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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
HARRISBURG, PENNSYLVANIA 17120

ACQUISITIONS

Room: 717  
Telephone: 787-6094

OFFICE OF  
CHILDREN AND YOUTH

August 4, 1977

PROJECT DIRECTOR'S  
RESPONSE

Mr. Robert J. Monteverde :  
Peat, Marwick, Mitchell and Company  
100 Pine Street  
Harrisburg, PA 17102

DS-76-C-9E-0202

Dear Mr. Monteverde:

The tentative and preliminary draft of the Warrendale Comprehensive Resources Model evaluation conducted by Peat, Marwick, Mitchell and Company has been reviewed by my staff. The following revisions should be included in the final evaluation report.

1. All typographical errors should be corrected. These are too numerous to cite individually.
2. The following displays referenced in the text of the report are missing: Section II, page 5 - gantt chart, Section III, page 4 - processing scheme for a juvenile corrections system, Section VII, page 2 - Service profile, Section VIII, page 11 - Sample of effective measurement process, Section VIII, page 16 - Graphic example of a program structure.
3. Section III of the draft states that quality of program services was reviewed according to structure, activities, process, and outcome. The results of the review of the four program aspects are not included in the report. What were the results of PMM and Company's review of services?
4. Quality of service is defined as dealing with program structure, the service delivery system, and understanding by program personnel. How do these factors relate to quality of service? The fact that a program has understanding staff and all the necessary components does not guarantee quality service.
5. Section III describes the type of training done by Warrendale. However, there is no mention of how the training was evaluated. What criteria were used for assessment? What were the results?
6. Section IV cites the factors inhibiting implementation of the project. What does PMM and Co. recommend to overcome these barriers to implementation?
7. Section III states that the program approach of Warrendale is sound. How did PMM and Co. determine this?

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c1, c2

8. Section V recommends standards of disposition be developed according to the degree of seriousness of the offense and corresponding service alternative. Can PMM expand this concept into a typology? How would special needs of an individual youth be handled?
9. Section V also suggests that the community would be more receptive to programs run by the county. Is there any concrete evidence of this?
10. Section VII reviews the adequacy of existing records and reports. However, the results of this review are not stated. What specific information was evaluated. What were the conclusions? Did PMM and Co. interview managers to determine what program and fiscal information was needed? How adequate is present information in meeting the needs of program administrators?
11. Section VIII deals with concepts for future programmatic evaluation. We agree with PMM and Co. that program evaluation should be redirected from process (what was applied) to progress, (what was the effect). We expected that PMM and Co. would develop a design for impact evaluation. What we need is the development of criteria by which we can measure the impact or effect of programs and services.
12. The evaluation model presented in Section VIII is geared toward the evaluation of services, not the progress of individual youth. Development of service profiles and the identification of problem conditions that influence service populations assumes that these factors effect all youth in the same manner. The problem description requires the substantiation of a cause - symptom relationship but offers no method by which to accomplish this.
13. Goals and objectives should be developed for each individual youth, services provided to help the youth achieve these goals, and a method developed to evaluate the impact of the services.
14. The examples presented in Section VIII, page 7, are not very helpful. The goal stated is to raise the verbal and math skills of the client population. The criteria for measurement is to increase the number of clients receiving tutorial services. What does this say about the impact of the service? Increasing the number of clients served will not automatically raise verbal and math skills. In another example, the goal to develop self-esteem in the client is measured by an increase in the self-esteem level. What is the criteria by which a change in self-esteem is measured?
15. Section VIII, page 12, identifies three components of an evaluation system: staff and client activity, service impact information, and program cost information. All of the described components, deal primarily with process evaluation, i.e. what

was applied. What is needed is criteria for impact evaluation? Trends and comparisons with prior periods will highlight program changes, but will not show the impact of the services upon the youth.

I will be appreciative if the suggested revisions are made and a final report submitted as soon as possible.

Sincerely yours,

*Robert Sobolevitch*  
Robert Sobolevitch, Director  
Bureau of Youth Services

bjm

PEAT, MARWICK, MITCHELL & CO.

CERTIFIED PUBLIC ACCOUNTANTS

1500 WALNUT STREET

PHILADELPHIA, PA. 19102

September 23, 1977

Mr. Robert Sobolevitch, Director  
Bureau of Youth Services  
Commonwealth of Pennsylvania  
Department of Public Welfare  
Harrisburg, Pennsylvania 17120

Dear Mr. Sobolevitch:

We have carefully reviewed each of the fifteen revision comments prepared by you and your staff, in your letter of August 4, 1977 concerning Peat, Marwick, Mitchell & Co.'s (PMM&Co.) evaluation of the Warrendale Comprehensive Resources Model (WCRM). Many of your comments concern questions you have about how PMM&Co. approaches the evaluation and how specific conclusions were reached. Others, address the need for specific recommendations about programmatic methodology and ways of evaluating program impact. We do not feel that answers to the former types of questions can be effectively dealt with in the context of our report and, therefore, require specific responses to each. Additionally, the latter issues would require PMM&Co. to exceed the scope of our original contract, to perform an evaluation, and proceed into developing specific program processes and quality control methodologies, some of which we are not qualified to develop and others that require a cumulative development by your office, the county courts and the community. We, therefore, would respectfully suggest that in response to your request for incorporating the revisions in our report, that we instead issue our final report in its original form and address each of your revisions within this letter.

In responding to your comments we have grouped them into the two general types previously mentioned:

- . Our approach and conclusions; and
- . Additional needs of the WCRM.

We have also summarized the essence of our evaluation in an executive summary, in the latter part of this letter.

OUR APPROACH  
AND CONCLUSIONS

Each of our responses are referenced to your revision numbers. Responses to your revision numbers (1) and (2) have been noted and the omissions and corrections have been incorporated in our report.

Your Revision #

#3

PMM&Co. Response

Section III discusses the four elements normally identified with program quality. The last paragraph on Page III-1 states that we reviewed three of the elements and excluded outcome because of the newness of the program. It was impossible to evaluate the impact during our review.

The results of our evaluation indicate, in general, a high degree of program quality based on the conceptual definition of the WCRM, its purpose and objectives and the program activity structure that was in place during our review. We found, through interviews; observations; comparison of general program goals and objectives (WCRM purpose) with program activities; research of other CBT models; and compliance with sub-grant DS-75-C-9E-9-676 and ACA Standards that the WCRM demonstrated a sound approach to alternative treatment of "youths in trouble". Although we were unable to measure specific impacts on the youths, primarily because an impact measurement system, to evaluate progress of individuals was not in place, we did evaluate the components of the program process within the broader program framework of symptomatic-causal relationships, the systems approach for diagnosis and treatment, and the emphasis on family restructuring techniques.

Whether or not the WCRM is succeeding or failing in rehabilitating youths can only be speculative until a progress evaluation system is designed and implemented.

#4

This question is partially answered in the response to the previous revision (#3). Certainly the components of a program will not guarantee quality of service any more than a specific methodology of diagnosis and treatment. However, a quality program cannot exist without the components discussed in our report. Quality can only be guaranteed, if at all, through adequate funding, highly competent staffing and a quality assurance feedback system that provides continuous information about treatment methodology, clients and client progress.

#5

Since we could not attend the training courses given to Warrendale staff, we could not critique the specific contents of the courses. However, based on interviews with those that did attend the courses and observations as to the responsibilities of the CBT staff, there appeared to be an appropriate match between needed skills and course contents.

#6

Specific recommendations were not within the scope of our contract, to evaluate. Many of the inhibiting factors must be resolved by Warrendale personnel, the Courts, the Bureau of Youth Services and the community. In general terms we feel that solutions to some of these obstacles are found in Section V, Recommended Alternatives to the WCRM.

#7

The program approach is sound in the sense that overall the process elements of the program support the purpose of the program and adhere to established guidelines and standards of community based treatment. PMM&Co. determined the soundness of the program by performing tasks that included:

- . Interviews at all levels including juvenile courts.
- . Observations.
- . Review of general program purpose and intent with program processes and activities.

- . Research into other CBT programs in other states.
- . Compliance with subgrant DS-75-C-9E-9-676.
- . Compliance with ACA Standards.
- . Similar engagements performed by PMM&Co.

#9

We have suggested that county government (Allegheny County) would be more receptive to the WRCM program if the State would encourage implementation of CBT programs through funding, and policy and guidelines rather than direct implementation by the State. It was obvious during our evaluation that the Allegheny Juvenile Court System wanted autonomy in operating the CBT program. We cited a variety of other similar programs operated by the County (Page V-2) and listed advantages of having the County implement the program.

We did not suggest that, "the community would be more receptive to programs run by the county" as stated in your letter.

NEEDS OF  
THE WCRM

The following responses refer to additional needs of the WCRM.

#8

One of the many purposes of developing standards of disposition is to respond to the special needs of an individual client by assuring that both the client profile and degree of seriousness of an offense are given equal consideration.

Development of specific standards would require a joint effort by the County Courts and professionally trained psychologists and counselors and could not be prepared by PMM&Co. Our primary point we hoped to make, was that development of diversion options are needed as alternative processes for different client needs.

#10

Interviews were conducted to determine the information needs within the model. Both the client information systems (manual) and the financial information provided by the State were analyzed. We found that program staff could not articulate their information needs in the context of a total management information system (MIS). During our

#10

review we found most of the components of an MIS in one form or another, in that there were client profile data, treatment data and fiscal data being captured. However, the data was not integrated, nor were there any indications that meaningful management information (reports) were being prepared.

With the computer software and mini-computers now available and the data currently being collected, it would be relatively simple to create data files for client history and treatment, as well as integrated fiscal data for unit costing. This system could quite easily be designed with information retrieval via terminals (CRT) to the Courts and CBT centers since most mini-computers operate on an on-line terminal I/O mode.

#11, #12, #13  
#14, #15

We concur that there is a strong need for a results oriented system to measure treatment impact on clients. The concepts presented in our report provide a format or method for constructing a model. The model can be used for process or impact measures and for individuals or programs. The specific contents of the Service Profile in our report was not intended for implementation by the WCRM but rather as an example. The development of a process or impact model is a major undertaking requiring professional skills in both program development and systems design. We could not and did not contract to design such a system in our evaluation proposal.

### SUMMARY

Although much of the tone of our report is of a critical nature, it is not intended to leave the impression that the WCRM is not succeeding. As with any new program the success or failure of the program depends on its ability to evaluate itself and feedback information to effect change and keep the program on course. Our independent evaluation was part of a feedback process to assist the WCRM management to bring to bear needed changes and improvements, as well as, support and give concurrence to those positive aspects of the model. In doing this we found



many strong points within the model both from a common sense basis and from precedence in other CBT programs. We believe we were sensitive to the positive aspects and gave them equal weight in our report.

As professional management consultants we are trained to recognize operating and administrative weaknesses in all types of organizations. In our evaluations we utilize predefined check lists and rely on our professional experience and knowledge base from similar engagements. Specifically, we look at some of the following elements during an evaluation:

- . Management controls and planning.
- . Goals/objectives/processes.
- . Organization.
- . Methodologies/procedures.
- . Information systems.
- . Efficiencies and economies.
- . Staff skills.
- . Comparisons with standards.
- . Program results.

This standardized approach, we believe, provides a thorough and quality evaluation with constructive recommendations resulting from this process. To the extent possible we attempt to quantify our findings.

Accordingly, we found that, although much of the WCRM is sound in its design, the concerns of other power structures impacted by the WCRM were not being acknowledged. This in turn created friction and a slow-down in implementation. Many of our recommendations; such as, diversion options, disposition standards and pilot

testing with carefully measured program results, would have tended to appease the Courts and the communities in Allegheny County. We identified the friction as one of the key issues.

Administratively, we identified a lack of project control and the need for better information systems, to support the CBT environment. These issues were, at the time of our evaluation, less critical than taking steps to reduce the friction between the WCRM and the Courts.

Notwithstanding these issues, our conclusion is that the WCRM is feasible, given recognition to the recommendations in our report.

\* \* \* \* \*

We are hopeful that our comments, contained in this letter, respond to the concerns expressed in your letter. We realize that your needs were not resolved by an evaluation and instead identified some additional needs, particularly in the area of information systems. To the extent that we can be of any additional assistance in defining those systems requirements, we hope you will feel free to call on PMM&Co.

Very truly yours,

PEAT, MARWICK, MITCHELL & CO.



Robert J. Monteverde,  
Partner

RJM:tl

PEAT, MARWICK, MITCHELL & CO.

CERTIFIED PUBLIC ACCOUNTANTS

1500 WALNUT STREET

PHILADELPHIA, PA. 19102

September 23, 1977


Mr. Robert Sobolevitch, Director  
Bureau of Youth Services  
Commonwealth of Pennsylvania  
Department of Public Welfare  
Harrisburg, Pennsylvania 17120

*DS-76-C-9E-0202*

Dear Mr. Sobolevitch:

Peat, Marwick, Mitchell & Co. (PMM&Co.) is pleased to submit this report concerning the review of the Warrendale Comprehensive Resources Model (WCRM). As you know, the original scope of the engagement required PMM&Co. to perform an independent effectiveness evaluation of the model. However, during our orientation with the Director of the Warrendale project we became aware that an evaluation in the true sense, that is, measuring program inputs and outcomes, would be premature at this time because of slippage from the original time schedule which resulted in an almost non-existent client base. We therefore revised the thrust of our evaluation to comments about the project plan and the pilot Day Treatment Center (DTC) opened on the northside of Pittsburgh in February 1976, and placed greater emphasis in our work on the development of concepts for future evaluations of the model in its original or expanded form.

Additionally, as a result of our review of the Model we have included in this report our opinion of the project's current status. This evaluation includes a discussion concerning project start-up planning and control; program quality; compliance with the LEAA grant requirements and the American Corrections Association manual of standards for Community Based Treatment (CBT); adequacy of



existing records and reports; personnel redeployment and training; project constraints; and recommended alternative future courses of action for your consideration.

#### SUMMARY OF FINDINGS AND RECOMMENDATIONS

A reasonable pilot test period should be conducted whereby the existing Day Treatment Centers operate, utilizing a complete staff complement, employing the intended number of slots for a facility, and for a period of not less than six months. This test period will allow unanticipated problems to be worked out and at the same time provide for additional planning and lead time for adequate training of personnel and procurement of additional facilities consistent with the anticipated population of clients.

#### Alternate Models

Consideration should be given to developing quantitative measures, that deal with alternative program considerations; reducing in-house costs by using county operated programs and facilities where possible; expediting implementation by (1) minimizing the need for community based facilities, (2) allowing counties to have more autonomy in operating the programs, and (3) utilizing existing county communications channels and support from county operated service programs, such as county probation offices, big brothers and county child welfare programs.

#### Diversion Alternatives

The WCRM should be expanded to (1) provide diversion alternatives prior to court hearings and dispositions, and (2) as an alternative to probation. This would reduce the number of cases processed through the courts and divert "non-serious" offenders from the formal court process and institutionalization.

### Disposition Standards

A joint effort involving the courts, the Department of Public Welfare and the Governor's Justice Commission should be initiated to develop standards concerning dispositions of juvenile offenders to the network of available alternatives. The standards should attempt to balance the degree of seriousness of a crime and the problems of a juvenile offender, uncovered during the intake process, with the intent of providing guidelines for the most appropriate disposition for each individual.

### Purchase of Service

Future CBT programs should attempt to utilize purchase of service contracts for more of the services provided to the youth. This approach could possibly minimize the investment in the program while providing flexibility for expansion and contraction of services, as needed.

### Staffing Patterns

Alternative schemes for staffing Day Treatment Centers should be developed to eliminate prohibitive personnel costs as the program grows. The existing planned ratio is seven advocates and educators for 20 youths in each center.

### Implementation Considerations

The following issues should be considered as implementation progresses.

- . Client Diversion. A program for temporary diversion of youths to other institutions must be developed to allow Warrendale time to train and redeploy personnel to the community based program.
- . Community Acceptance. Additional community perceptions should be surveyed, including business and individual citizens in order to identify community concerns. A citizens advisory board should be established for each community center to elicit increased community participation in the project.

- . Facility Identification. Efforts by Warrendale administrators should be initiated to locate Day Treatment Facilities and support the on-going effort of the Government Service Agency, by working with real estate brokers, community leaders, other government agencies and program staff living in the target areas, to expedite the procurement of facilities.
- . Probation Involvement. County probation officials should be enlisted to assist in locating and selecting sub-contractors for community residential centers. Progress in this area has been slow since the opening of the first center in early 1975 due to a limited number of qualified contractors.

#### Information Considerations

The following items should be taken into consideration.

- . Needs Assessment. A needs assessment dealing with projected numbers of juvenile cases to be processed through the courts and anticipated numbers of those cases where assignment could be made to CBT programs should be projected for a five-year period.
- . Cost Projections. A detailed cost projection based on the service delivery system configuration developed from the needs assessment should be formulated. This is important for budget justification and in order to ensure the continuing availability of funds.
- . Project Control. An informal project control reporting system should be implemented that is suitable for the needs of project control, and yet easy to work with, showing task descriptions and target dates to better organize the timing and sequence of events which must occur, as well as to identify slippage from the original implementation effort.
- . Evaluation Systems. A program monitoring and evaluation system should be designed to measure efficiency, i.e., achievement of program goals and individual client progress.

\* \* \* \* \*

We wish to thank the personnel at Warrendale, the Allegheny County Courts (ACC) and Regional and State Department of Public Welfare (DPW) Administrators for the courtesy and cooperation extended to us during the engagement.

We look forward to continued good relations with the GJC and DPW.

Very truly yours,

*Reed, Marwick, Mitchell & Co.*

## EVALUATION OF THE WCRM

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## I - INTRODUCTION

The Warrendale Comprehensive Resources Model (WCRM) is designed to develop a network of community based treatment and rehabilitative services sufficient to enable the present population of the Warrendale Youth Detention Center to be transferred to those services and to serve those youths who otherwise would have been committed to Warrendale. The services are to include group homes, day treatment centers, vocational training, family and individual therapy, tutoring and outward bound programs. The planned network will consist of five day treatment centers and three community residential centers (CRC). A small component of facilities and personnel will remain at Warrendale to support the community based program with intake and diagnostic work and provide residential treatment for (1) youths judged to require an institutional setting; (2) youths in the Western region from counties other than Allegheny; and (3) youths on campus during the 30-day intake and diagnostic process.

Funding for the program is provided from the Warrendale Budget, the Allegheny Intermediate Unit and a grant from the Law Enforcement Assistance Administration (LEAA) of the U.S. Department of Justice.

## BACKGROUND

The essential concepts of the WCRM were conceived as early as 1969 by program and administrative personnel at Warrendale. During the years 1969 to 1975 attempts to initiate the first community based program for juvenile offenders in Allegheny County were stalled, primarily for lack of funding sources and disagreement among professionals in juvenile corrections concerning the overall feasibility of the concept. During this period there was some movement toward CBT for juvenile corrections. The years 1968 and 1969 showed a dramatic increase in CBT programs both

for adults and juveniles within the United States. In addition, in those earlier experiments with the concept, lack of community acceptance and the absence of a network of community support services were the major contributors to failure or only moderate successes.

In May of 1970 the Commonwealth of Pennsylvania, Allegheny County and the Regional Industrial Development Corporation of southwestern Pennsylvania (RIDC) entered into an agreement to convert to industrial use, a major portion of the property currently used by the Warrendale Youth Development Center. The agreement provides for a phased conversion from May 1970 to May 1976. This agreement created a need for an alternative to Warrendale and promised greater acceptance of the community based concept. After the agreement was consummated, progress toward community based alternatives proceeded slowly with the first CRC being established early in 1975 on the eastside of Pittsburgh. This facility was designed to house ten juveniles in a controlled setting. As the end of the six year agreement with RIDC approached, activities increased. During the months of September 1975 to February 1976 two teams of seven people each, from Warrendale, were trained in preparation for community based treatment and a DTC was opened on the northside of Pittsburgh in February 1976. A second DTC was opened on the eastside of Pittsburgh in March of 1976 and total enrollment in DTCs in April of this year was seven. Tentative plans call for the operation of five DTCs and three CRCs within the early part of 1977.

Current progress toward the planned schedule of physical allocation of services to the community would appear to be limited by an inability to locate and secure leases for facilities in the community, and secondly, to reach an agreement with the Allegheny County courts concerning pilot testing of the program and the overall pace of the conversion to CBT.

In accordance with the responsibilities of the Governor's Justice Commission and program evaluation requirements of LEAA project funding, PMM&Co. was selected to perform an independent evaluation of the WCRM.

#### OBJECTIVES OF REVIEW

The overall objectives of this engagement were to (1) determine the feasibility of quickly establishing a network of community-based services and (2) develop a systematic approach for future evaluation of programmatic effectiveness.

Specific objectives include:

- . Evaluation of the WCRM program status.
- . Identification of contributing or deterring factors to program implementation.
- . Evaluation of the availability of a community support services network.
- . Evaluation of the effectiveness of the prescribed staff training and redeployment program.
- . Feasibility of a statewide pattern or network for community-based treatment.
- . Evaluation of administrative procedures.
- . Evaluation of the use of client contracts.
- . Development of concepts for future programmatic evaluation and cost analysis.

#### OUR APPROACH

Program evaluations generally have as an objective either compliance with regulatory guidelines; measurements of efficiency, that is, planned versus actual hours worked or contact hours with clients; or measurements of effectiveness, i.e., achievement of specific goals. During our orientation and interviews with the Warrendale Director, we concluded that none of these three approaches would be effective in evaluating the WCRM. The following reasons were cited:

- . The project had not been operational long enough to make any conclusions about its effectiveness;
- . A system for collecting information about program outputs was not available; and
- . Specific service oriented goals, objectives and measurements had not been defined to measure program effectiveness.

As a result of that conclusion an alternative approach was suggested to evaluating the model. PMM&Co. recommended that the emphasis of our involvement be directed toward developing the concepts of a systematic approach to programmatic evaluation for the future and that an evaluation at this time would be restricted to:

- . Project start-up planning and control.
- . Quality of program services provided by WCRM personnel.
- . Project compliance with subgrant PS-75-C-9E-9-676 ✓ Juvenile Community Board Services; and standards for Community Based Care formulated by the American Correctional Association (ACA).
- . Adequacy of existing records and reports.
- . Personnel redeployment and training.
- . Factors contributing to and factors inhibiting project implementation.
- . Recommended alternatives to the WCRM.

This approach was agreed to by the Governor's Justice Commission, the Department of Public Welfare and the Director of Warrendale.

## II - PROJECT STATUS EVALUATION

In evaluating the progress toward community based treatment and the conversion of Warrendale, it became difficult to identify a starting point. The concept was documented as early as 1969 in fiscal budgets and "New Project" narrative write-ups submitted to the DPW. The first action taken was the opening of a community residential center in early 1975. Mention of an organized approach to the program was documented in a letter issued from the Department of Public Welfare's Regional Office in December of 1974. This letter noted that specific planning should begin in 1975 to convert Warrendale to a community based program. The first planning meeting was held in early 1975 with representatives from the DPW Regional Office, the Allegheny Intermediate Unit, the Allegheny and Warrendale administrators.

### PROJECT START-UP PLANNING AND CONTROL

Our evaluation of the project start-up planning and control techniques used in the WCRM indicates a lack of formal organized planning and in general an absence of documentation concerning task descriptions, target dates and progress reports. The lack of formal planning and documentation appeared to be at all levels; the Department of Public Welfare, the Regional Office Warrendale administrators and the Day Treatment Planning Committee.

Specifically there are three planning techniques that should be used in the WCRM during the remainder of the start-up period. They include a needs assessment; detailed cost projections; and a project status reporting system.

- A needs assessment should be developed jointly by the Planning Committee and the Allegheny Courts to project the total number of clients that will enter the correctional system, as well as the number of

clients that will be suitable for the Community Based Program. A survey (completed in February 1972) including projections of capacity requirements for Community treatment centers for juveniles made by the Urban Systems Institute of Carnegie-Mellon University disclosed the following factors:

- (1) The county courts expressed the feeling that approximately 50% of the juveniles sent to juvenile institutions in 1971 could be diverted to community centers.
- (2) Facility requirements at that time would have been 15 centers based on a capacity of 12 juveniles per center with an average length of stay of 8 months. Extrapolating these figures into the proposed 20 juveniles per center the number of centers required in 1971 would have been nine.

An interview conducted by PMM&Co. as part of this evaluation, with Raymond Novak, Court Master of Allegheny Courts, indicated that the number as well as the severity of crimes for juveniles is on the increase in Allegheny County. Figures extracted from the Court's records support this. Table I indicates a significant increase in Part I crimes (described as serious crimes) in 1974 and 1975. They include manslaughter, auto larceny, burglary, larceny in excess of \$50.00 and such other serious crimes.

Table I

Part I Crimes

<u>Year</u>	<u>Juvenile Cases</u>	<u>% Increase (on prior year)</u>
1973	1,864	-
1974	2,543	36.4
1975	3,431	34.9

Table II shows the number of final hearings for juveniles compared to the number of commitments to the State's correction system. The figures indicate that an increasing number of juvenile cases are being diverted within the court's disposition alternatives, primarily through probation.

Table II  
Commitment Data

<u>Year</u>	<u>Final Hearing</u>	<u>Commitment</u>	<u>%</u>
1973	4,295	446	10.3
1974	5,012	407	8.1
1975	7,387	476	6.4

The impact of the increased number of crimes and the increase in severity have important implications for planning the number and location of DTC's.

A final consideration in the needs assessment should be noted. A summary of findings, appearing in an article in the Federal Probation Quarterly (March 1974) by Ted Palmer, PHD and principal investigator for the Community Treatment Project, concerning a 16 year experiment in California CBT for juveniles, indicates selective benefits. Specifically, the conclusion of the experiment indicates that CBT was significantly more effective for a specific personality type described as neurotic, while the traditional institutional setting appears to be equally or more effective for other types. This would imply that consideration should be given to developing a standard definition or profile of those suitable for CBT. This portion of the juvenile population in Allegheny County is an important consideration in developing the configuration for CBT.

In summary, we feel that a five year projection by geographic area, should be developed to show anticipated number of final hearings, number of commitments



to the State's correction system and of that number, a projection of those suitable for CBT and those requiring short term or long term institutional treatment.

- . Detailed cost projections based on the results of the needs assessment and a resulting configuration of state correctional treatment programs within the WCRM, should be prepared for a five year period. The projections should include estimated increases for growth; inflation; increased salary and benefits costs due to higher job classification requirements; additional operating costs; increases due to normal salary increases; and the cost of purchased services in the community. In addition, anticipated revenue requirements resulting from the cost projections should be identified by source.

Considering no loss in personnel, the up-grading of existing personnel to advocate, additional needs for intermediate unit personnel, leasing of facilities, purchase of services in the community and no significant off-setting cost reduction by reducing the facilities at Warrendale (state owned buildings and grounds) there is an indication that the program could be considerably more costly per client.

- . A progress status reporting and control system should be developed that would provide a comprehensive list of project tasks, sub tasks and target dates for starting and completing each task. A simplified approach to project control that would be adequate for the WCRM and requires a minimum of administrative time is the gantt or bar chart.

The use of a gantt chart provides project management with a graphic device for planning activities and measuring actual progress against the plan. Gantt charts have the dual virtue of simplicity and flexibility and can represent a valuable adjunct in monitoring project start-up. A few basic principles in developing and using gantt charts are reviewed below.

The first step in constructing a gantt chart involves specifying the activities and accomplishments which are to be monitored. For example, if the start-up period of a project is being planned, three such activities would include:

- Developing service descriptions,
- Acquiring facilities, and
- Recruiting, interviewing and hiring staff.



The second step is to assign estimated start and completion dates for each activity. Start and completion dates represent milestones that must be monitored to insure a smooth flow of all activities during the start-up period. As illustrated below, planned milestones may be indicated by the use of an "X" connected by a solid line indicating the duration of the activity.

	March	April	May	June
Developing service descriptions	X	_____	_____	X
Acquiring facilities		X	_____	X
Acquiring staff		X	_____	X

As the start-up period progresses, it may be desirable to revise a particular milestone (i.e., extending or shortening the amount of time allotted for the completion of a given task). Milestones may be revised using the following rotations:

	March	April	May	June
Developing service descriptions	X	_____	X	X
Acquiring facilities		X	X	X

Finally, the gantt chart is used to plot actual progress. As the operations proceed, progress is indicated on the chart by a dotted line under the solid "plain line". When the task is completed, a milestone is placed at the end of the dotted line. To illustrate, the following notation indicates that "Acquiring facilities" was planned to start in April and end in June. Plans were revised to move the completion date to May and the job was completed on the new time schedule, as shown by the dotted line and completion milestone.

	March	April	May	June
Acquiring facilities		X	X	X
		X.....	X	

An example of a gantt chart is provided on the facing page.

### III - QUALITY OF PROGRAM SERVICES PROVIDED BY THE WCRM

Program services provided by DTC personnel and the related support services at Warrendale indicate a reasonably high degree of programmatic quality.

Our review of program quality began with an inquiry of four aspects of the services provided:

- . The structure within which service is given,
- . The service activities provided,
- . The process of providing service, and
- . The outcome.

The structure is the organization within which services are provided. The structure includes the administrative framework required for facilities, program services, and the personnel complement required to provide direct and support services.

The activities deal with the content, appropriateness in terms of clientele and intent of the treatment program process and its elements.

The outcome concerns the impact on clients as a result of the services provided, that is, the end result of the services.

Quality is used in the specific sense of having the characteristics of excellence, which normally must be accepted standards of service against which the services being provided can be measured. Assurance of quality implies a commitment to take corrective action if services do not meet the criteria of quality.

For our purposes we restricted our definition of quality of service because of the relative newness of the program. We defined quality of service as dealing with the program structure or components; the service delivery system and client follow-up; and the understanding by program personnel concerning client problems

and theoretical concepts and benefits that the WCRM treatment program will have on clients. A description of the program components is provided in the following paragraphs.

#### PROGRAM COMPONENTS

After admittance to the Community-Based Program the service program proceeds in the following manner.

- . A 30-day diagnostic review is made while the client resides on campus. This process includes:
  - Casework evaluation consisting of analysis of the client's delinquency pattern; social history and family assessment; psychological and psychiatric assessment; individual assessment, and medical assessment.
  - Cottage evaluation involving group assessment; activities assessment; and responsiveness to routines.
  - Education evaluation involving education history; testing results; classroom assessment; and a recommended educational program.

At the conclusion of the diagnostic program a large amount of data is available concerning the client's attitudes, personality traits and behavioral characteristics in both the family environment and peer group environment. Sufficient data has been collected to identify possible symptomatic-causal relationships that can be translated into a treatment plan.

The intake and diagnostic component is the heart of the Warrendale Correctional Institution program and will continue to be a key program component contributing to the success of a community-based program. PMM&Co. is of the opinion that a centralized intake and diagnostic process with essentially the program elements contained in the Warrendale process should be incorporated as the focal point of any statewide network configuration of community-based treatment. This element of the WCRM is responsible for two critical program decisions and should be administered by highly trained professionals.

The decisions concern:

- Who is suitable for community-based treatment, and
  - What is the appropriate treatment plan.
- Staffing occurs when it has been decided by intake and diagnosis and the Director of Warrendale that the client is suitable for the community-based program and the Allegheny Courts endorse the decision. Staffing is a meeting of all personnel involved in the intake and diagnostic process, the DTC supervisor, as well as the advocate assigned to the client, and the client. The purpose of the meeting is to discuss the results of the diagnosis and the suggested treatment plan.
  - Reorientation into the community begins at the DTC with the client spending 7 days in the DTC to become acquainted with the advocates and the program schedule and activities. During this time the client receives tutorial services in the DTC and the necessary procedures are initiated for re-entry into the public schools. At this time the advocate and the client meet with the principal, teachers and counselors and discuss the client's particular problems.
  - On-going treatment begins with the development of a daily activity schedule for each client. The schedule serves two purposes; (1) it provides an outline of the client's treatment program; and (2) gives the advocate a monitoring device by enabling him to check the client's adherence to the program. The general treatment plan for all clients once admitted to the DTC includes:
    - Individual Therapy
    - Group Therapy
    - Family Therapy
    - Tutorial Services
    - Social and Cultural Experiences
    - Recreational Activities
    - Vocational and Job Opportunities if required

Within each treatment plan, specific needs of the client, identified during intake and diagnosis, or identified in the on-going program of family, group, and individual therapy, are emphasized in the treatment activity. The key role of the advocate in the area of problem identification and action, for areas

of need, is that of an intervenor and coordinator of resources and opportunity. In this role the advocate supplies the necessary support and resource base for the client, that was previously lacking and presumably contributed to his "acting out" in the community environment.

The validity of the concept of community-based treatment and the soundness of its application by the WCRM can be seen as it is woven into the WCRM program elements with intense concentration on an in-depth analysis of the symptomatic-causal relationships of client problems.

Viewed in its entirety the project model contains program elements that provide a comprehensive effort towards rehabilitation through (1) intake and diagnosis; (2) in-depth analysis of client problems by "living with" the client in his normal environment; (3) support and coordination to help the client eliminate or deal with problematic causes; and (4) counseling, to redirect expressions of frustration, and "acting out".

#### SERVICE DELIVERY SYSTEM

In developing a model for community-based treatment for juveniles it would appear that certain key elements of the model should be stressed in its development. These elements would include, of course, the quality of the program components, which have already been discussed. In addition, the number of alternative services in the model, the intensity of supervision and the scope of community support services would seem to be three other key ingredients contributing to success or failure of the program. In fact, research from experiments in CBT indicate that once a program is operational the most common reason for the program's demise is generally one of those three factors. What we have stated then is that the availability of community resources, the ability to match a client to the right alternative, and the intensity of interaction with the client, including both roles of monitor and coordinator for the treatment program, play a vital role in maintaining a viable program.





### Alternative Dispositions

An exhibit of a processing scheme for a juvenile corrections system with CBT components is presented on the facing page. The exhibit is provided to illustrate areas where the WCRM needs to be developed (circles with arrows). This illustration stresses the need for involvement of CBT in the total processing of a "youth in trouble" in the community. The system becomes a part of the youth and his environment, changing from the traditional role of isolating the youth from his environment. By strengthening the WCRM in the areas of police intervention and disposition, and as alternatives to court probation, involvement at these critical decision points can divert the first-time offender or less serious offender from poor experiences with the corrections system and presumably reduce the number of juveniles requiring commitment to the "formal" corrections system by dealing with the youth and his family prior to a serious offense taking place. This approach of diversion and multiple alternatives is supported by much research on CBT and is promoted in the Pennsylvania Juvenile Justice Prevention Standards. The standards incorporate a minimum of alternatives to be included in a CBT plan. They are:

- . Diversion mechanisms and programs prior to hearing and disposition.
- . Non-residential supervision programs in addition to probation and parole.
- . Residential alternatives to institutional commitment.
- . Community resources open to confined populations and institutional resources available to the entire community.
- . Pre-release programs.
- . Community facilities for released offenders in the critical re-entry phase, with provision for short-term return as needed.
- . Youth advocacy programs.

The WCRM should be expanded to include all of these alternatives.

As the CBT program develops in the community, several role definitions must be developed. During our review the following questions were brought to mind:

- . What is the role of the CBT program in relation to local police?
- . What is the role of the CBT program in relation to county probation?
- . What is the role of the CBT program in relation to the social worker?

These questions deal with overlapping responsibilities and a convergence of several authoritative forces requiring multigovernment participation. In order to dispel some apprehension of other agencies and receive acceptance and cooperation an effort must be made to define the role of CBT in these areas and "sell" the concept of educating these agencies. Without further cultivation of a spirit of cooperation of local, county and related state agencies the project could quickly become dysfunctional.

#### Intensity of Supervision

Our evaluation included a review of control procedures and reporting systems concerning intensity of client supervision. We found a good deal of emphasis had been placed on monitoring the activities of the client. Procedures have been developed and forms and schedules have been designed that (1) document the continuity and progress of the client through the treatment plan; (2) provide the necessary control of client activities while in the community; and (3) alert program administrators to potential client problems. The comprehensive client master file includes:

- . Intake Information - Face sheet; Recreational Inventory; Advocate Agreement.
- . Court Orders - Commitment; Hearing; Release.

- . Incident sheet - Restrictions; Law Violations; AWOLS; School Suspensions.
- . Preliminary Studies - Intake and Diagnosis; Day Treatment Plan; Progress Reports; Case Reviews.
- . Individual Therapy Sessions.
- . Educational Assessment Reports.
- . Psychological and Psychiatric Reports.
- . Change, Reinforcement and Intervention Report.
- . Family Therapy Session.

Procedures and schedules have been developed that provide the location of each client during the day and advocates are required to monitor the client periodically by telephone contact or visits in the community. A centrally-located log is maintained in the DTC for recording all contacts and interventions with the clients by each of the advocates.

Scope of Community  
Support Services

The Northside Day Treatment Program has demonstrated that community support services are available. Advocates have contacted local hospitals, community groups such as the YMCA and some local businesses for job applications. In addition, the advocate works with the Department of Public Assistance for most clients and has access to a comprehensive list of service agencies distributed by an information and referral division of the United Way.

A partial list of services already contacted by the Eastside Program include:

- . Allegheny County Department of Public Welfare.
- . Allegheny Alcoholic Rehabilitation Center.
- . Program for Women and Girl Offenders.
- . Business and Job Development Corporation.

- . St. Francis General Hospital Community Mental Health and Retardation Center.
- . Homewood/Brushton Neighborhood Health Center.
- . YMCA - Homewood/Brushton Center.
- . Wilkinsburg City Municipal Officials.
- . Wilkinsburg Police Department.
- . Local County Probation Offices.
- . Pittsburgh Child Guidance.
- . Western Psychiatric Institute and Clinic.
- . Irene Stacey Mental Health Center.

PERSONNEL  
REDEPLOYMENT

As part of our review concerning the redeployment of personnel from the Warrendale Youth Detention Center to the WCRM, we observed the initial interview process conducted by Mr. Patrick Strackhouse, Business Manager at Warrendale.

The purpose of this first interview was to discuss the conversion plans and their impact on the employees. Employees were asked to consider the alternatives available to them, which include, (1) voluntary reassignment to positions of equal or better pay grade classifications required to implement the WCRM; (2) transfers to other state positions of employment of equal or better pay grade classifications; (3) retraining for present institutional staff as required to achieve effective and satisfying staff redeployment; or (4) retirement for those eligible. Our observations were made during support staff interviews and although it is premature to make any judgements as to the effectiveness of the redeployment, every effort is being made to consider each employee's specific problem and to deal directly and honestly with the employees and the Union. We feel that the individual in-

interviews and clear presentation of redeployment alternatives show a genuine concern of the administration to comply with specifications of the grant application, "that no person presently employed at Warrendale should be laid off as a result of the conversion to the WCRM".

#### EMPLOYEE RETRAINING

The Northside Working Proposal specifies that Counselor I positions and Houseparent II positions currently staffing cottages at Warrendale are to be retrained for advocate positions in the DTCs. Special training was provided to the two DTC teams to prepare them for dealing with treatment in the new environment. Although all of the advocates have had experience working with youths in an institutional environment, the Director of Training, Thomas Standish, has tried to emphasize a systems approach, that is, primarily a study of the youth's interactions with the family to strengthen the advocate's ability to diagnose family structural problems. The training program used for the first two DTC teams consisted of the following topics:

- . An introduction to the day treatment concept.
- . Ethnic and cultural variables.
- . An overview of the community political structure, community leaders and ethnic backgrounds.
- . An overview of community education system and the advocates' relationship with the schools.
- . A discussion of the psychic system, developmental stages and defense mechanisms with special emphasis on the dynamics of adolescence.
- . The use of the systems theory in the social and behavioral science field and discussion of communications theory and its application in counseling.
- . Family crisis intervention, principles and techniques.
- . Family therapy techniques.

- . Active counseling concepts.
- . Group dynamics.
- . An overview of the Public Welfare system.
- . Emphasis of time usage and activities in recreation.
- . Logistics and financial aspects of DTCs.
- . Adolescent girl offenders.
- . A review of the Waynesburg YDC program for adolescent girls.

PMM&Co. feels that the systems approach to a client's problem provides validity to the diagnostic activities of the advocates. The emphasis in training advocates is on recognizing family structure problems that could cause or contribute to the juveniles "acting out" and not on the theoretical understanding of the systems concept.

The essence of the systems approach is viewing the family as a system, with each member having a role within the system and each affecting the other. This basic concept is also broadened, viewing the family as a unit in relationship to the community in which they function. A comprehensive systems analysis currently being used includes:

- . Profile of mother.
- . Profile of father.
- . Profile of other family members.
- . Interpersonal relationships of all family members.
- . Analysis of Interfamilial transactions.
- . Physical aspects of the home.
- . Size of home.

- . Community/neighborhood.
- . Background information on household members.
- . Social and economic status of family.
- . Physical care given the child.
- . Level of intellectual stimulation.
- . Parent-child relationships.
- . Child-brother and sister relationships.
- . Leisure time activities.
- . Friends or playmates.
- . Degree of emotional and social development.
- . Client's attitude towards himself.
- . Client's attitude towards school.

Most of the advocates interviewed expressed a desire for more family therapy techniques including emphasis on diagnostic techniques and family instructing. Mr. Thomas Standish provided us with copies of purchase of service contracts for additional training in family therapy and didactic and clinical experiences in the areas of diagnosis, pathology and deviance, family dynamics, family crisis intervention and treatment, group dynamics and strategies of intervention with adolescents in groups.

With the emphasis on working in the community PMM&Co. feels that in addition to a comprehensive training program for program treatment a presentation by local police and the courts and probation office should be included to provide insight into their operations which would (1) help the advocates function more effectively, and (2) open channels of communication and cooperation with these agencies.

Overall the initial training program appears to have qualities that merge well with the advocates role in carrying out the on-going treatment program developed by Intake and Diagnosis. Of course, on-going training and visits to other CBT programs if possible, should be provided as part of a continuing education program to improve treatment techniques and to deal with unique problems that surface as the program matures.



#### IV - PROJECT IMPLEMENTATION

An important part of our review of the WCRM was to identify factors that are inhibiting and factors contributing to a complete conversion to the model configuration of services. Some of the factors are more controllable than others in that they concern themselves with internal problems and solutions with the DPW. Others are not as manageable because they involve other agencies, political considerations, and philosophical differences. In much the same way there are favorable factors working within the project, some of which were caused by the project efforts and others being existing favorable environmental factors.

Accordingly, we have outlined these major factors in the following sections. Our purpose is to bring them to the attention of the various State and County agencies involved in the project. This is not to suggest that most of these factors are unknown to those working closely with the project but rather to stress their significance and hopefully stimulate a joint effort dealing with the inhibiting factors as well as to suggest those favorable factors that may enhance the approaches used in developing a statewide network of CBT. The primary benefit of this review is an independent retrospective appraisal of factors that can inhibit and contribute to the implementation of other CBT programs.

##### FACTORS INHIBITING IMPLEMENTATION

In addition to the normal conversion problems associated with a transition to a new program, such as phase-out scheduling without a loss of service quality and personnel training, specific obstacles that could inhibit or preclude further implementation progress of the model are discussed in the following paragraphs.

- . In order to phase-out Warrendale within existing budget limitations, as specified in the sub-grant application, the number of clients flowing into Warrendale must be diverted. The current situation has created an overload on personnel at Warrendale as well as crowded conditions. Until there is a diversion of clients from Warrendale, there can be no further deployment of personnel to the community.

Accepting the position of the Allegheny County Courts, that they cannot slow down commitments, the DPW regional office is proposing that clients be diverted to other correctional institutions such as Waynesberg.

- . The Allegheny County Courts have taken a position in favor of CBT but disagree with the implementation approach. In contrast to a complete conversion in one phase the courts are adamant about a two phased approach of pilot testing followed by a complete conversion. Since the courts regulate disposition of cases to either institutional care or CBT the impact of their position on the approach must be considered.

These circumstances will necessitate a compromise approach to phasing in the model.

- . Day treatment facilities with the required specifications concerning size and location are difficult to find and lease. This is a traditional problem of community reaction requiring a comprehensive search effort. Currently, site selection is being pursued by the General Service Department of the DPW. To intensify the effort and expedite the task, other sources should be used to search for suitable facilities, such as:
  - Real estate brokers
  - Community leaders
  - Other government agencies
  - Agency staff living in the target area
- . Qualified private contractors providing residential arrangements in the community have been difficult to locate. A comprehensive search should be initiated at the local level utilizing other state agencies and county agencies that are privy to available contractors and their reputations, to secure residential facilities.

- Project start-up planning and control techniques should be implemented at this time to establish tasks and target dates to monitor progress and minimize delays. In addition, an assessment of needs for CBT and detailed cost projections for the WCRM, as well as for a statewide network, should be developed. These planning techniques will aid in reducing delays in the WCRM and the State plan.

#### FACTORS CONTRIBUTING TO IMPLEMENTATION

The major strengths of the WCRM, center around the program quality of the model. These elements have to do with the organization and staff; the program components; the delivery system; intensity of supervision; and the availability of community resources. The major factors contributing to implementing the model include:

- The soundness of the program approach with the emphasis on professional diagnosis and individual programming for treatment of client needs, adds significant validity to the model. This approach provides a strong rehabilitative program in addition to a controlled re-entry into the community.
- Extensive community support services are available in Allegheny County ranging from community youth programs to a wide range of social agencies. An information and referral division of the United Way has published a listing of private agencies, government agencies and social service agencies that deal with socially oriented problems. Many of these agencies have been contacted by the project team members.
- The apparent belief of the Allegheny County Courts that CBT is a viable alternative to institutional confinement should support the transition. Traditionally, differences in professional backgrounds (social services and legal) and therefore differences in approaches to corrections, as well as the coordination required between two levels of government has created a great deal of friction in implementing these types of programs.

- . Administrative procedures, concerning client control in the environment, are thorough and followed up on through documentation and supervisory review. These procedures should contribute significantly to keeping the youths in a "trouble free status" and reduce the possibility of delinquent behavior while in the program.

## V - RECOMMENDED ALTERNATIVES TO THE WCRM

Alternative approaches to rehabilitating juveniles promotes the theory that a standard method or program is not well suited to all juveniles. Responses to specific treatment programs differ between clients since not all clients have the same problems or capacities to deal with their problems. Recognizing that clients' problems differ, abilities to cope differ, and that the nature of the juvenile offenses differ it is reasonable to speculate that if a treatment plan is individually suited to a client the rehabilitation effort should be more effective. Further, it is also reasonable to speculate that the sequence of treatment programs can impact the effectiveness i.e., a child charged with truancy should perhaps never be subjected to court proceedings but rather referred to a social agency in the community.

Recognizing the need for alternative methods of dealing with youths in trouble, the following alternatives address systems for service delivery. They are not intended to nor do they specifically suggest that non-institutional care will be more effective in rehabilitating youths in trouble. The primary purpose of suggesting alternative models is to (1) refine the number of categories of juveniles and the corresponding number of alternatives for treatment when the youth first gets into trouble, (2) provide more expedient ways of implementing CBT in the community, and (3) provide less costly alternatives to treatment.

The alternatives all presuppose the requirements of:

- . State operated centrally located regional intake and diagnosis programs for consistent quality of treatment development, and
- . A refinement and/or standardization of guidelines suggesting degrees of offenses and treatment alternatives to provide strong control procedures over dispositions to the community; e.g., degrees 1 through 10 involve return to community and degrees 11 through 25 require court processing and disposition.

The alternatives and their primary benefits are as follows:

- Utilization of county probation officers as advocates by increasing the staff and reducing the ratio of client to officer. This would require increasing staff and providing training to officers but has the advantages of (1) utilizing existing facilities and to a large extent personnel and (2) helping to minimize community reaction to day treatment by placing it under the auspices of probation, an established community program. This approach eliminates two of the traditional inhibiting factors of community based treatment; location of facilities and unfavorable community reaction.
- County operated programs funded by state and federal sources. This approach is widely used in social service programs such as Mental Health and Mental Retardation and Child Welfare Bureaus. The approach has the advantage of utilizing county personnel, generally employed at salary levels comparable to the geographic area and generally lower than state salary levels. With salaries accountable for anywhere from 70 to 80 percent of the program budget, utilizing county employees could have a significant impact on the cost of a statewide network. Of course, the county program would be administered by state guidelines and programmatic and financial controls and evaluations.

A second big advantage to this approach would be the existing cooperation and coordination within the counties among other social service agencies and the courts, working with youths. In addition, specific program implementation considerations such as availability of facilities; political power structure of a community; and socio-economic data within the county are more available i.e., contacts and links of communications have already been established.

A final advantage to this approach is the autonomy that is offered to the county political structure. The lack of county control over CBT is and will continue to be a major inhibiting factor in quickly establishing a Statewide network of CBT programs.

- A combined program of diversion and progressive leave would allow a high percentage of juveniles to spend most of their rehabilitation period in

the community. Utilizing guidelines for the degree of seriousness of offenses, a youth could either be directly diverted to a strengthened and expanded base of existing social services or sent to an institutional environment with progressive periods of leave in the community. The major advantages to this approach are (1) reduced volume of cases going through the formal court process, (2) avoiding subjecting some "incorrigible" types of youths to the formal corrections system, and (3) eliminating the need for community day treatment facilities.

- . Utilization of the WCRM concepts without day treatment center facilities in the community. This alternative means that advocates would be based centrally and assigned to a specific geographic region. Program treatment would, for the most part, take place in the youth's home, community centers or on the street. This approach has the following three advantages.

- (1) No requirement for locating and leasing day treatment facilities which has inhibited the WCRM;
- (2) A "low profile" implementation, minimizing community reaction; and
- (3) Reduced operating costs.

In summarizing the components of these alternatives a key element then, would be a diversity of service delivery alternatives. In addition, if we extract the concepts of the alternatives previously presented a State network would have some of the following characteristics:

- . Centrally located regional intake and diagnosis.
- . Standards of disposition for degrees of offenses that correspond to a large number of service alternatives.
- . County operated and administered and funded by the State to promote autonomy for the county political system; utilization of the existing local network of services, contacts and communication links and reduction of payroll and benefits costs by using county personnel.

## VI - COMPLIANCE TESTING

The appendix to this report includes the results of compliance testing of actual program activities observed, compared to the subgrant description and community based standards developed by the American Correctional Association. The purpose of these comparisons being to (1) determine adherence to the broad program concepts discussed in the subgrant and (2) establish a point of reference for acceptable CBT program concepts and procedures by comparing the WCRM to standards developed by a consensus of experts.

The compliance testing is intended to assist in evaluating concepts and conditions that can provide direction for a program and evaluate planned versus actual performance. It is not intended to imply that there is universality in approaches to establishing CBT.



## VII - ADEQUACY OF EXISTING RECORDS AND REPORTS

Our review of existing records and reports was concentrated in three areas where information is critical for effective program management and control. These areas include:

- . client information
- . program evaluation information
- . program cost information

During our review of information and reporting needs we determined that a formal programmatic evaluation system did not exist and that little in the way of any program evaluations are made. We have devoted the last section of this report to a discussion of concepts for developing a formal program monitoring and evaluation system. This section concentrates on the adequacy of client data and program cost information.

### CLIENT INFORMATION

Client information files maintained at Warrendale and the DTC's contain an extensive background on each client, concerning intake information; exposure to the courts; incident information; treatment plans; and progress reports.

In addition to client background information, procedures and a reporting system for client treatment, progress reporting and control are operational in the Northside Day Treatment Center. The system includes the following information.

- . Family therapy reports
- . Intervention reports
- . Individual therapy reports
- . Group counseling reports
- . Case review reports

The client information system as it exists is both comprehensive and informative and provides program personnel with useful information. However, the requirements for information become different with the transition to CBT. The information must be quickly accessible to different organization levels within the DPW as well as WCRM program administrators and the Allegheny County Courts and secondly it must be dynamic information providing timely updating of client files. These new requirements are brought about by needs for client controls in a less controlled environment and the need to react quickly to problems in a more sensitive environment.

The data gathered in both components of the existing client information systems provide a good basis for the development of a client tracking system containing both static and dynamic client information.

PROGRAM COST  
INFORMATION

Warrendale's financial data is centrally processed on the State's Program Planning and Budgeting System which is designed to identify costs with specific programs and activities. The coding structure includes:

- . Fund Identification
- . Appropriation Identification
- . Organization or Location
- . Department
- . Ledger Year
- . Cost Center
- . Major Object Code
- . Intermediate Object Code
- . Minor Object Code

## VIII - FUTURE PROGRAM EVALUATION

With the transition from institutional treatment of juvenile offenders to community based treatment, the need for client data increases in two areas; (1) up-to-date, on-going client history profiles to enable advocates and program administrators to better predict client behavior in a less controlled environment and, (2) program effectiveness measures to evaluate a goal oriented approach of treatment delivery. The data must be more timely and more informative as well, to enable program advocates and decision makers to react positively and effectively in a sensitive community environment.

A monitoring and control system can be designed both to increase the efficiency of programs and to avoid failure to achieve desired results. The following sections describe the concepts of an evaluation system and the data collection system requirements.

### PROGRAMMATIC EVALUATION CONCEPTS

Many programs created to improve quality of life or rehabilitate individuals are currently evaluated according to standards set by national or supervisory agencies, but these standards may not be suitable for evaluation purposes. The assumption is often made that a program is unsuccessful if its professional staff has attained a stated level of expertise, or if the staff-to client ratio is at a recommended ratio. What happens, however, is that the emphasis is on input into a program, while output is overlooked. Much time is spent evaluating case activities or adherence to specific guidelines while little is determined about the success or failure of the program.



A more effective approach to evaluating socially oriented programs is based on a systems concept. Essentially this approach requires clear definitions of the goals and objectives against which to assess the outcome of programs. The process involves basically the following steps in establishing a systems-based evaluation of a program:

- . Identification and description of the problems that are within the scope of the organization's interest.
- . Development of goals for resolving these problems.
- . Statement of the objectives of each service in quantifiable terms.
- . Establishment of measures of effectiveness for all objectives.
- . Formulation of evaluation standards for each service.

The following pages describe the systematic approach used to identify program evaluation components, called the Service Profile as well as a description of the reporting system needed to support the evaluation process.

#### Service Profiles

A service profile is a convenient format for organizing and displaying the elements required in an effectiveness evaluation system. The profile, illustrated on the facing page, includes the service category, program description, problem description, goal statement, objectives statement and measures of effectiveness.

A service definition represents the boundaries of a specific area to be evaluated. In an on-going program, the development of an evaluation system starts with the service to be evaluated. The service should be precisely defined, and once the service boundaries are clearly stated in the definition, the specification of problem goals and objectives can be controlled by relating them to the limits

of the service boundaries. Thus, in the Exhibit, the service is described at all activities provided to enable clients to improve grades and norm scores. Several programs of activities may be related to the service, and placement in special schools. All of these programs relate to achieving the stated goal.

After the services or programs have been clearly and concisely described in profiles, they are grouped into related categories. Services may be classified as either operational or program goal-oriented. The organization of services on an operational basis is generally well established and documented in written directives. Basically, individual organizational units are normally assigned responsibility for the delivery of services in certain functional areas, such as the intermediate unit. A study of the organizational structure of an organization should provide knowledge of how services are delivered under the current operational structure. The operational classification of services does not always parallel the goal-oriented structure. To meet needs as they develop, responsibility for providing service is frequently assigned solely on the basis of available resources. The most appropriate organizational unit is often not used for new assignments due to a lack of resources or of operational flexibility, so that services classified along operational lines are frequently not classified into a consistent goal structure.

In classifying services along goal-oriented lines, it is necessary to determine relationships in results being achieved. If progress toward the goal of one service is a component of goal accomplishment for another service, the two services should be related under a goal structure orientation. Some restructuring and classification changes of on-going services and programs may prove necessary as the development of an evaluation system progresses.

### Problem Description

A problem is a situation or condition that adversely affects identified client populations. Examples of problems in the juvenile rehabilitation field are, peer pressures and family structure.

The basis of future measurement will be a determination of the amount of change that has occurred in the problem. Hence, a problem definition should be precisely drawn. In an on-going service, the process of definition starts with an analysis of current programs, but in the case of new services, the process is inductive and more complex inasmuch as the service components have not yet been spelled out.

In some cases, the service title suggests the nature of a particular problem or target group. When the problem is not immediately suggested by the service title a careful analysis must be made to determine the scope of the problem toward which the service is directed.

A review of Federal and State regulations and guidelines will provide clues concerning the particular problem toward which a service is being directed. Guidelines often include statements of conditions which can be used as a basis for problem descriptions. A review of these guidelines increases the validity of the evaluation system and insures that appropriate problems are addressed by the service mandated under regulations.

A close examination of juvenile problem situations will reveal at least two identifiable types of factors--symptomatic and casual. Typical symptoms of juvenile problems are truancy, family problems and law violations. Causes of these symptomatic problems might be peer pressure, family problems or learning disabilities. A cause-symptom linkage is essential in developing problem descriptions.

This process does not attempt to define fully the multiple characteristics of the relationships involved in the problem situation. Comprehensive identification of the interrelationship between causes and symptoms require extensive in-depth research. To determine the course of action to be taken, the linkage effect should be traced to a point where the organization is capable of addressing its resources to the problem in an effective manner. Following analysis, a detailed description of the problem can be written.

#### Goal Statements

Goal statements should relate directly to specific problem situations or barriers requiring remedial services. A service goal is a frame of reference for management decision-making and for program planning and evaluation. For example, the goal in providing tutorial services is to raise verbal and math scores to the appropriate grade level. Such a goal is perhaps idealistic. However, the goal is still valid when viewed as an ideal outcome and a desirable state or condition toward which to direct service activities.

A service effectiveness goal reflects the desired end state, and not the quantity or quality of activities and services to be applied to achieve the end state. For example, the goal for a juvenile could be the achievement of improved grades in school. The statement of the goal does not specify the activities that will be employed to develop the improvement.

The very existence of goals can help to redirect program emphasis from its tendency toward process orientation (what was applied), to a stress on progress (what was the effect). An orientation directed towards achievement provides the foundation on which a system of evaluation of effectiveness can be established. In addition, goals for services indicate a commitment of the organization to



purposeful action to bring about meaningful and significant improvements in conditions or problem situations that are adversely affecting the lives of client populations. The development of goals thus becomes an important step toward the initiation of effective services.

Broad participation of staff personnel in goal development assists in insuring the accuracy and completeness of goal content. In addition, broad participation aids in developing a more willing acceptance and a deeper commitment by those who will ultimately play a significant role in goal attainment. The participation process of goal setting many times brings to the surface different orientations of different levels of staff. Thus, administrators tend to emphasize legal and financial constraints of the organization. Advocates would tend to emphasize professional autonomy in decision-making in determining specific programs for their clients. Supervisors and program directors tend to emphasize unmet needs and additional staff required to meet these needs.

### Objectives

Objectives are specific targets for achievement which represent interim steps or progress toward a goal within a specified time span. Objectives should be comprehensive in nature and cover all activities leading to the achievement of a particular goal. Objectives describe the desired impact on a problem situation which should be produced by the services provided.

While goals provide the basic guidance for all activities in a service, they are, by definition, general and timeless and do not provide the explicitness required for measuring results. Objectives provide the detail necessary to enable decisions to be made, actions to be taken, plans to be implemented, and results to be evaluated. Objectives of a service should be determined after problems and goals have been identified and described.

Objectives should be stated in terms that permit quantitative measurement of achievement, wherever possible. When problems have not been clearly analyzed and defined, objectives are frequently described in terms that do not lend themselves to such measurement.

Both quantifiable and nonquantifiable objectives should indicate the direct relationship between the objectives and the goals of the service being provided. Thus, the aggregate of objectives established for a service indicates the results expected from the application of the service to a specific problem. The function of quantifiable and nonquantifiable objectives may be illustrated using the example of the program that has as its goal, "To raise verbal and math norms to the appropriate age and grade level of the individual." A quantifiable objective which would serve as an indicator of measureable progress toward achieving these service goals could be, "To increase the number of clients receiving tutorial services." The percentage of clients receiving tutorial help can be determined quantitatively and the objective is measurable in numeric terms.

A nonquantifiable objective for the same goal could be, "To develop a sense of self-esteem or confidence in the client." Though it is difficult to know precisely when a desired level of self-esteem is acquired, it is possible to determine whether or not there has been a change in the self-esteem level. An increase in the self-esteem level would indicate progress toward the goal.

The detailed development of objectives requires an analysis of the service description, a study of legislation, and an understanding of the problem. A review of existing service descriptions is the first step in attempting to determine objectives are suggested in an organization's handbook or manual. However, objectives shown in manuals are not always developed in a parallel or consistent

manner; objectives, goals, and benefits are often used interchangeably. As a consequence, objectives as described in such manuals may require refinement before being acceptable in an evaluation system. Federal and State legislatures have enacted statutes stating objectives for programs and all such mandated objectives should be considered in service profiles.

By definition, achievement of an objective advances the service toward its identified goal. Accordingly, care must be taken in the development of objectives to insure that objectives reflect and support achievement of all established goals. The objectives must be precisely defined, however, and not become a new description of the goal. The requirement for developing quantitative measures is an effective restraint which assists in preventing the use of qualitative words such as "better," "acceptable," "appropriate," etc. in objective statements. Objectives must be measurable in a given time period and qualitative words such as the preceding are normally difficult to measure.

#### Measures of Effectiveness

One requirement of a system of evaluation is a method for determining whether or not objectives, and consequently goals, are being achieved. Measures of effectiveness provide this essential function in an evaluation system designed to appraise service impact. By clear and accurate identification of the extent to which objectives are being met, the effectiveness measure indicates the level of tangible impact of the service on the problem. Typically, effectiveness is measured by determining the amount of change that has occurred in specified conditions of the client group.

Measures of effectiveness for service objectives should be capable of providing data that can be used in the following activities:

- . Measuring the extent to which objectives are met.
- . Recording the tangible impact of program services in stated problem situation.
- . Evaluating the adequacy of service efforts to accomplish an objective or produce an intended or expected result.

In complying with these conditions and establishing criteria for determining the degree of success or impact of services, recognition and awareness of current community opinion should be included as a basis for measuring change.

Measurement of change is usually expressed in such terms as trends, ratios, and comparisons. To be viable, the measurement should possess the following characteristics: be observable; be quantifiable; and have social consequences. Measures having these characteristics will permit the evaluation of programs in quantifiable terms.

In determining the impact of social services on client groups, it is often necessary to measure changes in social behavioral patterns. Such measurable social behavior may be evidenced by an event (an occurrence involving one or more persons) or a state (a mode or condition of being).

The following considerations should be incorporated in the development of effectiveness measures to insure that the evaluation system is useful:

- . Measures should relate directly to a specific objective.
- . Measures should be clearly stated.
- . Measures should provide the basis for defining statistical data to be collected.
- . Measures should not create a data collection burden out of proportion to the utility of the data.

Appropriate program directors and supervisory personnel should be consulted in the process of developing measures of effectiveness. Their participation is beneficial for the following reasons:

- . The measures of effectiveness should relate directly to the actual objectives of those individuals delivering the service.
- . In most instances, the data needed for measurement must be collected by field operations personnel, who are probably most aware of potential problems involved in interpreting and collecting specific types of information.
- . Field operations staff will be more willing to make the additional effort required for the data collection if they participate in determining the data to be collected.
- . Participation contributes to the development of more knowledgeable and more effective staff members at the field operations level.

In certain programs, it may be difficult to establish quantitative measures of effectiveness. In such cases, efficiency measures are sometimes used as an alternative. Efficiency refers to the manner in which agency resources are applied for the purpose of providing services. An efficiency objective is process-oriented. Objectives relating to efficiency may stipulate minimum levels below which service activities should not fall, such as to provide a minimum number of family group therapy sessions per client. Efficiency objectives may also set as a target the reduction of manpower required to complete a service activity. Or, an efficiency objective may call for an increase in the frequency or intensity of a service activity, reflected in the number of contacts per week. Essentially, efficiency measures are directed to output (numbers of interviews or days of care) while effectiveness measures are directed to outcome (impact on client).

It is important, wherever possible, to avoid the traditional practice of activity counting (process orientation) as a substitute for measuring service

impact (results orientation). If program administrators overwork the use of efficiency measures, rather than devote the effort required to develop effectiveness measures, an evaluation system can be seriously impaired and have limited use.

#### Quantitative Standards for Evaluation

Quantitative standards for evaluating effectiveness may be defined as specified levels of attainment expressed in discrete units of measurement. Evaluation standards specify quantitative results to be expected from a particular service within a predetermined period of time.

Although evaluation standards perform a valuable function in establishing expected levels of attainment for services, two significant problems occur. The first involves a misinterpretation of quantitative standards by operational personnel. Effectiveness standards may mistakenly be viewed as maximum objectives for attainment rather than as benchmarks. Operational personnel may thus tend to strive for achievement of only the level of attainment indicated by the standard rather than for maximum achievement. Administrators may avoid the problem by communication of the purpose of standards to all personnel involved.

A second problem is the tendency for a standard to be accepted as permanent, never requiring revision. As a standard is approached or reached, it becomes increasingly difficult to change the standard, especially if the change would represent a higher level of desired accomplishment than is currently expected. When such a condition develops, effectiveness standards become retardants rather than motivators to achievement, thereby weakening the evaluation process. Administrators similarly should be aware of and remain alert to these and other potential problems

which may develop in using standards of evaluation. All standards should be periodically reviewed to insure that they are recognized as benchmarks for measurement and not as ceilings for accomplishment.

#### PROGRAMMATIC EVALUATION SYSTEMS DESIGN

Utilizing the program planning and evaluation concepts developed in the previous section a systematized approach can be used to identify the data needed to be collected and develop procedures and methods to integrate the data for programmatic evaluation. The system should provide enough information to evaluate program effectiveness, efficiency and cost as well as detailed information for on-going monitoring and control of the program.

This section of the report contains specific examples of (1) staff and client activity information, and (2) client impact information needed for an evaluation process. The following section contains a detailed discussion of collection data for program cost information. These three components make up the evaluation system.

An overview of the system modules and integration of data is presented on the facing page.

#### Activity Information

Activity information refers to both staff and client activity. More specifically, staff activity refers to staff input - hours, number of contacts, etc. and client activity refers to client history and observable events i.e., changes in client situations as a result of services provided. Examples of activity information needed for efficiency measures and for input to the client impact module are found in the following types of reports.





- . Staff Activity Reporting

- Service Activity Report
- Daily Cost Activity Report

- . Client Activity Reporting

- Client File Maintenance Report
- Observable Event Report

### Staff Activity Reporting

The staff activity reporting is designed to provide information about the input of staff time into the program as a basis for measuring scope and efficiency. The input is measured in number of hours by staff time classified as to the nature of the activity. In addition, the reporting provides a count of the client contacts by the staff, which is a measure of the visibility of the project staff to the clients. The client contact information, as will be discussed in the section on program cost, is used to develop statistical and cost of service information.

Staff activity reporting is a primary source of efficiency measurement data. Comparison between time spent in various activities provide a basis for measuring the relationship between indirect application of staff time and direct application. Comparison between services provides a basis for projecting staff requirements for the future.

### Client Activity Reporting

Client activity reporting consists of two components; (1) face sheet and historical data, and (2) observable or measurable events.

- . Client Master File

The client master file is a collection of basic background information on the client, such as, parents' names, sex, education level etc., as

well as specific historical data related to incorrigible behavior, law violations, convictions, case disposition and treatment. This type of data is most effectively maintained and updated as output of an automated tracking system with prescribed data requirements. A large portion of the measurement data required for evaluation of program effectiveness would be available from the client master file.

• Observable Event Reporting

Observable event reporting is for reporting changes in client situations to aid in evaluating the effectiveness of services provided. The events used in the reporting are taken from measures in the Service-Program Profiles such as was illustrated in the previous section (Program Evaluation Concepts). Statistics collected from observable event reporting provide a significant portion of the data required for input to the client impact reporting module.

Service Impact Reporting

Service impact reporting is the basic reporting for initiating an assessment of effectiveness of a program. The reporting provides an overview of the impact made in an identified service area during a specific time period. It is a summary for evaluators to use in identifying areas requiring more in-depth analysis and evaluation. Impact reporting outlines the objectives, attainment of objectives, standards and trends for current service periods and comparisons with comparable prior periods for each service in the program.

With this type of information program evaluators have a quick overview of the results being obtained in the current reporting period compared to a prior period. With the information the evaluators should be able to provide guidance to the program in planning future services and reach more objective decisions about funding.

The accounting system basically provides budget, encumbrance, expenditure and available balance data by object codes within cost centers.

Based upon well defined program components and program activities the existing account coding structure and reports can easily be modified and integrated into an effectiveness evaluation system to match program results and program costs.

## IX - CONCEPTS FOR PROGRAM COST ANALYSIS

The principle objective of program cost analysis is to measure program effectiveness. To accomplish this, cost procedures and indeed the cost system itself must be an integral part of a program evaluation system. In this manner program output-oriented activities can be related to the input oriented resources.

The knowledgeable program director realizes that to achieve program goals, resources must be utilized most efficiently, since resources always have constraints. Analysis and decision making must be made in quantifiable dollars to assure that the largest portion of the resources are provided to delivering of services in the most effective way.

By integrating cost analysis data with planning and evaluation system, program planners and evaluators have better information for (1) planning programs, (2) for making choices among the alternative ways to which funds can be allocated to achieve objectives, (3) developing programs or services to reach the objectives, (4) providing data for program evaluators, and (5) determining cost of operating programs.

The essential components of a program cost system are the program structure and the account code structure.

### PROGRAM STRUCTURE

A program is a group of interrelated activities undertaken to accomplish the stated goals and objectives of an organization. A program structure may be viewed as a pyramid with one major program and supporting levels of programs which relate to each other, and to the overall program. The program structure assists in the development of an organization in that each activity or sub-program is recognized as an area of responsibility.



The normal accounting system provides for the classification of expenditures by object code, such as salaries and supplies. The introduction of a program structure within the accounting system provides for the classification of the same expenditures by the service activities which comprise the program effort. This means that resources expended are identified with the service profile activities of a specific program service. Using the program structure developed in the evaluation process and a coding structure within the accounting system that is capable of identifying expenditures within programs and activities, the cost of each program and each activity can be determined.

A simplified graphic example of a program structure illustrating the cost build-up process for the WCRM is presented on the facing page. A further refinement of this structure can be made by collecting costs by activities within sub-programs.

ACCOUNT  
CODING STRUCTURE

The account coding structure is a coding scheme used to identify expenditures by program, sub-program and activities and summarizes revenue and expenditures in a responsibility reporting structure by program and location.

The existing financial system at Warrendale is well suited to the development of a program cost system. The coding structure contains the following data elements:

- . Fund Identification
- . Appropriation Identification
- . Location or Organization
- . Department
- . Ledger Year
- . Cost Center
- . Major Object Code
- . Minor Object Code

With this many available fields of information built into the State's system the coding requirements of Warrendale can easily be implemented within the State's program planning and budgeting system.

Applying the program costing concepts to the WCRM cost structure exhibit, object expenditures such as salaries, benefits etc. could be captured by program level (Day Treatment), location (Northside) sub-program (education) and if desired by activity (tutored service). The cost data can be summarized at different levels, such as all education costs for all locations, or a total of all program costs by location and can be integrated with the staff Activity Reporting to develop statistical reporting.

#### Financial Reporting

The financial reports generated from a system design for program cost analysis should provide (1) cost center or department budgetary control, (2) program budgeting control, and (3) detailed cost information at the sub-program and activity level to provide the ability to compare costs with effectiveness. This structure of reporting provides administrators with information needed for accountability of department managers and program managers as well as enabling administrators to make decisions and plan treatment alternatives on a "cost benefit" basis.

Warrendale Correctional Resources Model

Compliance Test  
Subgrant DS-75-C-9E-9-676

Compliance

Subgrant DS-75-C-9E-9-676  
Project Component

Yes.

The WCRM project conforms with program 9E of the Comprehensive Plan of the G.V.C. seeking to develop improvement of CBT services.

Yes - Observations indicate a wide range of services in the Northside program.

A wide range of resources will be developed into a network of residential and non-residential support services.

No - not as extensively as implied in the subgrant. Most services are provided by existing state employees.

Support services will be utilized through the purchase of service mechanism.

Yes - Redeployment efforts appear to be well planned.

No personnel presently employed at Warrendale will be laid off.

No - a lack of documentation indicates a need for more detailed planning.

A systematic phase out plan will be developed.

No - this has not been adequately demonstrated due to a lack of detailed cost projections.

A comprehensive budget for the WCRM to be no greater than the existing Warrendale budget allowing for inflation increases.

Yes - in progress.

Development of a client tracking system.

Yes - part of Intake and Diagnostic Program.

A comprehensive needs assessment for each youth will be performed including:

- . family and interpersonal relationships
- . educational
- . vocational and employment
- . medical and dental

No - mostly informal at this time concerning agreement of client and parents. Time-lined approach not really used.

Specific time-lined goals, activities and services will be defined and agreed upon by the youth, his family and YCA for approval by the court and program director.

Yes.

Assessments will take place at a college on the Warrendale campus for the first year.

Yes.

The ratio of YCA to client in day treatment will be 3:1.



Yes - as indicated by client schedule and observations during visits.

Undeterminable - these services are documented in the Northside proposal but the project is too new at this time to comment on each of these components. Documentation on file indicated that most of these activities are operational at Northside.

Yes - East and North side locations correspond to probation office locations.

Partially

Yes

Yes

No

No

Yes

No

Yes

No - none have been established since the first in the early part of 1975.

Yes - according to planned staffing and available remaining facilities.

Yes.

Yes - under the direction of William Commorata, Regional Director, DPW.

Yes - but small number of regional personnel has minimized their involvement.

Yes.

YCA's must have at least two hours of contact with the client each day for specific client services.

#### DTC Program Components

- . 4-6 hours of daily academic instruction
- . individual and group counseling
- . stimulation for career goal setting
- . development of heightened self concept
- . "Reach Out" program for work with youth and family
- . systematic involvement of parents or other adults
- . capacity for after hours recreation and social activities
- . a crisis response capacity

Programs are to be geographically situated as nearly as possible to the areas where the larger concentration of youths' homes are located.

#### Support services to be purchased:

- . alternative school
- . specialized vocational training
- . family therapy
- . individual therapy
- . tutoring
- . special skills development program
- . outward bound program

Eighteen group home slots will be purchased.

24 institutional slots will be available at Warrendale for youths requiring institutionalization.

Administrative responsibilities of Warrendale Director.

Overall director of the model.

Coordination with regional office of DPW.

Coordination with and provision of necessary services to juvenile courts.

Undeterminable - alternative models and cost projections would have to be prepared.

Yes.

Yes  
No  
Yes

Yes  
No  
No  
Yes  
Yes

Yes  
Yes  
Yes

No - inhouse  
Yes  
Yes  
No - inhouse  
No - inhouse  
Yes  
No  
Yes

No - progress is slow in locating qualified contractors.

Yes.

No.

Yes.

Maximum feasible redeployment of funds and personnel from the existing institutional structure to the new program model.

Regular program progress and status of youth reports to the Commissioner of Children and Youth, the Regional Director, and court judicial and administrative personnel when appropriate.

Training is to be provided members of the WCRM to include:

- . reachout techniques
- . street counseling techniques
- . development and use of the community based network
- . use of the community team concept
- . the use of volunteers
- . understanding of court functionary rules
- . operating procedures
- . review of project standards and reporting requirements
- . family intervention
- . crisis intervention
- . weekly in-service and training feedback sessions will be held during implementation.

A support service network to be developed by the project team will include:

- . Day Treatment Programs
- . Alternative Schools
- . Special Vocational Therapy
- . Family Therapy
- . Individual Therapy
- . Tutoring
- . Special Skills Development
- . Outward Bound
- . Group Homes

Services should be well distributed geographically and the location and types of services should be developed along with County Courts.

The Director and program staff are to negotiate program service contracts with private service providers and monitor the service.

A client tracking and project evaluation system is to be developed.

WARRENDALE CORRECTIONAL RESOURCES MODEL

COMPLIANCE TEST  
AMERICAN CORRECTIONS ASSOCIATION (ACA)

Compliance

ACA Standards

Physical Structure - CBT's

Yes - it is difficult to locate a facility that is within the area of the clients, racially integrated and at the same time a low crime area.

Location - should be close to transportation; areas of high crime and delinquency should be avoided; and should be racially integrated.

Yes - where applicable.

Size - space should be provided for offices, recreation, day rooms, kitchen, dining room, laundry and storage as well as sleeping.

Yes.

Physical Condition - must conform to health and fire standards. Should be in good condition in relation to heating, plumbing, electrical and sewerage systems.

Yes.

Security - control should limit access to outsiders. Client records should be secure and available only to authorized persons.

Unknown - current facilities are only temporary.

Maintenance - maintenance contracts should be secured. Clients should not be expected to do maintenance work in the center; they should spend their time in the community.

Staff

Yes.

Should be adequate in numbers and trained as necessary to perform the functions contemplated.

Yes.

Staff of governmentally operated programs should be government employees, professionally trained and experienced in the correctional field.

Yes.

The level of the director of the project should be high enough in the organization to bring sufficient experience and status to the project.

Financing

Unknown - need detailed needs and cost projections.

Unknown - dependent upon previous standard.

Planned program financial requirements must be matched to the contemplated program needs.

Funding should be consistent from year to year to compliment long-range planning.

Community

Partial - acceptance survey was performed. More evidence of acceptance is needed from businesses and individual citizens.

Partial - should have a citizens advisory board.

No.

Partial - limited at this time but program is still very new.

It is important for interested public to be involved in the project such as; police; judges; businessmen; labor; welfare planning councils; and individual citizens.

The program should be as visible to the community as possible to make the community aware of the reintroduction process.

A citizens advisory committee should be established to involve the community.

To avoid stereotyping the clients, personal contact should be made in the community.

Employment

Partial - no formal program exists but the idea was acceptable and efforts were started towards a program during our visits.

No.

A program for locating employers and providing part time employment should be established.

Sheltered workshops should be used if employment opportunities are not available.

Program

No - philosophy of administration is open admittance.

No.

Intake criteria should consider; suitability of the client for CBT; risk to the community; and the communities' sensitivity to certain types of offenders.

Minimum and maximum length of stays should be established so as to permit the "treatment" to take effect and yet not develop "incapacitating dependency". The length of stay is mostly based on clinical judgement and made on an individual basis.

Not documented.

A readmissions policy should be developed.

Yes.

Rules should be established for limits of tolerable behavior.

Yes.

Control over visitors and friends of clients should be exercised.

Yes.

A rational approach to the size of the centers and the ratio of coverage of staff to client should be stated.

Yes.

Program activities should demonstrate a relationship to the overall goals and objectives of the program.

Partial - additional services could be included in the model as noted in the section on "Service Delivery Configuration".

The main theme of CBT should be diversity of services to meet specific re-entry requirements.

#### Community and Agency Relationships

Partial - significant differences in the approach and authoritative structure of the WCRM exist between the Allegheny Courts and state corrections.

A continuing cooperative relationship with probation, parole and law enforcement agencies must be maintained.

Yes.

Program activities and purpose should be clearly explained to the clients to avoid anxiety.

#### Research

No.

A systematic approach to evaluating the effectiveness of the program must be established.

#### Medical and Dental Services

Yes.

Arrangements must be made to provide emergency medical and dental care.