERSITY  
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**INTENSIVE AFTERCARE FOR  
HIGH-RISK JUVENILE PAROLEES:  
A MODEL PROGRAM DESIGN**

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Occasional Paper No. 11

June, 1992

139337

**U.S. Department of Justice  
National Institute of Justice**

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Prepared under Grant No. 87-JS-CX-K094 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the authors and do not necessarily represent the official position of the U.S. Department of Justice.

## **ACKNOWLEDGMENTS**

We are deeply appreciative for financial support provided by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Particular thanks go to Douglas Dodge and Frank Smith of the Office's Special Emphasis Division.

The research and development work on which this paper is based involved many public and private sector people across the country at the state and local level who spent countless hours talking with us, offering suggestions and advice, and hosting our on-site factfinding. Though too numerous to mention by name, we are no less grateful to all of them.

We also want to express our appreciation to the advisory board members who have provided counsel and guidance throughout: Jerry Hill, Jay Lindgren and Ted Palmer.

Finally, we are indebted to Jean Biddinger who prepared the manuscript and assisted with editing.

D.M.A.

T.L.A.

June, 1992

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Lester M. Salamon  
Director

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## Introduction

Growing concerns about crowding in secure juvenile correctional facilities, high rates of recidivism and escalating costs of confinement have fueled renewed interest in bringing change and innovative programming to juvenile aftercare/parole philosophy and practice. A dismal record has been compiled by the juvenile corrections field in its effort to reduce the reoffending rate for a substantial number of juveniles released from secure confinement. Research indicates that failure tends to occur disproportionately with a subgroup of released juvenile offenders who have established a long record of misconduct that began at an early age. Not only do such "high-risk" youth tend to exhibit a persistent pattern of justice system contact (e.g., arrests, adjudications, placements), but they are plagued by a number of other need-related risk factors frequently involving a combination of problems associated with family, negative peer influence, school difficulties and substance abuse. In addition to these common need-related risk factors, there are a variety of other important ancillary needs and problems that while not generally "predictive" of reoffending are still problems that some, and at times many, high-risk youngsters have and which when present must be addressed. For example, while there is widespread consensus that learning disabilities and emotional disturbance are not causally linked to delinquency, this is hardly grounds for ignoring these conditions when they are present in identified youth.

Responding to these concerns, the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP) in the U.S. Department of Justice issued a request for proposals entitled, "Intensive Community-Based Aftercare Programs" in July 1987. This research and development initiative was designed to assess, test and disseminate information on intensive juvenile aftercare program prototypes/models for chronic serious juvenile offenders who initially require secure confinement. The project is viewed by OJJDP as one means to assist public and private correctional agencies in developing and implementing promising aftercare approaches. OJJDP is explicit in stating program goals:

Effective aftercare programs focused on serious offenders which provide intensive supervision to ensure public safety, and services designed to facilitate the reintegration process may allow some offenders to be released earlier, as well as reduce recidivism among offenders released from residential facilities. This should relieve institutional overcrowding, reduce the cost of supervising juvenile offenders, and ultimately decrease the number of juveniles who develop lengthy delinquent

careers and often become the core of the adult criminal population (Federal Register, 1987:26238-26239).

## **Project Design**

As originally formulated by OJJDP, the intensive aftercare project consisted of the following four stages:

- Stage 1: An assessment of (a) programs currently in operation or under development and (b) the relevant research and theoretical literature related to the implementation and operation of community-based aftercare programs for chronic juvenile offenders who are released from residential correctional facilities;
- Stage 2: Developing program prototypes (models) and related policies and procedures to guide state and local juvenile correctional agencies and policymakers;
- Stage 3: Transferring the prototype design(s), including the policies and procedures, into a training and technical assistance package for use in formal training sessions and for use that is independent of the organized training sessions; and
- Stage 4: Implementing and testing in selected jurisdictions the prototype(s) developed in Stage 2.

The Johns Hopkins University Institute for Policy Studies, in collaboration with California State University's (at Sacramento) Division of Criminal Justice, was funded to conduct this multi-stage project. Thus far, project staff have completed all work on the first two stages, which includes: a comprehensive literature review focused on research, theory and programs; a national mail survey of juvenile corrections officials intended to identify innovative or promising programs and approaches; telephone interviews with the directors of 36 recommended programs; on-site factfinding at 23 different programs spread across 6 states including 3 statewide systems; and formulation of a risk-based, theory-driven prototype intended to guide the development and implementation of intensive community-based aftercare programs.



The results of these tasks are contained in two project documents: 1) "Intensive Community-Based Aftercare Programs: Assessment Report" (Altschuler and Armstrong, 1990) and 2) "Intensive Community-Based Aftercare Prototype: Policies and Procedures" (Altschuler and Armstrong, 1991). Work on the training curriculum is nearing completion. The curriculum will be utilized in two action planning conferences planned for later this year.

The complete Assessment Report focuses on three key aspects of project activities: an update of issues critical to the design and operation of intensive aftercare programs, a description of innovative and promising programs identified through a national mail survey and follow-up telephone interviews, and a discussion of intensive aftercare approaches and practices examined during a series of site visits. The full Prototype Report describes the theory-driven, risk assessment-based Intensive Aftercare Program (IAP) model, which is specifically designed for application in a wide variety of settings and jurisdictions. This occasional paper provides both an overview of the major findings of the assessment report and a description of the framework for the prototype proposed for field testing.

## **Assessing the Critical Issues in Intensive Aftercare**

### **The Juvenile Intensive Supervision Movement**

The interest in intensive juvenile aftercare can be traced to experiences during the past decade in adult probation supervision and then subsequently to experiments with intensive supervision in juvenile probation (Armstrong, 1991). The recent spread of a nationwide juvenile intensive probation supervision movement (JIPS) has important implications for the design and operation of juvenile intensive aftercare programs (Clear, 1991; Wiebush and Hamparian, 1991; Steenson, 1986). Although grounded largely in some notion of enhanced surveillance and heightened social control over offenders being maintained in the community, JIPS has taken a number of forms, which include various combinations of intensified surveillance/monitoring and highly specialized treatment modalities along with supportive service provision.

The growing interest in juvenile intensive aftercare programs nationwide is linked to an awareness currently shared by many juvenile correctional administrators that standard parole practices have been largely unsuccessful in normalizing the behavior of high-risk juvenile parolees in the community over the long term (Altschuler and Armstrong, 1990, 1991; Palmer, 1991). Intensive supervision efforts focusing almost solely upon social control have been shown to be intervention strategies that too narrowly define the set of requisite program components necessary for success with this population. Consequently, recent experiments in both juvenile intensive aftercare and probation have directed equal attention to the close monitoring and the provision of services/specialized treatment for severely delinquent juvenile offenders. Consistent with these assumptions, the proposed IAP model has at its foundation the assumption that any attempt to lower rates of recidivism with high-risk juvenile offenders on parole must include a substantial intensification of intervention strategies in terms of both social control and service provision. Stated differently, any hope of success in achieving long-term alteration of behavior and normalization in the community must combine elements of increased surveillance and supervision with enhanced and more specialized treatment and service provision.

Much of the current insight about designing and implementing intensive aftercare has been drawn from the movement to expand and improve upon non-custodial correctional alternatives that were most prevalent during the 1960s and 1970s. Some of the approaches and techniques that proved useful in diverting offenders from secure confinement are, in fact, prime candidates for transferability to highly structured and programmatically rich aftercare settings. Among such innovations were:

1. Involvement of private agencies and citizens, as well as non-correctional public agencies, in the community corrections process through the use of both volunteers and paraprofessionals and through purchase of service agreements;
2. Adoption of a new stance by community correction agencies stressing resource brokerage and advocacy rather than direct delivery of all services to offenders;
3. Development of specific techniques such as team supervision and drug/alcohol testing to assure higher levels of surveillance and control over high-risk offenders; and
4. Formulation of classification procedures to gauge likelihood to commit crime in the future and to assess service needs as a way both of matching individual offenders

with appropriate correctional resources and of optimizing the use of scarce correctional resources.

### **Target Population**

It is a subgroup of institutionalized juvenile offenders who tend to exhibit the highest rate of failure after release. The implication is that identification of those individuals at highest risk for reoffending remains at the core of the solution. These youths, who tend to have established a long record of criminal misconduct beginning at an early age, are a source of great concern for both the juvenile correctional system and the larger society (Wolfgang, et al., 1972; Hamparian, et al., 1978; Shannon, 1978; McCord, 1979). Notably, however, prior research suggests that it is largely property offenders, not violent offenders, who constitute the offender group most prone toward reoffending (Armstrong and Altschuler, 1982; Strasburg, 1984; Zimring, 1978; Bleich, 1987). Further, research on the effectiveness of programs working with chronic juvenile offenders has consistently shown that high rate offenders often exhibit a qualitatively different response to traditional treatment and are uniquely resistant to conventional intervention strategies (Coates, 1984; Gadow and McKibbin 1984; Agee, 1979).

Another subgroup of juvenile offenders that may be appropriate for inclusion in certain forms of intensive aftercare can be defined in terms of those delinquents who exhibit particular problems and needs requiring highly specialized forms of treatment. This categorization tends to include a number of emotional, cognitive and other developmental problem areas that hinder normal psychological, social, intellectual, and career development. The central concern is that these youths have a poor prognosis for successful community reintegration and adjustment unless their special problems are responded to in the appropriate fashion through intensified programming and service provision as well as monitoring. Very often these "special needs" youths are multi-problem individuals who are plagued by the presence of numerous disabling factors. Further, these deficits may coincide with violent and chronic delinquent behaviors, thereby posing an even more difficult problem. The set of special needs subpopulations currently receiving increased attention in the juvenile correctional system includes youngsters who are learning disabled, drug and

alcohol-dependent, emotionally disturbed/mentally disordered, neurophysiologically impaired, sex offenders, or otherwise developmentally disabled (e.g., mentally retarded).

### **Assessment of Risk and Need**

The origins of classification in juvenile justice can be traced to one of the founding precepts of the juvenile court movement: namely, the need to provide individualized assessment of each youth entering this system (Maloney, et al., 1988). This practice is grounded in the seminal idea that each youth, his/her social surroundings and circumstances, background, particular talents and deficiencies, and problem behaviors all need to be examined on a case-by-case basis to assure that the appropriate corrective steps are taken. The current diversity of classification systems for juvenile offender populations reflects the fact that despite the recent trend for greater crime control and emphasis on the tough sanctioning of serious juvenile offenders, treatment and rehabilitation continue in theory to exert a strong influence on determining the nature of the specific intervention with each youth. The end result has been that most formal classification schemes employ procedures to assess factors of both risk and need.

A key task facing any correctional system that proposes to identify and intervene more intensively with juvenile offenders most at risk of reoffending upon release from secure correctional confinement is developing or adopting a validated risk assessment instrument. Risk assessment instruments are based on aggregate characteristics, indicating that they do not predict exactly which individuals within a subgroup of individuals will reoffend, but rather predict failure rates for each subgroup as a whole. Growing interest across the U.S. in developing such instruments may be viewed as a positive step in helping officials make the following decisions: which offenders should receive priority for intensive aftercare supervision, how many levels of supervision are needed, what contact standards should entail, which cut-off scores should be used to designate how many cases can be realistically handled by aftercare workers, and how aftercare resources--including field staff--can be allocated and deployed in the most effective and efficient fashion.

Quantitative risk assessment instruments, where validated, have been shown to be reasonably successful in distinguishing among groups of offenders exhibiting different levels

of risk of reoffending. In contrast to assessing adult offenders, however, devising valid scales for predicting recidivism among juvenile offenders is complicated by the fact that--in maturational terms--youths are often volatile and impulsive, often experience rapidly changing personal characteristics and needs, and are not likely to have developed longstanding patterns of behavior and habits on which to predict future misconduct. Nonetheless, the soundest risk assessment scales generally contain some combination of need-related predictors on the one hand (e.g., family, peer group, schooling and substance abuse) coupled with a number of offense-related predictors on the other hand (e.g., age at first adjudication, number of prior justice system referrals, and number of prior commitments have been shown to be the best offense-related predictors of future delinquency) (Baird, 1986; Baird and Heinz, 1978; Baird, et al., 1984).

One common source of confusion in conducting risk assessment has been the lack of clarity in distinguishing between crime seriousness and the risk of future criminal activity. Prediction research has repeatedly shown that the relationship between seriousness of the current offense and the likelihood of committing future offenses is extremely weak if not inverse (Clear, 1988; Petersilia, et al., 1977; Zimring and Hawkins, 1973). Consequently, the inclusion of a youth who has only committed one serious offense into a risk-based aftercare program may well be regarded as a misuse of risk-based aftercare. Systems that have included certain types of offenders in intensive aftercare who have not "scored" eligible on the basis of validated risk factors commonly rely on a so-called override or aggravating circumstance option. In the same vein, mitigating factors are sometimes used to assign a risk level category that is lower than the risk score would indicate. Since overrides hold the potential of inundating intensive aftercare with more youth than the system is designed to handle, it must be approached with great caution. At the same time, if reasonable allowances are not made to accommodate aggravating circumstances, there is a risk of encouraging erroneous scoring in order to insure a predetermined outcome.

Closely linked to risk assessment is generic need assessment and those procedures necessary to classify juvenile offenders in terms of their problems and deficits. Assessing individuals according to need is crucial because there are ancillary and "common denominator" need factors to consider and these may have little to do with which need-related factors "predict" recidivism for groups of securely confined delinquents. Much of the burgeoning interest in developing schemes to classify need has centered upon making the

correct match between the offender's underlying problems and the appropriate intervention strategy. Decision making for this purpose has been characterized by efforts (based largely on technical advances in evaluative and diagnostic procedures) to subdivide juvenile offenders into carefully defined subpopulations that make sense in terms of providing more specialized and appropriate interventions.

Unlike risk assessment instruments, generic need assessment devices do not depend upon the use of predictive scales. They are usually developed from staff efforts to articulate and formalize case management procedures through a structured process of identification, definition, and prioritization of problems frequently encountered in clients. Need scales do not have to be complicated and, in most cases, are rather straightforward systems for rating the severity of common, potential problem areas. Since these instruments tend to address generic problem areas for juvenile offenders, they are generally considered transferable across different jurisdictions, although some minor modifications may be necessary to reflect differences in the targeted populations.

Among the more common need items that have been identified and currently used in various need assessment instruments are:

- |                           |                                   |
|---------------------------|-----------------------------------|
| - vocational skills       | - alcohol abuse                   |
| - drug/chemical abuse     | - emotional stability             |
| - learning disabilities   | - school attendance               |
| - academic achievement    | - employment/work performance     |
| - family problems         | - parental control                |
| - parent problems         | - peer relationships              |
| - recreation/leisure time | - health                          |
| - residential stability   | - life skills                     |
| - communication skills    | - residential living skills       |
| - sexual adjustment       | - financial management            |
| - mental ability          | - relationships with opposite sex |

These need scale items are usually weighted through a rank ordering process. The basis for assigning weights does, however, vary from jurisdiction to jurisdiction. The most common approach is to base weights on workload factors (i.e., the amount of time required to deal with a particular need). Another approach is to base weights on each problem's relationship to success or failure on supervision which is, in effect, a form of risk scaling of need. Based upon the cumulative rank ordering of the heaviest weighted items from need scales being

used in juvenile probation agencies in California, Montana, Illinois, and Wisconsin, it has been noted that the relative priority assigned to common need items in descending order is:

1. Substance Abuse,
2. Emotional Stability,
3. Family Problems,
4. School Problems, and
5. Intellectual Impairment (Baird, et al., 1984).

Note that some of the common need items can also be found among the need-related risk factors that often predict recidivism.

## **Identification of Promising Programs**

### **Mail Survey and Telephone Interviews**

The mail survey and telephone interviews were designed to identify innovative, promising, or commendable intensive aftercare programs and to gather policy and program information relevant to the testing of a recommended prototype. The mail survey generated a total of 36 recommended programs that were contacted and administered a detailed telephone interview. Based upon the information obtained from these interviews, a program topology was developed reflecting three possible models of supervision and service delivery: 1) institution-based (pre-release) programs, 2) integrated institutional/aftercare programs, and 3) community-based programs--residential and nonresidential--that largely commence operation once a youth is released from institutional confinement. (See Altschuler and Armstrong, 1990 for a detailed description of these programs.)

Three institution-based programs were identified in the survey, each operating out of state-run correctional facilities. All three programs stressed independent living skills, education, and vocational training. The second type of identified program consisted of institutional pre-release programs in which aftercare components were more fully integrated with community-based programs. Four of these programs were identified in the survey. Staff in these programs tended to be involved in both pre- and post-institutional confinement activities. The third program type in the survey was community-based aftercare; not

surprisingly the largest number--29 programs--were identified as appropriate for inclusion in this category. These programs included a wide array of services. A number contracted for tracking, and in several cases electronic monitoring was utilized to insure compliance.

In summary, the survey indicated that the concept of "promising" or "innovative" differed greatly among the contacted jurisdictions and appeared to depend primarily upon the level of attention and amount of resources generally being directed to juvenile aftercare in the jurisdiction. Innovation and promise are a function of what constitutes customary practice in the jurisdiction and thus anything different will likely be conceived as innovative or promising. Additionally, since few of the surveyed programs had been even haphazardly evaluated, it was impossible to say with any precision whether the programs were, in fact, successful. This dilemma poses considerable difficulty in deciding whether a program which "appears" to be working well is actually effective and should be considered for adoption elsewhere. By the same token, it underscores the importance of developing an overall program model for doing intensive aftercare and having a sound evaluation in place that can both determine program integrity and measure outcome in relation to a control or matched comparison group.

Another observation arising from the survey was that the identified aftercare programs were diverse in the goals, methods, levels of resources, and populations served. In fact, there was a lack of uniformity on what constituted the primary components of "intensive" aftercare supervision. Few programs maintained any degree of meaningful staff continuity across the institutional-aftercare boundary and even rudimentary continuity of care was not evident. This suggests that the move toward developing the design and implementation of intensive aftercare at present remains more a goal worthy of achievement than an existing reality. That most of the recommended or promising programs fell into the community-based category and had limited if any involvement with, or even dependable information about, the youth prior to release from institutional confinement is certainly an indication that the institutional-aftercare chasm currently remains as large as ever.



### **Site-visit Factfinding**

Based upon the literature review, the mail survey and resulting telephone interviews, and information provided by policymakers, administrators, practitioners, researchers and knowledgeable individuals active in youth corrections, a set of factors emerged that began to define the nature, form and structure of intensive juvenile aftercare. This process led to the designation of criteria critical to the selection of sites for more detailed, firsthand program observation. It was recognized early in the project that intensive aftercare approaches and programs which embraced the key criteria in various forms and combinations--as well as to different degrees--would be identified as possible candidates for site-visit factfinding. The kinds of approaches and strategies that were targeted for further inquiry included: encouraging the development of new community resources through purchase-of-service arrangements with private sector providers, ensuring continuity of care and case management across the institution-aftercare continuum, initiating assessment and classifications systems, and devising a network of coordinated services and system of supervision suitable for inner-city and rural environments, respectively.

When the final determination of sites was undertaken, project staff discovered that intensive aftercare innovation had been largely concentrated across a small group of jurisdictions where, for a number of reasons, the momentum for change in juvenile aftercare had led to experimentation and reform. For example, in Florida the Bobby M. Consent Decree had forced the state to restructure juvenile corrections in fundamental ways including the approach being taken in the provision of aftercare. In a somewhat different fashion, in Pennsylvania the Juvenile Court Judges Commission's Aftercare Project spurred the development of numerous aftercare programs operated through county probation. This effort included experimentation with intensive aftercare.

It also became clear during site screening that in order for aftercare to provide such things as continuity of care and staged re-entry incorporating graduated sanctions and positive reinforcement, it was essential that a system-wide perspective, cutting across traditionally separate and sometimes rival justice system components (i.e., courts, corrections, parole, and community resources), as well as human service system components (e.g., corrections, mental health, education), be in evidence. Consequently, the selection of sites was driven by the decision to focus more on programming and approaches that

possessed some kind of system-wide orientation (i.e., entire states or regions, multi-county efforts, county-wide initiatives) rather than a single aftercare program.

The resulting approach that was employed during site-visit factfinding was to maximize documentation of different practices and strategies by targeting a half dozen jurisdictions and then visiting as many recommended programs as possible. In total, 23 different programs spread across 6 states were visited. This included 3 states which were observed and analyzed in considerable detail regarding the development and operation of their statewide aftercare approaches.

### **Intensive Aftercare Program (IAP) Model**

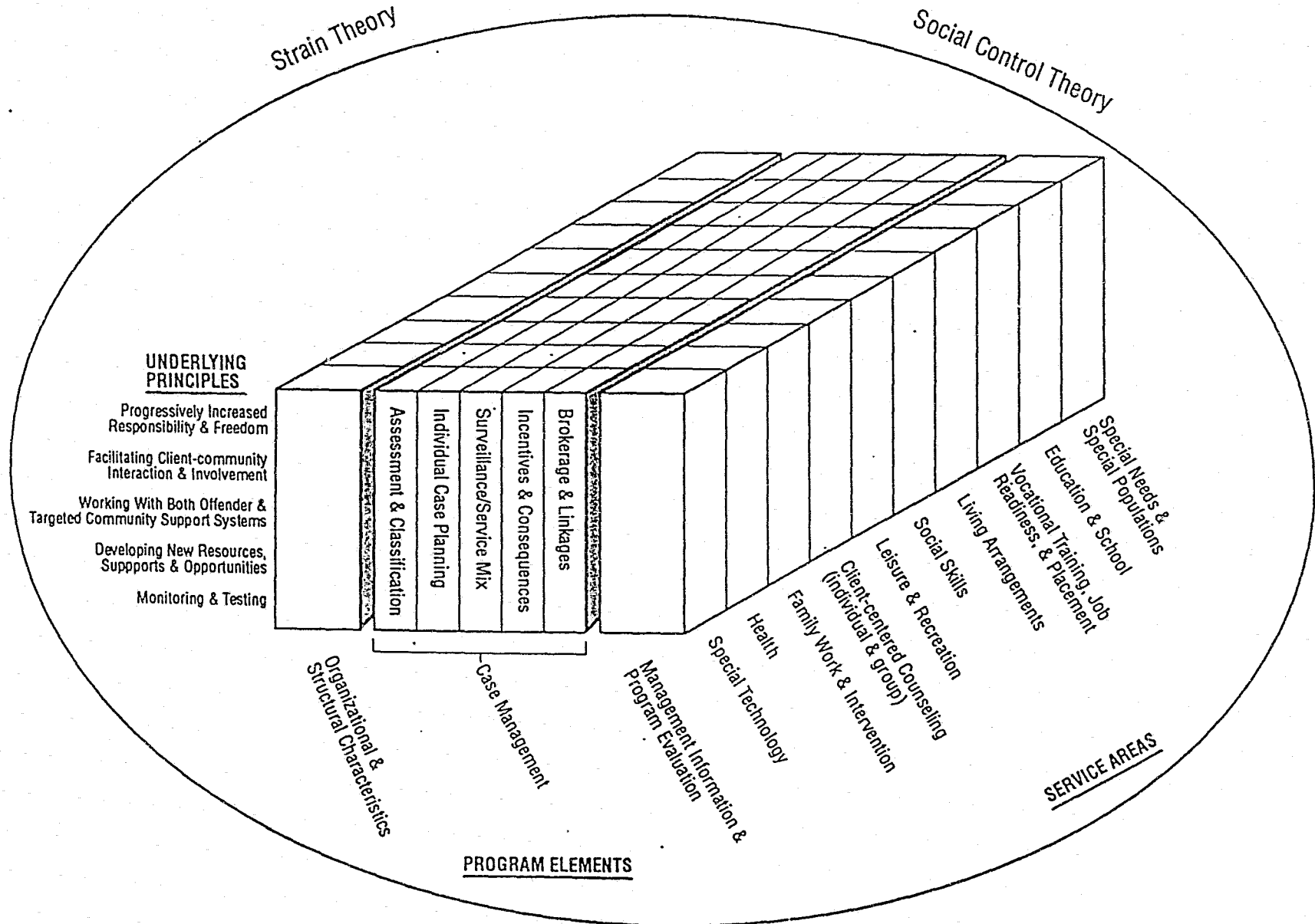
The project's review of research revealed that risk factors regularly associated with juvenile reoffending behavior broadly defined include both justice system factors (e.g., age of youth at first justice system contact--"onset," number of prior offenses) and need-related factors (family, peers, school, substance abuse). In addition, this review found that a variety of other special need and ancillary factors, which while not necessarily "predictive" of recidivism, remain relatively common among juvenile recidivists (e.g., learning problems, low self-esteem). Finally, a small minority of juvenile offenders appears to have still other very serious problems such as diagnosed emotional disturbance.

### **Theory, Principles and Goals**

Given the range and nature of both offense- and need-related risk factors as well as of other special need and ancillary factors, the challenge becomes one of how to link this array of factors with a sufficiently broad-based, practical strategy that holds promise in combating recidivism. It is through the intensive juvenile aftercare program (IAP) model that the project has arrived at just such a strategy. A schematic of this model is shown in Exhibit 1. Linking the risk factors and problems with a broad-based strategy is accomplished by a theory-driven, empirically-based program model that establishes a clear set of comprehensive guiding principles; specific, tangible program elements; and the set of needed services.

# EXHIBIT I INTERVENTION MODEL FOR JUVENILE INTENSIVE AFTERCARE

An integration of:  
Social Learning Theory



Absolutely central to the IAP model is the fact that the guiding principles, program elements and array of services establish parameters and boundaries which must be specifically tailored to the needs, problems and circumstances of each jurisdiction trying to reduce the recidivism of its own juvenile parolee population. Organizational characteristics, the structure of juvenile justice and adolescent service delivery systems, the size and nature of offender populations, and resource availability differ widely among and within states. In addition, managing identified "high-risk" juvenile parolees requires the pursuit of multiple goals, which include maintaining public protection both in the short and long-run, assuring individual accountability and providing treatment/support services. Exactly how these goals can be achieved may vary from jurisdiction to jurisdiction across the country. Moreover, due to current economic constraints on state governments in general and correctional budgets in particular all three goals must be achieved with limited resources.

The point is that the principles, elements and services that establish IAP parameters can be, and indeed must be, configured and applied in a variety of ways. Provided that the form IAP takes remains clear and consistent with IAP specifications, it offers a promising direction that holds great potential. As important, IAP also offers a challenge to the professional community in that it requires an unequivocal commitment by the major juvenile justice, child-serving and community agencies/groups to come together, with the assistance of facilitators, to develop a detailed plan on precisely who will assume responsibility for what, how it will be done, and when.

Though some practitioners are apt to wince when they hear about the lack or inadequacy of the conceptual or theoretical underpinnings of their programs, many have more than a passing acquaintance with some of the consequences of this deficiency. First, to the extent that the overall mission or philosophy underlying a program is either ambiguous or absent, it can be difficult if not impossible for staff, program participants or anyone else to be clear on what practices, services and approaches should be pursued and why, how they should be accomplished and when, who needs to be involved with which kind of youth, etc.

Second, regardless of whether it is called theory, philosophy, beliefs or mission, it is through a conceptual framework or referent that one can go from identifying risks, problems and needs that are part of the dynamics of recidivism to developing a coherent, defensible

and assessable program model for reducing recidivism and failure. In other words, knowing that something is broken is not the same as knowing how to approach fixing it. In short, tackling recidivism requires a knowledge of what can be done to address the multifaceted and complex circumstances that produce, contribute to and are part of the dynamics of the problem.

A number of previous efforts to develop just such a framework for intervention with serious, chronic juvenile offenders have recognized the multifaceted nature of the problem and accordingly recommended integrating formerly freestanding theories, notably social control, strain and social learning theories (Elliott and Voss, 1974; Conger, 1976; Elliott, et al., 1979, 1985; Weiss and Hawkins, 1981; Fagan and Jones, 1984). Consistent with a number of these efforts, the IAP model is grounded in a similar integration. Distinctive to the IAP model, however, is the focus upon the numerous issues and concerns arising out of the mostly disconnected and fragmented movement of offenders from court disposition to youth authority and/or institution, to parole/aftercare supervision and discharge.

It is eminently clear that if properly designed and implemented the IAP model directly addresses two of the widely acknowledged deficiencies of the current system of secure correctional commitment: 1) that institutional confinement does not adequately prepare youth for return to the community, and 2) that those lessons and skills learned while in secure confinement are not monitored, much less reinforced outside the institution. IAP is a theory-driven, empirically based approach that is derived both from integrated theory and risk assessment.

It is integrated theory coupled with research on risk factors that provides a sound basis and rationale for the identification of general goals around which program elements and specific services in the IAP model must be tailored. It is simply inadequate and irresponsible to approach the "high-risk" juvenile recidivist problem in less than a comprehensive, carefully coordinated, multifaceted fashion that cuts across institutional and professional boundaries. Given these requirements, five principles of programmatic action appear requisite to the IAP model and fully embody the theoretical assumptions and empirical evidence regarding both the multiple causes and correlates of, and behavior change associated with, reoffending behavior. The principles are:

1. Preparing youth for progressively increased responsibility and freedom in the community;
2. Facilitating youth-community interaction and involvement;
3. Working with both the offender and targeted community support systems (e.g., families, peers, schools, employers) on qualities needed for constructive interaction and the youth's successful community adjustment;
4. Developing new resources and supports where needed; and
5. Monitoring and testing the youths and the community on their ability to deal with each other productively.

As can be seen, the five principles--which flow from the integrated theoretical framework--collectively establish a set of fundamental operational goals and mission on which the IAP model rests. They are general in the sense that they allow for a reasonable degree of flexibility in how the goals will be achieved. The overall aim in terms of outcome is to transition and reintegrate identified "high-risk" juvenile offenders from secure confinement gradually back into the community and thereby to lower the high rate of failure and relapse. While it is essential to give planners, administrators and staff sufficient latitude to consider a range of components, features and processes that best suit the needs of both their own communities and confined youth, three major elements and five sub-elements must be taken into account as planners and practitioners translate IAP theory and principles into actual practice.

### **Organizational Factors and the External Environment**

The administration and organization of juvenile parole varies substantially from jurisdiction to jurisdiction across the country. Differences in such factors as state law, institutional arrangements involving the role of the judiciary, youth authorities, independent boards and other agencies, level of resources available, number and location of involved youth, degree of urbanization, reliance upon private providers and purchase-of-service contracts, civil service and unionization, and community attitudes establish an organizational and environmental climate within which juvenile parole must function. A complicating factor is that by its very nature, intensive aftercare must cut across traditional agency boundaries and professional interests. This means that if IAP is to work, a "buy-in" is required by the major agencies and interests that need to play a role. These include the

courts, institutions, aftercare, education, child mental health and social service, employment and vocational training, and substance abuse treatment.

Understanding the nature and status of juvenile parole as it functions within the juvenile justice system, the child welfare service delivery system and the private provider child-serving system is a key first step in an IAP action planning, development process. The goal of such a process is to develop in the interested jurisdiction a formal mechanism (such as a steering committee) through which oversight in the planning, managing, implementing and assessing of IAP would be maintained. Committee membership should include senior managers from each of the major interests identified through an initial assessment of the nature and status of juvenile parole. Vesting the major interests with a formal role in planning and overseeing IAP is vital to instilling a collective sense of ownership, partnership and investment in IAP.

Since IAPs can take a variety of forms such as a collaborative, publicly-run program, a jointly funded purchase-of-service demonstration, or some other venture based on interagency agreements, having the support of all potentially involved interests is a necessity. Presently, in some jurisdictions, the aftercare unit/agency utilizes extensive purchase-of-service contracts with private providers, while in other jurisdictions, the aftercare agency either is directly responsible for providing most of the supervision and service available to parolees or primarily makes referrals to community resources (e.g., county mental health, big brother, local recreation program) who provide service for little or no charge to the aftercare agency. Whatever approach IAP utilizes in a given jurisdiction, incorporating the experience and recommendations of the major child-serving interests is highly recommended as a way to both build widespread support for IAP and to neutralize potential resistance.

### **Overarching Case Management**

In general terms, case management in the context of the secure-care, intensive-aftercare continuum for "high-risk" delinquents refers to the process by which coordinated and comprehensive planning, information exchange, continuity, consistency, service provision and referral, and monitoring can be achieved with juvenile offenders who have been committed to secure confinement and who will need to be transitioned to, and maintained in, an

intensive aftercare status. Particular attention is focused on five discrete components or sub-elements which delimit the specific areas which must be coordinated among, and jointly planned by, key staff who are (and will be) involved with the designated high-risk cases from the point of the secure care disposition until discharge from parole status. The five case management components include:

- o Assessment, classification and selection criteria;
- o Individual case planning incorporating a family and community perspective;
- o A mix of intensive surveillance and services;
- o A balance of incentives and graduated consequences coupled with the imposition of realistic, enforceable conditions; and
- o Service brokerage with community resources and linkage with social networks.

What the components require is the active involvement of the aftercare counselor in the case as soon as secure confinement commences and the initiation of service provision by other involved aftercare service providers prior to discharge from secure confinement. Among some of the more serious problems that have confronted aftercare historically are the lack of meaningful involvement of the aftercare worker until the final phase of confinement, if at all; little coordination, transitioning, continuity or consistency between what occurs inside a secure facility and afterwards while on aftercare; negligible attention to family concerns during most of the confinement period and frequently afterwards; and sporadic monitoring of parolee and aftercare service providers.

None of these problems will surprise parole or institution staff. Indeed, these are the problems they have recited for years. Factors that contribute to the problem include a scarcity of correctional funding devoted to aftercare, a paucity of community programs and resources, large caseload sizes and inadequate staffing, fragmented lines of authority, unrealistic coverage (e.g., traditional business hours and no weekends), a lack of differential supervision standards and an associated workload management system, insufficient attention to pre-release planning and staff capability, excessive distance between institution and home community, professional and organizational rigidity, rivalry and turf battling, and an overall crisis-driven mode of operation. As a result, the courts, correctional facilities, parole agencies and aftercare service providers have been unable and/or unwilling to enter into an actively functioning, working partnership regarding reintegration and pre-release planning, transitional services, and aftercare supervision and support. A new commitment toward jointly planned and shared funding of aftercare is clearly needed. The virtue of case



management as it is spelled out in the IAP model is that it gives very specific guidance on what the five components embraced by case management involve, along with examples on how they can be achieved.

### **Assessment, Classification and Selection Criteria**

The target population for IAP is that group of institutionalized juveniles who pose the highest risk to the community of reoffending. Not only does it appear inefficient and impractical to place lower risk juveniles under intensive aftercare, but mounting evidence suggests that intensive supervision, rather than traditional parole, with lower risk offenders leads to increased technical violations and subsequent reincarceration. Thus, objectively determining which juveniles are in fact "high risk" means that interested jurisdictions must develop a risk screening devise that can effectively discriminate their own population according to the probability of rearrest or reconviction. As noted above, a number of the same risk measures seem predictive of continued criminal involvement across jurisdictions. Even with these measures, however, decisions on how much weight each risk measure should be given (i.e., scoring), what cut-off points should be used to differentiate the various levels of risk, and how many risk levels to use are not the same everywhere and will have major implications for how many staff will be needed and what they can realistically accomplish. This means that assessment and classification tools must be validated in the jurisdiction and that projections must be made regarding the size of the IAP population that will be served.

### **Individual Case Planning Incorporating A Family and Community Perspective**

Individualized planning related to intensive aftercare needs to begin as soon as a youth is committed to a secure correctional facility. Once high-risk youth are identified for participation in IAP, individualized case planning involving both institutional and aftercare staff is required to determine: 1) how identified need-related risk factors will be addressed, a) in the secure facility and b) through a combination of aftercare programming and supervision; 2) what special needs and other ancillary need factors are present in the youth,

with attention to which of these are linked to the offender's social network (e.g., family, close friends, peers in general) and community (e.g., schools, workplace, church, training programs, specialized treatment programs); and 3) how the total set of risks, needs and associated circumstances will be addressed during a phased transition from secure facility to aftercare.

The matching of IAP youth with programs and people in the community is a critical decision that requires a clear understanding of every potential program's intervention strategy (i.e., degree of change sought and range of attributes targeted for attention) and organizing model (i.e., specific components, features and processes such as how reinforcers and sanctions are used, how limits are set, how client movement or progression through a program is directed, etc.). Certain community programs intentionally target only one or just a few problem areas and they do so using particular approaches. Transitioning cannot occur without attention to dovetailing in some fashion what will occur in aftercare with what is happening to IAP youth while in the secure facility. In order to preserve any gains made while in secure confinement, aftercare must build on these gains and this cannot happen in a vacuum. Whether aftercare service providers begin working with IAP youth while still inside the secure facility or if IAP youth begin community program participation while on pre-release furloughs, contact needs to commence prior to discharge from the secure facility. This can only happen if the secure facility and aftercare providers are accessible to each other and if the community provider is located nearby, all of which require specific individualized planning for aftercare very early-on during secure confinement.

### **A Mix of Intensive Surveillance and Services**

While closer and more frequent monitoring and supervision of juvenile parolees is obviously one important aspect of IAP, so too are services and support. As shown above, common risk factors include both offense and need-related items. Thus, there can be little doubt that a strict surveillance-oriented approach does not address any of the need-related risk factors. If need-related risk factors are linked principally to family and the home situation, school and learning difficulties, negative peer influences, and substance abuse, then the challenge for IAP is clear: seeing that these "core" services are accessed and that families as well as friends be directly incorporated on a regular basis into activities, events

and programs. Day programming that extends into weekends and attention to evening activity is particularly key. Such "programming" can be tied to work, chores, assignments, volunteering, community service, recreation, arts and crafts, etc. While it is unlikely that any one program would or even could provide the full range of services, the IAP model requires that a comprehensive system of service delivery be established and that the primary aftercare case manager serve as the overseer.

On the surveillance and supervision side of the proposed intervention, it is important to emphasize that within the context of IAP this function is not viewed as merely the means to deter misconduct. The various approaches that can be used to monitor the movement and behavior of high-risk parolees are meant to give IAP staff the means 1) to recognize immediately when infractions, as well as achievements, have taken place, 2) to know beforehand when circumstances may be prompting misconduct or leading to problems, and 3) to respond accordingly by relying on both reward and graduated sanctions. It is because of these three objectives that the limits of electronic monitoring and drug testing are apparent. They are not an early warning signal, they do not address precipitating circumstances, and they do not detect accomplishments. While special technological innovations do have a valuable role to perform in relation to surveillance, their limits must be explicitly noted. Swift and certain response on both the reward and sanction side is an extremely important tool and this requires more than special technology.

#### **A Balance of Incentives and Graduated Consequences Coupled With the Imposition of Realistic, Enforceable Conditions**

Having both meaningful incentives and graduated consequences as part of IAP is a recognition of the fact that juvenile aftercare has traditionally been a system burdened with too many unrealistic and unenforceable conditions and devoid of any positive reinforcement, rewards or inducements. The result is 1) that all the available restrictions and limitations are generally imposed at the initiation of aftercare, leaving little if any room to impose proportionately more stringent conditions short of revocation and 2) that recognition of achievement is scarce.

It is unfortunate that incentives and positive reinforcement are such a scarcely used commodity in juvenile aftercare. While it is widely recognized in most treatment programs that tangible and symbolic rewards and praise play an important role in demonstrating to individuals the benefits and satisfactions that can be derived from socially acceptable accomplishments, aftercare is largely devoid of such practices. A number of different approaches have been employed by various programs to routinely monitor progress, reinforce pro-social conduct and guide advancement. These range from relatively simple mechanisms involving frequent case reviews incorporating other peers and family, to elaborately structured token economies in which particular privileges or rewards are tied to the attainment of specific objectives or goals.

Since IAP is designed to intensify the number, duration and nature of contacts aftercare workers have with paroled youth and collaterals (family, peers, school staff, employers, other involved service providers), it is inevitable that more infractions, technical violations and instances of noncompliance will surface. The problem is that without some guidelines on a hierarchy of consequences at their disposal, aftercare workers have little recourse either to do nothing--which undermines their authority--or to impose sanctions disproportionate to the violation. Since reincarcerating technical violators is in many jurisdictions a major contributor to the institutional crowding problem, it is little wonder why some observers have noted that intensive supervision can be considered as much a cause of the crowding problem as a potential solution. In addition to having a graduated system of sanctions, jurisdictions considering IAP will want to carefully review their current juvenile revocation policy for possible revisions. These changes could take the form of restricting reincarceration only to IAP youth with new offense convictions and creating a special short-term residential back-up facility for IAP technical violators.

#### **Service Brokerage with Community Resources** **And Linkage with Social Networks**

It is unrealistic to expect that comprehensive and intensive service provision coupled with close supervision and monitoring can be provided without the active involvement of a variety of community support systems. It is just not practical to expect that the primary aftercare worker could spend all the time required with each youth and be capable of

providing the full range of needed services. Thus, referral and brokerage become crucial functions, which in turn means that program monitoring and quality control are paramount concerns. Secondly, linkage with social networks is key because as prior research on risk factors suggests, it is precisely those youth who have family problems, associate with negative peer groups and experience school failure that are at highest risk for re-offending. It therefore seems clear that programming must focus directly on 1) improving the family situation, 2) intervening with the peer group, and 3) reversing the cycle of school failure, all of which entails some form of linkage with the major social networks.

A number of different brokerage and linkage approaches described in the Assessment Report (Altschuler and Armstrong, 1990) are being pursued by various jurisdictions across the country. Regardless of how brokerage and linkage is approached, however, the keys to IAP are first to involve a variety of community support systems in service delivery and to see that for each youth there is a staff person who is actively working on reinforcing, or if necessary, developing a supportive network. Second, it is essential to devise a process to insure coordination and continuity in relation to all work being done on a case and to monitor the extent and quality of the service provision.

### **Management Information and Program Evaluation**

The final program element in the model emerges from all other elements as well as from the underlying principles. It is imperative to maintain close oversight over implementation and quality control and to determine the overall effectiveness of the program. With regard to process evaluation, an ongoing management information system is required to insure the operational integrity of IAP. This entails the collection of appropriate data to assess day-to-day operations and performance. To the extent that implementation diverged from design principles and elements, no test of the model is possible. The availability of timely information enables needed adjustments and changes to be made before the program has veered substantially off course. In addition to collecting basic information on who is served and in what ways, it is also important to assess and document staffing patterns and selection, job responsibilities, staff turnover and job performance.

Assessing outcome can be quite complex and should be assigned to well qualified individuals. While random assignment may not be feasible, a sound evaluation design must be part of the IAP initiative. Particular attention should be given in the research design to finding an appropriate comparison group, including multiple measures of recidivism as well as cognitive, behavioral and emotional outcomes, following outcome for at least a year after discharge from IAP participation, and serving enough high-risk cases to provide IAP with a sufficiently large sample to accommodate reliable data analysis.

### **Next Steps**

To date, two reports, "Intensive Community-Based Aftercare Programs: Assessment Report" (Altschuler and Armstrong, 1990) and "Intensive Community-Based Aftercare Prototype: Policies and Procedures" (Altschuler and Armstrong, 1991) have been submitted to OJJDP. During the past year, project staff worked closely with a group of national experts on a detailed IAP training curriculum. The training manual presents the entire IAP model, relying on step-by-step instruction that outlines the theoretical underpinnings, underlying principles, program elements and array of services.

Based on submitted concept papers from interested states and localities, four jurisdictions will be competitively selected to participate in one of the action planning conferences that will be held later this year. The training is designed for senior and mid-level administrative staff from jurisdictions interested in adapting, implementing and managing an IAP program modeled on the prototype.

Beyond the initial training and technical phase, the long-term goal for this project over the next decade is to alter substantially the way in which juvenile aftercare has been traditionally designed and managed in numerous jurisdictions across the United States. The unacceptable rates of failure that have characterized high-risk juvenile offenders on parole must begin to be addressed through a fundamental rethinking about the basic structures, procedures and goals that define how more severely delinquent youth are handled at the points of correctional confinement and transitioned back into the community. It is hoped that a number of states will test versions of the generic IAP model that are appropriate to their local environments and then move to incorporate these pilot efforts as part of their

larger juvenile correctional systems. If this occurs, the primary result will be a major transformation in how juvenile parole for high-risk offenders is conducted in this country.

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