Portland State University

PDXScholar

Dissertations and Theses

Dissertations and Theses

5-1976

Specialized Out-of-Home Care Project: An Outcome Study

Carol Teresa Arden

Portland State University

Bonnie Jean Braeutigam

Portland State University

Dennis Schilling

Portland State University

Charlotte Mary Wellman

Portland State University

Follow this and additional works at: https://pdxscholar.library.pdx.edu/open_access_etds

Part of the [Social Work Commons](#)

Let us know how access to this document benefits you.

Recommended Citation

Arden, Carol Teresa; Braeutigam, Bonnie Jean; Schilling, Dennis; and Wellman, Charlotte Mary, "Specialized Out-of-Home Care Project: An Outcome Study" (1976). *Dissertations and Theses*. Paper 2137.

<https://doi.org/10.15760/etd.2135>

This Thesis is brought to you for free and open access. It has been accepted for inclusion in Dissertations and Theses by an authorized administrator of PDXScholar. Please contact us if we can make this document more accessible: pdxscholar@pdx.edu.

SPECIALIZED OUT-OF-HOME CARE PROJECT:

AN OUTCOME STUDY

by

CAROL TERESA ARDEN

DENNIS SCHILLING

BONNIE JEAN BRAEUTIGAM

CHARLOTTE MARY WELLMAN

**A Research Practicum Submitted in Partial
Fulfillment of the Requirements for
the Degree of**

MASTER OF SOCIAL WORK

Portland State University

May, 1976

Approved:

Jack R. Hegrenes, Ph.D.

ACKNOWLEDGMENTS

This research group wishes to express appreciation to the many members of the social work community who assisted in the completion of this project.

Our special thanks go to the dedicated staff at the Specialized Out-of-Home Care Project for their valuable assistance. The Case Managers from Multnomah County's Case Management Corrections Services are also thanked for giving of their time and counsel.

We gratefully dedicate this practicum to the guiding light of Dr. Jim Heuser, Researcher, Law Enforcement Council, who although not getting his bronze statue, does get our genuine thanks.

Finally, we wish to thank our advisor, Dr. Jack Hegrenes, Professor, Portland State University School of Social Work. We sincerely appreciate the many hours Dr. Hegrenes has contributed to the support and guidance of this practicum project.

TABLE OF CONTENTS

	PAGE
ACKNOWLEDGMENTS	11
LIST OF TABLES	v
LIST OF FIGURES	viii

CHAPTER

I	INTRODUCTION	1
II	REVIEW OF THE LITERATURE	6
	Delinquency Theories and Research	6
	Delinquency Prevention	13
III	DESCRIPTION OF THE AGENCY	24
	Agency Description	24
	Agency Staffing	26
	S.O.H.C. Placement Resources	28
	Provider Training	32
	Summary	33
IV	METHODOLOGY	34
V	DESCRIPTION OF CLIENT POPULATION	37
	Descriptive Information on the Client Population	37
	Descriptive Information on the Client's Family	45
	Descriptive Information on the Client's Identified Problem Areas	47

CHAPTER

V	DESCRIPTION OF CLIENT POPULATION (Cont.)	
	Descriptive Information on the Client's Placement Needs	50
VI	FINDINGS	54
	Descriptive Data Update	54
	Placement Data	54
	Client's Family	57
	Client's Identified Problem Areas and Motivation/Capacity for Change	59
	Comparison of S.O.H.C. and Non-S.O.H.C. Groups	61
	Percentage Comparison of S.O.H.C. and Non-S.O.H.C. Groups	61
	Rated Change in Problem Areas of S.O.H.C. Clients	66
	Rated Change in Problem Areas of Non-S.O.H.C. Clients	69
	Statistical Analysis	74
	Summary of Findings	75
VII	CONCLUSIONS AND RECOMMENDATIONS	78
	Critique of the Study	78
	Conclusions and Implications	80
	Recommendations	81
	SELECTED BIBLIOGRAPHY	82
	APPENDIX A	85
	APPENDIX B	97

LIST OF TABLES

TABLE	PAGE
I Fiscal Data--S.O.H.C. (1975)	31
II Source of Referral by C.M.C.S. Office	40
III Age Distribution	40
IV Sex Distribution	41
V Ethnicity	41
VI Physical or Mental Disability	42
VII Previous Out-of-Home Placements	43
VIII Academic Achievement	44
IX Type of Current School Program	44
X Parental Composition of Client's Family.	45
XI Change Most Needed by Mother/Father.	46
XII Motivation/Capacity to Change by Mother/Father	46
XIII Problem Areas of Clients	48
XIV Motivation/Capacity to Change by Child	49
XV Educational Program Needed	50
XVI Placement Needs of Client	51 & 52
XVII Out-of-Home Placements	55
XVIII Time in Placement	56
XIX Time Away From Placement	57
XX Rated Change in Child/Parent Relationship	58

XXI	Current Motivation/Capacity to Change	
	by Mother/Father	58
XXII	Update Data on Problem Areas of Clients	60
XXIII	Current Motivation/Capacity to Change	
	by Child	61
XXIV	Comparison of Percent Answering Yes to	
	Problem Areas	64 & 65
XXV	Update Data on Problem Areas of S.O.H.C.	
	Clients	67 & 68
XXVI	Update Data on Problem Areas of Non-S.O.H.C.	
	Clients	71 & 72
XXVII	Mean Motivation/Capacity to Change Scores	73
XXVIII	Item: Fighting Physically with Peers at	
	School	86
XXIX	Item: Physically Assaultive to Neighbors,	
	Adults, Peers, Younger Children in Neighborhood . .	86
XXX	Item: No Compliance to Parental Requests	87
XXXI	Item: Excessive Truancy	87
XXXII	Item: Non-production at School	88
XXXIII	Item: Verbally Antagonistic So As To Continually	
	Disrupt the Family	88
XXXIV	Item: Runaway from Home	89
XXXV	Item: Continually Disruptive to Class at	
	School	89
XXXVI	Item: Theft in Neighborhood Homes and Stores	90

XXXVII	Item: Theft or Vandalism of Property	
	Within School	90
XXXVIII	Item: Uses Marijuana	90
XXXIX	Item: Uses Other Drugs	91
XL	Item: Excessive Use of Alcohol	91
XLI	Item: Stealing from Family Members	91
XLII	Item: Refusal to Accept/Perform Routine	
	Responsibilities at Home.	91
XLIII	Item: Mother's Motivation for Change	92
XLIV	Item: Mother's Capacity for Change	92
XLV	Item: Father's Motivation for Change	93
XLVI	Item: Father's Capacity for Change	93
XLVII	Item: Child's Motivation for Change in Home	94
XLVIII	Item: Child's Capacity for Change in Home	94
XLIX	Item: Child's Motivation for Change in School	95
L	Item: Child's Capacity for Change in School	95
LI	Item: Child's Motivation for Change in the	
	Community	96
LII	Item: Child's Capacity for Change in the	
	Community	96

LIST OF FIGURES

FIGURE	PAGE
1. Case Flow Through the Correctional System.	5
2. Delinquency and Non-delinquency in American Society.	6
3. Flow Chart of Case Management Referrals to C.S.D. for Out-of-Home Care, August 1974	27
4. Four-fold Table	37

CHAPTER I

INTRODUCTION

This research practicum is an outcome study of the Specialized Out-of-Home Care project (S.O.H.C.). The project, administered by the Oregon Children's Services Division, was designed to provide alternative care resources to specifically meet the needs of Portland's juvenile target offenders, who required out-of-home care. The juvenile offenders accepted into the S.O.H.C. project were between the ages of ten to eighteen, and had been adjudicated for target crimes. The S.O.H.C. project was federally funded for a twenty-nine month period beginning on May 1, 1974 and extends through September of 1976. This study will include only the clients referred and placed during a one-year period, from July 1, 1974 to June 31, 1975. Additional "up-date" information was collected in October of 1975. A variety of alternative care resources were utilized as placements for the client population. Clients were placed in foster families, group homes, day-care settings and residential centers.

This practicum was undertaken as a cooperative effort by four M.S.W. students, of Portland State University's School of Social Work, working conjointly with the S.O.H.C.'s project staff in the over-all evaluation of the project. The purpose of this study was to assess the impact that services provided by the S.O.H.C. project have had on the target population of juvenile offenders. This introductory chapter provides a brief overview of the content of the practicum. The following chapters will

include: (1) a review of the literature on juvenile delinquency and delinquency prevention; (2) a description of the agency; (3) a section on the methodology and analysis utilized in this study; (4) a description of the client population; (5) a chapter summarizing the findings; and finally, (6) a chapter discussing the conclusions and recommendations.

A considerable amount has been written in the area of juvenile delinquency as well as on the programs designed to prevent delinquency. The review of the literature will illustrate more clearly the complexities of juvenile delinquency and delinquency prevention programs. Although the majority of the research states that many of the prevention programs have not had a significant impact in reducing juvenile delinquency, new programs continue to be developed with hopes of having the desired impact. The S.O.H.C. project is such a program whose main thrust has been to provide specialized out-of-home care services to youthful target offenders.

A complete description of the agency and client population will be provided in two of the subsequent chapters. As this study was designed to assess the impact that services have had on the client population, a "before and after" description of the client population will be included in these chapters. Included in the "before and after" description of the client population will be such items as behavioral problems of clients, the client's motivation and capacity to change as well as the client's parent's motivation and capacity to change. These factors will be especially important in identifying the impact that services provided by the S.O.H.C. staff have had on the client population.

The chapter on the methodology will provide a more complete picture of the research design employed in this study as well as the specifics

of how the data was collected. The McNemar test of significance will be used in the analysis of the data. The McNemar test for the significance of changes is particularly applicable to the "before and after" design used in this study in which each client is used as his/her own control and in which measurement is in the strength of either a nominal or ordinal scale. Further elaboration of these tests of significance and their applications will be made in subsequent chapters. The final chapter will summarize the findings and discuss the conclusions that will be drawn from this evaluation.

CHAPTER II

REVIEW OF THE LITERATURE

I. DELINQUENCY THEORIES AND RESEARCH

Most people can agree that juvenile delinquency is a problem. However, there is a lack of agreement on what it is, how much of it there is, who is involved, what causes it, and what to do about it. Although there has been much discussion and theorizing about juvenile delinquency, there seems to be little conclusive research.

This section of the review of the literature focuses on delinquency theories and research. We are greatly indebted to Don Gibbons and his book Delinquent Behavior, second edition, in which he exhaustively reviews the state of the art.

To examine delinquency one must look not only at the act of delinquency itself, but also at the social response to delinquency. Public opinion and the legal, police, and correction systems all influence how delinquency is perceived and handled.

"Juvenile delinquency consists of acts or infractions which are prohibited in the statutes of the individual states. Juvenile delinquents are youths who commit one or more of these crimes" (Gibbons, 1976).

There are two types of offenses under juvenile statutes. One type is those offenses that are also illegal for adults. The second is status offenses; those offenses that would not be criminal if committed by an adult. Examples of status offenses include running away, truancy,

drinking alcohol, breaking curfew, being beyond parental control, being ungovernable, and incorrigibility. This last type of general catch-all clause is limited virtually to the United States (Gibbons, 1976). Status offenses have accounted for half of the referrals for girls to juvenile courts and one-fifth of the referrals for boys (Perlman, 1970).

A youth's involvement with delinquent behavior may be a sporadic, transient experience, or it can evolve into more serious, repetitive behaviors which may come to the notice of police and court officials. The official delinquency statistics reflect police and court reports. One question raised is how much delinquency is not noticed in the official reports.

The process juveniles go through to become part of the official statistics is shown below in Figure 1. (Gibbons, 1976).

Figure 1. Case Flow Through the Correctional System.

Some delinquency remains unobserved. Estimates vary on how many youths are involved in unnoticed delinquent acts, but studies, notably those of Short and Nye, and Williams and Gold, show that a majority of youth commit at least one delinquent act (Short & Nye, 1958, Williams & Gold, 1972). Those who come in contact with police are usually involved in more serious, repetitive offenses (Gibbons, 1976). However, there may be some selective observing on the part of the police, in the sense that police pay more attention to high crime and low-income areas. Middle and upper class neighborhoods may have more acts of delinquency that are not observed because of less police coverage (Gibbons, 1976). Gibbons used the following diagram of delinquency and non-delinquency (Gibbons, 1976).

Figure 2. Delinquency and Nondelinquency in American Society.

Even after juveniles come in contact with the police, some are dismissed with no further contact. These cases the police usually handle informally with just a warning. FBI statistics for 1973 indicate that 45.2 percent of apprehended juveniles were handled this way (U.S. Dept. of Justice, 1974).

There have been numerous studies on police dispositions (see Goldman, Terry, Bodine, McEachern and Bauzer, Ferdinand and Luchterhand, and Thornberry). Their results are not conclusive. In most cases the deciding factor in how the cases were handled was the seriousness of the offense. The juvenile's attitude was also related in the sense that more deferential youths tended to receive a warning. In some cases racial and economic factors did influence the disposition, with whites and higher income groups receiving just warnings. Overall, the studies reflect a lack of uniformity among police departments in how they handle juveniles (Gibbons, 1976).

Some delinquency is of a more serious nature. According to FBI statistics, juveniles were responsible for 10.4 percent of the homicides, 19.6 percent of the forcible rapes, 33.7 percent of the robberies, 17.0 percent of the assaults, 53.8 percent of the burglaries, 45.2 percent of the larcenies, and 56.5 percent of the motor vehicle thefts for a total of 6,499,864 arrests excluding traffic offenses (U.S. Dept. of Justice, 1974).

There are two main approaches to causation theories. One is psychological, that is, there is some internal problem within the delinquent that makes her/him act that way. This problem can be caused by environmental factors such as inadequate parents who give the child a poor self-

image. One of the difficulties in testing these theories lies in operationalizing these concepts. The data can also be interpreted in different ways. For example, one of the main studies based on the Jeness inventory reports that the institutionalized delinquents were more hostile, felt more isolated, and were less mature than non-institutionalized youths. However, these feelings could be a result of the institutionalization and involvement in the correction system (Gibbons, 1976).

The second approach is based on the societal structures which can contribute to delinquent behavior. The psychological theories can, at times, overlap or fit in with the sociological. Psychological tests reveal delinquents are less well-adjusted than non-delinquents (Gibbons, 1976). This could be in response to the social institutions. One could see the problem of adjustment as in the youth or in the inadequacies of the institution. Treatment choices reflect different types of interpretations.

The sociological theories are divided into broad and middle range theories. Broad theories look at society as a whole in trying to explain delinquency, while middle range theories deal with a specific area of society or kind of delinquency.

When looking at society as a whole, Merton's anomie theory is used to explain causative factors. His theory holds that deviance is a response to the unavailability of socially approved routes to success (Gibbons, 1976). This type of broad theory has been applied at a middle level by Cloward and Ohlin (see below).

Another group of theorists see social disorganization as leading to delinquent behavior. They claim a lack of social coordination, a

lack of relationship bonds, and value clashes between different groups within the society as contributing factors (Gibbons, 1976).

A final theory deals with the lack of social control in this culture. Hirschi is the main proponent of this view. His study showed delinquent youths as being less attached to parents, school, peers and conventional activities (Gibbons, 1976). Kelly and Pink applied this to conforming behavior at school and found delinquents less committed to and involved in school and extracurricular activities. They did not have as much to risk in becoming involved in delinquent behavior as those students who were more involved and had more at stake in the school system (Kelly & Pink, 1973).

While the more general theories seem logical, they are difficult to test and apply practically. Lately more theorists deal with "middle" range theories to explain one part of delinquency. This latter approach does not view delinquents as a homogeneous group, but rather as a diverse group of youth involved in different behaviors.

Much effort has been spent on working class and lower class delinquency beginning with the Chicago school in the early 1900's (Gibbons, 1976). More recent efforts have been directed towards looking at the interactional effects of environmental variables, the delinquent subculture, opportunity structures, and lower-class focal concerns.

Environmental factors have been studied in order to match correlations between them and delinquent behavior. Quinney, Polk and Willie looked at delinquency rates in three cities. Economic deprivation was a major factor in delinquency, with family stability as an important influence (the more stable the family, the less evidence of delinquency)

(Gibbons, 1976).

Gang delinquency has been examined through the concept of a delinquent subculture. "Subcultures are value patterns and behavioral systems which are shared by individual gangs and these precede and persist beyond the life span of any single group" (Gibbons, 1975). Albert Cohen's book Delinquent Boys published in 1955, stimulated a large amount of research. Cohen's argument stated that delinquent subcultures support behavior which is non-utilitarian, malicious, and negativistic (Cohen, 1955). Lower-class boys become involved in the subculture because of shared problems of low self-esteem resulting from being measured by middle-class standards for which they were not properly socialized (Cohen, 1955). Two criticisms of Cohen's work were raised by John Kituse and David Dietrick, and David Bordua. Kituse and Dietrick claimed lower-class boys do not measure themselves by middle-class standards so would not have such low self-esteem. They also see the gang as less malicious (Kituse & Dietrick, 1959). Bordua thought Cohen did not give enough weight to family, ethnic, and other social variables (Bordua, 1962).

Richard Cloward and Lloyd Ohlin have been the main exponents of a theory based on opportunity structure.

Our hypothesis can be summarized as follows: The disparity between what lower-class youths are led to want and what is actually available to them is the source of a major problem of adjustment. Adolescents who form delinquent subcultures, we suggest, have internalized an emphasis upon conventional goals. Faced with limitations on legitimate avenues of access to these goals, and unable to revise their aspirations downwards they experience intense frustration; the exploration of non-conformist alternatives may be the result. (Cloward and Ohlin, 1960).

Bordua, as with Cohen, did not see Cloward and Ohlin giving enough weight

to family, racial and other variations among lower-class groups (Bordua, 1962).

According to Walter Miller, delinquency is the product of long-established, durable traditions of lower-class life such as female-headed households. These cause the adolescent male to have anxieties about his sex role. Gang involvement is a way to prove his masculinity. Miller also postulates "focal concerns" which are broad themes of lower-class life. These include avoiding entanglements with police, being "tough", being able to live by one's wits, having excitement, and being autonomous. These themes can be lived in the gang experience (Gibbons, 1976).

Gibbons summed up the vast research done on gang behavior. The opportunity structure theory has held up best under research, but the theory does not take enough account of intervening variables, such as family patterns. Over-all, the evidence seems to indicate there are several reasons for gang involvement such as social status concerns, deprivations of lower-class life, protection from other boys, etc. However, one cannot generalize about all gangs (Gibbons, 1976).

Middle-class delinquency has not received the attention lower-class has until recently. The main theory revolves around the concept of a "youth culture" which has shared concepts of values, behaviors, and characteristics different than those of the prevailing adult culture. This culture can lead youth into delinquent behavior. The culture is based on a pleasure principle, emphasizing immediate gratification of "hedonistic" needs. Cohen, along with Ralph England, attributes this to the lack of functional roles for the adolescent (Vaz, 1967). Cohen also discusses "the erosion of adult control" over the adolescent (Cohen, 1975). Joseph

Scott and Edmund Vaz see the behavior as exaggerations of activities encouraged by adults (Vaz, 1967). Richard Flacks views the youth culture as a symptom of crisis as established institutions resist the change brought on by technological advancement. Youth, less established in the social order, are often the first to respond to the crisis (Flacks, 1971).

Other proposed theories state adolescents engage in delinquent behavior because of anxiety over masculine identity, lack of commitment to school, job and other adult roles, tension over change due to upward mobility, and the spread of lower-class values among middle-class youths (Gibbons, 1976).

There is little research to support these theories. One study by Nye points to family instability, parental rejection, and lack of commitment to church as all being correlated to delinquency. Adolescents who came from large families or families that had changed socio-economic class were also more likely to be delinquent (Nye, 1958). A study by Gerald Pine supports the idea of lack of commitment to adult roles as being involved in delinquency (Pine, 1955). However, more research needs to be done before any conclusive statement can be made.

Very little attention has been paid to the delinquent behavior of young women. Most studies have involved only male adolescents. Only a minority of court referrals involve delinquent girls, but they seem to be treated differently. " . . . various actions taken against female juveniles are harsher than those directed at males in comparable forms of misbehavior . . . the juvenile justice system operates in ways that are concerned less about the protection of the rights of youthful females than with the interests and values of other groups" (Gibbons, 1976).

Meda Chesney-Lind states the authorities are most likely to take actions against young women who are suspected of being involved in sexual behavior or in danger of becoming involved in sexual experimentation. The same action is not taken against males (Chesney-Lind, 1974).

The theories on female delinquency emphasize the parent-child relationship and the different treatment of boys and girls in the home regarding the amount of freedom. The fact that young girls are often more closely supervised than boys can create family conflict. Delinquent girls are usually thought to be responding to some kind of family tension. This was illustrated in studies on female runaways who were trying to deal with an intolerable home situation (Gibbons, 1975). A study on lower-class female delinquents showed 80 percent came from broken homes (Ball and Logan, 1960). Again, enough research has not been done to make any conclusive statement. With the slowly changing sex roles, changes in female delinquency and society's response to it may also occur.

In summary, very little can conclusively be said about juvenile delinquency. Delinquent behaviors take a wide variety of forms with many diverse and complex antecedents. At best, one can conclude that family relationships, socio-economic factors, commitment to and opportunity to fill adult roles all interact with delinquent behavior.

II. DELINQUENCY PREVENTION

The second part of the literature review will focus on delinquency prevention. The areas to be covered in this segment are as follows:

1.) a conceptual framework of delinquency prevention, 2.) a survey of the types of delinquency prevention programs, 3.) a review of the evalu-

ative studies of delinquency prevention programs, and 4.) a discussion of the new concepts for delinquency prevention reform.

As a starting point in reviewing delinquency prevention, a definition will be put forth to provide a starting base. Basically, prevention denotes the ability to plan and implement measures prior to events that are likely to occur. Delinquency prevention is then the planning and implementing of measures prior to the delinquent acts themselves. Few could argue against the merits of planning and implementing measures to prevent delinquency. However, a range of solutions to the delinquency issue have been offered and many interventions have been tried with little success in stemming the tide of delinquent behavior (Mech, 1975). In 1970, approximately one million youths between the ages of ten to seventeen were referred to the Nation's juvenile courts and an additional three million youths experienced a police contact during that year. Projections for 1975 suggest that nearly thirteen million youths and their parents will be referred to juvenile court. Based on a conservative cost estimate of \$100 per youth referred to the juvenile justice system in 1970, the annual price tag is in the vicinity of one-hundred million dollars (Gemignani, 1972).

The inability of traditional delinquency prevention programs to significantly effect the rise in delinquency has engendered an increasing amount of public criticism. In response to public criticism and deficiencies in the delinquency prevention programs, a Task Force on Juvenile Delinquency was established by the President's Commission on Law Enforcement and Administration of Justice. Included in their final report was the following indictment: " . . . the great hopes originally held for

the juvenile court have not been fulfilled. It has not succeeded in rehabilitating delinquent youth, in reducing or even stemming the tide of juvenile criminality, or in bringing justice and compassion to the child offender" (President's Commission on Law Enforcement, 1967).

The Commission Report re-emphasized the need to develop non-legal alternatives for juveniles. The Report focused attention on developing non-judicial resources for juveniles who pose "no immediate threat to public safety" and discouraged the practice of direct referral to court on "minor" delinquents or of "non-criminal law-violating" juveniles. The fundamental goal designated by the Commission Report was the handling of youth outside the juvenile justice system, recommending that non-judicial alternatives be created by "community efforts" and that services "be local" (President's Commission on Law Enforcement, 1967).

There are basically three perspectives in viewing delinquency prevention. The first viewpoint is one that includes all youth as a target for delinquency prevention programs. Under this perspective, prevention is synonymous with promoting a healthy development of all youth. Delinquency is then seen as a function of institutional weaknesses, as poor family relations, prejudice and discrimination against minority groups, etc. This view holds that youth are influenced by their social environments and institutions which predispose so-called delinquent behavior (Mech, 1975).

The second perspective includes potential delinquents or youth who appear to be on the road to delinquency. The focus of prevention programs would be on identifying such youth and forestalling their further, more serious, delinquent acts. This view emphasizes direct service in-

tervention with youth, rather than improved environmental and/or institutional conditions (Mech. 1975).

The third prevention viewpoint focuses on juvenile offenders and emphasizes reducing patterns of recidivism and of lessening the probability that youth will commit serious offenses. This perspective centers on reaching juvenile offenders with the aim of cutting short delinquent behavior and helping youth already in difficulty from committing more serious offenses. This perspective does not emphasize preventing the onset of delinquency and is the narrowest of the three views of delinquency prevention (Mech, 1975).

The following paragraphs will review delinquency prevention programs that have been implemented in the past. Much of the content of the review is a synthesis of a larger review done by Edmund Mech in 1975. Mech divides delinquency prevention programs into small-scale and large-scale interventions.

Small-scale interventions are essentially programs that focus on individuals and small groups. Contemporary approaches to delinquency prevention have characteristically directed their efforts towards individuals and small groups. Mech breaks down small-scale interventions into the following program categories: 1.) outreach, 2.) individual services, 3.) group services, 4.) work experiences, and 5.) behavior modification (Mech, 1975).

There are several underlying assumptions subsumed in these programs focusing on individuals and small groups. The main assumption is that deviancy is the result of intra-psychic malfunctioning which requires some form of individual therapy to rectify this malfunction. Much of

the practice literature emphasizes the personality structure of delinquents which is reflected in a statement by Hyman Grossbard, "It is my belief that all delinquents, regardless of the type of disturbance, have certain common psychological processes that operate vertically in their history and horizontally in their functioning" (Grossbard, 1962). Grossbard goes on further to state that delinquents have inefficient ego mechanisms and are characterized by lessened ability to tolerate frustration, to control responses to stimuli, or to postpone gratification. The intervention response to this psycho-dynamic analysis has a therapeutic orientation, advocating psychotherapy, casework, counseling, and guidance with individuals and small groups.

Edmund Mech selected five studies for each approach in his review of the small-scale interventions of delinquency prevention programs. The first approach included the programs providing outreach services. The aims of such programs included; 1.) to provide direct services to youth and refer to other agencies when necessary, 2.) to aid youth in finding socially acceptable life styles, 3.) to develop community interest in youth, and 4.) to provide services to families unable to seek help (Mech, 1975).

Of the five programs chosen (e.g., Neighborhood Youth Association, Los Angeles; Henry Street Settlement, New York; New York City Youth Board, etc.) only three studies reported results, with two suggesting a positive outcome and one reporting no significant difference. Much of the evaluative information was subjective with a general lack of scientific methodology throughout the studies.

In the area of individual services, the program aims included;

1.) to aid youth with problems, 2.) to assist youth with school, leisure time, and employment, and 3.) to provide youth with Big Brothers, educational opportunities, recreational activities, and jobs. Of the five programs chosen for comparison of outcome evaluations (e.g., Denver Boy's Club, L.A. Delinquency Control Project, Greater Kansas City Mental Health Foundation, etc.) only two reported significant results, one was not significant, and the remaining two made no evaluation (Mech, 1975).

In the area of group services, the program aims included: 1.) to aid parents in resolving youth's problems, 2.) to provide casework to disadvantaged families, and 3.) to strengthen the family unit and aid youth in creating a wholesome milieu. Of the programs selected (e.g., Metropolitan Youth Commission, St. Louis; United Neighborhood Houses of New York; Judge Baker Guidance Center, Boston, etc.) only one reported an evaluation which had significant results, but was largely impressionistic. The other four reported no evaluative studies whatsoever (Mech, 1975).

In the area of work experience programs, the program aims included: 1.) to provide a training guidance program, 2.) to reach youth in financial need, 3.) to rehabilitate problem youth through a work program, and 4.) to keep youth in school through a work-study program. Of the programs reviewed for this outcome comparison (e.g., Job Upgrading Project, North Richmond, Ca.; Youth Conservation Corps, Philadelphia; Job Placement and Work Therapy Program, Cincinnati, etc.) all reported a significant impact on youth or claimed positive results (Mech, 1975).

In the area of Behavior Modification Programs, the program aims included: 1.) to train parents in the techniques of behavior management

to enable them to control youth, 2.) to modify pre-delinquent youth's behavior in the natural home setting, and 3.) to devise and evaluate methods of reducing pre-delinquent and delinquent behaviors in youth. Of the programs selected in this review (e.g., Oregon Research Institute; Southwest Indian Youth Center, Tucson; University of Kansas "Achievement Place", etc.) all reported universally significant outcomes. Also, the methodology used in evaluating these behavior modification programs was scientifically validated with the subsequent results being more objective than the previous studies (Mech, 1975).

In summarizing the small-scale intervention programs, very little conclusive evaluative information is available to validate the effectiveness of such programs. However, the programs under the behavior modification approach were the most successful in validating their effectiveness as their research methodology was by far the most scientific. This summary information does strongly suggest the need for more effective research in evaluating delinquency prevention programs.

The other large category of delinquency prevention programs includes the large-scale interventions. Large-scale interventions are interventions that derive from broad social analyses of conditions that require change. There are basically three forms of these types of interventions: 1.) area improvement efforts, 2.) coordination of services, and 3.) recreational approaches (Mech, 1975).

The underlying assumptions of large-scale interventions are as follows: 1.) social conditions increase the likelihood that youth will become delinquent, 2.) the environment of a particular community is viewed as insufficient to counteract the alienation of its youth, and

3.) effective delinquency reduction programs must go beyond the individual's psychic deficiencies.

In area intervention programs, the program aims included: 1.) to develop effective methods of inducing local residents to commit themselves to preventing delinquency, 2.) to improve services to clients in public bureaucracies, 3.) to develop self-organization and to encourage disadvantaged residents to participate in public decisions influencing their lives, and 4.) to develop local communities so that residents could become the chief force for changing the character of their neighborhoods (Mech, 1975).

Examples of specific area intervention programs include Chicago Area Project; Mobilization for Youth Project, Syracuse; Crusade for Opportunity and United Planning Organization, etc. The final assessments of the above programs were heavily qualitative in nature, i.e., little "hard" data was collected to support the evaluations. However, summary discussions of these programs pointed out that "natural" citizen involvement, at a local level to support delinquency prevention efforts, was created by the efforts of these area intervention programs.

Another large-scale intervention approach is to prevent delinquency by coordinating community services. This approach recognizes the difficulty encountered by established community services due to having taken separate paths and lacking the coordination necessary to effectively impact on communities. The program aims of these coordination approaches included: 1.) to coordinate services offered to youth in communities, 2.) to locate youngsters in need and secure services for them, and 3.) to enhance cooperation between existing agencies in a community that

provides social services. Examples of specific programs designed to coordinate services include Passaic Children's Bureau, New Jersey; New York City Youth Board; and Minneapolis South Central Youth Project. No formal evaluations of the effectiveness of these programs were undertaken although ties between community agencies were reported as being strengthened.

As was stated earlier in the summary of the small-scale intervention programs, concerning the lack of concrete evaluative information, the results of large-scale intervention studies fail to offer such information about the effectiveness of these programs as well (Mech, 1975).

Other authors have come to similar conclusions about the over-all ineffectiveness of delinquency prevention programs. Charles Logan recently concluded evaluation research in delinquency and states, "We find that as far as the survey and review has been able to determine, there is not yet one single study of correctional or preventative effectiveness that will satisfy the most minimal standard of scientific design." Some of the methodological weaknesses that Logan cited were as follows: program or techniques not adequately defined; techniques were generally not capable of being repeated; many lacked a control group or assignment of cases to the control group was often not random; and finally, follow-up in the community was not present (Logan, 1972).

This completes the review of the literature on past and present delinquency prevention programs. Before closing though, a brief review of the new concepts in delinquency prevention will be included in the following paragraphs.

To begin with, delinquency prevention needs to be re-defined.

Lamar Empey aptly defined prevention as follows: "Prevention may be defined as the process by which young people acquire a legitimate identity, a stake in conformity, and a respect for the juvenile justice system (Pink and White, 1973). Empey emphasizes the need to offer youth more opportunities to experience a legitimate role identity. This premise is the basis of the following new concepts in delinquency prevention, diversion and normalization.

Diversion is the process of diverting youth engaging in status offenses (truancy, neglect, gambling, curfew violations, etc.) out of the juvenile justice system. This process would involve creation of non-legal organizations so that intervention could be undertaken in the community setting. In this way, the adolescent would experience the least possible disruption to her/his movement through the primary socializing institutions in which legitimate identities are forged. The act of diversion would open the way for the development of a variety of social action organizations that would serve to involve the community in the management of their own problems. Diversion of youth from the juvenile justice system would lower the possibility of individuals becoming involved in secondary deviance. The underlying assumption is that the least contact with stigmatizing institutions, the better (Pink and White, 1973).

Normalization is the process where the status behavior is responded to as acts more characteristic of adolescence in general, rather than an indication of either individual pathological problems or a subsequent criminal career. The major thrust of this position is that youth should not be routinely thrust into the justice system. Involved in the inter-

vention strategy of normalization is the presence of alternative structures such as community-based, non-professional organizations to intervene, if necessary. The following considerations must be noticed in such a strategy: 1.) alternate structures need to be community specific, i.e., designed to fit the needs of that community, 2.) they must be fully legitimated by the community in which they function, 3.) they must be coordinated with the existing juvenile justice system, and 4.) community-based programs need to be planned and developed so as to avoid the trap of labeling "rotten" youth, thereby negating the notion of diversion and normalization (Pink and White, 1973).

In summarizing this review of the literature on delinquency and delinquency prevention programs, it is quite apparent how complex these areas are. The first section of this review summarizes delinquency itself, police response to delinquency, and the different causation theories of delinquency. One issue this area of the review aptly points out is how difficult it has been for researchers in the field to agree upon a conceptual model of delinquency. This lack of agreement is also apparent in the review of delinquency prevention programs. One theme that is consistent throughout the literature is how necessary it is to develop research methodologies which will provide more accurate evaluative information about programs that are developed. Also, it is important and necessary for people working in this field to learn from the mistakes of previous approaches and to develop new strategies which will not replicate these mistakes.

CHAPTER III

DESCRIPTION OF THE AGENCY

The Specialized Out-of-Home Care Project (S.O.H.C.) is a delinquency prevention program which deals only with juvenile offenders. Its goal is to prevent re-occurrence of the delinquent behavior rather than the first occurrence of that behavior as in broader based prevention programs. The S.O.H.C. project is a small-scale intervention program focusing on individual change as opposed to institutional change. The approach is similar to Edmund Mech's conception of a program providing individual services by aiding youth with personal problems, school, use of leisure time, and employment (Mech, 1975). However, the project goes beyond this by providing an alternative living situation. This involves environmental manipulation and an overlapping sociological perspective regarding influence of societal institutions. In addition, the project does provide some group services with families, but this has not been the major thrust of the program. The following chapter provides a more detailed description of the S.O.H.C. project, staffing patterns, placement resources, and training given to providers.

I. AGENCY DESCRIPTION

The Specialized Out-of-Home Care Project (S.O.H.C.) is administered by the Children's Services Division (C.S.D.) Region 1, Multnomah County, and is federally funded for a twenty-nine (29) month period by

the Law Enforcement Administration Agency (L.E.A.A.). This funding period began May 1, 1974 and extends through September 1976. The main goal of the Specialized Out-of-Home Care Project is to provide alternate care resources to specifically meet the needs of Portland juvenile target offenders requiring out-of-home care (Jenkins, 1974). All of the offenders accepted into the S.O.H.C. Project are between the ages of ten - eighteen, and have been adjudicated for target crimes. Target crimes are generally defined as stranger-to-stranger street crimes or burglary. More specifically, they include robbery, weapon assault, homicide, rape, and burglary as shown by police arrests, excluding incidents where acquaintance or interpersonal relationship was a precipitating factor in the offense (Jenkins, 1974). Each of these target crimes would be considered a felony if the offender was of adult status.

Operating cooperatively with Multnomah County's Case Management Corrections Services (C.M.C.S.), the S.O.H.C. Project's mission is to provide services to approximately one-hundred-fifty (150) juveniles with an average placement period of six to nine months. These juveniles have been referred to C.S.D. by C.M.C.S. for out-of-home care. During the 1975 fiscal year, C.M.C.S. received 378 referrals within Multnomah County. Of these referrals one-hundred-eighty-one (181) were seen by C.M.C.S. as an appropriate referral for the S.O.H.C. Project. During the 1975 fiscal year, the S.O.H.C. Project provided a range of services to these one-hundred-eighty-one (181) C.M.C.S. referrals, the majority of whom were male. Eighty-five (85) adolescents were placed in S.O.H.C. developed placements, and twenty-six (26) adolescents were channeled into other resources, i.e., residential treatment facilities, regular foster

care, child care centers, etc. Terminations totaled 38 during the 1975 fiscal year (Tate, 1975, b.). (Please refer to Figure 3. for a visual concept of the process involved when an adolescent commits a target offense and enters the S.O.H.C. Project) (Tate, 1975, a.).

The primary objectives of the S.O.H.C. Project are to:

- 1). To offer a central intake point for all C.M.C.S. out-of-home care referrals.
- 2). To locate or develop out-of-home care resources designed to meet the specific needs of referred youth.
- 3). To model case planning that is both goal-specific and time-limited (the average placement is six to nine months). Also important is S.O.H.C. monitoring of individual case plans by coordinating the various actors involved in serving these juveniles and their families (Powell, 1975, b.).

II. AGENCY STAFFING

The S.O.H.C. Project is a relatively small agency with a total of eight (8) staff. Included is the project director, three resource developers, one relief parent, a project secretary, a project receptionist, and one Neighborhood Youth Corps student who works as a clerical assistant at a maximum of 25 hours a week.

The staff at S.O.H.C. concentrate on identifying particular needs of clients and matching these needs with care providers to assure quality service and care. The resource developers provide on-going consultation, support and liaison to care providers, assisting them in meeting the needs of the clients. Each of the three resource developers carries a

case load of approximately twenty (20) youths. In addition to their caseload, each resource developer is assigned an additional responsibility. One is a liaison worker to the new Bethel Effective Community Adjustment (B.E.C.A.P.) day-care center and is also the primary worker for all the youths assigned to that program. The second resource developer also assumes the role of an intake coordinator. The third resource developer acts as a liaison worker with two of the group care contractors - River Forest House at Youth Adventurers, an S.O.H.C. funded program; and JANIS, specializing in drug rehabilitation through five group homes.

The main responsibilities of the relief parent are: 1) to broaden experiences for the clients, as well as, 2) to give the providers an opportunity for a weekend or evening rest. The relief parent provides relief services to a minimum of eight foster care providers each month. The current relief parent is a male who is experienced in youth work and recreational activities. He is under contract through the W.M.C.A., but works directly out of the S.O.H.C. office.

III. S.O.H.C. PLACEMENT RESOURCES

The S.O.H.C. Project is unique in that it places an emphasis on specialized foster care in which individuals who have experience working with acting-out delinquent youth are employed on a full-time or part-time basis to work directly with youth in their own home. It is the S.O.H.C. Project's intention that by placing a delinquent youth first in this professional type foster care setting that some unique opportunities become available to the juvenile correctional system. The S.O.H.C. Project's professional foster care placements represent a diverse range of

care settings (Jenkins, 1974, b.). Each of the S.O.H.C. settings is unique in the specific services offered by the provider and the atmosphere of the provider's home. All available S.O.H.C. settings are considered when the project is determining the appropriate placement which will meet the needs of a particular S.O.H.C. client. A family-type atmosphere, for example, would be most appropriate for a youth who needs exposure to healthy parental roles and family-style living patterns. Single parent households, on the other hand, are best suited for S.O.H.C. clients who need an intense one-to-one relationship. Some of the specialized services available in these various settings consist of: wilderness outing experiences, behavior modification programs, exposure to survival skills, and development of emancipation skills.

During the end of the first fiscal year (June 1975), S.O.H.C. had under contract fourteen (14) family foster care settings serving approximately fifty (50) juveniles. Twelve of these families were Caucasian, one Indian, and one Black. In addition, S.O.H.C. utilized seven single foster parent placement settings, of which four were Black. Approximately thirteen youths had been placed with single parent household providers.

The S.O.H.C. Project has also purchased slots from three existing residential care programs - JANIS, Youth Progress, and Klamath Lake Youth Ranch. Thus, several types of group care programs are available for the S.O.H.C. client. In addition, two new programs contracted through S.O.H.C. have been created. One is the B.E.C.A.P. "Day Center" in N.E. Portland which concentrates on target offenders who continue to remain in their own homes, but have need of supervision, cultural, and recreational activities, and peer group experiences. The other is a

group home, a pilot project through Youth Adventures, located outside Oregon City. This program serves six (6) youths.

This spectrum of placement settings was purposely arranged to meet the varied needs of the S.O.H.C. clients. The family-type environment, where both mother and father are involved full-time in the project and work as a team in terms of providing services to the youngsters placed in their care, stresses the involvement of the youths in family-oriented experiences and activities. The professional Big Brother or Big Sister format, wherein the single individual has placed with him/her one to three adolescents, primarily provides an intense one-to-one relationship with the adult. This type of setting stresses community recreation and time management issues. For adolescents who require less intense supervision, the S.O.H.C. Project has some families in which one parent (either the man or the woman) works outside of the home. An adolescent would be placed in this particular setting mainly to alter his/her environment with intensive services, but less required supervision (Powell, 1975, a.).

Payment for these professional providers varies depending on the numbers of clients placed in the home, the specific needs of the clients placed, and the amount of time contracted by S.O.H.C. with the provider. The average costs per month for care of an S.O.H.C. client in different placement settings during the 1974-75 fiscal year were as follows: 1) \$820.89 per month for group home settings (JANIS, Youth Adventures, Youth Progress, and Klamath Lake County Youth Ranch), 2) \$637.95 in two-parent family settings, and 3) \$629.69 in single-parent (Big Brother/Big Sister) placements. (For more complete cost analysis see TABLE I).

A unique feature of contracting for professional foster care serv

TABLE I

FISCAL DATA -- S.O.H.C.
(Fiscal Year 1975)

Average Monthly Placement Costs Per Slot			
	Jul. 74-Dec. 74	Jan. 75-Jun. 75	Total
<u>Group Care</u>			
Projected	$\bar{X} = \$510.63$ (N=8)	$\bar{X} = \$816.58$ (N=19)	$\bar{X} = \$725.93$ (N=27)
Occupied	$\bar{X} = \$672.40$ (N=5)	$\bar{X} = \$873.93$ (N=14)	$\bar{X} = \$820.89$ (N=19)
<u>2 Parent F.C.</u>			
Projected	$\bar{X} = \$525.26$ (N=19)	$\bar{X} = \$554.42$ (N=38)	$\bar{X} = \$544.70$ (N=57)
Occupied	$\bar{X} = \$755.00$ (N=9)	$\bar{X} = \$603.97$ (N=31)	$\bar{X} = \$637.95$ (N=40)
<u>1 Parent F.C.</u>			
Projected	$\bar{X} = \$527.50$ (N=18)	$\bar{X} = \$524.83$ (N=29)	$\bar{X} = \$525.85$ (N=47)
Occupied	$\bar{X} = \$726.00$ (N=10)	$\bar{X} = \$587.83$ (N=23)	$\bar{X} = \$629.69$ (N=33)
<u>Day Care</u>	-----	$\bar{X} = \$279.80$ (N=20)	$\bar{X} = \$279.80$ (N=20)
Projected	-----	$\bar{X} = \$279.80$ (N=7)	$\bar{X} = \$279.80$ (N=7)
<u>Special Situation</u>	-----	$\bar{X} = \$434.16$ (N=6)	$\bar{X} = \$434.16$ (N=6)
Projected	-----	$\bar{X} = \$532.66$ (N=3)	$\bar{X} = \$532.66$ (N=3)
Occupied	-----		

*

* excludes one independent living situation

vices is that the amount of compensation is negotiated individually with each provider versus a standardized foster care rate. Further, payment to the provider is two-part. The first is reimbursement for out-of-pocket expenses, i.e., room and board, transportation, allowances, and recreation. The second is compensation for services rendered, in a sense a "salary". As such, each provider is a self-employed contractor whose income is subject to taxation.

Clients were channeled out to other resources by the S.O.H.C. staff if it was, 1) the expressed choice of the client's Case Manager, and 2) if there were already existing resources available. The S.O.H.C. Project recognized the limitations of their own resources and the fact that some already existing community resources could not be duplicated. It was felt that these resources would be more appropriate in meeting the needs of these particular clients. Here, other existing resources encompassed anything from the client's own home to alternative group care, i.e., Youth Adventures.

IV. PROVIDER TRAINING

During the fiscal year 1975 a wide variety of training programs were offered to providers. Special sessions on delinquent behavior typologies, "gamey" behavior, Transactional Analysis concepts, and a Family Therapy workshop using role playing, were some of the alternatives provided. Individual consultation with Ken Kiesel, one of the providers, was also available to other providers. Also, several social get-togethers were held for Case Managers, S.O.H.C. staff, and providers. Since the 1975 fiscal year other provider training sessions have been initiated.

It is the feeling of the S.O.H.C. Project staff that these various training opportunities have had an impact on professionalizing their foster parents and creating a sense of unity among them (Powell, 1975, a.).

V. SUMMARY

In conclusion, the S.O.H.C. Project seeks to broaden the range of substitute care, build and nurture a network of professional foster parents capable of working intensively with hard-to-manage adolescents, and model an intake and case planning system. The overall goals are to reduce the incidence of target offenses among clients served and to provide the clients with the tools necessary to enable them to function more satisfactorily at home and in their community (Powell, 1975, c.).

CHAPTER IV

METHODOLOGY

The purpose of this research practicum was to conduct an outcome study on the impact of the S.O.H.C. Project on its clients. A comparison sample, clients who had been referred to S.O.H.C., but were placed in regular out-of-home placements or returned home, was measured over the same period of time against the S.O.H.C. group. The S.O.H.C. Project was chosen because of uniqueness in dealing with already identified juvenile delinquents in the Portland, Oregon Area. By the use of professionalized out-of-home care, it was felt that the delinquents placed within an S.O.H.C. resource would be facilitated in making a positive behavior change.

It was originally hoped that a three-way comparison study could be made of the clients according to the following criteria: 1) clients placed in S.O.H.C. resources, 2) clients placed in regular Children's Services Division resources, and 3) clients who did not receive any out-of-home care. Because of the small sample size of the last group, a two-way comparison was made between the combined S.O.H.C. and client group (who did not receive any out-of-home care services), and the S.O.H.C. group.

To begin the study, information was taken from the original Needs Assessment Form which was completed on 126 clients referred to the S.O.H.C. Project during the fiscal year 1975 (July 1974-June 1975). The original

Needs Assessment Form was designed by the S.O.H.C. Project staff and various C.M.C.S. offices. Several changes were made in the Needs Assessment Form until it was finalized in September 1974. This finalized draft was structured in order to facilitate computer coding. The purpose of the form was to provide the S.O.H.C. resource developer with an overview of the prospective clients to aid in the placement process. A summary description of the client population is included in the following chapter.

After much discussion regarding possible evaluation designs among the project evaluator, the practicum advisor, and the students, it was agreed to do an update questionnaire on the Needs Assessment. This would then be distributed to the Case Manager, who carried the client in her/his caseload. It was felt that the Case Managers, because of their unique position with small caseloads and intensive services, would have sufficient knowledge of the client to answer the questions adequately. By doing an update Needs Assessment, the researchers could approximate the pre-test/post-test experimental design.

The original Needs Assessment was revised for the update questionnaire. Much of the information on the original was deleted to ease completion by the Case Managers. The update form focused on the data the researchers felt would be most impacted on by the project. This included primarily the problem areas and the motivation/capacity questions for both the client and her/his parents. By using both motivation/capacity questions and the problem areas, the update form would reach simultaneously a psychological evaluation and a behavioral measure. The same basic phrasing was used in both the original and the update forms to maintain continuity. The researchers realized some of the problem areas were not

defined as clearly as possible, but felt the continuity aspect was more important. The updated Needs Assessment also asked movement data on number of placements, types of placements, and length of stay for each client. In an attempt to measure whether a problem area had improved or deteriorated, a rate of change scale was included with each problem area. This would provide more information than the straight yes/no response on the original Needs Assessment Form. (See Appendix B for copies of both forms))

Once the Needs Assessment Update was revised, a memo was sent to the supervisors of the Case Managers Corrections Services to inform them of the upcoming evaluation. Practicum students went out to each supervisor to distribute and explain the updated forms. The supervisors then distributed them to the Case Managers. The students followed through on answering questions about the form and obtaining the completed forms. Circulation to the Case Managers occurred in November, 1975 with completed forms in by December 1, 1975. The Case Managers filled out the forms according to current client/parent behavior as of October 31, 1975. Data was then coded and placed on computer cards for data analysis.

After an over-all frequency count on the total client population (N=126), the clients were divided into two groups: those who had spent a month or more in an S.O.H.C. placement and those who did not. The S.O.H.C. group consisted of 82 clients; the non-S.O.H.C. group, 44 clients. The non-S.O.H.C. group included clients who had less than one month in S.O.H.C. (N=16), those who were in R.O.H.C. (N=11), and those who did not have out-of-home care (N=17).

To analyze the gathered data, two basic manipulations were per-

formed. The first operation was a frequency count of motivation/capacity scores and behavioral problem areas for each group. This data was tabulated and the means calculated for the motivation/capacity scores.

The second analysis consisted of cross-tabulating the scores for each individual between pre- and post-test motivation/capacity items and problem areas. Four-fold tables were constructed showing, A.) the number of clients who had the problem on the pre-test but did not have the problem on the post-test or who went from low to high motivation/capacity scores, B.) those who had the problem both times or who had low motivation/capacity scores both times, C.) those who did not have the problem either time or who had high motivation/capacity scores both times, and D.) those who did not have the problem the first time but did the second or who went from high to low motivation/capacity scores. (Figure 4).

		Time 2	
		No	Yes
Time 1	Yes	A	B
	No	C	D

Figure 4. Four-fold Table.

If the program had no effect, one could expect by chance that half of the clients would stay the same and half would change. Of those who changed, half would get better; the others, worse. The McNemar test measures the significance of the direction and amount of change using the formula $\chi^2 = \frac{([A+D]-1)^2}{A+D}$ with the correction for continuity at one degree

of freedom (Siegel, 1956). If the X^2 value is greater than 3.8, the probability that the change is significant and not due to chance is .95. The McNemar test was run on the problem areas for the S.O.H.C. group where 20 percent or more of the clients answered yes to having a problem on the pre-test. This was done to insure a large enough sample for the test to be valid. For those in the non-S.O.H.C. group, the test was used when the expected frequency, $\frac{A+D}{2}$, was greater than 5. A smaller frequency would invalidate the test (Siegel, 1956). There were nine problem areas that could be tested for both the S.O.H.C. and the non-S.O.H.C. groups. In addition, six problem areas were tested for just the S.O.H.C. population.

The median points on the pre-test capacity/motivation items were used as a dividing line between high and low motivation/capacity scores. A four-fold table was then constructed and the MacNemara test of significance was performed.

CHAPTER V

DESCRIPTION OF CLIENT POPULATION

The purpose of this project is to provide an outcome study of the Specialized Out-of-Home Care Project administered by the Children's Services Division in cooperation with the Case Management Team of Multnomah County. Demographical data was collected from the information contained in the original Needs Assessment Form (Form 1.0) on each S.O.H.C. referral during the 1975 fiscal year (July 1974-June 1975). A total of 181 referrals were made from the Case Management Team to the S.O.H.C. Project during this period. The descriptive data contained in this section was taken from 126 completed Needs Assessment Forms.

This section summarizes the demographical characteristics of these 126 referrals. The data is presented under the areas of: 1) Descriptive Information on the Client Population, 2) Descriptive Information on the Client's Family, 3) Descriptive Information on the Client's Identified Problem Areas, and 4) Descriptive Information on the Client's Placement Needs.

Demographical information was taken from a computerized print-out, which was made available by the S.O.H.C. staff.

DESCRIPTIVE INFORMATION ON THE CLIENT POPULATION

TABLE II shows the distribution of referrals by Case Management offices within the Portland area. It should be noted that all referrals

from the Southwest office were processed through the Southeast office.

TABLE II
SOURCE OF REFERRALS BY CMCS OFFICES

CMCS Office	N	%	Cum. %
North Office	26	20.6	20.6
N.E. Union (Albina)	29	23.0	43.6
N.E. Multi-Services Ctr.	21	16.7	60.3
Southeast Office	50	39.7	100.0
	126	100.0	

Referrals were made by all four of the CMCS offices in various Portland locations. A larger number of S.O.H.C. clients are shown to be coming out of the Southeast office (39.7%). This large statistic is probably due to the inclusion of the referrals from the Southwest area. Other S.O.H.C. clients were pretty evenly distributed among the North office, N.E. Union office, and the N.E. Multi-Service Center.

TABLE III shows the age distribution of S.O.H.C. referrals according to frequency, percentage and cumulative percentage.

TABLE III
AGE DISTRIBUTION

Age	N	%	Cum. %
11	3	2.4	2.4
12	10	7.9	10.3
13	21	16.7	27.0
14	33	26.2	53.2
15	33	26.2	79.4
16	15	11.9	91.3
17	8	6.3	97.6
Unknown	3	2.4	100.0
	126	100.0	

The age distribution of the S.O.H.C. clients tends to be centered in the early teens. The mode score of the population is in the fourteen and fifteen age group. The range of the ages are eleven to seventeen years, with a mean age of 14.3 years.

The sex distribution of S.O.H.C. referrals is shown in TABLE IV. Sociological studies indicate that more males than females are involved in delinquency (See review of the literature).

TABLE IV
SEX DISTRIBUTION

Sex	N	%
Male	112	88.9
Female	14	11.1
	126	100.0

TABLE IV shows clearly that the client population in the S.O.H.C. Project also reflects this trend. The statistics indicate that almost 90 percent of the S.O.H.C. referrals are comprised of males.

TABLE V indicates the major ethnic groupings of the S.O.H.C. clientele.

TABLE V
ETHNICITY

Ethnic Group	N	%	Cum. %
White	83	65.8	65.8
Black	33	26.2	92.0
Mexican American	1	0.8	92.8
American Indian	6	4.8	97.6
Unknown	3	2.4	100.0
	126	100.0	

Ethnic characteristics of the S.O.H.C. population predominate in the White ethnic group (65.8%) with a little over one-fourth coming from the Black group (26.2%). Fewer than 5.6% of the population are of Mexican American or American Indian descent. These S.O.H.C. ethnic percentages do not reflect the most recent population census count in the city of Portland. According to the 1970 census, the city of Portland has a 94.03% White population. The Black population is 5.75% and the American Indian represents .52% of the Portland ethnic population. Other minorities make up .34%.

The distribution of S.O.H.C. clients with physical or mental disabilities at the time of referral are indicated in TABLE VI.

TABLE VI
PHYSICAL OR MENTAL DISABILITY

Disability	N	%	Cum. %
Epilepsy	1	0.8	0.8
Speech Impairment	1	0.8	1.6
Mild Mental Retardation	2	1.6	3.2
Other Disability	13	10.3	13.5
Not Applicable	109	86.5	100.0
	126	100.0	

A majority of the clients exhibit no presenting disability (86.5%). The category, "other disabilities", seems to indicate that other organic and perhaps mental disabilities are more common.

TABLE VII shows the number of previous out-of-home placements of S.O.H.C. clients.

TABLE VII
PREVIOUS OUT-OF-HOME PLACEMENTS

Number of Placements	N	%	Cum. %
None	73	57.9	57.9
1	25	19.8	77.8
2	11	8.7	86.5
3	9	7.1	93.7
4	1	0.8	94.4
5	1	0.8	95.2
6	1	0.8	96.0
7	2	1.6	97.6
16	1	0.8	98.4
Unknown	2	1.6	100.0
	<u>126</u>	<u>100.0</u>	

Seventy-three clients had no previous out-of-home placements prior to entering S.O.H.C. The table shows that 35.6% of the referrals have had one to three prior out-of-home placements. Of the remaining clients, 6.4% had a range of four to sixteen previous placements.

Academic achievement of the S.O.H.C. referrals is shown in TABLE VIII by listing number and percent of clients at various grade, math, and reading levels. For a majority of S.O.H.C. clients, Case Managers were unable to assess the math and reading levels. Of those known to the Case Managers, the math and reading levels are scored somewhat lower than the grade level of the client. Twenty-one percent fall within the seventh to ninth grade math level, whereas 23.8% fall within the seventh to ninth grade reading level. A majority of S.O.H.C. referrals (81.8%), as indicated by the first two columns, fall between the seventh and tenth grade level academically.

TABLE VIII
ACADEMIC ACHIEVEMENT

Grade	Grade Level		Math Level		Reading Level	
	N	%	N	%	N	%
Third	0	0.0	1	0.8	3	2.4
Fourth	0	0.0	3	2.4	4	3.2
Fifth	4	0.8	5	4.0	7	5.6
Sixth	5	4.0	7	5.6	5	4.0
Seventh	16	12.7	13	10.3	15	11.9
Eighth	28	22.2	6	4.8	7	5.6
Ninth	37	29.4	8	6.3	8	6.3
Tenth	22	17.5	2	1.6	3	2.4
Eleventh	4	3.2	3	2.4	2	1.6
Twelfth	1	0.8	0	0.0	0	0.0
Unknown	12	9.5	78	61.9	72	57.1
	126	100.0	126	100.0	126	100.0

The type of school program in which the S.O.H.C. referrals were enrolled at the time of referral is shown in TABLE IX.

TABLE IX
TYPE OF CURRENT SCHOOL PROGRAM

Type of Program	N	%	Cum. %
Regular Public School	64	50.8	50.8
Alternative Education	18	14.3	65.1
Truant more than 1/3 of last year	8	6.3	71.4
Not enrolled	33	26.2	97.6
Unknown	3	2.4	100.0
	126	100.0	

S.O.H.C. clients were most likely attending a regular public school (50.8%) prior to their referral to the Project. When alternative education is considered, 65.1% of the referred population was involved in a school program. Clients not receiving education totaled a little more than one-fourth of the population.

II. DESCRIPTIVE INFORMATION ON THE CLIENT'S FAMILY

TABLE X shows the parental composition of the referred S.O.H.C. clients.

TABLE X
PARENTAL COMPOSITION OF CLIENT'S FAMILY

Composition	N	%	Cum. %
Two Parent (stable marriage)	34	27.0	27.0
Two Parent (unstable marriage)	16	12.7	39.7
One Parent (Mother figure)	50	39.7	79.4
One Parent (Father figure)	10	7.9	87.3
Other	15	11.9	99.2
Unknown	1	0.8	100.0
	126	100.0	

Over one-half of the S.O.H.C. clients come from one-parent families (N = 60). Of these, 39.7% come from a home where the one-parent figure is a Mother. Two-parent families (39.7%) were mostly described by Case Management as stable. Over-all, TABLE X shows that a Mother figure was found to be a part of the client's household a majority (66.7%) of the time.

The kinds of parental change needed by the client's mother/father are indicated in TABLE XI. TABLE XI shows that a majority of Case Managers selected the "Other" category when looking at change most needed by both parents of the S.O.H.C. client. This category represents a wide variety of responses specified by the Case Manager on the original Needs Assessment Form. In looking at the descriptive categories, mothers and fathers scored relatively the same in two areas: on "resolving own emotional or personal problems," 13.5% of the mothers were seen as needing

improvement compared to 10.3% of the fathers. Case Managers saw 12.7% of the mothers and 13.5% of the fathers as needing work on "improving communication and interpersonal relationships with their child." Mothers were seen as needing more work on "learn or improve disciplinary techniques" (19.0%) than fathers (8.7%).

TABLE XI

CHANGE MOST NEEDED BY MOTHER/FATHER

Parental Change	Mother		Father	
	N	%	N	%
Resolve own emotional or interpersonal problems	17	13.5	13	10.3
Learn or improve disciplinary techniques, etc.	24	19.0	11	8.7
Learn to be consistent in disciplining	2	1.6	1	0.8
Improve communication and interpersonal relationships with child	16	12.7	17	13.5
Learn to reward positive behaviors of the child	0	0.0	1	0.8
Other	53	42.1	29	23.0
Unknown	14	11.1	54	42.9
	126	100.0	126	100.0

The rated frequency of motivation/capacity for change of each parent (on a scale of one to nine) is shown in TABLE XII.

TABLE XII

MOTIVATION/CAPACITY TO CHANGE BY MOTHER/FATHER

	(low)1	2	3	4	5	6	7	8	9(high)	unknown	X
Mother's motivation	13	18	22	8	8	5	22	3	5	22	3.84
Mother's capacity	17	17	21	12	11	10	11	4	2	21	3.77
Father's motivation	16	8	14	6	13	7	1	3	3	55	3.70
Father's capacity	18	7	10	11	13	6	3	1	2	55	3.57

TABLE XII clearly indicates that the parents of the S.O.H.C. clients were seen by Case Managers as having low motivation and capacity to change the behaviors indicated in TABLE XI. The mean scores for the Mother's motivation and capacity to change were found to be 3.84 and 3.77 respectively. Mothers, however, were rated as having a higher level of motivation and capacity than Fathers who were given a mean score of 3.70 for motivation and mean score of 3.57 for capacity. Excluding the "unknown" category, mode scores for Mother's motivation and capacity were 3, 7, and 3, respectively. Father's mode score for both areas was 1.

III. DESCRIPTIVE INFORMATION ON THE CLIENT'S PROBLEM AREAS

TABLE XIII, "Problem Areas of Clients" gives an overview of problems identified by Case Managers as characteristic of the S.O.H.C. population. Identified problems have been categorized in six descriptive behaviors.

"Bizarre Behavior Problems" comprises the lowest number (21.5%) of the S.O.H.C. population. The most frequently occurring, "Property Destruction" behaviors, occurred within the school (33.3%). Other behaviors within the "Property Destruction" category involved a little over one-fourth (25.4%) of the identified problem behaviors of the population.

Under category "C", "Assault Problems," 37.3% of the S.O.H.C. population were identified as physically assaultive with peers at school. Assaultive behaviors toward younger siblings, neighbors, adults, peers, and younger children in the neighborhood totaled over one-half (66.7%) of identified behavior problems.

TABLE XIII
PROBLEM AREAS OF CLIENTS

Problem	N	%
A. BIZARRE BEHAVIORS		
1. Bizarre behavior in community	23	18.3
2. Social taboos (public sex play, etc)	4	3.2
B. PROPERTY DESTRUCTION		
1. Theft or vandalism of property within school	42	33.3
2. Destruction of property in the neighborhood or community	25	19.8
3. Sets fires in the community	4	3.2
4. Sets fires in or near home	3	2.4
C. ASSAULT PATTERNS		
1. Fighting physically with peers at school	47	37.3
2. Physically assaultive to neighbors, adults, peers, younger children in the neighborhood	33	26.2
3. Physically assaultive to younger siblings	28	22.2
4. Physically assaultive to older siblings or those of the same age	23	18.3
5. Physically assaultive to parents	14	11.1
6. Physically assaultive to adult school personnel	13	10.3
D. DRUG/ALCOHOL ADDICTION/HABITUATION		
1. Uses marijuana	74	58.7
2. Uses other drugs	33	26.2
3. Excessive use of alcohol	19	15.1
4. Pushing drugs at school or in the community	9	7.1
5. Uses heroin	0	0.0
E. INCORRIGIBILITY AND STATUS OFFENSES		
1. Virtually no compliance to parental requests or limits	81	64.3
2. Excessive truancy	82	65.1
3. Non-production at school	83	65.9
4. Refusal to accept/perform routine responsibilities at home	76	60.3
5. Verbally antagonistic so as to continually disrupt the family	60	47.6
6. Runaway from home	54	42.9
7. Continually disruptive to the class at school	41	32.5
F. THEFT AND EXTORTION		
1. Theft in neighborhood homes and stores	95	75.4
2. Stealing from family members	51	40.5
3. Extortion at school from peers	10	7.9

Marijuana use was rated the highest (58.7%) identified behavior problem within the "Drug/Alcohol Addiction/Habituation" area. Excessive alcohol usage rated lower (15.1%) than "other drug usage" (26.2%).

"Incorrigibility and other Status Offenses" involved the majority of S.O.H.C. clients. No compliance to parental requests or limits, truancy, non-production at school, and refusal to accept household responsibilities were included in over one-half (60.3%) of the S.O.H.C. behaviors.

In the area "Theft and Extortion", theft in neighborhood homes and stores (75.4%) and stealing from family members (40.5%) were rated as the most frequently occurring behaviors.

TABLE XIV shows the motivation and capacity for change as rated by the Case Manager when the client first entered the project.

TABLE XIV

MOTIVATION/CAPACITY TO CHANGE BY CHILD

	(low)	1	2	3	4	5	6	7	8	9 (high)	unknown	$\bar{X}$
Motivation at home	18	26	26	14	13	10	12	2	3		2	3.67
Capacity at home	10	12	26	15	18	12	18	9	4		2	4.58
Motivation at school	14	19	17	20	22	13	9	4	2		6	4.03
Capacity at school	7	6	15	11	18	15	23	15	10		6	5.51
Motivation in community	4	8	22	23	25	9	19	5	4		7	4.75
Capacity in community	2	3	15	14	14	12	29	21	8		8	5.88

These figures indicate that the S.O.H.C. client has more motivation and a greater capacity than her/his parents (please refer to TABLE XII). The S.O.H.C. clients' capacity in the area of the home ($\bar{X}$ = 4.58), school ($\bar{X}$ = 5.51), and community ($\bar{X}$ = 5.88) are rated higher than the

clients' motivation in the same area. Over-all, the highest area of change for the S.O.H.C. client is seen in the community and the lowest score for change is shown to be centered in the client's home.

IV. DESCRIPTIVE INFORMATION ON THE CLIENT'S PLACEMENT NEEDS

The educational program needed by the S.O.H.C. client is indicated in TABLE XV.

TABLE XV

EDUCATIONAL PROGRAM NEEDED

Program Type	N	%	Educational Areas	N	%
Programs within OHC facility	12	9.5	Basic Academic Skills	35	27.8
Specially designed school	12	9.5	Vocational Skills	9	7.1
Alternative Education Program	23	18.3	Survival Skills	3	2.4
Local public schools	45	35.7	Combination of above	54	42.8
Other	10	7.9	Other	3	2.4
Unknown/ Not Applicable	24	19.0	Unknown/ Not	22	17.5
	126	100.0	Applicable	126	100.0

Educational needs of the S.O.H.C. clients seem to be focused on traditional academic skills. "Local public schools" (35.7%) are seen as the most typical educational program needed by the S.O.H.C. population. An "Alternative Educational Program" is seen as the next most typical program needed. Educational areas designated most frequently by the Case Managers were basic educational skills (27.8%) with more emphasis on a combination of all three areas; basic academic, vocational, and survival skills (42.8%).

TABLE XVI shows the varied placement needs of the S.O.H.C. referrals. These needs were identified by Case Managers on the original Needs Assessment Form at the time of client referral.

TABLE XVI
PLACEMENT NEEDS OF CLIENTS

Placement Needs	N	%
A. TYPE OF SERVICE DESIRED		
1. Placement in existing C.S.D. resource	35	27.8
2. Placement in S.O.H.C. resource	67	53.2
3. Uncertain	13	10.3
4. Other	3	2.4
5. Unknown/Not Applicable	8	6.3
	<u>126</u>	<u>100.0</u>
B. REASON FOR CHANGE OF PLACEMENT		
1. Continual runaway	6	4.8
2. Threat to others	3	2.4
3. Not benefiting from current program	21	16.7
4. Conflict with provider/parents	25	19.8
5. Change in child's situation	11	8.7
6. Change in placement situation	3	2.4
7. Provider request	2	1.6
8. Other (including two or more of above)	33	26.2
9. Unknown/Not Applicable	22	17.5
	<u>126</u>	<u>100.0</u>
C. TYPE OF SETTING		
1. Family foster care	23	18.3
2. Professional foster care	31	24.6
3. Group home care	21	16.7
4. Residential treatment center	10	7.9
5. Institutional treatment setting	3	2.4
6. Other	3	2.4
7. Unknown/Not Applicable	35	27.8
	<u>126</u>	<u>100.0</u>
D. FREEDOM PERMITTED YOUTH		
1. Complete independence	1	0.8
2. Independent, but gives notice	1	0.8
3. Minimal supervision of activities	2	1.6
4. Schedule/curfew/with free time	18	14.3
5. Schedule/curfew/restricted free time	34	27.0
6. Unlocked setting-partially structured activities	25	19.8
7. Unlocked setting-structured activities	6	4.8
8. Locked setting-structured activities (lock up at night only)	1	0.8
9. Youth under 24-hour lock up	0	0.0
10. Unknown/Not Applicable	38	30.2
	<u>126</u>	<u>100.0</u>

TABLE XVI (Continued)

Placement Needs	N	Z
E. TREATMENT APPROACH		
1. Traditional, Psychiatric	3	2.4
2. Counseling, Insight therapy	5	4.0
3. Behavior Modification	28	22.2
4. Learning approach, societal skills	25	19.8
5. Reality therapy	9	7.1
6. Milieu therapy	2	1.6
7. Guided group interaction	1	0.8
8. No particular approach/warmth & affection	4	3.2
9. Other	21	16.7
10. Unknown/Not Applicable	28	22.2
	<u>126</u>	<u>100.0</u>
F. PLACEMENT LOCATION		
1. Within immediate neighborhood	2	1.6
2. Within same community	18	14.3
3. Across town or Portland area	40	31.7
4. Rural area near city	6	4.8
5. Another area of the state	6	4.8
6. Other	17	13.5
7. Unknown/Not Applicable	37	29.4
	<u>126</u>	<u>100.0</u>

TABLE XVI gives an overview of the placement needs of the S.O.H.C. referrals. Over one-half of the referred clients (53.2%) were seen as needing placement in a S.O.H.C. resource. Client placement in a regular existing C.S.D. resource was identified as a beneficial placement for 27.8% of the referrals. Most of the S.O.H.C. referrals came from a previous placement in which she/he was not benefiting from current program (16.7%) and from placements where there was serious conflict between the child and provider/parent (19.8%). TABLE XVI does indicate that referrals to the project are more likely from a combination of reasons (26.2%) than because of one particular situation.

Professional foster care is seen as the most frequently needed set-

ting for the S.O.H.C. client (24.6%). Group home care (16.4%) and family foster care (18.3%) are also seen as popular programs that are needed by other S.O.H.C. clients.

Structure seems to be a key factor in the placement setting. The alternative of "schedule/curfew/with restricted free time" was most frequently selected (27.0%). An unlocked setting with much more scheduling was seen as the next most frequent choice of setting (19.8%). A structured treatment approach, "Behavior Modification", is rated as the most frequently requested approach (22.2%) for S.O.H.C. clients. Learning approach with societal skills is also seen as a valuable treatment modality (19.8%).

Most Case Management personnel saw their clients benefiting from a placement setting located across town or in the surrounding Portland area (31.7%). A little over 14% saw their S.O.H.C. clients residing within their same community with only 1.6% of the clients staying within their immediate neighborhoods.

CHAPTER VI

FINDINGS

This chapter examines the update data collected on the 126 clients which were in the Specialized Out-of-Home Care Project during the 1974 fiscal year (July 1974 through June 1975). A statistical analysis was used to measure the impact of services provided by the S.O.H.C. Project. This update data was taken from a questionnaire constructed from a revised version of the original S.O.H.C. Needs Assessment Form (Form 1.0). The purpose of the update questionnaire was to obtain data that would identify positive or negative changes occurring in the behaviors and attitudes of the S.O.H.C. clients over time. The update questionnaire was administered to the C.M.C.S. Case Managers during December, 1975.

The descriptive data on the 126 clients is presented in table form through the use of frequency tabulations and percentages. The descriptive data is presented in three areas: 1). Placement Data, 2). Client's Family, and 3). Problem Areas and Motivation/Capacity for Change.

Following the descriptive information, the S.O.H.C. and the Non-S.O.H.C. groups are compared, and one test of significance, the McNemar, is used to measure the impact of S.O.H.C. services.

I. DESCRIPTIVE DATA UPDATE

Placement Data

TABLE XVII shows the types of placements utilized by the S.O.H.C.

referrals. Not all the referrals were placed in S.O.H.C. placements, some were placed in R.O.H.C. (Regular Out-of-Home Care) placements, and others were not placed in out-of-home care.

TABLE XVII
OUT-OF-HOME PLACEMENTS

Type	Number of Placements				
	1	2	3	4	5
S.O.H.C.					
One Parent	20	9	3	0	0
Two Parent	51	11	2	0	0
Group Care	18	5	4	2	0
Special Situation	8	1	0	0	0
R.O.H.C.*					
One Parent	0	2	1	0	0
Two Parent	0	2	0	0	0
Group Care	8	4	0	0	0
Special Situation	0	0	0	0	0
Independent Living Subsidy	1	0	0	0	0
Not Applicable	17	92	116	124	126
Unknown	3	0	0	0	0
* Regular Out-of-Home Care					

In looking at first placements, TABLE XVII shows that a total of 98 clients had their first placement with S.O.H.C., including one client in an independent living subsidy. A majority of these clients placed in S.O.H.C. were living in a family setting with one or two parents (N = 71). Group placement settings were used by 18 S.O.H.C. clients, and another

eight in special situations. A small number of first placements ($N = 8$) were made in R.O.H.C. placements. All of these clients were initially placed in a group setting. For both S.O.H.C. and R.O.H.C. placements, a total of 21 clients had first placements of two weeks or less.

For second placements, eight clients had an R.O.H.C. setting, half in a group setting and half in a family. Twenty clients had family settings in S.O.H.C. for a second placement, five had group care, and one had a special situation. A total of 92 clients were not placed in a second setting in either S.O.H.C. or R.O.H.C.

TABLE XVIII shows the time spent in placement for both S.O.H.C. and R.O.H.C. clients.

TABLE XVIII
TIME IN PLACEMENT

Placement	N	Range	Mode	Median
First	109	1 week - 14 months, 3 weeks	2 months	4 months
Second	34	1 week - 12 months, 3 weeks	1 week	2 months, 1 week
Third	10	2 weeks- 7 months	1 month, 1 week	2 months, 2 weeks
Fourth	2	1 month- 2 months, 1 week		
Total Placement Times*				
S.O.H.C.	82	1 month- 14 months	6 months	5 months
R.O.H.C.	11	2 months-21 months	5 months	5 months
* Excludes clients with less than one month in Out-of-Home Care				

This table shows a wide range of time spent both by S.O.H.C. and R.O.H.C. clients in their placement settings. The least amount of time

spent is one and two months for S.O.H.C. and R.O.H.C. respectively. The greatest length of stay is seen as being 14 and 21 months for S.O.H.C. and R.O.H.C. clients. TABLE XVIII also shows the median length of stay for S.O.H.C. and R.O.H.C. clients as being five months.

TABLE XIX indicates the length of time the S.O.H.C. referrals spent away from their placement in an institution or on the run.

TABLE XIX

TIME AWAY FROM PLACEMENT

Location		Range	Mode	Median
MacLaren/Hillcrest	18	1 month - 11 months	6 months, 4 days	6 months, 4 days
On the Run	21	1 day - 4 months, 6 days	2, 3 days	6 days

At times S.O.H.C. and R.O.H.C. placements did not work out for some clients. This is reflected to a degree in the number of clients who have run away (N = 21) as well as the number of clients who were referred to a more secure institutional setting (N = 18) such as MacLaren or Hillcrest.

Client's Family

The update information on the client's family was collected to identify changes occurring within the client's family over time. In the area of changes most needed by parents, the update data was quite similar to that of the data contained on the original Needs Assessment Form completed on each client. A majority of the Case Managers again selected the "Other" category, which represented an individualized "write in"

response on the questionnaire. Second to this, the change most needed by Mother and Father was in the area of "Resolving own emotional or personal problems."

TABLE XX represents the Case Managers' rating of the change in the child/parent relationship for both Mothers and Fathers.

TABLE XX

RATED* CHANGE IN CHILD/PARENT RELATIONSHIP

Parent	-2	-1	0	+1	+2	Not Applicable
Mother	3	9	44	31	14	25
Father	5	5	35	21	4	56

*Rated by Case Managers

Case Managers rated a major portion of the child/parent relationships as having made no significant changes, N = 44 and N = 35 respectively. More Mothers, however, were rated as having improved (N = 45) than Fathers (N = 25). TABLE XX does show a greater representation of Mothers (N = 101) than Fathers (N = 70) in the rated parent/child relationships.

TABLE XXI shows the current motivation/capacity for change by the Mother/Father as rated by the Case Managers on the update questionnaire.

TABLE XXI

CURRENT MOTIVATION/CAPACITY TO CHANGE BY MOTHER/FATHER

	(low)1	2	3	4	5	6	7	8	9(high)	Unknown	X
Mother's Motivation	14	20	20	11	15	12	4	4	8	18	4.05
Mother's Capacity	16	17	15	16	15	10	9	5	5	18	4.09
Father's Motivation	18	7	11	9	9	8	5	1	5	53	3.86
Father's Capacity	14	8	9	11	11	9	3	1	5	55	4.00

Compared with the statistics of TABLE XII, TABLE XXI indicates that motivation and capacity for change by Mothers and Fathers have increased over time. The most remarkable change is the mean score found in the Father's capacity to change. This score increased from 3.57 (See TABLE XII) to 4.00. The mean scores for Mother's motivation and capacity for change were found to be 4.05 and 4.09 respectively, while the Father's mean scores for motivation and capacity for change were found to be somewhat lower, 3.86 and 4.00 respectively.

Client's Identified Problem Areas and Motivation/Capacity for Change

TABLE XXII shows the data update changes in the problem areas of all the referred clients. The total number of identified clients per problem area (N) and the percentage (%) of clients are shown. The Case Managers made these ratings on the update questionnaire in December, 1975.

All but four identified problem areas did not show any notable change in behaviors. The following three problem behaviors increased in frequency: excessive use of alcohol, from N = 9 (refer to TABLE XXIII) to N = 24; pushing drugs at school and in the community, from N = 9 to N = 12; and usage of heroin, from N = 0 to N = 1. Social taboos (public sex play, etc.) stayed constant at N = 4. There was one dramatic decrease in the identified problem area of theft in neighborhood homes and stores. The frequency of this problem area changed from N = 95 to N = 60.

TABLE XXII

UPDATE DATA ON PROBLEM AREAS OF ALL CLIENTS REFERRED

Problem	N	%
A. BIZARRE BEHAVIORS		
1. Bizarre behavior in community	5	4.0
2. Social Taboos (public sex play, etc.)	4	3.2
B. PROPERTY DESTRUCTION		
1. Theft or vandalism of property within school	27	21.4
2. Destruction of property in the neighborhood or community	6	4.8
3. Sets fires in the community	3	2.4
4. Sets fires in or near home	2	1.6
C. ASSAULT PATTERNS		
1. Fighting physically with peers at school	29	23.0
2. Physically assaultive to neighbors, adults, peers, younger children in the neighborhood	24	19.0
3. Physically assaultive to younger siblings	12	9.5
4. Physically assaultive to older siblings or those of the same age	15	11.9
5. Physically assaultive to parents	9	7.1
6. Physically assaultive to adult school personnel	9	7.1
D. DRUG/ALCOHOL ADDICTION/HABITUATION		
1. Uses Marijuana	58	46.0
2. Uses other drugs	19	15.1
3. Excessive use of alcohol	24	19.0
4. Pushing drugs at school or in the community	12	9.5
5. Uses heroin	0	0.0
E. INCORRIGIBILITY AND STATUS OFFENSES		
1. Virtually no compliance to parental requests or limits	57	45.2
2. Excessive truancy	63	50.0
3. Non-production at school	59	46.8
4. Refusal to accept/perform routine responsibilities at home	65	51.6
5. Verbally antagonistic so as to continually disrupt the family	51	40.5
6. Runaway from home	39	31.0
7. Continually disruptive to the class at school	22	17.5
F. THEFT AND EXTORTION		
1. Theft in neighborhood homes and stores	60	47.6
2. Stealing from family members	34	27.0
3. Extortion at school from peers	6	4.8

The current motivation/capacity for change by the child as rated by the Case Managers on the update questionnaire is shown in TABLE XXIII.

TABLE XXIII

CURRENT MOTIVATION/CAPACITY TO CHANGE BY CHILD

	(low)	1	2	3	4	5	6	7	8	9(high)	unknown	$\bar{X}$
Motivation at home	12	14	19	17	25	9	15	6	2		7	4.32
Capacity at home	8	13	11	15	18	16	25	11	2		7	4.99
Motivation at school	12	14	17	11	22	20	13	5	2		10	4.48
Capacity at school	7	8	13	6	19	25	20	12	5		11	5.32
Motivation in community	6	19	14	16	20	18	17	8	2		6	4.72
Capacity in community	2	9	14	16	18	18	26	12	5		6	5.39

This table shows both the update data on the client's motivation and capacity to change. Compared to TABLE XIV, the child's motivation and capacity for change increased in the following areas: child's motivation and capacity for change at home increased from a mean score of 3.67 to a mean score of 4.32 and from a mean of 4.58 to a mean of 4.99 respectively; and child's motivation at school increased from a mean score of 4.03 to a mean score of 4.48. A decrease was seen in child's capacity at school, from a mean of 5.51 to a mean of 5.32. Client's motivation and capacity in the community also decreased from a mean score of 4.75 to a mean of 4.72 and a mean of 5.58 to a mean of 5.39 respectively.

II. COMPARISON OF S.O.H.C. AND NON-S.O.H.C. GROUPS

Percentage Comparison of S.O.H.C. and Non-S.O.H.C. Groups

TABLE XXIV shows the comparison on a percentage basis between the

S.O.H.C. population and the non-S.O.H.C. population in regards to problem behavior areas. The percentage listed on the table are divided into "Before" and "After" columns. The "Before" percentage is taken from the rated behavior problem areas on the Original Needs Assessment Form of each S.O.H.C. and non-S.O.H.C. client. The "After" percentage is taken from the updated Needs Assessment Form questionnaire which was administered to each Case Manager in December, 1975.

The Bizarre Behavior category shows social taboos as being held constant among both the S.O.H.C. and non-S.O.H.C. groups. Bizarre behavior in the community had a greater "yes" response among the non-S.O.H.C. group. Within the Property Destruction category, setting fires in the community and setting fires in or near the home showed no change in the non-S.O.H.C. group. Destruction of property in the neighborhood or community had a greater decrease in "yes" respondents among the S.O.H.C. group.

Assault Patterns of the S.O.H.C. group showed more improvement than the non-S.O.H.C. group. Physically assaultive to neighbors, adults, peers, younger children in the neighborhood, and physically assaultive to younger siblings showed an observable decrease in the S.O.H.C. group. In the same area, the non-S.O.H.C. group showed a decline which was less dramatic. Physically assaultive to parents showed an increase in occurrence among the non-S.O.H.C. population and a decrease in the S.O.H.C. group. The area, physically assaultive to adult school personnel, showed a greater percentage decrease among the non-S.O.H.C. group than in the S.O.H.C. group.

Drug/Alcohol Addiction/Habitation did not show very favorable

"After" percentages in either group. Uses marijuana and uses other drugs had only a slight decrease for the S.O.H.C. population. An increase of behaviors were seen in both groups in the area of excessive use of alcohol and pushing drugs at school or in the community. An increase of one client was seen in the S.O.H.C. group with use of heroin.

Incorrigibility and Status Offenses show a decrease in "yes" responses in all of the seven areas for the S.O.H.C. population. The non-S.O.H.C. population showed an increase in "yes" responses in the areas of refusal to accept/perform routine responsibilities at home and the area of running away from home. A decrease was found in all areas of Theft and Extortion among the S.O.H.C. and non-S.O.H.C. groups. The largest decrease was seen in the area of theft in neighborhood homes and stores, for both the S.O.H.C. and the non-S.O.H.C. groups.

TABLE XXIV

COMPARISON OF PERCENT ANSWERING YES TO PROBLEM AREAS

Problem	SOHC		NON-SOHC	
	Before	After	Before	After
A. BIZARRE BEHAVIORS				
1. Bizarre behavior in community	17	2	20	
2. Social Taboos (public sex play, etc.)	1	1	7	
B. PROPERTY DESTRUCTION				
1. Theft or vandalism of property within school	33	20	34	
2. Destruction of property in the neighborhood or community	22	5	16	
3. Sets fires in the community	4	2	2	
4. Sets fires in or near home	2	1	2	
C. ASSAULT PATTERNS				
1. Fighting physically with peers at school	37	22	39	
2. Physically assaultive to neighbors, adults, peers, younger children in the neighborhood	29	20	20	
3. Physically assaultive to younger siblings	24	9	18	
4. Physically assaultive to older siblings or those of the same age	17	11	20	
5. Physically assaultive to parents	9	2	7	
6. Physically assaultive to adult school personnel	10	9	11	
D. DRUG/ALCOHOL ADDICTION/HABITUATION				
1. Uses marijuana	56	40	64	
2. Uses other drugs	21	10	36	
3. Excessive use of alcohol	15	18	16	
4. Pushing drugs at school or in the community	5	6	11	
5. Uses heroin	0	1	0	

TABLE XXIV (CONTINUED)

Problem	SOHC		NON-SOHC	
	Before	After	Before	Aft
E. INCORRIGIBILITY AND STATUS OFFENSES				
1. Virtually no compliance to parental requests or limits	72	43	50	5
2. Excessive truancy	70	50	57	5
3. Non-production at school	68	43	61	5
4. Refusal to accept/perform routine responsibilities at home	66	50	50	5
5. Verbally antagonistic so as to continually disrupt the family	49	38	45	4
6. Runaway from home	50	29	30	3
7. Continually disruptive to the class at school	32	13	34	2
F. THEFT AND EXTORTION				
1. Theft in neighborhood homes and stores	79	45	68	5
2. Stealing from family members	43	27	36	2
3. Extortion at school from peers	5	4	14	

Rated Change in Problem Areas of S.O.H.C. Clients

TABLE XXV indicates the rate of change in the problem areas of the S.O.H.C. clients who were placed solely in S.O.H.C. placements. The degree of rated change in problem area was completed by Case Managers who answered "yes" to the problem as being current. The -2 to +2 scale is used as a way of rating whether or not the specific problem is worse or better, as a result of time. The "0" signifies no change. This table was compiled from the data contained in the update Needs Assessment Form.

From this table, one can see that the category of Bizarre Behaviors showed a positive change among the S.O.H.C. clients. Within the Property Destruction category, there were four clients who remained without any change in the area of theft or vandalism of property within the school, while 12 improved.

Assault Patterns also had a positive improvement, the greatest being in the physically assaultive to neighbors, adults, peers, younger children in the neighborhood (N = 11). Under the Drug/Alcohol Addiction/Habitation category, a good number of S.O.H.C. clients made improvement. Seventeen of the 33 clients using marijuana decreased their usage, while only two increased. Excessive use of alcohol was another area where there was change for the better. Here nine out of the fifteen identified S.O.H.C. clients improved over time, and the other six made no change.

Incorrigibility and Status Offenses also showed improvement over time. Specifically, it was seen that non-production at school had a little less than one-half (15) of the clients showing improvement, while only three became worse. The category running away from home showed some improvement over time as 12 clients improved and only six became worse.

TABLE XXV

UPDATE DATA ON PROBLEM AREAS OF SOHC CLIENTS

Problem	N	%	Rated Change in Prob				
			-2	-1	0	+1	+2
A. BIZARRE BEHAVIORS							
1. Bizarre behavior in community	2	2	0	0	0	1	1
2. Social Taboos (public sex play, etc.)	1	1	0	1	0	0	0
B. PROPERTY DESTRUCTION							
1. Theft or vandalism of property within school	16	20	0	0	4	10	2
2. Destruction of property in the neighborhood or community	4	5	0	0	0	2	2
3. Sets fires in the community	2	2	0	0	0	1	1
4. Sets fires in or near home	1	1	0	0	0	0	1
C. ASSAULT PATTERNS							
1. Fighting physically with peers at school	18	22	1	1	6	7	3
2. Physically assaultive to neighbors, adults, peers, younger children in the neighborhood	16	20	1	2	2	8	3
3. Physically assaultive to younger siblings	7	9	0	0	0	7	0
4. Physically assaultive to older siblings or those of the same age	9	11	1	0	4	3	1
5. Physically assaultive to parents	2	2	0	0	0	2	0
6. Physically assaultive to adult school personnel	7	9	0	0	3	2	2
D. DRUG/ALCOHOL ADDICTION/HABITUATION							
1. Uses marijuana	33	40	0	2	14	12	5
2. Uses other drugs	8	10	1	0	2	4	1
3. Excessive use of alcohol	15	18	0	0	6	8	1
4. Pushing drugs at school or in the community	5	6	0	1	0	3	1
5. Uses heroin	1	1	1	0	0	0	0

TABLE XXV (CONTINUED)

Problem	N	%	Rated Change in Problem				
			-2	-1	0	+1	+2
E. INCORRIGIBILITY AND STATUS OFFENSES							
1. Virtually no compliance to parental requests or limits	35	43	2	3	9	16	
2. Excessive truancy	41	50	2	2	14	11	
3. Non-production at school	35	43	1	3	17	7	
4. Refusal to accept/perform routine responsibilities at home	41	50	1	3	12	19	
5. Verbally antagonistic so as to continually disrupt the family	31	38	0	3	8	18	
6. Runaway from home	24	29	4	2	6	7	
7. Continually disruptive to the class at school	11	13	0	2	5	2	
F. THEFT AND EXTORTION							
1. Theft in neighborhood homes and stores	37	45	0	3	5	13	
2. Stealing from family members	22	27	1	1	6	10	
3. Extortion at school from peers	3	4	0	1	1	2	

Some behavior changes for the better are seen in excessive truancy, refusal to accept/perform routine responsibilities at home and verbally antagonistic so as to continually disrupt the family. The last category, Theft and Extortion, showed a positive gain in S.O.H.C. clients, especially within the theft in neighborhood homes and stores area (N = 29).

Rated Change in Problem Areas of Non-S.O.H.C. Clients

TABLE XXVI shows the areas of change among clients who were not placed within S.O.H.C. placements. These non-S.O.H.C. clients came from placements in the R.O.H.C. program, or were not placed in any out-of-home care. This table is similar to the previous table in that the -2 to +2 scale was used as a way of rating whether or not the specific problem was better or worse, as a result of time. The degree of rated change in each problem area was used by Case Managers who answered "yes" to the problem as being current.

Bizarre Behaviors of non-S.O.H.C. clients had both an increase and a decrease in rated change. Bizarre behavior in the community had a slightly more positive change. Property Destruction behaviors tended to stay either constant or showed improvement. Assault Patterns showed a similar trend to that of the Property Destruction behaviors. Rated change in these problems remained constant or improved. It is noticed, however, that the areas, physically assaultive to parents and physically assaultive to younger siblings are seen to have grown worse over time.

Drug/Alcohol Addiction/Habitation of non-S.O.H.C. clients tends to lean toward a negative rate of change. The area, uses other drugs, is shown to have had only one improvement. The rate of change in Incurability and Status Offenses are scattered between a positive and nega-

tive change. Two areas, virtually no compliance to parental requests or limits (N = 18), and refusal to accept/perform routine responsibilities at home (N = 19), were seen to have had the most negative change or no change at all.

Theft and Extortion is another category which shows a range of negative and positive behavior changes. Extortion at school from peers did not show any positive rate of change.

TABLE XXVI

UPDATE DATA ON PROBLEM AREAS OF NON-SOHC CLIENTS

Problem	N	%	Rated Change in Probl			
			-2	-1	0	+1
A. BIZARRE BEHAVIORS						
1. Bizarre behavior in community	3	7	1	0	0	0
2. Social Taboos (public sex play, etc.)	3	7	2	0	0	1
B. PROPERTY DESTRUCTION						
1. Theft or vandalism of property within school	11	25	0	1	4	6
2. Destruction of property in the neighborhood or community	2	5	0	0	0	1
3. Sets fires in the community	1	2	0	0	0	0
4. Sets fires in or near home	1	2	0	0	1	0
C. ASSAULT PATTERNS						
1. Fighting physically with peers at school	11	25	0	1	4	4
2. Physically assaultive to neighbors, adults, peers, younger children in the neighborhood	8	18	0	1	2	4
3. Physically assaultive to younger siblings	5	11	1	2	1	0
4. Physically assaultive to older siblings or those of the same age	6	14	0	2	2	1
5. Physically assaultive to parents	7	16	1	2	3	0
6. Physically assaultive to adult school personnel	2	5	0	0	1	0
D. DRUG/ALCOHOL ADDICTION/HABITUATION						
1. Uses marijuana	25	57	5	2	13	5
2. Uses other drugs	11	25	2	4	5	0
3. Excessive use of alcohol	9	20	2	3	3	1
4. Pushing drugs at school or in the community	7	16	1	2	3	1
5. Uses heroin	0	0	0	0	0	0

TABLE XXVI (CONTINUED)

Problem	N	%	Rated Change in Pro			
			-2	-1	0	+1
E. INCORRIGIBILITY AND STATUS OFFENSES						
1. Virtually no compliance to parental requests or limits	22	50	2	6	10	3
2. Excessive truancy	22	50	8	1	4	7
3. Non-production at school	24	55	5	4	6	4
4. Refusal to accept/perform routine responsibilities at home	24	55	3	3	13	5
5. Verbally antagonistic so as to continually disrupt the family	20	45	3	1	10	4
6. Runaway from home	15	34	3	2	5	4
7. Continually disruptive to the class at school	11	25	3	0	3	3
F. THEFT AND EXTORTION						
1. Theft in neighborhood homes and stores	23	52	2	2	8	9
2. Stealing from family members	12	27	2	2	5	2
3. Extortion at school from peers	3	7	0	1	2	0

Comparison of Motivation/Capacity to Change Scores

TABLE XXVII shows the mean score on ten motivation and capacity to change items.

TABLE XXVII
MEAN MOTIVATION/CAPACITY TO CHANGE SCORES

Item	SOHC		NON-SOHC	
	Pre- $\bar{X}$	Post- $\bar{X}$	Pre- $\bar{X}$	Post- $\bar{X}$
Mother's Motivation to Change	4.57	4.47	3.53	3.26
Mother's Capacity to Change	3.90	4.24	3.74	3.82
Father's Motivation to Change	4.02	4.45	3.04	2.81
Father's Capacity to Change	3.77	4.33	3.14	3.42
Child's Motivation to Change at Home	3.75	4.76	3.53	3.59
Child's Capacity to Change at Home	4.47	5.34	4.79	4.39
Child's Motivation to Change at School	4.14	4.79	3.83	3.81
Child's Capacity to Change at School	5.64	5.41	5.21	5.17
Child's Motivation to Change in the Community	5.03	5.10	4.24	3.89
Child's Capacity to Change in the Community	6.05	5.49	5.57	5.23

The first four items deal with parents' motivation and capacity scores in each group for both the pre- and post-tests. The mother's motivation to change declined over time in both groups. In the non-S.O.H.C. group the father's motivation declined while it increased for fathers in the S.O.H.C. group. The capacity scores improved for both groups over time.

Among the S.O.H.C. clients, mean scores increased over time in all areas except for capacity to change at school and in the community. The non-S.O.H.C. clients had lower means for all items except the child's motivation to change at home, which changed only slightly.

III. STATISTICAL ANALYSIS

The McNemar test was used to measure the significance of change among the S.O.H.C. and non-S.O.H.C. clients and their parents in the areas of: motivation and capacity for mother and father for change, child's motivation and capacity for change, and child's identified problem areas. The McNemar was chosen because of its ability to measure over time a rate of change by using a four-square table showing time-1 and time-2 scores. A chi-square formula (X^2) is used to test the significance of each rated time change (See Appendix A for tables).

Nine client problem areas were selected from the S.O.H.C. group original Needs Assessment Form in which 20% or more of the population responded "yes" in any one problem area. These nine problem areas were compared between the S.O.H.C. and non-S.O.H.C. population. Of these, seven were found to be significantly changed for the S.O.H.C. population. The non-S.O.H.C. clients showed no behavior changes which reached a level of significance with the chi-square score.

Behavior areas which showed a significant chi-square level among S.O.H.C. clients were "fighting physically with peers at school" ($X^2=7.56$;1d.f.; $p=.01-.001$), "no compliance to parental requests" ($X^2=13.23$;1d.f.; $p=.001$), "excessive truancy" ($X^2=5.60$;1d.f.; $p=.05-.01$), "non-production at school" ($X^2=10.03$;1d.f.; $p=.01-.001$), "runaway from home" ($X^2=8.26$;1d.f.; $p=.01-.001$), "continually disruptive to class at school" ($X^2=12.07$;1d.f.; $p=.001$), and "theft in neighborhood homes and schools" ($X^2=19.18$;1d.f.; $p=.001$).

An additional six problem areas were measured with the McNemar for

solely S.O.H.C. clients. Corresponding non-S.O.H.C. clients did not have a large enough response to accurately measure with the McNemar. Those areas found significant in the S.O.H.C. group were "theft or vandalism of property within school" ($X^2=4.76$;1d.f.; $p=.05-.01$), "uses marijuana" ($X^2=10.23$;1d.f.; $p=.05-.01$), "stealing from family members" ($X^2=9.33$;1d.f.; $p=.01-.001$), "refusal to accept/perform routine responsibilities at home" ($X^2=4.36$;1d.f.; $p=.05-.01$), and "uses other drugs" ($X^2=4.90$;1d.f.; $p=.05-.01$). Excessive use of alcohol was tested but was not found to have a significant chi-square.

For both S.O.H.C. and non-S.O.H.C. groups, mother's motivation and capacity for change did not have a significant change when tested by the McNemar. Father's motivation and capacity for change was also found not to show a change of significance at any level for either group.

Child's motivation to change in the home showed a significant change in the S.O.H.C. group ($X^2=10.02$;1d.f.; $p=.01-.001$). The non-S.O.H.C. group was also tested but was not found to have a significant chi-square. When testing the S.O.H.C. child's capacity for change at home, it showed a chi-square which was close to a significant level. Child's motivation and capacity for change at school was not found to reach a significant level for either the S.O.H.C. or non-S.O.H.C. groups. Child's motivation and capacity for change in the community were also found not to have a significant chi-square for either group.

IV. SUMMARY OF FINDINGS

The descriptive analysis of the update data shows a majority of S.O.H.C. clients receiving out-of-home care within a one or two parent

family. R.O.H.C. clients were mostly placed within a group care setting. A client's time spent at his/her initial placement setting was seen to be an average of five months for both S.O.H.C. and R.O.H.C. Institutional care at MacLaren or Hillcrest had to be used for only a small minority of S.O.H.C. and R.O.H.C. clients.

In the area of changes most needed by parents, the original data and the update data showed no significant changes over times. In other words, parents maintained the same problems identified by Case Managers when the original Needs Assessment Form was first completed. Case Managers also rated a majority of the child/parent relationships as having made no significant changes over time.

It is interesting to note that motivation/capacity for change by mother and father increased over time. The most observable change was found in the father's capacity to change. Motivation and capacity of the client to change at home also showed a dramatic increase over time. These results tend to indicate that the client and his/her parent showed an improved motivation and capacity to change but parents were not likely to carry through on specific behavioral changes during the measured time lapse.

Problem areas of the S.O.H.C. client showed primarily a decrease in frequency. Out of 27 problem areas, 23 decreased, 1 remained the same, and 3 increased in frequency. The non-S.O.H.C. client population did not change as dramatically in frequency of problem areas. Out of the same 27 problem areas, 16 decreased in frequency, 6 remained the same, and 5 increased in frequency.

The McNemar test was used to measure the significance of the changes

in the child's identified problem areas, the child's motivation and capacity to change at home, at school, and in the community. The child's parents were also tested by the McNemar regarding their motivation and capacity for change.

Of the problem areas tested, none of the non-S.O.H.C. group reached a level of statistical significance. The S.O.H.C. group showed 11 behavior changes which reached a statistically significant level ($p < .05$). The area which showed the most positive change was theft in neighborhood homes and schools.

Mother's and father's motivation and capacity for change was not statistically significant. The child's motivation and capacity for change in the home was statistically significant in the S.O.H.C. group. Other areas of motivation and capacity for change in both the S.O.H.C. and non-S.O.H.C. population did not reach a level of significance.

CHAPTER VII

CONCLUSIONS AND RECOMMENDATIONS

I. CRITIQUE OF STUDY

This final chapter will discuss the strengths and weaknesses of the study, review the conclusions, and state the recommendations for future programs and research in this area. This first section will briefly discuss the strengths and weaknesses of the research design and the methodology utilized in this study.

It was beneficial to the researchers that a questionnaire had already been constructed prior to the evaluation of the S.O.H.C. project. This allowed the researchers a pre-test measure that was easily incorporated into the research design. By modifying the Needs Assessment Form to provide a more concise up-date form, the researchers were able to maintain continuity and approximate a pre-test/post-test experimental design. However, it is recognized that the instrument could have been defined more precisely in some of the categories. The Needs Assessment Form could be further modified and defined in the future to provide a more precise evaluation and assessment tool to the Case Managers and resource people.

The sample size was small enough to be manageable and to have data collected on the individual clients within the sample without providing undue stress to the Case Managers. It was large enough to provide a statistically testable population for the researchers. It would have been more beneficial to have had a larger non-S.O.H.C. sample size to enable

a further, more distinctive, breakdown of this sample group into smaller categories. However, given the limited referrals to various non-S.O.H.C. placements, a larger sample size was not available. In addition, the smallness of the non-S.O.H.C. sample size prohibited some use of the McNemar test for some specific problem areas.

The major criticism that could be made of this study is the subjective nature of the data. The data was gathered from the perceptions of the Case Managers on how the client was doing instead of relying on observable behavioral data. While the questionnaire tried to get at behavioral measures such as the problem areas, the study still depended on how the Case Managers saw the problem areas and the client's behavior within those areas. Questions such as the motivation or capacity to change are based solely on the Case Manager's impression on how the client or parent was doing. Although these impressions may be based on observable behavior, there exists the possibility that the Case Managers may portray the clients in the best possible light or credit the client with more capacity or motivation than she/he may have. However, the use of Case Managers as reporting agents can be justified by a belief in their professional judgment as well as the fact that they were intensely involved with the clients on their caseload. Such involvement gave them ample opportunity to observe and interpret the client's behaviors.

There was a wealth of data available to the researchers in studying the S.O.H.C. project. It is recognized that considerably more data could have been evaluated and studied in depth by the researchers. However, due to time limitations it was necessary to limit the scope of this study.

II. CONCLUSIONS AND IMPLICATIONS

The over-all impression given by the S.O.H.C. project is a favorable one. There did seem to be a lessening of problem behaviors in the S.O.H.C. population. In addition, the child's motivation to change behavior at home increased significantly. The strengths of the S.O.H.C. project that were reflected in the findings were consistent with the over-all stated objectives. The strengths of the project included: providing professional foster care services to target offenders; matching of providers and clients according to client's needs; involvement of the client in her/his treatment planning; specialized training for the providers; and support services in the form of relief parenting, additional recreational activities for clients and consultation services. Intensive counseling was provided by the resource developers in the S.O.H.C. project for clients in need of such services. The smaller caseloads of the Case Managers as compared to regular C.S.D. workers also contributed to the individualized attention and support given to the clients. The data seemed to indicate that the individualized attention and the involvement of the client in her/his treatment has had a favorable impact on the client's behavior. A weakness, mentioned by the project people themselves, was the lack of involvement with the client's parents. This weakness is verified by the lack of behavior change by the parents in spite of improved motivation to change. The data raises some questions about the S.O.H.C. project and where its efforts are directed. While providing intensive services to the client which have had an impact on her/his problem behaviors (especially with such problems as theft in the community) there has been little focus on

the parents themselves. While the parent/child relationships have improved some during the time of the project, services could have been offered to parents such as parenting classes in child management with support and involvement in the over-all project. The lack of services provided to parents seems to be a result of the over-all design of the project in not building such a component into the objectives of the project.

III. RECOMMENDATIONS

While the S.O.H.C. project has been beneficial, it is still a small-scale, individually oriented, rehabilitation program. One recommendation would be to extend the specialized foster care throughout the entire foster care system to provide these services to all children in need of foster care rather than just to juvenile target offenders. Simultaneously, broader programs dealing with prevention of juvenile delinquency by impacting on some of the social causes also need to be conducted and evaluated. More specifically, the S.O.H.C. project should be continued for those clients it does service now, in addition to the continuance of the Case Manager's Correctional Services model with their smaller caseloads and intensified services. These services could also provide more of an emphasis on involvement of the parents in the program. Further evaluations need to be built into these systems to monitor progress and provide feedback on intervention strategies as well as justification for future programs.

SELECTED BIBLIOGRAPHY

1. Ball, John and Logan, Nell, "Early Sexual Behavior of Lower-Class Delinquent Girls", Journal of Criminal Law, Criminology and Police Science, Vol. 51, July-August, 1960, pp. 204-214.
2. Bordua, David, "Some Comments on Theories of Group Delinquency", Sociological Inquiry, Vol. 32, Spring, 1962, pp. 249-256.
3. Cloward, Richard and Ohlin, Lloyd, Delinquency and Opportunity, New York: The Free Press, 1960.
4. Cohen, Albert K., Delinquent Boys, New York: The Free Press, 1955, pp. 25-30, a.
5. Cohen, Albert, "Middle-Class Delinquency and the Social Structure", Middle-Class Juvenile Delinquency, New York: Harper and Row, 1967, pp. 242-244, b.
6. Cohen, Albert, "Social Control and Subcultural Change", Youth and Society, Vol. 3, March, 1972, pp. 259-276, c.
7. England, Ralph Jr., "A Theory of Middle-Class Juvenile Delinquency", Middle-Class Juvenile Delinquency, New York: Harper and Row, 1967, pp. 242-244.
8. Flacks, Richard, Youth and Social Change, Chicago: Markham Publishing Co., 1971.
9. Gemignane, Robert J., "Youth Services Systems", Federal Probation, Vol. 36, December, 1972, pp. 48-53.
10. Gibbons, Don, Delinquent Behavior: Second Edition, Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1975.
11. Grossbard, Hyman, "Ego Deficiency in Delinquents", Social Casework, Vol. 43, 1962, p. 3.
12. Jenkins, Ronald, B., et al., Application for Grant Discretionary Funds, U.S. Department of Justice Law Enforcement Assistance Administration, Children's Services Division, Salem, Oregon, 1974, a.
13. Jenkins, Ronald, B., Project Director, S.O.H.C. Project Quarterly Report, September, 1974-December, 1974, b.
14. Kelley, Delos H. and Pink, William T., "School Commitment, Youth Rebellion, and Delinquency", Criminology, Vol. 10. February, 1973, pp. 473-486.
15. Kituse, John and Dietrick, William, "Delinquent Boys: A Critique", American Sociological Review, Vol. 24, April, 1959, pp. 208-215.

16. Lind, Meda Chesney. "Juvenile Delinquency: The Sexualization of Female Crime", Psychology Today, Vol. 8, July, 1974, pp. 45-46.
17. Logan, Charles. "Evaluative Research in Crime and Delinquency: A Reappraisal", The Journal of Criminal Law, Criminology and Police Science, Vol. 43, 1972, p. 380.
18. Mech, Edmund. "Delinquency Prevention: A Program Review of Intervention Approaches", A manuscript put out by the Regional Research Institute for Human Services, Portland, Oregon, 1975.
19. Nye, F. Ivan. Family Relationships and Delinquent Behavior, New York: John Wiley and Sons, Inc., 1958.
20. Perlman, Richard I. "Antisocial Behavior of the Minor in the United States", Society, Delinquency, and Delinquent Behavior, Boston: Little, Brown and Co., 1970.
21. Pine, Gerald. "Social Class, Social Mobility, and Delinquent Behavior", The Personnel and Guidance Journal, Vol. 43, April, 1955, pp. 770-774.
22. Pink, William T. and White, Mervin F. "Delinquency Prevention: A Conference Perspective on Issues and Direction", A manuscript put out by the Regional Research Institute on Youth Development and Delinquency Prevention, Portland, Oregon, 1973.
23. Powell, Hedy-Jo. S.O.H.C. Project Quarterly Report, January 17, 1975, a.
24. Powell, Hedy-Jo. Project Director. S.O.H.C. Quarterly Report, July, 1975-September, 1975, b.
25. Powell, Hedy-Jo. "Specialized Out-Of-Home Care Project: Tailoring Placements for Target Offenders", c.
26. Scott, Joseph and Vaz, Edmund. "A Perspective on Middle-Class Delinquency", Middle-Class Juvenile Delinquency, New York: Harper and Row, 1967, pp. 207-222.
27. Short, James F. and Nye, F. Ivan. "Extent of Unrecorded Juvenile Delinquency: Tentative Conclusions", Journal of Criminal Law, Criminology, and Police Science, Vol. 49, November-December, 1958, pp. 296-302.
28. Siegel, Sidney. Nonparametric Statistics, New York: McGraw-Hill Book Company, Inc., 1956.
29. Task Force Report: Juvenile Delinquency and Crime, Washington D.C., U.S. Government Printing Office, 1967.

30. Tate, Rory, Interoffice Memo, Intake Report, July 1, 1975, a.
31. Tate, Rory, S.O.H.C. Project, Intake Report, September, 1975, b.
32. U.S. Department of Justice, Uniform Crime Reports for the U.S., 1973, Washington, D.C.: U.S. Government Printing Office, 1974, p. 119.
33. Williams, Jay, and Gold, Martin. "From Delinquent Behavior to Official Delinquency", Social Problems, Vol. 20, Fall, 1972, pp. 209-229.

CROSS-TABULATED TABLES ON PROBLEM
AREAS AND MOTIVATION/CAPACITY TO CHANGE

APPENDIX A

TABLE XXVIII

ITEM: "FIGHTING PHYSICALLY WITH PEERS AT SCHOOL"

S.O.H.C.				NON-S.O.H.C.					
Time 2				Time 2					
Time 1		No	Yes	Time 1		No	Yes		
	Yes	14	16		30	Yes	8	8	16
	No	49	2		51	No	22	3	25
	63	18	81		30	11	41		
$\chi^2=7.56$;ld.f.;p=.01-.001 No response = 1				$\chi^2=1.45$;ld.f.;n.s No response = 3					

TABLE XXX

ITEM: "NO COMPLIANCE TO PARENTAL REQUESTS"

		S.O.H.C.					NON-S.O.H.C.		
		Time 2					Time 2		
		No	Yes				No	Yes	
Time 1	Yes	32	27	59	Time 1	Yes	7	15	22
	No	14	8	22		No	14	6	20
		46	35	81			21	21	42
		$\chi^2=13.23; 1d.f.; p=.001$					$\chi^2=0; 1d.f.; n.s.$		
		No response = 1					No response = 2		

TABLE XXXI

ITEM: "EXCESSIVE TRUANCY"

		S.O.H.C.					NON-S.O.H.C.		
		Time 2					Time 2		
		No	Yes				No	Yes	
Time 1	Yes	25	31	56	Time 1	Yes	9	15	24
	No	15	10	25		No	11	7	18
		40	41	81			20	23	42
		$\chi^2=5.60; 1d.f.; p=.05-.01$					$\chi^2=.06; 1d.f.; n.s.$		
		No response = 1					No response = 2		

TABLE XXXII

ITEM: "NON-PRODUCTION AT SCHOOL"

		S.O.H.C.					NON-S.O.H.C.		
		Time 2					Time 2		
		No	Yes				No	Yes	
Time 1	Yes	28	27	55	Time 1	Yes	8	18	26
	No	18	8	26		No	10	6	16
		46	35	81			18	24	42
$\chi^2=10.03$; 1 d.f.; $p=.01-.001$ No response = 1					$\chi^2=.07$; 1 d.f.; n.s. No response = 2				

TABLE XXXIII

ITEM: "VERBALLY ANTAGONISTIC SO AS TO CONTINUALLY DISRUPT THE FAMILY"

		S.O.H.C.					NON-S.O.H.C.		
		Time 2					Time 2		
		No	Yes				No	Yes	
Time 1	Yes	15	25	40	Time 1	Yes	5	15	20
	No	36	6	42		No	18	5	23
		51	31	82			23	20	43
$\chi^2=3.05$; 1 d.f.; $p=n.s.$ No response = 0					$\chi^2=.1$; 1 d.f.; n.s. No response = 1				

TABLE XXXIV

ITEM: "RUNAWAY FROM HOME"

S.O.H.C.

NON-S.O.H.C.

Time 2

Time 2

Time 1		Time 2		
		No	Yes	
Time 1	Yes	24	17	41
	No	34	7	41
		58	24	82

Time 1		Time 2		
		No	Yes	
Time 1	Yes	6	7	13
	No	23	8	31
		29	15	44

$\chi^2=8.26; 1d.f.; p=.01-.001$
 No response = 0

$\chi^2=.07; 1d.f.; n.s.$
 No response = 0

TABLE XXXV

ITEM: "CONTINUALLY DISRUPTIVE TO CLASS AT SCHOOL"

S.O.H.C.

NON-S.O.H.C.

Time 2

Time 2

Time 1		Time 2		
		No	Yes	
Time 1	Yes	14	11	25
	No	55	0	55
		69	11	80

Time 1		Time 2		
		No	Yes	
Time 1	Yes	7	7	14
	No	23	4	27
		30	11	41

$\chi^2=12.07; 1d.f.; p=.001$
 No response = 2

$\chi^2=.36; 1d.f.; n.s.$
 No response = 3

TABLE XXXVI

ITEM: "THEFT IN NEIGHBORHOOD HOMES AND STORES"

S.O.H.C.			NON-S.O.H.C.						
Time 2			Time 2						
Time 1	No	Yes	Time 1	No	Yes				
	Yes	33		32	65	Yes	11	19	30
	No	11		5	16	No	9	4	13
	44	37	81		20	23	43		
$\chi^2=19.18; 1d.f.; p=.001$ No response = 1			$\chi^2=2.4; 1d.f.; n.s.$ No response = 1						

TABLE XXXVII

ITEM: "THEFT OR VANDALISM OF PROPERTY
WITHIN SCHOOL"

S.O.H.C.				
Time 2				
		No	Yes	
Time 1	Yes	16	11	27
	No	46	5	51
		62	16	78
$\chi^2=4.76; 1d.f.; p=.05-.01$				
No response = 4				

TABLE XXXVIII

ITEM: "USES MARIJUANA"

S.O.H.C.

Time 2

	No	Yes	
Yes	19	27	46
No	19	3	22
	38	30	68

$\chi^2=10.23; 1d.f.; p=.01-.001$

No response = 14

TABLE XXXIX

ITEM: "USES OTHER DRUGS"

S.O.H.C.

Time 2

Time 1		Time 2		
		No	Yes	
Time 1	Yes	9	7	16
	No	48	1	49
		57	8	65

$\chi^2=4.9$; 1 d.f.; $p=.05-.01$
 No response = 17

TABLE XL

ITEM: "EXCESSIVE USE OF ALCOHOL"

S.O.H.C.

Time 2

Time 1		Time 2		
		No	Yes	
Time 1	Yes	4	8	12
	No	54	7	61
		58	15	73

$\chi^2=.026$; 1 d.f.; n.s.
 No response = 9

TABLE XLI

ITEM: "STEALING FROM FAMILY MEMBERS"

S.O.H.C.

Time 2

Time 1		Time 2		
		No	Yes	
Time 1	Yes	18	17	35
	No	41	3	44
		59	20	79

$\chi^2=9.33$; 1 d.f.; $p=.01-.001$
 No response = 3

TABLE XLII

ITEM: "REFUSAL TO ACCEPT/PERFORM ROUTINE RESPONSIBILITIES AT HOME"

S.O.H.C.

Time 2

Time 1		Time 2		
		No	Yes	
Time 1	Yes	23	31	54
	No	18	10	28
		41	41	82

$\chi^2=4.36$; 1 d.f.; $p=.05-.01$
 No response = 0

TABLE XLIII

ITEM: "MOTHER'S MOTIVATION FOR CHANGE"

S.O.H.C.				NON-S.O.H.C.					
Time 2				Time 2					
Time 1	High	Low		Time 1	High	Low			
	Low	10	18		28	Low	3	9	12
	High	29	7		36	High	14	5	19
	Total	39	25		64	Total	17	14	31
$\chi^2=.24$;1d.f.;n.s. No response = 18				$\chi^2=.125$;1d.f.;n.s. No response = 13					

TABLE XLIV

ITEM: "MOTHER'S CAPACITY FOR CHANGE"

S.O.H.C.				NON-S.O.H.C.					
Time 2				Time 2					
Time 1		High	Low	Time 1		High	Low		
	Low	10	16		26	Low	5	7	12
	High	24	16		40	High	15	4	19
	Total	34	32		66	Total	20	11	31
$\chi^2=.96$;1d.f.;n.s. No response = 16				$\chi^2=0$;1d.f.;n.s. No response = 13					

TABLE XLV

ITEM: "FATHER'S MOTIVATION FOR CHANGE"

S.O.H.C.				NON-S.O.H.C.					
Time 2				Time 2					
High Low				High Low					
Time 1	Low	4	14	18	Time 1	Low	2	7	9
	High	15	8	23		High	9	2	11
	Total	19	22	41		Total	11	9	20
$\chi^2=.75$;ld.f.;n.s. No response = 41				$\chi^2=.25$;ld.f.;n.s. No response = 24					

TABLE XLVI

ITEM: "FATHER'S CAPACITY FOR CHANGE"

S.O.H.C.				NON-S.O.H.C.					
Time 2				Time 2					
		High	Low			High	Low		
Time 1	Low	9	10	19	Time 1	Low	2	5	7
	High	15	7	22		High	12	0	12
	Total	24	17	41		Total	14	5	19
$\chi^2=.06$;1d.f.;n.s. No response = 41				$\chi^2=.50$;1d.f.;n.s. No response = 25					

TABLE XLVII

ITEM: "CHILD'S MOTIVATION TO CHANGE
IN HOME"

		S.O.H.C.					NON-S.O.H.C.		
		Time 2					Time 2		
Time 1		High	Low	Total	Time 1		High	Low	Total
	Low	28	13	41		High	8	17	25
	High	25	8	33		Low	12	6	18
		53	21	74			20	23	43
$\chi^2=10.02$; 1 d.f.; $p=.01-.001$ No response = 8					$\chi^2=.07$; 1 d.f.; n.s. No response = 1				

TABLE XLIH

ITEM: "CHILD'S CAPACITY TO CHANGE
IN HOME"

		S.O.H.C.					NON-S.O.H.C.		
		Time 2					Time 2		
Time 1		High	Low		Time 1		High	Low	
	Low	19	7	26		Low	8	11	19
	High	40	8	48		High	19	5	24
		59	16	74			27	16	43
$\chi^2=3.70$; 1 d.f.; n.s. No response = 8					$\chi^2=.30$; 1 d.f.; n.s. No response = 1				

TABLE XLIX

ITEM: "CHILD'S MOTIVATION TO CHANGE
AT SCHOOL"

S.O.H.C.				NON-S.O.H.C.			
Time 2				Time 2			
Time 1	Low	High	Low	Time 1	Low	High	Low
	High				High		
	16	10	26		8	12	20
	31	12	43		15	6	21
	47	22	69		23	18	41
$\chi^2=.32;1d.f.;n.s.$				$\chi^2=.07;1d.f.;n.s.$			
No response = 13				No response = 3			

TABLE L

ITEM: "CHILD'S CAPACITY TO CHANGE
AT SCHOOL"

S.O.H.C.				NON-S.O.H.C.					
Time 2				Time 2					
Time 1	High	Low		Time 1	High	Low			
	Low	9	6		15	Low	6	4	10
	High	46	8		54	High	24	6	30
	55	14	69		30	10	40		
$X^2=0;1d.f.;n.s.$ No response = 13				$X^2=.08;1d.f.;n.s.$ No response = 4					

TABLE LI

ITEM: "CHILD'S MOTIVATION FOR CHANGE
IN COMMUNITY"

S.O.H.C.

NON-S.O.H.C.

Time 2

Time 2

		High	Low	
Time 1	Low	13	16	29
	High	33	9	42
		46	25	71

		High	Low	
Time 1	Low	4	12	16
	High	18	8	26
		22	20	42

$\chi^2 = .40$; 1 d.f.; n.s.
No response = 11

$\chi^2 = .75$; 1 d.f.; n.s.
No response = 2

TABLE LII

ITEM: "CHILD'S CAPACITY FOR CHANGE
IN COMMUNITY"

S.O.H.C.

NON-S.O.H.C.

Time 2

Time 2

		High	Low	
Time 1	Low	8	10	18
	High	43	9	52
		51	19	70

		High	Low	
Time 1	Low	4	6	10
	High	21	11	32
		25	17	42

$\chi^2 = 0$; 1 d.f.; n.s.
No response = 12

$\chi^2 = 2.4$; 1 d.f.; n.s.
No response = 2

APPENDIX B

SPECIALIZED OUT-OF-HOME CARE

NEEDS ASSESSMENT FORM (1.0) AND

UPDATE NEEDS ASSESSMENT FORM (1.0)

SPECIALIZED OUT-OF-HOME CARE

NEEDS ASSESSMENT

Form 1.0

1. Case Manager _____	2. Neighborhood Office _____
3. Client's Name _____	4. CMCS ID Number _____

CHILD IN NEED

5. Client's Age _____ 6. Sex _____ 7. Ethnicity _____
8. Does client or family of client have a CSD caseworker?
- 0. Unknown
 - 1. Yes
 - 2. No.
9. If you answered yes to above, in what district office is the CSD worker?
- 0. Not applicable
 - 1. Southeast
 - 2. West
 - 3. East
 - 4. Northeast
 - 5. Model cities
 - 6. Other district
10. Does CSD have temporary custody on this child?
- 0. Unknown
 - 1. Yes
 - 2. No

11. Does the child have any physical or mental disability?

- 0. Unknown
- 1. Yes
- 2. No

12. If you answered yes to the above, what is the specific disability?

- 0. Not applicable
- 1. Epilepsy
- 2. Speech impairment
- 3. Mild mental retardation
- 4. Other _____ specify

13. What is the child's current living situation?

- 0. Unknown
- 1. In own family home
- 2. Out-of-home care

14. If the child is in out-of-home care, where is this?

- 0. Unknown, not applicable
- 1. Foster care
- 2. Child relatives
- 3. Other _____ specify placement

15. If the child is in out-of-home care, how long has he been in the above placement?

- 0. Not applicable or unknown

Specify number of months _____

16. Has the child been in previous out-of-home care?

- 0. Unknown or not applicable
- 1. Foster care
- 2. Child's relatives
- 3. Other _____ specify placement

17. What are the number of times the child has been in out-of-home care?

Specify number of times _____

18. How long ago did he leave his most recent out-of-home placement?

- 0. Unknown, not applicable
- 1. Still in out-of-home placement
- 2. Specify number of months up to 12 and if more than 12 months,
specify number of years _____ mos. _____ yrs.

19. For up to four previous placements, list the number of months lived in each placement, starting with the most recent.

_____ mos. _____ mos. _____ mos. _____ mos.

20. Youth's current grade in school. _____ grade level

21. Youth's achievement level in math. _____ grade level

22. Youth's achievement level in reading. _____ grade level

23. Youth is currently in:

- 0. Unknown
- 1. Regular public school
- 2. Alternative education program
- 3. Enrolled in (1) or (2) but truant more than one-third of the last year.
- 4. Not enrolled in any school program

FAMILY INFORMATION

1. Parental composition of child's family. (Definition:
Parent = One who is doing the parenting).
 0. Unknown
 1. Two parent family
 2. One parent, mother figure
 3. One parent, father figure
 4. Other composition _____ specify

2. Degree of marital stability of child's parent's marriage.
 0. Unknown, not applicable
 1. Stable
 2. Unstable
 3. Already dissolved

3. Indicate the parental change most needed to improve parent/
child relationship functioning. (Answer for the mother)
 0. Unknown or not applicable
 1. Parent needs to resolve own emotion or personal problems
 2. Parent needs to learn or improve disciplinary techniques
in order to better control, supervise and structure child's
time
 3. Parent needs to learn to be consistent in disciplining
 4. Parent needs to improve communication and interpersonal
relationship with child
 5. Parent needs to learn to reward positive behavior
 6. Other _____

_____ describe

4. Indicate the parental change most needed to improve parent/
child relationship functioning. (Answer for the father)
 0. Unknown or not applicable
 1. Parent needs to resolve own emotional or personal problems
 2. Parent needs to learn or improve disciplinary techniques
in order to better control, supervise, and structure
child's time
 3. Parent needs to learn to be consistent in discipline

continued.....

4. Parent needs to improve communication and interpersonal relationship with child
5. Parent needs to learn to reward positive behavior
6. Other _____

_____ describe

5. Mother's motivation to make that change during out-of-home care.

(low) 1 2 3 4 5 6 7 8 9 (high) circle one

6. Mother's capacity to make that change during out-of-home care.

(low) 1 2 3 4 5 6 7 8 9 (high) circle one

7. Father's motivation to make that change during out-of-home care.

(low) 1 2 3 4 5 6 7 8 9 (high) circle one

8. Father's capacity to make that change during out-of-home care.

(low) 1 2 3 4 5 6 7 8 9 (high) circle one

9. How many children are in the client's family (excluding client)?

_____ List actual number

10. How many of these children need intensive services (exclude the client)?

_____ List actual number

11. How many of these children needing protective services are receiving it?
- 0. Not applicable
 - 1. Two
 - 2. None to two
 - 3. Three to four
 - 4. Five or more
12. How many of these children needing medical services are receiving it?
- 0. Not applicable
 - 1. None
 - 2. One to two
 - 3. Three to four
 - 4. Five or more
13. How many of these children needing court counseling are receiving it?
- 0. Not applicable
 - 1. None
 - 2. One to two
 - 3. Three to four
 - 4. Five or more
14. How many of these children needing residential treatment are receiving it?
- 0. Not applicable
 - 1. None
 - 2. One to two
 - 3. Three to four
 - 4. Five or more

PROBLEM AREAS

The out-of-home care provided through the SOHC unit is directed at behavior change. This change is deemed necessary for the child's continued stay at his current residence or in preparation for his/her placement in another setting, whichever is planned for. Without such change, the child's return or move CANNOT occur. In this context, please indicate the problem behavior for this youth.

Indicate which of all those listed are problems for the child.
(Circle response).

1. Runaway from home.	yes	no
2. Physically assaultive to parents.	yes	no
3. Physically assaultive to younger siblings.	yes	no
4. Physically assaultive to older siblings or those of same age.	yes	no
5. Physically assaultive to adult school personnel.	yes	no
6. Fighting physically with peers at school.	yes	no
7. Physically assaultive to neighbors, adults, peers, younger children in neighborhood.	yes	no
8. Stealing from family members.	yes	no

9.	Theft or vandalism of property within the school.	yes	no
10.	Theft in neighborhood homes and stores.	yes	no
11.	Verbally antagonistic so as to continually disrupt the family.	yes	no
12.	Virtually no compliance to parental request or limits.	yes	no
13.	Refusal to accept/perform routine responsibilities at home.	yes	no
14.	Extortion at school from peers.	yes	no
15.	Excessive truancy.	yes	no
16.	Continually disruptive to the class at school.	yes	no
17.	Non-production at school.	yes	no
18.	Sets fires in or near home.	yes	no
19.	Sets fire in the community.	yes	no
20.	Destruction of property in the neighborhood or community.	yes	no

21.	Pushing drugs at school or in the community.	yes	no								
22.	Excessive use of alcohol.	yes	no								
23.	Uses marijuana.	yes	no								
24.	Uses heroin.	yes	no								
25.	Uses other drugs.	yes	no								
26.	Bizzare behavior in community.	yes	no								
27.	Social taboos (public sex play, etc.)	yes	no								
28.	To what extent is the child motivated to change his behavior at home?										
	(low)	1	2	3	4	5	6	7	8	9	(high)
29.	What is the child's capacity to change that behavior at home?										
	(low)	1	2	3	4	5	6	7	8	9	(high)
30.	To what extent is the child motivated to change his behavior at school?										
	(low)	1	2	3	4	5	6	7	8	9	(high)

31. What is the child's capacity to change his behavior at school?

(low) 1 2 3 4 5 6 7 8 9 (high)

32. To what extent is the child motivated to change his behavior in the community?

(low) 1 2 3 4 5 6 7 8 9 (high)

33. What is the child's capacity to change his behavior in the community?

(low) 1 2 3 4 5 6 7 8 9 (high)

Please check the appropriate peer group roles which this client might play. Indicate all those appropriate.

leader	yes	no
planner	yes	no
dare devil	yes	no
victimizer	yes	no
scapegoat	yes	no
puppet or easy mark	yes	no
resource man	yes	no
loyal group member	yes	no
outcast	yes	no
loner	yes	no
tag along	yes	no

PLACEMENT NEEDS

The SOHC project is designed to develop out-of-home care resources which are needed by Case Management children. To assist in that development, please indicate which resource characteristics would best serve this child.

1. What type of service do you desire from SOHC for this client?
 1. Placement in existing CSD resource, unspecified
 2. Placement in existing CSD resource _____ specify
 3. Placement in a SOHC resource, unspecified and to be developed
 4. Uncertain

2. Why do you wish to make a change of placement for the youth at this time? (indicate only one).
 0. Unknown, not applicable
 1. Child continually runaway from current placement
 2. Child is a serious threat to the safety of others in current placement
 3. Child is not benefiting from program at current placement
 4. Serious conflict between child and placement provider/parent(s)
 5. Change in child's situation requires child's removal
 6. Change in placement's situation requires child's removal
 7. Placement provider request child's removal
 8. Other reasons _____

_____ specify

If you do not already have a specific existing resource in mind for this youth, would you respond to the following questions, as to what you think might be the most appropriate setting.

1. Size of placement setting by number of clients served.
(Indicate one only).

- 0. Unknown or not applicable
- 1. One to three other clients in placement
- 2. Four to six other clients in placement
- 3. Seven to nine other clients in placement
- 4. Ten to twenty clients in placement
- 5. Over twenty clients in placement

2. Degree of supervision in placement. (Circle appropriate number).

(maximum input by youth)	1	2	3	4	5	6	7	8	9	(maximum staff control)
-----------------------------	---	---	---	---	---	---	---	---	---	----------------------------

- 0. For unknown or not applicable

3. Sources of behavioral control for client. (Indicate one only).

- 0. Unknown and not applicable
- 1. Self-control and self-discipline, emphasis on own self responsibility
- 2. Peer group pressure and control
- 3. Staff pressure and control

4. General type of placement setting. (Indicate one only).

- 0. Unknown or not applicable
- 1. Family foster home
- 2. Professionally staffed foster home
- 3. Group home
- 4. Small residential treatment center
- 5. Large residential treatment center
- 6. Institutional setting

5. Degree of personal freedom permitted youth in placement setting. (Indicate one only).

- 0. Unknown or not applicable
- 1. Youth comes and goes at will - complete independence
- 2. Youth notifies placement provider of whereabouts, but acts independently
- 3. Minimal supervision of activities by placement provider
- 4. Youth keeps to a determined schedule and curfew but his free time is his own
- 5. Keeps to a schedule and curfew and obtains permission on how to spend free time
- 6. Youth in unlocked setting, but his schedule is primarily determined by the placement provider
- 7. Youth spends all his time in structured activities although the setting is open and unlocked
- 8. Youth spends all his time in structured activities and is under lock up only at night
- 9. Youth is under twenty-four hours lock up

6. Treatment approach to be used to change youth's behavior in placement. (Indicate one only).

- 0. Unknown or not applicable.
- 1. Traditional, formal psychiatric treatment
- 2. Counseling, insight therapy
- 3. Behavior modification approach - cause and effect
- 4. Learning approach - train in basic societal skills so youth can make it
- 5. Reality therapy
- 6. Milieu therapy
- 7. Guided group interaction
- 8. No particular therapeutic approach, just warmth and affection
- 9. Other _____ specify

7. Location of placement. (Indicate one only).

- 0. Unknown or not applicable
- 1. Within the child's immediate neighborhood
- 2. Within same community (S.E. Portland, N.E. Portland, etc.)
- 3. Across town or in surrounding Portland area
- 4. In a distinctly rural area
- 5. In another area of the state a considerable distance from Portland
- 6. Other _____ specify

8. Type of education program needed by child in placement.
(Indicate one only).

- 0. Unknown or not applicable
- 1. Educational program operating within the out-of-home care facility
- 2. Specially designed school but operating outside the facility
- 3. Use community based alternative education programs
- 4. Use local public schools
- 5. Other _____ specify

9. Educational areas needing stress with youth during placement. (Circle all applicable).

- 0. Unknown or not applicable
- 1. Basic academic skills
- 2. Vocational skills
- 4. Survival skills

8. Other _____ specify

10. Is it a part of your case plan that this child will return to his/her family following out-of-home care?

- 0. Unknown
- 1. Yes
- 2. No

OTHER CLIENT INFORMATION

Please indicate the types of recreational activities the youth enjoys. (Mark all applicable).

1. Strenuously physical	yes	no
2. Competitive against self	yes	no
3. Competitive against peers	yes	no
4. Competitive against adult	yes	no
5. Use of fine motor skills	yes	no

continued.....

6. Construction	yes	no
7. Spectator or receptor activities	yes	no
8. Service	yes	no
9. Expressive	yes	no
10. Self-development	yes	no

Please indicate the child's strengths. (Mark all applicable).

1. Good sense of humor-(able to laugh at self)	yes	no
2. Initiates activities (self-starter)	yes	no
3. Creative thinker	yes	no
4. Good listener	yes	no
5. Good talker (knows art of self-expression)	yes	no
6. Optimistic outlook on life	yes	no
7. Insightful into own and others behavior	yes	no
8. Responds positively to those who try to "help"	yes	no
9. Fair degree of emotional control	yes	no
10. Catches on quickly	yes	no
11. Other qualities describe _____		

Does the child have special talents or abilities which could be further developed? (Note all applicable).

1. Musical	yes	no
2. Athletic	yes	no
3. Dramatic	yes	no
4. Mechanical	yes	no
5. Art/Craft	yes	no
6. Creative writing	yes	no
7. Interest in animals	yes	no
8. Interest in growing things	yes	no
9. Other talents _____		

SPECIALIZED OUT-OF-HOME CARE

NEEDS ASSESSMENT

Form 1.0
(Update)

Note: This special version of the SOHC Form 1.0 is to be re-administered to CMCS Case Managers for all clients referred to the SOHC project during Fiscal Year 1975 (July 1, 1974 through June 30, 1975) regardless of whether or not the SOHC project placed them in specialized (SOHC) placements, channeled them to CSD for regular out-of-home care, or made no out-of-home care placement to the present. THE PURPOSE OF THIS FORM IS TO UPDATE INFORMATION ON THE ORIGINAL FORM 1.0 AND PROVIDE A VEHICLE FOR REPORTING POSITIVE OR NEGATIVE CHANGES OCCURRING IN THE CLIENT'S BEHAVIORS AND ATTITUDES OVER TIME.

1. Case Manager completing original form _____
2. Case Manager completing this form _____
3. Neighborhood Office _____
4. CLIENT'S NAME _____ CMCS
ID Number _____
aka Name _____ SOHC
ID Number _____

CHILD IN NEED

5. Client's Age _____ 6. Sex _____ 7. Ethnicity _____

PLACEMENT INFORMATION

From the time you first referred this child to SOHC for out-of-home care placement to the present, please summarize each out-of-home care placement by checking all information which applies. (Do not include informal placements with relatives, etc.)

6. Was there at least one out-of-home care placement arranged by SOHC during the above period?

_____ Yes _____ No

7. If you answered "YES" above, summarize each out-of-home care placement by checking all items which apply:

A. First Placement

(a) Type: _____ Specialized (SOHC) out-of-home placement with project

_____ Regular (CSD) out-of-home placement via channeling to CSD

(b) Setting: _____ One parent foster care _____ Independent living subsidy
 _____ Two parent foster care _____ Special Situation
 _____ Group care

(c) Total time in above placement in months and weeks:

Months _____ Weeks _____

B. Second Placement

(a) Type: _____ Specialized (SOHC) out-of-home placement with project

_____ Regular (CSD) out-of-home placement via channeling to CSD

(b) Setting: _____ One parent foster care _____ Independent living subsidy
 _____ Two parent foster care _____ Special Situation
 _____ Group Care

(c) Total time in second placement in months and weeks:

Months _____ Weeks _____

C. Third Placement

(a) Type: _____ Specialized (SOHC) out-of-home placement with project

_____ Regular (CSD) out-of-home placement via channeling to CSD

(b) Setting: _____ One parent foster care _____ Independent living subsidy
 _____ Two parent foster care _____ Special Situation
 _____ Group Care

(c) Total time in third placement in months and weeks:

Months _____ Weeks _____

D. Fourth Placement

(a) Type: _____ Specialized (SOHC) out-of-home placement with project

_____ Regular (CSD) out-of-home placement via channeling to CSD

(b) Setting: _____ One parent foster care _____ Independent living subsidy

_____ Two parent foster care

_____ Group Care

_____ Special Situation

(c) Total time in fourth placement in months and weeks:

Months _____ Weeks _____

E. Fifth Placement

(a) Type: _____ Specialized (SOHC) out-of-home placement with project

_____ Regular (CSD) out-of-home placement via channeling to CSD

(b) Setting: _____ One parent foster care _____ Independent living subsidy

_____ Two parent foster care

_____ Group Care

_____ Special Situation

(c) Total time in fifth placement in months and weeks:

Months _____ Weeks _____

F. Sixth Placement

(a) Type: _____ Specialized (SOHC) out-of-home placement with project

_____ Regular (CSD) out-of-home placement via channeling to CSD

(b) Setting: _____ One parent foster care _____ Independent living subsidy
 _____ Two parent foster care _____ Special Situation
 _____ Group Care

(c) Total time in sixth placement in months and weeks:

Months _____ Weeks _____

G. Seventh Placement

(a) Type: _____ Specialized (SOHC) out-of-home placement with project
 _____ Regular (CSD) out-of-home placement via channeling to CSD

(b) Setting: _____ One parent foster care _____ Independent living subsidy
 _____ Two parent foster care _____ Special Situation
 _____ Group Care

(c) Total time in seventh placement in months and weeks:

Months _____ Weeks _____

(Do not write in this space)

Totals: Type _____ Setting _____ Time _____

Delete Items 8 - 11

12. For the above period was this child ever in McLaren/Hillcrest (institutionalized)?

_____ Yes _____ No

If yes, for how long: Months _____ Weeks _____ Days _____

13. For the above period was this child ever "on the run" (A.W.O.L.)?

_____ Yes _____ No _____ Does not apply
 (child institutionalized)

If yes, for how long: Months _____ Weeks _____ Days _____

FAMILY INFORMATION

(Definition: Parent = One who is doing the parenting.)

1. Parental composition of child's family (current).
 0. Unknown
 1. Two parent family
 2. One parent, mother figure
 3. One parent, father figure
 4. Other composition, specify _____

2. Current degree of marital stability of child's parent's marriage.
 0. Unknown, not applicable
 1. Stable
 2. Unstable
 3. Already dissolved

3. Indicate the parental change currently most needed to improve parent/child relationship functioning. (Answer for the mother)
 0. Unknown or not applicable
 1. Parent needs to resolve own emotional or personal problems
 2. Parent needs to learn or improve disciplinary techniques in order to better control, supervise and structure child's time
 3. Parent needs to learn to be consistent in disciplining
 4. Parent needs to improve communication and interpersonal relationship with child
 5. Parent needs to learn to reward positive behavior
 6. Other _____

_____ describe

4. Indicate the parental change currently most needed to improve parent/child relationship functioning. (Answer for the father)
 0. Unknown or not applicable
 1. Parent needs to resolve own emotional or personal problems
 2. Parent needs to learn or improve disciplinary techniques in order to better control, supervise and structure child's time
 3. Parent needs to learn to be consistent in discipline
 4. Parent needs to improve communication and interpersonal relationship with child
 5. Parent needs to learn to reward positive behavior

6. Other _____

_____ describe

5. In comparison to the time when this child was first referred (date of first Form 1.0 Needs Assessment), rate the child/parent relationship functioning. (Do this first for the Mother)

0. No need for change or "does not apply." (Leave Blank)

1. Rate change as follows (See scale):

-2	-1	0	+1	+2
Much Worse	Slightly Worse	No Change	Slightly Better	Much Better

6. In comparison to the time when this child was first referred (date of first Form 1.0 Needs Assessment), rate the child/parent relationship functioning. (Do this for the Father)

0. No need for change or "does not apply." (Leave Blank)

1. Rate change as follows (See scale above):

-2	-1	0	+1	+2
----	----	---	----	----

7. Mother's motivation (currently) to make change(s) in #3 above.

(low) 1 2 3 4 5 6 7 8 9 (high) Circle one

8. Mother's capacity (currently) to make change(s) in #3 above.

(low) 1 2 3 4 5 6 7 8 9 (high) Circle one

9. Father's motivation (currently) to make change(s) in #4 above.

(low) 1 2 3 4 5 6 7 8 9 (high) Circle one

10. Father's capacity (currently) to make change(s) in #4 above.

(low) 1 2 3 4 5 6 7 8 9 (high) Circle one

PROBLEM AREAS

Indicate for this point in time which of the following are current problems for the child. (Circle response) If you indicate a problem, rate it as to whether the problem is worse or better as a result of time or indicate no change. For "yes" responses use the following scale:

-2	-1	0	+1	+2
much	slightly	no change	slightly	much
worse	worse		better	better

Indicate which of all those listed are problems for the child. (Circle response).

1. Runaway from home.	yes	no
2. Physically assaultive to parents.	yes	no
3. Physically assaultive to younger siblings.	yes	no
4. Physically assaultive to older siblings or those of same age.	yes	no
5. Physically assaultive to adult school personnel.	yes	no
6. Fighting physically with peers at school.	yes	no
7. Physically assaultive to neighbors, adults, peers, younger children in neighborhood.	yes	no
8. Stealing from family members.	yes	no
9. Theft or vandalism of property within the school.	yes	no
10. Theft in neighborhood homes and stores.	yes	no
11. Verbally antagonistic so as to continually disrupt the family.	yes	no
12. Virtually no compliance to parental request or limits.	yes	no

13.	Refusal to accept/perform routine responsibilities at home.	yes	no
14.	Extortion at school from peers.	yes	no
15.	Excessive truancy.	yes	no
16.	Continually disruptive to the class at school.	yes	no
17.	Non-production at school.	yes	no
18.	Sets fires in or near home.	yes	no
19.	Sets fire in the community.	yes	no
20.	Destruction of property in the neighborhood or community.	yes	no
21.	Pushing drugs at school or in the community.	yes	no
22.	Excessive use of alcohol.	yes	no
23.	Uses marijuana.	yes	no
24.	Uses heroin.	yes	no
25.	Uses other drugs.	yes	no
26.	Bizzare behavior in community.	yes	no
27.	Social taboos (public sex play, etc.)	yes	no
28. To what extent is the child currently motivated to change his behavior at home?
- (low) 1 2 3 4 5 6 7 8 9 (high)
29. What is the child's current capacity to change that behavior at home?
- (low) 1 2 3 4 5 6 7 8 9 (high)
30. To what extent is the child currently motivated to change his behavior at school?
- (low) 1 2 3 4 5 6 7 8 9 (high)

31. What is the child's current capacity to change his behavior at school?

(low) 1 2 3 4 5 6 7 8 9 (high)

32. To what extent is the child currently motivated to change his behavior in the community?

(low) 1 2 3 4 5 6 7 8 9 (high)

33. What is the child's current capacity to change his behavior in the community?

(low) 1 2 3 4 5 6 7 8 9 (high)