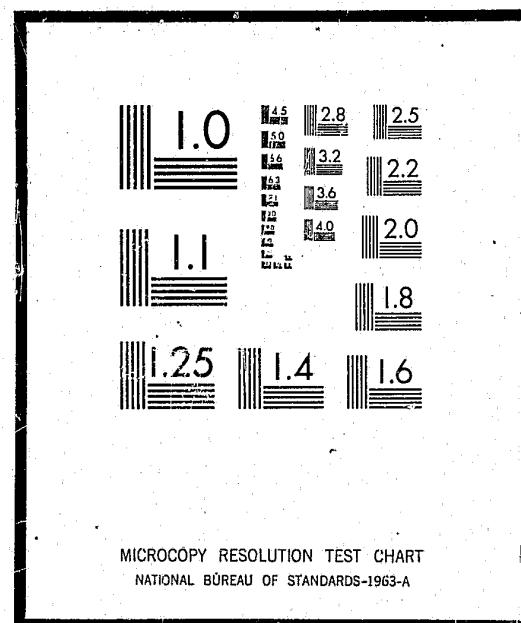


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FINAL REPORT
on
The High Intensity Unit-
Philadelphia - Adult Probation Department -
Court of Common Pleas
City of Philadelphia
Pennsylvania

Submitted by:

HUMAN SYSTEMS INSTITUTE
41 Skyline Drive
Morristown, New Jersey

26186
Evaluation

SECTION I--EXECUTIVE SUMMARY

Primary Objective

The purpose of this document is to reflect the findings of evaluation efforts by Human Systems Institute for the High Intensity Program of the Adult Probation Department, Court of Common Pleas, Philadelphia, Pennsylvania. The activities of this program began on or about November 13, 1973. This report will cover the time period through June 30, 1974. The evaluation approach is based on the concept that the primary focus of a new program is implementation, coordination, and operationalization of philosophy and objectives.

The High Intensity Program is based on a stated need, described in the subgrant proposal, to attack the problem of recidivism within three specific probationer/parolee populations: sex offenders; clients with a psychiatric condition for probation/parole; and clients classified as "high risk". The intention of the program is to provide an increase in quality of contact and services for these client populations. The anticipated result is a reduction in recidivism, development of a meaningful concept of intensive services, identification of variables to determine need for intensive supervision, creation of assessment techniques to determine need for intensive services, and development of a systematic approach for defining and redefining the dynamics and components of an intensive service unit.

An initial step in the evaluation efforts was the clarification of program objectives by project staff. This Executive Summary will list the primary objectives which have been established, followed by comments from the evaluators describing activities and progress to meet these goals.

A primary goal of this project was to develop a meaningful concept of intensive services. At this time, intensive services is defined as that form of supervision which provides more frequent and more effective goal directed contact with clients, a formal clearly specified treatment plan, increased and more effective utilization of special professional staff and community referral resources, and development of facilities to deal with larger system needs. This definition clearly states an operational base for program implementation. Looking at each of the four components separately, the following progress has been made:

Frequency of contact ---

Two factors affecting progress in this area are frequency of contact and size of caseload. Caseload size ranges from 28 to 75 as reported by intensive services unit administration. The average frequency of contact in April was 1.585 contacts per probationer and 1.73 in May (using data as

Quality of contact ---

Development of formal, clearly specified treatment plans ---

Increased and more effective utilization of special professional staff and community referral resources ---

-2-

reported by Probation Officers). The frequency of contact increased from .95 to 2.3 as the size of caseload diminished from over 60 to below 40. (Specific data may be found in the Appendix.)

Available data indicates that between the months of April and May there was an increase in the percent of probationers receiving treatment from outside agencies from 14% to 32%. Most counseling is done on a one-to-one basis. Two groups are running facilitated by P.O.'s and one group has been initiated by the vocational psychologist. Most contacts are made by appointment in the office with increasing attention being given to field visits. Staff skills are based on prior experience and intuitive creativity. There is a need to implement a staff development program focusing on diagnostic and treatment techniques which would compliment existing strengths.

The emphasis on treatment plans as described in the Interim Report has not been followed-up. Currently, there is a program policy stating that Probation Officers are to develop treatment plans for each client. Available data indicates that their plans are informal and not written. Each officer determines what he prefers to use as a treatment plan. A uniform set of guidelines needs to be clarified and steps to ensure utilization need to be planned and implemented.

Available data indicates that all three special professionals are being utilized. During the month of April, the two psychologists saw a total of 26 probationers at various times. 15 tests were administered and 22 individual counseling sessions were held. (No data was received to indicate the extent of their activities in May.) The Community Liason

Coordinator made 26 contacts with 18 community agencies during the month of April. These contacts involved the areas of drug treatment, residential housing, financial aid, employment, medical assistance, psychiatric treatment, and alcohol programs. (No data was submitted in May.) More intensive utilization and coordination of this staff is planned for next year. The creation of a team approach for caseload management and assessment procedures is planned as one way of further tapping the potential of this staff.

Development of facilities to deal with larger systems needs ---

The program has developed capacities in this area through utilization of Probation Officers and para-professionals with assistance from special professionals. The role of the para-professional has changed its original intention to focus completely in this area to now include carrying small case-loads and working with Probation Officers on other cases. Requests for additional data specifying para-professional activities have not been fulfilled at this time. Continued evaluation efforts would focus on the development of their role and problems of data collection.

The specific concern of this program during the first eight months has been implementation and coordination of activities to accomplish their objectives. A level of program stability has been achieved. The small size of this unit, 29 staff members, has allowed them flexibility to achieve success by relying mostly on informal systems for supervision, communication, and data collection. The evaluators have had some difficulty in obtaining needed data. However, a continuous open dialogue has been established with the project where these concerns can be discussed. The lack of recidivism figures as baseline data for future evaluation of project results is a specific area where attention needs to be focused in the future.

To summarize the salient characteristics of this report, the evaluators see that substantial progress has been made by this project. They have been able to mobilize a dynamic staff which is providing an extensive range of services to their client population. To accomplish maximal utilization of this project's potential, a series of factors needs to be looked at closely. The program needs to direct their attention to professionalizing their management systems. Specific

areas to develop are consistency in program systems, clarification of objectives for the coming year, re-evaluation of staff responsibilities, setting standards of performance, defining accountabilities, and follow-through with more effective supervision and evaluation of staff. These areas of concern were stated in the Interim Report and are being re-affirmed in the Final Report. It has become apparent that future success of this program will depend on tightening up their system and periodically taking a critical look at themselves. The evaluators are recommending continued funding for this project, based on their accomplishments and ability to respond to some of the suggested recommendations.

SECTION II--PROJECT ACTIVITIES

This section will state program objectives and activities, program progress to meet these objectives, and the factors affecting progress. The format of this section will be to re-state objectives, followed by evaluators comments on activities, and results. Analysis of available data indicates the existence of a pattern of factors affecting the progress of this program. This pattern, as stated in the Executive Summary, relates to the stage of development of formal organizational and management systems within the project. The probation field is traditionally unaccustomed to emphasizing professional management techniques to aid program development and implementation. This is especially significant in view of the development of the High Intensity Unit within a larger system. The application of professional management techniques is a developmental and on-going process. The following information needs to be viewed from this framework.

A primary goal of this program is to develop a meaningful concept of intensive services. To date the agreed upon definition of intensive services is made up of four components. Looking at each of these areas separately, the evaluators note the following results:

A. Intensive Services -- that form of supervision which provides more frequent and more effective goal-directed contact with the client.

There are a variety of factors affecting progress in this area. The size of caseloads is an important characteristic of this project. The smaller size of caseloads differentiates this project from generalized supervision. The assumption being that smaller caseloads increase the potential for more frequent and higher quality contacts with the client. As of June, 1974, size of caseloads ranged from 18 Probation Officers on staff and a total of 883 cases being handled. The Interim Report noted caseloads ranging from 6 to 124, with a maximum goal of 60 cases per officer. That goal has been reduced to 50 per officer. The frequency of contact reported in the Interim Report ranged from bi-monthly, weekly, or as needed. Data collected for the months of April and May, 1974 show frequency of contact according to caseload size are 1.28 for caseloads of above 60, 1.8 for caseloads of 40 to 60, and 2.3 for caseloads less than 40, as of May 1, 1974. These figures show a positive trend to substantiate the relationship between smaller caseloads and higher frequency of contact. These findings are not conclusive due to previously described limitations of data.

Cases are assigned based on geographic location, present size of caseloads, and the experience of the Probation Officers. The program was staffed with approximately one-half experienced personnel. Newer and less-experienced officers are assigned smaller caseloads to allow flexibility for on-going training and

development. Noting the above figures for range of caseloads, one can see that in the past three months, considerable progress has been made to equalize caseload distribution.

To determine specific progress in the area of frequency and quality of contact, a major obstacle has been the translation of this concept into measurable standards. A series of conferences between the evaluators and program administration focused attention on this problem. Through these discussions, it became apparent that a weak link in the program has been caseload management. Weakness in this area resulted from a lack of guidelines which would clarify type and degree of intensive services, a criteria for each, and a process for moving clients from one level to another. Implementation of a uniform system of caseload management would counter-act the effects of the current varied approaches based on individual Probation Officer preferences and expertise. An additional advantage of strengthening this area will be more efficient and reliable collection of data demonstrating frequency and quality of contact. This data will benefit supervision by providing needed feedback as a basis for offering guidance and assistance to Probation Officers. Evaluation efforts, both internally and externally, will be more effective as a result of increased effectiveness in this area.

B. Intensive Services -- that form of supervision which provides a formal, clearly specified treatment plan for each client identifying goals for successfully fulfilling conditions of probation/parole.

The Interim Report identified an emphasis by administration on the development of treatment plans by Probation Officers for each client. The administration has stated that there is a program policy to this effect. At the present time, formal, written treatment plans do not exist. Discussions with program personnel indicate that uniform guidelines for defining treatment plans have not been clarified. Individual Probation Officers have reported that they do create informal plans for each case. Supervisors report that there is a Probation Plan which they discuss with their Probation Officers. Therefore, the evaluators see that progress in this area is based on an informal and somewhat loose interpretation of "treatment plans".

C. Intensive Services -- that form of supervision which provides increased and more effective utilization of special professional staff and community referral resources.

Special professional staff provide vocational, psychological, and community referral services. Available data for the month of April, 1974 shows that: 12 clients were seen and 12 clients were tested by the clinical psychologist; 14 clients were seen, 3 clients were tested, one group met, and five interviews were conducted by the vocational psychologist; 26 contacts with community agencies were made, and 21 referrals were made involving 18 agencies by the Community Liason Coordinator. The scope of agency contacts are varied, offering a notice-

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able increase in treatment resources. These figures indicate that special professionals are functioning and making progress to meet their objectives. However, maximal utilization of their services is not evidenced by this data. There is difficulty determining how the potential of this special group can become operational. More specific goals and standards of performance would increase utilization and aid evaluation in this area. Discussions with project staff indicate additional factors which may be affecting progress in this area. Some Probation Officers are still unaware of the role which their specialists fill. There is some resistance on the part of Probation Officers to use special professional services, feeling that they can handle their clients needs themselves. Discussions with the specialists identify a weakness in administrative support of their efforts and coordinating their services more fully into the program.

D. Intensive Services -- that form of supervision which provides development of facilities to deal with larger system needs.

Community and systems intervention is handled by Probation Officers and para-professionals with assistance from special professionals. Comments related to meeting the above objective will focus on the role of para-professionals. Additional information affecting this area is found in Sections III and IV. Originally, the role of the para-professional emphasized helping clients with community and larger systems needs. This role has been re-adjusted. In many cases Probation Officers prefer to handle crisis intervention and community referral themselves. Therefore, para-professionals have been assigned small caseloads and, in some instances, will work as a team with the Probation Officers. Requests for specific data on activities of para-professionals have not been supplied at the present time.

Continued evaluation efforts will need to look closely at future progress in this area and problems of data collection.

Progress to operationalize the concept of intensive services is closely tied to program objectives for delivery of treatment services. The original subgrant proposal for this project states that "treatment intervention will make use of a wide range of techniques to attack the anticipated varied problems and needs presented by probationer/parolee this project must have the service capacity to deal with a broad range of service needs and problems 1) psychological and psychiatric services, 2) economic, 3) employment and vocational services, 4) family oriented services, 5) socio-environmental, 6) legal services, 7) medical and health services." The subgrant clearly establishes the treatment role of the High Intensity Unit. The staffing pattern of this project fully equips them to deal with the scope of problems they anticipated. Considerable progress has been made, offering flexibility and availability of treatment services. Special achievements are noted in the area of community resource development and vocational psychological services. The project has identified a need for a part-time physician to develop an in-house capacity to dispense medication. Based

on program experience, they are de-emphasizing their ability to respond to legal problems. Continuous efforts are being made to refine and add quality to services in the other six areas.

Treatment services consist of contact with a variety of staff. The Probation Officer, special professionals, and para-professionals are most directly involved with clients. The original subgrant states that, "Intervention will occur on three basic levels: one-to-one and individual; group and collective intervention needs; and community and systems intervention."

For the month of April, 1974, Probation Officer activity sheets show an average monthly office contact of 1.19, with collateral contacts at .367. For the month of May, 1974, average monthly office contacts at .43. Since most of the counseling is done on a one-to-one model, these figures will reflect the extent of this intervention.

Progress in establishing a group counseling program has been slow. An in-service group skills training program was conducted for some Probation Officers. Additional group training for Probation Officers (reported in Interim Report), is still in progress. Currently, there are two groups running facilitated by Probation Officers, and one group initiated by the vocational psychologist. Stronger administrative direction, support, and planning for a group treatment program would hasten program development in this area.

Accomplishments in the area of community and systems intervention have already been reported. (Refer to parts C and D. Additional comments related to progress in this area concern the relationship of office contacts to field contact. Approximately 35% of client contacts are made in the office. A majority of these are by appointment. Some officers are trying to increase their number of field contacts. Further investigation of feasibility and results of going in this direction might be systematically viewed in future evaluation.

The delivery of treatment services is greatly affected by the environment the project establishes. The creation of a treatment environment is enhanced by the small number of staff. The unit consists of approximately 29 staff, excluding clerical. The recruitment and selection process has resulted in the formation of an enthusiastic, and committed staff demonstrating interest and involvement with clients. The physical setting leaves much to be desired. There is little quiet or privacy. There are no partitions between Probation Officer desks. Available counseling rooms are inadequate. Facilities for group work or conference meetings are non-existent. Under the present conditions, staff make special efforts to project a non-threatening, helping environment to clients.

To maximize quality of treatment services, the project is looking at the present skill level of their staff. The accomplishments to date are based on the intuitive and experiential talents of their staff. The project has identified a need to sup-

ply more staff development training, especially in the areas of diagnostic and treatment techniques. Further utilization of special professionals will increase in-house capacity to provide training. There is a wide range of expertise among the Probation Officers, which could be tapped to help less-experienced officers. Currently, much of this talent is informally shared. Development of a more formalized process for exchange of ideas within the program will aid achievement of goals in the area of training and development.

Additional factors which need to be considered to further improve delivery of treatment services are: 1) further clarification of staff treatment responsibilities, 2) improved coordination of treatment services, 3) further development of formal management systems to supervise treatment services.

Another goal stated by this project, which supports the concept of intensive services and differentiates it from generalized supervision, is the development of an "assessment process". The initial assessment process was developed and implemented by April, 1974. This process takes eight weeks and includes weekly contact, a minimum of one home visit, testing, collection of data from other agencies, and a social/psychological work-up. The program is still moving toward program-wide implementation of this process. Discussions with project staff have identified a need to further formalize the present system, building in a team approach and staff conferences. For next year, a goal has been set to develop a system of periodic review of client progress, again using a team approach.

The identification of a special population to receive intensive services is another characteristic of this project which differentiates it from generalized supervision. The program stated that another of their goals was to develop the capacity to accelerate the intake process for a selected client population. The program has successfully merged the previous sex offender and psychiatric units. The Interim Report noted intake problems for "high-risk clients". These problems have continued. Currently, there are no "high-risk" clients in the program. Further information clarifying the sequence of events which led to this result are contained in the following program statement.

"As of June 21, 1974, the Intensive Services Division Unit had not received any high-risk clients, but we are presently exploring several alternatives to correct the situation.

The original plan called for the Intake Unit to screen all people coming through Intake and refer to Intensive Services Division those who met the established criteria. After a period of two months had elapsed and we had not received any high-risk clients, we looked into the situation. It became apparent that Intake was not the point of intervention at which high-risk clients could be selected. Intake does not interview those probationers/parolees who are under cur-

rent supervision. As most high-risk clients would, in all probability, be on probation, the Intake Unit would not interview them.

We then decided that the Reception Unit was the most logical intervention point for selections of high-risk clients. We developed a procedure by which Intake workers, in the Reception Unit, would identify and refer high-risk cases to either Intensive Services Division or their current supervising Probation Officer. This procedure went into effect during the week of May 13.

Upon checking with the Reception Unit recently, we learned that they have seen no high-risk cases.

Our plans for correcting this situation involve using an Intensive Services Division staff member to review all new cases coming through Reception Unit at 714 Market Street to determine if errors are being made in the screening process. If we do not identify any high-risk cases through this process our alternative will be to consider changing the high-risk criteria, the assumption being that the criteria is too rigid and that the sample drawn in June, 1973 was unrepresentative of the department's population."

The evaluators were kept aware of the various problems encountered in this area. There is a need to view this situation as an example of obstacles which can be presented by the larger system. However, the evaluators could not detect a sense of urgency on the part of project staff to resolve the problems.

An underlying framework to continuously monitor the development and direction of this program was the intention to develop systems for data collection, identification of variables having a possible causal, associative relationship to probable recidivism, and implementation of an evaluation design. The Interim Report noted that in the early stages of program implementation other priorities took precedence. At the present time, a level of stability has been achieved by the program. Data collection systems are simplistic and insufficient. There is a heavy reliance on informal systems based on the program's small size. To generate the data needed to meet the above objectives, a careful re-evaluation of present systems and creation of new systems is needed. Special emphasis needs to be placed on the areas of caseload supervision, treatment services, and recidivism data. To date, there is no program recidivism data being systematically generated. The creation of the evaluation design is completed. Submission of specially designed psychometric instrumentation will be completed in July. The dates set for implementation of the evaluation design have been changed to mid-July. Documentation of problems in this area are presented in a letter from the Research and Development Unit included in the Appendix of this report. In the opinion of the evaluators, the program is at a point where they can realistically set a priority on developing and implementing the needed systems in this area.

SECTION III--EVALUATION ACTIVITIES

Evaluation activities undertaken to fulfill the evaluator's project responsibilities consisted of:

1. Periodic meetings with top administration and with the Research and Development Unit of the Adult Probation Department. These meetings have been held on a monthly and/or bi-monthly basis since project inception.
2. Numerous on-site observations.
3. Interviews with a sampling of project staff at various stages of project development.
4. On-going review of reports, statistics, raw and processed data, and other literature and material relevant to the project and to this field of corrections work.
5. Numerous telephone conferences with key project staff personnel.
6. Evaluation of data collected on feedback and data collection devices.
7. Pre-planning meeting for development of an evaluation design.
8. Construction of an evaluation design utilizing a matching system developed by Human Systems Institute.
9. Conference to finalize and implement the evaluation design.
10. Modification of evaluation design based upon project input.
11. Development of psychometric testing procedures to measure client adjustment.
12. Periodic reports to project administration relative to on-going evaluation activities.

Evaluation activities were initiated in November, 1973 and have been on-going through the present time. The information presented in this report is considered reliable and valid based upon the above activities; being primarily interviews, conferences, and on-site observations by the evaluator, together with data collected from the project staff.

It is in the area of such data collection that the major limitations of the

evaluation effort lie. For example, activity sheets submitted by the Clinical Psychologist, the Vocational Psychologist, and the Community Liaison Coordinator cover the month of April only. Monthly activity sheets from para-professionals have not been received. While Probation Officer activity sheets were submitted for the months of April and May, they appear to reflect a lack of familiarity with data collection, particularly in regards to the assessment stage. In connection with generalized supervision, lack of data from this unit prevents a comparison for evaluative purposes. In general, it is our opinion that the primary project emphasis on implementation has not permitted a full capability to generate data necessary for evaluative purposes.

Other limitations present themselves in the areas of clear definitions, by project staff, of measurable standards as a basis for evaluation, and a delay in implementing the evaluation design as a result of problems experienced by the R&D Unit. (See Appendix for letter from R&D outlining this situation)

Recommendations for future evaluation efforts, and for dealing with these limitation, are found in the last section.

SECTION IV--CONCLUSIONS AND RECOMMENDATIONS

This program has been in operation for eight months. At this point, the evaluators can report that substantial progress has been made to operationalize this program and meet its objectives. The program's strength is in its commitment and enthusiasm to the application of the population in need of these services. The pattern which has emerged effecting further growth and development of this project can lay a foundation for setting priorities in the next year. The outstanding factors which need to be considered relate mostly to professionalizing management systems. To accomplish this, there needs to be a standard of performance and accountability. Systems which have relied heavily on informality need to be formalized. Creation of new systems, where necessary, need to be planned. Some of these areas have been pointed out in the previous section. To summarize and be more specific, the following recommendations are being made. The evaluators are suggesting continued funding for the High-Intensity Unit based on these recommendations.

1. Further clarification of program objectives, quantitatively and qualitatively.
2. Development of a uniform system of caseload management including types and degree of supervision, criteria for such, and process for client movement from level to level.
3. Development and formalization of uniform guidelines for treatment plans.
4. Development of a supervisory system of accountability for Probation Officers' use and development of treatment plans.
5. Redefinition of responsibilities and job function of special professionals.
6. Establishment of standards of performance in relation to these responsibilities.
7. Development of an action-plan to better coordinate special professionals with other services.
8. Re-evaluation of responsibilities and standards of performance for all staff.
9. Implementation of a periodic performance review for all staff to aid growth and development.
10. Establishment of program objectives for a group counseling program.
11. Based on objectives set, planning and implementation of a group counseling program.

12. Re-evaluation of data collection systems and implementation of new systems where necessary; giving specific attention to measuring staff performance and activities, monitoring treatment services, tracking client populations, and generating recidivism data.
13. Development of an action-plan to bring "high risk" population on board; and specification of strategies and dates for accomplishment.
14. Further refinement of assessment process and designing follow-up assessment procedures.
15. Investigation of alternatives to improve physical facilities.
16. Development of an action-plan for a staff development program.
17. Investigation in conjunction with R & D Unit, of the feasibility of setting up a control group from generalized supervision.
18. Investigation of alternatives to provide professional management assistance for program development in the next year.

APPENDIX

APPENDIX I
RESEARCH DESIGN

Purpose

The purpose of this document is to operationalize the evaluation design, presented in general terms by Human Systems Institute in its earlier "Proposal to Provide Evaluation Services for the High Intensity Unit." This Proposal indicated, in broad outline, the design and procedures which Human Systems Institute felt would produce the most objective, useful, and economical evaluation of the new High Intensity Unit project of the Philadelphia Court of Common Pleas' Adult Probation Department. The present document complements the earlier "Proposal" with a detailed evaluation plan capable of immediate implementation. In the process of operationalizing the evaluation design, the staff of Human Systems Institute has been considerably assisted by the detailed information on the program, staff, and facilities supplied by the Adult Probation Department. This fruitful initial cooperation augurs well for what it is hoped will develop into a mutually beneficial relationship between the service and evaluative components of this project.

The task of operationalizing the evaluation design involves the following seven interrelated activities:

- a. Clear specification of the primary and secondary objectives of the High Intensity Unit project in measurable terms.
- b. Delimitation of the variables, and the relationships between the variables, to be examined in the evaluation.
- c. Operationalization of the variables.
- d. Organization of the variables into a research design appropriate to the activities and resources of the project, and acceptable in terms of scientific canons of experimentation and causal inference.
- e. Clear statement of specific evaluative procedures.
- f. Framing a timetable of implementation.
- g. Presentation of recommended measuring instruments and data-gathering forms.

The format of this document will adhere closely to the sequential stages of the above approach to evaluation.

Primary and Secondary Objectives of the High Intensity Unit Project

The primary objective of this project has been specified as follows in the project description:

"The basic service goal of this project is to have some impact in reducing recidivism."¹

The eight secondary objectives of the High Intensity Unit Project have been specified as follows:

- a. Identification of legal, economic, socio-environmental, and psychological variables of probationers/parolees having a possible causal associative relationship to probable recidivism.
- b. Formulation of different models for development of service delivery.
- c. Improvement and utilization of professional specialists in the functional areas of:
 - training and staff development
 - assessment of probationers/parolees
 - treatment of probationers/parolees
- d. Development of the capacity to provide crisis intervention to probationers/parolees in the areas of:
 - psycho-social intervention
 - employment
 - financial assistance
 - health services.
- e. Development of the capacity to accelerate the intake process for a selected high risk population.

¹Original Proposal of Adult Probation Department, Court of Common Pleas, Philadelphia, 1973, p.3.

- f. Development of department policies to maintain integrity of selected client population by keeping a balance between intake and release.
- g. Development of the capacity to mobilize both professional and non-professional manpower and other resources to effectively attack the probationers'/parolees' problems and needs requiring intervention on various and/or multiple levels.
- h. Contribution to the further refinement of the definition of the use of para-professionals in probation/parole services.

The evaluation plan will determine the effectiveness of the High Intensity Unit project in achieving each of these primary and secondary objectives.

Delimitation of the Variables to be Examined

In terms of the primary objective, the most important independent variable to be manipulated in this project is:

--type of treatment (intensive supervision--traditional general supervision)

Control will be designed for:

--degree of client "risk" (high risk of recidivism--low risk of recidivism).

The corresponding dependent variable is rate of recidivism. These variables produce the following hypotheses for this project:

- a. The recidivism rate will be significantly lower for probationers/parolees who receive intensive supervision than for probationers/parolees who receive traditional general supervision, all else being equal.
- b. The recidivism rate will be significantly greater for "high risk" probationers/parolees than for "low risk" probationers/parolees, all else being equal.

This evaluation plan will specify how data can be gathered during the life of the project that will enable the evaluators to decide, at the conclusion of the project, whether or not the above two hypotheses have been substantiated.

The first of the secondary objectives, i.e., identification of "high risk" indicators, will be satisfied by collecting data on a number of different legal, economic, socio-environmental, and psychological variables of the probationers/parolees. These variables will be compared with recidivism rates to determine which variables serve as the more reliable indicators of recidivism rates--which variables are the most reliable for dividing the probationers/parolees into high-risk and low-risk groups. Implementation of this procedure will be held off until a future date when the program can handle implementation of these procedures. The achievement of the second of the secondary objectives, i.e., the formulation of different models for development of service delivery will be determined by a systematic and detailed review of documentary material produced by the project staff relevant to the design and implementation of the intensive and traditional general supervision models during the life of the project. The achievement of the third of the secondary objectives, i.e., improved utilization of professional specialists in certain areas, will be accomplished through an ongoing review of the incidence and nature of the use of professional specialists in the areas designated, throughout the life of this project. Similarly, the realization of the fourth of the secondary objectives, i.e., to provide better crisis intervention services, will be determined through a pre- and post-project comparison of the availability and usage of the designated crisis-intervention services.

The achievement of the fifth and seventh of the secondary objectives, i.e., acceleration of the intake process and mobilization of problem-solving professional and non-professional manpower, will also be evaluated by a pre-and post-program comparison of data relevant to these two activities. The sixth project objective, i.e., the maintenance of the integrity of the selected client population, will be evaluated by a review of intake and release records. The realization of the final secondary objective of this project, namely; the increased and more effective usage of para-professionals in probation/parole services, will likewise be determined through a pre- and post-project study of the usage of para-professionals.

Definition of Significant Variables

For the purposes of this project, the following definitions will be used.

Intensive supervision is that form of supervision which provides:

--more frequent and more effective contact between probation officers (and other service personnel) and probationers/parolees than is currently provided under traditional general supervision.

--a formal, clearly specified treatment plan for each probationer/parolee, identifying specific goals for each client to successfully fulfill conditions of probation/parole. This will provide the basis for goal-directed intervention with clients.

--appropriate usage of referral services (such as health, psychiatric and other services).

--appropriate usage of special professional staff to provide a wider range of service.

--facilities for dealing with the "larger system" needs of the probationer/parolee (such as housing, employment, legal assistance, etc.)

To be classified as intensive supervision, any form of supervision must satisfy the above four criteria.

Recidivism will be measured by way of:

- re-apprehensions,
- violations of parole,
- convictions, and
- arrest free days

during the funding period under review.

Evaluation Design

On the basis of a matching system designed by HSI, all probationers/parolees in the project will be assigned to one of the following groups:

- a. Sex offenders/High Intensity Unit
- b. Probationers/parolees with a psychiatric condition/High Intensity Unit.
- c. High-risk probationers/parolees/High Intensity Unit
- d. Sex offenders/Differential Caseload Management Unit
- e. Probationers/parolees with psychiatric condition/Differential Caseload Management
- f. High risk/Differential Caseload Management.

This design can be represented diagrammatically as follows:

		Group Characteristic		
SUPERVISION	Intensive	Group A	Group B	Group C
	Generalized Supervision	Group D	Group E	Group F

Recidivism data will be collected prior to the probationer's/parolee's allocation to a group and also throughout the rest of the life of the project. These recidivism rates from the groups--experimental and control--will constitute the data to be used to substantiate or negate the primary hypotheses of this project.

Evaluative Procedures

To implement this evaluation design, it is necessary that the following activities occur at the appropriate stages.

a. Intake Stage

- i. In consultation with appropriate court personnel, select personality and socio-psychological tests to be used.
- ii. Document (with appropriate quantification) the Probation Department's pre-project utilization of professional specialists in the areas of training, assessment, and treatment.
- iii. Document (with appropriate quantification) the Probation Department's pre-project utilization of both para-professional and non-professional workers in probation/parole services.
- iv. Document (with appropriate quantification) the Probation Department's pre-project capacity to provide crisis intervention to probationers/parolees in the areas of:
 - psycho-social intervention
 - employment
 - financial services
 - health services.

b. Assessment Stage

- i. Instruct Probation Department personnel in administration of selected personality and socio-psychological tests.
- ii. Devise a matching technique and schedule for use in allocating probationers/parolees to one of the four main project groups.
- iii. Design a recording form to be used by the probation officers to record the frequency, duration, and purposes of the supervisory services they provide to each probationer/parolee.
- iv. Design a recording form to be used by professional specialists to record the frequency and nature of the professional services they provide to each probationer/parolee.
- v. Design a recording form to be used by para-professionals to record the frequency and nature of the services they provide to each probationer/parolee.
- vi. Design a recording form to be used to record the reappréhension, parole violation, and/or conviction history, if any, of each probationer/parolee during the life of the project.
- vii. Design a form to record all activities undertaken by the project staff to meet the "larger system needs" of the probationers/parolees.
- viii. Instruct relevant project staff in use of these forms and instruments.

c. Treatment and Supervision Stage

- i. Ensure that all required data are being kept accurately and completely.
- ii. Assist project staff, when required, in adhering closely to the evaluation design, as specified earlier in this document.

d. Post-Treatment and Supervision Stage

- i. Analyze all data and determine whether the project's primary and secondary objectives have been met.
- ii. Convey results of evaluation and recommendations to project directors, evaluation staff of Philadelphia Regional Planning Council, and staff of Evaluation Management Unit, Governor's Justice Commission, Harrisburg.

Throughout all these activities, there will be close cooperation with, and regular and formal feedback to the project staff and the Governor's Justice Commission.

Timetable

March 1, 1974	All Intake Stage Evaluation Activities Complete Interim Report to Governor's Justice Commission
March 1, 1974	All Assessment Stage Evaluation Activities
March-June, 1974	Treatment and Supervision Stage Evaluation Activities
June-July, 1974	Post-Treatment and Supervision Stage Evaluation Activities
July 1, 1974	Final Report to Governor's Justice Commission

Instrumentation

Once this Evaluation Plan has been approved in principle, Human Systems Institute will supply the instrumentation indicated at the times specified. Human Systems Institute has already done considerable work on the required instruments and foresees no problem in having the necessary instruments ready on the dates required.

MATCHING PROCEDURE

Recommendations:

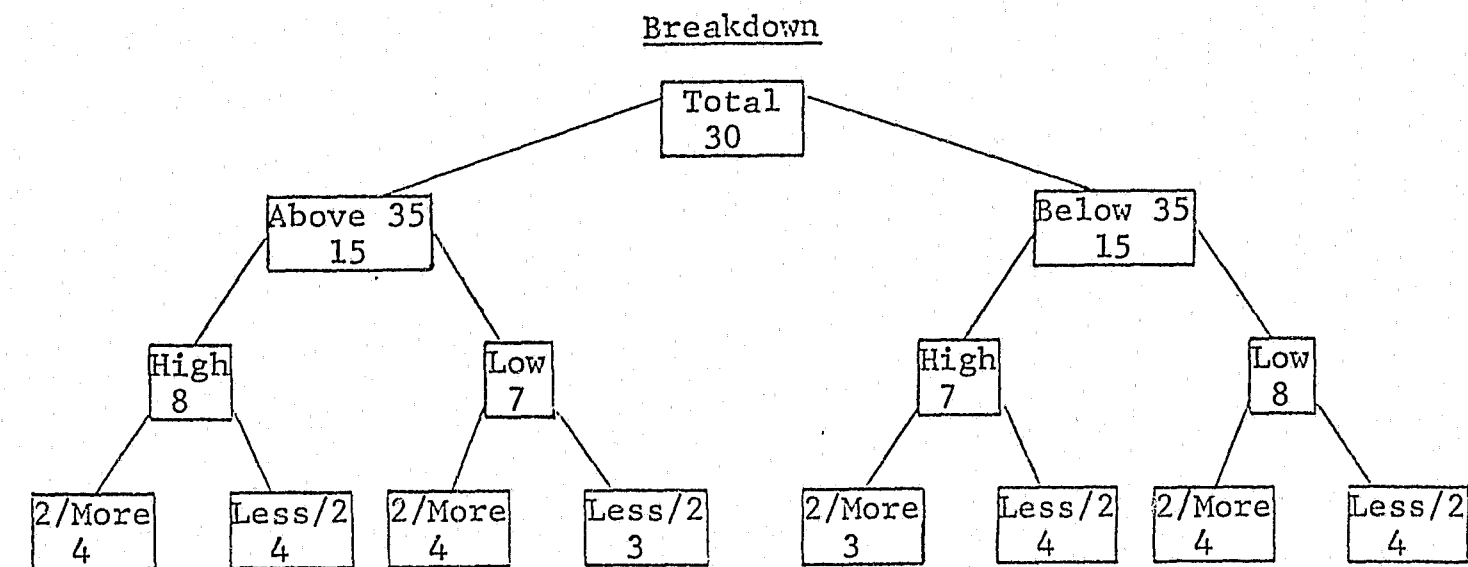
1. Would not advise one-to-one matching --
This is really only suitable for very small groups (± 10) and would be impractical for groups of the size that we intend to use in this study.
2. Would advise inter-related quota matching --
This is feasible for our product; and, while economical, it will provide the needed control, especially -- if we quota on four variables, -- these variables are independent both of each other and the expected outcome.
3. Matching would be done within the Sex Offenders, Psychiatric and High Risk groups for the High Intensity Unit and Differential Caseload Management populations as follows:

<u>High Intensity Unit</u>	<u>#</u>	<u>Differential Caseload Management</u>	<u>#</u>
Sex Offenders	30	Sex Offenders	30
Psychiatrics	30	Psychiatrics	30
High Risk Group	30	High Risk Group	30
	<u>90</u>		<u>90</u>

Total Sample -- 180

4. Inter-Related Quota Breakdown

- Variable
- A. Sex Offenders
 - B. Age: above 35/below 35
 - C. Seriousness of Offense Scale Score
 - D. Number of Previous Convictions - more than 2/2 or less



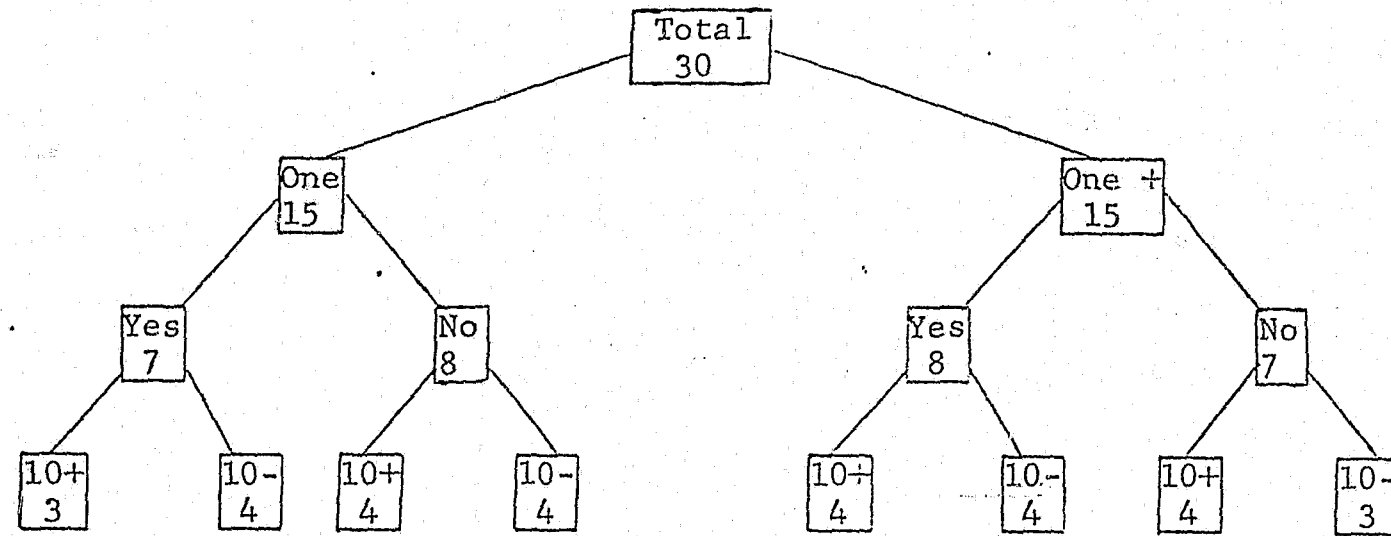
The following variables are suggested for the Psychiatric Offenders:

- Variable
- A. Psychiatric Offenders
 - B. Age: 35 above/below 35
 - C. Assaultive - Property Offenses (tentative)
 - D. Number of Previous Convictions - more than 2/2 or less

A different set of controlling variables is suggested for the High Risk populations.

- Variable
- A. Hi-Risk Offenders
 - B. Number of Previous Offenses - one or more than one
 - C. Employed Currently
 - D. Education level - grade 10 and above/below grade 10

Breakdown



PHILADELPHIA ADULT PROBATION DEPARTMENT

TREATMENT AND RECIDIVISM REPORT

A. DEMOGRAPHIC DATA

Probationer's Name _____ Police Number

Census Tract _____ Case Number

Date of Birth Sex Race Case Number

Prior Arrests Case Number

Probation Officer's Name _____ P.O. Number

Type of Supervision Type of Group

S.O.O.S. Score Marital Status _____

CASE NUMBER	DATE PROBATION STARTED	PROBATION EXPIRATION DATE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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B. TREATMENT AND RECIDIVISM DATA

Month _____	P.O. Contacts <input type="text"/> <input type="text"/>	Collateral Contacts <input type="text"/> <input type="text"/>
Year _____	Agency Contacts <input type="text"/> <input type="text"/>	Re-Arrests <input type="text"/>
	Probation Violations <input type="text"/>	Convictions <input type="text"/>
	Days Employed <input type="text"/> <input type="text"/>	Wanted Cards <input type="text"/>
	Expiration <input type="text"/> <input type="text"/>	
<hr/>		
Month _____	P.O. Contacts <input type="text"/> <input type="text"/>	Collateral Contacts <input type="text"/> <input type="text"/>
Year _____	Agency Contacts <input type="text"/> <input type="text"/>	Re-Arrests <input type="text"/>
	Probation Violations <input type="text"/>	Convictions <input type="text"/>
	Days Employed <input type="text"/> <input type="text"/>	Wanted Cards <input type="text"/>
	Expiration <input type="text"/> <input type="text"/>	

DATA REQUESTED OF HIGH INTENSITY UNIT

Vocational Psychologist

- A. Number of Client Contacts
- B. Purpose of Contact
- C. Number of "No-Shows"
- D. Number of Staff Development Training Sessions
- E. Number of Vocational Counseling Groups
 - Number of Members in Group
 - Frequency of Group Meetings
 - Basis for Termination in Group

Clinical Psychologist

- A. Number of Contacts
- B. Purpose of Contact
- C. Number of Clients Receiving Testing.
- D. Number of Staff Development Training Sessions
- E. Number of Contacts with Staff to Increase Information Base

Community Referral Services

- A. Name of Agency Contacted
- B. Purpose of Contact
- C. Frequency of Contact
- D. Number of Client Referrals

Interdepartmental Referrals

- A. Name of Department
- B. Purpose of Contact
- C. Frequency of Contact
- D. Number of Client Referrals

Group Supervision

- A. Number of Groups
- B. Number of Staff in Groups
- C. Number of Clients in Groups
- D. Purpose of Group
- E. Number of Group Members Terminated
- F. Reason for Terminations

ParaProfessionals

- A. Number of Client Contacts
 - Number of Home Contacts
 - Number of Office Contacts
- B. Number of Collateral Contacts
 - Number of Family Contacts
 - Number of Agency Contacts
- C. Purpose of Contacts

Probation Officers

- A. Number of Client Contacts
 - Number of Home Contacts
 - Number of Office Contacts
- B. Purpose of Client Contacts
- C. Number of Collateral Contacts
 - Number of Family Contacts
 - Number of Agency Contacts
- D. Purpose of Collateral Contacts
- E. Type of Client Treatment

INTENSIVE SERVICES DIVISION INTAKE AND RELEASE FIGURES

AS OF MAY 31, 1974

	INTAKE (1)	RELEASE (2)
November, 1973	32	9
December, 1973	21	27
January, 1974	46	32
February, 1974	27	20
March, 1974	37	20
April, 1974	30	14
<u>May, 1974</u>	<u>43</u>	<u>27</u>
TOTALS	266	149

- (1) Intake includes new cases plus transfers in.
- (2) Release includes expired cases, terminations, and transfers out.

SIZE OF CASELOAD/FREQUENCY OF CONTACT INFORMATION

	April	May
Average frequency of Probation Officer Contact:		
Client Contacts:	1.21	1.36
Collateral Contacts:	.375	.37
Total Contacts:	1.557	1.73
Frequency of Total Contacts in Relation to Size of Caseload:		
For Caseloads of Less Than 40:	2.3	2.3
For Caseloads of 40 - 60:	.67	1.8
For Caseloads of More Than 60:	.95	1.28

INTENSIVE SERVICES DIVISION CLIENT COURT

AS OF MAY 31, 1974

Linial	65	
Ronkowski	52	
Goodwin	67	
Golden	41	
Dressel	36	
Reynolds	28	
Monaco	61	Range: Low = 28: High = 75
Hall	75	Desired Unit Average: 50
Davenport	54	18 Probation Officers
Milles	70	10 Presently Above Average
Day	60	8 Presently Below Average
Lozada	28	
Samay	32	
Cassell	28	
Mastrogiovanni	31	
Rhodes	56	
Ridgway	50	
Podietz	<u>48</u>	
Total Population	883	

PRESENT STAFF OF HIGH INTENSITY UNIT

	Male	Female	Black	White	Spanish
Director		1		1	
Associate Director	1			1	
Psychologist	2			2	
Community Liason Coordinator		1		1	
Probation Officer IV	3	1	1	3	
Probation Officer I	7	1	3	5	
Probation Officer Trainee	10	1	1	9	1
Probation Officer Technician	1	1	2		
Steno/Clerk		1		1	
Clerk Typist		3		3	
TOTALS	<u>24</u>	<u>10</u>	<u>7</u>	<u>26</u>	<u>1</u>



FREDERICK H. DOWNS, JR.
CHIEF PROBATION OFFICER

OFFICE OF COURT ADMINISTRATION

PROBATION DEPARTMENT
714 MARKET STREET, 6TH FLOOR
PHILADELPHIA, PA. 19106

June 24, 1974

D. DONALD JAMIESON
PRESIDENT JUDGE

HON. STANLEY M. GREENBERG
COURT ADMINISTRATOR

Ms. Gable

Page 2

June 24, 1974

Ms. Jo Ellen Gable
Human Systems Institute
41 Skyline Drive
Morristown, New Jersey

Dear Ms. Gable:

I am writing this letter to bring you up to date on our progress in selecting the High Intensity and Caseload Management client groups to be used in your evaluation of the High Intensity program.

To date, we have not completed the selection of either group although both are well under way and being worked on by at least two and sometimes three or four R. & D. people and one or two High Intensity Staff persons.

In response to your request for a log covering our sample-selection activities, we are including the following summary of our weekly activities:

5/9/74-5/15/74 It took one week to receive requested computer printouts of all High Intensity and Caseload Management clients.

5/17/74-5/21/74 We ordered a printout summarizing the numbers of High Intensity clients committing each offense.

Instead, we received a printout summarizing the numbers of High Intensity clients committing offenses falling within groupings of offenses. This was not helpful as we had hoped to be able to assess the numbers of felonies and misdemeanors committed by High Intensity clients.

5/27/74-5/31/74 Conferred with Research supervisors about definitions of client-sample groups. Ordered and received printouts of Caseload Management clients with SEX and PSYCHIATRIC conditions of probation.

6/3/74 - 6/7/74 Received Caseload Management printout. Discovered only five cases with "Sex" as a condition of probation. Discussed this with Research supervisors and was advised to determine sex offenders not by condition of probation, but by offense. Other design problems discussed in a 1½ hour conference with Research Supervisors focused mainly on refining the definitions of Sex and Psychiatric client populations (eg. Will we be including women in our study? What do you do with clients who are on Psychiatric probation who have committed sex offenses? To which group do they belong.)

Made up chart summarizing relevant data needed about each client. Spent 10 hours transferring data from printout to chart for Caseload Management's clients who have a Psychiatric condition of probation.

Met with outside evaluator, High Intensity administrators and Research and Development staff to discuss outside evaluator's findings to date, progress of sample selection, and management of High Intensity project.

Ordered printout of Caseload Management clients who have committed sex offenses.

6/10/74 - 6/13/74 Spent 2½ hours recording data about Caseload Management Psychiatric clients on data-summary chart. Began doing the same for Caseload Management sex offenders. Sex offenders on Psychiatric probation are being excluded from possible selection. Spent 8½ hours recording relevant data about sex offenders from printout. Spent five hours working in P.O. files gathering client's probation starting and expiration dates, date of first contact with a Caseload Management P.O., and number of previous convictions.

June 24, 1974

6/17/74 - 6/21/74 - Met with Research supervisors to discuss problems with data available in P.O. files (e.g. (1) Police extracts on file are not kept up-to-date so that dispositions are not available on all client cases. Consequently, the reliability of data concerning number of previous convictions is questionable. (2) Approximately 25% of the client folders were not available as they were being used by P.O.'s)

Helped High Intensity staff organize their sample-selection activities. Discussed definitions of experimental groups to insure consistency in subject selection.

Computed age distribution for sex offenders. Grouped sex offenders into experimental groups needed (Did this only for clients for whom case folders were readily available.) Using age 35 as a cut-off point, we do not presently have enough sex offenders over 35 years of age to fill needed experimental groups. Unless our tracking-down of missing folders changes this, we may have to change the age criteria. There appear to be adequate numbers of Caseload Management psychiatric probationers to fill needed categories. As yet, we do not know whether there are enough High Intensity clients to fill each category.

Two R. & D. staff have been calling the P.O.s who are holding the missing client folders to obtain data needed before we can include these clients in the universe of clients from which we will select our sample.

6/24/74 Calling P.O.'s in an effort to track down client folders removed from main file room.

We anticipate that we will need at least one more week in order to complete our selection of Caseload Management Sex and Psychiatric groups, assist High Intensity in their selection of subjects, and gather the needed recidivism data.

June 24, 1974

I hope this log is of assistance to you in understanding some of the activities involved and some of the obstacles we have encountered so far in implementing the experimental design.

Should you have any further questions, please feel free to call.

Sincerely,

Deborah A. Levi

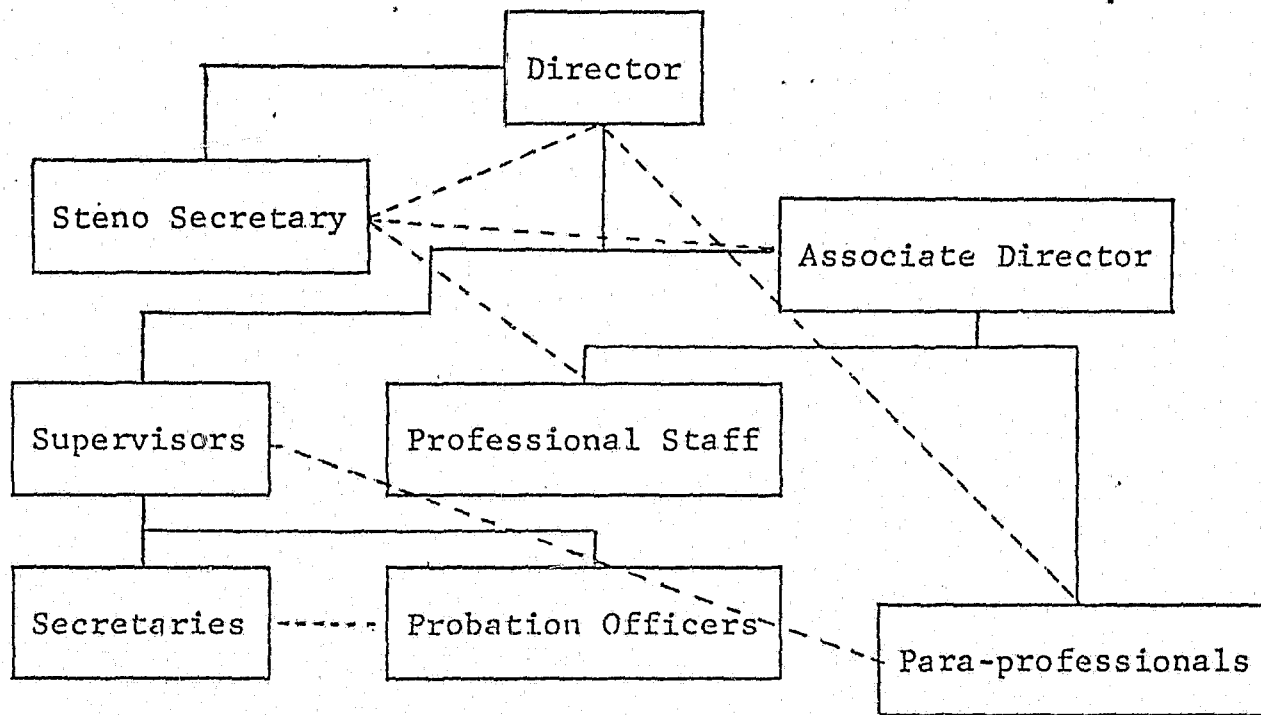
Deborah A. Levi
Research Associate

DAL/vem

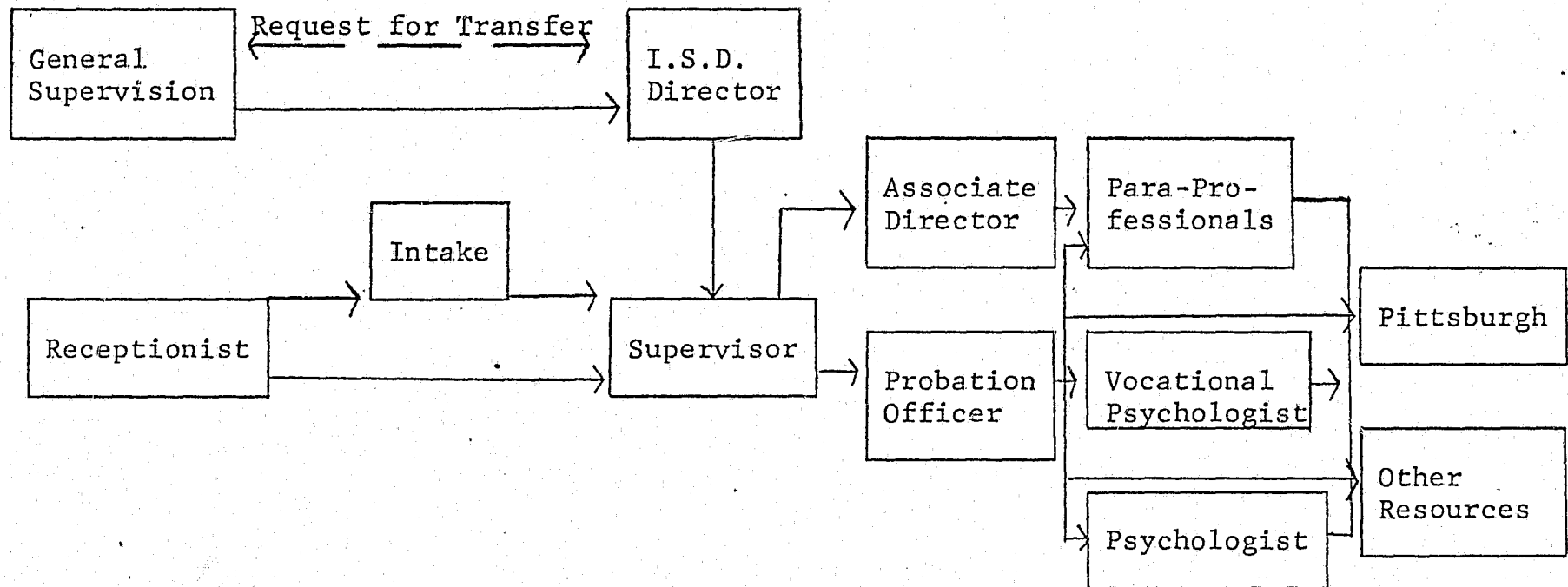
cc. M. Lindner, Ph.D.
E. Krall, Ph.D.
P. Farrell
M. Slivka

HIGH INTENSITY PROGRAM

ORGANIZATIONAL CHART



INTENSIVE SERVICES DIVISION CLIENT FLOW CHART



MAJOR EVALUATIONS UNDERWAY OR COMPLETED IN YOUR SPA

Project or Program Being Evaluated:

Grant Title: PH-231-73A/E High Intensity Unit
(include grant number)

Grantee: Phila. Ct. of Common Pleas/Adult Probation Dept.

Brief Description: Attempt to have an impact on the reducing of
(both project and evaluation effort)
recidivism of a target population composed of sex offenders, pro-
bationers/parolees with a psychiatric condition & Probationers/
Parolees who are defined as high risks.

Scheduled date of final Evaluation Report: 7/16/74

Person to contact concerning the Evaluation:

Christine A. Fossett, Chief, Evaluation & Monitoring Unit
(name)
Governor's Justice Commission, Department of Justice
(address)
Box 1167, Harrisburg, PA., 17120
717-787-1422
(telephone)

If completed, is Evaluation Report on file with NCJRS? yes ☒ no

Please mail completed form to:

~~Keith Miles~~
Office of Evaluation
LEAA-NILECJ
Department of Justice
Washington, D.C. 20530

END