



Office of Justice Programs
Summary



Intensive Aftercare
for High-Risk Juveniles:
Policies and Procedures

Program Summary

A Publication of the
Office of Juvenile Justice and Delinquency Prevention

Office of Juvenile Justice and Delinquency Prevention

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) was established by the President and Congress through the Juvenile Justice and Delinquency Prevention (JJDP) Act of 1974, Public Law 93–415, as amended. Located within the Office of Justice Programs of the U.S. Department of Justice, OJJDP’s goal is to provide national leadership in addressing the issues of juvenile delinquency and improving juvenile justice.

OJJDP sponsors a broad array of research, program, and training initiatives to improve the juvenile justice system as a whole, as well as to benefit individual youth-serving agencies. These initiatives are carried out by seven components within OJJDP, described below.

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OJJDP provides leadership, direction, and resources to the juvenile justice community to help prevent and control delinquency throughout the country.

Intensive Aftercare for High-Risk Juveniles: Policies and Procedures

Program Summary

Prepared by

David M. Altschuler, Ph.D.
Principal Research Scientist
The Johns Hopkins University
Institute for Policy Studies
Baltimore, Maryland

Troy L. Armstrong, Ph.D.
Professor
California State University
Division of Criminal Justice
Sacramento, California

John J. Wilson, Acting Administrator
Office of Juvenile Justice and Delinquency Prevention

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Foreword

Crowded juvenile correctional centers, escalating costs of confinement, and high rates of recidivism have sparked renewed interest in the need to bring innovative ideas to bear on juvenile aftercare philosophy, practice, and programming.

In the summer of 1987, the Office of Juvenile Justice and Delinquency Prevention launched its Intensive Community-Based Aftercare Programs initiative to help public and private corrections agencies develop and implement effective aftercare services for chronic and serious juvenile offenders who initially require secure confinement.

Through the use of examples drawn from data and observation, this Summary, a policy and procedures manual, will provide the reader with a clear overview of the structure and function of key program elements and components.

Used together with its companion pieces, *An Assessment* and *A Community Care Model*, this manual will help guide corrections agencies as they develop aftercare programs that meet the needs of chronic and serious juvenile offenders across the Nation.

John J. Wilson

Acting Administrator

Office of Juvenile Justice and Delinquency Prevention

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Table of Contents

Foreword	iii
Acknowledgments	v
Introduction	1
Overview of the proposed intensive aftercare model	2
Theoretical framework	3
Underlying principles	4
Program elements	4
Policies and procedures of the IAP model	5
Organizational factors and the external environment	5
Overarching case management	7
Assessment, classification, and selection criteria	8
Assessment of risk	8
Cut-off scores	9
Overrides	9
Assessment of need	10
Assessment of special needs subpopulations	11
Individual case planning	12
Integrating surveillance and services based on risk factors	16
Balanced incentives and graduated sanctions	18
Service brokerage with community resources and linkage to social networks	21
Management information and program evaluation	24
Process evaluation	25
Outcome evaluation	26
Conclusion	28
Figures	
Figure 1: Intervention Model for Juvenile Intensive Aftercare	3
Figure 2: Integrated Control-Strain-Social Learning Model	4

Introduction

In the summer of 1987, the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice, issued a request for proposals (RFP) titled, “Intensive Community-Based Aftercare Programs.” This research and development initiative was designed to assess current knowledge and programs in this field, to develop a promising program model, to disseminate information about the proposed model, and to test this model in selected jurisdictions. These goals were sequenced in stages to build cumulatively and lead directly into a demonstration effort:

Stage 1:

An assessment of (a) programs currently in operation or under development, and (b) the relevant research and theoretical literature related to the implementation and operation of community-based aftercare programs for chronic juvenile offenders who are released from residential correctional facilities.

Stage 2:

Developing program prototypes and related policies and procedures to guide State and local juvenile correctional agencies and policymakers.

Stage 3:

Transferring the prototype design, including the policies and procedures, into a training and technical assistance package for use in formal training sessions and for use that is independent of the organized training sessions.


Stage 4:

Implementing and testing in selected jurisdictions the prototype developed in Stage 2.

OJJDP views this project as one means to assist public and private corrections agencies in developing and implementing aftercare approaches for chronic and serious juvenile offenders who initially require secure confinement. The Johns Hopkins University’s Institute for Policy Studies and the Division of Criminal Justice, California State University at Sacramento, were funded in the spring of 1988 to conduct this project.

This policy and procedures manual constitutes one of two products developed during stage two of the project. The other is the Intensive Aftercare Program (IAP) model, or prototype, that has been described in considerable detail in other project documents. The IAP model represents an effort to combine coherently the most innovative ideas and strategies that have been identified nationally to facilitate effective transitioning of high-risk juvenile parolees into the community and to offer a reasonable chance for long-term positive adjustment and reduced recidivism.

Through the use of examples, this policy and procedures manual will provide the reader with a clear sense of how program elements and components are structured and how they function. These examples are drawn from site visits and other data collection activities (e.g., mail surveys and telephone interviews) conducted during the assessment stage of the project. This manual can be most helpful as a guide to programming options if used in conjunction with another



The project will assist public and private corrections agencies in developing and implementing effective aftercare approaches for chronic and serious juvenile offenders who initially require secure confinement.

New insights about chronic, serious delinquents and the most effective ways to manage their behavior in the community have recently emerged.

project document, *Intensive Community-Based Aftercare Programs: Training Manual for Action Planning Conference* (for availability, see page 28), that delineates in modular form the key principles of the model. Each module emphasizes a program element, such as overarching case management, assessment and classification, individualized case planning, a combination of surveillance techniques and service provision, balanced incentive and graduated consequences, service brokerage with community resources, and management information and program evaluation.

Overview of the proposed intensive aftercare model

Growing concerns about institutional crowding, high rates of recidivism, and escalating costs of confinement have fueled interest in bringing innovative ideas and programming to juvenile aftercare/parole philosophy and practice. Unfortunately, the correctional field has a dismal record in reducing the recidivism rate of juvenile offenders coming out of secure, correctional confinement. This failure appears to occur disproportionately with a subgroup of institutionalized juvenile offenders who began their long record of criminal misconduct at an early age. This high-risk group tends to exhibit a persistent pattern of intense and severe delinquency activity and is plagued by a multitude of other problems. Often, they have emotional and interpersonal problems that are sometimes accompanied by physical health problems; most come out of family settings characterized by high levels of violence, chaos, and dysfunction; many are engaged in excessive alcohol and drug consumption and abuse; and a substantial proportion have become chronically truant or have dropped out of school altogether.

Major innovations have not affected juvenile aftercare services; however, new insights about this subpopulation of chronic, serious delinquents and effective ways to manage their behavior in the community have emerged. One aspect of these efforts has been the development of specially designed programs and practices that systematically target high-risk parolees, provide highly structured supervision and control, carefully monitor performance in the community, and ensure the delivery of many essential services. Any attempt to lower rates of recidivism with serious and chronic juvenile offenders must entail a substantial intensification of intervention strategies that focus upon identified problems and needs. Further, interventions that achieve long-term behavioral changes and integration into the community must combine increased surveillance and supervision with enhanced and more specialized treatment and services. Principles of treatment and rehabilitation are as important as increased emphasis on surveillance and social control.

The proposed model of a juvenile intensive aftercare program operates across four levels, from the most abstract (defined in terms of theoretical considerations) to the most concrete (defined in terms of actual program elements and service areas). The four levels include: (1) theories of delinquency causation and change (an integration of social control, strain, and social learning theories), (2) underlying principles, (3) derived program elements and sub-elements, and (4) program service areas (see figure 1).

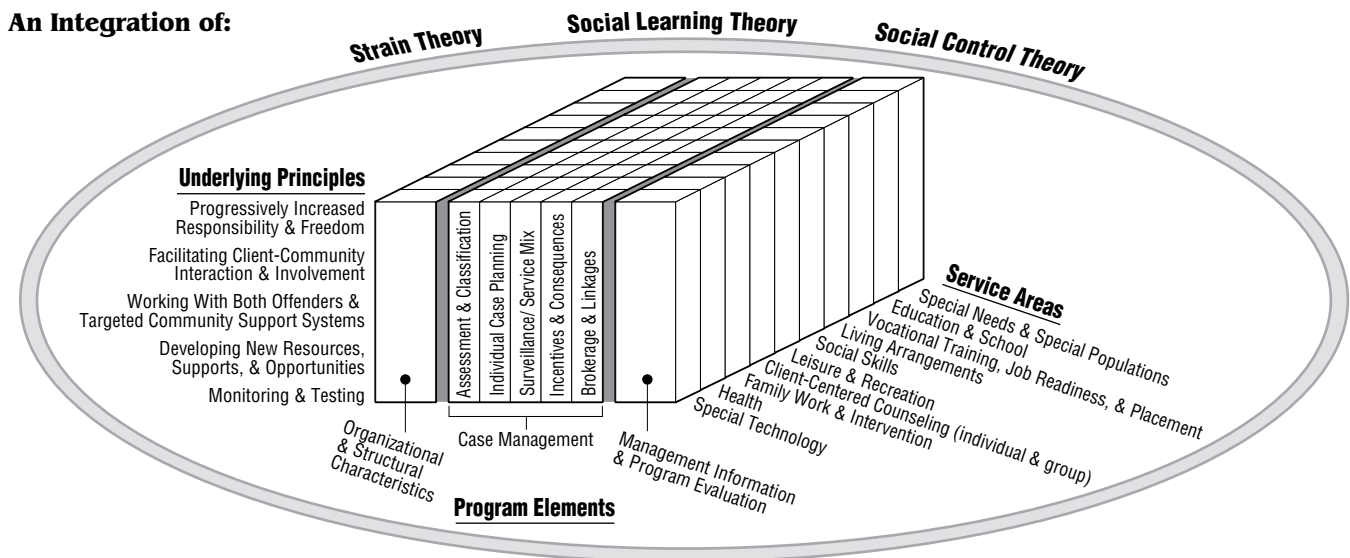
Theoretical framework

Other efforts to develop an integrated theoretical framework for guiding intervention with serious, chronic juvenile offenders have centered largely on combinations of social control, strain, and social learning theories. Selected postulates and axioms of the crucial theories are linked together to more fully explain delinquency and change than is possible when using a single theory. A larger conceptual framework, one that takes into account psychological and sociological explanations of delinquency and individual and environmental factors, combines relevant strands of social control, strain, and social learning theories into an integrated model. Our proposed model is grounded in a similar integration of the three theories; however, our theoretical framework focuses upon the special requirements that characterize the reintegrative process.

The integrated IAP framework postulates that serious, chronic delinquency is related to: (1) weak controls produced by inadequate socialization, social disorganization, and strain, (2) strain, which can have a direct effect on delinquency independent of weak controls and which is also produced by social disorganization, and (3) peer group influences that intervene as a social force between a youth with weak bonds and/or strain on the one hand and delinquent behavior on the other. The pathways by which these social forces and circumstances produce delinquency or recidivism are multiple (see figure 2 on next page). While the effect of strain on delinquency may be mediated by weak controls and by the normative orientation of the groups to which a youth is bonded, strain or bonding to delinquent groups may have a direct and independent effect on delinquency in other cases. The integrated IAP framework highlights the fact that the joint occurrence of strain, weak controls by conventional groups, and strong bonds to delinquent groups produces a greater probability of delinquency or recidivism than any of the three alone.

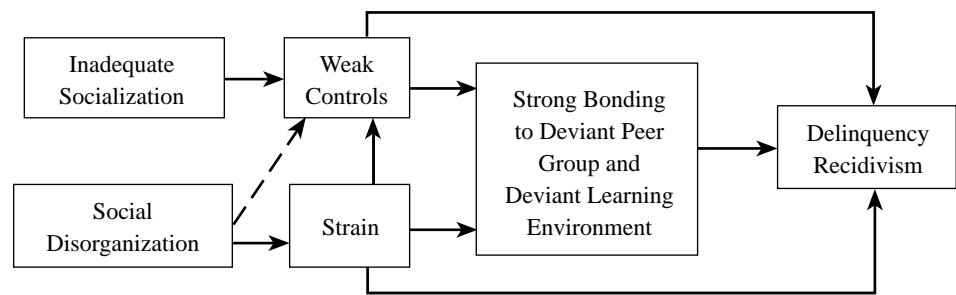
Our theoretical framework focuses on the reintegrative process.

Figure 1: Intervention Model for Juvenile Intensive Aftercare



The principles offer a sufficient, sound, and understandable "blueprint" from which program design can proceed.

Figure 2: Integrated Control-Strain-Social Learning Model



Underlying principles

The integrated IAP framework is based on a theory-driven, empirically guided set of principles for programmatic action that are requisite for successful intensive aftercare. These five principles embody the theoretical assumptions regarding both the multiple causes of, and behavioral changes associated with, reoffending. The principles offer a direction and a set of goals that guide the design of the program elements and services. The principles are:

- To prepare youth for progressively increased responsibility and freedom in the community.
- To facilitate youth-community interaction and involvement.
- To work with both the offender and targeted community support systems (e.g., families, peers, schools, employers) to establish constructive interaction and to help youth adjust successfully to the community.
- To develop new resources and supports where needed.
- To monitor and test the youth and the community on their ability to deal with each other productively.

These five principles allow for a flexibility in the program components, features, and processes that will be used to respond to the surveillance and service needs of selected IAP youth. The chief concern at this level is the extent to which the principles offer a sufficient, sound, and understandable “blueprint” from which program design can proceed. Does the IAP model’s rationale and philosophy make sense given the assumptions regarding the multiple causes and correlates of, and behavior-change strategies associated with juvenile offending behavior and recidivism?

Program elements

At the next level of program development—formal implementation—practice must be judged in terms of whether program components, features and processes, and the population served conform to the principles of the integrated IAP model. While planners and practitioners must have sufficient latitude to

consider the components, features, and processes that best suit the needs of their own communities and IAP youth, the implementation of the program must meet expressed policy and procedural requirements. Such requirements are central to the proper translation of theory and principles into practice.

While the model implemented in any locale depends upon factors that characterize the local system, IAP policy and procedural requirements are defined by the three major program elements and five sub-elements that are essential to the model. A discussion of each element follows with illustrations taken from currently operating programs or approaches.

Policies and procedures of the IAP model

Organizational factors and the external environment

Correctional systems vary enormously across a number of dimensions, including the scale of the particular system, its ideological and philosophical orientation, its public and government support base, its structural characteristics, and the type and number of aftercare programs it offers. Factors related to the aftercare function include:

- Level of resources available for aftercare activities.
- Number of youth adjudicated delinquent and under the supervision of correctional authority.
- Urban versus rural distribution of population.
- State statutes and laws, legislative guidelines, and administrative rules relevant to aftercare.
- Reliance upon public versus private service provision.
- The organizational and bureaucratic configuration of aftercare.

These factors will affect implementation and will result in the model assuming a different form from one setting to another.

The first step in the IAP development process is to determine how a jurisdiction carries out its aftercare responsibilities, such as implementing the program, following its legal mandate, and allocating resources. The structure of the juvenile correctional system must be considered. Possible variations may include housing both juvenile correctional facilities and juvenile aftercare in the same agency, housing juvenile correctional facilities and juvenile aftercare in separate agencies, operating juvenile aftercare as a statewide function under jurisdiction of the executive or judicial branch of government, operating juvenile aftercare as a county level function, and having a State agency responsible for aftercare versus a regional approach to parole.

Another major variation is the way that community-based services and resources are obtained or contracted. In some jurisdictions the aftercare agency uses



The first step in the IAP development process is to determine how a jurisdiction carries out its aftercare responsibilities within the broader context of juvenile corrections.

P private providers can allow for greater flexibility in program design and vastly reduce the time and red tape consumed in introducing major change.

extensive purchase-of-service arrangements with private contractors, while in other jurisdictions the aftercare agency is directly responsible for operating most of the programs and services available to parolees or for locating community resources, such as county mental health, big brother, or local recreation programs, that provide service at little or no charge to the aftercare agency.

An Assessment (Altschuler and Armstrong 1990) provides examples of approaches to service provision that fall along the public-private continuum. The report describes in detail two jurisdictions that represent the opposite ends of this service continuum. The Arizona Department of Corrections relies heavily upon a “purchase-of-care” model that uses contracts with private vendors almost exclusively to provide an array of community-based services for juvenile parolees. Nine different categories of service provision are available: (1) residential shelter and transitional services, (2) residential treatment services, (3) residential substance abuse services, (4) residential pregnancy and postpartum services, (5) residential conservation services, (6) day support services, (7) evening support services, (8) psychological and psychiatric services, and (9) nonresidential substance abuse treatment and urinalysis services. At the other extreme is the Intensive Aftercare Program in Delaware County, Ohio, that relies heavily on local community agencies and resources.

The decision to transfer the entire responsibility for operating juvenile correctional facilities and/or aftercare services to a private sector provider offers flexibility in designing and staffing innovative programs and in vastly reducing the time and red tape consumed in introducing major change. The Eckerd Youth Development Center (EYDC), a private, nonprofit corporation under contract with the Florida Department of Health and Rehabilitative Services, operates a secure correctional facility and handles aftercare planning for delinquent male youth 14 to 18 years old who have been committed to the State for correctional supervision. EYDC assumed control under conditions specified in a long-term contract for management of one of Florida’s State training schools (located in Okeechobee) and implemented a correctional model that combined both institutional confinement and aftercare supervision and stressed continuity of management and service provision across the boundary between the institution and the community.

Another set of organizational considerations focuses upon the size of the juvenile correctional system, including institutional and aftercare components. Some State systems manage small numbers of correctional facilities and juvenile parolees, while other State systems are enormous and must manage many facilities and thousands of juvenile offenders at one time. These factors can impose major limitations on the organization and administration of juvenile aftercare. Closely tied to these issues is the distribution of population across a jurisdiction or State. Some correctional systems benefit from having most of their clients concentrated in only one or several urban areas, while others must provide supervision and service to offenders scattered across many, largely rural, areas. The latter situation poses problems for implementing a cost-effective model of intensive aftercare.


Overarching case management

Case management is the overarching mechanism that achieves coordinated planning and continuous, consistent service provision, referral, and monitoring of juvenile offenders who have been committed to secure confinement and who will need to be transitioned to aftercare status in the community. One of the major problems besetting the juvenile correctional system has been the inability to transition offenders from closely monitored and highly regimented life in a secure institutional environment to unstructured and often confusing life in the community. The difficulties posed in providing continuity of service and supervision between institutional confinement and community living have long plagued efforts to achieve successful community adjustment for juvenile offenders. Lack of coordination and collaboration among staff in correctional facilities, parole agencies, and community social institutions (e.g., schools, local organizations, public mental health agencies, drug and alcohol treatment centers, employment and training programs, churches, business associations, and employers) have been a grave impediment to the development of effective aftercare programming.

While recommendations for improved communications, shared decisionmaking, coordinated planning, and clear lines of authority have been made many times, these recommendations have, with certain notable exceptions, met with a modicum of success. Because of funding limitations, bureaucratic and professional intransigence and turf battles, understaffing and inefficient deployment of staff, community fear and resistance, and inadequate or nonexistent community resources, the juvenile parole agency, correctional facilities, and community-based social institutions have been unable or unwilling to enter into a working partnership. The multifaceted needs and problems of high-risk juvenile offenders who require integration into the community indicate that aftercare field staff and local social support systems must be directly involved with the staff of correctional facilities.

The findings of the full assessment report suggest five broad areas of responsibility central to intensive aftercare case management: (1) a process of disposition, confinement, and parole that consists of clearly defined steps that are closely coordinated, consistent, mutually reinforcing, and continuous; (2) some form of behavioral, contingency, or social contracting throughout the process; (3) a comprehensible and predictable pathway for client progress from disposition to the end of parole; (4) each step or phase of reentry directly related to all successive steps; and (5) a rating or reporting system to monitor a youth's behavior and measure progress. These five areas of responsibility constitute the framework for developing an unambiguous, goal-oriented set of expectations and requirements for clients that is detailed in an "individualized facility-parole master plan."

The overarching case management element is composed of five sub-elements that provide explicit guidance in formulating and implementing the master plan. This individualized master plan focuses attention on what happens before, during, and after institutional confinement. A discussion of each case management sub-element follows.



One major problem is the inability to transition offenders from closely monitored life in a secure institution to unstructured and often confusing life in the community.

The offender's age at first adjudication, the number of prior adjudications, and the number of prior commitments are the best offense-related predictors of delinquency.

Assessment, classification, and selection criteria

The origins of assessment and classification in juvenile justice can be traced to the precept that each youth should be individually assessed upon entering the system. Each youth, his or her social surroundings and circumstances, background, particular talents and deficiencies, and problem behaviors need to be examined on a case-by-case basis to assure that the appropriate corrective steps are taken. The current diversity of classification systems for juvenile offender populations reflects the fact that treatment and rehabilitation continue to exert a strong influence despite the recent trend toward crime control and increased punishment of serious juvenile offenders. Further, the growth of intensive supervision programs for juvenile offenders requires the development and application of structured procedures that will determine which cases should receive enhanced levels of supervision and service provision.

Assessment of risk. The development of a validated risk assessment instrument is the key task to identifying and intervening intensively with juvenile offenders who are at risk of reoffending. The items included on the risk assessment scale, the weights assigned to the individual items, and the results of an analysis validating the instrument (e.g., first scoring each youth in the identified sample on the instrument and then comparing that score to the youth's actual recidivism) must be considered. Further, risk assessment instruments are based on aggregate characteristics, indicating that they do not predict which individuals within each grouping will recidivate, but do predict within acceptable limits the failure rates for each group.

Quantitative assessment instruments have demonstrated considerable accuracy in estimating risk levels for aggregated juvenile offender populations. In contrast to assessing adult offenders, devising valid scales for predicting recidivism among juvenile offenders is more difficult than assessing adult offenders because juveniles are more volatile and impulsive; they experience more rapidly changing personal characteristics and needs; and they are less likely to have developed longstanding patterns of behavior and habits on which to predict misconduct. Nonetheless, the better risk assessment scales contain some combination of features related to delinquent history, family dysfunction, school disruption, and peer group influences. Items such as age at first adjudication (i.e., early age of onset), number of prior adjudications, and number of prior commitments have been shown to be the best offense-related predictors of delinquency.

An example of a formal risk assessment approach currently in use is the Ohio Department of Youth Services' (DYS) risk-based community supervision system. The Aftercare Risk Assessment instrument contains 15 items, each weighted according to its individual predictive power. Based upon the score obtained with this instrument, juvenile parolees are assigned to one of three supervision levels: intensive, regular, or low. Intensive-, regular-, and low-supervision youth are placed on aftercare for 8-, 6-, and 4-month periods, respectively. While a youth's supervision category remains static, minimum contact standards can be adjusted up or down according to a reassessment score based on a youth's adjustment and calculated at the end of 90 days of aftercare and at 60-day intervals thereafter.


The Arizona Department of Corrections also uses a risk assessment instrument containing nine items that are scored to determine a juvenile parolee's risk potential. The obtained score guides the assignment of the youth to a community-based placement marked by a specific risk level. This scale is combined with a decision tree accompanied by a set of decision guidelines in the form of questions that allow a decision to be scored yes or no. This series of decision steps offer multiple pathways that lead to a final decision about the appropriate level of restrictiveness to apply to the youth. The tree designates five levels of restrictiveness for assigning youth to placement options: very high, high, middle, low, and very low. When a youth scores high or very high on this instrument, out-of-home placement is recommended. Further, the instrument determines four levels of parole supervision: intensive, maximum, medium, and minimum. In this scheme, the medium level of supervision corresponds to a lower level of restrictiveness, whereas a minimal level of supervision corresponds to the lowest level of restrictiveness.

The identification of risk factors to predict types of future misbehavior should be used cautiously. These behaviors can range from the risk of committing violent acts to the risk of new offenses to the risk of designated violations of probation or parole. The efficiency with which these different kinds of misbehavior can be predicted varies tremendously. In general, predictions of crime categories (e.g., violence) are much more difficult to make than are general predictions (e.g., recidivism).

Cut-off scores. Another critical issue is the selection of appropriate cut-off scores that are used to discriminate among different risk groups. Determining cut-off scores is a decision that needs to take into account budget constraints, agency policies, and overall program goals and objectives. For example, if it is decided that youth with an aggregate recidivism rate of 60 percent or more should receive intensive supervision, then the funding, staff, and services needed to support this level of supervision must be available. Also, the failure base rate of the group eligible for intensive supervision should be high enough that improvement is possible.

In the Ohio Department of Youth Services, cut-off risk scores were chosen as the basis on which youth would be assigned to intensive, medium, and low supervision categories. If lower risk scores are chosen to qualify for higher level supervision, more cases with reduced aggregate rates of recidivism will be included.

Overrides. One source of confusion emerges from the unclear relationship between the seriousness of the crime and the risk of future criminal activity. Prediction research has repeatedly shown that the relationship between the seriousness of the present offense and the likelihood of committing future offenses is extremely weak, if not inverse. Consequently, the inclusion of a youth who has committed only one serious offense in a risk-based aftercare program may be regarded as a misuse of risk-based aftercare. Inclusion of such offenders may also mean that intensive aftercare is used punitively for social control to satisfy the public outcry about getting tough with youth crime.



Prediction research has shown that the relationship between the seriousness of the offense and the likelihood of recidivism is extremely weak, if not inverse.

The Ohio Department of Youth Services uses a risk assessment instrument that includes measures of alcohol and substance abuse, discipline problems in the home, parental criminality, and family violence.

When a youth commits a violent or other serious crime, the community may become fearful and may call for widespread punishment and/or prolonged intensive supervision. As a result, even though the relationship between the severity of the present offense and recidivism would not call for enhanced social control, some mechanism to handle so-called “overrides” or aggravating circumstances must be established.

In Ohio, the Department of Youth Services’ risk assessment instrument determined two situations when override should be considered. In these cases, provisions in the instruments will place a youth into a supervision category different from that indicated by the score obtained on the risk assessment scale. The first situation requires automatic intensive supervision when a youth’s offense record (including both present and prior offenses) includes adjudications for two or more selected violent offenses. The second situation occurs when a youth’s presenting offense is serious, but the youth has a risk score that specifies a low level of supervision. It is important to recognize that programming goals and values other than those relating to risk minimization, such as public pressure to punish juvenile offenders, are involved when overrides are allowed.

Assessment of need. Need assessments, which are closely linked to risk assessments, are those procedures necessary to classify juvenile offenders in terms of their problems and deficits. Risk and need assessment are often intertwined. For example, the Ohio Department of Youth Services’ risk-based community supervision system uses a risk assessment instrument that incorporates measures concerning alcohol abuse, discipline problems in the home, records of substance abuse, parental criminality, or family violence. Most classification approaches that incorporate some combination of risk and need factors represent a variation on the basic National Institute of Corrections (NIC) Model. Although initially designed as an assessment tool for managing adult offenders, this instrument has been tailored and adopted for use in numerous juvenile correctional systems.

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

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

- Vocational skills.
- Drug/chemical abuse.
- Learning disabilities.
- Academic achievement.
- Alcohol abuse.
- Emotional stability.
- School attendance.
- Employment/work performance.

-
- Family problems.
 - Parent problems.
 - Recreation/leisure time.
 - Residential stability.
 - Communication skills.
 - Sexual adjustment.
 - Cognitive ability.
 - Parental control.
 - Peer relationships.
 - Health.
 - Life skills.
 - Residential living skills.
 - Financial management.
 - Relationships with opposite sex.


These need scale items are usually weighted through a rank ordering process. The basis for assigning weights does, however, vary from jurisdiction to jurisdiction. The most common approach is to base weights on workload factors (i.e., the amount of time required to meet a particular need). Another approach is to base the weight of each item's success or failure on supervision, which is, in essence, a risk scaling of need. The following list, based on prior research, shows the cumulative rank ordering of the most heavily weighted items from need scales used with juvenile offenders in various jurisdictions:

- Substance abuse.
- Emotional stability.
- Family problems.
- School problems.
- Intellectual impairment.

The Arizona Department of Corrections uses a needs assessment instrument to categorize juvenile parolees with regard to specific treatment categories. Definitions of moderate and serious needs are applied to a list of behavioral items germane to identified need areas: psychology, emotions and behavior, substance abuse, education, vocation, and independent living and social skills. By checking the appropriate boxes, a determination can be made of the youth's level of need in each of the categories.

Assessment of special needs subpopulations. An increasingly important strand in assessing the needs of delinquent youth and matching modalities to these needs involves the identification of special needs subpopulations. These diagnostic categories, based on special problems and needs, are frequently used with youth who are considered the most serious offenders in the juvenile justice system. Among the subpopulations that have been identified and targeted for specialized interventions are offenders who are: (1) dependent on drugs and alcohol, (2) developmentally disabled, (3) learning disabled, (4) emotionally disturbed or cognitively challenged, (5) neurophysiologically impaired, and (6) convicted of sex offenses. It is not unusual for juvenile offenders to exhibit several of these problems simultaneously (commonly referred to as "multiproblem" offenders).

These six juvenile offender subpopulations often form the basis for specialized interventions in correctional and community-based settings. For example, the assessment of juvenile sex offenders may help professionals in these settings to understand better what led to the behavior and to guide decisions about appropriate treatment. Although some nonvalidated guidelines exist as a basis for evaluation, there are no validated instruments to classify juvenile sex offenders.



An increasingly important strand in assessing the needs of delinquent youth involves the identification of special needs subpopulations.

Some aftercare programs are designed to deal with all aspects of a youth's social interaction, conduct, and personality, while other programs may seek fewer changes.

Currently, clinical experience is the basis for most decisions about treatment. The offender's psychosocial, sexual, and behavioral history is thought to hold many keys to explaining his or her current behavior, view of the world, self-image, and level of empathy. There also has been a paucity of screening and assessment procedures to identify and evaluate the developmentally disabled youth that are processed through the juvenile justice system. Clinical procedures for diagnosing developmental disabilities in these youth have traditionally been limited to the use of standardized intelligence tests. Within the justice system, most probation, parole, and other correctional staff have not been trained to identify and manage developmentally disabled juvenile offenders. Consequently, assessments designed to identify specific developmental deficits are not conducted unless a noticeable behavioral problem with developmental origins is evident. Similar problems have characterized efforts to identify and assess other special needs subpopulations, such as drug and alcohol-dependent juvenile offenders, emotionally disturbed or mentally disordered juvenile offenders, etc.

Individual case planning

Individual case planning for intensive aftercare should begin as soon as possible after a youth is committed by the court to a correctional facility. After the identification of high-risk youth with the greatest probability of failure upon release into the community, these offenders must be targeted for the most appropriate institutional treatment and prepared for their reentry into the community.

Preparation for aftercare is a matter of individual case planning that determines: (1) how identified risk factors will be addressed through aftercare programming and supervision, (2) what need factors exhibited by these youth are tied to their social networks (e.g., family members, close friends, and peers in general) and the larger community (e.g., schools, workplaces, churches, training programs, and specialized treatment programs), and (3) how the total set of risks, needs, and associated circumstances of each youth will be addressed during the reintegration process.

The matching of youth in terms of risk and needs to agencies, programs, or individuals in the community requires a clear understanding of the goals of each potential intervention strategy (i.e., degree of change sought and range of attributes targeted for attention) and the actual mode of intervention (i.e., specific program components, features, and processes), which in turn determine how limits are set, what combination of treatment modalities and services will be used, what sanctions and reinforcement are used to ensure compliance with conditions of parole, and how client movement through the program is directed and measured. Some aftercare programs are designed to deal with all aspects of a youth's social interaction, conduct, and personality, while other programs may seek fewer fundamental changes and target a narrower range of client attributes for intervention.

Since high-risk juvenile offenders, like any other category of offender, emerge from different situations, have different problems, and can be reached in different ways, all possible intervention strategies must be considered and only those strategies most suited to the individual youth's needs and circumstances should be applied. The goals of institutional placement and reintegrative programming

and supervision can best be achieved by matching program characteristics (at both institutional and postinstitutional levels) to the youth's (1) ability to function socially with family, peers, and in school, (2) general behavior patterns, (3) cognitive capabilities, (4) emotional state, (5) types of manifest problems (including offense history), (6) prior placement history, if any, and (7) past and/or present commitment offense(s).


The following procedures are essential to the individual case planning process:

- Initiation of planning for community reentry early in the period of institutional confinement.
- Participation of all individuals and agencies, the institution, and the community that will play a role in designing and/or supervising the aftercare activities of the targeted youth.
- Development of a master plan that guides the intervention strategies used with the youth while he or she is in the institution and later in the community.
- Steps to facilitate easing the reentry experience by using specialized techniques such as transitional cottages and halfway houses.
- Monitoring the implementation of the aftercare plan to ensure adherence to the guidelines.

Each of these procedures can assume a variety of different forms depending upon the resources and circumstances of the jurisdiction in which individual case planning for intensive aftercare is conducted.

The approach used by the Eckerd Youth Development Center (EYDC) in Florida is an excellent example of individual case planning that begins early in the correctional confinement period, continues throughout institutional assessment and treatment, and culminates in the adjustment period following reentry into the community. EYDC's planning strategy uses a number of key procedures that closely resemble those described above. For the purpose of planning, EYDC identifies three functional phases in their plan, each requiring specific planning activities to achieve the goal of successful reintegration: (1) the secure facility, (2) the transitional phase, and (3) community-based aftercare.

At the beginning of the secure phase of their plan, the classification staff of EYDC initiates behavioral observations, as well as educational and psychological testing, of new admissions to ensure comprehensive case planning. Classification decisions made at this point are intended to shape each youth's participation in the cottage-based program in the facility and in reentry planning. A multidisciplinary team is responsible for considering the results of all observations and testing to develop an individualized treatment plan. A series of regularly scheduled staffings and reassessments accompany the movement of all youth as they progress through each phase of their institutional stay. These occur at the 15th, the 30th, and the 90th day, and every 90 days thereafter until reentry occurs. During the initial assessment phase, the community-based reentry counselor (RC) develops a Reentry Needs Assessment package that serves as the basis for the Individualized Reentry Plan (IRP).



The classification staff of EYDC initiates behavioral observations and educational and psychological testing of new admissions to ensure comprehensive case planning.

EYDC focuses on regular face-to-face contact between the youth and his or her aftercare worker, family members, and others in the youth's social network.

Once the initial orientation and assessment is completed, each youth is assigned to one of the residential cottages. During the youth's stay at the cottage, considerable interaction and planning occurs among cottage staff, educational staff, medical staff, clinical staff, and aftercare workers. Shortly after the youth's placement in a cottage, the RC combines the IRP with the Residential Treatment Plan (RTP), producing a single document that specifies the set of reentry objectives and activities and the facility-based intervention strategy that addresses treatment activities in a number of areas. For example, emphasis is placed on testing for academic and vocational skills and deficits that will be addressed while the youth is in the institution and when he or she returns to the community. Educational testing is completed within 15 days of admission so that the findings are available for the 15-day assessment. By the time of the 30-day meeting, special education teachers, GED teachers, and vocational guidance instructors should be interacting with reentry staff to initiate case planning for the educational component of community integration.

The transitional phase is that point in institutional programming when, from a case planning perspective, staff time and energy are increasingly focused on making decisions about reentry, community placement, and supervision. This is the beginning of the final reentry phase of programming. Case planning at this point emphasizes finalizing the agreements and contracts made between the youth, his or her family, and the cottage and reentry staffs.

The community reintegration phase of the EYDC model occurs when the case planning procedures and goals developed in the institution are put into motion and tested. To assure that the case planning process leads to the formulation of realistic, achievable goals, a series of meetings are held before and after the release point. On the last day of the youth's confinement, a transfer conference is held in the youth's cottage in which the youth, his family, the RC, and the cottage staff review the final reentry plans. On the first day following release, the youth, his family, and the RC meet in the community to review the goals and expectations of the reentry plan. Another meeting occurs between the RC, the youth, and his family on the next day to formulate a written weekly schedule. The RC and the youth are expected to meet with a school advocate and/or potential employer by the third day after release to communicate the requirements of the reentry program. Finally, the RC is required to meet the contract standards for every youth on the caseload on a weekly basis and to evaluate the youth's progress on a monthly basis throughout the 3- to 6-month period after reentry. The RC completes weekly progress report forms that are submitted to the reentry supervisor for review.

A number of the techniques conducive to effective individual case planning and continuous case management were identified in the programs discussed in *An Assessment*. For example, the EYDC model emphasizes early and continuous contact between the youth and the aftercare worker while the youth is in the correctional facility. EYDC focuses on regular face-to-face contact during the youth's confinement between the aftercare worker, the youth, his or her family members, and other individuals in the youth's social network.


Within several hours after placement in the secure facility, a youth who has been committed to EYDC is assigned a Reentry Counselor. This is followed by

face-to-face contact between the RC and the youth in the assessment cottage within 2 days. The RC picks up personal items belonging to the youth that will not be available to him in the institution and makes plans to return these to the family. This step paves the way for an initial, personalized contract between the RC and the youth's family. After contact has been established with the parents, several additional meetings between the youth and the RC occur in the secure facility over the next several weeks. At this point the feasibility of the youth's eventual return to his or her parents' home is explored.

The RC is expected to continue meeting on a regular basis with the youth during the remainder of his or her stay at the secure facility. The level of contact intensifies as the youth moves closer to the reentry phase of programming. The contacts occur at key decision points, most notably those meetings with the cottage team, educational staff, and the social worker. The RC also plays a key role throughout the youth's stay in the correctional facility by maintaining contact with the youth's family and potential community services and resources. Once the youth advances to the transitional phase of programming, the RC is expected to meet with the youth at least twice and is also expected to contact the parents by telephone at least twice a month during this phase.

Another significant point in case planning of aftercare occurs during the transition between the youth's institutional confinement and release into the community. This stage should be guided by a carefully planned, gradual process that focuses on preparing youth for progressively increased responsibility and freedom in the community. In planning the prerelease transition, it is important to let youth know how they can advance their progress toward release, how their accomplishments in facility programming will be linked to and guide the parole portion of their individualized facility-parole master plan, and what the expectations of facility staff and aftercare workers are as youth begin to integrate into the community.

The transitional stage and the procedures that occur during this period often entail the use of specialized techniques such as prerelease planning and activities, transitional cottages, and furloughs. The EYDC model uses a well-designed set of procedures to accomplish the goals of its transitional stage in programming. When a youth has successfully completed the required steps in the institutional phase of the overall program and is within several months of release from the secure facility, the decision is made to move the youth into the transitional phase. In addition to the clearly specified case planning activities described above, the transition emphasizes the use of two transitional cottages, Eagle and Phoenix, which are specialized, relatively nonsecure facilities located outside the fence of the secure facility. Eagle Cottage, used to address vocational skills and job development, is a multiphased, highly structured and closely supervised residential/community support program for youth aged 16 to 18 years. The success of the youth completing assignments and tasks determines their movement through this program. Using area businesses and the local community in Okeechobee, Florida, Eagle provides transitional support, training, and employment for youth in preparation for their return to their communities as potential employees. Phoenix Cottage, which focuses on educational mainstreaming of youth, is operated in a fashion similar to Eagle Cottage.



The transition into the community should be a carefully planned, gradual process that focuses on preparing youth for increased responsibility and freedom.

The involvement of individuals, agencies, and resources from the community provides a way to reinforce continuous case management.

A relatively nonsecure program located outside the fence of the facility, it is limited to 15 youth at one time. This program provides an educational transition for younger youth (14 to 16 years old) at EYDC who will return to public school upon release. Following an orientation to the cottage, these youth attend an educational program in preparation for the regular classroom. They are then placed in public schools in Okeechobee, where the staff closely monitors their academic performance.

While the youth are still in secure confinement, their case planning and reintegration into the community also benefit from the involvement of individuals, agencies, and resources from the outside community. This involvement promotes the early identification and response to special needs and problems and provides a way to reinforce continuous case management across the institutional/community boundary. *An Assessment* describes several examples of these practices. For instance, the Arizona Department of Corrections (ADC) uses Metro Tech, a public sector vocational training provider, in this fashion. Vocational staff from this school visit one of the ADC juvenile correctional facilities on a regular basis to provide instruction and work-related counseling for interested youth prior to their release into the community. At that point, the youth are enrolled in the school on a regular basis and continuity of services is ensured.

In a similar arrangement, ADC has a contract with AMITY, a private sector drug and alcohol treatment agency, to place staff in juvenile correctional facilities to provide drug and alcohol treatment for certain youth before reentering the community. Staff from AMITY are based in the institution and work daily with targeted youth. Upon entering the institution, juveniles who are screened and determined to have serious drug and/or alcohol problems are referred to this program. Once the youth meet the requirements of the facility-secure phase of the program, they move with the AMITY counseling staff to a staff secure rural setting. The active involvement of the parole officers is an integral part of this programming phase. In addition, aftercare staff in collaboration with the youth, AMITY staff, and the family begin to plan for the return of the youth to his or her home.

Integrating surveillance and services based on risk factors

As discussed above, underlying risk assessment is the identification of those factors that distinguish between the failure or success (however defined and measured) of paroled youth. The findings in *An Assessment* indicate that when risk factors are used they tend to incorporate both offense-related and need-related items. For example, risk assessment scales frequently include age at first referral, the number and severity of prior offenses, and the number of previous commitments as well as family problems, association with negative peer groups, school-related behavioral problems, and substance abuse. Given the inclusion of “need-related” items, strictly surveillance-oriented IAP (e.g., frequent, random “eyeball” surveillance; house arrest; electronic monitoring; drug and alcohol testing) does not address the programming or service side of the parolee recidivism problem. Simply stated, need-related risk factors are not being considered in the design of the intervention.

The real question to ask about IAP is not simply whether there are more restrictions, surveillance, and consequences, but to what extent and how IAP programming addresses need-related risk factors, such as those linked to the family and home situation, school and learning difficulties, negative peer influences, work opportunities, substance abuse, etc. This question raises the broader issues of what services are needed; who will provide them; how transitioning, continuity, and case management will be managed; what funding may be required, and how actual service provisions will be monitored and assessed.

In terms of programming, IAP programming must have the means to provide the services listed in the model. As distinct from strictly surveillance approaches, the core programming services must address the need-related risk factors in different jurisdictions. They must also provide a set of ancillary programming services that focus on the other needs and problems parolees may have.¹ While it is highly unlikely that any one program could provide the full range of services, the IAP model requires that a comprehensive system of service delivery be established in any locale. Further, individual services must be routinely monitored for adequacy and quality.

In terms of surveillance and monitoring, the full assessment report found that a variety of approaches were widely used, including house arrest and/or curfews, mandatory schedules, electronic monitoring, regular and/or random drug and alcohol testing, team supervision and unannounced spot-checks during traditional and “nontraditional” times (i.e., all hours and days of the week). In some cases part-time, contract workers acted as “surveillance officers,” while in other instances teams of aftercare workers made the contacts. Interestingly, regardless of the form the supervision took, staff had difficulty drawing distinctions between “hard and fast” surveillance and programming. For example, a so-called surveillance officer might, in fact, develop more rapport with a family than would the primary aftercare worker. This blurring of roles illustrates how some forms of surveillance and service programming can benefit each other. On the other hand, overreliance on special technology such as electronic monitoring and drug and alcohol testing may tend to preclude the aftercare officer from active involvement with the parolee and family. This overreliance can reduce the aftercare worker’s ability to prevent a “relapse.” In some cases, there is no substitute for face-to-face contact.

This example of personal supervision and crisis intervention also points to the need to prepare and train IAP staff for new, more specialized roles. If staff spend more time with service providers, IAP participants, and their families and peers, they will need more information and better guidelines about their responsibilities. Regardless of how good an idea IAP is, its success will depend on the competence, capability, motivation, and commitment of the staff. This will undoubtedly require careful staff recruitment, screening, training, supervision, and performance evaluation.

¹ Even if substance abuse did not distinguish between failure and success on parole (e.g., the proportion of continued drug use or relapse was similar in both groups), this would hardly be grounds for IAP to ignore drug treatment. Similarly, even if learning disabilities or other special needs are not strictly associated with recidivism, this would hardly warrant a programming strategy that excludes special education. These needs still represent problems that recidivists have and must consequently be addressed.



Overreliance on electronic monitoring and drug and alcohol testing may tend to preclude the aftercare officer from active involvement with the parolee and family.

The primary after-care case manager has the responsibility for involving both the youth and the service providers in case management.

If stringent parole conditions and high level surveillance techniques are imposed, it is more likely that technical violations of parole and new offenses will be detected. As one court services official aptly stated, “When you look under rocks, you find critters.” Therefore, unless graduated sanctions and alternatives to reincarceration for technical violators and minor offenders are formulated, an increase in parole revocations will probably occur, further exacerbating the crowding problem that IAP is intended to address.

As envisioned in the IAP model, surveillance and monitoring do not only deter misconduct. These approaches also help staff (1) to recognize immediately when infractions and achievements have taken place, (2) to know when circumstances may prompt misconduct or lead to problems, and (3) to rely on positive reinforcements and graduated sanctions. Moreover, close monitoring provides an important mechanism to ensure that service referrals result in the provision of service.

Close surveillance and monitoring is one reliable way to be certain that services are provided as planned and that the youth participates in the program. If a program is not working, for whatever reasons, this situation needs to be detected and corrected as quickly as possible. Both the service provider and the youth need to know what is expected of them and how they will be held accountable. It may be necessary to shift a youth into another program or adjust a program’s service plan and staffing. Critical to IAP is the primary aftercare case manager working in tandem with every member of the service provision team and serving as a backup to service providers and the youth. Unfortunately, all too often the primary aftercare case manager focuses almost exclusively on the youth rather than the service providers. Under IAP, the case manager has the responsibility for involving both.

Balanced incentives and graduated sanctions

Traditionally, juvenile aftercare has ignored the use of positive reinforcements and incentives, relying instead on long lists of unrealistic and unenforceable conditions and responding selectively to technical violations. This problem has been compounded by a minimal use of graduated sanctions that could provide options short of revocation. A serious enough problem for traditional aftercare, these practices can prove disastrous in achieving the goals of IAP.

Since IAP is designed to increase the number, duration, and nature of contacts with participating youth and collaterals (family, peers, school, employers, other involved service providers, etc.), it is inevitable that more infractions, technical violations, and instances of noncompliance will surface. Unfortunately, juvenile aftercare has tended to impose immediately on parolees the most stringent conditions and restrictions at its disposal, leaving little opportunity for caseworkers to respond to misconduct with graduated sanctions in proportion to the infraction. Without a specified hierarchy of consequences at their disposal, aftercare caseworkers have little recourse but to do nothing—thus undermining the aftercare program—or to impose sanctions that are not in proportion to the misconduct. In the case of the latter, the sanction may be reincarceration for a technical violation or a minor offense. Since reincarcerating technical violators contributes to the institutional crowding problem, some observers have noted


that intensive supervision is as much a cause of institutional crowding as a potential solution. IAP must carefully and creatively address sanctions on the one hand and reinforce successes on the other; otherwise, it may exacerbate the problem it is intended to solve. A number of approaches discussed in the assessment report hold promise for resolving this dilemma.

It is unfortunate that incentives and positive reinforcements are so rarely used in juvenile aftercare. Although most treatment programs recognize that tangible and symbolic rewards and recognition show individuals the benefits and satisfaction that come from socially acceptable accomplishments, juvenile aftercare is largely devoid of such practices. During site visits to intensive aftercare projects, it was not uncommon to hear that there was no systemwide, program-specific emphasis on incentives and positive reinforcements. However, some caseworkers who understood the value of incentives devised their own ways to reward and reinforce the positive behavior of youth on their caseloads.

When pressed further on whether there were any examples of systemwide incentives and rewards, some officials responded that reduced time on parole could be viewed as serving such a purpose. Most acknowledged, however, that reduced time on parole could not be expected to break the cycle of failure experienced by many of these youth, that reduced parole time does not create incentives or opportunities for success while on aftercare, and that the aftercare experience was unlikely to provide parolees with any sense of accomplishment. By contrast, in the IAP model, the reward or acknowledgement of responsible behavior is too important to ignore or to approach haphazardly.

A number of different approaches have been employed by programs to routinely monitor progress, reinforce prosocial conduct, and guide advancement. These can range from simple mechanisms involving frequent case reviews with other peers, family members, and other agency staff to elaborately structured token economies in which privileges or rewards are tied to accomplishing specific objectives, goals, or phases of the program. Incorporating some kind of peer group interaction also has potential for creating a positive peer culture. If positive reinforcement is to be given an honest test, it must consist of meaningful and immediate incentives; the use of a positive peer culture could be helpful in this regard. Incentives might include earning privileges that have some significance to the youth (e.g., tickets to a concert or sports event, discounts or subsidies toward purchasing records, clothing, or jewelry) or gaining greater responsibility in the IAP program (e.g., planning group events for new IAP youth, participating in an IAP disciplinary council, responsibility for orienting new IAP youth). Certificates, prizes, or bonuses might also be awarded.

While sanctions and consequences also form an important part of the IAP model, they must be formulated and used in a way that maximizes their potential impact. Swift, certain, and graduated sanctions in proportion to the violation must be used. Several steps should be taken to provide such sanctions. IAP youth need to know at the outset that violations will prompt the imposition of additional, increasingly stringent restrictions. Thus, the program must not immediately impose every restrictive condition available on a new IAP youth, but must arrange for the youth's entry into the IAP program at a mid-range of restrictiveness and intrusiveness. The program must at first rely on the imposition



Caseworkers who understand the value of incentives devised their own ways to reward the positive behavior of youth on their caseloads.

Carefully chosen and enforceable parole conditions that relate to the offender's needs will be taken more seriously than will a laundry list of unenforceable conditions.

of a number of enforceable conditions to which the offender will be held strictly accountable. Approached in this way, IAP offers a graduated set of sanctions that can be used as a progressive response to technical violations and misconduct. The Ohio DYS Risk-Based Aftercare Program has even formulated a sanctioning schedule that links the seriousness of infraction or violation to specific graduated sanctions. The least serious violations include violating curfew, associating with negative peers, and failure to attend school; such infractions do not constitute grounds for revocation. More serious violations include use of illicit substances, failure to attend a court-ordered program, and a single misdemeanor against property; only multiple infractions may be considered as grounds for revocation and require a regional administrative review hearing, a central office case review, and approval from the Chief of the Division of Aftercare and Community Services. The most serious violations include a new adjudication for multiple misdemeanors or a felony. The sanctions for these violations range from a verbal reprimand, stricter curfews, or restriction of the youth's privileges to court-ordered house arrest to several days of detention, community service, or recommitment.

The rationale underlying a graduated sanctioning system that places IAP youth into a midrange of restrictiveness is that serious consequences—short of revocation—can be imposed when needed and that not all the available sanctions will be squandered at initial entry. In addition, if aftercare youth are not initially placed in the most restrictive situation, certain privileges can be withdrawn in the event of noncompliance. Finally, carefully chosen parole conditions that relate to the offender's needs and that can be enforced will be taken more seriously than will a laundry list of unenforceable conditions.

The potential power of a sanction can become diluted the longer its duration. Thus, unless applied prudently and fairly, sanctions may do more to instill resentment and alienation than to deter misconduct. It may therefore be useful to employ particular sanctions as an immediate response to misconduct and to curtail their use as early as possible based on the severity of the violation. Many IAP youth may be conditioned to punishment, and overused sanctions may scarcely be noticed and have little, if any, effect.

For the same reasons, electronic monitoring and drug or alcohol testing should only be used on a selective, short-term basis. If long-term use undermines the deterrent effect, then electronic monitoring must be approached cautiously. It could be used, for example, as an immediate consequence for defying house arrest, as an option to revoking parole, or as a way to provide greater structure and control for a limited period at the beginning of the program. Electronic monitoring or drug and alcohol testing may be more effective as a short-term consequence for IAP violations or as a way to establish an initial tone than as the sole or primary condition.

In addition to having a graduated system of sanctions, jurisdictions considering IAP will want to review and possibly revise their current juvenile revocation process. These changes could include restricting reincarceration only to IAP youth with new convictions and creating a special short-term detention unit or residential backup facility for IAP technical violators. Such a unit could serve

as a temporary placement for serious IAP technical violators who would be stabilized, assessed, counseled, and if necessary, referred to an appropriate program, all in preparation for return to the community. The Reflections Unit, run by a private, nonprofit organization for the Colorado Division of Youth Services, was designed to serve this purpose.


The unit, operated by a private-sector provider, is a short-term (60 days maximum), secure facility offering placement for youth from three administrative regions. It holds youth accountable for their failure to adjust to the community and stabilizes their behavior so they can later be placed in the community to complete the program successfully. As an alternative to revocation, the program is highly structured to provide individualized treatment and to help youth move through increasing degrees of responsibility to a community placement. Formal instruction in the program is provided by seven modules that are used with youth depending upon their needs and the goals of their treatment plan. The program's termination depends upon two factors: progress toward achieving treatment plan goals and the assigned length of stay.

Service brokerage with community resources and linkage to social networks

Community support systems, such as families, schools, peers, employers, and specialized service providers, must be actively involved in providing comprehensive services and effective surveillance. The primary aftercare caseworker cannot spend the time required with each youth and provide the range of services needed. Because referral and brokerage are crucial functions, program monitoring and quality control are also of paramount concern. Even though the IAP caseworker may be involved in counseling and role modeling as a matter of policy and procedure, the use of referral and brokerage in the IAP model implies the need for the expertise and talent of those who have the time, background, and ability to provide the range and intensity of required services.

IAP referral and brokerage requires that one person or team ensures that the institution-aftercare process for each youth include:

- Assessment at disposition that takes aftercare into account when secure confinement is anticipated.
- Development of an institutional aftercare master plan that describes the staff involved in the first prerelease planning, schedules planning sessions, and discusses the objectives of staffing.
- Reassessment at regular intervals and revision of prerelease plans.
- Monitoring the youth's institutional progress and experience.
- Arrangement of postinstitutional referrals and placements prior to institutional release, including prerelease contact between the youth and postinstitutional service providers.
- Collection and transferral of all case information to involved providers.
- Oversight of youth participation, behavior, and progress in the postinstitutional program or activity.



Community support systems must be actively involved in providing comprehensive services and effective surveillance.

The school and aftercare staff should collect information about the youth, monitor attendance and progress, balance incentives and consequences, and practice conflict management techniques.

- Facilitation and monitoring of the participation of family and “significant others” if necessary.
- Facilitation and oversight of postinstitutional programs or activities (for example, provision of backup, crisis intervention, support, and training).
- Followup evaluation at specified intervals once aftercare has been completed.

Linking a youth with a school, treatment program, or job and returning a youth to his or her home does not accomplish the goal of reintegration. Making a referral on the one hand and assuring participation in and completion of the program or activity on the other are not the same. Schools, mental health centers, group homes, day treatment programs, and other community resources may (1) deliberately exclude the type of youngster in IAP, (2) be reluctant to work with such “high-risk” youth, or (3) have had prior experience with the youth and have already given up. These circumstances underscore the need for aftercare caseworkers to establish a quid pro quo relationship with existing providers and, when needed, to develop relationships with new providers who will work with the IAP population.

Schools provide a case in point. Schools will probably not welcome youth who are labeled as “high-risk” parolees. Even if they are enrolled because of legal requirements, the schools may not be able to work proactively and supportively with the youngster, to watch for early warning signals (as a form of relapse prevention), and to employ teaching methods that engage and help the child. The school and aftercare staff need to develop a strategy that entails having information about the youth, monitoring attendance and progress, balancing incentives and consequences, knowing conflict management techniques, etc. Aftercare and school staff need to clarify and specify their roles and responsibilities. For example, who will collect attendance and school performance information and how and when will this be transferred between the school and aftercare staff? How are absences handled? Can aftercare staff play a role in behavioral management or conflict resolution at the school and how should they do this? What is possible by way of backup, if swift assistance is needed?

Critical to the IAP model, brokerage and linkage can obtain an array of service options for IAP youth, provide close contact between providers and youth, and help coordinate the program from disposition to aftercare and followup. Other factors, however, are equally important. Working with the offender and community resources highlights the critical role that the local community and social networks play in the opportunities of youth released from secure correctional facilities. Reinforcement and support from family, peers, teachers, and employers may be key to seeing that the youth’s readjustment to the postinstitutional community is successful and that gains achieved both in the institution and in aftercare persist. Thus, once intensive aftercare has ceased, the youth’s experiences in the family, peer group, school, and/or job are likely to influence outcome.

Everyone involved with the youth can potentially encourage and reinforce responsible behavior and provide guidance and support. As noted above, however, prior research on risk factors suggests that it is those youth who have

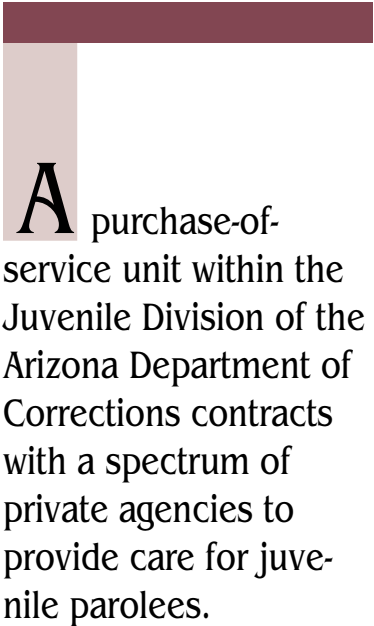
family problems, associate with negative peer groups, and experience school behavior problems that are at highest risk for reoffending. Programming must therefore focus directly on improving the family situation, involving peer group based intervention, and reversing the cycle of failure associated with school. If the extent and quality of community linkages increase, IAP youth may then take advantage of the services of more than one program or person. When more than one organization or different program staff are involved in an IAP case, a formal process must be established to ensure coordination, continuity, and consistency.

Jurisdictions across the country are pursuing a number of approaches to brokerage and linkage in order to meet the identified needs and risk factors exhibited by youth released from secure confinement. Two jurisdictions that were visited and discussed at length in *An Assessment* illustrate divergent policies and procedures intended to advance service brokerage and the development of community linkages.

The Juvenile Division of the Arizona Department of Corrections (ADC) was among those sites that had gone the furthest in developing an aftercare service delivery system through formalized purchase-of-service contracts. A separate purchase-of-service unit within the Juvenile Division contracts with a spectrum of private agencies to provide a continuum of care for juvenile parolees. Although some private sector programs and services had been available before the development of the unit in 1981, the transformed system has increased the number and types of services available to parolees. As noted in *An Assessment*, the range of service providers is extensive, varying in the level of service, service objectives and duration, and degree of security.

The continuum of care extends from part-time supervision that offers a minimal level of supervision to residential placement with high levels of intervention and service provision. The intensity of supervision also varies from day support services where participants are largely unsupervised outside regular program hours to “conservation” programs with 24-hour-a-day supervision in remote, rural settings. The purchase-of-care unit is responsible for four areas of operation: (1) contractor identification and selection, (2) service specification, (3) needs assessment and referral, and (4) contract compliance and quality assurance.

In contrast to the Arizona purchase-of-service aftercare system is the approach used in Delaware County, Ohio, a rural area outside Columbus, Ohio. In 1987 the Juvenile Court proposed its own intensive aftercare program, believing that county youth who had returned from State institutions would be better served by a county-run program. No returning youth is excluded from this program. Key to the design of the program are trained paraprofessionals who work in the homes as family advocates; strictly enforced limits and community monitoring seven days a week and evenings (using part-time, contract staff); four phases of progressively increased freedom and flexibility; immediate and graduated consequences for rule infractions and technical violations; and heavy reliance on local community agencies and resources such as the County Council on Alcoholism, County Mental Health, Narcotics Anonymous, and Big Brother. Also



A purchase-of-service unit within the Juvenile Division of the Arizona Department of Corrections contracts with a spectrum of private agencies to provide care for juvenile parolees.

Each youth should be assigned a staff member who actively reinforces or develops a supportive social network for the youth.

important are factors such as involving the family; monitoring through frequent unannounced spot checks and routine drug screens, when appropriate; working on problems, special needs, and areas of difficulty; and responding appropriately and proportionately to violations.

These two approaches illustrate the wide range of policies and procedures that can provide a foundation for a service brokerage strategy and social network linkages. Clearly, brokering for some or all aftercare services and establishing community linkages must take into account factors such as State or county control, the number of juveniles, and civil service and collective bargaining requirements. Regardless of the approach, however, the key is to involve community support systems in service delivery and assign each youth a staff member who actively reinforces, or if necessary, develops a supportive social network. The process must also ensure the coordination and continuity of the work on a case and monitor the extent and quality of the service provision. If the policies and procedures are not followed or do not work, the problem must be detected as quickly as possible so that changes can be made.

Closely related to brokerage and linkage in developing policies and procedures is advocacy for the creation of services, programming, and opportunities. All the brokerage and linkage efforts will be for naught if programs, schools, or jobs do not exist or are in short supply. Advocacy, whether it focuses on the needs of individual youth, families, and neighborhoods or on broader questions involving programs and services, is also important to any broad-based strategy for intensive aftercare intervention.

Management information and program evaluation

The IAP policy and procedural requirements and considerations discussed so far must be evaluated at the level of implementation. Critiques of recent and past programmatic efforts to treat offenders and hold them accountable for their acts have repeatedly commented on the uneven, poor quality of implementation; the ambiguity or absence of a theoretical rationale and conceptual base; and flawed evaluations.

Unfortunately, in many programs the basic concept and rationale underlying both program design and operations are not explained clearly, consistently, or logically. If staff, program participants, or other practitioners in the field, such as judges, funders, evaluators, public officials, and the public, do not understand the underlying rationales, they will not clearly understand the program's purpose, how it will be accomplished, what clients are suited for participation in the program, and why the intervention should make a difference. Although some practitioners may wince when they hear about absent or inadequate theoretical and conceptual frameworks, they have more than a passing acquaintance with the consequences of this deficiency.

Ambiguous, misconceived, inadequate, or nonexistent rationales make it likely that the program will become a jumbled, disconnected set of activities where problems such as the following occur:

-
- Services provided, sanctions meted out, inducements or incentives used, and community resources and social networks tapped are determined in an ad hoc and fragmented fashion that contributes to misallocated resources, inefficient staff deployment, duplication of effort, and confusion about program policies and responsibilities.
 - Individual staff will pursue their own direction and inclinations with little coordination between staff and program components.
 - Target group criteria, client referrals, and client selection are not matched to the most appropriate program or person, making accomplishment of stated goals unlikely.
 - Program components, features, and processes do not effectively relate to each other, operate in tandem, or integrate to form a cohesive, coherent, mutually reinforcing effort.
 - Supervisors or administrators do not address head-on the clients' major problems or needs, leaving gaps in service or wasted opportunities.

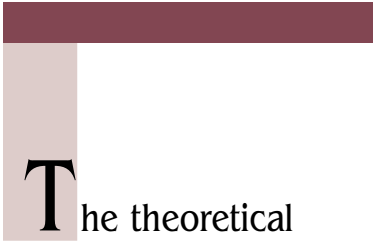
In short, the theoretical rationale and philosophy must be sufficiently clear, logical, and internally consistent to serve as a guide for practical program development. If the initial blueprint is not sound and understandable to everyone involved, there is little chance that the program will be successful as envisioned.

A related concern is whether intensive aftercare provides the specific intervention it was designed to deliver. The framework implemented must be true to the original design; the program elements, services, and population served must conform to the principles expressed and reflect the integrated framework. Given the unevenness in implementation found in many programs, the issues of program integrity and the quality of implementation are critical to knowing if the intensive aftercare program design is really being tested. If there is little connection between the practice of intensive aftercare and its theoretical framework, or if the level and quality of the implementation is low, then there can be no valid test of the model.

Process evaluation

The integrity and quality of the program's implementation should be assessed using a management information system that provides the data necessary for the evaluation. A program's effectiveness is determined on the success of implemented principles, elements, services, and other factors. Thus, a valid test of intensive aftercare requires objective data collection and analysis of the type of clients, the nature and amount of programming and supervision, and how the program is implemented and with what input. The first prerequisite is the presence of a field-tested information system that provides information in a reliable and timely manner. Whether the information is collected through a manual or automated system, the key is to identify measurable, clearly defined performance indicators which relate to the policies and procedures that reflect IAP goals, operating principles, and program elements.

For example, if intensive aftercare is expected to ease crowding and shorten lengths of institutional stay for confined high-risk offenders, then a valid test of these goals requires information on the juveniles receiving IAP and the length



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Assessment of youth selection, programming, and supervision will help determine the adequacy of the rationale and integrity of the intensive aftercare program.

of their stay in the institution. Some intensive aftercare youth, who would have been previously placed on probation rather than committed, may receive split sentences to qualify for IAP. This is not as farfetched as it might appear: an offender might be committed with the assumption that he or she will benefit from “shock incarceration” and then will qualify for early release into IAP (this occurred in one jurisdiction visited). However, using split sentences for youth who would not normally be committed may exacerbate the crowding problem. Moreover, an intended short institutional stay might backfire if an unexpected event occurs during confinement, resulting in prolonged incarceration. Data on the type of offenders in IAP (for example, their overall risk scores and prior record) should be routinely collected and compared to committed non-IAP cases and noncommitted youth.

In sum, assessing the eligibility and selection of youth in intensive aftercare, as well as the quantity and type of programming and supervision provided, will help determine the adequacy of the underlying rationale and the integrity of the IAP implementation. Supervisory and administrative functions, staffing patterns and characteristics, staff turnover, job responsibilities, and job performance must also be documented. The availability of timely information on each of these aspects of IAP will help aftercare workers make the necessary changes before the program has veered off course.

Outcome evaluation

Some of the common faults in previous efforts to assess outcome include absent or inappropriate comparison groups; simplistic, narrow measures of outcome, including an overreliance on recidivism to the exclusion of behavioral, social, emotional, and cognitive measures²; inadequate time frames for outcome followup; small sample sizes; and attrition or loss of study subjects, which is more problematic the longer the followup period.

Since the methodology for sound outcome evaluation is technical, assessment of outcome and performance should be the responsibility of an individual who has demonstrated knowledge and competency. If there are enough participants, random assignment from an eligible population or sample provides a sound scientific basis for determining which changes are attributable to the intervention and which to the type of youth selected for participation.

Ethical issues associated with the denial of services to eligible youth are sometimes raised as an objection to random assignment. This concern may be less of an issue for a high-risk aftercare population which, in most jurisdictions across the country, is currently receiving traditional forms of parole supervision and service. In an experimental demonstration program, the control group would continue to receive standard parole supervision and services. The main difference is that the experimental group would receive the proposed intensive aftercare programming and supervision. Although experimental research design would be more desirable, it is possible to use a quasi-experimental design incorporating matching techniques and statistical controls to identify a comparison

² Examples of behavioral, social and emotional measures include information on such items as how the youth is faring in relation to schooling, employment, family life, peer network, self-esteem, social skill development, impulse control, and special needs (e.g., substance abuse).

group that closely resembles the experimental group. Important characteristics include frequency and severity of prior offenses, seriousness of current offense, number of adjudications and incarcerations, age, race, education, and other risk factors.

Collecting comprehensive information on youth preprogram (background) characteristics and circumstances, inprogram performance, and 12 to 24 months of postprogram outcomes is critical to a complete corrections evaluation. The preprogram, inprogram, and postprogram situations as they pertain to behavior, cognition, emotional state, risk factors, and special needs (for example, substance abuse, psychotic or psychopathic personality), should be assessed, and a variety of recidivism measures should be used. These would incorporate the frequency and severity of official and self-reported crime; arrest and adjudication information; number and duration of incarcerations; number and seriousness of crime(s) committed after the program compared to those committed before; and the length of time between program completion and crime commission.

Researchers recommend collecting followup data for at least 12 months after program completion to determine the long-term effects of an intervention. Losing track of study participants (experimental and comparison groups) is a common problem, particularly over longer time frames, and poses obvious difficulties for assessing outcome. Regular contact, knowledge of each youth's family and social network, and incentive payments for followup interviews can aid the data collection process over the long term, but it may be necessary to use statistical estimating techniques to account for bias introduced by attrition.

In conclusion, programs implementing the proposed IAP framework must collect information for assessment and monitoring purposes. These data should document:

- The level of adherence to the integrated theory's five principles.
- The extent to which program elements, provided services and activities, and the population served reflect the philosophy and principles of intensive aftercare.
- The quality and nature of the implementation, including staffing policies, patterns, roles and responsibilities; management structure and lines of authority; the incorporation of services into program components, features and processes; the number and type of youth in the program; the services they receive and from whom (that is, direct or brokered); and the length of services and their results.
- The problems, obstacles, and difficulties encountered (for example, funding and community resources; cooperation from institutions, judges, and other public and private agencies; and community relations).

Documenting this information will help to clarify the consistency of policies and practices with the model, the problems and specific issues involved, and the changes that may be needed. If implementation is not consistent with the model's principles and elements, this divergence should be detected as soon as possible and appropriate changes made.



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IAP offers our best hope of altering the “revolving door” that characterizes most juvenile institutions.

Conclusion

In sum, by designing IAP to address (1) identified, need-related risk factors associated with reoffending juveniles, (2) the set of ancillary program services that focus on other needs and problems of high-risk juvenile parolees, and (3) surveillance and monitoring objectives, the juvenile justice system can begin to confront the multifaceted and complex circumstances that produce, contribute to, and are part of the dynamics of recidivism. The theory-driven, empirically based IAP model is designed to provide public protection; to operate with limited resources; and to be tailored to different jurisdictions that are trying to confront, hold accountable, and treat their own high-risk parolees. As the policies and procedures make clear, the guiding principles, program elements, and service areas that define the IAP model can be configured and applied in a number of ways. It is crucial that administrative personnel and line staff from each segment of the juvenile justice system and from other involved groups participate in the development of and be genuinely committed to the specific form that IAP assumes in the jurisdiction. If the form IAP takes is clear and consistent with the principles, elements, policies, and procedures described in this program summary, then IAP offers our best hope of altering the “revolving door” that characterizes most juvenile institutions.

Work has concluded on the first three stages of this project. After completing the training manual, the project staff in collaboration with officials at OJJDP issued an RFP. This RFP solicited applications from all States that might want to participate in the R&D initiative and in the training and action planning conferences. Eight States were chosen through the competitive process to participate in the initiative and have completed the required training at a series of regional conferences. Currently, the project is providing followup technical assistance as these States move toward formally implementing their IAP pilots.

For a copy of *Intensive Community-Based Aftercare Programs: Training Manual for Action Planning Conference*, write David M. Altschuler, Ph.D., The Johns Hopkins University, Institute for Policy Studies, Wyman Building, 3400 North Charles Street, Baltimore, MD 21218, or call 410-516-7177. The cost of the manual is \$20.00.

Researchers
 Planners
 Policymakers



More detailed information about this study and issues surrounding intensive community-based aftercare programs is available through the Juvenile Justice Clearinghouse.

The full report *Intensive Aftercare for High-Risk Juveniles: An Assessment* discusses in detail the study's findings and its design and research methodologies. The full report is useful for conducting further research, making planning decisions, or drafting policy.

For your copy of the full report, complete and return the order form below.

A companion program summary *Intensive Aftercare for High-Risk Juveniles: A Community Care Model* is also available.

For further information on this or other juvenile justice topics, call the Juvenile Justice Clearinghouse at 800-638-8736.



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