

1-1-1986

## Residential youth centers as a component of deinstitutionalization : a case study.

Frederic T. Osborne  
*University of Massachusetts Amherst*

Follow this and additional works at: [https://scholarworks.umass.edu/dissertations\\_1](https://scholarworks.umass.edu/dissertations_1)

---

### Recommended Citation

Osborne, Frederic T., "Residential youth centers as a component of deinstitutionalization : a case study." (1986). *Doctoral Dissertations 1896 - February 2014*. 5632.  
[https://scholarworks.umass.edu/dissertations\\_1/5632](https://scholarworks.umass.edu/dissertations_1/5632)

This Open Access Dissertation is brought to you for free and open access by ScholarWorks@UMass Amherst. It has been accepted for inclusion in Doctoral Dissertations 1896 - February 2014 by an authorized administrator of ScholarWorks@UMass Amherst. For more information, please contact [scholarworks@library.umass.edu](mailto:scholarworks@library.umass.edu).

UMASS/AMHERST



312066007118273

RESIDENTIAL YOUTH CENTERS  
AS A COMPONENT OF DEINSTITUTIONALIZATION:  
A CASE STUDY

A Dissertation Presented

By

Frederic Theodore Osborne

Submitted to the Graduate School of the  
University of Massachusetts in partial fulfillment  
of the requirements for the degree of

DOCTOR OF EDUCATION

May 1986

School of Education

Frederic Theodore Osborne



All Rights Reserved



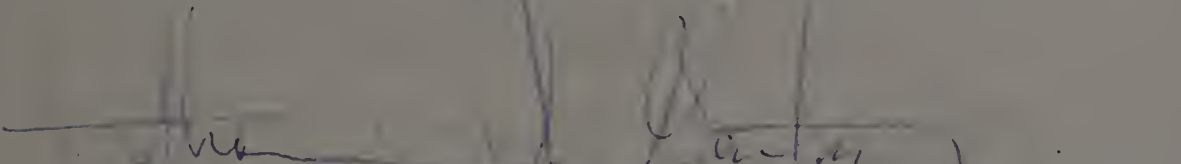
RESIDENTIAL YOUTH CENTER AS  
AS A COMPONENT OF DEINSTITUTIONALIZATION:  
A CASE STUDY

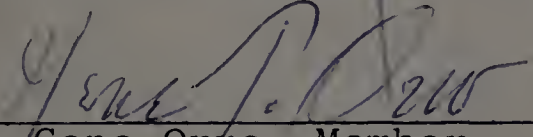
A Dissertation Presented

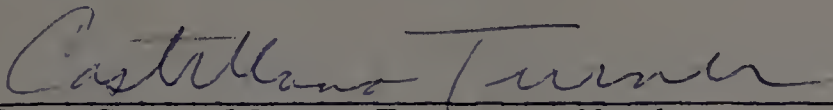
By

Frederic Theodore Osborne

Approved as to style and content by:

  
\_\_\_\_\_  
Dr. Atron Gentry, Chairperson of Committee

  
\_\_\_\_\_  
Dr. Gene Orro, Member

  
\_\_\_\_\_  
Dr. Castellano Turner, Member

  
\_\_\_\_\_  
Mario D. Fantini, Dean

## DEDICATION

I would like to dedicate the results of this effort to loving memories of my late grandmother and grandfather, Ida and Samuel White. Their support, love and inspiration have given me the motivation and perseverance to achieve many of my life's goals.

## ACKNOWLEDGEMENTS

While the author bears sole responsibility for this document many individuals and organizations provided the necessary support for its development and completion.

Special recognition is given to my Doctoral Committee, the Training Research Institute for Residential Youth Centers, the Newhallville Neighborhood Corporations, the Dixwell-Newhallville Community Mental Health Services, my family, and many friends and relatives.

Without the guidance and support of my dissertation Committee I could not have successfully completed this document. Dr. Atron Gentry, my chairman was always pushing and encouraging me to continue. Dr. Gene Orro, my advisor, forced me to persevere and was always available to give advice. My gratitude and sincere respect to Dr. Castellano Turner who was very supportive when I was in need.

Many thanks to Ella Greene who reinforced her true friendship by remaining interested and supportive while waiting patiently to edit and type this dissertation.

At various times throughout the entire process many of my friends and colleagues provided encouragement and motivation. My sincere thanks and gratitude are extended

to each one of them--particularly Jan Irizarry, M.A., Patrick Coggins, J.D., Raymond Hilton, Ed.D., Wesley Forbes, Ed.D., Robert Tucker, Ph.D., and Hope Hill, Ph.D.

As with most of my activities, where would I be without the loyal support, understanding and love of my family--my wife Judith, daughters Kim and Karen, my son Kareem--and very special thanks to my mother, Pearl White Green for all of her years of love and support.

Lastly, I would like to give a special tribute to the late Dr. Douglas Forsyth for all that he did to help me reach this goal in my life. Thank you Doug. May you rest in peace.



ABSTRACT

RESIDENTIAL YOUTH CENTERS  
AS A COMPONENT OF DEINSTITUTIONALIZATION:  
A CASE STUDY

May 1986

Frederic T. Osborne, B.S., Delaware State College  
M.A., University of New Haven  
Ed.D., University of Massachusetts

Directed by: Professor Atron Gentry

This case study deals with the conceptual model of the Boy's Residential Youth Centers (BRYC) which operated in New Haven, Connecticut from 1966 to 1970. The RYC program for delinquent youth provided a salient instance of conceptual change within the correctional and youth services residential care system of deinstitutionalization of youth correctional facilities. In the search for a more humane delivery system and an alternative approach to traditional juvenile offender rehabilitation, this study will provide a detailed, descriptive analysis and assessment of the residential youth center experience.

As a model of both services and organizational philosophy, the RYC was composed of a number of different, but intimately related components. The essential components of the program are described in this study. In addition, the developmental process of the program is

examined, this includes staff composition, training, interaction, responsibility and performance.

This document also discusses an examination of peer interaction and activities at the Center, and explains the relationship among RYC, Community Progress, Incorporated (CPI), and the CAP agency through which the program was funded. A descriptive and exploratory study of the Center's organizational progress as well as its development as an anti-vertical residential facility is provided.

Funding illustrates a successful structural process geared to changing the initial existing attitudes and behaviors of both staff and residents through the opportunity for shared input into the Center's goals and objectives. The resultant horizontal structure provided a natural integration of effort in the developmental process of the RYC program.

The research offers a frame of reference for the exploration of horizontality or shared leadership. The summary and conclusion of this study is based on facts and ideas developed in the various parts of the case study.

The research attempts to define various problems faced by the Residential Youth Center, and provides the reader with an analysis of the difficulties encountered. A description of the techniques developed at the

Residential Youth Center is presented and the results achieved through the use of these techniques. The goals and outcomes during 1966 to 1970 is examined. In addition, emphasis is placed on defining the model and assessing the degree to which the model worked in practice and what was learned from its successes and failures. The research also discusses the applicability of the model to other potential residential facilities and an alternative for juvenile care as a result of deinstitutionalization of the juvenile correctional institution.

## TABLE OF CONTENTS

|   |  |    |
|---|--|----|
| Acknowledgement . . . . .   |  | iv |
| Chapter   |  |    |
| I. INTRODUCTION . . . . .   |  | 1  |
| Background . . . . .  |  | 1  |
| Need for the Study . . . . .  |  | 3  |
| Purpose of the Study . . . . .                                      |  | 9  |
| Postulates of the Study . . . . .                                   |  | 11 |
| External Influences . . . . .                                       |  | 11 |
| Leadership and Evolution . . . . .                                  |  | 12 |
| Goals and their Implementation . . . . .                            |  | 13 |
| Decision-making and Organizational<br>Activities . . . . .          |  | 14 |
| Definition of Terms . . . . .                                       |  | 16 |
| Organization of the Study . . . . .                                 |  | 18 |
| II. REVIEW OF THE LITERATURE . . . . .                              |  | 25 |
| Historical Development of Rehabilitation<br>for Juveniles . . . . . |  | 25 |
| Historical Treatment of Juvenile<br>Offenders . . . . .             |  | 27 |
| Juvenile Treatment in Connecticut . . . . .                         |  | 29 |
| Historical Perspectives of Juvenile<br>Institutions . . . . .       |  | 31 |
| Juvenile Institutions . . . . .                                     |  | 33 |
| Detention Homes . . . . .   |  | 34 |
| Halfway Houses . . . . .  |  | 34 |
| Cost of Services . . . . .  |  | 41 |
| Deinstitutionalization Attempts and<br>Successes . . . . .          |  | 42 |
| Detention . . . . .   |  | 46 |
| Residential . . . . .   |  | 48 |
| Non-Residential . . . . .   |  | 49 |
| Alternative Approach: (Connecticut Group<br>Homes) . . . . .        |  | 51 |
| III. METHODOLOGY AND PROCEDURES . . . . .                           |  | 59 |
| Definition of Methodology . . . . .                                 |  | 61 |
| Design of the Study . . . . .                                       |  | 62 |
| Limitation of the Study . . . . .                                   |  | 66 |



|  |     |
|--|-----|
| IV. ANALYSIS OF THE ORGANIZATION . . . . .                         | 74  |
| Description of Findings . . . . .                                  | 75  |
| Non-Traditional Setting . . . . .                                  | 76  |
| Services Extended to Both Resident and<br>Family . . . . .         | 76  |
| Coordination of Support With Vocational<br>Training . . . . .      | 76  |
| Staff Composition . . . . .  | 77  |
| Non-Degreed Persons as Staff Members . . . . .                     | 77  |
| Indigenous Persons as Staff Members . . . . .                      | 78  |
| Credentialed Persons as Staff Members . . . . .                    | 79  |
| Selection of Staff . . . . .                                       | 79  |
| Staff Roles and Responsibilities . . . . .                         | 80  |
| High-Risk Youth . . . . .  | 83  |
| Criteria for Residency . . . . .                                   | 84  |
| Referral Sources . . . . .   | 85  |
| Trends and Changes in Referral Sources . . . . .                   | 87  |
| Staffing Process . . . . .   | 89  |
| Entry Process . . . . .  | 90  |
| Profile of Youth Served at the RYC . . . . .                       | 91  |
| Home Life . . . . .  | 91  |
| Source of Support . . . . .  | 92  |
| Institutional History . . . . .                                    | 93  |
| Legal Involvement . . . . .  | 94  |
| Employment History . . . . .                                       | 94  |
| Geographical Distribution . . . . .                                | 94  |
| Racial Patterns . . . . .  | 95  |
| Criteria for Rejection of the Youth to<br>Enter into RYC . . . . . | 96  |
| Employment and the Residential Youth Center . . . . .              | 96  |
| Education and the Residential Youth Center . . . . .               | 98  |
| School Attendance and Length of Residency . . . . .                | 100 |
| Peer Group Interaction . . . . .                                   | 100 |
| The Rent Structure . . . . .                                       | 101 |
| Contacts with College-Educated<br>Individuals . . . . .            | 101 |
| New Service Needs for In-School<br>Residents . . . . .             | 101 |
| The Tutoring Program . . . . .                                     | 102 |
| Employment . . . . .   | 103 |
| Horizontal Structure . . . . .                                     | 104 |
| Clinical Responsibilities . . . . .                                | 105 |
| Clinical Training . . . . .  | 111 |
| Peer Group Interaction . . . . .                                   | 115 |
| House Council . . . . .  | 116 |
| Activities at the Center . . . . .                                 | 118 |

|                                      |         |
|--------------------------------------|---------|
| V. SUMMARY AND CONCLUSIONS . . . . . | 126     |
| Conclusion of the Analysis . . . . . | 136     |
| Recommendations . . . . .            | 139     |
| Funding . . . . .                    | 140     |
| Staffing . . . . .                   | 140     |
| Physical Facility . . . . .          | 141     |
| Residents . . . . .                  | 141     |
| Community Relationships . . . . .    | 142     |
| <br>BIBLIOGRAPHY . . . . .           | <br>145 |
| APPENDIX . . . . .                   | 152     |

## LIST OF TABLES

|     |  |     |
|-----|--|-----|
| 1.  | Historical Treatment of Juvenile Offenders. . . . .                                | 20  |
| 2.  | Juvenile and Adult Terms. . . . .  | 20  |
| 3.  | Operating Costs of DCYs . . . . .  | 32  |
| 4.  | Residents' Religious Preference . . . . .  | 155 |
| 5.  | Church Members. . . . .  | 155 |
| 6.  | Residents Who Have Been Employed. . . . .  | 155 |
| 7.  | Residents Who Are Presently Employed. . . . .                                      | 156 |
| 8.  | Residents Who Are Able To Work. . . . .  | 156 |
| 9.  | Residents Who Would Like To Work. . . . .  | 156 |
| 10. | Residents Who Have Living Parents . . . . .  | 157 |
| 11. | Residents Whose Parents Visit Them. . . . .  | 157 |
| 12. | Parents Who Write To The Residents. . . . .  | 157 |
| 13. | Parents Who Contact Residents By Phone. . . . .                                    | 158 |
| 14. | Residents Who Enjoy Communicating With Parents. . . . .                            | 158 |
| 15. | Residents Who Feel They Can Talk/Visit Someone<br>In The Community. . . . .        | 158 |
| 16. | Residents Who Feel They Could Attend Social<br>Functions In The Community. . . . . | 159 |
| 17. | Residents Who Visit Individuals . . . . .  | 159 |
| 18. | Time Residents Lived In The Community . . . . .                                    | 159 |
| 19. | Residents Who Are Satisfied With Their Present<br>Living Arrangements . . . . .    | 160 |
| 20. | Residents Who Utilize The Services Provided<br>By The Residential Center . . . . . | 160 |

|     |   |     |
|-----|---|-----|
| 21. | Services That Residents Feel Are Adequate<br>Or Inadequate. . . . .                   | 161 |
| 22. | Resident Opinion On Services Needed In<br>The Residential Center. . . . .             | 161 |
| 23. | Residents Who Have Access To Transportation. . . . .                                  | 162 |
| 24. | Residents Who Have Caseworkers . . . . .  | 162 |
| 25. | Residents Who Are Satisfied With Caseworker. . . . .                                  | 163 |
| 26. | Time Residents Were Readmitted To<br>Residential Center . . . . .                     | 163 |
| 27. | Services Received That Were Better<br>Before Admission At RYC. . . . .                | 163 |
| 28. | Source Of Financial Support Received<br>By Residents . . . . .                        | 164 |
| 29. | Source Of Medical Coverage For Residents . . . . .                                    | 164 |
| 30. | Residents Who Handled Their Own Money. . . . .  | 165 |
| 31. | Residents Who Feel Different From Other People . . . . .                              | 165 |
| 32. | Residents Who Feel Other People Treat Them<br>Differently . . . . .                   | 165 |
| 33. | Residents Who Feel That People In The<br>Community Are Friendly Towards Them. . . . . | 166 |
| 34. | Activities In Which Residents Participated<br>In Their Spare Time. . . . .            | 166 |
| 35. | Time Residents Spend Going Things They<br>Like To Do . . . . .                        | 167 |
| 36. | Residents Who Feel Lonely. . . . .  | 167 |
| 37. | Residents Who Feel They Worry About Things . . . . .                                  | 167 |
| 38. | Residents Who Are Unhappy Because They<br>Don't Feel Useful. . . . .                  | 168 |
| 39. | Residents Who Responded To How Happy They Are. . . . .                                | 168 |



|     |   |     |
|-----|---|-----|
| 40. | Residents Who Feel They Are Receiving Adequate Services. . . . .  | 168 |
| 41. | Residents Who Responded To What They Felt Were The Strengths and Weaknesses Of The Residential Center . . . . . | 169 |
| 42. | Residents Responses To What They Feel Needs To Be Changed In The Residential Center. . . . .                    | 169 |
| 43. | Former Residents' Religious Preference Before And During the RYC And Presently . . . . .                        | 171 |
| 44. | Former Residents Who Were Member Of A Church During RYC And Now . . . . .                                       | 171 |
| 45. | Former Residents Who Were Employed During RYC And Now. . . . .  | 172 |
| 46. | Former Residents Who Were Able To Work During The RYC And Now . . . . .   | 172 |
| 47. | Former Residents Who Wanted To Work During The RYC And Now . . . . .  | 172 |
| 48. | Former Residents Who Had Living Parents During Their Residency At RYC. . . . .                                  | 173 |
| 49. | Former Residents Whose Parents Visited Them During Their Residency At RYC . . . . .                             | 173 |
| 50. | Former Residents Whose Parents Wrote Them Letters During Their Residency At RYC. . . . .                        | 173 |
| 51. | Former Residents Whose Parents Contacted Them By Telephone. . . . .   | 174 |
| 52. | Former Residents Who Enjoyed Communicating With Their Parents . . . . .   | 174 |
| 53. | Former Residents Who Felt They Could Visit Or Talk To Someone In The Community. . . . .                         | 174 |
| 54. | Former Residents Who Attended Social Functions In The Community While At RYC. . . . .                           | 175 |
| 55. | Former Residents Who Visited Individuals While Residing At RYC. . . . .   | 175 |

|     |  |     |
|-----|--|-----|
| 56. | Former Residents Who Lived In The New Haven Community Prior To Living At RYC. . . . .              | 175 |
| 57. | Former Residents Who Were Satisfied With The Housing At RYC. . . . .                               | 176 |
| 58. | Former Residents Responding To The Adequacy Of Services They Received. . . . .                     | 176 |
| 59. | Former Residents Who Had Transportation Or Access To Such . . . . .                                | 177 |
| 60. | Former Residents Who Had A Caseworker . . . . .  | 177 |
| 61. | Former Residents Who Were Satisfied With Caseworker . . . . .                                      | 177 |
| 62. | Times Former Residents Were Readmitted To The RYC . . . . .  | 178 |
| 63. | Former Residents Opinions On Services Received At RYC That Were Better Before Terminating. . . . . | 178 |
| 64. | Residents Receiving Financial Support . . . . .  | 179 |
| 65. | Former Residents Who Had Medical Coverage . . . . .  | 179 |
| 66. | Former Residents Who Handled Their Own Money While At RYC. . . . .                                 | 179 |
| 67. | Former Residents Who Felt Differently About Others While At RYC . . . . .                          | 180 |
| 68. | Former Residents Who Felt People Treated They Differently. . . . .                                 | 180 |
| 69. | Former Residents Who Felt People In The Community Were Friendly Towards Them. . . . .              | 180 |
| 70. | Activities In Which Former Residents Participated During Their Spare Time. . . . .                 | 181 |
| 71. | Former Residents Who Felt They Spent Time Doing Things They Enjoyed. . . . .                       | 181 |
| 72. | Former Residents Who Found Themselves Feeling Lonely During The RYC . . . . .                      | 182 |

|     |   |     |
|-----|---|-----|
| 73. | Former Residents Who Felt Unhappy Because They Did Not Feel Useful. . . . .                               | 182 |
| 74. | Former Residents Who Stated How Unhappy They Were During The RYC. . . . .                                 | 182 |
| 75. | Former Residents Who Felt They Received Adequate Services At The RYC. . . . .                             | 183 |
| 76. | Former Residents Who Were Arrested. . . . .   | 183 |
| 77. | Former Residents Who Spent Time In Jail . . . . .   | 183 |
| 78. | Former Residents Who Responded To Types of Arrest . . . . .   | 184 |
| 79. | Things That Former Residents Felt Were Positive For Them At RYC. . . . .                                  | 184 |
| 80. | Things That Former Residents Found That Were Negative For Them At RYC . . . . .                           | 185 |
| 81. | Former Residents Who Responded To What They Felt Were The Strengths Of RYC . . . . .                      | 185 |
| 82. | Former Residents Who Responded To What They Felt Were The Weaknesses Of RYC. . . . .                      | 186 |
| 83. | Respondents Scheduling Residents for Appointments. . . . .  | 187 |
| 84. | Respondents Who Knew Of Other Providers Of The Same Services As Their Agency. . . . .                     | 187 |
| 85. | Respondents Who Provided Information On How People In The Community Learned About Their Services. . . . . | 188 |
| 86. | Number of Clients Registered In One Year By The Respondents. . . . .                                      | 188 |
| 87. | Respondents Estimation Of The Number Of Residents Who Live In New Haven . . . . .                         | 189 |
| 88. | Respondents Answers To Major Reasons For Clients Coming To The RYC . . . . .                              | 189 |
| 89. | Respondents Describing Characteristics Of Residents Seen By Them . . . . .                                | 190 |

|      |   |     |
|------|---|-----|
| 90.  | Respondents Stating Most Pressing Problems Of Their Programs. . . . .                                       | 190 |
| 91.  | Respondents Reporting Major Obstacles In Resolving These Problems . . . . .                                 | 191 |
| 92.  | Respondents Reporting The Major Needs Of Residential Youth Services . . . . .                               | 191 |
| 93.  | Respondents Reporting The Adequacy Of Services In The New Haven Area In Relation To Clients Needs . . . . . | 192 |
| 94.  | Respondents Reporting The Role They Perceived Themselves Playing In Solving Some Of These Problems. . . . . | 193 |
| 95.  | Responses To The Strengths Of Traditional Institutions. . . . .   | 194 |
| 96.  | Responses To The Weaknesses Of Traditional Institutions. . . . .  | 194 |
| 97.  | Responses To The Strengths Of Community-Based Programs. . . . .   | 194 |
| 98.  | Responses To The Weaknesses Of Community-Based Programs. . . . .  | 195 |
| 99.  | Responses To The Cost Effectiveness Of Traditional Juvenile Residential Care. . .                           | 195 |
| 100. | Responses To The Cost Effectiveness Of Community-Based Juvenile Residential Care . .                        | 195 |



## MILESTONES

1. September 1966 - The Boys Residential Youth Center received a five year grant awarded by the U.S. Department of Labor.
2. September 1966 - Ira Goldenberg was hired as the first Director of the Residential Youth Program.
3. June 1967 - The Girls Residential Youth Center received a five year grant awarded by the U.S. Department of Labor.
4. September 1967 - Wesley Forbes was hired as the second Director of the Boys Residential Youth Center.
5. September 1968 - The Training Research Institute for Residential Youth Centers (TRI-RYC) was funded by the U.S. Department of Labor.
6. September 1968 - Ira Goldenberg and Wesley Forbes became respectively Director and Assistant Director of TRI-RYC.
7. September 1968 - Warren Kimbrow was hired as the third Director of the Boys Residential Youth Center.
8. December 1968 - Frederic Osborne was hired as the fourth Director of the Boys Residential Youth Center.
9. June 1970 - The U.S. Department of Labor ended its funding of the Boys Residential Youth Center.
10. August 1971 - The Boys Residential Youth Center ended when it was combined with the Girls Residential Youth Center.

# C H A P T E R I

## INTRODUCTION

### Background

Over the past seven decades both the nature and dimensions of juvenile delinquency and its remediation in the United States have undergone several changes. The growing public concern about youth crime has been connected to the increasing demand for better programs, more severe punishment, more secure and well-run rehabilitation facilities and, most of all, more juvenile justice and delinquency prevention programs. In order to bring about these changes large sums of money were spent, but to no avail. We now see an increasing state of juvenile crime, i.e., truancy, drug and alcohol abuse, burglary and assaults. In 1972, in the State of Massachusetts, one out of every five children brought before the courts was referred for detention.<sup>1</sup> In Connecticut, slightly less than 50% of youthful offenders who came before the court were adjudicated delinquents and, therefore, placed into a detention facility manned and operated by the State Department of Youth Services.<sup>2</sup>

"Juvenile delinquency correction institutions housed 46,980 juveniles".<sup>3</sup> According to the National Crime and Delinquency Council, over 100,000 children from seven to seventeen years inclusive were held in jails or jail-like places of detention.<sup>4</sup> Obviously, with such a large juvenile population these institutions have been beset with a number of administrative and personnel problems, especially since these youth were confined on an average of 4-8 months.<sup>5</sup> Some of the problems reported included overcrowdedness, brutality, sexual abuse, lack of counseling and vocational programs, and absence of health or psychiatric programs, and very weak educational programs. In addition to these problems it costs \$11,471, or more, a year to house a juvenile.<sup>6</sup> In 1981 the cost in Connecticut was over \$26,000.

Research studies consistently show an extremely high rate of recidivism among youth committed to juvenile justice facilities.<sup>7,8</sup> McKay (1938)<sup>9</sup> concludes that the behavior of a significant number of boys who become involved in criminal activity is not re-directed toward conventional activity created by these institutions for that purpose. Wolfgang (1972)<sup>10</sup> states that offenders who start at a young age continue this behavior into adult life and account for a major part of the crime problem. The lack of any effective early intervention or prevention

program undoubtedly has led to recidivism and the high costs of caring for these youth in public institutions.

As one examines juvenile correctional facilities one sees the need for creative and practical alternative facilities. Of course, the debate continues as to whether we should build more and better facilities; incarcerate more youth; have better trained workers; or decentralize and deinstitutionalize juvenile facilities into the community. It is this author's view and focus that deinstitutionalization of juvenile facilities will serve more effective and practical rehabilitation purposes in the following ways: 1) integration in the community; 2) quality care; 3) community involvement/responsibility; and 4) limits adjustment.

#### Need for the Study

The disillusionment with traditional institutions rehabilitating youth offenders has resulted in a number of public and private efforts aimed at change. The most effective public effort in deinstitutionalization started when Congress passed the Juvenile Justice and Delinquency Act of 1974. Responsibility for administering the act was delegated to the Law Enforcement Assistance Administration (LEAA), a part of the U.S. Department of Justice. The Juvenile Justice Act established within LEAA the



Office of Juvenile Justice and Delinquency Prevention (OJJDP) and, within that office, the National Institute for Juvenile Justice and Delinquency Prevention "(NIJJDP)". The mandates for NIJJDP were: "the coordination, funding and evaluation of delinquency research and delinquency prevention programs; the establishment of training programs for persons connected with the treatment and control of juvenile offenders; the collection and dissemination of useful information; and the development of standards for the juvenile justice system".<sup>12</sup>

There were four major areas identified by the NIJJDP task force which were given immediate attention: 1) the deinstitutionalization of status offenders; 2) the diversion of youths from the juvenile justice system; 3) the prevention of delinquency; and 4) the reduction of serious crimes committed by juveniles. State and local programs were invited to develop "innovative programs to keep juvenile status offenders--which included truants, runaways and incorrigibles--out of detention and correction facilities."<sup>13</sup>

"The primary goal of the Deinstitutionalization of Status Offenders (DSO) program (as announced) was to remove presently incarcerated status offenders from institutions and to prevent the future incarceration of status offenders entirely. The underlying philosophy for



this position is that it is morally unjust to incarcerate youth for behavior that is essentially non-criminal.

The logical extension of this direction is to ask for the ultimate decriminalization of status offenders, rather than simply suggesting new legal procedures for handling those who commit these acts.<sup>14</sup>

The author would like to point out that for decades there have been decentralized or alternative programs carried on by the Salvation Army, Residential Youth Centers (RYC) and group homes. Over the years, the deinstitutionalized settings which have been the most effective (and operational since 1891) were group homes for the retarded, alcoholic, emotionally disturbed, and disadvantaged groups.<sup>15</sup>

During the 1960's the State of Connecticut had very few group homes for the delinquent youth. It was not until 1968 that several group home programs were started in Connecticut and other states. In the same year the Department of Labor funded the Training and Research Institute for Residential Youth Centers, Inc. (TRI-RYC). "The creation of the Institute was based on the success of the model developed in New Haven (Conn.) and on the assumption that the RYC concept was applicable to the communities. In 1969, TRI-RYC opened youth centers in

Boston, Massachusetts; Bridgeport, Connecticut; Cleveland, Ohio; Flint, Michigan; and Trenton, New Jersey."<sup>16</sup>

The model that the Residential Youth Center (RYC) developed in New Haven was quite unique. It was a new experimental model with a different philosophy from that of youth correctional programs existing in the State of Connecticut. It was funded by the Department of Labor as an experimental and demonstration project. The RYC's mandate was to assess the feasibility and significance of a community-based residential youth center as a locale for helping disadvantaged juveniles. RYC would offer training or employment programs enabling their residents to gain a better understanding of the environmental obstacles and to acquire the proper techniques and tools needed to prevail over these obstacles. It was also intended "to provide both the funding agent and any other interested parties with a detailed description and assessment of the residential youth center experience to date."<sup>17</sup> As stated previously, the State of Connecticut had few group homes for the retarded, the alcoholic, the emotionally disturbed, and disadvantaged groups which have been in existence in the state for some period of time. In fact, one group home in the state has been operational "since 1971".<sup>18</sup>

It was during this time period that the State of Connecticut developed a program category which stated as its objective to "assist towns in providing effective alternatives to institutionalization and deleterious home conditions for delinquent youth".<sup>19</sup>

While many states experimented sporadically and on a local basis, the State of Connecticut was among a small group of states to develop group homes in an organized manner on a statewide basis. In addition to the development of a more organized procedure for group homes, some Connecticut community agencies also started to examine the operation of how group homes within the limits of their own theories.

From its inception, the Connecticut Planning Committee on Criminal Administration (CPCCA) has been an important and influential advocate committed to the group home concept. It initiated a plan of action and procedures that would help many programs get started.

They stated:

The Committee in reviewing problem areas regarding juvenile delinquency control and prevention in Connecticut set the priorities for funding with the 1969 allocation as: 1) seed money for establishment and supporting group homes.<sup>20</sup>

Prior to the commitment from the State of Connecticut, however, the City of New Haven, through its community action agency, Community Progress, Incorporated, had been operating a Residential Youth Center (RYC) since 1966.

"Unlike other facilities, the New Haven RYC was developed as a community-based indigenously-staffed facility whose goal was to work with those youngsters who were having the greatest difficulty in the existing opportunity programs that were coordinated through New Haven's Community Action Agency (CPI)".<sup>21</sup>

The use of group homes was continued to be the deinstitutionalized form of facility for our youth. Group homes were not free from administrative and personal problems. Several research reports show that group homes experienced the following:

1. Communities blocking the efforts to establish group homes primarily because they did not want any "troublemakers" around, but courts have generally upheld the group home efforts. Start-up monies--either for building renovations or staffing--were often not available from the local community, the state, or the federal government, and the lack of a reimbursement formula structure to encourage the development of community-based alternatives.<sup>22</sup>
2. The need to provide an adequate number of humane and successfully secure care placements for minority and hard-core delinquents as well as the frequent shifts of children from program to program which raised the question of their benefits to children.<sup>23</sup>
3. The belief among court officials that many youngsters formerly referred to the Department of Youth Services (DYS) were not remaining in the community without any service at all from any agency.<sup>24</sup>



The present research addresses the following issues by studying the growth, development and unique problems of deinstitutionalization through the use of group homes as a major vehicle for rehabilitating the juvenile offender.

Once operational, community group home facilities have not always lived up to its promise; instead of offering a less restrictive alternative, they sometimes turn out to be nothing more than mini-institutions.<sup>25</sup>

#### Purpose of Study

The purpose of this study is to empirically examine the development of the model of the Boys Residential Youth Center in New Haven, Connecticut. The Center was designed as a community-based, indigenously-staffed facility whose goal was to provide social services to delinquent youth. The investigator's central concentration of this analysis will primarily be on the exploration and description of those processes which resulted in impressive successes as well as some nearly disastrous failures.

This will be accomplished by describing the various, specific variables that had an impact on the conceptual model of the Center and responsiveness of staff, residents and community. The variables include the following:



1. Definition of the Residential Youth Center
2. Non-institutional Setting
3. Range of Services Extending to Both Enrollee and Family
4. Setting within the City
5. Coordination of Residential Support with Vocation and Educational Training
6. Use of non-credentialed Professionals as the Primary Source of Help
7. Focus on Self-Help and Mutual Voluntarism
8. Organizational Structure--Horizontal--(Shared Leadership)
9. Staffing
10. High Risk Youth
11. Small Center Concept
12. Community Penetration and Involvement
13. Staff-Resident Ratio
14. Peer Group Interaction of Residents
15. Relationship with Community Services

The investigator will be presenting the group home (which at the beginning was not used for depopulation or a dumping ground for unwanted juvenile offenders) and how the home now functions as an independent, self-sufficient and developmental program for the rehabilitation of the youth. The Boys Residential Youth Center, although

federally funded, was owned and incorporated by a private organization with its own legal entity and governance. The main relationship with the City and Connecticut State government in the first year was that of a referral source for youth designated as juvenile delinquents by the courts and the Department of Youth Services.

Finally, the investigator will show the evolutionary developments and the destructive forces that led to its conceptual demise.

#### Postulates of Study

This study is predicated upon four basic postulates. These postulates include the elements that are significant and directly influence this study. External influences constitute the first factor as leadership and its evolution as the second, and goals and the implementing of the first postulate which has the greatest influence on Residential Youth Centers as well as other human service organizations as the third component. The external forces serve as a major factor in the development of the internal organization.

#### External Influences

"The supposition that external pressure by funding sources and surrounding organizations exercises the greatest influence on funded programs has long been recognized but

not widely documented".<sup>26</sup> In his writings, Connery (1968)<sup>27</sup> highlights federally funded, community-based mental health programs and the influence of the political forces on programs of this kind. Etzioni (1961)<sup>28</sup> writes about the environmental influences on organizational behavior. Several case studies show the relationship between governmental agencies and the population to which we are committed to provide services.<sup>29</sup>

### Leadership and Evolution

Leadership and its evolution is the second postulate of this study. Hilton (1981)<sup>30</sup> suggests that leadership is the prime factor in the evolution and development of organizations and its resulting products or programs. Smith and Klostman (1936)<sup>31</sup> found that three formulations of the most typical usages of leadership are:

1. The leaders are those whose attainments, in terms of a set of goals are considered high.
2. The leaders are those whose status is recognized as superior to others engaged in the same activities.
3. The leaders are those who emit stimuli that are responded to integratively by other people.

Leadership appears to be a rather sophisticated concept. Some word meanings shared by Bass (1981)<sup>32</sup> include head of state, military commanders, princes, proconsuls,

chiefs, or kings are the only ones found in many languages to differentiate the ruler from other members of society. There are almost as many different definitions of leadership as there are individuals who have attempted to define the concept (Bass, 1981).<sup>33</sup> Different definitions and conceptions of leadership have been reviewed briefly by Morris and Seeman (1950),<sup>34</sup> and B. M. Bass (1960).<sup>35</sup>

In discussing leadership within the context of this document, this study describes the type of leadership that was incorporated in the system, how it was implemented, how the model had an impact on the organization and the implementation of the program.

#### Goals and their Implementation

The third postulate is the historical experience of the organization (reality) in implementation, and what the organization stated as its goals and objectives (theory).

Drucker (1982) suggests that an organization's social mission is stated very broadly, often in philosophical and idealistic terms.<sup>36</sup> Statements of social mission reflects the vision and commitment of the founders and top management of an organization.

According to Drucher (1954)<sup>37</sup> the goal must be consistent with the general purposes of the organization as a whole. Organizations which do not produce material



output are extremely difficult to evaluate (Etzioni), (1964).<sup>38</sup> Hilton (1981) points out that depending upon the method of measurement, human service organizations generally rate fairly low on the scale of goal accomplishment.<sup>39</sup> This could be due to the lack of knowledge about the organizational goal or the complexity of the task or service. Hilton (1981) explains that organizations, which include social service agencies, hospitals and schools, can never effectively serve every individual need, teach everyone, or effectively cure everyone.<sup>40</sup> Ackoff (1970) points out that every organization has very general stylistic as well as performance, goals or objectives that condition much of what it will and will not do.<sup>41</sup>

When a pluralistic society attempts to focus on uniform goals, it becomes an increasingly difficult task especially when the stakeholder covers a range of differently represented interests from client worker rights through founder or owner. These issues play an important part in the projected ideas of the organization and the actual outcomes.

#### Decision-making and organizational activities

The last of these postulates includes the decision procedure, the concept and goal of the organization. It also includes staff roles and responsibilities, residents'



roles, organizational concepts and philosophy, activities within the organization and the organization's products.

There are many designs to show how decisions are or should be made. Both economists and mathematicians have tried to develop hypotheses, and many writers on the subject have explained decision making in psychological terms.<sup>42</sup> Autobiographies, memoirs, films and biographies of many great leaders throughout the world became well known and hailed because of a decision on their decision-making ability that stemmed around a critical decision that was made. Heilman Hernstein (1982) said that all too often decision making is misconceived as solely a cognitive process in which logic and problem solving skills are brought to bear in almost a mechanical fashion.<sup>43</sup> However, decision making is a social process as well.

Donnelly and his colleagues (1981) point out that when a decision is made it is, in effect, the organization's response to a problem and such a decision should be thought of as the means rather than the end.<sup>44</sup> In many structures, the decision making is a responsibility of the manager regardless of the functional area or level in the organization.<sup>45</sup>

In this study, it will be shown that the term horizontality and its application is a significant factor in the decision-making process in the organization.

Horizontality is defined by Goldenberg (1971) as a Conceptual alternative to the Pyramidal Organization. "Horizontal structure" means a setting whose organization would make it possible to combine the positive characteristics of the undermanned behavior setting with the more efficient administrative aspects of other types of organizations.<sup>46</sup>

#### Definition of Terms

1. Ajudicatory Hearing--through which the court decides upon the question of delinquency"<sup>47</sup>
2. Concept--from Latin con (together) and capere (tame) An idea as distinguished from percept or sensation. Mental impression, a thought, a notion, that which enables the mind to distinguish one thing from another. Universals abstracted from particulars (1) Any abstract representation, a generic term or class<sup>48</sup>
3. Deinstitutionalization--"the process of 1) preventing both unnecessary administration to and retention in institutions; 2) finding and developing appropriate alternatives in the community for housing, treatment, training, education, and rehabilitation of delinquents who do not need to be in institutions; and 3) improving conditions, care, and treatment for those who need institutional care"<sup>49</sup>

4. Delinquent--"viewed as a social phenomenon, namely an antisocial act involving interaction between an individual and society"<sup>50</sup>
5. Dispositional Hearing--"for all of the interested parties--judge, probation officer, prosecutor, defense attorney and the child's parents--to get together and decide what is best for the child"<sup>51</sup>
6. Group Homes--"a community-based residential facility for children and youth"<sup>52</sup>
7. Institutionalization--"1) the placing of an individual in an institution for corrective or therapeutic purposes; and 2) the process by which an individual adapts to behavioral patterns characteristic of the institution in which he/she lives. A system of sanctions is associated with institutionalization, such that conformity to institutionalized expectation is rewarded and deviance is punished"<sup>53</sup>
8. Juvenile--"occurs between the ages of 7 to 16, or 21 years, varying with the state"<sup>54</sup>
9. Juvenile Aftercare--"the counter term for the adult program called parole"<sup>55</sup>
10. Juvenile Detention--"during the period of time from initial custody of a juvenile to holding of an adjudicatory hearing by the court--the detaining of the juvenile in a facility"<sup>56</sup>

11. Juvenile Delinquency--"those acts that if committed by an adult would be crimes, or certain other acts that would be unlawful only if committed by a juvenile (status offenses)"<sup>57</sup>
12. Petition--"a document, equivalent to information in the adult criminal process, containing the nature of the charges against the juvenile offender"<sup>58</sup>
13. Preventing Delinquency--"the forestalling or precluding any acts considered delinquent by project standards"<sup>59</sup>
14. Probation--"permitting juvenile offenders to remain free in the community, but under the supervision of a probation officer and usually under certain specified conditions or restrictions"<sup>60</sup>
15. Shelters--"facilities that are geared to house juveniles that are dependent or neglected"<sup>61</sup>
16. Status Offenses--"are acts illegal only for children"<sup>62</sup>

#### Organization of the Study

This case study consists of five chapters. Chapter I presents the introduction to the study and covers the problem statement, prupose of the study, delimitations, significance of the work, and a definition of terms which appear throughout the body of this paper. Chapter II reviews the relevant literature and provides the theoretical



basis for the study. Chapter III outlines the design of the research project, including questionnaire and field testing, the interview format and the format for the collection and analysis of data. Chapter IV provides a presentation and analysis of the data and answers the four research questions presented in Chapter I. Included are categorical data from specific items identified by residential directors and categorized perceptions of a random sampling of initiators of alternative schools. Chapter V presents a summary and conclusion of the study and discusses implications for future research and practice.



Footnotes

<sup>1</sup>Yitzhak Bakal and Howard W. Polsky, Reforming Corrections for Juvenile Offenders (Lexington, Massachusetts: Lexington Books, 1979), p. 15.

<sup>2</sup>State of Connecticut, Connecticut Juvenile Court. (Connecticut: State of Connecticut, 1979), p. 2.

<sup>3</sup>U.S. Department of Justice, (Law Enforcement Assistance Administration), Children in Custody (Washington, D.C.: Government Printing Office, October, 1977), pp. 1-6.

<sup>4</sup>Yitzhak Bakal and Howard W. Polsky, Reforming Corrections for Juvenile Offenders (Lexington, Massachusetts: Lexington Books, 1979), p. 15.

<sup>5</sup>Ibid., p. 15.

<sup>6</sup>Ibid., p. 15.

<sup>7</sup>Federal Bureau of Investigation, Department of Justice, Uniform Crime Reports (Washington, D.C.: U.S. Government Printing Office, 1978), p. 124.

<sup>8</sup>Reed Adams and Harold J. Vetter, Probation Caseload Size and Recidivism Rate, (October, 1971), pp. 390-393.

<sup>9</sup>Henry McKay, Report on the Criminal Careers of Male Delinquents in Chicago (Chicago: University of Chicago Press, 1938), pp. 107-113.

<sup>10</sup>Marvin Wolfgang, Robert M. Figlio, and Thorsten Sellin, Delinquency in a Birth Cohort (Chicago: University of Chicago Press, 1972), pp. 243-255.

<sup>11</sup>John Bacewicz et. al., An Evaluation of Connecticut's Deinstitutionalization of Status Offenders Program (Storrs, Connecticut: University of Connecticut, 1978), p. 1.

<sup>12</sup>Ibid., p. 1.

<sup>13</sup>Edwin M. Lemert, Instead of Court, Diversion in Juvenile Justice (Rockville, Maryland: Institute of Mental Health, 1971), p. 9.

<sup>14</sup>John Bacewicz et. al., An Evaluation of Connecticut's Deinstitutionalization of Status Offenders Program (Storrs, Connecticut: University of Connecticut, 1978), p. 1.

<sup>15</sup>National Council of Crime and Delinquency (NCCD), Standards and Guides for Detention of Children and Youth (New York: NCCD, 1961), p. xxi.

<sup>16</sup>Wesley Forbes, Training Manual (New Haven, Connecticut: Training Research Institute for Residential Youth Centers, 1971), p. ii.

<sup>17</sup>Boys Residential Youth Center, Boys Residential Youth Center Final Report (New Haven Connecticut: Boys Residential Youth Center, 1968), p. i.

<sup>18</sup>National Council on Crime and Delinquency, Group Homes in Connecticut: Guides for Future Development and Operation (Connecticut, State of Connecticut NCCD, 1974) p. 1.6.

<sup>19</sup>Ibid., p. 1.7.

<sup>20</sup>Connecticut Planning Committee on Criminal Administration, Plan and Action (Connecticut Program 1969), p. 88.

<sup>21</sup>Wesley Forbes, Training Manual (New Haven, Connecticut: Training Research Institute for Residential Youth Centers, 1971), p. 1.

<sup>22</sup>Jane Knitzer and Mary L. Allen, Children Without Homes (Washington, D.C.: Children Defense Fund, 1978), p. 46.

<sup>23</sup>Patrick R. Tamilia, Toward a More Credible Juvenile Justice System in the United States, Juvenile Justice, (May 1976), p. 6.

<sup>24</sup>Ibid., p. 6.

<sup>25</sup>Jane Knitzer and Mary L. Allen, Children Without Homes (Washington, D.C.: Children Defense Fund, 1978), p. 46.

<sup>26</sup>Raymond L. Hilton, An Organizational Analysis of an Adolescent Substance Abuse Treatment Program A Case History (Ed.D. Dissertation University of Massachusetts, Amherst, Massachusetts, 1981), p. 33.

<sup>27</sup>Robert H. Connery, The Politics of Mental Health (New York: Columbia University Press, 1968), p. 539.

<sup>28</sup>Amitai Etzioni, ed. Complex Organizations: A Sociological Reader (New York: Holt, Rinehart and Winston, 1964), p. 36.

<sup>29</sup>Philip Selznick, An Approach to a Theory of Bureaucracy, American Review 8:49, (1943), p. 36.

<sup>30</sup>Raymond L. Hilton, An Organizational Analysis of an Adolescent Substance Abuse Treatment Program A Case History (Ed.D. Dissertation University of Massachusetts, Amherst, Massachusetts, 1971), p. 36.

<sup>31</sup>Richard A. Smith and Richard E. Klosterman, Criminal Justice Planning: An Alternative Model Criminology, 4:1 (1980), pp. 403-418.

<sup>32</sup>Bernard M. Bass, Leadership, Psychology and Organizational Behavior (New York: Harper, 1960), p. 89.

<sup>33</sup>Ibid., p. 90.

<sup>34</sup>Richard T. Morris and Melvin Seeman, The Problem of Leadership: An Interdisciplinary Approach/American Journal Sociology (Chicago, Illinois: University of Chicago, Vol. 56 (1950), pp. 149-155.

<sup>35</sup>Bernard M. Bass, Leadership, Psychology and Organizational Behavior (New York: Harper, 1960), p. 90.

<sup>36</sup>Peter Drucker, The Practice of Management (New York: Harper and Row, 1954), pp. 421-423.

<sup>37</sup>Ibid., pp. 419-422.

<sup>38</sup>Amitai Etzioni, Social Change: Sources, Patterns and Consequences (New York: Basic Books, 1964), p. 72.

<sup>39</sup>Raymond L. Hilton, An Organizational Analysis of an Adolescent Substance Abuse Treatment Program A Case History (Ed.D. Dissertation University of Massachusetts, Amherst, Massachusetts, 1981), p. 37.

<sup>40</sup>Ibid., p. 37.



<sup>41</sup>Lincoln R. Ackoff, A Concept of Corporate Planning (New York: Wiley Interscience 1970), p. 25.

<sup>42</sup>Ernest Dale, Management Theory and Practice (New York: McGraw Hill Book Company 1965), pp. 550-572.

<sup>43</sup>Madeline Heilman and Harvey Hornstern, Managing Human Forces in Organizations (Illinois: D. Irwin Inc. 1982), p. 95.

<sup>44</sup>James H. Donnelly, James L. Gibson and John M. Ivancevich, Fundamentals of Management Functions Behavior (Texas: Business Publications Inc., 1981), p. 20.

<sup>45</sup>Ibid., p. 20.

<sup>46</sup>Ira Goldenberg, Build Me a Mountain, Youth Poverty and the Creation of New Settings (Cambridge: MIT Press 1971), p. 127.

<sup>47</sup>Gary N. Holten and Melvin E. Jones, The System of Criminal Justice (Boston: Little, Brown and Company, 1978), pp. 397-398.

<sup>48</sup>Peter A. Angeles, Dictionary of Philosophy (New York: Barnes and Noble Books, 1981), p. 42.

<sup>49</sup>Comptroller General of the United States, Returning the Mentally Disabled to the Community: Government Needs to do More (Washington, D.C. Report to Congress, 1977), p. 18.

<sup>50</sup>Downing Tait, Jr. and Emery F. Hodge, Jr., Delinquents, Their Families and the Community (Springfield, Illinois: Charles C. Thomas, 1962), p. 12.

<sup>51</sup>Gary N. Holten and Melvin E. Jones, The System of Criminal Justice (Boston: Little, Brown and Company, 1978), p. 403.

<sup>52</sup>National Council on Crime and Delinquency, Group Homes in Connecticut: Guides for Future Development and Operation (Connecticut: Planning Committee on Criminal Administration, 1974), p. 3.1.

<sup>53</sup>Benjamin B. Walman, Dictionary of Behavior Science (New York: Reinhold Company, 1978), p. 196.



<sup>54</sup>Downing Tait, Jr. and Emery F. Hodge, Jr., Delinquents, Their Families and the Community (Springfield, Illinois: Charles C. Thomas, 1962), p. 12.

<sup>55</sup>Gary N. Holten and Melvin E. Jones, The System of Criminal Justice (Boston: Little, Brown and Company, 1978), p. 403.

<sup>56</sup>Ibid., p. 402.

<sup>57</sup>Ibid., p. 403.

<sup>58</sup>Ibid., p. 404.

<sup>59</sup>Downing Tait, Jr. and Emery F. Hodge, Jr., Delinquents, Their Families and the Community (Springfield, Illinois: Charles C. Thomas, 1962), p. 12.

<sup>60</sup>Gary N. Holten and Melvin E. Jones, The System of Criminal Justice (Boston: Little Brown and Company, 1978), p. 403.

<sup>61</sup>Ibid., p. 406.

<sup>62</sup>Ibid., p. 398.

C H A P T E R   I I  
R E V I E W   O F   L I T E R A T U R E

Historical Development of Rehabilitation  
for Juveniles

For centuries children were subjected to the same punitive measures that were used to correct adult offenders. The form of punishment varied over time but imprisonment, mutilation, and death have been the all-time favorites.<sup>1</sup>

Most of the social attitudes and perceptions of young children have historically been negative. During these early historical periods many children, regardless of whether they were newborn or they survived to reach their teens, were often mentally and physically impaired due to much of society's insensitivity and misunderstanding of human rights, specifically those of children.

Empey (1978) points out that the concept of childhood is a product largely of the past few centuries. In ancient civilizations, for example, the death rate for infants was embarrassingly high. Although, human beings considered themselves the highest form of intelligent creatures on Earth, they were the most destructive living beings to their off-springs.<sup>2</sup>

We are shocked today by occasional reports of child battering and abuse, but if historians are correct, practices we now define as abusive have been a common feature of Western life for much of recorded history.<sup>3</sup>

During the infanticide period of ancient civilization the deliberate killing of children was practiced. It was a common practice among the Greeks, Romans and Scandinavians in Europe, as well as in the cities of the Gauls and the Celts.

Infants were thrown into rivers, flung into heaps, left to be eaten by birds and animals of prey, or sacrificed to the Gods in religious rites. The bones of children sacrificed are still being discovered in the walls of buildings constructed all the way from 700 B.C. to A.D. 1843.<sup>4</sup>

These cultural practices represented a total disregard for the lives of children. Of course, this period is the extreme example of societal disrespect for the rights of its children. Eventually these onimous practices were dispensed with through reforms. Thus the society became more aware and educated in relation to the treatment of children. Historically in our our criminal justice system the enactment of various legislative acts set a new precedent for the proper care and treatment of the delinquent youth.

Historical Treatment of Juvenile Offenders

The treatment of juvenile offenders has varied throughout American history. There have been basically three different periods of treatment. The first period was considered as the "adult status", because very few distinctions were made between adult and juvenile offenders. The second period is called "parens patriae" because of the preponderance of a philosophy that vested in status courts the power to act as parents of juvenile offenders to protect their welfare, cure and save them.<sup>5</sup> The third period is referred to as "due process" because of the Supreme Court requirement that juveniles be granted the rights of due process they lost under the doctrine of "parens patriae". Table 1 provides a vivid historical picture of the treatment of juvenile offenders during the period 1889 to present.

TABLE 1

Historical Treatment of Juvenile Offenders<sup>6</sup>

| Before 1889  | 1889-1967      | 1967-Present |
|--------------|----------------|--------------|
| Adult Status | Parens Patriae | Due Process  |

As these reforms progressed, so did the use of the terminology in the correctional system for juveniles. No matter how it was stated or said, the meaning was the same as in the adult system described in Table 2.



TABLE 2  
Juvenile and Adult Terms<sup>7</sup>

| <u>Juvenile Term</u> | <u>Adult Term</u>        |
|----------------------|--------------------------|
| Delinquent           | Crime                    |
| Delinquent Child     | Criminal                 |
| Take into Custody    | Arrest                   |
| Detention            | Holding in Jail          |
| Petition             | Accusation or Indictment |
| Adjudicatory Hearing | Trial                    |
| Disposition Hearing  | Sentencing               |
| Probation            | Probation                |
| Commitment           | Sentence to Imprisonment |
| Shelter              | Jail                     |
| Aftercare            | Parole                   |

America owes most of its corrections philosophies to the early English system. In ancient times the current technique of dealing with both juvenile and adult crimes was the application of punishment. If today's methods of punishment seem cruel and unjust, the practices used during ancient times would seem inconceivable. Some of the punishments included being "1) burned; 2) drowned; 3) beheaded; 4) hanged; 5) thrown from a cliff; 6) stoned; 7) buried alive; and 8) crucified".<sup>8</sup>

Throughout the ancient period and up to the 12th century, the penal system concentrated its methods of dealing with individuals on penalties that involved mental degradation, injury and discomfort, fine and banishment (exile). As indicated above little distinction was made between juvenile and adult offenders. Even today, with

new laws designed to protect the juvenile, treatment for the young offender is still very much the same as the adult offender. Even though there is physical separation between the two groups and the terms or identification are changed, the basic treatment of adults and youth is essentially the same.

The medieval practices accepted during the periods of the Middle Ages and the 18th century were also carried over into the settings of America. During the Middle Ages many western societies basically failed to have any empathetic appreciation of infants and children. Many children who happened to survive the infanticide or abandonment period were subjected to physical and mental abuse in adolescence.

It is very difficult for long-standing cultural practices to disappear. As the people became more informed intellectually and socially, they became more humane in practice. Unfortunately, however, there still exist many of the heinous societal attitudes that have taken highly sophisticated and covert forms.

#### Juvenile Treatment in Connecticut

It was pointed out earlier that juveniles were treated in the same way as the adult criminal, serving time in jail and prison. It wasn't until the late 19th century that public attitude about treatment or punishment of

juveniles began to change. The emphasis was placed on a separate system of justice for youth offenders and the implementation of prevention and rehabilitation replaced punishment. However, "there is a growing public sentiment to return to the days when juvenile offenders were punished rather than 'rehabilitated' - at least for the most serious repeated offender. Rehabilitation has not worked, say some critics, and the time has again come for stricter treatment of juvenile offenders."<sup>9</sup>

"In 1816, the legislature repudiated these forms of punishment and instituted fines and imprisonment. A state reform school for juveniles was opened in Meriden in 1854 and became the Connecticut School for Boys in 1893. In 1868 the Industrial School for Girls, now known as Long Lane School, was opened as a private facility in Middletown."<sup>10</sup>

In 1917, the first law differentiating juveniles from adults for purposes of trial and detention (confinement) was enacted by the legislature. Provisions were made for partial confidentiality of records. Juvenile trials continued to be criminal proceedings, however.<sup>11</sup>

In 1921 the Juvenile Court Act provided that borough and town courts hold separate non-criminal proceedings for youth and established that any individual under the age of 16 could not be guilty of a crime. In 1941 a statewide Juvenile Court system was created in conformity with a



Connecticut legislature. Years later the Supreme Court decision in 1967 explicitly affirmed the due process rights of juveniles.

Transfer down repeated. In recent years, significant legislation pertaining to juveniles and youths had been enacted by the legislature. In 1971, the Youthful Offender Act was passed repealing a provision which had permitted the transfer of some 16 and 17 year old offenders from the adult court to the Juvenile Court.<sup>12</sup>

Transfer up allowed Legislation was also passed in 1971 authorizing the transfer of juveniles accused of murder to the adult court. In 1975, Public Act 75-620 expanded this authority by allowing transfer (under certain conditions) of juveniles accused of repeat class A or B felons to the adult court. All these acts were designed to provide harsher penalties for serious offenses by juveniles.<sup>13</sup>

Other legislation passed in 1975 established the rights of children committed to the Department of Children and Youth Services, enabled cities and towns to set up youth service systems, and created a temporary juvenile justice commission to study ways of providing an effective system of delinquency prevention and treatment.<sup>14</sup>

During the 1976 session, the legislature authorized the Juvenile Court to divert cases to the Youth Service Bureau. Finally, legislation became effective on October 1, 1977 which gave judges and probation officers in the adult court access to juvenile and youthful offender records for presentence investigations, felony sentencing and determination of whether to grant youthful offender status.<sup>15</sup>

#### Historical Perspectives of Juvenile Institutions

There are a variety of different types of institutions of facilities for juveniles in conjunction with the correctional system. These systems vary in services and



identities. Historically, they consisted of training schools, detention centers, ranches, forestry camps, reception centers, group homes, halfway houses, diagnostic centers and shelters.

In the first quarter of the 19th century the society began to recognize that juvenile offenders needed different treatment from that of an adult criminal. Hartinger and his colleagues (1973) suggest that the movement to develop separate facilities for juvenile offenders grew out of three historical factors:<sup>16</sup>

1. The first factor or practice came to the United States from England and it was the practice of indenturing, uncared for children...The first record of such indenturing was in Massachusetts in 1639.<sup>17</sup>
2. As a result of the indenturing procedure, the development of an apprentice system became active which began the second practice of the juvenile correctional institution. Because of the increased emphasis during the late 1800's on industry some concern was given to having apprentice programs within the institution. Hartinger, the refuge or reform schools changed the names to industrial school.<sup>18</sup>
3. The alms house or orphanage became the third means of juvenile care. In 1729, the first orphanage in the United States was opened. This juvenile facility was known as Ursuline Orphanage Hartinger.<sup>19</sup>

It may be said that the above practices paved the way for the houses of Refuge or Reform to emerge -- the first one in 1825 in New York City; second, 1826, House of Reformation in Boston, Massachusetts; and the third in

1828.<sup>20</sup> Before the establishment of the Houses of Refuge, many children were thrown into county jails, most frequently in large cities. They were subjected to the most inhumane forms of treatment and were usually not segregated by sex, nor were they separated by offenses committed.<sup>21</sup> Because of public concern and pressure, women and juveniles were separated from the adult men. This movement initiated a new phase in the institutions for women and juveniles.

#### Juvenile Institutions

Camps and other juvenile facilities were referred to as training schools. "The first training school was the Lyman School for Boys opened in Westbrook, Massachusetts in 1846. This was followed by the New York State Agricultural and Industrial School in 1849 and the Maine Boys Training Center in 1853. By 1900, 36 states had constructed separate juvenile training facilities and colleges."<sup>22</sup>

"Most juveniles -- judged delinquents -- were committed or assigned to training schools. With few exceptions, these schools were operated by the state as were the outdoor-style institutions such as ranches, forestry camps and farms."<sup>23</sup> As youth migrated to California because of the depression in the early 1930's, the State of

California, Los Angeles County pioneered the development of these facilities for juvenile offenders.

These facilities in California proved to be quite useful and successful in dealing with delinquent offenders involved in theft-type crimes. As a result of this success, many Californian cities developed institutions of this type to rehabilitate juvenile offenders.

#### Detention Homes

Historically, detention homes for juveniles were considered to be for short-term periods of stay. "This history of these detention facilities began with the establishment of the first juvenile court in 1899. Detention homes in the beginning housed neglected and dependent children as well as delinquent children. More recently, the dependent and neglected children are no longer to be found in them."<sup>24</sup> They are presently found, to an extent, in what are called shelters, halfway houses and/or group homes.

#### Halfway Houses

The halfway house program has extensively been used by correctional institutions. In the beginning the Halfway House was used as a pre-release program to ease offenders out of detention centers, making it possible for them to make the transition from the correctional

institution into the community. Hartinger (1973) and his colleagues have observed that halfway houses have been used as an alternative to the traditional institutions.<sup>25</sup> They concluded that these homes were conceived as small non-institutions, a step between probation and rigid institution or a step from rigid institution to freedom.

Halfway houses, as well as group homes are frequently funded by the state, but are privately-owned facilities. The trend is to utilize these facilities for delinquent youth who have not committed so-called adult-type crimes such as murder, kidnapping and the setting of hard drugs, precluding violations such as curfew, running away, truancy, etc.

The halfway house and group home facilities are unique in that they are located within the community close to the places that the youngster lives in. Many attend regular school or are employed, but live in the halfway house or group home. Holten and Jones (1978) pointed out that group homes and halfway houses are frequently run by probation departments and tend to be specialized institutions for those youngsters needing special kinds of services and programs.<sup>26</sup>

An overview of the various kinds of institutions shows a diversity in the approach dealing with delinquent youth. Correctional institutions have been very important



part of the criminal justice system. However, research has revealed that many of the federal, state and city institutions are economically very expensive and they do very little to rehabilitate these youngsters.

Historically, traditional institutions have been doomed to failure, however. Many youths were able to function in the facilities which became a secure way of life; and in some cases the best they ever had. But a large portion of the populations could have used alternative places other than large institutions.

The large correctional institution has failed to achieve its purposes. Placing people who do not follow the established rules of our society, especially the young, in environments set apart and distinct from society has served neither the public nor the person confined.<sup>27</sup>

Bakal points out that regardless of the reasons for incarceration, whether or not it is for punishment or rehabilitation, the experience throughout the years has proven to be not inconsequential. The learning process has been exorbitant not only in monetary terms, but also in human cost.<sup>28</sup>

"Disillusionment with traditional institutions as a rehabilitative tool has become increasingly widespread over the past decade. The turnaway from institutionalization has occurred not only in correctional thinking, but also (and to an even greater extent) in related fields."<sup>29</sup>

As Burdman (1969) summarized the trend:

Public assistance, medical care, and programs for the mentally ill have all gone the route of drastic reduction in institutional confinement with major emphasis on community care.<sup>30</sup>

Burdman (1969) points out that the changes have national recognition and it is important and healthy for individuals to be physically and socially groomed in their own community.<sup>31</sup> This process is not only more humane, but also more efficient, more restorative, less damaging and less expensive.

Institutions in the United States are rather complex. The history of institutions is intertwined with the history of corrections in other countries. As the President of the Commission on Law Enforcement and Administration of Justice (1967) reported:

Institutional life itself is unproductive, plus in many cases it is degrading to individuals. To be sure, the offenders in such institutions are incapacitated from committing further crimes while serving their sentences but the conditions in which they live are the poorest possible preparation for their successful re-entry into society and often merely reinforce in them a pattern of manipulation or destructiveness.<sup>32</sup>

Wagner (1978) best describes it by pointing out that it doesn't matter whether the institution is private or public. It is demeaning and is normally relegated to the sub-basement within the structure of the juvenile justice system. He conceptualizes institutions for juveniles into

two distinct goals or functions. The first, is that institutions provide protection for the community from youths who would do the community and themselves harm and secondly, that the institution provides a program which is rehabilitative.<sup>33</sup>

The concept of placing correctional institutions on the perimeters of the cities stemmed from the assumption that by recourse to this option members of the communities would be protected from the possible pernicious offenses of these delinquent youths. However, with the massive transit system that exists today, if a youth wanted to go A.W.O.L. from his or her place of incarceration and return to the community, it could be done with minimal effort. "Therefore, the concept of protection via distance is now a myth" (Wagner, 1978).<sup>34</sup>

Juvenile justice professionals were in search of alternative systems for the delinquent youth. "The hue and cry heard in the field of institutional care is for smaller, community-based units, and yet the system not only continues to perpetuate the large institutions, but, in fact, feeds them."<sup>35</sup> The larger institutions failed to provide rehabilitation for their clients and also failed in their attempt to protect the community by recourse to the exploration of alternative means in

providing these services. Thus, it transpired that the removal of individuals from society itself is a destructive process.

It is best summarized by Martinson (1972):

A relatively brief prison sojourn today may be more criminogenic than a much longer and more brutal sojourn a century ago.<sup>36</sup>

It proves difficult to see the damage that is produced by prisons, regardless of the improvements made therein. Survival in today's society requires a sequence of steps - from graduating from high school and college or vocational school to being employed and setting up a bank account, etc. Martinson (1972) points out that interference with these sequences could cause damage to the life cycle of the individual and may be irreparable at a crucial time of one's growth.<sup>37</sup>

Not directly through anything it does or does not do to the offender, but simply by removing him from society.<sup>38</sup>

Most institutions do very little, if anything, to prepare a client to function in the real world. In other words, they foster an environment that fully caters to the needs of the residents, thereby promote a false sense of security. Moreover, their academic programs demand minimum effort and participation on the part of the residents.



Upon their release from institutions, many children have dropped out of school. Educational systems do little to retain these children nor do they encourage them to remain. "Most institutions fashion their programs in the same traditional mold that ordinary education is fashioned, based on tenets and concepts that have been a part of the child's failure component. Children who are relegated to institutions need programs of education that will help them to survive within the educational process."<sup>39</sup>

Until alternatives to institutionalization are demonstrated to be more effective than imprisonment in preventing further crime, an important rationale for the use of community programs will be that correctional costs can be reduced considerably by handling in the community setting a large number of these offenders normally institutionalized.<sup>40</sup>

Undoubtedly, many institutionalized children could be better served if they are placed in community-based programs. Recent scientific research indicates that good community programs are less expensive than those of large institutions. An illustrative example of the comparative cost analysis is provided in the following table:

TABLE 3

Operating Costs of DCYS  
Connecticut Department of Children  
and Youth Services Treatment  
Services for Delinquents from  
Legislative Program, Review and Investigation  
Committee (LPRIC) 1978

|  | <u>FY 1976</u> | <u>FY 1977</u> | <u>FY 1978</u> |
|--|----------------|----------------|----------------|
| Long Lane School                                   | \$3,075,725    | \$3,277,135    | \$3,713,000    |
| Aid to Paroled and<br>Discharged Inmates           | 978,968        | 1,074,999      | 1,303,000      |
| DSS Board and Care<br>Grant (AFDC-<br>Foster Care) | 629,277        | 758,871        | 800,000        |
| Aftercare  | 180,515        | 278,631        | 361,000        |
| LEAA Group Home<br>Contract                        | 603,210        | 449,562        | 525,033        |
| TOTAL  | \$5,467,695    | \$5,839,198    | \$6,702,033    |

1. Pays for private care not covered by the DSS Board and Care Grant.
2. Department of Social Service Funds eligible for 50% federal reimbursement.
3. Federal funds expected to be phased out.<sup>41</sup>

#### Cost of Services

LPRIC (1978) reported that DCYS delinquency treatment services cost an estimate \$6.7 million in FY 1978 (see Table 3). Over half of these funds, about \$3.7 million was spent on the operation of Long Lane School. The remainder was allocated to private placements (\$2.6 million) and aftercare supervision (\$361,000).<sup>42</sup>

The cost of maintaining large institutions in running the gamut from sixteen thousand to fifty-four thousand dollars per resident annually.<sup>43</sup>

In the State of Connecticut, the average cost for a delinquent retention in a large detention center ranges from nineteen to twenty-seven thousand dollars per individual (see Table 3 for cost of services for DCYS in the State of Connecticut). This does not include the cost of children serviced and maintained in mental hospitals and mental health centers. Given the fact that these large institutions are not cost-effective, they do not provide successful supportive services in treating the delinquent youth. Indications are that the criminal justice system must turn towards an alternative setting.

#### Deinstitutionalization Attempts and Successes

The Juvenile Justice and Delinquency Prevention Act of 1974, a deinstitutionalization notion, requires that states develop community-based alternative facilities to serve the youth. This provided a special initiative to get delinquent children out of institutions, enabling them to remain in less restrictive family and community settings. The juvenile justice system has made every effort to carry deinstitutionalization into effect especially for status offenders.

Knitzer and Allen (1978) suggest that deinstitutionalization requires the availability of a range of placement options within a community.<sup>44</sup> Some efforts at

deinstitutionalization for children have proven successful, but progress in general, has not been spectacular in this connection. There are no day treatment or homemaker services available to a parent or foster parent who cares for the children that are capable of being on their own. In other words, due to the lack of these services, such children are more often institutionalized.

Tamilia (1976) concludes that though the concept of deinstitutionalization is seductive and promises reduced cost, more humane treatment and lower recidivism, in reality has boomeranged.<sup>45</sup>

The misuse of funds from federal and state agencies, and from private and public community-based programs is a constant concern for these authorities. "Scandal in community-based, profit-making facilities have compelled California and New York to revise policies. They are called a marriage of convenience between state officials who want to cut their budgets and private operators who want to make fast money. Scandals are also rampant in Illinois and Texas with incredible abuses of children entrusted in the care of state and local welfare agencies."<sup>46</sup>

When President Reagan was Governor of California he introduced deinstitutionalization of prisons and mental hospitals to cut the budget. After a period of time, an



investigating committee discovered abuses in a large number of care agencies which operated merely for the profit. In 1973 the legislature, angered by these events, defeated the intended legislation and brought the abuse issue to closure. (In Illinois and Massachusetts there is a recognition that some institutions are necessary, despite a commitment to deinstitutionalization). Tamilia (1976) points out that an ex-patient said that community living is no living at all -- at least in institutions it is a scaled down, less threatening semi-community.<sup>47</sup>

Although the federal government has taken a positive stance visa vis deinstitutionalization, Knitzer and Allen (1978) point out that there is no concentrated effort, however, to ensure that deinstitutionalization is in fact working for the benefit of the youth. The legislative regulatory and fiscal provisions often discourage deinstitutionalization and are incompatible with it.<sup>48</sup> A haphazard federal commitment to deinstitutionalization for children is reflected in a variety of ways. There is no one agency or office required to monitor deinstitutionalization efforts on behalf of children across agencies and programs, nor has there been any federally funded research to trace the impact of deinstitutionalization efforts across systems in which the children are involved. Federal funds are not used to ensure care in a less restrictive setting.

With many of the problems that exist concerning deinstitutionalization, one must ask the question, "is legislation necessary?" To answer this, one must depend greatly on value judgement, philosophies and research on past systems of institutional care for the delinquent youth.

Goldenberg (1971) points out that at first the alternatives were envisioned to be small group homes, foster homes and other non-residential support systems.<sup>49</sup>

Organizations operating their programs should be grassroot in concept. Today many programs conform to this profile. However, there exist some programs which are incongruous with this notion.

"Not all programs are well connected to the local community. Some do not even know the community prior to the establishment of their programs. Certain programs are run by large, private vendors who operate in more than one region or community. Many DCYS officials believe that these large agencies have valuable experience, resources and technical knowledge for dealing with youth."<sup>50</sup>

Goldenberg (1971) maintains that community-based programs should have community ties, since most youth return to the original areas of residence.<sup>51</sup> "Programs that fail to develop ties tend to become isolated, fostering the youth's dependency on the program, slowing the process of termination and failing to integrate the

youth back into the community." Successful community-based programs generate strong advocacy for youths in their care."<sup>52</sup>

Goldenberg (1971) describes alternatives and their effective function making the following comparisons:<sup>53</sup>

1. They are small and individualized rather than large and personal.
2. They are humane and therapeutic rather than punitive and custodial.
3. The placement process involves the youth and the family, rather than imposing a decision upon them.
4. The alternatives tend to depend upon and use resources from the community, rather than becoming self-sufficient.

Alternatives fall into these general categories: services for the detained; residential; non-residential; and secure units.

### Detention

Juveniles under the law may be held in detention. It is likely that these centers are in a juvenile facility. However, some of these centers could be a county or city jail even though some states forbid detention of juveniles in adult penitentiaries. It is reported that "despite this, it still occurs in places throughout the country.

In some courts, detention in any facility is not allowed without a detention hearing within the juvenile court."<sup>54</sup>

Christina Robb (1980) described the Massachusetts juvenile detention system in an article she wrote in the Boston Globe Magazine. She states that children are sent to detention because their parents won't bail them out or because they are arsonists or because they hit their caretaker or bang their heads against the walls.<sup>55</sup> Some of them are pregnant. Some are addicted to drugs or alcohol or guilty of theft, vandalism, prostitution, or are chronic runaways. Sometimes a softhearted probation officer tells a judge that a rebellious, neglected child would be better off in a locked or unlocked treatment program than at home that is because there aren't places in those programs at the moment, so the child should be kept in detention.

Dan Collins (1979) describes a detention facility in the State of Connecticut in the September 26, 1979 issue of the New Haven Advocate. He describes, "A 12 year old girl is issued detention clothing -- a T-shirt and jeans. She is locked up in an eight by ten foot cinder block cell without windows or sanitary facilities. The cell contains a raised cot and the door that closes behind her is made of steel. Doing time is boring and the major event of the day is cigarette time when the guards hand out butts to the inmates -- even if you don't smoke you



grab a cigarette. Her cell is really a 'room' and the guards are 'counselors'."<sup>56</sup> The jail is a juvenile detention facility.

It would be unfair to say that all facilities are like the detention center described above. However, research on detention centers has shown that most juveniles that occupy these facilities are misplaced. "Deinstitutionalization, proposed as an alternative to the inappropriate placement of children in institutional settings, refers to specific efforts to keep or get children out of institutions, and to enable them to remain in less restrictive family and community settings."<sup>57</sup>

### Residential

When some of these institutions were closed down, many states began to contract with private vendors in setting up an alternative form of care. Most states had little knowledge about alternative facilities and funded many programs that lacked experience and competence in the handling of delinquent youth. As a result of many failures and problems in the alternative group home facilities, many states began to shy away from the vendors.

"The states" romance with the group home movement cooled off considerably after the first eighteen months of experience. Tension developed between DYCS and the line personnel over the length of time youngsters should

stay in group homes. Originally, DCYS set three to four months as the period within which the child should be reintegrated into the community. In addition to the obvious budgetary conditions, the states believed that longer stays would create dependency which would interfere with reintegration."<sup>58</sup>

Despite these difficulties, group homes are still a valuable alternative to states and continue to serve as feasible resources for the community. The group home facilities vary in form. Goldenberg (1971) groups them into four categories:

1. Traditional Group Homes -- provide services for youths who are in need of a structured environment.
2. Therapeutically Oriented Homes -- provide individual, family and group treatment.
3. Modified Concept Houses -- designed for youths who have a pattern of drug or alcohol use requiring strong confrontation.
4. Residential Schools -- basically boarding schools set up in a cottage-style facility.<sup>59</sup>

#### Non-Residential

In the beginning non-residential care was a service that worked with youth while they lived at home. It was

not a viable alternative but a type of aftercare program. It became evident that this type of care was effective in working with the youth.

Goldenberg (1971) supports the idea that the non-residential program has many advantages:

1. It supports the idea of working with a child in his own community rather than therapy and custody.
2. It manipulates the environment for the benefit of the youngster and generally provides structure, supervision and sanctions for the child's behavior within his own community setting.
3. It emphasizes job placement, remedial educational skills, family counseling and advocacy.
4. It is relatively low cost, stigma-free and, in many ways, is more effective than other forms of care for children who have viable home situations.<sup>60</sup>

Although there is apparent success in non-residential care, there are many dilemmas and concerns involved.

"First, placing the child in his own community directly after a court decision to commit him brings a public outcry. Any new offenses, particularly within the first month of treatment, angers the courts and police and lead to charges that the Department of Children Services is, in fact, failing to provide treatment for youths committed

to their care. Second, advocacy for the youth in the community places new demands on institutions such as the schools and social and health agencies, which also generally prefer to have such disruptive young people removed from their purview."<sup>61</sup>

Alternative Approach: (Connecticut Group Homes)

Courts and probation authorities throughout the State of Connecticut generally favored the development of a trend towards group home care to replace detention centers for the adjudicated delinquents.

Although the smaller group homes can be one possible solution to alternative services for the delinquent youth, one must be careful in not duplicating the attitudes and policies of the larger institutions. Taking the latter into account, it is the contention of many juvenile justice professionals that smaller group homes provide these youngsters with skills and techniques (i.e., vocational and educational skills, family counseling, peer counseling, self-awareness, etc.,) that enable them to mainstream themselves into this complicated society.

The research provided by the University of Iowa reveals that "while removal from the community may appear to be the solution, the record shows that most juvenile



and adults will return and that upon return their behavior will be no better."<sup>62</sup>

There are plenty of legislative acts, literature, professional outcries and community-based group home centers that encourage change in the treatment of children. Not only must the physical concept of the institutions change, but the attitude of our adult society towards children must also change. To deinstitutionalize status offenders and to close down large institutions may serve only as a well intended primordium. It should be borne in mind that this may simply impact the overriding problems that exist among other delinquent youths. This problem is best summed up by Foucault (1970):

To tear down a structure because it is counter-productive is not to guarantee change at all. If a system is torn down but the rationale that produced it is left standing, then that rationale will simply produce another system, a similar structure.<sup>63</sup>

As more research projects take place, the need for alternative approaches becomes more conspicuous. "All lines of thinking have led to increasing experimentation with the community-based alternatives to incarceration. These have consisted of new approaches to traditional probation and parole, intensive intervention projects, and both residential and non-residential community centers and homes."<sup>64</sup> The research done by Keller and Alper has provoked increased interest in group homes across the country.

California and Oregon have established group homes throughout the states. The most notable expansion is found, however, in the midwest, chiefly in Wisconsin, Minnesota, Ohio and Michigan.<sup>65</sup>

The search conducted by the National Council on Crime and Delinquency (1974) reports more group homes being in operation than in Alabama, Florida, Georgia, Illinois, Kentucky, Nebraska, New York and North Dakota. In the same report experimentation with the group home concept in Kansas, Indiana, Texas, Massachusetts, Virginia and New Mexico has been fully documented.<sup>66</sup>

Footnotes

<sup>1</sup>Brenda G. Griffin and Charles T. Griffin, Juvenile Delinquency in Perspective, (New York: Harper and Row, 1978), pp. 1-42.

<sup>2</sup>Lamar Empey, American Delinquency: Its Meaning and Construction, (Homewood, Illinois: Dorsey Press, 1978), p. 26.

<sup>3</sup>Ibid., p. 26.

<sup>4</sup>Ibid., p. 26.

<sup>5</sup>Gary N. Holten and Melvin E. Jones, The System of Criminal Justice, (Boston, Massachusetts: Little, Brown and Company, 1978), p. 388.

<sup>6</sup>Ibid., p. 389.

<sup>7</sup>Ibid., p. 390.

<sup>8</sup>Ibid., p. 390.

<sup>9</sup>Connecticut Juvenile Court, (Hartford, Connecticut: 1979), p. s-2.

<sup>10</sup>Ibid., p. s-2.

<sup>11</sup>Ibid., p. s-2.

<sup>12</sup>Ibid., p. s-3.

<sup>13</sup>Ibid., p. s-3.

<sup>14</sup>Ibid., p. s-4.

<sup>15</sup>Ibid., p. s-5.

<sup>16</sup>Walter Hartinger, Edward Eldefonso, and Alan Coffey, Corrections: A Component of the Criminal Justice System, (Pacific Palisades, California: Goodyear Publishing Company, Inc., 1973), p. 88.

<sup>17</sup>Ibid., p. 88.

<sup>18</sup>Ibid., p. 89.

<sup>19</sup>Ibid., p. 89.

<sup>20</sup>Ibid., p. 89.

<sup>21</sup>Ibid., p. 205.

<sup>22</sup>Ibid., p. 205.

<sup>23</sup>Gary N. Holten and Melvin E. Jones, The System of Criminal Justice, (Boston, Massachusetts: Little, and Company, 1978), p. 406.

<sup>24</sup>Walter Hartinger, Edward Eldefonso, and Alan Coffey, Correction: A Component of the Criminal Justice System, (Palisades, California: Goodyear Publishing Company, Inc., 1973), p. 206.

<sup>25</sup>Ibid., p. 228.

<sup>26</sup>Gary N. Holten and Melvin E. Jones, The System of Criminal Justice, (Boston, Massachusetts: Little, Brown and Company, Inc., 1978), p. 406.

<sup>27</sup>Yitzhak Bakal, Closing Correctional Institutions, (Boston, Massachusetts: Lexington Books, 1973), p. xiii.

<sup>28</sup>Ibid., p. xiii.

<sup>29</sup>Connecticut Planning Committee on Criminal Administration, Group Homes in Connecticut: Guide for Future Development and Operation, (Connecticut: National Council on Crime and Delinquency, 1974), p. 1.1.

<sup>30</sup>Milton Burdman, Realism in Community-Based Correctional Services, Annals of the American Academy of Political and Social Science, (January, 1969), p. 73.

<sup>31</sup>Ibid., p. 73.

<sup>32</sup>President's Commission on Law Enforcement and Administration of Justice, The Challenge of Crime in a Free Society, (Washington, D.C.: U.S. Government Printing Office, 1967), p. 159.

<sup>33</sup>Robert Wagner, The System Listen, But Does Not Hear, Criminology, Vol. 15, No. 4, (February, 1978), p. 432.



<sup>34</sup>Ibid., p. 433.

<sup>35</sup>Ibid., p. 433.

<sup>36</sup>Robert Martinson, The Paradox of Prison Reform: The Dangerous Myth, The New Republic, (April 1, 1972), p. 25.

<sup>37</sup>Ibid., p. 25.

<sup>38</sup>Ibid., p. 26.

<sup>39</sup>David Nelson, Case Study of 300 Children Released From an Institution to School Programs, (Connecticut: John Jay College of Criminal Justice, 1974), p. 10.

<sup>40</sup>Nora Klapmuts, Community Alternative to Prison, Crime and Delinquency, Literature 5:2, (June, 1973), pp. 305-337.

<sup>41</sup>Legislative Program Review and Investigation Committee, Juvenile Justice in Connecticut, (Connecticut General Assembly, January, 1978), p. 44.

<sup>42</sup>Ibid., p. 44.

<sup>43</sup>Robert Wagner, The System Listens, But Does Not Hear, Criminology, Vol, 15, No. 4 (1978), p. 433.

<sup>44</sup>Jane Knitzer and Mary L. Allen, Children Without Homes, (Washington, D.C.: Children Defense Funds, 1978), p. 46.

<sup>45</sup>Patrick Tamilia, Toward a More Credible Juvenile Justice System in the United States, Juvenile Justice, (Imay, 1976), p. 6.

<sup>46</sup>Ibid., p. 6.

<sup>47</sup>Ibid., p. 6.

<sup>48</sup>Jane Knitzer and Mary L. Allen, Children Without Homes, (Washington, D.C.: Children Defense Funds, 1978), p. 46.

<sup>49</sup>Ira Goldenberg, Build Me a Mountain: Youth, Poverty and the Creation of New Settings, (Cambridge, Massachusetts: MIT Press, 1971), p. 43.

<sup>50</sup>Yitzhak Bakal and Howard W. Polsky, Reforming Corrections for Juvenile Offenders, (Lexington, Massachusetts: Lexington Books, 1979), p. 62.

<sup>51</sup>Ira Goldenberg, Build Me a Mountain: Youth, Poverty and the Creation of New Settings, (Cambridge, Massachusetts: MIT press, 1971), p. 44.

<sup>52</sup>Yitzhak Bakal and Howard Wl Polsky, Reforming Corrections for Juvenile Offenders, (Lexington, Massachusetts: Lexington Books, 1979), p. 62.

<sup>53</sup>Ira Goldenberg, Build Me a Mountain: Youth, Poverty and the Creation of New Settings, (Cambridge, Massachusetts: MIT Press, 1971), p. 46.

<sup>54</sup>Gary N. Holten and Melvin E. Jones, The System of Criminal Justice, (Boston, Massachusetts: Little, Brown and Company, 1978), p. 406.

<sup>55</sup>Christina Robb, Looking Up Children, Massachusetts Juvenile Detention System, Boston Globe Magazine, (October 26, 1980), pp. 1-20.

<sup>56</sup>Don Collins, Juvenile Injustice, (New Haven Advocate, Vol. No. 6 (September 26, 1979), pp. 1-6.

<sup>57</sup>Jane Knitzer and Mary L. Allen, Children Without Homes (Washington, D.C.: Children Defense Funds, 1978), p. 46.

<sup>58</sup>Yitzhak Bakal and Howard W. Polsky, Reforming Corrections for Juvenile Offenders, (Lexington, Massachusetts: Lexington Books, 1979), p. 62.

<sup>59</sup>Ira Goldenberg, Build Me a Mountain: Youth, Poverty and the Creation of New Settings, (Cambridge, Massachusetts: MIT Press, 1971), p. 50-60.

<sup>60</sup>Ibid, p. 50-60.

<sup>61</sup>Yitzhak Bakal and Howard W. Polsky, Reforming Corrections for Juvenile Offenders, (Lexington, Massachusetts: Lexington Books, 1979), p. 62.

<sup>62</sup>Iowa Urban Community Research Center, Assessing the Relationship of Adult Criminal Careers to Juvenile Careers, (Iowa: University of Iowa, 1981), p. iv.

<sup>63</sup>Michael Foucault, The Order of Things: An Archaeology of the Human Science, (London: Tavistock Publications, 1970), p. ix-xxiv.

<sup>64</sup>Nora Klamputs, Community Alternative to Prison, Crime and Delinquency Literature, 5:2 (Connecticut, June 1973), p. 315.

<sup>65</sup>Oliver J. Keller and Benedict S. Alper, Halfway Houses: Community-Centered Correction and Treatment, (Lexington, Massachusetts: D.C. Health, 1970), p. 81.

<sup>66</sup>National Council of Crime and Delinquency (NCCD), Standards and Guides for Detention of Children and Youth, (New York: NCCD, 1961), p. xxi.

## C H A P T E R    I I I

### METHODOLOGY AND PROCEDURES

This chapter will present the research methods and procedures employed in writing this case study. The primary method used by the investigator is that of a participant-observer. Throughout the analysis, the investigator will attempt to utilize the works of many authors and colleagues. A segment of these writings will be discussed from personal observations, others will provide theoretical insight and some utilization of empirical investigations. The most common factor will be their approaches in the acquisition of knowledge. It should be expressed that most of these authors will be influenced by the social sciences and a rational set of rules for how one goes about obtaining knowledge. The investigator will begin this study by describing the concept, the development factor and its present operating status.

The investigator's participation within the program has varied from the start to the present. The role of the author has changed from that of a consultant, Deputy Director, and Director to Clinical Consultant. This involvement consisted of long range as well as day to day



decision making process, overseeing the program operation, the evaluation, the training, and the progress of the organization.

This is not to say, however, that this analysis is based solely on experiential data. The knowledge and understanding of the theoretical material described in Chapter III was necessary for the understanding and performing the tasks required in the position of consultant and thus it provides the basis for the theoretical framework of this study.

In addition to the literature and active participation, a number of other sources will be utilized. The cumulative documentation used for reporting purposes, refunding, minutes of meetings, client progress notes and news articles will also be used for demonstration.

The purpose of this chapter is to provide some basic insight into the philosophy of science and the scientific method, and how that philosophy impacts the development of the methodology and procedures that are incorporated in this study. One finds a general theme presented in viewing the philosophy of science.

As noted by Hilton (1981) the rational approach of scientific analysis isn't necessarily the only way to acquire knowledge. However, an attempt will be made to

show both the strength and weaknesses of using the participant observation methodology.<sup>1</sup>

### Definition of Methodology

Since the investigator will be using qualitative method of participant observation in this study, it seems appropriate to define the method used.

Bogan and Taylor (1949) refer to the qualitative method as research procedures which preclude descriptive data, i.e., people's own written or spoken words and observable behavior.<sup>2</sup> They add that participant observation is the kind of research that is characterized by a period of intense social interaction between the researcher and the subjects in the milieu of the latter. During this period, data are unobtrusively and systematically collected. Filstead (1970) refers to these research strategies, as in-depth interviewing. This involves total participation of the researcher in the activity allowing him to obtain first-hand knowledge about the empirical social world in question.<sup>3</sup> Qualitative methodology allows the researcher to get close to the data; thereby, paving the way for the development of analytical, and conceptual components of explanation on the basis of the data rather than invoking the preconceived, rigidly structured and highly quantified techniques that

pigeonhole the empirical social world into the operational definitions construed arbitrarily by the researcher. Although these definitions fit within the framework of this research, the qualitative, participant observation technique is not without its critics.

As Cohen and Manion (1980) point out, the criticism is often decried as subjective, biased, impressionistic, idiosyncratic and lacking in the precise quantifiable measures that are the hallmarks of survey research and experimentation.<sup>4</sup> The question is raised about the added usage of the participant observation methodology as to whether the study is more of an autobiography than a social biography. No definite statement can be made to this question. However, it can be anticipated to some extent in the analysis.

The investigator recognizes the limitation of this research ensuing from the roles in which he participated, the recurrent actions of individuals, the limits of the organization and the responsibility of the agency for the behaviors of its staff and residents.

#### Design of the Study

In order to present an objective perspective in the analysis of the theme, the investigator will use several frameworks for gathering and analysing the data. Besides

an extensive search for literature dealing with the subject outlined in Chapter II, and an on-going discussion with consultants, professionals, and colleagues in the field of social science, other pertinent data-gathering procedures will be used; i.e.,

- A. Investigative documents and reports written by the parent agency--the Trianing Research Institute for Residential Youth Center.
- B. Investigative Documents and Reports written by the Internal Staff of the Boys Residential Youth Center.
- C. Internal reports and documents written by the investigator of this analysis. This data include: the agency's research and annual reports and proposals for evaluation and funding.
- D. Newspaper articles and editorials covering its commencement in 1966 to the end of its actual existence in 1971.
- E. Observations made by the investigator. All of the positions held by the investigator allowed him to collect data and take notes through various means: administering and managing the activities of the project, participating in meetings and workshops, consultation with staff in the course of training and clinical consultation with the residents.



F. A questionnaire was used as a data collection instrument. The questionnaire was pre-tested to identify any subtle factors influencing the study and to delete any irrelevant information. Questions were designed to acquire knowledge about the participants' general characteristics, attitudes, perceptions, living situations and support received from various agencies and organizations; and to capture the effectiveness and feelings of all who participated and experienced residential youth centers, particularly the one in New Haven, Connecticut. This study focuses on the residential youth center that is operated by the Training Research Institute for Residential Youth Centers (TRI-RYC). The characteristics of the people who were eligible for participation in this study consisted of five selected groups of individuals. These individuals were labeled: Residents (who presently live at the two existing RYC's operated by the TRI-RYC organization); Former Residents (those residents that participated in the model RYC program which is described in Chapter IV of this study); Staff and Administrators (who are presently working at the two RYC's that is operated by TRI-RYC); and

Policy Makers (from the State of Connecticut  
Department of Children and Youth Services.

By acting as a director and eventually consultant, the investigator was privy to inside information. Historically, the investigator began working with the Residential Youth Center in 1966 as a consultant and began to provide counseling and judo instruction to the residents. In early December of 1968, the investigator was appointed Deputy Director and three weeks later assumed the position of Director. This position was held until the funding ended in 1971. The program from that point took on a new format in its operational design due to the change in funding sources. The investigator then took on a new role as consultant to staff and provided counseling to the clients. Thus, the investigator was still in a key position to gather information.

With these combinations of the various methods involved in this analysis, it is hoped that the final product is useful to those who have an investment in an alternative approach to the deinstitutionalization of juvenile delinquents other than incarceration and other useless and destructive ways of detaining youth.

### Limitation of the Study

Several methodology limitations are apparent in this research. Recognition of these limitations is very important to the reader in the utilization of the data given and for providing a frame of reference and a guide in evaluating the content and the quality of the research. This section will underscore these limitations.

A major limitation was the small number of residents interviewed who were currently residing at the residential youth center. The investigator labeled this population "Present Resident" in the questionnaire. It was the intention of the interviewer to sample twenty out of the twenty-four resident population. Many refused to be interviewed and stated that they were tired of being interviewed so frequently by college students, the State Department of Children and Youth Services, and local social service agencies. As a result, the investigator was only able to interview ten residents.

Tracing former residents was a very difficult task because there were no records of their whereabouts after leaving the RYC. Some had lived at RYC sixteen to nineteen years before and had relocated. Those who were interviewed, were found by chance--on a street, at the YMCA, the grocery store, or at local community agencies. The

researcher decided to interview at least twenty former residents, but only six were actually interviewed. However, the data collected from this group proved to be interesting and useful to this case study.

Another limitation that confronted the investigator was the non-cooperation of staff and administrators now residing at the two existing residential youth centers operated by TRI-RYC. They viewed the investigator competent in the field of residential youth centers and juvenile care, and were very reluctant to be interviewed or provide accurate information in fear of what might be disclosed. Only through constant reassurance by the investigator these fears were allayed. The total number of this population interviewed was ten and these interviewees were subjected to research on the basis of their consent.

The primary limitation confronted by the investigator was the inability to track down the whereabouts of most of the former staff and administrators who had relocated leaving no forwarding addresses. Contact was made with a few, but the data collected was so limited that the investigator was unable to use it in this study.

The final group interviewed were policy makers who were the only group with whom face-to-face interviews were not conducted. This was not possible because this



group resided in the Greater Hartford (Connecticut) area. Questionnaires were mailed to twenty-five state personnel at various levels. These people were directly involved in policy making for residential youth centers. The interviewer wanted at least ten respondents from this group but only four questionnaires were received, and only after sending out a follow-up questionnaire.

The investigator analyzed data collected from the combined group of thirty individuals. In the analysis of the data collected, the investigator used only the raw data in comparing the responses for each category and group, thus putting a limitation on this segment of the research.

This study was also limited in that it applied only to the population of deinstitutionalized youths and other youths living in the State of Connecticut, particularly the New Haven area. Therefore, nothing can be said or inferred about the opinions of deinstitutionalized youth and other youth in other parts of the country. The investigator also found it very difficult to procure information on other group homes because of the confidentiality laws and regulations relating to the release of information of client records. Therefore, the investigator was limited to the group homes in New Haven, Connecticut where he had been employed and

maintained a close working relationship with the staff and the youth.

In an attempt to present a historical overview of the deinstitutionalization of the juvenile justice system and to demonstrate the group home concept as an alternative facility, I have reported facts and statistical data on the nature of deinstitutionalized institutions for delinquent youth. I have presented certain views and theoretical approaches of some professionals in the field of criminal and juvenile justice to establish that juvenile justice system as a rehabilitative entity is inadequate, dysfunctional and/or ineffective. The many problems facing the national correctional system and its impact on various U.S. communities have also been addressed. In addition, the major legislative efforts to change the treatment of juvenile offenders have been researched and discussed. Lastly, the Juvenile Justice and Delinquency Act of 1974, which provided guidelines for deinstitutionalization and decentralization of present state facilities, has been reviewed and analyzed for its impact.

According to the Senate Judiciary Committee in its presentation of the (1974) Act:

This nation has reached a turning point in the way we handle children in trouble. It is imperative that this nation devote its resources and talents to resolving the legal and social issues involved in the prevention and control of delinquency.

We can't continue upon the same paths, locking children up in institutions, often for acts which are not crimes, where the only rehabilitation is brutalization or, at best, alienation.<sup>5</sup>

It has, therefore, been my contention that deinstitutionalization could be the viable alternative solution for the juvenile justice system in its attempt to provide rehabilitation services to our nation's youth. This process will ultimately allow them the opportunity to lead normal, productive lives.

Our current institutionalized youth correctional facilities have historically been categorized as non-productive. Lipsitz (1979) concludes:

There is no clear directive. There is little evidence that our society can in any consistent way on the basis of our present knowledge prevent, treat or control juvenile delinquency. There is a great deal of evidence that what we try to do is frequently more harmful, both for the individual and society, than simply doing nothing at all.<sup>6</sup>

However, Lipsitz (1979) also presents lengthy research on the changing attitudes and philosophies in favor of deinstitutionalization as an alternative system, citing scientific sources supporting its merits.<sup>7</sup>

While I am a strong advocate of deinstitutionalization and decentralization and the Connecticut Group Home model in particular, I stress and share the concern that the procedural process must be closely and seriously monitored so that in our reconstruction, we do not

incorporate--no matter how unintentional--old, existing attitudes and ideals into smaller settings. True, the Delinquency Act of 1974 opened new vistas for community-based correction, but if there is going to be responsible programming, it is imperative that the community play an active role in its planning and implementation. Without this common commitment, all delinquency programs are doomed to failure.

Perhaps, the Iowa Urban Community Research Center summarized it best by stating:

The ultimate question is not one of how to more expeditiously remove miscreants from the community but how to integrate them into the larger social system so that their talents will be employed in socially constructive ways. This should be our major concern for if it is not, the cost will become increasingly higher, postponed only to future generations.<sup>8</sup>

We as a nation must learn to learn from our past history and past mistakes. We must begin to ask ourselves many "whys?" Why, in spite of the countless billions of dollars spent on juvenile correctional system, does available statistics attest to its inadequacy in rehabilitating the youth? Why, in spite of our new awareness through continuous research and observation, does juvenile delinquency escalate alarmingly each year with recidivism increasingly high? Why, in spite of the current trend towards deinstitutionalization and



decentralization in the juvenile justice system, do our corrections systems continue their present ineffective practices and why does the crime rate continue to rise?<sup>9</sup>

Footnotes

<sup>1</sup>Raymond L. Hilton, An Organizational Analysis of An Adolescent Substance Abuse Treatment Program a Case History, (Ed.D. Dissertation, University of Massachusetts at Amherst 1981), p. 76.

<sup>2</sup>Robert Bogdan and Stephen J. Taylor, Introduction to Qualitative Methods, (New York: John Wiley 1975), p. 65.

<sup>3</sup>William Filstead, Qualitative Methodology First Hand Involvement With the Social World, (Chicago: Markham Publishing Company 1970), pp. 305-327.

<sup>4</sup>Louis Cohen and Lawrence Manion, Research Methods in Education, (London: Croom Helm 1980), p. 42.

<sup>5</sup>United States Department of Justice, Juvenile Justice and Delinquency Act of 1974, United States Code Annotated, (St. Paul, Minnesota: West Publishing Company, 18:5031, 1985), p. 328.

<sup>6</sup>Joan Lipsitz, Growing Up Forgotten, (Lexington, Massachusetts: Lexington Books, 1979), p. 204.

<sup>7</sup>Ibid., pp. 183-204.

<sup>8</sup>Iowa Urban Community Research Center, Assessing the Relationship of Adult Criminal Careers to Juvenile Careers (Iowa: University of Iowa 1981), p. iv.

<sup>9</sup>Joan Lipsitz, Growing Up Forgotten (Lexington, Massachusetts, Lexington Books, 1979), p. 204.

## C H A P T E R I V

### ANALYSIS OF THE ORGANIZATION

The Residential Youth Center (RYC) was a "home for boys" funded by the U.S. Department of Labor, Office of Manpower, Policy, Evaluation, and Research (OMPER) as an experimental and demonstration project. As a model of both service and organizational philosophy, the Residential Youth Center was composed of a conglomerate of different but related variables. Critical events throughout the history of the organization and client composition and demands, staffing, community involvement, political concepts and pressures and funding were all instrumental in molding the structure of the Residential Youth Center.

It was the combination of these variables that ultimately gave definition to this model, and eventually distinguished it from other programming and residential designs of that period.

#### Description of Findings

In 1966, upon a review of existing residential facilities in the form of support services to manpower training programs, the Residential Youth Center for Boys was

established in New Haven, Connecticut. The New Haven RYC was different from other centers, and was developed as a community-based, professionally and indigenously staffed facility, using a cooperative planning model. The goal was to provide services to young adult males between the ages of 16 to 21 years, eleven months old who were having difficulty with family, school, job and society and were creating enormous problems within the community.

#### Non-Traditional Setting

The Residential Youth Center as a community-based facility, unlike other residential programs, consciously sought to avoid the creation or duplication of a setting with institutional overtones. This was achieved in a variety of ways. The choice of the right size and architectural design of the physical structure was of utmost importance. The structure had to reflect the rest of the home in the community and blend in with other homes. The interior was developed to provide a sense of pride in the boys living therein and participating in the program. The wall-to-wall carpeting in the hallways and living room created a home-like atmosphere. Each bedroom had its own lock and key assuring privacy and residents participated in developing house rules, regulations and activities. Openness and accessibility were encouraged. Visiting was not



confined to specific hours and the use of the facility was permitted by any group in the surrounding community. There were no signs on the structure to indicate that the facility was different from any other house in the community or that the people living there were any different.

#### Service Extended to Both Resident and Family

The Residential Youth Center was predicated on the assumption that as a support facility, its service would be most effective if it could involve the whole person. It was a holistic approach to treatment taking into account every possible influence on an individual's life. Such influences ranged from religion, spirituality, culture, family, past and present community neighborhoods, to schools, race, etc. Therefore, the design of the services purported to assist and/or rehabilitate both resident and family in the context of their community.

The RYC was located within the inner-city and was within walking distance or public transportation to all other resources.

#### Coordination of Support Within Vocational Training

One of the original goals of the Residential Youth Center was to develop and facilitate the vocational and personal development of the residents. If a resident was

determined not to attend school, every effort would be made to prepare him for full-time employment in a skilled vocation of his choice. The staff of the RYC developed an effective relationship with manpower vocational training programs and private and public organizations within the community.

As the RYC program progressed, residents began to gain interest in returning to or continuing school. The staff encouraged and supported these efforts as strongly as they did for vocational training.

### Staff Composition

#### Non-Degreed Person as Staff Members

The use of non-degreed individuals was the key variable in staff composition. It was my impression that the nature of one's formal background or training was partially important to the complex kinds of human services the Center wanted to provide. Non-degreed staff members as we experienced, then were committed to this kind of work, familiar with the target population, and proved to be relatively successful clinicians at the Center.

Non-credentialed staff were designated as people who had no formal training or academic background in areas (psychology, sociology, social work) generally acknowledged to be of importance in preparing people to deal effectively

with troubled individuals. While some had previous work experience in related types of employment, many had occupational backgrounds far removed from residential youth center work. Their previous job experience included occupations such as cab driver, sheet metal worker, photographer, Peace Corp worker, basketball coach, etc.

#### Indigenous Persons as Staff Members

A second and closely related variable in staff composition was the use of indigenous people. Some individuals had academic degrees, others were not credentialed. They almost always came from the immediate community. As community persons, these individuals knew the inner-city neighborhoods; the people, the streets, the hangouts, the pushers, and most of all the youngsters in the community. Having grown up in New Haven, their experience and background often were similar to the residents at the center. They were trained to provide the clinical services of the agency, but often many elevated themselves into administrative positions. In fact, lacking academic credentials, they substituted their indigenous experience in the New Haven Community to bring about remarkable success to the Residential Youth Center.

### Credentialed Persons as Staff Members

Although the RYC staff was basically composed of non-degreed individuals, the experience of the RYC proved the need for certain academically credentialed personnel. The credentialed personnel gave the program the qualifications needed to obtain funding and the professionalism necessary for cooperative networking with state and city agencies.

### Selection of Staff

The selection of staff for the Residential Youth Center was carried out through a process of what might be called "clinical" rather than empirical observations. No test of any kind (i.e., aptitude, value profile, or intelligence) was given to any of the candidates. Anyone wanting to work at the RYC was interviewed by the program staff. The interview started with the explanation of the program to the candidate, eliciting his reactions and discussing the problems and uncertainties of the program with him. The center wanted people who were not only committed and dedicated to working with the poor, but both willing to experiment with a variety of different helping techniques (knowing well that none of them offered any guarantee of effectiveness) and "ready" to face the inevitable society that such a venture would be productive.



The development of the RYC, especially with respect to the selection of staff, was predicated on the question: whether or not the nature of one's experiential background or training was important for the complex kinds of human services that were needed.<sup>1</sup> It was commonly agreed that in order to undertake the venture one had to assume that people wanted to learn, were capable of change, and could discharge the full range of clinical responsibilities. In view of this, staffing the RYC had more to do with getting certain kinds of people than with getting certain kinds of credentials. Consequently, the basic criteria utilized in selecting the staff for the RYC had to do with: a) the amount of observable or inferrable commitment and involvement that a candidate indicated towards the work and b) the extent and kind of experience that individual had in working with members of the target population.

#### Staff Roles and Responsibilities

There were a number of titled staff positions at the RYC. They included Director, Deputy Director, RYC Worker, Live-in Worker, Cook-Worker, Secretary and House Mother. The functions differed rather in scope than in nature. All staff members had both clinical responsibilities and individual programs.

Although every staff member (with the exception of the Secretary) carried a clinical caseload, the size of the caseload varied from individual to individual depending on a staff member's other administrative and individual programming responsibilities. For example, the Director carried no more than two cases because of his responsibility for coordinating the in-service training, research and general administration of the program; whereas, the RYC Workers carried as many as six cases. The size of an individual's caseload was dependent upon his programming and administrative responsibilities, in addition to the length of time that was available to him to work closely with the resident and his family. The Live-in Workers, for example, only maintained a caseload of one since their working schedule did not begin until early evening. Even the Cook maintained a caseload of one. Goldenberg concluded that the type of organizational structure provides each staff with the responsibility of experiencing and sharing the administrative load of the center as well as the clinical services program in hope that learning would take place between each other.<sup>2</sup>

Lipsitz summarized it best in suggesting that most residential youth centers are predicated on the belief that unless the recipients of services are contributing to the development of the setting,<sup>3</sup> the tendency will be one

in which the center would be viewed and experienced as a uni-directional "handout." Consequently, participation by residents in the RYC was voluntary. Residents were encouraged to set their own goals, with the expectation that each individual would contribute financially (without outside help, i.e., parents, state welfare, etc.) to the operation of the center. Therefore, all residents had to pay rent, share in janitorial responsibilities, clean their rooms daily, and cook a monthly meal (with guidance from staff). These activities not only defrayed the cost of operating the center, but also gave the resident responsibility for his own living conditions. If a resident did not do his house tasks he had to pay for his meal. At the time many looked at this in a negative way, but after a short period of time, they came to realize that you must "earn your keep," and it was cheaper to do house chores than to pay outright for your meals.

Every resident had to be employed, regardless of the hours of completed work or income, and had to contribute thirty-three percent of his weekly income (not to exceed fifteen dollars) to the Center. This forced him to be responsible for himself and gave him experience in money management preparing him for responsible functioning in society when he left the program. Residents were also required to take care of their clothing and toiletries.

### High-Risk Youth

RYC residents came from varied backgrounds. In most cases many of them were from broken homes and lived primarily with their mothers. Many were members of families with four or more siblings and usually supported by state welfare. The residents most likely spent time in a juvenile institution and/or at the time was somehow involved with the law. A large percentage (90%) of the residents had dropped out of school and were unemployed or under-employed. The average age ranged from sixteen to nineteen years and were usually from the New Haven area.

Goldenberg reported that RYC was viewed as an important support service to those youths who had been labeled "hard-core delinquent youths" or "chronical disadvantaged."<sup>4</sup> The Boy's Residential Youth Center's Final Report (1969) describes that residents as well as the youth population serviced outside of the RYC, were individuals who ranged in age from fourteen to twenty years with a long history of disappointments and failures -- personally, educationally, socially and in the job market.<sup>5</sup> They also had extensive prior involvement with law enforcement, mental health and social service agencies.



### Criteria for Residency

The RYC was funded to provide services to inner-city youth and families that fell into the so-called "hard-core" classification. The Center accepted those individuals who had the greatest number of problems and the longest history of social, vocational, educational, and personal failures. In some cases these youth were labeled by agencies such as the State Welfare Department, mental health agencies, local schools and city community action programs "incorrigible." Again, most of these residents were school drop-outs and unemployed at the time of entry into the RYC. Some of the residents were on the threshold of success but bad home situations caused them to become frustrated and lose their motivation to continue in a positive direction. There was always one or two emergency spaces available for any youngster who needed a short-term stay at the center. These emergency cases often resulted from family arguments which, for a day or two, left the youth estranged from his home.

Residents had to be sixteen years old and not older than twenty-one years and eleven months to reside at the RYC. This regulation allowed all residents the opportunity to seek gainful employment, ranging from a full-time job in industry, labor or business, part-time work after school in work-study programs to job training programs offered by the Neighborhood Youth Corps (NYC), or the Manpower,

Development and Training Act (MDTA). In legal terms, this age bracket marked the period in which residents graduated from juvenile to adult status in the eyes of the law.

Multi-problem youth living in inner-city New Haven comprised RYC's target population and were given preference for residency. This geographical priority not only served the needs of the youth in New Haven, but also enabled the staff to work more closely with the families.

The youth outside the New Haven area were considered for admittance depending upon the need and number of openings in the center at that time. The center did not accept anyone who was being forced into the program. This attitude served to reinforce the self-help aspect of the program as well as its non-institutionalized type of setting.

#### Referral Sources

Anyone could refer a youngster to the Residential Youth Center, including the youth himself. When the center started functioning, it was hoped that referrals would come from diverse sources, such as social, vocational, and educational agencies and the New Haven community. While the sources of referral changed from the first years, there were a number of components which were involved in the enrollment process at the RYC.

Community Progress, Incorporated (CPI), New Haven's community action program, was the major referral source during the first year of operation. This was an expected development since the RYC was intended to serve as a support service to existing manpower training programs. During the first year nearly eighty percent of the referrals came from CPI. Many of these youngsters were failing in the Neighborhood Youth Corps program.

A second source of referral was penal and legal institutions. This was particularly true of the Cheshire and Meriden State reformatories. At the same time, a number of lawyers and prosecutors in the New Haven courts, as well as police officers on the force as unofficial referral sources.

Community service agencies were the third source of referrals. This area included the Welfare Department, social workers, employment counselors, mental health workers, and community-oriented church and civic groups. These agencies were not limited to the New Haven community. Hartford and Bridgeport, in particular, were active referral agents for the center.

Educational institutions were the fourth source of referral. Both junior and senior high schools in the inner-city assisted in locating potential residents. College Upward Bound Programs were also involved in placing

youngsters at the center. The RYC was used as an educational facility for in-school and out-of-school youngsters and for special programs (mental retardation classes), all which fostered the bond between the educational community and the Residential Youth Center.

#### Trends and Changes in Referral Sources

During the first year of the Residential Youth Center experience, New Haven's community action program was the major referral source. As already stated, the creation of the Center as a support service to the Manpower Training Program made this linkage necessary and expected. Community Progress, Inc. Neighborhood Youth Corps Program had particularly close ties with the Residential Youth Center. CPI as a referral source contributed 77% of the Center's first year enrollment.

| <u>Referral Source for the RYC</u> | <u>1966-67</u> | <u>1968-70</u> |
|------------------------------------|----------------|----------------|
| Community Action Program           | 77%            | 14%            |
| Penal institutions                 | 7%             | 15%            |
| Lawyers, police, courts            | 8%             | 10%            |
| Community Service Agencies         | 7%             | 18%            |
| Educational institutions           | 1%             | 15%            |
| Community itself                   | 2%             | 21%            |
| Others                             | 3%             | 7%             |



By the third year the percentage of referrals by CPI was down to fourteen percent. This was partially the result of a cutback in funds and programs with the CPI realm, particularly in the Neighborhood Youth Corps. This was further reflected in the small number of referrals from CPI-run, neighborhood employment centers. However, this diversity of referral sources (by the third year) was a signal of our success and was a healthy sign for the continued growth of the center. The largest percentage of referrals during the third year came from the community itself.

Penal institutions, community service agencies and educational institutions increased their efforts as referral sources. However, the latter two, at times, were guilty of using the center as a "dumping ground" for boys they did not want or could not serve. When information about residents was distorted or withheld from RYC staff the youngsters involved were the ones who were hurt the most. For example, two drug addicts and one homosexual were referred to the center and the sponsors withheld information concerning their problems. When it was discovered by the RYC these agencies had to immediately refer these individuals to a more suitable agency.

The increase in referrals from educational institutions, from 1% to 15%, indicated that the RYC was a support service to local schools. Further, the Yale Upward Bound Program referred boys to the center, two of whom entered college.

### Staffing Process

Anyone who referred a resident to the center was asked to attend a "staffing". This meeting was with all staff present at the time, and provided an informational forum to discuss the needs and problems of the particular youth. It was hoped that the session would provide sufficient background on the youths so that staff members could decide whether or not he would be suitable for the program. Regardless of the referral source, every referral agent was given thorough explanation of the Residential Youth Center Program and the criteria for its residency. This was particularly helpful in cases where the person doing the referring had limited or no contact with the center. By the end of a meeting staff indicated its reasons for acceptance or rejection to the referral agent. This, however, was a tentative decision which was further evaluated on the backup field work (background) done by a staff member. Even if a youngster was not acceptable to the

center, the RYC staff would act as a referral (and counseling) agency or worked with the youth outside of the center.

### Entry Process

After a youngster was referred to the Residential Youth Center, the entry process commenced. A staff member visited the prospective resident whenever and wherever possible. This included going to the resident's home, to the places he frequented (pool halls, bars, etc.), reformatories and prisons. This allowed the staff to get apprized of the resident's background before the latter entered the RYC. Thus, providing more pertinent knowledge about the youngster. This, in itself, was a secondary screening procedure. It was called "background work."

These visits provided the prospective resident with the opportunity to learn about the RYC program. Since a decision by the youngster to enter the center was unconstrained, he was invited to visit the center and meet the residents and staff. If a resident decided to enter the center, a parent or legal guardian had to sign a consent form. The resident was also asked to acknowledge the house regulations by signing a document which was established by the residents and staff. For the first week of residency the new resident shared a room with the

night staff member. During this period, the new resident, staff and other residents got to know each other. The staff who did the orientation generally assumed the primary responsibility of making the transition an easy one. The entrance questionnaire form stated the goals of the resident and was a tool by which a resident's success could be measured over time. After a week the staff met to discuss about the new resident. At this time a permanent worker would be assigned to him.

Staff members chose caseloads based on one fundamental criterion: the assumption that they could reach the youngster. The staff often debated this issue to reach an accord. In most cases the first week provided sufficient time for the staff to get to know the resident and often times a close relationship would develop during this period.

### Profile of Youth Served at the RYC

#### Home Life

Over a period of five years, more than two thirds of the Residential Youth Center residents came from broken homes.



Marital Status of Parents of RYC Residents

|                              |    |
|------------------------------|----|
| Married to original party    | 52 |
| Separated                    | 34 |
| Divorced (neither remarried) | 20 |
| Father absent                | 46 |
| Divorced mother remarried    | 16 |
| Both remarried once          | 13 |
| Mother deceased              | 5  |
| Father deceased              | 15 |
| Mother and father deceased   | 6  |
| Parents unknown              | 4  |
| Foster home                  | 10 |
| Adopted                      | 5  |

Source of Support

The majority of the residents at the Residential Youth Center were supported by State Welfare before they entered the Center. Research conducted by RYC on self-rating showed that residents who were in State-sponsored environments had a demeaning image of themselves. The absence of a working parent as a role model contributed to this degrading self-image.

|                |    |
|----------------|----|
| Father works   | 51 |
| Mother works   | 26 |
| Relative works | 8  |

|   |    |
|---|----|
| Stepfather works  | 10 |
| Department of Child Welfare (State Ward)                                      | 52 |
| Other Welfare support (Aid to Dependent Children or entire family on welfare) | 66 |
| Social Security   | 4  |
| Other   | 9  |

### Institutional History

In order to further understand the background of Residential Youth Center residents, it was imperative to recognize the institutional experience of the residents. More than two thirds of the boys had spent time in jail and more than half of the residents had spent over eighteen months in other institutions.

### Institutional History and Background

|   |    |
|---|----|
| None  | 79 |
| Centers for emotionally disturbed and retarded children | 30 |
| Multiple residents at such centers                      | 14 |
| Stays in mental hospitals                               | 27 |
| Mental hospital out-patient clinic                      | 5  |
| Junior correctional schools (up to age 16)              | 30 |
| Reformatory (over age 16)                               | 20 |
| Orphanages  | 5  |
| Foster Homes  | 16 |

### Legal Involvement

From the very beginning, a majority of RYC boys had already been apprehended prior to their enrollment in the program. In 1968, for example, thirty-one of the first fifty residents had records of incarceration. The most common offenses were auto theft, breaking and entering, juvenile arrests, and breach of peace. The Boys Residential Youth Center (1969) reported that there were cases of arson, assault with a dangerous weapon, gang fighting, and rape. During the third year, more than one quarter of those with records had been arrested more than once.

### Employment History

Prior to entering the center, fifty-two percent of the residents were unemployed. Sixteen percent had full-time jobs with an average hourly wage of \$1.72. Twelve percent of the residents were working part-time collecting an average wage of \$1.49 per hour. Obstacles such as reformatory or prison, school, Job Corps, or military commitments kept them out of the employment market.

### Geographical Distribution

Although a majority of residents came from within the New Haven community, from 1968 to 1970, the number of residents coming from other areas grew larger.

Number of Residents

|                         |    |
|-------------------------|----|
| New Haven inner-city    | 77 |
| Surrounding communities | 16 |
| Connecticut             | 14 |
| New York City area      | 12 |
| South                   | 31 |
| Far West                | 4  |

Racial Patterns

Prior to September, 1968, the racial breakdown was as follows:

|              |     |
|--------------|-----|
| Black        | 48% |
| White        | 42% |
| Indian       | 6%  |
| Puerto Rican | 4%  |

For the years 1968 to 1970, the following was the distribution of residents at the center:

|              |     |
|--------------|-----|
| Black        | 68% |
| White        | 24% |
| Indian       | 2%  |
| Puerto Rican | 6%  |

Over the five-year period there was increased enrollment of black and white youth. These cycles generally lasted no longer than two months. By design, the center served the inner-city youth regardless of their racial background.



### Criteria for Rejection of the Youth to Enter into RYC

Prospective residents were refused admittance for a number of reasons. In a considerable number of rejection cases, the boy's difficulty was not viewed grave enough to require residence. This was often true with referrals from the New Haven suburbs. In many cases, frustrated parents were tired of their over-indulging children. The center staff, however, always followed up on these cases and assisted the family whenever possible.

Youngsters were refused admittance often because the twenty-bed space was over-subscribed. Therefore, they were placed on a waiting list. During the end of the third year the problem had grown acute. More than one hundred residents were denied admission. The staff attempted to work with some of these youth on the outside and placed others in temporary quarters such as the YMCA.

Hard-core drug addicts and known homosexuals were denied residency. However, each case was reviewed independently.

### Employment and the Residential Youth Center

Employment of the residents was a major thrust of the program. As stated, residents, when entering the program, brought with them past records of work failure. Being

school drop-outs and generally lacking many basic skills, these youngsters faced the world of work with poor (often hostile) attitudes. Securing employment for the resident was the responsibility of the RYC worker. The resident and the RYC worker together planned the type of work as well as the means of locating the job. New residents were provided adequate time to settle in before facing this task. A resident who lost his job for reasons beyond his means was given sufficient time to find another job.

There were three general categories of jobs: full-time, part-time, and job training program. RYC workers were directly responsible for finding the majority of employment situations -- three quarters of which were either skilled or semi-skilled. A number of these jobs were with large industrial firms located in or around the New Haven area. In every case, residents who had jobs prior to their enrollment at the center found employment making at least ten percent more income. Ninety-one percent of the residents were keeping their jobs for more than five months (considerably longer than their pre-Residential Youth Center experience).

There was a number of residents involved in part-time employment. More than twenty percent of RYC residents were in this category, i.e., increased number of residents returning to school or furthering their education. This

large segment of school-oriented youngsters needed part-time employment to maintain residency at the center. Many of these positions were found at high school work-study programs which were devised to coordinate a youngster's academic responsibility with his need for employment. Most of these jobs began immediately after school. Since the jobs paid low salaries and ended with the school year, there was added pressure on the resident and the worker to find a well paying job for the summer.

The impact of job-training problems decreased considerably during RYC's first year. This was particularly true of the training component of the Community Action Program which experienced serious funding cutbacks. With a more rigid admission policy (accepting only sixteen to eighteen year olds), the center's enrollment in this particular training program was not remarkable.

The lowest level of employment usually occurred in late Spring, coinciding with the end of the school year. The percentage of job attendance among employed residents ranged from 70% to 92% during the year.

#### Education and the Residential Youth Center

There was an increasing number of residents continuing their education while living at the RYC. In the first year less than 5% attended school. In the second year, it

was 14% and by the end of the fifth year over 50% were attending school. This represented a significant increase and was very important to the entire RYC program.

The chief reason for increased school enrollment was that the New Haven community developed a more positive outlook towards the education of inner-city youths. Neighborhood and community groups devoted more time and effort to improving the conditions and atmosphere of city school.

The residents at the center became aware of the increasing number of opportunities available to high school graduates, and as a result, with high school diplomas they found jobs in the New Haven area.

Of the last twenty residents enrolled at the RYC, eleven were school drop-outs and all returned to school. Ten residents, or fifty percent of those in school, had been incarcerated for various crimes prior to entering the center. Of the twenty residents, twelve completed the school year and eight dropped-out (six after leaving the center and two while residing at the center).

Total Enrollees in School

|                                 |    |
|---------------------------------|----|
| School enrollees                | 20 |
| Drop-outs (pre-RYC)             | 11 |
| Returnees during RYC experience | 11 |
| Legal involvement               | 10 |
| Completed school year           | 12 |



Drop-outs

|            |   |
|------------|---|
| Post-RYC   | 6 |
| During RYC | 2 |

School Attendance and Length of Residency

There was a direct correlation between length of residency and school performance (Boys Residential Youth Center Final Report 1968). The longer the residency, the more likely the individual would receive high grades and remain in school. Long-term residency greatly increased the likelihood that a drop-out would return to school. When residents were terminated from the center they dropped out of school within three months. Long-term residency due to school involvement made it impossible for the Center to handle the number of admittances it did in the days of fast turnover.

Peer Group Interaction

The increase in the school attendance was partially caused by peer group motivation. Some of the residents were successful students and participated in extra-curricular activities. From time to time, residents at the center would go to athletic events or activities in which the in-school residents participated. The status of the boys who were attending school impressed their peer group

at the center and was a strong impetus for them to return to school.

### The Rent Structure

The rent structure at the center was designed to encourage the residents to go to school. The rate was five dollars a week for those attending school and was required to be paid for a part-time job. For those residents in job training programs the rate was ten dollars a week. The highest rate -- fifteen dollars a week, was paid by those boys with full-time jobs. This system of paying rent was designed to encourage responsibility and to instill life skills in the residents.

### Contacts with College-Educated Individuals

The residents at the center had a number of opportunities to get acquainted with college graduates. Many knew former RYC residents currently attending or planning to attend college. Some had received full scholarships which would not have been possible without the help of RYC staff workers.

### New Service Needs for In-School Residents

There was a number of service needs necessary to those residents who were enrolled in school -- academic tutoring, encouragement to do homework and the development

of good study techniques. For these residents to be ready for further education beyond high school level, scholarship aid was necessary.

### The Tutoring Program

There was a number of tutorial programs operating at the Residential Youth Center during the year. Some of the staff members tutored residents and students from Yale University and Southern Connecticut College volunteered their services. In some individual cases tutoring was quite successful and was more likely to occur when the resident's RYC worker and his tutor worked closely together. Students from Southern Connecticut often failed to establish relationships with the residents. This inability seemed to stem from a lack of confidence and a generally uncreative approach on the part of the students. In a couple of cases students gave up their attempt to tutor; instead they ran an arts and crafts program. While this was met with considerable success, it did little to meet basic academic needs of the residents.

Several female teachers in the New Haven school system were recruited to tutor during the Spring. These women were more sensitive to the needs of the residents than other tutors. Their constructive attitudes were transferred to most of the in-school residents. Once they won the respect of the residents, progress was steady and

noticeable. In a number of cases these off-duty teachers persuaded residents, who had dropped out, to return to school.

The residents seemed to profit by having a more significant number enrolled in school. It allowed the majority who were either employed or in job training programs to renew their interest in education, either formally or informally. Often when school-bound youngsters and employed residents roomed together they shared their experiences. This interaction promoted models for success and encouraged leadership within the residential population.

#### Employment

Eight percent of the residents were working in full-time positions prior to entering the Residential Youth Center. The average pay was forty dollars per week and had non-skilled or seasonal type jobs. The average number of job changes per half year was 4.1 and the average pay for this group ranged from eighty-five to ninety dollars a week. These figures were drawn from a listing of hourly wages. Sixty-eight percent of the jobs were semi-skilled in nature. The average number of job changes per half year was 1.2. There was considerable improvement in employability, pay scales and job stability in the post-RYC resident (Boys Residential Youth Center Final Report 1968).



### Horizontal Structure

The Residential Youth Center was structured as a "horizontal structure" system. This is a system in a setting whose organization would make it possible to combine the positive characteristics of the undermanned behavior setting with the more efficient administrative aspects of other types of organizations without allowing either form of organizational philosophy to dilute individual goals and their collective growth. The concept of horizontality--in the institutionalization of responsibility on levels of parity--reflected the possibility of developing a social structure which could become the servant, rather than the master, of its creators. In its simplest form, the notion of horizontality involved a series of specific organizational and structural innovations aimed at creating the conditions, both clinical and administrative, under which the staff could: a) learn from one another in a situation characterized by reciprocity and mutuality; b) develop a clinical sensitivity and perspective that was both individually and collectively helpful; c) pursue and receive the kind of training that would facilitate the assumption and utilization of personal responsibility; and d) work and live in an atmosphere of interpersonal openness and free communication.

### Clinical Responsibilities

The horizontal structure came to imply different meanings and connotations. On a clinical or service level, it meant that each staff member, regardless of his/her position in the organization or formal "job description", would carry a caseload. Carrying a caseload was defined as assuming the total responsibility for all decisions and interventions involving a resident and his family. It also meant that although the staff, as a whole, would have the right to try to influence the ways in which an individual was thinking and working with a family (staff meetings were utilized, in part, to allow each individual to report regularly on his activities with respect to a given client), that no staff member, regardless of his status in or out of the organization, would presume to make clinical decisions involving another staff member's case. In short, although staff meetings were clearly to be utilized for purposes of influencing the decisions people make, it was left completely to the individual staff member to make the final decision in his/her case. However, a decision on another staff person's caseload could be made by other staff in the event of an emergency or upon the occurrence of an immediacy.

The rationale behind the horizontal sharing of clinical responsibilities was not very intricate. The

justification was that the staff be given the latitude to create the conditions under which each and every staff member would be able to have a direct and intimate appreciation of the problems involved in working with a family. It was assumed that no one would be spared the experience of dealing with a client.

It was hoped that this would enable people to participate in one another's problems, to share and be able to work through the anxiety emanating inevitably from these responsibilities and to view one another as sources of knowledge, help and support. It was also assumed that when people were engaged in activities for which they felt a deep personal commitment, and when these activities involved similar problems and concerns, an atmosphere would be created to help develop a learning situation characterized by openness and mutuality.

The staff made it difficult for people to look at each other and say, "You don't understand my problems. You sit up there and tell me what to do but you don't know what I'm feeling. You haven't been through it yourself." Clinical "horizontal" was designed to put everyone "on the line" in the hope that it would enable people of different backgrounds and experiences to learn from one another in an atmosphere of mutual trust and respect.

In addition to its clinical aspects, the horizontal structure also exemplified a sharing of many specific behaviors and duties usually associated with different jobs. Although, for purposes of funding, it was necessary to define functions in a relatively narrow manner (i.e., director, RYC workers, live-in counselors, deputy director, secretary, cook) and to submit a formal hierarchy of authority. Everyone on staff was expected to learn and be able to function in a variety of different jobs. Thus, for example, everyone was expected to "live-in" (to function as a live-in counselor in order to both relieve the regular live-in staff and be able to experience what life at the RYC was like at 3 o'clock in the morning), to prepare meals during the cook's days off, and to know enough about different jobs to be able to function in the event of an emergency or unforeseen circumstances of force majeure.

The purpose of this "interchangeability" (rather than "replaceability") of roles was to allow each member of the staff to have direct experience of what life would be like in another person's role, and hopefully by doing so, prevent the development of "minor kingdoms" which would only separate and isolate a member of the staff. At the Residential Youth Center, at least structurally, there was to be no such thing as "my job", "my piece of the action", or "my office". It was, in short, a situation in which



the attempt was made to learn how to function as "creative generalists" - as people to whom a variety of tasks would have "clinical" relevance - rather than to encapsulate them into some real or imagined technical speciality.

The sharing of clinical and administrative responsibilities was an essential and integral part of the horizontal process. In addition to this however, it was important that the setting be structured in a way that would allow and encourage an individual to pursue and develop those work-related areas of his life in which he had an abiding and personal interest. This meant, given the appropriate conditions, staff members were all capable of developing their own particular interests and talents in a manner that would not only be fulfilling personally, but would also be exciting and helpful to the residents. Each staff member, in addition to his clinical and administrative duties, was given the opportunity of conceptualizing, developing, and coordinating an evening program. This would be a program growing out of his own interests, training, or experiences that would be available to all RYC residents and their families; and a program for which he would be totally responsible. In theory, the form and content of these programs would only be limited by the range of personal interests represented on staff. The programs that actually emerged (i.e., music, athletics,

carpentry, auto mechanics, remedial education, counseling, resident council, municipal government, self-help, etc.) were directly related to some aspect of the program leader's past experience. It was hoped that the programs would, indeed, attract and involve youngsters residing at the Residential Youth Center even in the evenings and weekends when the residents were not at home and had leisure time.

The development of the horizontal structure was designed to function on the basis of "discussion not autocratic dictation". The staff rather than any single "leader" was included in the making of policy decision through a process predicated upon people's feeling that they were important to the organization and perceiving themselves as having a definite stake in its fate. But, in order for such a situation to exist, it seemed essential that the staff be able to communicate with one another and to decide things from positions of direct experience and in an atmosphere that would facilitate the sharing of ideas.

These elements were the grounds - conceptual and practical - upon which the development of the Residential Youth Center as a horizontal organization was based.

Administratively, the horizontal structure was described as a paradigm to develop mechanisms to inhibit the

growth of an essentially unhelpful and calcifying bureaucracy--the kind of bureaucracy that is founded upon the assumption that there is something inherently elevating about administrative responsibilities. With this in mind, the staff made a particularly important decision early in the life of the RYC. This decision prescribed that the actual administrative functions and duties of the RYC would be taken out of the exclusive hands of the director and deputy director and distributed amongst the staff in terms of individual interests, abilities and past experience. Consequently, problems related to the budget, public relations, the setting up and chairing of meetings, in-service training, inter- and intra-agency affairs, and program coordination were delegated to and made the responsibility of, individual members of the staff. In a manner similar to the one employed with respect to one's clinical functions, each staff member was expected to keep the rest of the staff abreast of his administrative duties. It was hoped that all the staff would be able to learn from each other's duties and gain a fuller understanding of the variety of administrative issues that had to be dealt with in a project. All staff members were novices in the field of administration. No member of the staff had ever directed a program and consequently, the distribution of administrative duties was part of an overall process of both

learning the techniques and methods of management and mastering the criteria on which technical decisions were made by administrators and program developers.

### Clinical Training

Very few members of the staff possessed any formal credentials. They were all, by definition, clinicians. The days and nights at the RYC were replete with human encounters and interactions. The staff working with clients, tried to help a youngster make sense of a conflict-ridden world, or assist his family in their quest for a life of greater dignity and self-sufficiency. Like all clinicians, the effectiveness of the RYC was, in a large part, dependent on the quality of the relationship the workers were able to establish with the residents. And, like all clinicians, the staff could only assume that the more aware they became of their own behavior, the more "tuned in" they were to the ways in which they were "coming on" to each other and the more effective they would be in a critical situation.

In addition, the staff felt that if they succeeded in extricating themselves from the morass of clinical and personality theories, effective clinical performances could be enhanced in the light of the application of a few relatively specific principles. Of these principles, the most important appeared to be:



- A. The Principle of Complexity: That a problem is generally more complex than it seems.
- B. The Principle of Conceptualization: That the manner in which one conceptualizes a problem influences how one tried to deal with it.
- C. The Principle of Intersubjectivity: That is imperative in any clinical interaction to attempt to perceive the world through the eyes of the "other".

Over and above these "principles", however, was the fact that the clinician's own sensitivity--his ability to perceive, interpret and respond to the experiential commonalities that bind people and define the human condition--was the most powerful medium by means of which to cope with the situation. In sensitivity training, the staff recognized that developing the kind of continuous in-service training would sharpen and strengthen their clinical abilities. They learned to deal with the harsh realities of their own limitations and interpersonal problems. They recognized that this training could be helpful to them in their transactions with their clients as well as other people in their own personal lives.

All basic policy and administrative decisions were arrived at through group discussion and dialogue rather than executive dictation. The staff-building was predicated on the assumption that when given the appropriate conditions, individuals learned or re-learned that their desires for personal competence, interpersonal effectiveness and group

cohesiveness were universal in nature and could be achieved through the help and support of their co-workers. But in order for this to occur, it was imperative that the staff opened themselves to each other. Given these goals, sensitivity training was a vehicle that enabled them to discuss the problems and reach decisions in an atmosphere of mutual trust and respect.

The final reason for sensitivity training was its potential use as an instrument for research and as a source of feedback. The sensitivity training sessions provided continual data and information which was used to evaluate what was happening to them and to the organization. It was viewed as a "developmental chronicle" through which could be traced the evolution of the Residential Youth Center and which they could refer to for information on how they arrived at certain decisions.

The sensitivity training procedures developed at the Residential Youth Center were geared to specific needs. Three kinds of sensitivity sessions were conducted. The first was individual or person-centered. All staff members would write their names on a piece of paper which would be placed in a hat. One of the staff would then pick out a name and the rest of the session would be devoted to discussion about that individual. During the

first half hour of this period, the individual being discussed was not allowed to utter a word. Each staff member would talk about the individual in terms of how the individual "came on to him" and the kinds of experiences and feelings he had in his day-to-day dealings with him. Positive as well as negative experiences were shared and the attempt was made to understand the relationship between the ways in which each individual experienced the person and how he was viewed by that individual. When this period of time ended, the individual whose name was drawn from the hat was given as much time as needed to think over and react to what had been said. During this time, the individual was charged with the responsibility of reflecting on the ways in which he came on to people, or, at least, how they perceived him coming on to them. The last part of each individual sensitivity session was devoted to summarizing what had transpired and an attempt to reconcile the kinds of feelings people had about each other and ways in which these feelings determined behavior.

The second type of sensitivity training could be described as group-centered. During these sessions, the group as a whole would focus on the kinds of problems they were having in communicating with each other and in working with each other on a day-to-day basis. Unlike the session devoted to an individual, these sessions were primarily

designed to help staff reflect upon its own behavior and to try to work on the kinds of problems (communication, cooperation, and administration) that blocked either individual or group development. Another aspect of these sessions was their use as a partial retreat - to stand back and assess the kinds of changes in attitudes and feelings individuals experienced since joining the RYC staff.

The third type of sensitivity training had, as its major focus, any particular problem (internal or external) that confronted the staff and was called problem-centered. It was during these sessions that the attempt was made to focus on issues that were rarely brought out on the table and discussed in an open and honest manner. These sessions often dealt with race relations, professional-non-professional conflicts and feelings and any other problems that affected each staff member in one way or another.

#### Peer Group Interaction

The Residential Youth Center made it possible to utilize existing peer groups as a source of counseling and as a lever for influencing attitudes and behavior. The effects of peer group influence derived from the living situation inherent in the completion of a residential youth center. For example, when youth were given the responsibility of developing and implementing norms and



rules they assumed the responsibility for seeing that new residents were oriented to these rules and adhered to them. The advantage of peer-oriented and peer-originated counseling was that residential youth centers could be started with a minimum number of rules and regulations and could rely on its membership for the development of additional norms for the maintenance of control. Since the residents participated in the development of these norms, they also participated in disseminating them to all its members.

#### House Council

The House Council was conceptualized upon the establishment of the Residential Youth Center and designed to work with the residents in the following three areas:

1. Self-Determination

Many of the residents who came to the Residential Youth Center had to cope with the demands of their own lives and were unable to adequately communicate with others. Many of the youths were convinced that the only way to get anything or to accomplish an act was through stealing, conning, or under-handedness. To convince a youth that he could get what he desired through proper channel and certain acts was a major problem. Since they had no proper education to appreciate change in a democratic sense.

## 2. Sensitivity

To communicate effectively and sensitively was something mastered by only a few. Many residents were unaware of how they affected people when they talked. They could not realize that people were turned off by what they said. Vying for superiority and wanting to be the center of attraction was the reason sensitivity began. Sensitivity was used in two ways: a) for regular business meetings to point out how they affected each other and why they were having difficulties and b) to introduce group therapy.

## 3. Group Therapy

Group therapy was used to allow the residents to work out their own problems. Many of them felt that their problem was unique to them only and that it would be too embarrassing to discuss it with a worker.

The House Council had three planned functions. The first was the resident government. This enabled the residents not only to plan their own activities, but also to decide on rules of conduct in the House. In addition, it allowed the residents to present their concerns, complaints, and desires to the Residential Youth Center staff. Permitting residents to both plan and influence the

Center's operation clearly provided a challenge to them. Self-determination, especially with those who had little experience in controlling their environment brought about a great deal of stress and conflict.

The second function of the Council was sensitivity training and this focused on problems an individual was currently having in the group. Residents discussed how they "came on" to each other and how their individual styles influenced their working in the group.

The third function was group therapy and involved open-ended discussions of any feelings that were of concern to the resident. These feelings could relate to any issues.

#### Activities at the Center

Night programs, or evening activities were essential aspects of the Residential Youth Center, because they fostered a sense of community within the Center by emphasizing a freedom of choice in the creation of programs (by staff) and participation by the residents.

Every staff member was expected to develop and implement his own night program. The choice of the activity paralleled his own abilities and interests. Residents had the option of joining or not joining any evening activity. However, they were strongly urged to join at least one of these programs in addition to the mandatory House Council. The resident could choose to partake in many activities.

The RYC staff believed that there was great value in choice. Residents not only made their own decisions which club to join, but had the freedom to use the time for their own interests.

The number of participants in any one evening program was not a measure of success for that activity. The degree of interest, growth, and creativity found in any particular program was the signal of a meaningful activity. The following highlights a number of activities:

1. Field Trip Program

Field trips enabled the residents to get away from the confines of New Haven while enjoying various cultural and social opportunities.

Residents, staff and volunteers worked together to plan trips and draw up budgeting plans.

2. Rent Program

The rent program conducted by one staff member was designed to educate the residents in tenant-landlord obligations. The payment of weekly rent helped the resident to accept responsibility.

By the time the resident was ready to leave the Center, he was familiar with his rights and responsibilities as a tenant. This program was further designed to develop relationships with local realtors in the New Haven area.



### 3. Bank Program

The bank program was operated in conjunction with the rent program. Each resident, with assistance from his worker, had the responsibility of developing good saving habits and building up a reserve of money. One criterion for leaving the Center was an adequate savings account to enable a smooth transition into the community.

### 4. Shop Program

The shop program encouraged residents to learn how to work with building materials, operate, overhaul and repair mechanical and electrical devices and to build furniture and accessories for themselves and the House. This program gave residents an opportunity to work with their hands.

### 5. Music Program

The music program was intended for residents who were interested in organizing vocal groups, receiving individual training, reading music, and/or learning to play musical instruments.

### 6. Athletic Activity

There were a number of organized athletic teams at the Residential Youth Center. These included basketball, softball, and football. Staff

members served not only as coaches, but also as members on some of the teams.

7. The Judo Program

Self-defense was one basic part of the program and used as a way of instilling self-discipline in residents outside the framework of a formal school setting. In learning the art of self-defense, it was necessary to teach the value of self-control. The program also emphasized health and physical development.

8. Photography Club

The photography club, established by a professional photographer, was one of the most exciting activities. After a coordinated effort by staff and residents, the club completed a dark room. Residents learned how to take and develop their own pictures, and began to instruct other interested individuals.

9. The Parents Program

The parents program was originally organized by one of the Center's secretaries and united parents of all the residents that participated in the RYC. These parents not only dealt with their own problems, but assisted staff in numerous house activities. Parents were also eligible to join

the night programs conducted at the Center. The staff advisor for this group was the house mother. The parents group was an integral part of the RYC program and met twice a month. Its goals were to facilitate involvement between the target population and the Center and to provide parents with a setting in which they could deal with family problems.

In conclusion, this chapter presented a description of the developmental patterns of the organization. Although the RYC formally came into existence on September 16, 1966, it was not conceived in a vacuum. No new idea, institution or program is ever created ex nihilo. There is always a particular timing that takes place in conceiving an institution. The development and its conception are usually reflected as a result of the many hours spent negotiating the creative ideas for its implementation.

The idea of this model came as a result of the interest in establishing a residential program that would meet the needs of the New Haven inner-city youth. After observing The Job Corps camps, the founders of the RYC saw many difficulties and problems that had a major impact on the youth who participated in these programs. They felt that they could put together a program that would be

more creative and productive and better able to induce change within the youth.

They used a reversal technique process in coming up with the model. Of course, as the program began to operate there were adjustments, inclusions and delineations of the variables emerging. This reversal of the Job Corps system was simplistic in nature. The following list shows the results of this reversal which was the premise for comparisons between the Job Corp Camps and the model in the development of the RYC.

| <u>Job Corps Camp</u>                | vs | <u>RYC Focus</u>  |
|--------------------------------------|----|---|
| Large Structure - 100/more residents |    | Small Structure - maximum 20                                |
| Residents Location - out of state    |    | Within the City   |
| Served - resident only               |    | Resident and entire family                                  |
| Culture - formal                     |    | Informal  |
| Staffing - professional              |    | Non-professional  |
| Hierarchy - vertical                 |    | Horizontal  |
| Programming Focus - vocation only    |    | Life skills, self help, included vocational and educational |

There are many other characteristics that distinguished the two systems, but the most outstanding of all is the personal investment that the RYC had in the development of the concept and the personal and successful relationships it had with the residents that made change possible.



There was little doubt, at least during those five development years of the RYC experiment, that the Residential Youth Center, both in concept and as a practical vehicle for facilitating behavioral change, was a definite alternative to the traditional rehabilitation of juvenile offenders and the answer to the deinstitutionalization regulations in Connecticut.

Footnotes

<sup>1</sup>Ira Goldenberg, Build Me a Mountain: Youth Poverty and the Creation of New Settings, (Cambridge: MIT Press, 1971), p. 134.

<sup>2</sup>Ibid., pp. 134-138.

<sup>3</sup>Joan Lipsitz, Growing Up Forgotten, (Lexington, Massachusetts: Lexington Books, 1979).

<sup>4</sup>Ira Goldenberg, Build Me a Mountain: Youth, Poverty and the Creation of New Settings, (Cambridge: MIT Press, 1971), pp. 142-143.

<sup>5</sup>Boys Residential Youth Center Final Report, Boy Residential Youth Center, (New Haven, Connecticut, 1968), pp. 49-50.

<sup>6</sup>Boys Residential Youth Center Final Report, Boy Residential Youth Center, (New Haven, Connecticut, 1969), p. 48.

## C H A P T E R V

### SUMMARY OF CONCLUSIONS

The goal of this presentation was to explore, examine and describe the development of the design of the Residential Youth Center in the light of the relationship between the staff, residents and outside influences.

A major concern of this descriptive study was the length of time and the type of planning that went into the development and the implementation of the Residential Youth Center in New Haven, Connecticut.

First, the author provided an analysis of the organization and a description of his findings. Second, the author identified and conceptualized the various variables used to bring about change. Several sources of data collection were used for this study. This included documents, studies, open-ended interviews with present and former clients, past and present staff members and individuals in the field of juvenile delinquency. Also included were newspaper accounts, data and studies gathered by the Training Research Institute for Residential Youth Center and evaluative reports, notes and annual reports of the RYC. The assumption was that qualitative methods of data collection would provide

feasible means of monitoring agency development.

Participatory observation was the most intensive aspect of field work utilized in the study.

In this dissertation, a descriptive and exploratory study of the development of the organization of Residential Youth Center has been provided. The RYC suggested new approaches to change in residential youth care. Those agencies characterized by lack of autonomy invited confusion, conflict and massive staff burnout and turnover, thus setting the stage for their exploitation by city and state government groups and eventual control. Such organizations must develop strategies of self efficiency in order to establish freedom and control over their own operations. One way of increasing the autonomy is to develop a subsystem of revenue-producing mechanism for economic development. The RYC autonomy was increased as a result of the grant received from the United States Labor Department, making it possible for the RYC to establish its own guidelines and concept in the care and rehabilitation of its clientele.

The charges introduced in the TYC, to a large extent, were the result of an emergent rather than a preplanned approach model. Strategies outlined earlier including the non-institutional setting; range of services extending to both resident and family; setting within the



city; coordination of residential support with vocational training; use of non-professionals as the primary source of help, focus on self-help; horizontality; staffing; high risk youth, small center concept; community penetration and involvement; staff-resident ratio; peer group interaction of residents; and the relationships with community service agencies were the variables that contributed to change. Other areas such as program flexibility and avoidance of conflict through sensitivity sessions created ample opportunities to achieve enormous change. A fundamental approach to change was also the constant feedback through ongoing research which provided forced options rather than waiting for emergencies or failures to emerge. Thus, such an approach created a system with an image that was respected by juvenile and community organizations and groups and thereby discouraged all or at least most opposition.

Staff creativity and the implementation of the goals and objectives of the RYC was enormous, however. The umbrella agency, CPI, and its management operations were a hinderance to the operation of the RYC which caused administrative and programmatic crises and turmoil. Finally, the Boys Residential Youth Center experience had far-reaching implications for the theory and practice relating to alternatives to juvenile corrections,

particularly deinstitutionalization. It offered a conceptual framework for any social and political consideration of the correction and juvenile care. This research also invited the appreciation of clients as well as staff leading to their participation in policy making, and that in turn ultimately influenced their lives while in that system. The RYC concept produced a model of change by redefining and redistributing power (horizontality) in a way that would allow management, staff, residents and their families to grow.

Even though funding originated in the U.S. Department of Labor, the Residential Youth Center was administered by Community Progress Incorporated (CPI), New Haven's community action group. The Residential Youth Center was just one program under CPI's "umbrella" of inner-city services and was expected to coordinate its particular functions with other CPI programs (i.e., the Neighborhood Youth Corps, the Neighborhood Employment Centers, etcetera). The Residential Youth Center facilitated the development of its own programs in a manner that remained true to its own objective while at the same time responding to the needs of its "mother organization". The Residential Youth Center had to deal with the problems of independence, autonomy, accommodation and coordination.

The situation was in no way atypical with respect to the Residential Youth Center. It was "normal" within the context of the administrative structure of community action programs. It did, however, have certain implications for the ongoing processes with which the Residential Youth Center carried out its functions. What created complications for the Center in its relationship with the "mother agency", was that CPI was an organization whose overall orientation to the problems of service, understanding of its own organizational dynamics, and its basic "lifestyle", as it were, differed from that which characterized its history and the goals and practices of the Center.

By the time the Residential Youth Center was established in 1968, CPI was a relatively, well-established pyramidal organization. The overall structure of the organization was a "vertical" rather than a "horizontal" one. CPI's organizational chart had become fairly complex and replete with clearly demarcated lines of communication, well specified areas of responsibility, and highly defined and limited ranges of authority. There was less individual freedom in the definition and performance of one's job and people, especially those occupying positions towards the base of the pyramid felt increasingly removed from the decision-making process. There was an ever increasing gulf between administrators

and "front-line staff". There was also a greater reliance on memos as the mechanism of communications and a diminution of personal contact between people occupying different positions of status and responsibility within the organization.

The RYC Center was established as an organization characterized by "horizontal" structure. It encouraged sharing of administrative and clinical functions. The deliberate effort was made to blur both role and job distinctions, and interpersonal accessibility and openness were enhanced. These goals were, in many ways, antithetical to the way in which CPI viewed itself and the means through which it could best fulfill its service responsibilities.

CPI was an organization which, while not dominated by academically credentialled "professionals", had been forced to adopt attitudes toward service that were both prevalent and characteristic of most "treatment" institutions. For example, most clients were "cut up" in the sense that a variety of different people, each one presumably with a particular and circumscribed area of competence had a portion of the responsibility for what happened to the client. Any youngster in the work crew (Neighborhood Youth Corps) program, for example, might have a foreman, a neighborhood worker, a vocational



counselor, and a social service worker. Each of these individuals was responsible for his/her area of functions and responsible to his/her administrative superior. In most cases, even with respect to a particular youngster, "treatment decisions" were generally not made by those who knew or had extensive contact with the individual, but by people who either occupied higher-status positions in the organization or had superior professional credentials. The functions of the academically non-credentialed professionals although continually exalted and pointed to with pride by the administrators, were severely limited and curtailed, especially in terms of decision-making or policy-determining power.

The notion of the Residential Youth Center, in contrast to the situation described above was predicated on two assumptions. The first was that more effective service was based on providing the client with one person (a "creative generalist") to whom he could relate-- someone who would be able to assume the total responsibility for working out a particular course of "treatment" with the client. The second assumption was that the most appropriate person to assume this clinical responsibility, both from the point of view of manpower needs and, far more importantly, in terms of cultural or interpersonal suitability, was the academically non-credentialed

professional. Under those conditions, the program's focus was on the development of people (i.e., the staff) rather than on the development of ancillary or special services.

Finally, CPI was an organization whose success had begun to be translated into a need to perpetuate the agency and its people. Though it was an understandable and in some ways, an inevitable consequence of success. The survival expediencies had caused the organization to become increasingly isolated and insulated from the community and from criticisms, and therefore, less pliable and changeable from within. The need for personal security and advancement had, to some degree, replaced the collective pursuit of excellence. Moreover, the development of "minor Kingdoms" had, to some measure, siphoned off much of the energy that had been directed toward "changing the world".

The Residential Youth Center was established as an organization which sought to differentiate itself from the functional styles of the "mother organization" and, indeed, the Residential Youth Center was successful in that regard. Two reasons for this success could be recapitulated as follows:

1. The Residential Youth Center was created with an understanding and explicit statement of its own organizational structure and its relationship

to the fulfillment of the program's goals. Clearly, the Center "profited" from CPI's mistakes of the past. The dangers of stagnation and self-perpetuation were clearly outlined and from the outset, the structure of the RYC was developed specifically to avoid those dangers.

2. As a sub-division of CPI, there were pressures on the RYC to adopt the organizational patterns of the community action agency. The Center was not as dependent upon the mother agency as were other programs under the CPI umbrella. The Center arranged its own funding (through its own initiatives) and the renewal of that funding depended far more on the continuation of these initiatives by the Center itself rather than on the administrative hierarchy of Community Progress, Incorporated. The Center was developed outside the "normal channels" of CPI and then added to the CPI structure as opposed to being developed within and therefore beholden to CPI.

CPI was started by a group of individuals who shared a vision of social change and created CPI as a vehicle to implement that change. The rewards of security were

low in the new and precarious program, but the rewards of freedom and innovation were high. As the organization became "successful" and began to stabilize, it was much more able to provide both security and stable role definitions. Many of the innovators either left the organization or stagnated with the organization. What CIP began to have was not an organization of innovation, but rather one of perpetuation and security. As personnel increasingly were attracted to the security issue the problem became worse and the initial vision of the organization as a true vehicle for social change faded and those with a commitment to social change and innovation became discouraged and left the program.

The Residential Youth Center was also started by a group of people who shared a vision of social change and saw the Center as a setting within which that change could unfold, nourish and grow. Thus, the question of survival of the program was far-flung. The rewards the program offered to its staff were not in the area of security, but in the area of innovation. Within time, the initial staff moved beyond the Residential Youth Center to creation of the Training and Research Institute for Residential Youth Centers (TRI-RYC) in order to create other residential youth centers thereby promoting institutional change in a national rather than simply a local context.



The Residential Youth Center, as a result of its clear success in helping disadvantaged youngsters, did offer greater likelihood of its own continuance and therefore, of stability and security for its staff. The pressures for institutionalization rather than change, and stagnation rather than innovation were obviously rampant. The present (1985) Residential Youth Center, like its former parent organization, has succumbed to those pressures thereby betraying its goals. It has become an outgrowth of the State juvenile correctional institutions.

#### Conclusion of the Analysis

This study indicates that the present residential youth center is having difficulty meeting the comprehensive needs of deinstitutionalized youths in the State of Connecticut and the local community. The old community-based RYC with the concept of self-help and the variables that supported that concept was clearly superior to the new RYC. The old program was more diversified and individualized. It was easier to monitor and evaluate its constituency and therefore, more responsible to the needs of the youth. In the present RYC system approximately ninety-seven percent of referrals or placements come from the State Department of Children and Youth Services or its related agencies. In the old RYC most of the placements

involved the youth and the family. The youth, however, in every case had to decide for themselves whether they wanted to stay at the center. Other agencies could refer a client but there had to be mutual agreement between the youngster and the RYC.

The model RYC coordinated with all systems and individuals within the New Haven community for its referrals. All youngsters who were qualified gained entry into the RYC. It did not matter if a youth was delinquent, having problems with his family or need to retreat for a couple of days due to pressure at home. In the present system, which is typical of other systems throughout the country, a youth can only gain residency if he is the responsibility of the State. This limitation puts constraints on a center, depriving it of the flexibility and innovation needed to provide quality services. Because of the inability to have the freedom to select its clientele the program fails to meet the needs of the youth placed in its charge, creating difficulties in the system and forcing the youth to struggle for survival.

The limitation of funding, funding diversity, program activities and quality staff have a major impact on the success of the present RYC. The model RYC did not have any of these difficulties because of the nature of its funding and the nature of its programming.

The attitude of former residents toward their residential youth center experience was very positive. It was the unanimous opinion of that group that the experience was an excellent one. Statements such as, "If it wasn't for the RYC I would be dead by now." and "If I was a kid I would go through it again." attest to this. All of the former residents stated that if the center existed today they would support it and help those youths who needed its services to get into the program.

The attitude expressed by the majority of the residents presently living at the RYC was discontentment. Their complaints were numerous, ranging from having to go to bed at nine o'clock to disliking the food. Most of them wanted to leave, but did not have much of a choice. Only twenty percent of these residents had positive statements regarding the strengths of the RYC, namely, medical services and training for the outside world. Eighty percent of the residents stated that everything about the RYC or the RYC rules was the weakness of the program. Former residents expressed joy and happiness about their experiences with the RYC while current residents show anger, disappointment and pain.

The author does not intend to give the impression that nothing but positive experiences came out of this analysis for the model RYC and just negative experiences

came out of the current residential youth center. The author mainly suggests that the common attitude of both groups and their feelings toward a concept initially designed one way and now is operating in a different way.

The author understands that there is a need for a variety of different systems for youth residential care. The model RYC from its inception to its ending in 1971 provided services that were rehabilitative and educational in nature. The author believes that strong community, state and federal support combined with the proper program design can once again help develop systems that will assist youngsters to grow into productive citizens.

#### Recommendations

Given the data collected thus far, what can one conclude about the present and former Residential Youth Center experience? From what was experienced and observed much of the learning that surfaced in this study reflects a practical experience for those who intend to improve residential care for youth. In addition to the summary conclusions the author would like to make a number of recommendations.



### Funding

1. Adequate funding is a necessity to recruit quality staff, obtaining essential equipment, to establish good programming and to maintain the upkeep of the facility.
2. Funding should come from a variety of sources allowing for control over the selection of clientele. Economic development would help create a cash flow and provide direction and security, enabling the program to be less dependent on the funders.
3. Long-term funding will help to reduce the year-to-year anxiety of staff allowing them to be secure and will enable them to channel their energies in other productive areas.

### Staffing

1. Emphasis should be on equality in staff status and position. Live-in counselors should receive the same pay as day counselors and vice versa.
2. Quality staff with the ability to relate to the residents regardless of academic degrees should be recruited. However, lack of a degree should not affect reasonable pay.
3. Adequate ratio of staff and residents must exist to insure quality care.

4. Staff should be selected to give balance to agency make-up and to provide role models for the residents.

### Physical Facility

1. Should be clean and neat, giving the youngster something to be proud of when friends, parents, relatives, etcetera come to visit.
2. Should have space for group and recreational activities, as well as for individual privacy.
3. Should be spacious enough to avoid crampedness and to cut down the noise barrier.
4. Should meet the safety and security standards required by the housing and zoning authorities.
5. Should have adequate and proper health facilities.
6. Should have colors that are pleasant and pleasing to the eyes of the residents.

### Residents

1. Residents should be selected according to the design of the program based on the expertise of the staff.
2. The program should avoid overburdening itself by servicing all problems that youth have, i.e., drug abuse, alcohol abuse, mental illness, etcetera.

3. Residents should be representative of the community. This will increase city and community support interest.
4. Residents themselves must accept the program without any coercion from outside individuals or agencies.
5. Residents should be treated with the aim towards growth and rehabilitation rather than punishment and confinement.
6. Residents should have input in establishing rules and disciplinary actions.

#### Community Relationships

The RYC must develop relationships with all aspects of the community beginning with the:

neighborhood in which the facility is located;

local businesses, police and fire department and the postal service;

media, i.e., newspapers, radio and television stations;

social service agencies;

health agencies and private doctors, etcetera;

educational systems, i.e., city schools, colleges and universities..

Many individuals can be recruited from this group of community resources and can provide the center with free services. These services may vary from a lecture on crime prevention to a college student doing an internship within the program. To get this kind of support from the community the program must make ongoing, honest efforts to include the community in every aspect of its endeavors.

The self-help concept of the model RYC was, to a large extent, successful from 1966 to 1971. Lack of funding prevented it from continuing. The experiment was proven to be successful by the implementor of the RYC and validated by the U.S. Department of Labor, Manpower Administration. Since the original funding was based on an experimental and demonstration project and the experiment worked, it forced the RYC to seek other means of funding. The Job Corps offered to fund the RYC but wanted to change the "concept" of the program. It was agreed by RYC administration not to accept their offer because the system the Job Corp wanted to implement was similar to that of state-controlled residential facilities. Consequently, the RYC management team decided to seek other funding because they were not in the business of crippling youths. Unfortunately, the management team failed to get proper funding and eventually ended up with the state controlling its funding.



The author recommends that when the management of an RYC seeks funds there should be a vivid indication as to the goals of the program and that it should be made clear that the funds serve the best interest of the program and not the salaries of staff.

## BIBLIOGRAPHY

- Ackoff, Lincoln. A Concept of Corporate Planning. New York: John Wiley and Son, 1970.
- Adams, Reed, and Veter, Harold. "Probation Caseload Size and Recidivism Rate." British Journal of Criminology (October 1971): pp. 390-393.
- Allen, Harry, and Simonsen, Clifford. Corrections in America An Introduction. California: Glencoe Press, 1975.
- Alvin, W. Studies in Leadership and Democratic Action. New York: Russell and Russell, Inc., 1965.
- Angeles, Peter. Dictionary of Philosophy. New York: Barnes and Noble Books, 1981.
- Bracewicz, John; Logan, Charles; Rausch, Sharla; Rich, Nancy; and Hauschild, Helen. An Evaluation of Connecticut's Deinstitutionalization of Status Offenders. Connecticut: University of Connecticut, 1978.
- Bakal, Yitzhak. "The Closing Down of Institution New Strategies in Youth Services" Ed.D. Dissertation, University of Massachusetts, 1973.
- Bakal, Yitzhak. Closing Correctional Institution. Massachusetts: Lexington Books, 1978.
- Bakal, Yitzhak, and Polsky, Howard. Reforming Corrections for Juvenile Offenders. Massachusetts: Lexington Books, 1979.
- Bass, Bernard. Leadership, Psychology and Organizational Behavior. New York: Harper, 1960.
- Bogdan, Robert, and Taylor, Stephen. Introduction to Qualitative Methods. New York: John Wiley, 1975.
- Boys Residential Youth Center. Final Report. New Haven, Connecticut: TRI-RYC, 1968.

- Boys Residential Youth Center. Final Report. New Haven, Connecticut: TRI-RYC, 1969.
- Burdman, Milton. "Realism in Community-Based Correctional Services". Annals of the American Academy of Political and Social Science, 73(1969), p. 73.
- Carter, L. Leadership and Small Group Behavior. New York: Harper, 1953.
- Cohen, Louis, and Masion, Lawrence. Research Methods in Education. London: Croons Helm, 1980.
- Collins, Don. "Juvenile Injustice." New Haven Advocate, Vol. V/No. 6, (September 26, 1979), pp. 1-6.
- Comptroller General of the United States. Returning the Mentally Disabled to the Community. Washington, D.C.: Government Printing Office, 1977, p. 18.
- Connecticut General Assembly. Juvenile Justice in Connecticut, Connecticut: (January 1978), p. 44.
- Connecticut Juvenile Court. Juvenile Justice in Connecticut, Connecticut: (January 1974), p. 34.
- Connecticut Planning Committee on Criminal Administration. Plan and Action Program, Connecticut: (1968), p. 88.
- Connecticut Planning Committee on Criminal Administration. Group Homes in Connecticut Guide for Future Development and Operation. Connecticut National Council on Crime and Delinquency, (July 1974), 1.1.
- Connery, Robert. The Politics of Mental Health. New York: Columbia University Press, 1968.
- Dale, Ernest. Management Theory and Practice. New York: McGraw Hill Book Company, 1965.
- Department of Labor, Bureau of Labor Statistics, Special Labor Force Report. Washington, D.C.: U.S. Printing Office, 1969.
- Department of Justice, Division of Vocational Rehabilitation, Federal Offenders Rehabilitation Project--Final Report, 1965-1969. Illinois: Department of Justice, 1970.

- Donnelly, James; Gibson, James and Ivancevich, James. Fundamentals of Management Functions Behavior, Texas: Models Business Publication Inc., 1981.
- Drucker, Peter. The Practice of Management. New York: Harper and Row, 1954.
- Dunford, Franklyn. "Police Division", Criminology 3 Vol. 15, (November, 1977), p. 335.
- Empey, Lamar. American Delinquency: Its Meaning and Construction. Illinois: Dorsey Press, 1978.
- \_\_\_\_\_. The Future of Childhood and Juvenile Justice. Virginia: University Press of Virginia, 1979.
- Etzioni, Amital. Complex Organization: A Sociological Reader. New York: Holt, Rinehart and Winston, 1964.
- \_\_\_\_\_. Social Change: Source, Patterns and Consequences. New York: Harper, 1960.
- Foucault, Michael. The Order of Things: An Archeology of Human Science. London: Tavistock Publication, 1970.
- Federal Bureau of Investigation, Department of Justice, Uniform Crime Report. Washington, D.C.: U.S. Government Printing Office, 1969, p. 124.
- Filstead, William. Qualitative Methodology: First Hand Involvement with the Social World, Chicago: Markham Publishing Company, 1970.
- Forbes, Wesley. Training Manual. Connecticut: Training Research Institute for Residential Youth Center, 1971.
- Garbarino, James, and Gillian, Gren. Understanding Abusive Families. Massachusetts: Lexington Books, 1980.
- Good, Carter. Introduction to Education Research. New York: Appleton, Century and Croft, 1963.
- Goldenberg, Ira. Build Me a Mountain: Youth, Poverty and the Creation of New Settings. Massachusetts: MIT Press, 1971.



- Griffin, Brenda, and Griffin, Charles. Juvenile Delinquency in Perspective. New York: Harper and Row, 1978.
- Hartinger, Walter; Eldefonso, Edward; and Coffey, Alan. Corrections: A Component of the Criminal Justice System. California: Goodyear Publishing Company, Inc., 1973.
- Heilman, Madeline, and Hornstein, Harvey. Managing Human Forces in Organizations. Illinois: D. Irwin, Inc., 1982.
- Higham, John. Ethnic Leadership in America. Baltimore: Johns Hopkins University Press, 1978.
- Hilton, Raymond. "An Organizational Analysis of an Adolescent Substance Abuse Treatment Program, A Case Study." Ed.D. Dissertation, University of Massachusetts, 1981.
- Holten, Gary, and Jones, Melvin. The System of Criminal Justice. Boston: Little Brown and Company, 1978.
- Hussey, David, and Langham, M. Corporate Planning: The Human Factor. Oxford: Pergamen Press, 1979.
- Iowa Urban Community Research Center. Assessing the Relationship of Adult Criminal Careers to Juvenile Careers. Iowa: University of Iowa, 1981.
- Keller, Oliver, and Alper, Benedict. Halfway Houses Community-Centered Correction and Treatment. Massachusetts: D.C. Heath, 1970.
- Klapmuts, Nora. "Community Alternative to Prison", Crime and Delinquency Literature, Vol. 5:2, Connecticut, 1973.
- Klugel, James. "Evaluating Juvenile Justice". American Society of Criminology. Beverly Hills, California Sage Publications, Vol. 29, 1983.
- Knotzer, Jame, and Allen, Mary. Children Without Homes. Washington, D.C.: Children Defense Fund, 1978.

- Legislative Program Review and Investigation Committee, Juvenile Justice in Connecticut. Connecticut: Connecticut General Assembly, (January, 1978), p. 44.
- Lemert, Edwin. Instead of Court: Diversion in Juvenile Justice. Rockville: National Institute of Mental Health, 1971.
- Lipsitz, Jean. Growing Up Forgotten. Massachusetts: Lexington Books, 1977.
- Logan, Charles. An Evaluation of Connecticut's Deinstitutionalization of Status Offenders Program. Connecticut: University of Connecticut, 1978.
- Martinson, Robert. "The Paradox of Prison Reform: The Dangerous Myth". The New Republic, April, 1975.
- McKay, Henry. Report on the Crime Careers of Male Delinquents in Chicago. Chicago: University of Chicago Press, 1938.
- Morris, Richard, and Seeman, Melvin. "The Problem of Leadership: An Interdisciplinary Approach." American Journal of Sociology. (July, 1950), Vol. 56, pp. 56, 149-155.
- National Council of Crime and Delinquency (NCCD). Standards and Guides for Detention of Children and Youth. New York: NCCD, 1961.
- National Council of Crime and Delinquency. Group Homes in Connecticut: Guides for Future Development and Operation. Connecticut: Connecticut Planning Committee on Criminal Administration, 1974.
- Nelson, David. Case Study of 300 Children Released From an Institution to School Programs. John Jay College of Criminal Justice, New York, 1974.
- Patton, Michael. Qualitative Evaluation Method. London: Sage Publications, 1980.
- Philip, John, and Kelly, Delos, "School Failure and Delinquency". Criminology, Vol. 17, (November 1980), p. 403.
- President's Commission on Law Enforcement and Administration of Justice. The Challenge of Crime in a Free Society. Washington, D.C.: U.S. Government Printing Office, January 1967.

- Reuterman, Nicholas, and Cartwright, Desmond.  
"Practitioners Views of Delinquency Causation: A  
Consideration in Comprehensive Juvenile Justice  
Planning". Criminal Justice and Behavior, 1976.
- Robb, Christina. "Locking Up Children: Massachusetts  
Juvenile Detention System". Boston Globe Magazine,  
(October 26, 1980), p. 12.
- Scott, Ronald. "Corrections in the Year 2000: An Analysis  
of Progress", Criminal Justice and Behavior, Vol. 4,  
(November, 1977), pp. 395-405.
- Selznick, Philip. "An Approach to a Theory of Bureaucracy".  
American Review, (August, 1943), Vol. 49, p. 36.
- Shartle, Carroll. Occupational Information its Development  
and Application: Leadership Behavior in Job  
Occupations. New Jersey: Prentice Hall, 1959.
- \_\_\_\_\_. Studies in Naval Leadership: Groups,  
Leadership and Management. Pittsburg: Carnegie  
Press, 1951.
- \_\_\_\_\_. Executive Performance and Leadership.  
New Jersey: Prentice Hall, 1956.
- Smith, Richard, and Klosterman, Richard. "Criminal  
Justice Planning: An Alternative Model", Criminology.  
Vol. 4, (January 1980), pp. 403-418.
- State of Connecticut, Connecticut Juvenile Court.  
Connecticut: State of Connecticut, 1979.
- Survey and Planning Center, National Crime and Delinquency.  
Group Homes in Connecticut. Connecticut: Connecticut  
Justice System, 1974.
- Tait, Downing, and Hodge, Emery. Delinquents, Their  
Families and the Community. Illinois: Charles C.  
Thomas, 1962.
- Tamilia, Patrick. "Toward a More Credible Juvenile Justice  
System in the United States", Juvenile Justice, (May  
1976), pp. 3-11.



- Training and Research Institute for Residential Youth Centers, Inc., Training Manual. New Haven, Connecticut: Training Research Institute, 1971.
- United States Department of Justice, Juvenile Justice and Delinquency Act of 1974. United States Code Annotate. Minnesota: West Publishing Company. 18:4031, 1985.
- United States Department of Justice, Law Enforcement Assistance Administration. Children in Custody. U.S. Government Printing Office, October 1977.
- Vetter, Harold, and Simonsen, Clifford. Criminal Justice in America. Pennsylvania: W.B. Sander Company, 1976.
- Wagner, Robert. "The System Listens But Does Not Hear". Criminology, 15 (April, 1978), pp. 431-441.



APPENDIX

### Analysis of Results of Questionnaires

Interviews were conducted to analyze the attitudes and perceptions, effectiveness and the feelings of those who participated in the RYC experience in New Haven, Connecticut. The interviewees consisted of ten (10) administrators/staff, ten (10) residents presently living at the RYC, six (6) former residents, and four (4) policy makers from the State of Connecticut Children and Youth Services.

The questionnaires utilized were pretested to ascertain its relevance and usefulness. It was intended to interview a larger number of participants, but due to the unwillingness of the residents and the lack of information to trace former residents, the author could only analyze the data received. The total number interviewed was thirty (30).

#### Percent Residents

The mean age is 16.20 and the mode for this distribution is between ages twelve (12) through eighteen (18). Ninety percent of the respondents are black, one (1) percent are white. Ninety (90) percent are high school and ten (10) percent is in elementary school (eighth grade).

The average stay at the RYC is 5.50 months. One hundred (100%) percent of the residents are single. Fifty (50%) percent of the respondents are females and fifty (50%) percent are males.

Table 4

Percentage of Residents Religious Preference

N = 10

| <u>Religious Preference</u> | <u>Percentage</u> |
|-----------------------------|-------------------|
| Catholic                    | 10                |
| Baptist                     | 40                |
| Halian                      | 10                |
| Seventh Day Adventist       | 10                |
| None                        | 30                |

There (3) residents were members of a church. Seven (7) had no affiliation.

Table 5

N = 10

| <u>Member of a Church</u> | <u>Males</u> | <u>Females</u> |
|---------------------------|--------------|----------------|
| Yes                       | 0            | 3              |
| No                        | <u>6</u>     | <u>1</u>       |
| Total                     | 6            | 4              |

Table 6

Residents Who Have Been Employed

N = 10

| <u>Past Employment</u> | <u>Males</u> | <u>Females</u> |
|------------------------|--------------|----------------|
| Yes                    | 4            | 2              |
| No                     | <u>2</u>     | <u>2</u>       |
| Total                  | 6            | 4              |



Table 7

Residents Who Are Presently Employed

N = 10

| <u>Present Employment</u> | <u>Males</u> | <u>Females</u> |
|---------------------------|--------------|----------------|
| Yes                       | 2            | 0              |
| No                        | <u>4</u>     | <u>4</u>       |
| Total                     | 6            | 4              |

Table 8

Residents Who Are Able To Work

N = 10

| <u>Albe to Work</u> | <u>Males</u> | <u>Females</u> |
|---------------------|--------------|----------------|
| Yes                 | 5            | 4              |
| No                  | <u>1</u>     | <u>0</u>       |
| Total               | 6            | 4              |

Table 9

Residents Who Would Like to Work

N = 10

| <u>Would Like To Work</u> | <u>Males</u> | <u>Females</u> |
|---------------------------|--------------|----------------|
| Yes                       | 6            | 4              |
| No                        | <u>0</u>     | <u>0</u>       |
| Total                     | 6            | 4              |

Table 10

Residents Who Have Living Parents

N = 10

| <u>Living Parents</u> | <u>Males</u> | <u>Females</u> |
|-----------------------|--------------|----------------|
| Yes                   | 5            | 4              |
| No                    | 0            | 0              |
| Doesn't Know          | <u>1</u>     | <u>0</u>       |
| Total                 | 6            | 4              |

Table 11

Residents Whose Parents Visit Them

N = 10

| <u>Parents Visit</u> | <u>Males</u> | <u>Females</u> |
|----------------------|--------------|----------------|
| Yes                  | 3            | 4              |
| No                   | <u>3</u>     | <u>0</u>       |
| Total                | 6            | 4              |

Table 12

Parents Who Write to the Residents

N = 10

| <u>Parents That Write</u> | <u>Males</u> | <u>Females</u> |
|---------------------------|--------------|----------------|
| Yes                       | 2            | 1              |
| No                        | <u>4</u>     | <u>3</u>       |
| Total                     | 6            | 4              |

Table 13

Parents Who Contact Residents by Telephone

N = 10

| <u>Contact by Telephone</u> | <u>Males</u> | <u>Females</u> |
|-----------------------------|--------------|----------------|
| Yes                         | 6            | 2              |
| No                          | <u>0</u>     | <u>2</u>       |
| Total                       | 6            | 4              |

Table 14

Residents Who Enjoy  
Communicating With Parents

N = 10

| <u>Communicating<br/>With Parents</u> | <u>Males</u> | <u>Females</u> |
|---------------------------------------|--------------|----------------|
| Yes                                   | 5            | 4              |
| No                                    | <u>1</u>     | <u>0</u>       |
| Total                                 | 6            | 4              |

Table 15

Residents Who Feel They  
Can Talk/Visit Someone in the Community

| <u>Community Visit/Talk</u> | <u>Males</u> | <u>Females</u> |
|-----------------------------|--------------|----------------|
| Yes                         | 5            | 3              |
| No                          | <u>1</u>     | <u>1</u>       |
| Total                       | 6            | 4              |

Table 16

Residents Who Feel They  
Could Attend Social Functions in the Community

N = 10

| <u>Social Functions<br/>in Community</u> | <u>Males</u> | <u>Females</u> |
|--|--------------|----------------|
| Yes                                      | 3            | 3              |
| No                                       | <u>3</u>     | <u>1</u>       |
| Total                                    | 6            | 4              |

Table 17

Residents Who Visit Individuals

N = 10

| <u>Who They Visit</u>    | <u>Males</u> | <u>Females</u> |
|--------------------------|--------------|----------------|
| Family Members/Relatives | 6            | 3              |
| Friends                  | 0            | 1              |
| Guardian                 | <u>0</u>     | <u>0</u>       |
| Total                    | 6            | 4              |

Table 18

Time That Residents  
Lived in the Community

N = 10

| <u>Lived in Community</u> | <u>Males</u> | <u>Females</u> |
|---------------------------|--------------|----------------|
| 0-11 months               | 3            | 3              |
| 1-3 years                 | 1            | 0              |
| 4-6 years                 | 0            | 1              |
| 2-9 years                 | 1            | 0              |
| 10 or more years          | <u>1</u>     | <u>0</u>       |
| Total                     | 6            | 4              |



Table 19

Residents Who are Satisfied  
With Their Present Living Arrangements

N = 10

| <u>Present Housing Situation</u> | <u>Males</u> | <u>Females</u> |
|----------------------------------|--------------|----------------|
| Very Satisfied                   | 0            | 1              |
| Fairly Satisfied                 | 4            | 0              |
| Not Satisfied                    | <u>2</u>     | <u>3</u>       |
| Total                            | 6            | 4              |

Table 20

Residents Who Utilize  
The Services Provided by the Residential Center

N = 10

| <u>Services Utilized</u> | <u>Males</u> | <u>Females</u> |
|--------------------------|--------------|----------------|
| Yes                      | 4            | 2              |
| No                       | 1            | 2              |
| No Response              | <u>1</u>     | <u>0</u>       |
| Total                    | 6            | 4              |

Table 21

Services that Residents  
Feel are Adequate or Inadequate

N = 10

| <u>Service Received</u>  | <u>Adequate</u> | <u>Inadequate</u> |
|--------------------------|-----------------|-------------------|
| Peer Group Interaction   | 9               | 1                 |
| Food Services            | 4               | 6                 |
| Individual Therapy       | 8               | 2                 |
| Room (sleeping quarters) | 6               | 4                 |
| House Council            | 2               | 8                 |
| Recreational Therapy     | 2               | 8                 |
| Art Program              | 0               | 10                |
| Job Training             | 0               | 10                |
| Vocational Training      | 0               | 10                |
| Psychiatric Consultation | 6               | 4                 |
| Athletic Activities      | 3               | 7                 |
| Music Program            | 1               | 9                 |
| Medical Services         | 6               | 4                 |
| Social Activities        | 5               | 5                 |
| Educational Activities   | 8               | 2                 |
| Bank Program             | 3               | 7                 |

Table 22

Resident Opinion on Services  
Needed in the Residential Center

N = 10

| <u>Opinion on Services</u> | <u>Yes</u> | <u>No</u> |
|----------------------------|------------|-----------|
| Peer Group Interaction     | 8          | 2         |
| Food Services              | 8          | 2         |
| Individual Therapy         | 6          | 2         |
| Room (sleeping quarters)   | 6          | 4         |
| House Council              | 6          | 4         |
| Recreational Therapy       | 8          | 2         |
| Art Program                | 8          | 2         |
| Job Training               | 10         | 0         |
| Vocational Training        | 9          | 1         |
| Psychiatric Consultation   | 5          | 5         |
| Athletic Activities        | 10         | 0         |
| Music Program              | 7          | 3         |

Table 22 (continued)

| <u>Opinion on Services</u> | <u>Yes</u> | <u>No</u> |
|----------------------------|------------|-----------|
| Bank Program               | 7          | 3         |
| Medical Services           | 7          | 3         |
| Social Activities          | 7          | 3         |
| Educational Activities     | 6          | 4         |
| Parent Participation       | 9          | 1         |

Table 23

Residents Who  
Have Access to Transportation

N = 10

| <u>Access to Transportation</u> | <u>Males</u> | <u>Females</u> |
|---------------------------------|--------------|----------------|
| Yes                             | 2            | 1              |
| No                              | <u>4</u>     | <u>3</u>       |
| Total                           | 6            | 4              |

Table 24

Residents Who  
Have Caseworkers

N = 10

| <u>Caseworker</u> | <u>Males</u> | <u>Females</u> |
|-------------------|--------------|----------------|
| Yes               | 6            | 4              |
| No                | <u>0</u>     | <u>0</u>       |
| Total             | 6            | 4              |

Table 25

Residents Who Are  
Satisfied with Caseworker

N = 10

| <u>Satisfied</u><br><u>With Caseworker</u> | <u>Males</u> | <u>Females</u> |
|--|--------------|----------------|
| Yes  | 4            | 3              |
| No   | <u>2</u>     | <u>1</u>       |
| Total                                      | 6            | 4              |

Table 26

Time Residents Were  
Readmitted to Residential Center

N = 10

| <u>Readmitted</u><br><u>to Center</u> | <u>Males</u> | <u>Females</u> |
|---------------------------------------|--------------|----------------|
| 0                                     | 3            | 1              |
| 1-3                                   | <u>3</u>     | <u>3</u>       |
| Total                                 | 6            | 4              |

Table 27

Services Received That  
Were Better Before Admission at RYC

N = 10

| <u>Better Services</u> | <u>Males</u> | <u>Females</u> |
|------------------------|--------------|----------------|
| Yes                    | 3            | 2              |
| No                     | 3            | 0              |
| No Opinion             | <u>0</u>     | <u>2</u>       |
| Total                  | 6            | 4              |



Table 28

Source of Financial Support  
Received by Residents

N = 10

| <u>Source of Income</u>                        | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| Social Security                                | 0          | 10        |
| Supplemental Security<br>Income                | 0          | 10        |
| State Welfare                                  | 7          | 3         |
| Family Member/<br>Relative                     | 8          | 2         |
| Friend/Neighbor                                | 1          | 9         |
| Minister or<br>Significant Church<br>Personnel | 1          | 10        |

Table 29

Source of Medical Coverage  
for Residents

N = 10

| <u>Medical Coverage</u> | <u>Yes</u> | <u>No</u> |
|-------------------------|------------|-----------|
| Medicaid                | 0          | 10        |
| Medicare                | 1          | 9         |
| Private Insurance       | 5          | 5         |

Table 30

Residents Who  
Handled Their Own Money

N = 10

| <u>Handling of Money</u> | <u>Males</u> | <u>Females</u> |
|--------------------------|--------------|----------------|
| Yes                      | 5            | 4              |
| No                       | <u>1*</u>    | <u>0</u>       |
| Total                    | 6            | 4              |

\*State handled money for one male resident.

Table 31

Residents Who  
Feel Different From Other People

N = 10

| <u>Feeling Different</u> | <u>Males</u> | <u>Females</u> |
|--------------------------|--------------|----------------|
| Yes                      | 3            | 3              |
| No                       | <u>3</u>     | <u>1</u>       |
| Total                    | 6            | 4              |

Table 32

Residents Who Feel  
Other People Treat Them Differently

N = 10

| <u>Treated Differently</u> | <u>Males</u> | <u>Females</u> |
|----------------------------|--------------|----------------|
| Yes                        | 2            | 3              |
| No                         | <u>4</u>     | <u>1</u>       |
| Total                      | 6            | 4              |

Table 33

Residents Who Feel  
That People in the Community  
Are Friendly Towards Them

N = 10

| <u>Community</u><br><u>Friendliness</u> | <u>Males</u> | <u>Females</u> |
|---|--------------|----------------|
| Yes                                     | 5            | 2              |
| No                                      | 1            | 1              |
| Some                                    | <u>0</u>     | <u>1</u>       |
| Total                                   | 6            | 4              |

Table 34

Activities in Which  
Residents Participated in Their Spare Time

N = 10

| <u>Activities</u>               | <u>Yes</u> | <u>No</u> |
|---------------------------------|------------|-----------|
| Watching T.V.                   | 6          | 4         |
| Reading Newspapers              | 7          | 3         |
| Reading Books                   | 7          | 3         |
| Visiting Friends                | 9          | 1         |
| Walking                         | 4          | 6         |
| Athletic Activities             | 4          | 6         |
| Eating                          | 3          | 7         |
| Dancing                         | 7          | 3         |
| Smoking Cigars/<br>Cigarettes   | 6          | 4         |
| Drinking Alcoholic<br>Beverages | 1          | 9         |
| Other                           | 0          | 0         |

Table 35

Time Residents Spend  
Doing Things They Like To Do

N = 10

| <u>Doing Things</u><br><u>They Like</u> | <u>Males</u> | <u>Females</u> |
|---|--------------|----------------|
| Yes                                     | 3            | 2              |
| No                                      | <u>3</u>     | <u>2</u>       |
| Total                                   | 6            | 4              |

Table 36

Residents Who Feel Lonely

N = 10

| <u>Feeling Lonely</u> | <u>Males</u> | <u>Females</u> |
|-----------------------|--------------|----------------|
| Quite Often           | 3            | 2              |
| Sometimes             | 2            | 2              |
| Almost Never          | <u>1</u>     | <u>0</u>       |
| Total                 | 6            | 4              |

Table 37

Residents Who  
Feel They Worry About Things

N = 10

| <u>Worry About Things</u> | <u>Males</u> | <u>Females</u> |
|---------------------------|--------------|----------------|
| Very Often                | 4            | 4              |
| Fairly Often              | 2            | 0              |
| Hardly Ever               | <u>0</u>     | <u>0</u>       |
| Total                     | 6            | 4              |



Table 38

Residents Who Are  
Unhappy Because They Don't Feel Useful

N = 10

| <u>Not Useful</u> | <u>Males</u> | <u>Females</u> |
|-------------------|--------------|----------------|
| Yes               | 2            | 3              |
| No                | <u>4</u>     | <u>1</u>       |
| Total             | 6            | 4              |

Table 39

Residents Who  
Responded to How Happy They Are

N = 10

| <u>Happy They Are</u> | <u>Males</u> | <u>Females</u> |
|-----------------------|--------------|----------------|
| Very Happy            | 1            | 1              |
| Fairly Happy          | 2            | 2              |
| Not Happy             | <u>3</u>     | <u>1</u>       |
| Total                 | 6            | 4              |

Table 40

Residents Who Feel  
They Are Receiving Adequate Service

N = 10

| <u>Adequate Services</u> | <u>Males</u> | <u>Females</u> |
|--------------------------|--------------|----------------|
| Yes                      | 4            | 1              |
| No                       | <u>2</u>     | <u>3</u>       |
| Total                    | 6            | 4              |

Table 41

Residents Who Responded  
To What They Felt Were the Strengths  
And Weaknesses of the Residential Center

N = 10

| <u>Strengths</u>           | <u>Number of Respondents</u> |
|----------------------------|------------------------------|
| Nothing                    | 5                            |
| Making them go to school   | 2                            |
| Training for outside world | 1                            |
| Medical services           | 1                            |
| No response                | 1                            |
| Total                      | 10                           |
| <u>Weaknesses</u>          | <u>Number of Respondents</u> |
| Rules                      | 6                            |
| Recreation                 | 2                            |
| Everything                 | 2                            |
| Total                      | 10                           |

Table 42

Resident Responses to  
What They Feel Needs to be Changed in  
The Residential Center

N = 10

| <u>Changes</u> | <u>Number of Responses</u> |
|----------------|----------------------------|
| Everything     | 1                          |
| Nothing        | 1                          |
| Rules          | 3                          |
| Restrictions   | 4                          |
| No Response    | 1                          |
| Total          | 10                         |

Former residents

The mean age of these residents when they participated in the RYC program was 16.83. The mode for this distribution was between the ages of sixteen (16) and nineteen (19). One hundred percent (100%) were black males. All of the residents while attending RYC were enrolled in high school and actively pursuing their degrees. The average stay at the RYC was 1.17 years. One hundred percent (100%) of the residents was single at the time of their residency. The number of former residents interviewed was six (6). The interviewer experienced difficulty in tracing former residents and all he was able to contact to participate in the interview was six individuals. The mean age of the participants when this study was conducted was 30.83. The mode for this distribution was between the ages of 30 and 33.

Table 43

Former Residents Religious  
Preference Before and During the RYC  
and Presently

N = 10

| <u>Religious Preference</u> | <u>Before and During</u> | <u>Now</u> |
|-----------------------------|--------------------------|------------|
| Catholic                    |                          |            |
| Baptist                     | 3                        | 3          |
| Protestant                  | 1                        | 1          |
| Presbyterian                |                          |            |
| Methodist                   |                          |            |
| Episcopalian                |                          |            |
| Pentecostal                 | 0                        | 1          |
| Hindu                       |                          | 1          |
| None                        | 2                        |            |
| Total                       | 6                        | 6          |

Table 44

Former Residents Who Were Members  
of a Church During the RYC and Now

N = 10

| <u>Members of a Church</u> | <u>During</u> | <u>Now</u> |
|----------------------------|---------------|------------|
| Yes                        | 3             | 3          |
| No                         | <u>3</u>      | <u>3</u>   |
| Total                      | 6             | 6          |



Table 45

Former Residents Who Were  
Employed During RYC and Now

N = 6

| <u>Employed</u> | <u>During</u> | <u>Now</u> |
|-----------------|---------------|------------|
| Yes             | 6             | 6          |
| No              | <u>0</u>      | <u>0</u>   |
| Total           | 6             | 6          |

Table 46

Former Residents Who Were Able  
to Work During the RYC and Now

N = 6

| <u>Able to Work</u> | <u>During</u> | <u>Now</u> |
|---------------------|---------------|------------|
| Yes                 | 6             | 6          |
| No                  | <u>0</u>      | <u>0</u>   |
| Total               | 6             | 6          |

Table 47

Former Residents Who Wanted  
To Work During the RYC and Now

N = 6

| <u>Wanted To Work</u> | <u>During</u> | <u>Now</u> |
|-----------------------|---------------|------------|
| Yes                   | 6             | 6          |
| No                    | <u>0</u>      | <u>0</u>   |
| Total                 | 6             | 6          |

Table 48

Former Residents Who Had Living  
Parents During Their Residency at RYC

N = 6

| <u>Living Parents</u> | <u>During</u> |
|-----------------------|---------------|
| Yes                   | 6             |
| No                    | <u>0</u>      |
| Total                 | 6             |

Table 49

Former Residents Whose Parents  
Visited Them During Their Residency at RYC

N = 6

| <u>Parents Visit</u> | <u>During</u> |
|----------------------|---------------|
| Yes                  | 4             |
| No                   | <u>2</u>      |
| Total                | 6             |

Table 50

Former Residents Whose Parents  
Wrote Them Letters During Their  
Residency at RYC

N = 6

| <u>Wrote Letters</u> | <u>During</u> |
|----------------------|---------------|
| Yes                  | 0             |
| No                   | <u>6</u>      |
| Total                | 6             |

Table 51

Former Residents Whose Parents  
Contacted Them by Telephone

N = 6

| <u>Telephone Contact</u> | <u>During</u> |
|--------------------------|---------------|
| Yes                      | 4             |
| No                       | <u>2</u>      |
| Total                    | 6             |

Table 52

Former Residents Who Enjoyed  
Communicating With Their Parents

N = 6

| <u>Enjoyed Communicating</u> | <u>During</u> |
|------------------------------|---------------|
| Yes                          | 5             |
| No                           | <u>1</u>      |
| Total                        | 6             |

Table 53

Former Residents Who Felt  
They Could Visit or Talk to Someone  
in the Community

N = 6

| <u>Talk/Visit</u> | <u>During</u> |
|-------------------|---------------|
| Yes               | 4             |
| No                | <u>2</u>      |
| Total             | 6             |

Table 54

Former Residents Who Attended  
Social Functions in the Community  
While at RYC

N = 6

| <u>Social Functions</u> | <u>During</u> |
|-------------------------|---------------|
| Yes                     | 3             |
| No                      | <u>3</u>      |
| Total                   | 6             |

Table 55

Former Residents Who  
Visited Individuals While Residing at RYC

N = 6

| <u>They Visited</u>    | <u>During</u> |
|------------------------|---------------|
| Family Member/Relative | 3             |
| Friend                 | 2             |
| Guardian               | 1             |
| Other                  | <u>0</u>      |
| Total                  | 6             |

Table 56

Former Residents Who Lived  
in the New Haven Community Prior to Living at RYC

N = 6

| <u>Lived in New Haven</u> | <u>Prior to RYC</u> |
|---------------------------|---------------------|
| 0-11 months               | 0                   |
| 1-3 years                 | 0                   |
| 4-6 years                 | 0                   |
| 7-9 years                 | 1                   |
| 10 or more years          | <u>5</u>            |
| Total                     | 6                   |



Table 57

Former Residents Who Were  
Satisfied with the Housing at RYC

N = 6

| <u>Satisfied with Housing</u> | <u>Number</u> |
|-------------------------------|---------------|
| Very Satisfied                | 5             |
| Fairly Satisfied              | 0             |
| Not Satisfied*                | <u>1</u>      |
| Total                         | 6             |

\*Responded that he was not satisfied during that time; however as an adult he could now say that he was very satisfied during that time.

Table 58

Former Residents Responding  
To the Adequacy of Services They Received

N = 6

| <u>Services Received</u> | <u>Adequate</u> | <u>Inadequate</u> |
|--------------------------|-----------------|-------------------|
| Peer Group Interaction   | 5               | 1                 |
| Food Services            | 6               | 0                 |
| Individual Therapy       | 6               | 0                 |
| Room (sleeping quarters) | 5               | 1                 |
| House Council            | 5               | 1                 |
| Recreational Therapy     | 4               | 2                 |
| Art Program              | 4               | 2                 |
| Job Training             | 3               | 3                 |
| Vocational Training      | 6               | 0                 |
| Psychiatric Consultation | 3               | 3                 |
| Athletic Activities      | 6               | 0                 |
| Music Program            | 4               | 2                 |
| Bank Program             | 4               | 2                 |
| Medical Services         | 4               | 2                 |
| School Activities        | 4               | 2                 |
| Education Activities     | 4               | 2                 |
| Parent Participation     | 1               | 5                 |

Table 59

Former Residents Who  
Had Transportation or Access to Such

N = 6

| <u>Transportation</u> | <u>During</u> |
|-----------------------|---------------|
| Yes                   | 5             |
| No                    | <u>1</u>      |
| Total                 | 6             |

Table 60

Former Residents Who  
Had a Caseworker

N = 6

| <u>Caseworker</u> | <u>During</u> |
|-------------------|---------------|
| Yes               | 6             |
| No                | <u>0</u>      |
| Total             | 6             |

Table 61

Former Residents Who  
Were Satisfied with Caseworker

N = 6

| <u>Satisfied with Caseworker</u> | <u>During</u> |
|----------------------------------|---------------|
| Yes                              | 6             |
| No                               | <u>0</u>      |
| Total                            | 6             |

Table 62

Times Former Residents  
Were Readmitted to the RYC

N = 6

| <u>Readmitted</u> | <u>Number</u> |
|-------------------|---------------|
| 0                 | 2             |
| 1-3               | 4             |
| 4-6               | 0             |
| 7-9               | <u>0</u>      |
| Total             | 6             |

Table 63

Former Residents Opinion on  
Services Received at RYC That Were Better  
Before Terminating

N = 6

| <u>Opinion on Services</u> | <u>During</u> |
|----------------------------|---------------|
| Yes                        | 4             |
| No                         | <u>2</u>      |
| Total                      | 6             |

Table 64

Residents Receiving Financial Support

N = 6

| <u>Financial Support</u>     | <u>During</u> |
|------------------------------|---------------|
| Social Security              | 0             |
| Family Member/Relative       | 0             |
| State Welfare                | 1             |
| Friend/Neighbor              | 1             |
| Minister or Church Personnel | 1             |
| Other                        | <u>3</u>      |
| Total                        | 6             |

Table 65

Former Residents Who  
Had Medical Coverage

N = 6

| <u>Medical Coverage</u> | <u>During</u> |
|-------------------------|---------------|
| Title XIX               | 6             |
| Private Insurance       | <u>0</u>      |
| Total                   | 6             |

Table 66

Former Residents Who Handled  
Their Own Money While at RYC

N = 6

| <u>Handled Their Own Money</u> | <u>During</u> |
|--------------------------------|---------------|
| Yes                            | 5             |
| No*                            | <u>1</u>      |
| Total                          | 6             |

\*Staff handled money



Table 67

Former Residents Who Felt  
Differently About Others While at RYC

N = 6

| <u>Felt Differently</u> | <u>During</u> |
|-------------------------|---------------|
| Yes                     | 4             |
| No                      | <u>2</u>      |
| Total                   | 6             |

Table 68

Former Residents Who Felt  
People Treated Them Differently

N = 6

| <u>Treated Differently</u> | <u>During</u> |
|----------------------------|---------------|
| Yes                        | 4             |
| No                         | <u>2</u>      |
| Total                      | 6             |

Table 69

Former Residents Who Felt  
People in the Community Were Friendly  
Towards Them

N = 6

| <u>Community Friendliness</u> | <u>During</u> |
|-------------------------------|---------------|
| Yes                           | 4             |
| No                            | <u>2</u>      |
| Total                         | 6             |

Table 70

Activities in Which Former  
Residents Participated During Their Spare Time

N = 6

| <u>Spare Time</u>               | <u>During</u> | <u>Now</u> |
|---------------------------------|---------------|------------|
| Watching T.V.                   | 4             | 6          |
| Reading Newspaper or Mag.       | 2             | 4          |
| Reading Books                   | 3             | 3          |
| Visiting Friends                | 4             | 6          |
| Walking                         | 6             | 6          |
| Athletic Activities             | 3             | 0          |
| Eating                          | 3             | 6          |
| Dancing                         | 3             | 3          |
| Smoking Cigars/<br>Cigarettes   | 6             | 6          |
| Drinking Alcoholic<br>Beverages | 6             | 6          |
| Smoking Marijuana               | 6             | 6          |
| Other                           | 0             | 4          |

Table 71

Former Residents Who Felt  
They Spent Time Doing Things They Enjoyed

N = 6

| <u>Things They Enjoyed</u> | <u>During</u> |
|----------------------------|---------------|
| Yes                        | 3             |
| No                         | <u>3</u>      |
| Total                      | 6             |

Table 72

Percentage of Former Residents Who Found  
Themselves Feeling Lonely During the RYC

N = 6

| <u>Feeling Lonely</u> | <u>During</u> |
|-----------------------|---------------|
| Quite Often           | 3             |
| Sometime              | 2             |
| Almost Never          | <u>1</u>      |
| Total                 | 6             |

Table 73

Former Residents Who Felt  
Unhappy Because They Did Not Feel Useful

N = 6

| <u>Not Feeling Useful</u> | <u>During</u> |
|---------------------------|---------------|
| Yes                       | 4             |
| No                        | <u>2</u>      |
| Total                     | 6             |

Table 74

Former Residents Who Stated  
How Happy They Were During the RYC

N = 6

| <u>Happiness</u> | <u>During</u> |
|------------------|---------------|
| Very Happy       | 1             |
| Fairly Happy     | 3             |
| Not Happy        | <u>2</u>      |
| Total            | 6             |

Table 75

Former Residents Who Felt  
They Received Adequate Services at the RYC

N = 6

| <u>Adequate Services</u> | <u>During</u> |
|--------------------------|---------------|
| Yes                      | 6             |
| No                       | <u>0</u>      |
| Total                    | 6             |

Table 76

Former Residents Who Were Arrested

N = 6

| <u>Arrested</u> | <u>Before</u> | <u>During</u> | <u>After</u> |
|-----------------|---------------|---------------|--------------|
| Yes             | 5             | 0             | 3            |
| No              | <u>1</u>      | <u>6</u>      | <u>3</u>     |
| Total           | 6             | 6             | 6            |

Table 77

Former Residents Who  
Spent Time in Jail

N = 6

| <u>Spent Time<br/>in Jail</u> | <u>Before</u> | <u>During</u> | <u>After</u> |
|-------------------------------|---------------|---------------|--------------|
| Yes                           | 6             | 0             | 1            |
| No                            | <u>0</u>      | <u>6</u>      | <u>5</u>     |
| Total                         | 6             | 6             | 6            |



Table 78

Former Residents Who  
Responded to Types of Arrest

N = 6

| <u>Types of Arrest</u>       | <u>Before</u> | <u>During</u> | <u>After</u> |
|------------------------------|---------------|---------------|--------------|
| Breach of Peace              | 6             | 0             | 3            |
| Carrying Dangerous<br>Weapon | 0             | 0             | 1            |
| Drugs                        | 3             | 0             | 0            |

Table 79

Things That Former Residents  
Felt Were Positive for Them at RYC

N = 6

| <u>Positive Things</u>          | <u>During</u> |
|---------------------------------|---------------|
| Counseling                      | 6             |
| Food Service                    | 6             |
| Program Togetherness            | 6             |
| Self-Help Concept               | 6             |
| One-on-One Consultation         | 6             |
| Sleeping Arrangements           | 6             |
| Male Role Models                | 5             |
| Communication Between Residents | 5             |
| Sincere Concern of Staff        | 6             |
| Feeling Good About Being There  | 5             |

Table 80

Things Former Residents Found That Were  
Negative for Them at RYC

N = 6

| <u>Negative Things</u>   | <u>During</u> |
|--|---------------|
| "There were no negative things."                                 | 2             |
| "If it wasn't for the RYC I don't think I would be alive today." | 1             |
| "If I had to do it all over again I would go back."              | 1             |
| "I would recommend the RYC to other youth."                      | 1             |
| "It saved my life and gave me a positive direction."             | <u>1</u>      |
| Total  | 6             |

Table 81

Former Residents Who Responded  
To What They Felt Were the Strengths of RYC

N = 6

| <u>Strengths</u>                          | <u>During</u> |
|---|---------------|
| The Support                               | 6             |
| The Leaders                               | 6             |
| The Training                              | 4             |
| Being Aware of all the Things<br>Going On | 3             |
| Disciplinary Action                       | 6             |
| Sensitivity to Residents'<br>Problems     | 6             |

Table 82

Former Residents Who Responded  
To What They Felt Were the Weaknesses of RYC

N = 6

| <u>Weaknesses</u>                    | <u>During</u> |
|--------------------------------------|---------------|
| Not Enough Activities                | 4             |
| Funding                              | 6             |
| Financial Support for Residents      |               |
| Entering College                     | 1             |
| Special Legislation for RYC Funding  | 1             |
| Lack of Visitation in Rooms          | 5             |
| Lack of Personal Income              | 6             |
| Not Really any Weaknesses of the RYC | 6             |

Administrators and Staff

This section covers the interviews of the administrators and staff of the RYC in New Haven, Connecticut. The information was taken from seven (7) counselors and three (3) administrators. The means average of years worked in this RYC was 5.53, ranging from one (1) month to sixteen (16) years. Of the ten administrators and staff each individual worked various eight-hour shifts (9 a.m. to 5 p.m.; 8 p.m. to 4 a.m.; and 4 a.m. to 12 p.m.), and two worked from 9 a.m. to 8 p.m. and a rotation shift for four (4) hours per day. The seven counselors were all on twenty-four (24) hour call.

Table 83

Respondents Scheduling  
Residents for Appointments

N = 10

| <u>Scheduling Appointments</u> | <u>Number of Respondents</u> |
|--------------------------------|------------------------------|
| Open Schedule                  | 3                            |
| After School Hours             | 1                            |
| 9 a.m.-5 p.m. Mon.-Fri.        | 1                            |
| 10 a.m. to 3 p.m.              | 1                            |
| 3 p.m. to 8 p.m.               | 1                            |
| Other                          | <u>3</u>                     |
| Total                          | 10                           |

Table 84

Respondents Who Knew of Other  
Providers of the Same Services as Their Agency

N = 10

| <u>Same Services</u> | <u>Number of Respondents</u> |
|----------------------|------------------------------|
| Yes                  | 5                            |
| No                   | <u>5</u>                     |
| Total                | 10                           |

Those respondents that answered yes provided the names of the following programs: three identified Umoja House; one identified Alpha House; one identified Durham Hills School and one identified the Children's Center in High Meadows.



Table 85

Respondents Who Provided  
Information on How People in the Community  
Learned About Their Services

N = 10

| <u>Learned About Services</u>  | <u>Number of Respondents</u> |
|--------------------------------|------------------------------|
| Self-Referred                  | 6                            |
| Referred by Another Agency     | 9                            |
| Referred by a Community Agency | 8                            |
| Referred by the State          | 9                            |
| Referred by the Courts         | 8                            |
| Others - Parents/Schools       | 7                            |
| Fire Department                | 6                            |
| Staff                          | 2                            |
| Family Members/Friends         | 2                            |

Table 86

Number of Clients Registered  
by the Respondents

N = 10

| <u>Estimated Number of Clients</u> | <u>Number Given</u> |
|------------------------------------|---------------------|
| 12 to 35                           | 3                   |
| 36 to 75                           | 3                   |
| *76 to 300                         | 2                   |
| 301 to 450                         | 1                   |
| Don't Know                         | 1                   |

\*These numbers were given by administrators of program, responsible for three residential youth centers in New Haven, CT.

Table 87

Respondents Estimation of  
The Number of Residents Who Live  
in New Haven

N = 10

| <u>Live in New Haven</u> | <u>Number Given</u> |
|--------------------------|---------------------|
| 3 to 5 percent           | 6                   |
| 6 to 20 percent          | 2                   |
| 21 to 40 percent         | 2                   |
| 41 to 90 percent         | 0                   |
| Don't Know               | <u>0</u>            |
| Total                    | 10                  |

Table 88

Respondents Answers to Major Reasons  
for Clients Coming to the RYC

N = 10

| <u>Reasons</u>                 | <u>Number of Responses</u> |
|--------------------------------|----------------------------|
| Family Problems                | 10                         |
| Delinquency                    | 4                          |
| Abandonment/Abuse              | 3                          |
| Breaking the Law               | 3                          |
| Police/Court                   | 1                          |
| State                          | 4                          |
| Problem with Foster<br>Parents | 3                          |

Table 89

Respondents Describing  
Characteristics of Residents Seen by Them

N = 10

| <u>Characteristics</u> | <u>Number of Responses</u> |
|------------------------|----------------------------|
| Age -- 12-18 years     | 10                         |
| Sex - Males 50%        | 10                         |
| - Females 50%          | 10                         |
| Ethnicity - 45% white  | 10                         |
| 50% black              | 10                         |
| 4% Spanish Speaking    | 10                         |
| 1% American Indian     | 10                         |
| Health Insurance       |                            |
| Status - 85% State     | 10                         |
| 15% Insurance Co.      | 10                         |

Table 90

Respondents Stating the Most  
Pressing Problems in Their Programs

N = 10

| <u>Pressing Problems</u> | <u>Number of Responses</u> |
|--------------------------|----------------------------|
| Financial                | 8                          |
| Staff                    | 8                          |
| Transportation           | 4                          |
| Lack of Equipment        | 5                          |
| Law Involvement          | 5                          |

Table 91

Respondents Reporting the Major  
Obstacles in Resolving These Problems

N = 10

| <u>Resolving Problems</u>    | <u>Number of Responses</u> |
|------------------------------|----------------------------|
| State and City Funds         | 10                         |
| Being a Black Organization   | 1                          |
| Lack of Professional Support | 5                          |
| Funds for Equipment          | 9                          |
| Funds for Recreation         | 5                          |

Table 92

Respondents Reporting the  
Major Needs for Residential Youth Services

N = 10

| <u>Major Needs</u>      | <u>Number of Responses</u> |
|-------------------------|----------------------------|
| Clothing                | 3                          |
| Recreational Activities | 5                          |
| Therapist               | 9                          |



Table 93

Respondents Reporting the  
Adequacy of Services in the New Haven  
Area in Relation to Clients Needs

N = 10

| <u>Services</u>                       | <u>Adequate</u> | <u>Not Adequate</u> | <u>No Opinion</u> |
|---------------------------------------|-----------------|---------------------|-------------------|
| Recreation Activities                 |                 | 10                  |                   |
| Primary Care Services                 | 7               | 2                   | 1                 |
| Tutorial                              | 2               | 8                   |                   |
| Health Services                       | 8               | 2                   |                   |
| Social Services                       | 5               | 5                   |                   |
| Mental Health Services                | 4               | 6                   |                   |
| Dental Services                       | 7               | 3                   |                   |
| Leisure Time Activity                 |                 | 10                  |                   |
| Vocational Training                   | 1               | 9                   |                   |
| Prescription Medication               | 7               | 2                   | 1                 |
| Laboratory                            | 9               | 1                   |                   |
| Job Development Athletic Activities   | 2               | 7                   | 1                 |
| X-rays                                | 9               | 1                   |                   |
| Family Planning                       | 5               | 4                   | 1                 |
| Emergency Care Specialist Consultants | 10              |                     |                   |
| Employment                            | 5               | 4                   | 1                 |
| Educational Systems                   | 2               | 8                   |                   |
| Job Training                          | 1               | 9                   |                   |
| Religious Training                    |                 | 10                  |                   |
| Youth Training                        |                 | 10                  |                   |
| Career Guidance                       |                 | 10                  |                   |

Table 94

Respondents Reporting the  
Role They Perceived Themselves Playing  
in Solving Some of These Problems

N = 10

| <u>Role Perceived</u>   | <u>Number of Responses</u> |
|---|----------------------------|
| Including family members in training  | 4                          |
| Providing educational, residential vocational and theatre arts in the schools | 1                          |
| Fund raising  | 6                          |
| In-house training for residents (personal, hygiene, drugs, sex, etc.)         | 1                          |
| Continue to provide counseling  | 1                          |
| Identify sources needed   | 1                          |
| Supervision with families   | 1                          |
| Plan and develop workshops for services                                       | 1                          |

Policy Makers

This section will cover the interviews with policy makers for the State of Connecticut Department of Children and Youth Services. This four-member policy team consisted of two administrators and two staff. It was stated that as a team they review and establish institutional policies.

Table 95

Responses to the Strengths  
of Traditional Institutions

N = 4

| <u>Strengths</u>      | <u>Number of Respondents</u> |
|-----------------------|------------------------------|
| Structure consistency | 2                            |
| Staffing and funding  | 2                            |

Table 96

Responses to the Weaknesses  
of Traditional Institutions

N = 4

| <u>Weaknesses</u>  | <u>Number of Respondents</u> |
|--|------------------------------|
| Institutionalization                                     | 3                            |
| Limited contact with reality                             | 1                            |
| Programs for the sake of the<br>institution or tradition | 1                            |

Table 97

Responses to the Strengths  
of Community-Based Programs

N = 4

| <u>Strengths</u>            | <u>Number of Respondents</u> |
|-----------------------------|------------------------------|
| More reality based          | 3                            |
| Coping with everyday living | 1                            |
| Handle on the constituency  | 3                            |

Table 98

Responses to the Weaknesses  
of Community-Based Programs

N = 4

| <u>Weaknesses</u>                               | <u>Number of Responses</u> |
|---|----------------------------|
| Lack of funding                                 | 2                          |
| Resources often weak                            | 3                          |
| Many children do not have<br>mechanisms to cope | 1                          |
| Lack of State/Federal support                   | 4                          |

Table 99

Responses to the  
Cost Effectiveness of Traditional  
Juvenile Residential Care

N = 4

| <u>Cost Effectiveness Tradition</u> | <u>Number of Responses</u> |
|-------------------------------------|----------------------------|
| Poor                                | 3                          |
| The system does not meet ends       | 3                          |

Table 100

Responses to the  
Cost Effectiveness of Community-Based  
Juvenile Residential Care

N = 4

| <u>Cost Effectiveness Community</u>            | <u>Number of Responses</u> |
|--|----------------------------|
| Have not seen success                          | 4                          |
| Cost effectiveness is not<br>easily determined | 3                          |
| Outcomes are often incomplete                  | 2                          |



RESIDENTIAL YOUTH CENTER

Intake Form

Name

Applicant for the RYC \_\_\_\_\_

Previous address \_\_\_\_\_

Phone No. (if available) \_\_\_\_\_

Questionnaire filled out by \_\_\_\_\_ Date \_\_\_\_\_

1. Personal Information

1. Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_

2. Race \_\_\_\_\_ Religion \_\_\_\_\_

3. Social Security No. \_\_\_\_\_

4. Title 19 or D.C.W. No. \_\_\_\_\_

5. Circumstances that led to entering the RYC \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Three references: (friends, past employers, relatives or social agencies)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

7. With whom was the applicant living before entering the RYC?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

8. How long has the applicant been living in New Haven? \_\_\_\_\_

9. Describe physical condition of applicant's previous residence

\_\_\_\_\_  
\_\_\_\_\_

10. Has the applicant ever been arrested? \_\_\_\_\_

For what? \_\_\_\_\_

\_\_\_\_\_

How many times? \_\_\_\_\_ Did the applicant ever  
serve a sentence? \_\_\_\_\_ Where? \_\_\_\_\_

\_\_\_\_\_

Is the applicant on probation? \_\_\_\_\_

Probation officer's name and address, if  
applicable \_\_\_\_\_

\_\_\_\_\_

11. What is the general attitude of the applicant?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

II. Program History

1. Agency sponsoring or referring applicant \_\_\_\_\_  
\_\_\_\_\_
2. Other agencies serving applicant during the  
last five years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Has applicant previously been a resident in the  
RYC? \_\_\_\_\_ Specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. To which RYC or other program co-ordinator is  
applicant assigned? \_\_\_\_\_
5. Give applicant's RYC history (when applicable)  
\_\_\_\_\_  
\_\_\_\_\_
6. If questions 4 and 5 are not applicable, where  
does the applicant work or what is his source of  
financial support? \_\_\_\_\_  
\_\_\_\_\_
7. What is the applicant's attitude toward the RYC  
programs (when applicable)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Has applicant ever been a resident in an institution? \_\_\_\_\_

Specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. Family

1. Who is the boy's legal guardian? \_\_\_\_\_  
\_\_\_\_\_

2. Number of siblings \_\_\_\_\_

3. Sibling order of applicant \_\_\_\_\_

4. Number of siblings now living with applicant's parents \_\_\_\_\_

5. Has applicant or other siblings ever been placed in a foster home or other care? \_\_\_\_\_

6. Current income of applicant's family (if available): \_\_\_\_\_

7. Sources of family income (if available) \_\_\_\_\_  
\_\_\_\_\_

8. Parents marital status \_\_\_\_\_

Name if different \_\_\_\_\_

9. Specify previous residence (outside of New Haven) of family during applicant's lifetime \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



10. Would the parent(s) of the applicant be willing to participate in RYC programs and activities?

\_\_\_\_\_  
\_\_\_\_\_

IV. Education

1. Highest school grade completed by applicant \_\_\_\_\_

Date \_\_\_\_\_

2. Is applicant still in school? \_\_\_\_\_

If not, why did he leave? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Last schools attended \_\_\_\_\_

When? \_\_\_\_\_

4. Did the applicant ever miss a term or more of school during his education? \_\_\_\_\_ When? \_\_\_\_\_

5. Has applicant ever received on-the-job training? \_\_\_\_\_ Specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Has applicant ever been in a technical or professional school? \_\_\_\_\_

Specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## V. Employment

1. Organization currently employing applicant (if any) \_\_\_\_\_
2. Present salary and hours (if applicant) \_\_\_\_\_  
\_\_\_\_\_
3. Number of jobs held by applicant (work record)  
\_\_\_\_\_
4. What is the longest time the applicant has ever held a job? \_\_\_\_\_
5. Specify kind of work applicant did on longest held job; identify employer \_\_\_\_\_  
\_\_\_\_\_
6. Are there any aspects of the applicant's health which might affect his employability? \_\_\_\_\_  
\_\_\_\_\_

NARRATIVE REPORT

(To be done one week after staffing by the boy's worker)

(continue on reverse if necessary)

## WHEN A BOY LEAVES THE CENTER

To be filled out by a staff member other than the worker of resident.

## 1. Personal

1. Where is the resident going to live? \_\_\_\_\_

\_\_\_\_\_

2. What is the resident's source of financial support going to be? \_\_\_\_\_

\_\_\_\_\_

3. What is the attitude of the resident toward the R.Y.C.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What suggestions does the residents have for improving the R.Y.C.? (rooms, food, rules, Staff, House Council, etcetera) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Are there things a worker should be doing with a resident that he is not doing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



6. Can you think of anything that might improve relations between staff and residents? \_\_\_\_\_

---

---

---

---

---

7. Is this a voluntary termination or a termination of actions in the house? \_\_\_\_\_
8. How does the resident feel the RYC has helped him?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Was the resident changed since his stay here? \_\_\_\_\_  
How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. How long in advance was the termination planned?  
\_\_\_\_\_
11. Was there a mutual agreement on termination between worker and resident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NARRATIVE REPORT

To be written by the resident's worker

NARRATIVE REPORT (continued)

FOLLOW-UP FORM

(To be filled out about two, four, and six months after resident leaves the RYC)

1. Where is the ex-resident living? \_\_\_\_\_

\_\_\_\_\_

Is this the same place he moved into when he left the RYC? \_\_\_\_\_

2. Has the ex-resident has any trouble with the law since he left the RYC? \_\_\_\_\_

What kind of trouble, and how much? \_\_\_\_\_

3. Does the ex-resident have a full-time job? \_\_\_\_\_

Where \_\_\_\_\_

Earnings per week \_\_\_\_\_ Hours per week \_\_\_\_\_

Attendance \_\_\_\_\_

Lateness \_\_\_\_\_

4. What are the ex-resident's plans for the future?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What is the ex-resident's present attitude toward the RYC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



6. Describe condition of ex-resident's residence  
(home, apartment, or institution), if possible

---

---

---

---

NARRATIVE REPORT

Weekly Report

NAME \_\_\_\_\_ DATE \_\_\_\_\_ TO \_\_\_\_\_

WORKER \_\_\_\_\_

\_\_\_\_\_ NUMBER OF REPORTED DISTURBANCES PROBATION \_\_\_\_\_

\_\_\_\_\_ NUMBER OF CURFEW VIOLATIONS JAIL \_\_\_\_\_

\_\_\_\_\_ RENT BEHIND, HOW MUCH SAVINGS ACCOUNT \_\_\_\_\_

\_\_\_\_\_ HOUSE NITE PROGRAMS (WHICH TWO) HOME CONTACTS \_\_\_\_\_

\_\_\_\_\_ RELATING TO RESIDENTS AGENCY CONTACTS \_\_\_\_\_

\_\_\_\_\_ GENERAL PROGRESS COMMENTS: \_\_\_\_\_

SCHOOL

\_\_\_\_\_ ATTENDANCE FOR WEEK (1-5) \_\_\_\_\_

\_\_\_\_\_ CONTACTS WITH TEACHING \_\_\_\_\_

\_\_\_\_\_ GENERAL PROGRESS (1-5) \_\_\_\_\_

EMPLOYMENT

\_\_\_\_\_ ATTENDANCE FOR WEEK (1-5) COMMENTS: \_\_\_\_\_

\_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME (check one) \_\_\_\_\_

\_\_\_\_\_ NYC PROGRAM \_\_\_\_\_ WORK STUDY (check one) \_\_\_\_\_

\_\_\_\_\_ PAY AND HOURS \_\_\_\_\_

\_\_\_\_\_ WEEKLY TOTAL \_\_\_\_\_

\_\_\_\_\_ UNEMPLOYED \_\_\_\_\_

GENERAL PROGRESS, PROBLEMS AND RELEVANT INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MONTHLY REPORT

NAME \_\_\_\_\_ MONTH OF \_\_\_\_\_

WORKER \_\_\_\_\_

House Data

School

\_\_\_\_\_ Rent (behind)

\_\_\_\_\_ Attendance (days missed)

\_\_\_\_\_ Disciplinary Action (type)

\_\_\_\_\_ General Performance (A-F)

\_\_\_\_\_ General Attitude (A-F)

Employment

\_\_\_\_\_ Attendance (days missed)

\_\_\_\_\_ General Performance (A-F)

General Evaluation: Goals, problems, performance and contact with the family outside agencies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



HOUSE RULES FOR RESIDENTS

1. Residents will be responsible for any damage done to the house, such as holes in walls, doors, lights, floors, recreation areas, etcetera. Damages will be paid by residents by adding the cost to the rent.
2. Anyone caught using drugs, i.e. glue sniffing, narcotics, etcetera, will be terminated. The individual worker will not make the decision alone any longer.
3. Anyone caught drinking on or off the premises will be suspended or terminated.
4. No resident will have or keep any knives, guns, or any dangerous weapons in the house.  
  
    Penalty: If a resident has a weapon and voluntarily gives it up, this will result in no action taken. If a resident has a weapon and is reluctant to give it up, expulsion will result.
5. No non-residents, male or female, will be allowed above the main floor (ground floor).
6. If anyone touches or handles the fire extinguisher in any way, they will be terminated. If the guilty party isn't found, there will be no activities for two weeks.
7. Anyone caught on the roof top or ledges will be terminated immediately.

8. Anyone caught horseplaying after curfew will be dealt with by the staff. Punishment will be to do work around the house, such as cleaning the grounds, wash walls, etcetera. If the guilty party is not found, the staff will deal with all the residents.
9. Residents must be out of the house by 8:00 a.m. Exceptions for residents who are not in basic work crew or school. Calls will be made for residents who do not conform to this rule to be docked for the day's pay. Residents are not to be into the house until the appointed time.
10. No dinner after 5:30 p.m. Exceptions will be made if the resident calls in with an acceptable excuse.
11. All emergency case residents must be in the house by 11:00 p.m. every night for one week. Thereafter, curfew time is subject to change by worker.  

Penalty: Any infraction of this rule--residents will be suspended or terminated depending on the decision of the staff.
12. All non-residents must be out of the house by 10:00 p.m. Sunday through Thursday and by midnight on Friday and Saturday. Females under sixteen must be out of the house by 9:00 p.m.

13. No gambling will be allowed at any time in the Residential Youth Center.

Penalty: Non-residents will be suspended for two weeks. Residents will be on curfew for two weeks.

14. Director to let worker know if resident is behind in rent and the worker will collect back rent.

No resident will be allowed to fall behind more than \$35.00 in his rent.

Penalty: Suspension until rent is paid in full.

15. Each resident will be responsible for some duty within the house. Failure to carry out same will be dealt with by the staff.

16. Each resident must participate in at least two programs in the Residential Youth Center.

17. Rooms are to be cleaned each and every day. Failure to comply will lead to disciplinary action.

Any infraction of the above rules may lead to termination!!

ALL RULES MUST BE READ AND SIGNED BY RESIDENTS UPON ENTERING THE RESIDENTIAL YOUTH CENTER.

---

Resident's Signature

Night Report

A) Programs: (circle number) 1, 2, 3, 4, 5

Type: (sex education, house council) \_\_\_\_\_  
\_\_\_\_\_

B) Disturbances (circle number) 1, 2, 3, 4, 5 \_\_\_\_\_  
\_\_\_\_\_

C) Visitors: (circle number) 1, 2, 3, 4, 5 \_\_\_\_\_

Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D) Curfew Violations: (circle number) 1, 2, 3, 4, 5

(Who) \_\_\_\_\_  
\_\_\_\_\_

E) Others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary Report: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Follow-Up Study

Name \_\_\_\_\_ Worker \_\_\_\_\_

Current Address \_\_\_\_\_ Race \_\_\_\_\_

Te. Number \_\_\_\_\_ Age when entering R.Y.C. \_\_\_\_\_

A. Length of stay at R.Y.C. \_\_\_\_\_

B. From New Haven Inner-City Y \_\_\_ N \_\_\_ If no where \_\_\_\_\_  
\_\_\_\_\_

## Employment at time of interview

C. Working Y \_\_\_ N \_\_\_

D. Place of Employment \_\_\_\_\_

E. Type of Work \_\_\_\_\_

F. Hourly wage \_\_\_\_\_

G. Length of employment on above job \_\_\_\_\_

H. Attendance: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

I. How many job changes since leaving the RYC? \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

J. If not working

Length of time since last job \_\_\_\_\_

How long last job was held \_\_\_\_\_

Reason for termination from last job \_\_\_\_\_  
\_\_\_\_\_

## Job Follow-up

- A. While in the R.Y.C., the enrollee had \_\_\_\_\_ jobs.
- B. How many of the jobs in Question A did the R.Y.C. staff find for the resident? (If the resident was not working upon entering the R.Y.C. and a worker took him to the Skill Center or N.E.C., then the R.Y.C. staff is responsible for finding the job) \_\_\_\_\_
- C. How many jobs did C.P.I. find for the resident without any intervention from the R.Y.C. staff? \_\_\_\_\_
- D. Since leaving the R.Y.C., who found the former resident his jobs:
- \_\_\_\_\_ A. resident himself
- \_\_\_\_\_ B. R.Y.C. worker of R.Y.C. staff
- \_\_\_\_\_ C. N.E.C. or other C.P.I. branch
- \_\_\_\_\_ D. other
- E. If resident could not be contacted-----why
- \_\_\_\_\_ 1. no address or information
- \_\_\_\_\_ 2. In jail
- \_\_\_\_\_ 3. deceased
- \_\_\_\_\_ 4. moved from the area

## School

- A. Grade completed when enrollee entered R.Y.C. \_\_\_\_\_
- B. Did enrollee return to school after entering the  
R.Y.C. Y \_\_\_\_\_ N \_\_\_\_\_
- C. How many grades did enrollee advance since  
Question B? \_\_\_\_\_
- D. Vocational Skill programs Y \_\_\_\_\_ N \_\_\_\_\_  
Where? \_\_\_\_\_  
\_\_\_\_\_
- E. Tutoring Y \_\_\_\_\_ N \_\_\_\_\_  
by whom? \_\_\_\_\_  
\_\_\_\_\_

## Police Record

- A. No. of arrests since leaving the R.Y.C. \_\_\_\_\_
- B. No. of days spent in jail since leaving the  
R.Y.C. \_\_\_\_\_

## Family

- A. Is enrollee married \_\_\_\_\_ single \_\_\_\_\_
- B. Is enrollee living with parents \_\_\_ wife \_\_\_ own pad \_\_\_
- C. No. of changes in residence since leaving the  
R.Y.C. \_\_\_\_\_
- D. Was enrollees family serviced? Y \_\_\_\_\_ N \_\_\_\_\_
- E. How? \_\_\_\_\_
- F. If military service: completed \_\_\_ presently serv \_\_\_







THE SETTING

## Written Consent Form

"Alternatives to traditional Juvenile Offender Rehabilitation as a Component of Deinstitutionalization in New Haven, Connecticut"

A. Study through In-Depth Interviews

- I. I Fredric Osborne, am a doctoral student at the School of Education, University of Massachusetts, in Amherst, Massachusetts. I have been working for the last four years for the development and completion of my dissertation, studying and doing research on the area of traditional Juvenile Offender rehabilitation facilities as a component of deinstitutionalization. The study will be conducted in the geographical area of New Haven, specifically existing Residential Youth Center's in the area that are operated by the state, private, and public vendors.
- II. You are being asked to be a participant in this study. My initial attempt is to conduct one face to face, one hour interview with you asking questions pertaining to your experiences, knowledge and impressions on residential youth centers, in New Haven, Connecticut. However, individuals that may not be assessable for the face to face interview I will conduct the interview over the telephone or mail out the questionnaire with a stamped self addressed envelope. There will be no expenses for participants.

While these questions will provide the structure of the interviews, it is my intent to seek as much information as possible within the contracted time.

Anyone under the age of eighteen (18) years old must have the consent form signed by their parent, guardian or who ever is legally responsible for them.



- III. The interview will be face to face if possible with the aid of a questionnaire and the use of a tape recorder. My goal is to analyze and compose the materials from your interviews (you will be one of approximately a total of sixty participants) for:
- a. My dissertation
  - b. Public presentation to groups interested in Residential Youth Center
  - c. Journal articles
  - d. Possible instructional purposes

In all written materials and oral presentations in which I may use materials from your interview, I will use neither your name, names of people close to you nor the name of your agency.

Furthermore, in any published materials associated with III a-c, I will take steps if necessary to disguise your identity further by changing biographical specifics as appropriate. Transcripts and questionnaire data will be typed with initials for proper names.

- IV. While consenting at this time to participate in these interviews you may at anytime withdraw from the actual interview process.
- V. Furthermore, while having consented to participate in the interview process and having so done, you may withdraw your consent to have specific excerpts from your interviews used in any printed materials or oral presentations if you notify me within thirty days of the interview.

In signing this form you are agreeing to the use of the materials from your interviews as indicated in IV and V. If I were to want to use the materials from your interview in any ways not consistent with what is stated in IV, I would contact you to get your additional written consent.

- VII. In signing this form, you are also assuring me that you will make no financial claim on me for the use of the material in your interview.

VIII. Finally, in signing this you are thus stating that no medical treatment will be required by you from the University of Massachusetts should any physical injury resulted from participating in the interview. At your request, I will be happy to supply you with a copy of the completed results of your interview.

I \_\_\_\_\_, have read the above statement and agree to participate in an interviewee under the conditions stated above.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer



## Providers Questionnaire

A. Provider Identification Data (To be completed  
before interviews)

1. Name: \_\_\_\_\_

2. Type of Provider, specify: \_\_\_\_\_

Before starting the interview, explain briefly what  
the project is about.

3. How long have you provided services in the New  
Haven area?

\_\_\_\_\_ months

\_\_\_\_\_ years

4. What are your office hours?

5. What is your schedule for appointments?

6. Do you know of any other providers who provide the  
same service as your agency?

Yes \_\_\_\_\_ If yes, who? \_\_\_\_\_

No \_\_\_\_\_

7. How do people in the community learn about services?

\_\_\_\_\_ Self referred

\_\_\_\_\_ Referred by another residential program

\_\_\_\_\_ Referred by a community agency

\_\_\_\_\_ Referred by the State

\_\_\_\_\_ Referred by the Courts

\_\_\_\_\_ Other (Specify)

8. What would you estimate to be the size of your client population? (i.e. client actual or estimated number seen in one year)
- a) Number given \_\_\_\_\_
- b) Don't know \_\_\_\_\_
9. What porportion of these patients/clients would you say live in the New Haven area?
- a) Number given \_\_\_\_\_
- b) Don't know \_\_\_\_\_
10. Of the New Haven clients what would you say are the major reasons for them coming into the residential center?

Major reasons

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

11. Can you describe your patients/clients seen by you (or your agency) according to some selected characteristics. That is can you estimate what percent of your patients/clients: (Provide an estimate of the following categories)

Age

9 - 11 \_\_\_\_\_  
12 - 15 \_\_\_\_\_  
16 - 18 \_\_\_\_\_  
19 - 21 \_\_\_\_\_  
21 and over \_\_\_\_\_

Sex

Male \_\_\_\_\_  
Female \_\_\_\_\_

Ethnicity

Black \_\_\_\_\_  
White \_\_\_\_\_  
Spanish Speaking \_\_\_\_\_  
American Indian \_\_\_\_\_

Health Insurance Status of Patients

\_\_\_\_\_ City  
\_\_\_\_\_ State  
\_\_\_\_\_ Insurance Company  
\_\_\_\_\_ Other

B. Practice Characteristic Data

Based upon your knowledge of and experiences with the residents I would like to ask your opinion about the following:

1. What would you say are the most pressing problems for your program?

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

2. What would you say are the major obstacles, if any, to resolve those problems?

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

3. What would you say are the major needs for residential youth services.

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_



4. How would you characterize the adequacy of the following services in the New Haven area in relation to clients needs?

|                         | <u>Adequate</u> | <u>Not Adequate</u> | <u>No Opinion</u> |
|-------------------------|-----------------|---------------------|-------------------|
| Recreational Activities | _____           | _____               | _____             |
| Primary care services   | _____           | _____               | _____             |
| Tutorial                | _____           | _____               | _____             |
| Health Services         | _____           | _____               | _____             |
| Social Services         | _____           | _____               | _____             |
| Mental health Services  | _____           | _____               | _____             |
| Dental Services         | _____           | _____               | _____             |
| Leisure time activity   | _____           | _____               | _____             |
| Vocational training     | _____           | _____               | _____             |
| Prescription medication | _____           | _____               | _____             |
| Laboratory              | _____           | _____               | _____             |
| Job Development         | _____           | _____               | _____             |
| Athletic activities     | _____           | _____               | _____             |
| X-Ray                   | _____           | _____               | _____             |
| Family planning         | _____           | _____               | _____             |
| Emergency care          | _____           | _____               | _____             |
| Specialist consultants  | _____           | _____               | _____             |

|                    | <u>Adequate</u> | <u>Not Adequate</u> | <u>No Opinion</u> |
|--------------------|-----------------|---------------------|-------------------|
| Employment         | _____           | _____               | _____             |
| Educational system | _____           | _____               | _____             |
| Job training       | _____           | _____               | _____             |
| Other              | _____           | _____               | _____             |

5. What would you propose as the most practical solution to the residential case problems of the New Haven area that we have identified and discussed above?

What, if any, role do you perceive yourself as playing in solving the problems?

## Resident's Questionnaire

A study on resident care for the Criminal Justice deinstitutionalized population of the New Haven Connecticut area.

A. Resident Identification Data  
(Closed-ended Questions)

1. How long have you lived in the present residential facility?

\_\_\_\_\_ Years

\_\_\_\_\_ Months

2. Sex: Male \_\_\_\_\_

Female \_\_\_\_\_

3. Age:

\_\_\_\_\_ 12-15

\_\_\_\_\_ 16-18

\_\_\_\_\_ 19-21

\_\_\_\_\_ 21 and over

\_\_\_\_\_ other

4. Marital status:

\_\_\_\_\_ single

\_\_\_\_\_ Other

5. Education level: The highest grade completed:

- \_\_\_\_\_ Elementary school  
 \_\_\_\_\_ Some High School  
 \_\_\_\_\_ High school graduate  
 \_\_\_\_\_ Some college  
 \_\_\_\_\_ Other

6. What do you "consider" to be your race?

- Black \_\_\_\_\_ American Indian \_\_\_\_\_  
 White \_\_\_\_\_ Spanish speaking \_\_\_\_\_  
 Other \_\_\_\_\_

7. What is your religious preference?

- Catholic \_\_\_\_\_  
 Baptist \_\_\_\_\_  
 Protestant \_\_\_\_\_  
 Presbyterian \_\_\_\_\_  
 Methodist \_\_\_\_\_  
 Episcopal \_\_\_\_\_  
 Other \_\_\_\_\_  
 None \_\_\_\_\_

8. Are you a member of any church?

- Yes \_\_\_\_\_  
 No \_\_\_\_\_



9. Have you ever been employed?  
Yes \_\_\_\_\_  
No \_\_\_\_\_
10. Are you presently employed?  
Yes \_\_\_\_\_  
No \_\_\_\_\_
11. In your opinion, are you able to work?  
Yes \_\_\_\_\_  
No \_\_\_\_\_
12. Would you like to work?  
Yes \_\_\_\_\_  
No \_\_\_\_\_
13. Do you have any living parent?  
Yes \_\_\_\_\_  
No \_\_\_\_\_
14. Do your parents visit you?  
Yes \_\_\_\_\_  
No \_\_\_\_\_
15. Does your parent write you letters?  
Yes \_\_\_\_\_  
No \_\_\_\_\_
16. Does your parent contact you by telephone?  
Yes \_\_\_\_\_  
No \_\_\_\_\_

17. Do you enjoy communicating with your parent?

Yes \_\_\_\_\_

No \_\_\_\_\_

18. Do you feel you can talk/visit someone in the community?

Yes \_\_\_\_\_

No \_\_\_\_\_

19. Do you attend social functions in your community?

Yes \_\_\_\_\_

No \_\_\_\_\_

20. Whom do you visit with?

Family member/relative \_\_\_\_\_

Friend \_\_\_\_\_

Guardian \_\_\_\_\_

Other \_\_\_\_\_

21. How long have you lived in this community?

0-11 months

1-3 years

4-6 years

7-9 years

10 or more years

22. Are you satisfied with your present housing situation?

Very satisfied

Farily satisfied

23. Do you utilize services from the residential center?

Yes \_\_\_\_\_

No \_\_\_\_\_

No response \_\_\_\_\_

24. Which of the following services do you receive from the residential center? Are these services adequate or inadequate?

Aftercare Services Received

Peer Group Interaction \_\_\_\_\_

Food Service \_\_\_\_\_

Individual Therapy \_\_\_\_\_

Room (Sleep quarters) \_\_\_\_\_

House Council \_\_\_\_\_

Recreational therapy \_\_\_\_\_

Art Programs \_\_\_\_\_

Job training \_\_\_\_\_

Vocational training \_\_\_\_\_

Psychiatric consultation \_\_\_\_\_

Athletic Activities \_\_\_\_\_

Music Program \_\_\_\_\_

Bank Program \_\_\_\_\_

Medical Services \_\_\_\_\_

Social Activities \_\_\_\_\_

Educational Activities \_\_\_\_\_

Parent Participation \_\_\_\_\_

25. In your opinion, do you need any of the following services?

Peer Group Interaction \_\_\_\_\_

Food Service \_\_\_\_\_

Individual therapy \_\_\_\_\_

Room (sleep quarters) \_\_\_\_\_

House Council \_\_\_\_\_

Recreational therapy \_\_\_\_\_

Art programs \_\_\_\_\_

Job training \_\_\_\_\_

Vocational training \_\_\_\_\_

Psychiatric consultation \_\_\_\_\_

Athletic activities \_\_\_\_\_

Music Program \_\_\_\_\_

Bank Program \_\_\_\_\_

Medical Services \_\_\_\_\_

Social services \_\_\_\_\_

Educational activities \_\_\_\_\_

Parent participation \_\_\_\_\_

26. Do you have transportation, or knowledge of access to such?

Yes \_\_\_\_\_

No \_\_\_\_\_

27. Do you have a caseworker?  
Yes \_\_\_\_\_  
No \_\_\_\_\_
28. If Yes, are you satisfied with his/her services?  
Yes \_\_\_\_\_  
No \_\_\_\_\_
29. How many times have you been readmitted to the residential center?  
1 - 3 \_\_\_\_\_  
4 - 6 \_\_\_\_\_  
7 - 9 \_\_\_\_\_
30. In your opinion, were the services you received before readmission better than the services you received after readmission to the center?  
Yes \_\_\_\_\_  
No \_\_\_\_\_
31. Do you receive financial support from the following  
Social Security \_\_\_\_\_  
Supplemental Security Income (SSI) \_\_\_\_\_  
State Welfare \_\_\_\_\_  
Family member/relative(s) \_\_\_\_\_  
Friend/neighbor(s) \_\_\_\_\_  
Minister or significant Church personnel \_\_\_\_\_  
Other \_\_\_\_\_



32. Do you have any of the following medical coverage?

Medicaid \_\_\_\_\_

Medicare \_\_\_\_\_

Private insurance \_\_\_\_\_

33. Do you handle your own money?

Yes \_\_\_\_\_

No \_\_\_\_\_

34. If no, who handles your money?

Family member \_\_\_\_\_

Friend \_\_\_\_\_

State Worker \_\_\_\_\_

Staff \_\_\_\_\_

Other \_\_\_\_\_

35. Do you feel different from other people about yourself?

Yes \_\_\_\_\_

No \_\_\_\_\_

36. Do you feel other people treat you differently?

Yes \_\_\_\_\_

No \_\_\_\_\_

37. Are people in your community freindly towards you?

Yes \_\_\_\_\_

No \_\_\_\_\_

38. How do you spend your spare time?

Watching T.V. \_\_\_\_\_

Reading newspapers or magazines \_\_\_\_\_

Reading books \_\_\_\_\_

Visiting friends \_\_\_\_\_

Walking \_\_\_\_\_

Athletic activities \_\_\_\_\_

Eating \_\_\_\_\_

Dancing \_\_\_\_\_

Smoking cigars/cigarettes \_\_\_\_\_

Drinking alcoholic beverages \_\_\_\_\_

Other \_\_\_\_\_

39. Do you spend enough time doing the things you like to do?

Yes \_\_\_\_\_

No \_\_\_\_\_

40. Do you find yourself feeling lonely?

Quite often \_\_\_\_\_

Sometimes \_\_\_\_\_

Almost never \_\_\_\_\_

41. How often would you say you worry about things?

Very often \_\_\_\_\_

Fairly often \_\_\_\_\_

Hardly never \_\_\_\_\_

42. Do you sometimes feel unhappy because you are not useful?

Yes \_\_\_\_\_

No \_\_\_\_\_

43. How happy would you say you are?

Very happy \_\_\_\_\_

Fairly happy \_\_\_\_\_

Not happy \_\_\_\_\_

44. In your opinion, are you receiving adequate services?

Yes \_\_\_\_\_

No \_\_\_\_\_

## Policy Makers

1. Your Name \_\_\_\_\_
2. Position \_\_\_\_\_
3. Agency Names \_\_\_\_\_
4. Agency Employed by
  - a. State government \_\_\_\_\_
  - b. City government \_\_\_\_\_
  - c. Federal government \_\_\_\_\_
  - d. Other \_\_\_\_\_
5. What is your role as a policy maker for residential youth services?
6. What procedure do you use in making policies?
7. Who are the individuals involved when policies are made or changed?  
Made \_\_\_\_\_  
Changed \_\_\_\_\_
8. Give an estimate of the operating budget for your agency.  
How much of this is administrative?  
How much of this is for programs?
9. What do you think are the strengths of traditional institutions?  
What do you think are the weaknesses of traditional institutions?

10. What are the strengths of community based programs?
11. What are the weaknesses of community based programs?
12. What is your opinion on the cost effectiveness of traditional juvenile residential care?
13. What is your opinion on the cost effectiveness of community based juvenile care facilities?
14. In your opinion has deinstitutionalization been effective?  
  
What are the strengths?  
  
What are the weaknesses?
15. What recommendations would you make on the strengths and weaknesses of deinstitutionalization?



## Former Resident's Questionnaire

A study on resident care for the Criminal Justice deinstitutionalized population of the New Haven, Connecticut area.

A. Resident Identification Data (closed-ended questions)

1. Where do you live now (city, state)? \_\_\_\_\_  
\_\_\_\_\_

2. How long have you lived in the present residential facility?

\_\_\_\_\_ Years

\_\_\_\_\_ Months

3. Sex: \_\_\_\_\_ Male

\_\_\_\_\_ Female

4. Age:

\_\_\_\_\_ 12-15

\_\_\_\_\_ 16-18

\_\_\_\_\_ 19-21

\_\_\_\_\_ 21 and over

\_\_\_\_\_ other

5. Marital status:

\_\_\_\_\_ Married

\_\_\_\_\_ Single

\_\_\_\_\_ Other

6. Education level: The highest grade completed:

\_\_\_\_\_ Elementary School

\_\_\_\_\_ Some High School

\_\_\_\_\_ High School graduate

\_\_\_\_\_ Some college

\_\_\_\_\_ Other

7. What do you "consider" to be your race?

\_\_\_\_\_ Black

\_\_\_\_\_ White

\_\_\_\_\_ American Indian

\_\_\_\_\_ Spanish speaking

\_\_\_\_\_ Other

8. What is your religious preference?

|              | <u>Before</u> | <u>Now</u> |
|--------------|---------------|------------|
| Catholic     | _____         | _____      |
| Baptist      | _____         | _____      |
| Protestant   | _____         | _____      |
| Presbyterian | _____         | _____      |
| Methodist    | _____         | _____      |
| Episcopal    | _____         | _____      |
| Other        | _____         | _____      |
| None         | _____         | _____      |

9. Are you a member of any church?

|     | <u>Before</u> | <u>Now</u> |
|-----|---------------|------------|
| Yes | _____         | _____      |
| No  | _____         | _____      |

10. Have you ever been employed?

|     | <u>Before</u> | <u>Now</u> |
|-----|---------------|------------|
| Yes | _____         | _____      |
| No  | _____         | _____      |

11. Are you presently employed?

Yes \_\_\_\_\_  
No \_\_\_\_\_

12. In your opinion, are you able to work?

|     | <u>Before</u> | <u>Now</u> |
|-----|---------------|------------|
| Yes | _____         | _____      |
| No  | _____         | _____      |

13. Would you like to work?

Yes \_\_\_\_\_  
No \_\_\_\_\_

14. Did you have any living parent?

Yes \_\_\_\_\_  
No \_\_\_\_\_

15. Did your parent visit you?

Yes \_\_\_\_\_  
No \_\_\_\_\_

16. Did your parent write you letters?

Yes \_\_\_\_\_  
No \_\_\_\_\_

17. Did your parent contact you by telephone?

Yes \_\_\_\_\_

NO \_\_\_\_\_

18. Did you enjoy communicating with your parent?

Yes \_\_\_\_\_

No \_\_\_\_\_

19. Did you feel you could talk/visit someone in the community?

Yes \_\_\_\_\_

No \_\_\_\_\_

20. Did you attend social functions in your community?

Yes \_\_\_\_\_

No \_\_\_\_\_

21. Whom did you visit with?

Family member/relative \_\_\_\_\_

Friend \_\_\_\_\_

Guardian \_\_\_\_\_

Other \_\_\_\_\_

22. Prior to the RYC how long have you lived in this community?

\_\_\_ 0-11 months      \_\_\_ 1-3 years      \_\_\_ 4-6 years

\_\_\_ 7-9 years

23. Were you satisfied with your housing situation?

Very satisfied \_\_\_\_\_

Fairly satisfied \_\_\_\_\_

24. Did you utilize services from the residential center?

Yes \_\_\_\_\_

No \_\_\_\_\_

No response \_\_\_\_\_

25. Which of the following services did you receive from the residential center? Were these services adequate or inadequate? Which services were needed?

Aftercare Services Received

\_\_\_\_\_ Peer Group Interaction

\_\_\_\_\_ Food Service

\_\_\_\_\_ Individual Therapy

\_\_\_\_\_ Room (sleep quarters)

\_\_\_\_\_ House Council

\_\_\_\_\_ Recreational Therapy

\_\_\_\_\_ Art Program

\_\_\_\_\_ Job Training

\_\_\_\_\_ Vocational Training

\_\_\_\_\_ Psychiatric Consultation

\_\_\_\_\_ Athletic Activities

\_\_\_\_\_ Music Program

\_\_\_\_\_ Bank Program

\_\_\_\_\_ Medical Services

\_\_\_\_\_ Social Activities

\_\_\_\_\_ Educational Activities

\_\_\_\_\_ Parent Participation



26. Did you have transportation, or knowledge of access to such?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

27. Did you have a caseworker?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

28. If yes, were you satisfied with his/her services?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

29. How many times have you been readmitted to the residential center?

\_\_\_\_\_ 0

\_\_\_\_\_ 1-3

\_\_\_\_\_ 4-6

\_\_\_\_\_ 7-9

30. In your opinion, were the services you received before readmission better than the services you received after readmission to the center?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

31. Did you receive financial support from the following?

\_\_\_\_\_ Social Security

\_\_\_\_\_ Family member/relative(s)

\_\_\_\_\_ Minister or significant church personnel

\_\_\_\_\_ State Welfare

\_\_\_\_\_ Friend/neighbor(s)

\_\_\_\_\_ Other

32. Did you have any of the following medical coverage?

\_\_\_\_\_ Title XIX

\_\_\_\_\_ Private Insurance

33. Did you handle your own money?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

34. If no, who handled your money?

\_\_\_\_\_ Family member

\_\_\_\_\_ State worker

\_\_\_\_\_ Friend

\_\_\_\_\_ Staff

\_\_\_\_\_ Other

35. Did you feel different from other people about yourself?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

36. Did you feel other people treat you differently?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

37. Were the people in your community friendly towards you?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

38. How did you spent your spare time?

|                                 | <u>Before</u> | <u>Now</u> |
|---------------------------------|---------------|------------|
| Watching T.V.                   | _____         | _____      |
| Reading newspaper or magazines  | _____         | _____      |
| Reading books                   | _____         | _____      |
| Visiting friends                | _____         | _____      |
| Walking                         | _____         | _____      |
| Athletic activities             | _____         | _____      |
| Eating                          | _____         | _____      |
| Dancing                         | _____         | _____      |
| Smoking cigars/cigarettes       | _____         | _____      |
| Drinking alcoholic<br>beverages | _____         | _____      |
| Smoking marijuana               | _____         | _____      |
| Other                           | _____         | _____      |

39. Did you spend enough time doing the things you like to do?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

40. Did you find yourself feeling lonely?

\_\_\_\_\_ Quite often

\_\_\_\_\_ Sometimes

\_\_\_\_\_ Almost never

41. How often would you say you worry about things?

\_\_\_\_\_ Very often

\_\_\_\_\_ Fairly often

\_\_\_\_\_ Hardly ever

42. Did you sometimes feel unhappy because you are not unhappy?

\_\_\_\_\_ Tes

\_\_\_\_\_ No

43. How happy would you say you were?

\_\_\_\_\_ Very happy

\_\_\_\_\_ Fairly happy

\_\_\_\_\_ Not happy

44. In your opinion, were you receiving adequate services?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

45. Were you ever arrested?

|     | <u>Before</u> | <u>After</u> | <u>During</u> |
|-----|---------------|--------------|---------------|
| Yes | _____         | _____        | _____         |
| No  | _____         | _____        | _____         |

46. How long did you spend in jail.

47. What were you arrested for?

48. Were you ever addicted to drugs?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

49. List the things that you felt were positive for you at the RYC.

---

---

---

---

---

50. List the things that you felt were negative for you at the RYC.

---

---

---

---

---

51. What were the RYC strengths?

52. What were the RYC weaknesses?



