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Robert F. Kronick  
*University of Tennessee, Knoxville*

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THE POLITICS OF FUNDING:  
HUMAN NEEDS AND SOCIAL WELFARE

Robert F. Kronick  
Program in Human Services  
The University of Tennessee  
Knoxville, Tennessee

Sociological theory has provided two models that attempt to explain social power and decision making in America, the elite model (Mills) and the pluralist model. Mills saw power in America like particles dispersed in a triangle--with more and more power at the top, but more people at the base of the triangle. For Mills there was a powerful elite that ruled almost like a monarchy and decision making on all fronts was vested in them. Rebellion as utilized in Merton's paradigm would turn this triangle upside down in setting up new goals and new means, as well as distributing power throughout the system. The only problem has been that when rebellion takes place the new goals and new means may be established, but the power triangle has remained essentially the same with power vested in a few people. Dahl, Truman and others have proposed a pluralist model, where social power is dispersed throughout the social structure, and power and interest groups rise and fall with each new issue. That is, contrary to Mills, there is no power-elite, but rather several power groups that arise as each new issue arises.

Sociological theory has thus provided two models which assesses social power and (decision making) on a macro level. However on a micro level and in terms of what goes on in making a policy decision, sociology has been terribly remiss, leaving the task to political scientists.

The central theme of this paper is to present as a case study one issue and how decisions were made regarding it. No attempt to generalize beyond this case is made in terms of sociological theory and decision making. However, it is the author's contention that the instances described herein are not atypical and that decision making regarding human needs in social welfare basically follow the pattern described.

Laws regarding funding are also of prime concern in this paper.

No one argues the need for alternatives to incarceration and institutionalization. Nonetheless, structural as well as interpersonal barriers exist which prohibit the provision of service to consumers who need it. That is, groups who are defined as needing services by a group of trained professionals in the field, i.e. dependent and neglect kids, are denied this help because funding agencies stipulate that certain criteria must be met before service can be rendered, i.e. adjudicated delinquent. Thus, the group who most desperately needs the service is systematically denied it by the funding

agencies who set policy on what client group projects will or will not be funded. It would appear that with this age of accountability funding agencies will be playing greater rather than lesser roles and situations like this will be magnified rather than diminished. It has become a time when the tail has begun to wag the dog, and what starts out as a bagel ends up as a pretzel!

What I have tried to show in this paper is the behind-the-scenes politicking that must be carried out in order to get a project operative. I have never seen this presented and hope that it will be useful to others who will attempt such projects in the future. It may be possible that a data bank on these accounts could be started and that a history of such events could be initiated. From this we may learn from other's experiences and Sociology and Human Services may become more accurate in their formulations of models for studying (Sociology) and proposing (Human Services) designs for human behavior.

The program design presented may aid others interested in formulating such projects. Our main purpose in selecting the components presented was not to create another institution. The house is to be a home, providing a warm, supportive environment for the child, preparing him for life as an adult in his community.

It has been claimed by some, most notably John Irwin ("Problems with Community Based Programs," paper read at the Alabama Council on Crime and Delinquency, September 1973, Huntsville, Alabama), that community based corrections is nothing more than a sham. He states that too often community programs serve as a safety valve and deflect energies away from their true areas of need. Community based treatments tend to mollify prisoner demands and to make them satisfied with small concessions. Instead of making real changes in the criminal justice system, community based treatment programs actually subvert the energies directed toward positive social change. Frankly speaking, Irwin sees community based corrections as being the worst form of chicanery and having the latent function of doing much that it was not intended to do. Community corrections is a smoke screen hiding the real problems of the criminal justice system.

Community corrections, it is further asserted, is highly discriminatory in its selection of prisoners, tending to choose those most likely to succeed. It tends to favor the white and middle-class at the expense of the black, Chicano, and lower-class. Another criticism leveled at community corrections is that it is nothing new and tends to involve nothing more than surveillance in the community or part-time lockup.

Other major points of contention surrounding community corrections are whether or not a true choice is involved and what are the ramifications of failure in a community program? The arguments here are more subtle than may

appear on first glance. After all, what is the real choice between staying incarcerated or becoming part of a group home or halfway house? This question may be more philosophical than real, but nevertheless, the man may really prefer to stay in the institution rather than becoming part of a program in the community. His chances of successful rehabilitation may also be greater if he remains in the institution than if he resides within the community. Secondly, what lies in store for the man who fails in a community program? His chances of ever being paroled are likely to be quite slim. He may be returned to prison never to be remembered.

Another consequence of community based treatment (CBT) programs is that they often are covers to make behavior modification more acceptable as a treatment modality. It seems that almost every CBT program is run on a "behavior mod" model. This would appear to be true because of the measurement gains that so often are claimed by behavior modifiers. However, whether or not treatment effects are carried over into long term life-space effects is moot at this point in time. Finally, I think it appropriate to consider the treatment of the deviant (delinquent, criminal, mentally ill) as it relates to the treatment of the lower segments of society. Can we treat criminals better than lower-class people who do not break the law? Theoretically speaking, can we dichotomize labelling theory with its emphasis on the effects of agencies on people going through them and social structure as a generating force of deviance (a la C. Wright Mills)?

All of the above are thoughts which have entered my mind over the past year while trying to get this group home off the ground.

If we reflect upon prior movements we should be able to learn from them. An awareness of the causes and implications of past choices should encourage us to greater experimentation with our own solutions to present day social problems (Rothman, 1971:295). I find it interesting that in general the fields of Human Services tend to be without a sense of history. We tend to feel that many of our programs are novel in their approach (in order to secure a grant usually), and that they will open many new avenues of success for us once applied. A concept that strikes me immediately as being at the heart of this matter is community based treatment as opposed to incarceration. It may be that we are going down the same road but a different path. I have in mind discussing a residential treatment program for adolescent males, which I have been working on for two years. The project will be discussed in a developmental fashion in order to give the reader some insight into the anguish, happiness, distrust, joy, paranoia, and success which all of us involved in this project felt.

The project was engaged in, in concert with organizations that the Program in Human Services at The University of Tennessee, Knoxville, works with: the State Department of Corrections and Eastern State Psychiatric Hospital. To fulfill the requirements for a degree in Human Services at U.T.,

a student is required to complete a minimum of one quarter (ten weeks) in the field, gaining direct on the job experience. This has the unintended, but most vital effect of getting the instructors out of the classroom and into the learning-living laboratory. The dynamic of the interaction between classroom and "field" has tended to yield much excitement and a fervor to try new approaches. This project (originally) was a product of this fervor. As I stated at the outset a sense of history on our parts may have saved us a great deal of torment. But more of that later. I just want to discuss our formation of a residential treatment program for adolescent males, sometimes referred to as a halfway house.

Back in October, I was briefed on the idea of starting a halfway house here in Knoxville. Dr. Kronick, the director of Human Services, told me he was conferring with many prominent citizens of the area and would have a mass meeting with them as soon as there was a substantial amount of research done. That was where I came in. Jan Guffie and I were assigned to research anything and everything we could find on any type of halfway house; existent or non-existent ones, and to look into problems that other halfway houses have run into so that our house could learn from their mistakes.

I went to work right away ransacking the library's resources going from abstract to abstract and back again . . . . After finding out the names of many existing halfway houses, I wrote to them in hopes of some worthwhile information. But, realizing that it would probably take them weeks, if not months to reply I decided there must be a quicker way. I contacted Senator Howard Baker's office to see if they would let me use their WATS line for this most worthwhile cause, and they agreed . . but only for three phone calls which I could make the following Tuesday morning. In the meantime, I had found a very useful book by Raush and Raush, The Halfway House Movement, which greatly influenced my decisions on whom I was going to call. I had decided to call Fountain House in New York, Woodley House in Washington, D.C., and the Department of Health, Education, and Welfare in Washington.

Before that Tuesday arrived, we (the researchers which had now extended to five plus Clark Luster, the director of Riverbend School at Eastern State Psychiatric Hospital, and Dr. Kronick and a few graduate students) had a meeting. It was at that meeting that I found out that the Knoxville halfway house would be for kids from Eastern State. I was greatly upset because my research implied that the house should not deal with anyone under age by law. When dealing with juveniles one has to deal with the problems of school and supervision, etc. I thought that this would limit the whole idea of a halfway house which is to try to get the client out of his

dependent role and into an independent one that society demands. In dealing with juveniles one has to assume responsibility for the child by law of the State and therefore one has to make decisions for him such as making him go to school. No one has to make decisions for the eighteen year old; he can choose if he wants to work, go to school, or do nothing. (Candace Broudy, 1972: Unpublished manuscript)

Thus as you can see at the outset, because of limitations imposed by funding agencies, a great deal of the flexibility which we originally had hoped for was gone. Preliminary research showed that we would be taking on a group that historically had not done well in halfway house settings. Thus, here for the first time we have a knowledge of history but go charging on at it like Don Quixote tilting at windmills.

Nonetheless a small coterie of interested people began to form around our idea. A dentist, physician, realtor, housewife, stock broker, bank executive, and lawyer made up the original hard-core group. As history would have it the great federal god swept down upon us and IV-A was gone. Gone for a lot of folks. The task now became to give up the ship and chuck the whole idea or to search elsewhere for funds. Being masochists we chose the latter course. Three of us ventured to Nashville (the state capital) to see people both in the Department of Corrections and the Department of Mental Health. The morning was spent with two gentlemen, H.H. and M.B. from mental health. They said that they were interested in a residential treatment project and that a possible source of funds was the Law Enforcement Planning Agency. The strong point here would be that L.E.A.A. had never before granted funds to mental health for a residential treatment center in the state of Tennessee. Thus the possibility of bringing together corrections and mental health to run a facility had a great service integrative potential and on paper it looked like something radically new. Thus our hearts swelled high with anticipation that the project now six months old might still come to fruition. It should not go without saying that this initial meeting with professional bureaucrats was without turmoil. "Let's not mess around and ask us to rewrite the proposal if you have no intention of ever funding it." "You realize the merits of your project mean absolutely nothing, but you've come to the right place. We'll do the politicking for you." The afternoon was spent with the Department of Corrections. They had absolutely nothing to offer. With the IV-A cuts most of them didn't know if they had jobs themselves or not. A wholesale bail-out appeared imminent. At this point the Department of Corrections was ruled out as a possible funding source and our full energies now geared toward the Department of Mental Health. But Corrections was to be heard from later!

As luck would have it, L.E.A.A. decided to fund the project and now the task was to secure matching funds at the ratio of one of ours to four of theirs. Medical, dental, and social-psychological services were utilized for one-half of the match with the remaining one half (\$6,200) required to be hard

cash. Several possible sources were selected and contacted: Knox Children's Foundation, Rotary, Sertoma, Knox City and Knox County governments. A written proposal and program design was sent to each of these. And nothing much happened. The proposals just sat there. With a July 1 deadline staring us in the face and with even less program time (less than one year) available, a problem was certainly evident. Thus one of our board members, N.C., a bank executive prevailed upon the mayor to see us and see us he did at 6:00 P.M. that day. We left with a commitment of two-thirds of the cash match and a tremendous letter of support. Within a week Knox Children's Foundation came up with the other third of the cash match (\$2,000). But we weren't out of the woods yet!

Due to L.E.A.A. stipulations the grant was going to have to come to the Juvenile Court of Knox County, and we would sub-contract the grant from them. Once again flexibility in being able to select the kids we wanted would have to be sacrificed in order to gain the needed funds. Needless to say, had we found sufficient funds from private sources the flexibility which we so highly valued at the outset would never have been an issue. Now the Court became a co-partner with us and to satisfy L.E.A.A. stipulations, all youths coming to our facility would have to be adjudicated delinquents. A far cry from our original client population--dependent and neglect.

Having travelled six months we are finally at the point when stage I of the paper work is over and we can begin to talk about the house itself and the young people who will live in it. Our first consideration in selecting a house was the neighborhood. We felt the neighborhood should be as free as possible of "deviant behavior," drug dealing especially (including marijuana and pills--uppers and downers). This ruled out almost immediately the area surrounding the university. The university area had many positive points in its favor, including large old houses with sufficient space for twenty young people, and a tolerance level for delinquent boys. The neighborhood climate was such that no one would have complained about the new invaders. Nevertheless, the decision was made to look elsewhere for suitable housing. Criteria which would be used in making site selection would include: large enough house, nearness to schools (especially one with a vocational program), within walking distance to buses, and the possibility of part-time jobs within proximity to the house. It might be noted here that all the boys would either be in school or working. No one would just be sitting around the house. A full description of the program design is presented later. The house which was finally selected is located in an area geographically quite similar to the university area, but one which as yet has not experienced the same type of behavioral invasion.

The house itself is a rambling two-story affair which presently is being used as a boarding house. It is quite spacious, will yield sufficient room to house two boys to a room comfortably, and allow the director and live-in couple ample room for some privacy of their own. The neighborhood people

appear not too threatened by their new neighbors and we hope that the house will yield no more annoyances than any couple with a large family. With the backing of the city fathers, especially the mayor, we feel that the neighborhood may actually gain (some notoriety), from the presence of the residential treatment center.

The boys who will live in the house will be selected after their screening by a committee composed of board members and certified professionals. We hope to be able to select boys that will do well in this type of setting and to exercise at least some degree of freedom in choosing our initial client population.

In terms of evaluation (of success) the following criteria have been established: (1) Rate of recidivism - as compared to youths sent to correctional schools do those housed in a residential treatment center return to crime at a lower rate. (2) School success and employment record - how well do those in the halfway house do compared to those who are incarcerated and to a similar control group made up of non-delinquent boys.

It is from this point that we hope to become operational. I feel that the running of the house will be much easier than all the work which has preceded it. It may be that the client groups human services people wish to help are not as much in need of it as are our own brethren in the helping professions.

The following is a description of the program design of the residential treatment center. Many of the ideas presented are not really new with some practices dating back to 1790. Nonetheless, we are convinced that these practices are steps in the right direction of dealing with deviancy, of children and youth, and possibly many of the following remarks could be generalized to adult crime, poverty, and mental health.

In providing therapeutic environments for children and youth who have been identified as experiencing behavioral disorders, emotional disturbances, and delinquent or pre-delinquent behaviors, the ecology of the child is often so unstable as to warrant long-term or at least extended residential placement. In situations where the family life of the youth is inadequate or non-existent alternatives for placement include foster homes, group homes, custodial institutions or correctional facilities. In many instances these placements are quite beneficial to the child and serve to facilitate his future growth. At times these placements prove to be non-existent, unavailable, or not designed to handle the child with severe problems. If these facilities are available to treat the disturbed or delinquent child, the waiting list may be extensive or the location may be too far from the child's home community.



The kind of child who needs long-term or extended residential care may be seen in two ways. From the preventive viewpoint, the child who is a first offender or who has just been identified as experiencing difficulties could be spared the effects of institutionalization if he were maintained with a halfway house or group home located near his community. A second type of child or youth who could benefit from the halfway placement is the resident of a custodial or correctional institution who has benefited from his stay or who has completed his sentence but is still unready to move directly into the home environment.

In order to meet this problem, a group of concerned citizens from the Knoxville area has been meeting since September 1972, to develop a halfway house program within the area. This group is composed of both lay and professional people, business men and housewives who are empathetic to the problems faced by the child going into or coming out of correctional institutions. Initially, the meetings were held to define areas of need, to locate a suitable halfway house facility, to generate program policy, and to procure the financial resources which are imperative for program operation. The result of these meetings and the efforts of these people has resulted in the following program.

#### PHILOSOPHY

When a program is being developed, it is important that a philosophy be clearly defined. Such a philosophy serves as a foundation for any structure that is designed and is reflected in the program's policies, operations, and success/failure ratio. The philosophy underlying the proposed youth residential center includes the following principles:

1. Treatment Within the Traditional Structures of Society. The major components of an adolescent's life include family, school, church, employment, and other social influences. According to societal norms, a youth is expected to make an adequate adjustment in all these areas. Whenever he fails in one area, society initiates remedial procedures. Oftentimes, in the case of juvenile delinquency, the remedial procedure means institutionalization. It then falls to the institution to provide all the major components in his life--family, school, church, job training, etc. Seldom, however, does a youth fail in all these areas. Rather than removing him from the environment altogether, a youth residential center should provide an opportunity for him to continue functioning in those areas in the community where he is well-adjusted while focusing treatment on the areas of weakness, especially family life.

Regarding family life, many youth come from badly deteriorated family situations. Such conditions are significant, perhaps critical, forces in generating delinquent behavior. When the delinquency-inducing impact of a slum

neighborhood is added to a destructive family setting, placement of the youth away from the home becomes increasingly necessary.

Placement in a youth residential center in lieu of institutional confinement has several obvious advantages, provided the youth does not require the controls of an institution. Such placements keep the offender in the community where he must eventually work out his future. They carry less stigma and less sense of criminal identity, and they are far less expensive than institutionalization.

2. Provide a Period of Readjustment from the Institution to Society. Current literature in criminology and delinquency indicates that society has an obligation to assist the youth in experiencing a successful reintegration upon his release from a correctional institution. The period immediately before his release is one of particular anxiety and loss of confidence. There are the uncertainties of return to the problem situations probably involved in his offense, questions concerning his acceptance by his community reference groups, and difficulties of school readjustment. The gap between institutionalized treatment and the readjustment to the outside community should be bridged by a youth residential center.

3. Provide an Appropriate Model. The age group that the center will serve (12-18 yr.) is a critical age in personality development. If maturity may be associated with independence, the period of adolescence is that period between childhood dependence and adult independence. During these years the youth experiences a rapid rate of growth physically and a high degree of emotional conflict. Traditionally, the tension among parents and child and peer group is heightened, and the question of individuality vis-à-vis conformity is raised repeatedly. It is important that any program designed for adolescents reflect such issues. It should provide parental/adult/authority models as well as peer group supports.

4. Development of Self-Awareness and Direction. It is almost a truism in contemporary psychology that one's image of himself lies at the root of most human conduct. How a person sees himself will greatly determine how he behaves. What is more difficult to accept is that one's self-image is the result of what people, rightly or wrongly, have told us that we are.

The period of adolescence is important in discovering who we are. It is a time when the so-called "identity crisis" occurs. The adolescent seeks to be accepted by others while, at the same time, he seeks to be himself. Conformity appears to be the price of popularity, and yet it asks the submission of individuality. Adolescents who make this submission slavishly do not build up a sense of who and what they really are and are constantly confused. Conformity to the peer group, and the acceptance of the many status symbols of adolescent society, can tend to imprison a young man or woman just when they are seeking to be free and to be themselves. The more acceptance a

youth receives in his family, the less he will be subjected to the pressures of his peer group and their arbitrary standards.

In the case of juvenile delinquents, strong family ties are lacking and, consequently, the acceptance and understanding that follow from such a setting. A youth residential center should substitute for the family and provide the familial support and understanding that the youth needs to develop his own self-awareness and identity.

5. Creation of a Home Atmosphere. As a youth grows toward adulthood, he needs to achieve personal confidence in himself. In so doing, he may sincerely question answers given him. He questions authority--parental, societal and religious. He even appears to be very sure of himself, although this self-assurance may be a cover-up for his real uncertainty. His questioning is his attempt to discover and determine his convictions.

This is a time when he needs the sensitive understanding of some parental models. Such figures need to be present daily interweaving counseling and direction with the day-to-day routine of living. All too often, juvenile delinquents are lacking this guidance, except when the institution may provide some professional help on a scheduled basis. It is unrealistic, however, to postpone guidance and direction until some future counseling session. Problems of behavior do not occur on schedule, but must be handled as soon as possible. A youth residential center should provide this intervention in a natural counseling atmosphere. It should help the youth recognize relative values so that he will be able to accept responsibility for his decisions or actions. Overall it should assist the youth resident to acquire the necessary social and/or occupational skills which will allow him to successfully function as a member of society without resorting to delinquent behavior.

#### PURPOSE AND OBJECTIVE

The youth residential center (halfway house) is designed to serve:  
(1) youths who need a structured home-like atmosphere with professional counseling available rather than commitment to a state correctional institution, and (2) youths who have been institutionalized in a state juvenile correctional institution and are now deemed ready for re-entry into society but who lack adequate parental and/or guardian support.

The first objective of the home is to assist each resident to adjust to the rules and regulations established to ensure a home-like environment. The second objective is to enroll the resident in community programs including educational, religious, social, cultural, and recreational programs. The third objective is to assist the residents through group and individual counseling to identify and resolve day-to-day problems which they are not able to resolve on a personal basis.

## METHODOLOGY

1. Referral and Admission Procedures. All referrals are made by the Juvenile Judge of the Knox County Juvenile Court, or his designee, to the program director of the youth residential center. Upon receipt of case information an admission committee, composed of the Program Director, the Director of Children and Youth, Eastern State Psychiatric Hospital, and a liaison representative from the Knox County Juvenile Court, will meet to discuss the appropriateness of the referral. Case information will include social, medical, educational, and, if available, psychological information. An additional consideration for admission will be the day placement plan for each prospective resident. The day placement plan will include information about the public school in which the resident will be enrolled, the job in which he will be working, or the training program which he will be attending.

Admission to the program is contingent upon vacancies within the youth residential center and the composition of the resident group at the time.

2. Orientation. Upon arrival in the youth residential center each new resident undergoes a thorough two-week orientation. This period is designed to acquaint the youth with the operational procedures of the home and to assist him in adjusting to it. During this time some of the areas that are covered include the following:

Ordinarily, time of arrival is anytime Sunday afternoon. Since plans for the coming week are finalized at the House Meeting on Sunday night, a resident is expected to arrive no later than 6:00 P.M.

Each new resident is assigned a room with a roommate. In addition, one of the more responsible, experienced members of the home is assigned as his "Buddy" to help him become acquainted with the routine of the home as quickly as possible.

Each new resident is given a copy of the House Rules containing a written explanation of the programs of the home, what is expected of each member, and what each resident can expect of the home. Also, he is given a map showing the relationship of the home with the surrounding community, including churches, schools, recreation centers, movies, stores, etc.

Some housekeeping duty is assigned to each new resident along with an explanation of the necessity that each member is expected to contribute to the smooth functioning of the home.

An initial meeting with the staff is held for each new resident to explain the purpose of the home and to evaluate the resident's needs in relation to the home. At this time such important issues as

family background, job interests, educational, medical, and dental needs, etc. are discussed.

Each resident must attend the weekly House Meeting to be held on Sunday evenings at 7:30 P.M. The purpose of this meeting is twofold: (1) to evaluate the preceding week(s) and (2) to plan for the coming week(s).

Each resident is placed either in school, job training, or some employment, and an explanation of the responsibilities of such a placement is given.

3. School or Job Attendance. Each resident of the youth residential center will be expected to attend public school, work in a regular job, attend a job training program or some other routine placement each day.

4. Religious, Cultural, and Recreational Facilities. All residents are encouraged to participate in the various community activities such as concerts, plays, art exhibits, etc. Basketball and softball teams will be entered in the city recreational leagues. Church attendance is encouraged and the ministers of each resident is contacted. In addition, small classes with art, woodwork, or music may be offered in the home some evenings during the week.

5. Professional Consultation, Medical, and Dental Services. Professional consultation, medical, dental, and eye care is provided as needed through public health and/or welfare facilities. A professional consultant and medical doctor are advisors to the program. Their services are readily available.

Residents covered by family medical plans or military dependents are treated in accordance with the provisions of their respective medical plans. This information is obtained during the initial interview and is readily available to the staff in case of sickness, accident, or injury.

The staff is to use extreme caution in dealing with medical problems. It is better to make a trip to the emergency room and be certain than not to do so. The staff is not to administer any drugs not prescribed by a doctor nor to attempt treatment of any ailments or injuries, except as first aid measures until a doctor's services can be obtained.

6. Community Volunteer Services. In addition to the above services, volunteers from various civic clubs and organizations, e.g. Sertoma, Big Brothers, Boys Clubs, Boy Scouts, as well as private citizens, will be asked to participate in the program.

7. Directives and Rules. One purpose of the youth residential center is to assist the resident to adjust to its directives and rules so as to help him assume responsibilities for his behavior.

The directives of the home are those regulations established by the Program Director and staff and are concerned with the overall maintenance and functioning of the home, its staff and residents. These are general in character and their violation is subject to serious evaluation by the staff. To be effective, the directives should be clear and concise, few in number, and capable of being enforced.

Initially, they will include regulations regarding curfew, possession and use of drugs and alcohol, visitation rights, attendance at school, job training, or employment, attendance at meals, property rights within the home, and personal rights to privacy and protection. Others may be added as the need arises.

The rules of the home are established by the Program Director, staff and all residents at the House Meetings. They may be more specific in nature, dealing with such issues as household chores, activity procedures, meal times, etc. Violation of home rules will be subject to evaluation by all members of the home, staff and residents.

In addition to the directives and rules of the home, each resident is expected to obey all federal, state, and local laws. Whenever a youth violates one of these laws, he must face the penalty imposed by the community, even if it should mean dismissal from the home.

8. Discipline. As stated above, residents of the youth residential center are responsible to the local, state, and federal laws that govern the land.

Violation of house directives will be subject to disciplinary action by the Program Director and staff. Violation of house rules will be subject to disciplinary action by all members of the home. Loss of privileges will be used to enforce both program directives and house rules.

There will be no use of corporal punishment within the youth residential center.

9. Criteria for Dismissal. A resident will be subject to dismissal if over a reasonable period of time he is unable to function adequately within the home and is disruptive and/or dangerous to himself or the other members in the home.

Any dismissal action must be recommended by the Program Director and staff to the Juvenile Court Judge.

10. Release Methods. Each resident will be released subject to Court approval. This release will be made after careful deliberation with the staff.

11. There will be a routine reporting of youth residents, admission date and approximate release date twice each month. A specific report may be requested to be answered in writing to the Knox County Juvenile Judge or his designee within 24 hours.

Evaluation

The youth residential center will have an effect on both the quantitative aspect of those youth who would otherwise go unserved or would be placed in inappropriate placements and a qualitative effect on the youths who receive direct service through the project.

I. Quantitative Evaluation

- A. Approximately 45 youths under the age of 18 will be served in residence by the project, during the year.
- B. A proportional decrease in the number of youth from the Knox County area who would otherwise be committed to correctional facilities.
- C. One goal of the project will be that the rate of recidivism among residents of the youth residential center will be 65% lower than a comparative number of youth not served by the project, but charged with similar offenses.
- D. The involvement of the community will include:
  - 1. direct financial support through provision of local matching funds.
  - 2. policy level involvement through a 12 member Board of Directors.
  - 3. general program support through volunteer involvement demonstrated through service and contributions.

II. Qualitative Evaluation

- A. A complete narrative case history will include information concerning the pre-admission status of youth, treatment, or residential status and follow-up information. This comparative data will include questionnaires to be compiled by parents, teachers, employers, and other significant adults in the youth's environment.
- B. A two year follow-up will be carried out on youth served in the youth residential center in conjunction with a Caseworker from the Knox County Juvenile Court. A comparison will be made between those youth receiving service and a control group (random sample) of youth not served in the program. Areas of comparison will include:
  - 1. rate of recidivism
  - 2. job performance
  - 3. school attendance and performance
  - 4. social adjustment within the community.

## CONCLUSION

The actual operation of the house began March 1, 1974, after one lawsuit enjoining the home, and relocation to another house six blocks away. The boys have come from varied family backgrounds and have been adjudicated for many different types of offenses, ranging from assault and battery to truancy. Many of the boys are not "top" candidates for a group home, but due to the fact that the grant would have been rescinded they were taken into the home. Need I say more!!

Now that the gears are getting unclogged, cooperation between Juvenile Court, Corrections, and Mental Health is improving. More appropriate boys are now being referred to the home and a solidified in-group (of boys) is beginning to appear. This should make the home run much more smoothly and reduce the number of inappropriate behaviors which the boys are engaging in.

Community based programs for juvenile offenders are a necessary part of the total correctional program, but they are subject to flack from many directions. Hopefully, the funding source will be diminished as a source of this flack and the home or any other service provider will be able to get down to the task of dealing with human needs and social welfare.

## BIBLIOGRAPHY

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