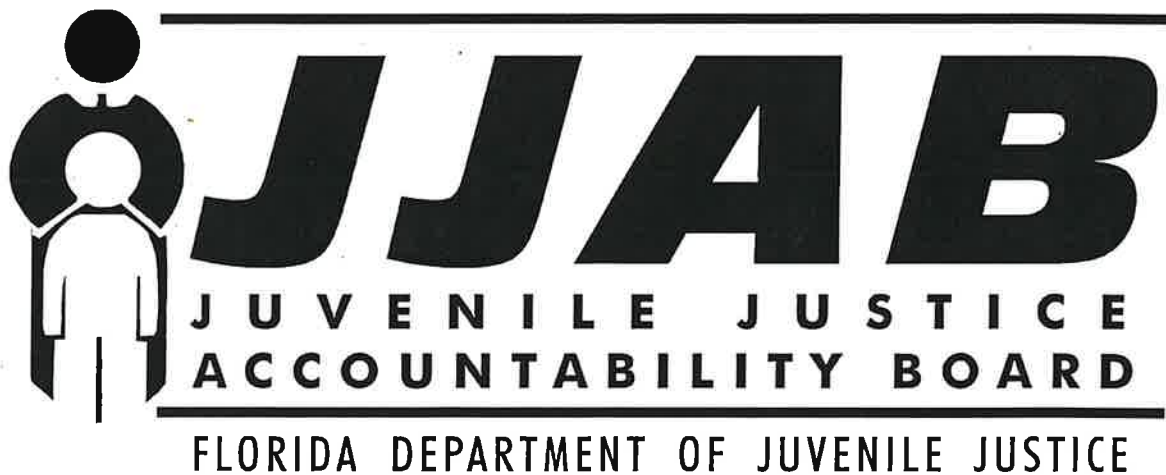


**Final Report**  
on the  
**CINS Physically-Secure**  
**Pilot Program**



December 31, 1999

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## **Juvenile Justice Accountability Board**

Rodney W. Smith, Esq., Chair

Representative Stan Bainter  
Secretary William G. "Bill" Bankhead  
Mary Louise A. Cole, Ph.D.

Sheriff Robert Crowder  
Hortense G. Evans, Ed.D.  
Mary Cheryl Hargrove

Henry George White, Executive Director

*Office Location:* Suite 308 Holland Building  
Tallahassee, Florida 32399-3100

*Mailing Address:* 2737 Centerview Drive  
Tallahassee, Florida 32399-3100

(850) 922-4377 ♦ SunCom 292-4377 ♦ FAX (850) 922-4101

Visit our website at <http://www.djj.state.fl.us/jjab/>

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## **EXECUTIVE SUMMARY**

### **1998 Preliminary Report**

In December 1998, the Juvenile Justice Accountability Board (JJAB or Board) was required to provide a preliminary evaluation of the CINS physically-secure pilot program to the Legislature. That report provided a background on national policy, history of status offenders in Florida, and the evolution of the need to develop and operate a physically-secure facility for the placement of chronic runaways, truants and ungovernable youth. The Board made several recommendations to the Legislature. Legislation was filed and passed the Senate, but died on the Calendar in the House. No recommendations from the report were implemented.

### **1999 Final Report**

The JJAB and the Department of Juvenile Justice (DJJ or Department) are required to submit this final report, including any proposed legislation, to the Legislature by December 1, 1999. This final report provides an assessment of the pilot facility during its first 18 months of operation. Further, it includes an explanation of the practices of the facility, an in-depth case file review of youth placed in the physically-secure facility, and an examination of the status of youth and their families during transition back into the community immediately following discharge. The report concludes with findings and recommendations.

The Board's approach to this evaluation centered on the pilot facility, named the Discovery Center, rather than the entire CINS/FINS continuum in the Seventh Judicial Circuit where the Discovery Center is located. The JJAB reviewed case file information of youth placed in the secure facility, including clinical and program service delivery information, and the legal proceedings. JJAB staff also conducted on-site interviews with Discovery Center (Center) staff and youth, as well as interviews with two judges from the Seventh Judicial Circuit.

## **Findings**

### **Services**

Youth have been placed and released with some successes. Based on discussions with staff, file reviews and interviews with youth placed in the facility, and national literature, it was found that the Discovery Center's effective advocacy for youth, extensive efforts to bring parents in the clinical treatment process, and substantial transition services following release were all essential for successful treatment. All youth were offered the legal representation required by federal and state guidelines, and each waived such

representation. Behaviors exhibited by these status offenders were consistent with national literature on this population: family, school and substance abuse problems.

### **Judges Opinions**

Judges interviewed during this study valued the deterrent effect of the physically-secure shelter for select non-compliant CINS youth. In addition, the Discovery Center was viewed by judges as an environment where youth could be stabilized to begin therapeutic treatment. Judges disliked having to use consecutive sentences for multiple acts of contempt of court in order to create sufficient lengths of stay for CINS youth. Both judges voiced concern that more judicial discretion is necessary in setting length of placement.

### **Utilization and Costs**

The current contract between the DJJ and the provider calls for payments of \$90.98 per diem – for 15 beds, whether or not filled, and the same amount per bed filled for the remainder up to 30. The Discovery Center became operational on August 1, 1998. As of July 31, 1999, only nine youth had been placed in the facility. Three of the youth were ordered by the court to the Discovery Center on more than one occasion. The annual cost for 15 beds is more than \$522,500. The average cost per youth served in FY 1998-99 was \$58,056.

### **Recommendations to the Legislature**

The Legislature should establish a graduated range of flexible sanctions for CINS adjudicated youth that includes the possibility of placement in staff-secure and physically-secure placement options. Allow judges the discretion to determine length of stay based on need as determined by clinical assessments. The law should be amended and the court should:

- Clearly define expectations and limits on the behavior of CINS adjudicated youth and their families at each stage of proceedings, including the CINS adjudication and show cause and contempt hearings.
- Make it clear to the youth and family that a possible consequence of a violation of each order is a finding of contempt of court, followed by staff-secure or physically-secure placements.
- Make it clear to the family that use of staff-secure or physically-secure placements will require participation in family counseling and financial contributions to the costs of the placement, based on ability to pay.
- Require periodic court review of progress and termination of placement when the treatment goals have been achieved.

## Recommendations to the DJJ

The Department should:

- Assess the feasibility of contracting for CINS placements in physically-secure beds at juvenile assessment centers, juvenile crisis stabilization units, staff-secure shelters, or other appropriate existing facilities.
- Continue to experiment with the effectiveness of a physically-secure placement option in judicial circuits deemed to have the highest level of need, with a nominal number of beds per circuit. The Department should ensure the availability of a full continuum of CINS services wherever it makes a physically-secure placement option available.
- Continue to have DJJ attorneys, as officers of the court, encourage the appointment of counsel for CINS youth at imminent risk of placement in a staff- or physically-secure placement, unless the right to counsel is clearly and intelligently waived by the youth in the presence of the court and a parent.

## Incorporating Best Practices

The work of the Discovery Center and its staff demonstrate best practice by using:

- Highly trained and experienced staff, who pursue parents of youth placed, and obtain their active engagement in therapy;
- Transition services that follow-up on youth and their families after leaving a shelter; and
- Small caseloads that enable staff to carry out the intensely focused work needed if therapy is to be effective for the most troubled CINS youth.

The Board recommends that these best practices be incorporated into the entire CINS/FINS continuum.

## **INTRODUCTION**

The 1997 Florida Legislature enacted legislation to provide that a child adjudicated as a child in need of services (CINS) may be held in contempt of court and placed in a physically-secure facility. The Juvenile Justice Accountability Board (JJAB or Board) submitted a preliminary evaluation of this pilot program to the Legislature in December 1998. That report gave background on national policy, history of status offenders in Florida, and the evolution of the need to develop and operate a physically-secure facility for the placement of chronic runaways, truants and ungovernable youth. The Board made several recommendations to the Legislature. Although legislation was filed and passed in the Senate, it died on the Calendar in the House. No recommendations from the report were implemented.

The JJAB and the Department of Juvenile Justice (DJJ or Department) are required to submit this final report, including any proposed legislation, to the Legislature by December 1, 1999. This final report assesses the pilot facility during its first 18 months of operation.

## **LEGAL BACKGROUND**

### **Federal Law**

The Juvenile Justice and Delinquency Prevention Act of 1974 (JJDPA or Act) was enacted 25 years ago to assist states and localities in more effectively preventing and addressing juvenile delinquency. The Act provides that it is unlawful to detain status offenders in a physically-secure facility unless they have violated a valid court order. Status offenders are youth who commit offenses that would not be crimes if committed by an adult, such as running away from home, truancy, violating curfews or incorrigibility. Under the Act, status offenders cannot be held in a physically-secure facility unless they have violated a valid court order. To qualify for federal juvenile justice funding, the state must certify that it is in substantial compliance with this regulation.

### **Florida Law**

Status offenders in Florida are commonly known as CINS youth. Policies and guidelines regarding children and families in need of services (CINS/FINS) are contained in Chapter 984, F.S. The DJJ is responsible for services to assist families in which youth exhibit behaviors such as running away, truancy, or ungovernability. Under state law, children in need of services and non-offenders may be placed in a hardware secure facility for non-delinquent youth only in the case of direct and indirect contempt of court. These youth

may not be placed in a secure detention facility or any other commitment program for delinquent youth under any circumstances.

The DJJ contracts with private providers for CINS/FINS services. During fiscal year (FY)<sup>1</sup> 1997-98, the Legislature appropriated \$25.7 million to the DJJ for the CINS/FINS continuum. In FY 1998-99, the appropriation was increased to \$26.8 million. The FY 1999-2000 appropriation is \$27.2 million. CINS/FINS services are designed to promote the stability and strength of the family unit and to prevent entry into the juvenile justice and child welfare systems. Services are provided 24 hours a day, seven days a week.

*A Report on Chronic Runaways, Lockouts, and Truant Youth* was completed in December 1996, by the Senate Committees on Criminal Justice; Children, Families and Seniors; Education; and Ways and Means. In

response to the testimony heard, draft legislation was included in the Senate report that supported the establishment of a physically-secure facility.

The Senate report included a number of other recommendations:

- A parent information packet should be made available;
- A toll-free parent resource and referral hotline should be provided;
- Parents should be given the right to convene a case staffing and to file a CINS petition; and
- Judges should be given an additional placement option for CINS youth of placement for up to 90 days in a staff-secure shelter.

Senate Bill 278 required the DJJ to design and implement a pilot program for one or more physically-secure facilities for CINS-adjudicated youth in a single circuit. § 984.226, F.S.

#### **Are CINS Contemnors Delinquent Youth?**

Florida law makes a distinction between dependent youth (chapter 39, F.S.), status offenders (chapter 984, F.S.) and delinquent youth (chapter 985, F.S.).

Current law provides for secure placement of CINS contemnors. (Chapter 984, F.S.). Specifically, all youth "committed" to a physically-secure facility must be afforded all rights required under chapter 985, F.S. (Section 984.226, F.S.) Both the word "committed" and chapter 985 deal with delinquent youth. The rights and sanctions for CINS contemnors are also included in s. 84.09, F.S.

Are CINS youth delinquent once they commit a contemptuous act? Has their legal status changed to delinquent offender?

The answer is no. The definition of a "child who has been found to commit a delinquent act" excludes CINS youth that have been found in contempt. The CINS program was established because the Legislature determined that there was a need to distinguish the problems of runaway, truant, and ungovernable youth from the needs of dependent and delinquent youth. Additionally, s. 984.09, F.S., draws a distinction between the sanctions for a CINS contemnor and a delinquent contemnor.

<sup>1</sup> Florida's fiscal year begins July 1 and ends June 30.

A juvenile court judge can order a youth placed in the pilot facility after finding that the youth ran away from a staff-secure shelter or had committed at least two prior acts of direct or indirect contempt of a valid court order. Senate Bill 278 permitted parents the right to convene a case staffing and to file a CINS petition. In addition, Senate Bill 278 charged DJJ with other requirements:

- Develop and implement staff-secure shelter beds where CINS youth can be placed up to 90 days;
- Develop and publish in collaboration with the Department of Children and Family Services and the Department of Education a parent information packet that explains the current process for obtaining assistance for a child in need of services and the community services and resources available to parents of troubled or runaway youth; and
- Expand the current telephone hotline to respond to the needs of parents and caregivers with troubled or runaway youth.

### **Florida's Contempt Law**

Contempt of court is the act of interfering with the court or with court administration, or violating an order of the court. Florida law provides that a court may punish a child who has been held in contempt of court. The court can even place a child who has been held in contempt into a secure facility. A secure facility is only an option if an alternative sanction is unavailable, inappropriate, or previously but unsuccessfully used.  
§ 984.09, F.S.

## **CINS PLACEMENT OPTIONS**

### **Standard Options**

The standard procedure for CINS youth begins with a referral. Referrals to the CINS/FINS provider may be made by any source, including but not limited to parents, schools, law enforcement, DJJ representatives and others. Following this step, an intake assessment is completed which gathers information about the youth and his or her family to determine if the child is eligible to receive CINS/FINS services. Once the youth and family are accepted as a family in need of services, the CINS/FINS provider will provide an array of services, including counseling, parent training, referrals to other agencies, and case management services. A multi-discipline team of professionals called a "case staffing committee" reviews a youth's case and the service plan to determine if satisfactory progress is being made. The committee makes a series of recommendations that may include the filing of a petition, additional services, or referrals to other agencies.

A DJJ attorney or the parent/caregiver of the youth may also file a petition requesting that a child be adjudicated CINS. An adjudicatory hearing is conducted to determine whether

a youth is a child in need of services. After a youth is adjudicated CINS, review hearings are conducted every 45 days to monitor the status of the case.

When a child has failed to successfully complete an alternative treatment program or comply with a court-ordered sanction, and the child has been previously ordered by the court to be placed in a residential program, the court may order a CINS youth be placed for up to 90 days in a staff-secure shelter if the child has been locked out his home or is ungovernable. If after 90 days the family has not been reunited, the court may order continued placement for an additional 30 days. A CINS youth held in contempt may be placed in a staff-secure facility for 5 days for the first offense and 15 days for subsequent offenses.

A youth adjudicated CINS in one judicial circuit can be placed in a physically-secure facility if the youth has run away from a 90-day staff-secure shelter or committed at least two prior acts of direct or indirect contempt. Currently this option is available for those youth that are under the jurisdiction of the court in the Seventh Judicial Circuit. CINS youth can be placed in staff-secure shelters and 90-day staff-secure facilities. An additional placement option for CINS youth is a physically-secure CINS shelter, but only in the pilot area, the Seventh Judicial Circuit.

There are procedural requirements imposed on the court pursuant to chapter 984.226, F.S. For a child to be found in contempt of a valid court order, certain rights must be afforded. The child has the right to be represented by counsel at each court appearance, and must be provided counsel at public expense if the child cannot afford representation. The child also has the right to:

- A copy of the order to show cause;
- An explanation of the nature and consequence of the proceedings;
- Confront witnesses;
- A transcript; and
- Appeal.

The parents of a CINS youth also have the right to address the court.

## Physically-Secure CINS Shelter Placement Options

Florida law provides for a pilot program for a physically-secure facility for CINS youth held in contempt of court. The physically-secure shelter can be used only when a bed is available and the child has either run away from a staff-secure shelter or has previously committed at least two acts of direct or indirect contempt. A child may be placed in the physically-secure shelter for up to five days for a first offense and up to 15 days for subsequent offenses. § 984.226, F.S.

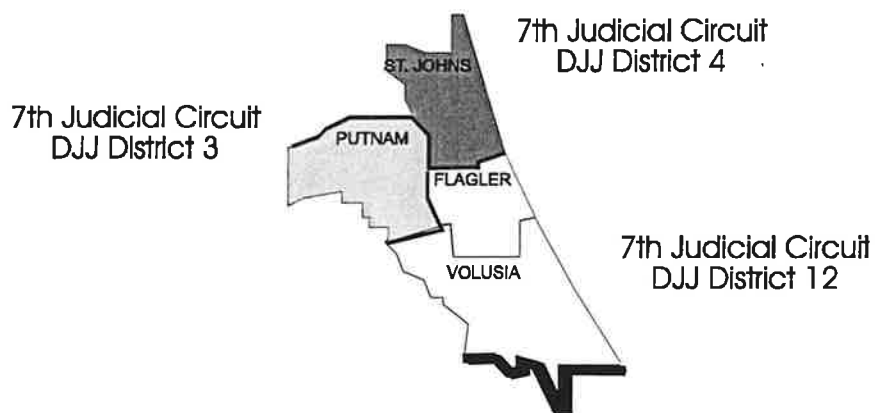
## BACKGROUND OF PILOT PROJECT

Concern and comments by law enforcement and judges, in addition to public outcry of parents and other concerned citizens led to the “Tough Love” legislation, which authorized the CINS physically-secure pilot program.

## Selection of Circuit by the DJJ

Of the 20 Florida judicial circuits, the Seventh Judicial Circuit had the state’s highest number of CINS-adjudicated youth. It was selected as the site of the pilot project for a physically-secure CINS shelter. The four counties in the Seventh Judicial Circuit are located in three different DJJ districts.

### Pilot Project Site Selection



Youth to be served by the pilot physically-secure facility, Discovery Center, must reside in the Seventh Judicial Circuit.

## **Selection of Provider (ACT)**

The Florida Department of Juvenile Justice sought to satisfy the competitive procurement requirements provided by law. A formal request for proposal process was developed and solicited state and nationwide for a provider to operate a physically-secure facility. The contract with ACT, Inc., was formally executed on June 12, 1998. The physically-secure facility, named the Discovery Center, officially opened its doors for service on August 1, 1998.

The ACT Corporation was awarded the contract to operate a physically-secure pilot facility. ACT Corporation, a not-for-profit community mental health agency, offers a continuum of services to youth who have run away from home, are habitual truants, and/or beyond the control of their parents or guardians or at risk of these behaviors. Services include an access center, emergency services, crisis stabilization, outpatient counseling, physician services, case management and vocational services. The purpose of these services is to redirect behaviors of youth to avert involvement or continued involvement with the juvenile justice or dependency systems.

## **Discovery Center Program and Services**

As of July 31, 1999, the Discovery Center had served nine youth since it became operational in August 1998. Length of stay is limited by law to 5 days for the first placement and 15 days for subsequent placements. The length of stay for youth placed in the Discovery Center ranged from a minimum of 5 days to a maximum stay of 50 days.

The Discovery Center is the most intensive level of care in the CINS/FINS continuum. The program, located in Daytona Beach, provides a secure setting for adjudicated CINS youth deemed to be in contempt of court on more than one occasion. The goal of the Discovery Center is to divert youth from entering the juvenile justice system by assisting youth and their families to discover new ways of living and working together.

### **Admission**

Youth are admitted to the Discovery Center based on court-ordered placement. Upon admission to the program, a therapist orients the youth and family to the Discovery Center's program mission, objectives, rules, and schedule by written material and verbal explanation. The therapist begins an introduction to the behavior modification and communication components of the program in order to reinforce the importance of family involvement and establish an educational and supportive atmosphere between caregivers and program staff. The therapist explains to the youth's caregivers that they are expected to apply these concepts in their home. The therapist engages in a discussion of how and what measures are being sought and how the family and the child can help with improvements to the program. At this time the therapist and family decide when they will meet again and for what purposes. The Discovery Center's service manager aggressively pursues active involvement of a variety of community agencies and a child advocate. A multi-disciplinary approach is provided in all phases of the treatment.

## **Discovery Center Behavior Management Program**

### **Youth Empowerment System**

The youth empowerment system is called the Very Important Person Program, or VIP. It is designed to provide a reward system for adaptive behaviors based on behavior modification and communication techniques. The VIP program is comprised of three levels: orientation or working on VIP, VIP, and Super VIP. In addition, the youth are assigned to a "VIP buddy," a peer who has demonstrated an understanding of the program and has achieved VIP status, who orients the new youth to the program. Youth generally demonstrate an understanding of the system within two to eight hours of admission. There are criteria for special needs children, who may be excluded or be involved in an altered version of the VIP program. Identification of these children prompts the assigned therapist to develop a program with the treatment team that meets the youth's needs and promotes opportunity for success.

Criteria for VIP entails youth earning 80% of possible points in a 24 hour period and obtaining no more than five minor violations in a point period (from one self-evaluation group to the next). Upon meeting criteria the youth is awarded VIP status. The VIP status is given in front of the other youth so that the youth receiving the award gets as much positive social attention and recognition as possible. VIP privileges range from acting as a VIP Buddy to receiving an additional five-minute daily call from his or her legal guardian. To meet the criteria for obtaining Super VIP status a youth must maintain VIP status for five consecutive days; attain 95% of possible points at self-evaluation group for five consecutive days; and obtain no more than five "minor" violations from one point period to the next. Super VIP privileges range from voting on the group topics on Sundays with staff approval to receiving one additional telephone call to an approved friend.

### **Transition and Follow-up**

Transition and follow-up services are provided for 90 days after the youth leaves the program. A critical element of this program is that the necessary coordination occur with the regular CINS shelter to identify, plan, access, and monitor the multiple community services that the Discovery Center youth will require. Once youth are discharged from the Discovery Center, the transition treatment team begins working with the family. During this period the transition service manager conducts individual and family therapy in the home and other designated locations (school, job site if applicable, etc.).

A behavior management agreement is developed among the youth, the family and service manager that outlines the expectations and consequences during the 90-day transition period. The youth's progress is monitored by the service manager and adjustments are made if necessary. Individual performance objectives are established with each youth. A posted schedule is followed by each youth that includes individual, group and family therapy. Parent/legal guardian meetings are set for three meetings per week and include family therapy, parent support/education groups and caregiver fun days.

All nine youth have received or are currently receiving transition services. Of these, three have violated their court-ordered conditions and were sent back to the Discovery Center.

## **JJAB EVALUATION OF THE PILOT PROJECT**

### **1998 Evaluation and Report**

When the Board conducted its preliminary evaluation, too few youth had been placed to warrant an outcome evaluation. The Board's major concerns focused on statutory conditions for placement in the pilot project. These conditions adversely affected the fair test of the concept of using a physically-secure shelter to address the behavior of CINS adjudicated youth exhibiting runaway or ungovernable behaviors. Those conditions as cited were:

- The geographic scope of the area to be served by the shelter was too small to generate sufficient numbers to fill the shelter;
- The length of stay in the physically-secure shelter was too short; and
- The criteria for placement of youth in the shelter was too ambiguous.

The Board recommended the following solutions: to enlarge the geographic area; to revise the criteria for placement in the shelter; and to extend the maximum length of stay up to 90 days. These measures were drafted into legislation for the 1999 Legislative Session; however, they failed to pass.

### **1999 Evaluation**

The Board authorized a steering committee to outline the tasks required for successful completion of the study. This committee consisted of representatives from the JJAB, DJJ Office of Programming and Planning, DJJ General Counsel's Office, the DJJ District 12 Juvenile Justice Manager, and the Clinical Director of the Discovery Center. The Board approved the committee's plan to monitor the operation of the Discovery Center.

### **Methodology**

It was determined that the 1999 report would consist of a review of operations of the Discovery Center during its first 18 months of operation. This review entailed an analysis of information from three primary areas: clinical and program service delivery information, legal case file information, and transition services. In addition, this review included a site visit of the facility with on-site interviews with Seventh Judicial Circuit judges, Discovery Center program staff, and youth.

## Legal Case File Review

With the assistance of DJJ legal staff, a copy of the legal file on each youth served at the Discovery Center was obtained and reviewed. The general purpose of the review was to get a sense of whether the Florida statutory requirements for due process had been satisfied in each case. The particular issue that was explored was whether the operation of the physically-secure CINS shelter pilot program jeopardized the federal funds received by Florida under the JJDP Act.

Each case file reviewed included case staffing information concerning the history and needs of the youth and family; the original CINS petition, and an order of adjudication as a CINS youth. Each youth was advised of the nature of the proceedings and the consequences of an order of adjudication. The records confirmed what was learned in interviews with two circuit judges in the Seventh Judicial Circuit: each youth was advised of the right to legal counsel and each knowingly waived that right while in the presence of a parent and the judge. Based on this review, it appeared that each of the orders of adjudication was a valid court order within the meaning of federal law.

In each case reviewed, the order of adjudication contained specific requirements or conditions regarding the behavior of the youth named, such as curfews or participation in family counseling. In each case, there was evidence of continual and escalating conduct that violated these court orders. The predictable result in each case was successive motions and subsequent *Orders To Show Cause* why the youth should not be held in contempt of court for violation of the previous court order. In a number of cases the youth repeatedly failed to appear for hearings on the *Orders To Show Cause*. When the youth were eventually brought back before the court, the youth were adjudicated for multiple separate acts of contempt of court. Although uncomfortable with the practice, the judge imposed consecutive placements in the Discovery Center for each separate act of contempt, thereby lengthening the placements in the physically-secure shelter.

In most of the cases this was the pattern of events, and explains why approximately six months elapsed between the date of filing an initial CINS petition and the date of a court-ordered placement in the Discovery Center. In each case reviewed, a substantial amount of time had been invested with the youth and family before the initial filing of a CINS petition.

## Clinical Case File Review

In general, clinical case files contained information regarding each youth's administrative, demographic, medical, legal, assessment and treatment history.

All treatment sessions were documented. Notes were filed in the appropriate sections of the individual clinical case file. Treatment or substance abuse needs were documented.

The clinical case files also included progress notes and documentation of any mental health or substance abuse evaluations or treatment. According to the DJJ Mental Health and Substance Abuse Services Manual, comprehensive mental health and substance

abuse evaluations include clinical interviews and standardized assessment instruments (such as structured interviews, rating scales, or tests). Appendix D contains a summary analysis of outcomes and length of stay, as well as a profile of each youth placed in the Discovery Center.

### **Demographic Information**

**Age and gender.** The case file information reviewed in this study includes information from August 1, 1998 through July 31, 1999. This review represents observations on a total of nine placements into the Discovery Center. Youth were between the ages of 13 and 17 who had been adjudicated CINS and had been found to be in direct contempt or indirect contempt of a valid court order. The average age was 15 years at the time of the interview. During the specified review period, there were five female and four male youth placed in the Discovery Center.

**Race.** Youth placed in the Discovery Center reflected a traditional profile of a status offender in that all youth placed have been white. The 1998 Florida Network Annual Report indicated that 63% of all status offenders served were white. Status offender programming has historically targeted the majority of its services towards white females. Fifty-three percent of the youth served by the Florida Network in 1998 were female, while 47% were male.

**DJJ District and County of Origin.** The Seventh Judicial Circuit encompasses Flagler, Putnam, St. Johns and Volusia counties. Youth served by the pilot physically-secure facility must reside within these four counties. DJJ District 12 is comprised of Flagler and Volusia counties. Putnam County is in DJJ District 3 and St. Johns County is in DJJ District 4. Eight of the nine placements were from Volusia County. The ninth placement was from Putnam County.

### **Individual Information**

The initial screening provided background information on each youth. Discovery Center youth were at high risk for exhibiting problem behaviors in each of the following domains: individual, family, school, peer group and community.

**Present Living Situation.** All but one youth were at home at the time when ordered by the court to the Discovery Center.

**Previous Runaway Information.** About one-third of these youth had run away one or more times. The range of elopement events varied from as few as one episode to more than ten.

**Previous Counseling.** All youth received counseling during their previous regular CINS stays. In two instances, full psychiatric assessments were conducted. The range of symptoms varied among youth placed in the shelter. Oppositional Defiant Disorder was the most common diagnosis, followed by Adjustment Reaction Disorder. Other common diagnoses among this group were lack of social skills, poor self image, grief issues,

immaturity, dependent personality traits, parent-child conflict, and other social and school problems.

**Sexual Abuse.** Males in this group did not report sexual abuse. Three of the five females reported sexual abuse history involving a non-household member.

**Sexual Activity.** Over half of the group reported being sexually active. Both males and females reported having unprotected sex. Three females of this group reported having been sexually active.

**Alcohol and Drug Use.** All youth reported having smoked cigarettes. Less than half smoked cigarettes on a daily basis. The majority had smoked cigarettes within the last six months. In addition, the majority of this group has used beer, wine and liquor, and three reported having used marijuana. Two youth reported having used alcohol and marijuana on the same occasion. One youth reported having used marijuana, as well as cocaine, heroin, angel dust, mushrooms, and ecstasy. Two youth reported having been asked to sell drugs and one youth reported having done so. More than half reported substance use by a household member.

**Suicide.** Three of the nine youth reported having contemplated suicide.

**Court Involvement.** The review found that all youth had previous court involvement and multiple stays at other CINS shelters prior to placement at the Discovery Center. Two youth had absconded during a stay at a CINS shelter. The most common violations indicated by the court involved truancy and problem behavior while in school, as well as at home.

### **Family Information**

Efforts were made to better understand the family structure of all youth within the case study sample. Clinical case file information revealed that more than half of the youth had an individual caregiver responsible for them. There is an association of problem behavior and single parenthood. A study by Loeber et al. (1991) found that single parenthood correlated with delinquency across age groups from 7 to 14 years. Children from single-parent homes were more likely to escalate their delinquency as they passed through adolescence, whereas children raised in two-parent homes were more resilient against delinquency influences as they matured. Conversely, other studies examining the singular relationship between single-parent families and delinquency have found the reverse relationship (Leflore, 1988).

Clinical case file information also indicated that blended families were a common occurrence among these youth. Of these blended families, most consisted of a biological mother and a live-in father figure. These types of families tended to be temporary and youth in this review appeared to exhibit more behavioral problems in this type of family structure. The *National Incidence Studies on Missing, Abducted, Runaway, and Thrownaway Children of America* (Finkelhor, Hotaling, and Sedlak, 1990) found that family division played a significant role in determining teenage runaways.

"Thrownaway" children were more likely to come from single-parent homes.

Furthermore, teenagers run away more often from families with stepparents and live-in boyfriends or girlfriends.

A traditional family setting with a biological father and mother in the home occurred in only one out of all youth placed. Both youth interviewed cited that parents were involved in the treatment process per the treatment plan.

**Family Involvement and Influence.** A research summary developed by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) describes how parental involvement deters delinquent behavior, while its absence – or worse, its negative counterpart – fosters misconduct. This OJJDP summary states that youth who are rejected by their parents, grow up in homes with considerable conflict, or are inadequately supervised, are at greatest risk of becoming delinquent. Research has consistently confirmed that youth raised in supportive, loving, and accepting homes are less likely to exhibit problematic behaviors.

Clinical case file information revealed that meaningful family involvement presented multiple problems for both family members and service providers. Engaging parents and legal guardians in the treatment process presented an enormous challenge for the staff of the Discovery Center. In most cases, the process of getting parents to attend weekly family counseling sessions was difficult. The case file review found that staff went to great lengths to involve both the youth and the parent in the treatment process. This was done to ensure that parents were fully engaged in needs assessment, decision-making about service options, or developing treatment plans. Even with these efforts, in some instances parents did not attend initial orientations due to conflict of work schedules or lack of adequate transportation.

**Peer Influence.** Looking beyond the parent-child relationship and the family at other relationships, the review found that the behavior of siblings and peers also impacted the behavior of these youth. In a few cases, clinical case file information indicated that older siblings had some involvement with either the CINS, mental health or juvenile justice system. This indicates possible influences of negative behavior through association.

In addition, clinical case file information revealed information concerning where and with whom the youth consumed alcohol and other drugs. For most of these youth, drug use was not a solitary activity; most youth indicated they usually used drugs with one or two friends. Prior ethnographic studies of runaway and homeless populations have suggested that many youth form intense yet superficial commitments to one another; their attachments to one another tend to be strong (Loeber, 1991 ). Within this context, a picture is painted of drug use not only as a means of alleviating pain, but also of establishing relationships quickly by means of a shared, illegal activity. This finding is relevant to efforts to improve the success of drug prevention. Efforts with these populations should consider as an alternative targeting youth in group contexts instead of as individuals.

**Family Substance Abuse and Other High-Risk Behavior.** Increased risk for substance use by status offenders is confirmed in the findings documented in the case files.

Specifically, it was found that both lifetime and past month use of all substances was higher among youth with runaway experience than among those without this experience. In addition, youth with any runaway experience were more likely than youth without such experiences to have used cigarettes or alcohol in the past month, and also more likely to have used marijuana in the same period.

Family problems also appear to be a major factor in youth substance use. A 1995 study by the Family and Youth Services Bureau suggests that family substance abuse is associated with poor family functioning. Unfortunately, it is not known how similar substance use among the family members of youth placed in to the Discovery Center shelter is to that of families of adolescents in the general population, for whom there are very little comparable data. What is clear, however, is the strength of the relationship between familial substance use, substance use of youth themselves, and other problem behaviors. The findings of many studies suggest that family substance use co-occurs with youth substance abuse, youth suicide attempts, and other problem behavior. Clinical case file information revealed a strong link between family circumstances, substance abuse and other problem behaviors, especially substance abuse and suicide attempts. This finding held true for more than half of the youth with documented cigarette or substance use. In these cases parents or legal guardians had current or past instances of substance use (such as cocaine use, driving under the influence, etc.).

Most youth who were diagnosed with an addiction did not think that they were dependent on substances. Nicotine and cannabis were the most common sources of addictions. These addictions were cited as concerns for additional follow-up treatment after discharge from Transitional Services.

**Treatment for Substance Abuse.** Although the majority of the youth in the Discovery Center had some history of cigarette or drug use, only one out of the nine youth had ever received any addiction treatment. The closest many youth got to receiving any drug prevention services was through receiving information from television or radio and health or school classes.

**Presence of Suicide.** Perhaps no single set of statistics depicts more vividly the difficulties in the lives of status offenders than the proportion who reported they have thought of or attempted suicide. Several studies of youth with runaway and homeless experiences indicated high rates of suicide attempts (Finkelhor, 1990). Another study found that substance use and suicide attempts of youth are strongly associated (Le Flore, 1988). Four youth placed in the Discovery Center reported having suicidal ideations and at least two youth reported having attempted suicide. These findings may actually underestimate the true extent of suicide attempts among these youth. The importance of these findings is particularly apparent when comparisons are made to youth in general.

All of these findings indicate that youth in the populations studied use drugs, at least in part, as an analgesic, and they suggest the importance of counseling, both to the youth and the family. Effective counseling should assist them in finding more constructive coping mechanisms.

### **School Information**

Each youth's case was reviewed for proper educational records. Upon review, the clinical and program case file for each youth contained very little information regarding the youth's education record. There was little documentation that the education team and treatment team shared information.

All of the youth placed in the Discovery Center have a combination of low grades and poor school attendance. Half have been suspended, two youth more than once, and at least two have been expelled and are attending alternative schools. In addition, three of these youth have been diagnosed with a learning disability.

The on-site education instructor was also interviewed. The review focused on identifying general information related to the Discovery Center's educational resources and practices. This included the education records transfer process, assessment, curriculum and instruction, staffing, and transition.

Youth from Discovery Center are assigned curricula according to their academic proficiency level. This rating is obtained by request from the youth's home school. The process and speed for transferring student academic records was described as good if the student resides within Volusia County and poor if not.

Educational records for youth who reside in Volusia County can be obtained electronically. Education records of youth that do not reside in Volusia County are obtained by written request. These requests are generally fulfilled within 24 hours of the initial request. In general, records are sent by facsimile. Once the youth's educational records are received, an assessment must then be completed manually. This process involves a tedious tabulation of scores to obtain the appropriate educational status level in which to place the youth.

The classroom instructor reported that instruction is provided through small groups, peer tutoring, and computers as well as direct instruction and hands-on projects. The instructor expressed concerns that a great deal of effort goes into obtaining the youth's records to get a good assessment of the youth's academic level. However, this effort is futile because of the relatively short placement time of five and 15 days.

It appears that neither the provider nor the school district engages in any systematic effort to track the student to determine the student's educational status after he leaves the facility.

### **Site Visits**

JJAB staff, along with other Department representatives from headquarters and District 12, conducted three site visits. Two site visits were conducted in 1998, one of which was before the Discovery Center opened. The last site visit was conducted in the summer of 1999. The purpose of the visits was to obtain information regarding the day-to-day operation of the facility. The visits included a review of the program services, education

services, care, treatment, supervision, and transition services. In addition, interviews with program staff, system partners and youth placed in the shelter were also conducted.

## **Interviews**

### **Program Staff**

Interviews were held with the program's Clinical Director and Senior Mental Health Counselor. Staff indicated that their most problematic area involved engaging parents and caregivers in the treatment process. According to the staff of the Discovery Center, achieving family participation is a vital element of the treatment process during and following the youth's stay.

Staff also expressed opinions that the behavior management program was successful because youth felt involved in the process. The youth were also able to engage in productive activities and win recognition for productivity through the VIP and Super VIP levels of achievement. See the appendices for comments from the Discovery Center's clinical director.

### **Judges**

Onsite interviews were conducted with two Seventh Judicial Circuit judges, one from Putnam County and the other from Volusia County. The Discovery Center Clinical Director, Lead Mental Health Counselor and two youth who had been released from the Discovery Center were also interviewed.

The Volusia County judge, who had placed eight of the nine youth ordered to the Discovery Center, acknowledged initial opposition to the concept of the Discovery Center, but now views it as a valuable option for secure placement of select CINS youth. In addition, the judge values the relationship that has been established with the Discovery Center and believes that, when placed for a sufficient length of stay, the staff there could work effectively with parent(s) and youth to remedy numerous family problems. The Putnam County judge, who was new to the CINS system, also views the Discovery Center as a valuable tool in appropriate cases.

The Volusia County judge found the need for multiple contempt adjudications in order to meet the statutory criteria an unnecessary and time-consuming process. Both judges strongly dislike "the handcuffs" placed on them concerning the prescribed length of stay and having to stack findings of contempt to create a placement of adequate length. Additionally, both judges favor judicial discretion in determining the proper length of stay, coupled with appropriate reviews and opportunities to terminate a placement based on demonstrated progress. The Volusia County judge recommends being able to place youth where their needs can best be met following the first contempt adjudication. The judge believes that this would better enable the courts to give the youth and their families the services they need when they need them.

There has been some controversy concerning the ability of these youth to waive their rights. Currently, the Putnam County judge is making a special effort to assure either

representation of youth or informed waiver of right to counsel by the youth and parents. The Volusia County judge reports no problems surfacing around this issue and that all the cases waive these rights. This judge stated that “youth are advised of their rights every step of the way.” However, this judge firmly believes that youth want structure and guidance, and that they see the CINS system as helpful and assisting, not punitive. This judge concedes that there is a need for representation or competent waiver when the deprivation of liberty is at stake.

In sum, both judges recommend new rules regarding the basis of placement and extending the length of stay up to 90 days.

### **Youth**

Interviews were conducted with two youth placed in the Discovery Center. Both youth described the Discovery Center as a more positive and effective experience in comparison to services they had received from other shelters. One youth responded that “this shelter is o.k.; it helps kids figure out what to do with our lives.”

During these interviews, both youth stated that they would rather serve any court-ordered shelter stay in the Discovery Center than another form of shelter such as the staff-secure or regular CINS shelter. This indicates that these youth found their experience at the Discovery Center to be beneficial, as well as enjoyable. The perception held by a few youth may not represent the entire group. However, youth may have an incentive to get placed in the Discovery Center rather than a placement at a less restrictive shelter. This suggests that youth may purposely violate the terms of their court-ordered conditions at a severe enough level to be placed in the Discovery Center. In addition, these youth may attempt to bypass shelter services provided at earlier stages of the CINS because of their preference for the environment and services rendered at the Discovery Center.

## **Findings and Implications**

Youth have been placed and released with some apparent success. However, with so few youth placed, the reliability of the outcomes measured is debatable. The “Tough Love” legislation embodied in Senate Bill 278 was a response to evidence of serious need for more and different interventions for the most serious and chronic CINS youth who continue to exhibit especially difficult behavior. The physically-secure shelter pilot was to test this last-resort option. The Board questions the Discovery Center’s cost-effectiveness, the statutory criteria for placement and the restrictions on length of stay.

Multiple factors contributed to the system’s inability to provide a true test of the physically-secure placement concept. The need for a

### **Stages of the CINS Continuum**

**Stage 1:** Traditional CINS/FINS Services

**Stage 2:** Court Involvement – CINS Adjudication

**Stage 3:** Staff-Secure Placement

**Stage 4:** Physically Secure Placement

physically-secure placement is determined by the flow of youth through the earlier stages of the CINS/FINS continuum. The first of these stages includes traditional CINS/FINS services, and the second, court involvement and a CINS adjudication, which may lead to a placement by a juvenile court judge in a staff-secure shelter. These two preceding steps resulted in the very small number of youth placed in the Discovery Center and precluded a viable test of the essential concept: a physically-secure placement option at the end of the CINS/FINS continuum.

### **Costs**

The primary observation made regarding the pilot test of the Discovery Center is that the costs of operating such a facility are too high for the low number of youth actually requiring such placement. The Discovery Center is far too costly in its current form to remain an effective option for CINS placement. The Department should consider another use for the facility and convert it to a different residential use.

The current contract between the DJJ and the provider calls for payments of \$90.98 per diem – for 15 beds, whether or not filled, and the same amount per bed filled for the remainder up to 30. The Discovery Center became operational on August 1, 1998. As of July 31, 1999, only nine youth had been placed in the facility. Three of the youth were ordered by the court to the Discovery Center on more than one occasion. The annual cost for 15 beds is more than \$522,500. The average cost per youth served was \$58,056.

Therefore, the economic feasibility of continuing to fund this pilot project is a major concern for those monitoring its cost effectiveness. Operating a stand-alone facility of this size is expensive. The current contract calls for payment of 15 beds per day, whether or not filled, and the same amount per bed filled for the remainder up to 30.

### **Serving the Most Troubled CINS Youth**

The people interviewed for this report believe a physically-secure placement option is beneficial. Youth placed in the Discovery Center received appropriate procedures necessary to determine their mental and physical health. Evaluations were conducted by qualified experts from various disciplines to determine the psychiatric, medical and educational needs of youth placed in the Discovery Center. Treatment goals were determined and appropriate interventions were designed to achieve the goals. Strategies used to address diagnosed problems included individual and group counseling, family counseling, self-evaluation, cognitive skill development, coping skills, impulse control methods, and others.

In order for these effective strategies to take place, the creation of a stable physical and environmental context must be established. This includes adequate human services, dependable shelter for the youth, and removal of immediate environmental pressures. The removal of these pressures allows the youth and family to enter constructively into counseling. Thus, a stable environment plays a vital role not only to counseling, but also to providing a necessary respite for all involved.

## **Placement Criteria**

Uncertainty still exists concerning the basis upon which the court may order a CINS-adjudicated youth into the physically-secure shelter. Two prior acts of contempt are grounds for ordering the placement, but it seems to be unclear whether the judge may order a placement upon the finding of a second act of direct or indirect contempt, or whether a third act of contempt is required. The basis upon which a judge may order a youth into the physically-secure shelter should be clarified, and perhaps simplified.

## **Length of Placement**

Opinion remains divided on the question of secure confinement of CINS youth. On one hand, opponents of the idea argue that secure confinement treats status offenders like delinquents even though they have not committed a delinquent act. They also contend that secure facilities do not permit the type of therapeutic approach that is necessary for CINS youth and their families. On the other hand, proponents of the physically secure confinement of CINS youth believe that such measures are necessary for certain youth that are a danger to themselves or at risk of harm because their lives are in chaos. They argue that the option of secure confinement helps to create a crisis environment in which it is possible to stabilize the individual and family situation, complete an assessment, and begin addressing the needs and problems of the youth and family long enough for the interventions to take hold.

The current statutorily prescribed length of stay for the physically secure shelter pilot project is not supported by either of these opposing schools of thought. The opponents continue to oppose the notion of locking up status offenders. The Discovery Center clinicians, local judges and department officials, as well as the youth served at the Discovery Center, all seem to favor a longer length of stay, and one that affords these professionals the flexibility they need to develop individualized treatment plans based on the unique needs of each youth and family.

## **Legal Considerations**

The issue of appropriate legal representation remains due to the fact that these youth face being securely detained and their liberty is at stake. Judges concede the need for representation or competent waiver, but have not experienced problems because the youth and families desire the guidance and structure determined by the court.

## **CONCLUSIONS AND RECOMMENDATIONS**

### **Continued Interest in Physically-Secure Placement**

The value of physically-secure placements for these youth lies in the ability to stabilize youth in serious trouble for a sufficiently long time to complete thorough assessments and to actively engage the youth's parents/caregiver in effective treatment. Judges and clinical staff agree that clearer legal criteria for placement, for a period of time up to 90 days with periodic judicial review, would be more appropriate. Under the condition of the pilot, the juvenile court judge who made the most frequent use of the Discovery Center found it necessary to stack separate contempt adjudications in order to make back-to-back placements to achieve sufficiently long stays.

Because the state is still building its capacity for treatment in staff-secure placements, the actual need for placements in physically-secure settings remains unknown. The Board recommends continued testing of physically-secure placements for certain CINS youth. The following concerns should be addressed in authorizing legislation.

- Placements should be made for a period of time not to exceed 90 days with judicial review of progress no less frequently than every 30 days – and the Department should be allowed to petition for release at an earlier point, based on clinical judgment of progress.
- The Department should be authorized to contract for physically-secure space in other appropriate facilities that have such space available. Such facilities may include but should not be limited to juvenile assessment centers, juvenile addiction receiving facilities and crisis stabilization units.

### **Some Useful Lessons**

Physically-secure placement options should address the problems of chronic and severe status offenders in a cost-effective, family-focused manner. In addition, an adjustment must take into account the program's treatment plan that requires the facility to remain within a distance that is accessible to families so that they can participate in the therapy process.

Youth and families respond best in a stabilized environment where their issues can be assessed and treatment can begin. Additionally, any new option must take into account treatment proximity to youth and family. The most useful options will be those that support a similar treatment approach to the Discovery Center's.

## **Expand Discovery Center Approach**

The treatment approach used by programs such as the Discovery Center are centered on providing a stable environment, conducting comprehensive family-focused assessments, maintaining manageable caseloads, and long-term solutions rather than temporary interventions. This approach also requires experienced staff who are highly qualified, well trained and resourceful in engaging the parent/caregiver in the assessment and treatment processes. Further, this approach must empower families with multi-component interventions including behavioral training of parents, youth social skills training, and family therapy utilizing the technique of role-playing. These elements are the foundation of an effective holistic approach that takes into account the entire family. In addition, this approach addresses the need for bed space for small sub-populations of CINS youth.

## **Partner with Other Community-Based Resources**

A strategy that expands aid provided to these youth and their families during and following placement in the Discovery Center involves the use of other community-based support systems, such as churches and neighborhood organizations. After-school programs or drop-in centers give youth an opportunity to talk with others. Parenting groups sponsored by the YMCA, YWCA, Boys and Girls Clubs, or local family service agencies could extend the same to parents. When the families are not able to fulfill their role, communities must be prepared to assist and support youth. In other words, a community-wide response to the stresses experienced by families is needed in order to instill moral values and provide guidance and support for youth.

## **Recommendations to the Legislature**

The Legislature should establish a graduated range of flexible sanctions for CINS adjudicated youth that includes the possibility of placement in staff-secure and physically-secure placement options. Allow judges the discretion to determine length of stay based on need as determined by clinical assessments. The law should be amended and the court should:

- Clearly define expectations and limits on the behavior of CINS adjudicated youth and their families at each stage of proceedings, including the CINS adjudication and show cause and contempt hearings.
- Make it clear to the youth and family that a possible consequence of a violation of each order is a finding of contempt of court, followed by staff-secure or physically-secure placements..
- Make it clear to the family that use of staff-secure or physically-secure placements will require participation in family counseling and financial contributions to the costs of the placement, based on ability to pay.

- Require periodic court review of progress and termination of placement when the treatment goals have been achieved.

## **Recommendations to the DJJ**

The Department should:

- Assess the feasibility of contracting for CINS placements in physically-secure beds at juvenile assessment centers, juvenile crisis stabilization units, staff-secure shelters, or other appropriate existing facilities.
- Continue to experiment with the effectiveness of a physically-secure placement option in judicial circuits deemed to have the highest level of need, with a nominal number of beds per circuit. The Department should ensure the availability of a full continuum of CINS services wherever it makes a physically-secure placement option available.
- Continue to have DJJ attorneys, as officers of the court, should continue to encourage the appointment of counsel for CINS youth at imminent risk of placement in a staff- or physically-secure placement, unless the right to counsel is clearly and intelligently waived by the youth in the presence of the court and a parent.

## **Incorporating Best Practices**

The work of the Discovery Center and its staff demonstrate best practice by using:

- Highly trained and experienced staff, who pursue parents of youth placed, and obtain their active engagement in therapy;
- Transition services that follow-up on youth and their families after leaving a shelter; and
- Small caseloads that enable staff to carry out the intensely focused work needed if therapy is to be effective for the most troubled CINS youth.

The Board recommends that these best practices be incorporated into the entire CINS/FINS continuum.

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### Department of Juvenile Justice Staff

#### *Headquarters*

Kyle Fletcher

Carolyn Freeman

Jennifer Gallman

Jean Hall

George L. Hinchliffe

Cassandra D. Jenkins

Susan Johnson

Frances Kimber

Jason Kinchen

Mike Mauterer

Lucy Mohs

Patricia A. Nichols

Jennifer Parker

Joann Parrish

Byron Raysor

Katrina Saggio

Bob Shally

Lee Ann Thomas

Ted Tollett

#### *District 12*

Jan Abee

Marilyn Heck

### Providers

Richard Nedelkoff

Dee Richter

Gary Sanford

Tom Scott

Lewis C. Whittiemore

Isaac Williams

Carolyn Wood

### Juvenile Justice Accountability Board Staff

Henry George White, Esq., Executive Director

Dennis Affholter

Keith D. Carr

Steven F. Chapman, Ph.D.

Timothy J. Center, Esq.

Jill Kuhlman

Susan McNamara

Maleather Y. Ross

Marianna Tutwiler



## **APPENDICES**

**Appendix A:** Discovery Center Flow Charts

**Appendix B:** Discovery Center Insights and Recommendations

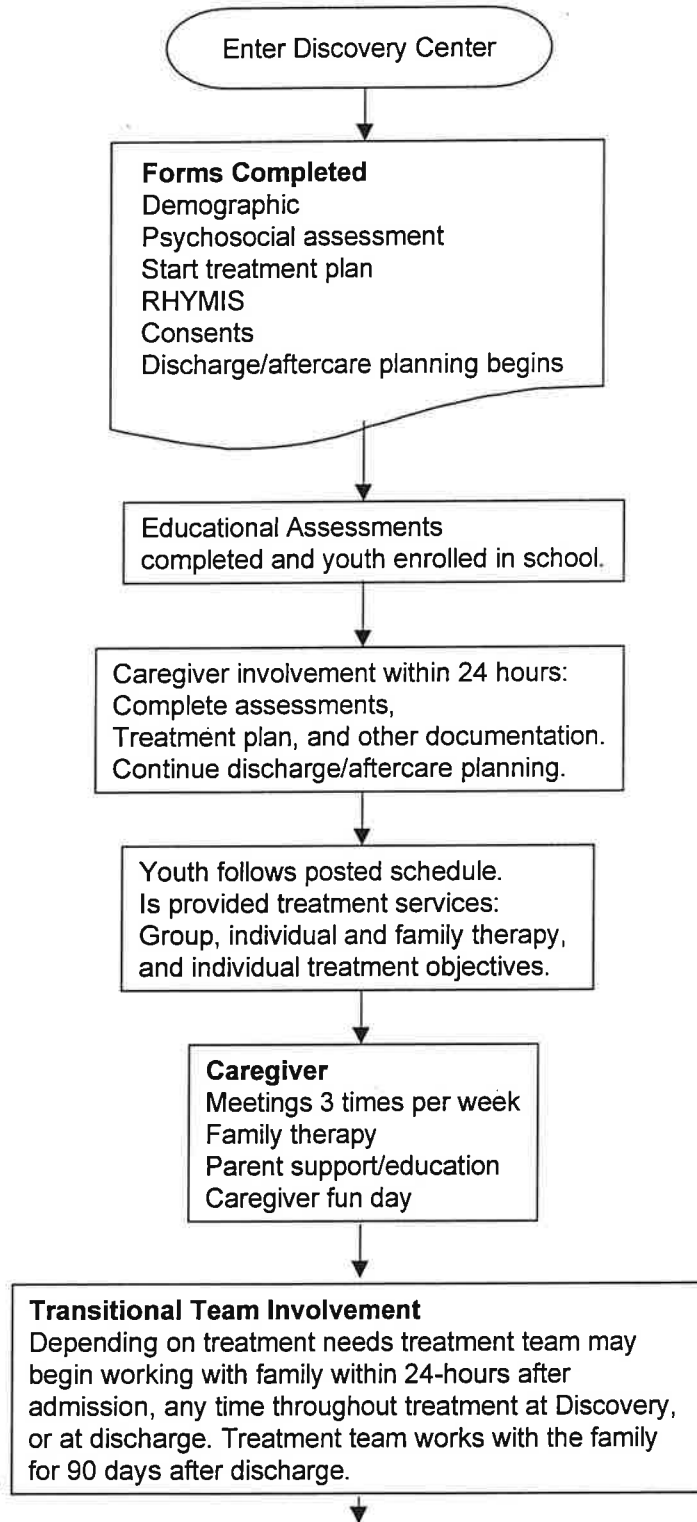
**Appendix C:** Map of Florida's Judicial Circuits and DJJ Regions and  
Districts

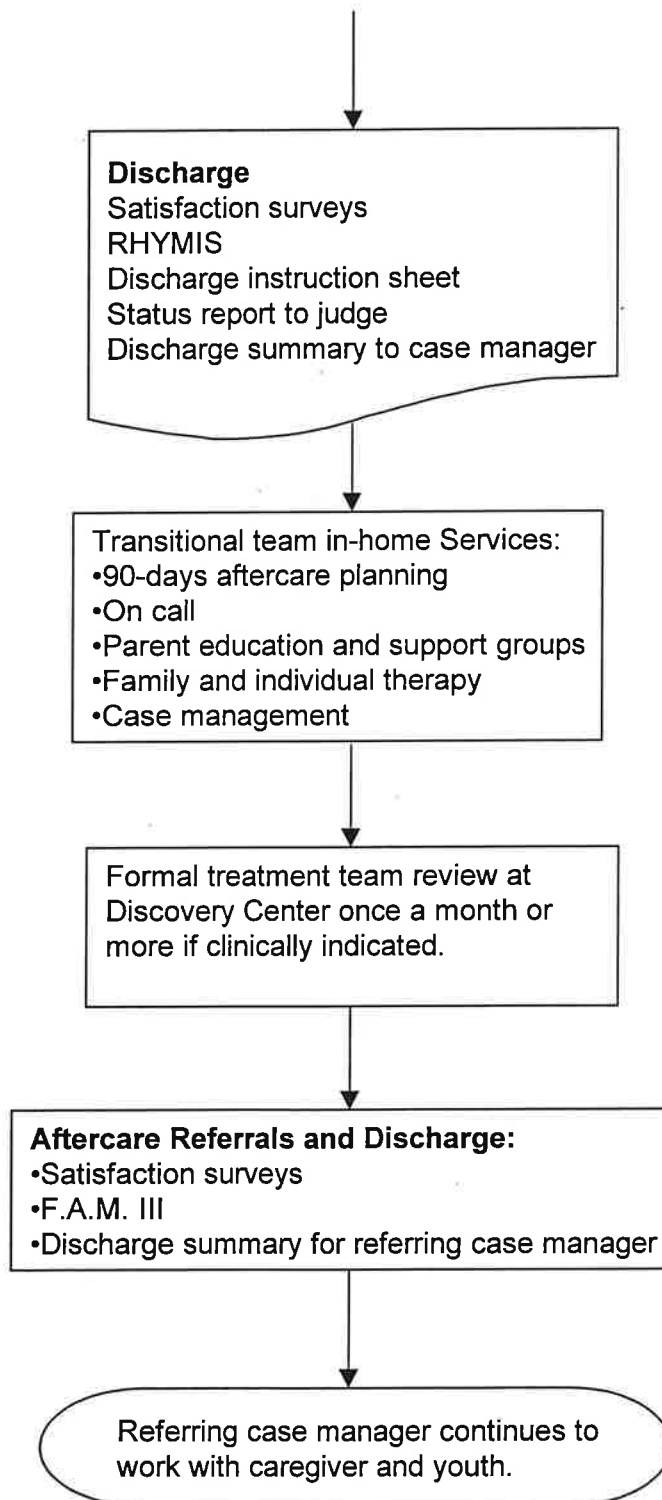
**Appendix D:** Profiles of Discovery Center Youth

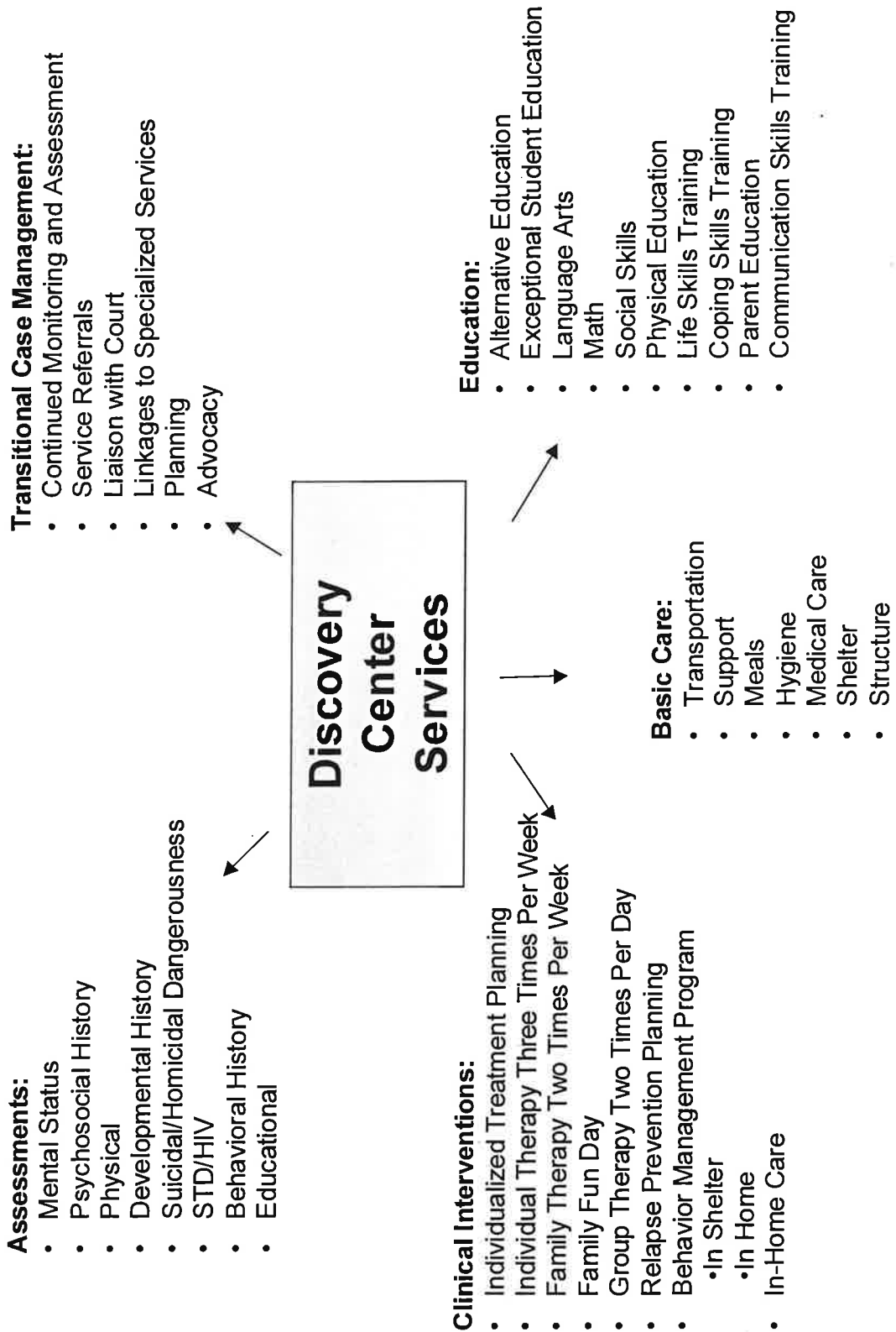


Appendix A:  
Discovery Center Flow Charts

*The following pages were provided by the Discovery Center, and document the process and community relations.*

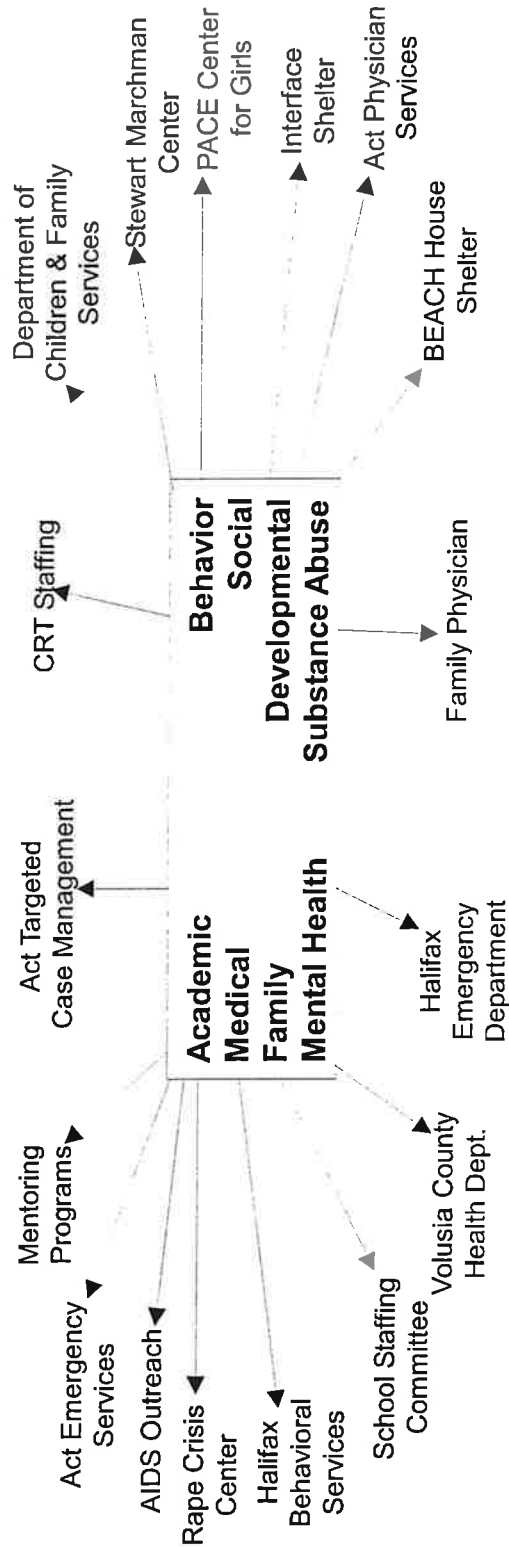






# Act Corporation Discovery Center

## Problem Assessment and Community Referral Sources



**Appendix B:**  
**Discovery Center Insights and Recommendations**

*The following pages were provided by Discovery Center staff.*

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## *CINS Insights and Recommendations*

**By: Carolyn Wood, LMHC**

**Clinical Director Discovery Center**

**ACT Corporation**

The purpose of this document is to answer specific questions posed by the Juvenile Justice Accountability Board regarding the relationship between the Physically-Secure Shelter Pilot project and other components of the CINS/FINS continuum of care in the Seventh Judicial Circuit. While establishing relationships with these providers, the Discovery Center has identified service deficits, specific insights and best practices. The issues illustrated are not new or innovative, but are well known to the community of human service workers effective with youth and their caregivers. Provided are case demonstrations of the CINS adjudicated youth in need of a physically-secure shelter and a snapshot of information that is hoped to illustrate the need for further study.

### *Question I*

**In the process of implementing and operating the Discovery Center, what did you learn that has caused you to change or rethink the way you do business at your CINS Beach House program (or elsewhere) for CINS/FINS?**

### *Case Demonstrations*

Three of Discovery Centers' cases are portrayed here to give the reader a feel for the CINS adjudicated youth, their caregivers, and to demonstrate our insights gained, best practices and the identification of service deficits.

### *A Chronic Runaway Success Story*

**Case 1:** She had her fifteenth birthday on the streets the day before she came to the Discovery Center. Law Enforcement did not arrest her on that special day for stealing a candy bar at the 7-Eleven because, if they had, she would not have been eligible for the CINS pilot program. She was lucky, she was hungry, and they understood. They drove her home as mom sat indifferent and dad walked away. Both wondered how long it would be before she left again and if she would come home. They couldn't even remember how long she had been gone this time. They had grown tired of wondering what had gone wrong with their family. He worked hard, provided a good living for his family and his wife could afford to stay at home and raise the children. They had seen many counselors,

teachers, and law enforcement officers. They hung onto the belief that the Judge might help tomorrow. They had almost given up.

She was fifteen years and one day old, and on her way to a place that she didn't want to go. She cried for four days, which was most likely the result of withdrawal from nicotine, cocaine, alcohol, marijuana, and ecstasy. On her tenth day at Discovery she declared that she would use illegal substances "no matter what". On the fifteenth day she decided she would at least use marijuana and on the twentieth day she decided she needed to evaluate her life, and the Discovery Team worried. Ordered by the Judge as a result of her running away behaviors to the Discovery Center for twenty days, her prognosis was guarded at best.

Transitional Services had been activated prior to her discharge. Dad was skeptical. He had seen counselors and they didn't help, why should he believe differently about another one. At Discovery, persistence is not a phenomenon but a practice. We don't give up even if we are avoided, threatened with lawsuits, or asked to work at unreasonable hours. The mother was engaged in therapy and, finally, the dad became engaged as well which occurred prior to this youth's return home. It was discovered that dad, coming from a patriarchal home, would "ground" his child "for a month" for any infraction of family rules. Their child surmised that she would do what ever she wanted by running away, which introduced her to a substance abusing peer group and a high-risk life style. She became promiscuous mostly with adult males, was truant, would sleep anywhere, and committed petty theft. She was surviving, for awhile.

The changes that occurred in this family system included: parents altering strategies, father becoming more nurturing, and providing this youth with a mentor and an exciting leisure time activity. She told us, "nothing is more exciting than ecstasy". This family had the resources to assist their daughter in the purchase of a horse, which she rides and cares for daily and helps to pay for through a part time job. Her mentor is a previous Juvenile Justice Counselor who owns and operates a riding stable. She attends regular school daily and has decided that she wants to be a counselor. Her CINS case has been closed.

### *A Truancy Success Story*

**Case 2:** He was 16 years old, tall, good looking, and stoned. Stoned on marijuana all day long. He did not go to school and did not look for a job that he was ordered by the court to do. He did not do anything productive, however, he would promise anything every time he was before the Judge. "I'll change, I promise, your Honor". Did he mean it? Yes. Each time he meant to do all the things he needed to do to be successful, however, between the marijuana, his mother's untreated diagnosed Bi-Polar disorder, his biological father's severe history of substance abuse, and the fact that he was still in the 9<sup>th</sup> grade with no promotion in sight left him with little motivation to carry out his promises. His

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lying around on the sofa earned him a 50-day stay at the Discovery Center. Remarking, "Isn't that a long time, Judge?" He was led to the van.

We generally use our most familiar coping mechanisms when stressed. At Discovery our "Truant" youth, was no exception. As in court before the Judge, he began a pronouncement of good will intentions upon admission that continued until he left. For the most part, Discovery Center staff members were supportive of this speech or just ignored it. Our treatment focused on survival: teaching our "Truant" youth about his mother's disorder, how to cope with it, about marijuana, and how to develop a substance free peer group. We also assisted his father to develop ways to spend more time with his son. We initiated our Transitional Services prior to discharge and engaged the school board for an education alternative.

This youth has now been enrolled in a GED course that he attends daily at the local Community College and will be taking his test in August. It is believed he will pass. His father completed one parent support group and voluntarily enrolled a second time. Our Transitional Team Therapist calls the youth daily and has begun to shift this responsibility to the father. The youth and the father attend Alcoholics Anonymous one time weekly, the youth has become involved in a local church youth group, and works part time with his father when he has work for him. We believe that 50 days of recanting a plan for change with the necessary supports in place and, 50 days away from marijuana may have been this youth's formula for success.

### *A Truant/Ungovernable Semi-Success Story*

**Case 3:** She's thirteen years old and a "hand-full". A description heard most often by teachers, counselors, and anyone who has caregiver authority over the young lady. She's been to the Discovery Center three times, the first for 20 days and the second and third times for 15 days each. We expect to see her again. She is also ordered to BEACH House for 35 days following each Discovery Center stay. This may seem excessive; however, it is an intervention designed to help her gain a feeling of safety that her home cannot provide. Each stay is hoped to make her a little stronger and give her more skills to cope with a chaotic family and a mental health disorder. She has been diagnosed with Attention Deficit Disorder with Hyperactivity and has taken medications for several years. With each new medication, or combination of medications, has come varying degrees of effectiveness. She constantly needs redirection or attention to her behavior in order to manage other youth in whatever setting she may be. Her chaos is contagious.

With each ordered admission comes another 90-day Transitional Team service upon discharge. Interventions have been extensive and even included dog training, which was not successful. When she was discharged the first time from the Discovery Center she was attending school daily and performing well. She was excited about her progress until

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in February 1999, she was told she would fail that year. She has not returned to school. She is expected to attend the PACE education program for girls in September 1999, and our Transitional Team continues to provide services.

### ***Discussion:***

It is difficult to recommend alternative treatments to replace a physically-secure shelter in the cases presented. If community substance abuse resources could have held Cases 1 and 2 for a period of time to treat the abuse there might have been success. There are no services that will treat substance abuse for more than detoxification, which is very short term, and there is no service available like the intense Transitional component of the Discovery Center. When youth are discharged from the Discovery Center, a seasoned Therapist and Case Manager are on call twenty-four hours a day for a period of 90 days. We call them our Transitional Team and they work intensely with the youth and their caregivers at their home.

There are youth that have been treated at the Discovery Center that most likely would have benefited from the Transitional Team's interventions without a stay at the physically-secure shelter. Our Transitional Team is working with CINS adjudicated youth and their caregivers that are at risk of admission to the Discovery Center in Putnam and St. John's counties. We have developed outcome measures and hope to gauge the effectiveness of crisis intervention services from these cases.

### ***Insights/Best Practices/Service Deficits***

The following list provides insights gained while delivering the pilot projects services, confirmation of what works (best practices), and the identification of service deficits for youth and their families.

- 1) ***The system is designed to intervene with volume versus the chronic youth:*** Services and funding are not structured to meet the needs of the most chronic and severe youth and families. CINS shelters generally serve children from 1 to 30 days with the median at fourteen days. Caregivers usually receive counseling 6 to 8 weeks. High referral rates combined with serving complex and chronic families place a great burden on the current system. Serving the most chronic would diminish success with other families due to high contact hours required by those families most in need.
- 2) ***"You get what you pay for":*** Since the Discovery Center's contract provides adequate funding, seasoned Therapists and Case Managers are in all key positions. Other programs are less fortunate.

- 3) ***Program Development:*** While the CINS shelters are making a difference with youth and families, they recognize and desire to have effective program development be the result of a positive outcome for youth and their families versus relying on the individual strengths and characteristics of their staff. Our children require strong programmatic models that well trained and experienced professionals can produce.
- 4) ***Persistent pursuit of the caregiver:*** For many cases caregivers are not available for interventions for various reasons. Discovery Center has the time, money, and experienced staff to engage in a persistent pursuit of the caregiver. We have called and left messages on recorders daily, left written messages taped to doors daily, agreed to see them on a Friday and Saturday night, battled fleas, driven miles and miles for pick up and delivery to therapy appointments, sat outside with caregivers and the neighbors, conducted neighborhood sessions, befriended dogs, befriended school authorities, went as a team when anything was in question, vented to our clinical supervisors about our frustrations, and maintained a multidisciplinary treatment team approach. And, sometimes, still failed to engage the caregiver. Our success, however, outweighs our failures as we have only one mother we have not been able to involve therapeutically and, unfortunately and not surprisingly, her daughter is currently on runaway status.
- 5) ***Proactive with Educators:*** We have searched for educational alternatives in a persistent manner that may be characterized as the "persistent pursuit of the educator." Discovery Center staff have requested and attended school staffings, made recommendations, referred to GED programs, Pace Center for Girls, helped youths explore vocational options, and have been frustrated by the lack of vocational programs for youth who are unsuccessful academically. We have supported schools in attempts to find and build on the students' strengths versus perceiving the student as "bad" or in need of "punishment".
- 6) ***Courageous confrontation of the root cause of family problems:*** When the caregiver keeps secret a prevailing problem such as substance abuse, nurturing and accountability deficits, violence, verbal abuse, or mental health concerns, it can be intimidating to the counselor to confront these issues when they are suspected. If confrontation does not occur the youth will continue to exhibit symptoms that force our communities to deal with them. The youth's symptoms tend to escalate if the situation is not changed for the youth and caregivers. Severe symptoms like violence and substance abuse, if known, can require court involvement in the form of a court order, if creative and persistent counseling methods are unsuccessful. Families keep secrets well and it takes an especially skilled therapist to build a relationship that enables a family to face severe problems. Even with the skilled professionals, no amount of counseling will "fix" a youth whose environment is unsafe. All cases where violence or any safety

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issues are known are reported to the abuse hotline – however, as stated earlier families keep these secrets well and it takes time and skill to identify them. It is imperative that the assigned counselor have professional support by way of clinical supervision, that the counselor have access to another professional or paraprofessional to include in home visits when indicated, that the provider and Judge work together as a team when clinical interventions are not successful to ensure caregivers are accountable and the root cause of the problems are identified and youth are not blamed.

- 7) ***Empower parents:*** Do not blame the caregiver, either. It is imperative to help caregivers build their confidence and skills in parenting. Some of the youth can "bully" their caregiver or are treated as a "friend" by the caregiver that needs the skills to keep these family imbalances from happening. Teenagers also push their caregivers away which is a normal developmental stage. It can, however, create a greater imbalance for the family, if the caregiver does not have supports or skills to effectively deal with this stage.
- 8) ***Grief/Loss Issues:*** Five out of 10 Discovery Center children suffer from loss and 100% of our youth meet this criteria if we count the number of fathers or surrogate fathers in and out of their lives. It has been difficult for youth that have surrogate fathers in their lives by way of the mother's relationship with these men. When they leave the family the youth continues to think of this male as the father, whereas, neither the mother nor the male see him in this role after her relationship with him is over. Grief counseling includes understanding the stages of loss, seeking and obtaining support, and accepting other family members feelings when they are not the same as yours. One hundred percent of youth and caregivers have refused referrals to support groups for loss. It is important for all members of the family that these losses to be addressed.
- 9) ***Youth supervision:*** Youth who are older do not have an institutionalized option for supervision. Younger children can be taken to daycare, but for the teenager, supervision options are limited at best. It seems that our society does not understand that the older child needs supervision and even allows the older child to supervise younger children. We have attempted various interventions with little success or success that is short term. We have had to rely on extended family who do not see the youth as their responsibility and will supervise the youth for a short period of time. We have had more success with churches, summer camps, and summer swim classes; however, these are also short term. Our youth are not really welcome at after school programs and are not successful if they are enrolled due to their poor social skills. If our youth do get into these programs there are usually transportation problems.
- 10) ***Substance Abuse and Mental Illness:*** It is difficult to recommend an alternative to replace a physically-secure shelter in the cases presented, as mental health and

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substance abuse services are limited for youth that are low to middle income and without excellent health insurance. If community substance abuse resources were available on a longer-term basis it is possible that Cases 1 and 2 might have been successful. There are no services that will treat substance abuse for more than detoxification, which is very short term, unless a youth is already involved in the Juvenile Justice system or they are fortunate to have excellent insurance. There is also no service like the intense transitional component of the Discovery Center.

The youth described in Case 3 could benefit from an intense mental health service continuum of care. It is typical for the mentally ill to need to return to a treatment site for stabilization services. Most communities have services for the acute patient, however, are not able to accommodate the youth needing a longer length of stay intervention much less intense follow-up services. In short, our communities lack a comprehensive mental health service system for youth which, many times, results in the CINS/FINS continuum attempting to make up for these deficits.

### *Question II*

**Based on your experience with the Discovery Center Secure Shelter Pilot Project, and your related activities with the community-based continuum that necessarily precedes placement in secure shelter, are there current DJJ QA standards applicable to a CINS/FINS program that are barriers to effective service delivery or that fail to capture critical aspects of that type?**

### *Discussion*

The Florida Network of Youth and Family Services recommended the pilot project follow the CINS/FINS Shelter Program Standards as standards for a physically-secure environment have not been developed. The Department of Juvenile Justice's Quality Assurance standards appear to measure policy, safety, and facility requirements that are generally necessary to ensure the best physical environment, and attempt to measure clinical effectiveness. There are two methods utilized by our service delivery systems for measuring quality: standards and outcome measures. A workgroup or special team would need to systematically review standards and outcome measure systems in order to ensure that quality is measured and duplication is avoided. In a short amount of time and with haste, the following list was generated as examples of possible measures to ensure clinical quality.

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### *Examples of Clinical Measures*

#### *Leadership:*

There should be at least one key person, clinically trained and experienced, who has contact with direct care staff members. Direct care staff should have access to this individual for consultation and interventions for individual client care and for shelter programming. This individual should have a line of authority that will allow them to impact decisions made about shelter care.

**Example:** Clinical Supervisor documents X number of hours with direct care staff for the purposes of clinical supervision.

#### *Behavior Management:*

Standards do not address how youth and caregivers are involved in the development of the program. How is respect and dignity institutionalized? Advancing Youth Development, supported and taught by the Florida Network, enhances a culture whereby youth, caregivers, staff, and administration are equal partners in the change effort. Dignity and respect are strategized through this system and provide concrete methods allowing the direct care worker to carrying out goals of inclusion and client dignity.

**Example:** Youth and caregivers participate in administrative and clinical processes such as: staff meetings, treatment team meetings, board meetings, grievance hearings, and improvement surveys. Parents might help with celebrations, arts and crafts activities, or outings. Is there evidence that staff, clients, and caregivers suggestions are utilized?

Clients and staff who have completed orientation need to be able to explain the Behavior Management program or whatever accountability system utilized. It has been the Discovery Center's understanding that reviewers look for this information, however, the standards do not clearly measure it.

**Example:** Youth and staff members' explanations of the accountability system are consistent with each other.

The system should build in opportunities for success and minimize failures.

**Example:** How does the system make provisions for special needs clients? Youth and staff members' explanations are focused on how clients can be successful. Identified special needs youth's programs are individualized as evidenced by differences from other youth's programs.

Success celebrations should be implemented into the program.

**Example:** There is evidence of celebrations for success, i.e.: the program has a colorful board with the names of youth that have reached a certain level, there is a graduation

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ceremony, charting documents staff calling parents on the telephone and bragging on the youth, and awarding certificates.

#### ***Treatment Plans:***

There are no standards that address treatment plans. The Case Manager initiates Service plans, however, an individualized treatment plan would address the root causes of the youth's shelter admission. Without these interventions there are no checks and balances for shelter staff, youth, or caregivers in regard to treatment direction.

**Example:** Treatment Plan reviews are conducted on a 30-day basis. Treatment Plans are individualized. The Clinical Supervisor attends every Treatment Plan review. Treatment Plan objectives are communicated to direct care staff through various communication forums.

#### ***Medication Administration:***

Medication standards ask about screening health problems and taking youth to doctors' appointments, however, standards for medication administration is deficit.

**Example:** 1) There are procedures related to youth taking their medications. 2) There is a special medication cabinet that is locked with limited access. 3) All medications are in containers labeled by a doctor or pharmacist. 4) Documentation exists to support a diligent effort in obtaining the youth's medications from their caregivers. 5) There is documentation that the youth takes the medications as ordered by the physician.

#### ***Ineffective Standards***

Standards dictating that youth may not discipline other youth or impose sanctions on another hinder creativity in programming. It is well known that peer pressure is an effective force for change in adolescence. Best practice dictates that we find creative ways to use peer pressure for positive change. An example of this is allowing youths to earn special status in peer government, which can empower youths and allow the program to institutionalize concepts presented in the Youth Development approach advanced by the Florida Network for Youth and Families. Literature and data support these concepts.

The requirement that male and female staff be scheduled on each shift precludes hiring of the most qualified candidate without regard for gender. This is especially true here at ACT Corporation where we receive many more female applicants than from males. This standard appears to violate federal law, which prohibits the hiring or making of work assignments based upon gender.

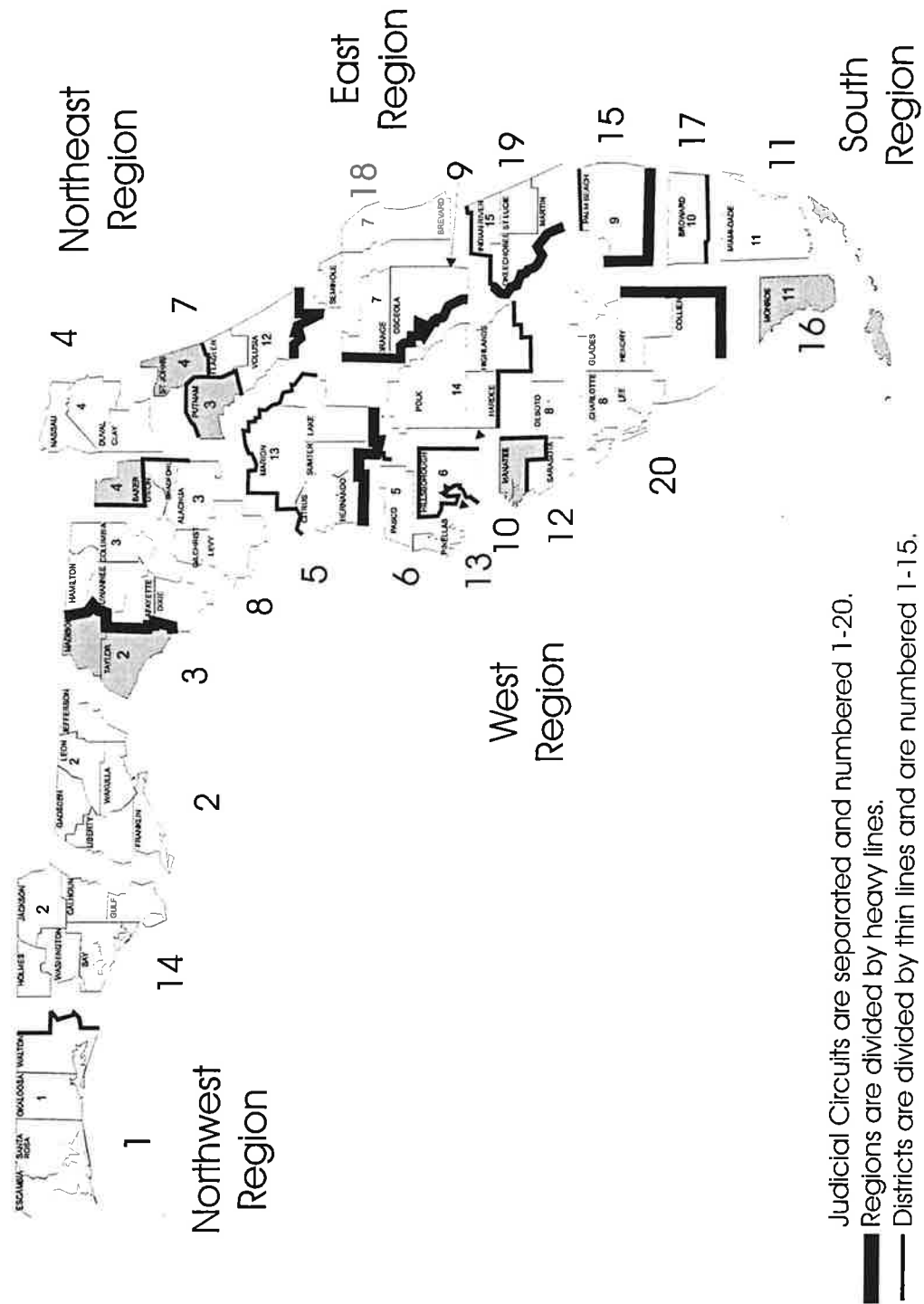
### *Special Thanks*

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**Appendix C:**  
**Map of Florida's Judicial Circuits**  
**and DJJ Regions and Districts**



# Florida Judicial Circuits & Juvenile Justice Regions and Districts





Appendix D:  
Length of Stay, Outcomes and Profiles of Children  
Placed in the Discovery Center  
Between August 1, 1998 and July 31, 1999



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## **Length of Stay and Outcomes: Youth Released from the Discovery Center**

Youth placed in the Discovery Center had been adjudicated Children in Need of Services (CINS) who were not successful in the service plan that followed adjudication and who subsequently were found in contempt of court on multiple counts. These youth are not typical of the statewide CINS population, most of whom are not adjudicated.

For the nine youth released from the Discovery Center in FY 1998-99, JJIS records were checked for evidence of arrests on delinquency charges after release. Three youth were charged with offenses committed after the end of their 90-day transition period following discharge from the Discovery Center. In the JJAB's *1999 Prevention Outcome Evaluation Report*, the residential CINS/FINS programs as a whole showed that 61% of the youth released were not charged with an offense and referred to the DJJ within one year of release. Specific programs' outcomes ranged from 53% to 72%, but these rates were not calculated for programs with fewer than 20 youth released. It appears that the Discovery Center's results on this measure fall well within the observed range for residential CINS/FINS programs, but it must be emphasized that a full year's follow-up time has not yet elapsed for youth released from the Discovery Center.

One of the three youth showed an earlier charge as well, which was for an offense committed during the 90-day transition period following her first release from the Discovery Center and prior to her admission for a second stay there. Those charges were not adjudicated, so that arrest may have been at least a part of the reason for her second stay.

For the three youth with charges for offenses following their 90-day transition period after the last release from the Discovery Center in FY 1998-99, one had charges that were not adjudicated, another showed adjudicated withheld and, for the third, charges still were being processed. In the JJAB's *1999 Prevention Outcome Evaluation Report*, the residential CINS/FINS programs as a whole showed that 76% of the youth released were not adjudicated for charges within one year of release (range: 67% to 85%). It appears that the Discovery Center's results on this measure fall toward the higher end of performance in the observed range for residential CINS/FINS programs, but, again, a full year's follow-up time has not yet elapsed for youth released from the Discovery Center.

There is no apparent relationship between length of stay in the Discovery Center and subsequent charges. Among the six for whom no subsequent charges show in the JJIS are those with the shortest (5 days) and longest (50 days) lengths of stay, and others in between (two youth stayed for 20 days and two for 35). Five of these six showed a single stay; one had two placements. Among the three youth with later charges, lengths of stay were intermediate (20, 25, and 35 days) and all three showed two placements each.

It appears that length of stay, and the number of placements, tend to reflect each youth's individual circumstances and family needs.



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## Profiles of Children Placed in Discovery Center

### Child A

**Gender:** Male                      **Age:** 16                      **Referred by:** Law Enforcement  
**Race:** White                      **County:** Volusia

Child A was admitted to the Discovery Center in April 1999 for five days. The child's parents are divorced. He resides with his stepmother and two sisters. He had loss and grief issues due to his father's death. Child A was residing in his home at time of intake and reported that he had never run away. He had poor school attendance and was a habitual truant. His intake profile indicated use of illegal substances, cigarettes and smokeless tobacco products. In addition, he had consumed beer, wine, and liquor on numerous occasions in the past six months. He reported never using marijuana or any form of cocaine; however he did report having taken illegal drugs such as PCP, LSD, and acid. He stated that he was introduced to alcohol and drugs through other household members and friends.

Child A was diagnosed with Opposition Defiant Disorder, Adjustment Disorder and as suffering from grief issues. His treatment plan consisted of individual therapy three times per week. He earned VIP and Super VIP statuses during his stay. Goals set by the program were for him to attend school daily, complete education assignments, abide curfew, identify positive traits about himself, and use good judgment in risky situations. Family members were asked to demonstrate skill in discussing feelings openly among one another. The treatment plan required more discussions and communication between parents and child, individual therapy, group activities focusing on self-esteem, anger, positive attributes, substance abuse education, family fun days and weekly family therapy.

Following discharge, Child A was seen weekly throughout the 90-day transition period, during which substance abuse education continued as well as monitoring for school attendance and grief resolution. Home visits were conducted to assist in improving communication between the child and his stepmother (i.e., video on parenting, setting an agreeable curfew, chores/responsibilities, etc). He was compliant during the transition period. He attended his home school, completed chores, followed the treatment goals set by the Discovery Center, and maintained a respectful relationship with his stepmother. Additionally, the entire family believes that things are less stressful.

After discharge from the Discovery Center, the Juvenile Justice Information System (JJIS) shows no arrests after the 90-day transition period.

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## Child B

**Gender:** Female      **Age:** 14      **Referred by:** DJJ  
**Race:** White      **County:** Volusia

Child B was admitted on her first stay in March 1999 for 20 days, followed by a 35 day stay in the district's local CINS shelter. She resides with her biological mother, the mother's partner, and two brothers, and at the time of intake reported that she had never run away. She was attending school irregularly, had poor grades and had been suspended. She had experienced anger management problems and incidents of violent behavior in the past. She indicated that she had been sexually abused/assaulted by a neighbor. Child B smoked cigarettes and had used smokeless tobacco products once or twice. In addition, she indicated that she had consumed beer or wine on one or two occasions, and stated that friends introduced her to alcohol.

Child B was documented with Opposition Defiant Disorder, violent behavior, poor impulse control, and immaturity and anger management problems. During her stay she received individual therapy with a Discovery Center therapist. Her sessions focused on her ungovernable behaviors, truancy and poor grades at school, lack of respect for self and others, and parent/child problems, poor communications and difficulty negotiating rules. During her stay the child adapted well to her surroundings and interacted appropriately with staff and peers. She received her VIP status within the 24-hour period and her Super VIP status later during her stay. Child B attended school consistently during her stay. In addition, she attended several group sessions daily that focused on a variety of topics including social skills, coping mechanisms, and substance abuse education. Overall the child experienced no behavior problems while in the Discovery Center. Her mother also began a series of parenting classes.

Following discharge, Child B was seen weekly for the 90-day transition period. During her placement at the local CINS shelter, she ran away, and a pick-up order was issued. There was no progress on her goals due to her runaway status. The transition counselor continued to work with the family and the child's friends to accomplish treatment goals.

Child B was ordered to the Discovery Center for her second placement in April 1999 for 15 days, followed by 16 days in the local CINS shelter and up to 90 days in a staff-secure placement also at the local CINS shelter. During her second placement, family therapy sessions were increased to three times per week. She was compliant during the duration of this stay and displayed consistent and stable improvement upon exit. During the transition period the treatment approach focused on improving negotiation and communication skills of the child and parent. Family sessions were continued three times per week and individual sessions with the child were conducted four times per week. Communication with her parent improved along with the child's ability to sustain improvements and she achieved necessary goals during the staff-secure placement at the local CINS shelter.

After the first discharge from the Discovery Center, the JJIS shows one arrest during the first 90 day transition period. Assault and battery, battery and vehicle theft charges were not adjudicated and the youth was placed in the Discovery Center a second time. Following the 90 day transition period after the second discharge from the Discovery Center, the JJIS shows another arrest. Adjudication on that trespassing charge was withheld.

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### Child C

**Gender:** Female                      **Age:** 16                      **Referred by:** DJJ  
**Race:** White                      **County:** Volusia

Child C was admitted to the Discovery Center in November 1999 for a stay of 20 days. She had violated previous court orders by running away from the local CINS shelter and had a history of ungovernable behavior, truancy and substance abuse.

Child C resides with her biological mother and father and one brother. She estimated that she had lived in eight different situations in the month before intake. However, her parent's home was the primary living situation for the past year. Child C had been on runaway status for 22-28 days, and was residing at a friend's home at time of intake. She could not recall the number of times she had run away. She had poor school attendance, poor grades and had been suspended. Child C was diagnosed with depression and has a history of depression in her family. She had contemplated suicide and reported having been raped in the past. She also reported using illegal substances, and was a regular cigarette smoker at the time of intake. In addition, Child C had consumed beer, wine and liquor (10-30 servings in the past six months). She stated that she was introduced to alcohol through other parent figures. She indicated that she had also used over-the-counter drugs such as *No Doz* and caffeine.

Child C reported having used marijuana more than 30 times and cocaine 3-9 times in the last six months. She also reported experimenting with narcotics such as heroin, codeine and morphine, and hallucinogens such as angel dust, LSD/acid, mushrooms and ecstasy. She had also been asked to sell drugs, but reported that she had never sold drugs.

Child C's treatment centered on her truancy, substance abuse, communication with family, non-compliance with family rules and lack of respect for others. She received individual, group, educational and family sessions during her stay in the shelter. She followed the treatment plan, achieved VIP status and maintained Super VIP status. She attended school at the Discovery Center displayed no behavior problems while enrolled in the program. In addition, she abstained from all mood-altering substances and completed all of her treatment plan objectives by the time of discharge. Her parents participated in parenting classes and with all family therapy sessions.

Upon discharge Child C returned to her home school, where her attendance was consistent, her grades improved in most areas, and she had no recorded behavior problems. She received individual sessions weekly with the Transition Therapist with focus on relapse prevention, conflict resolution, and family relationships. Child C's parents completed the prescribed parenting training and displayed improved communication skills with both of their children. Child C later obtained a part-time job and maintained a positive hobby. She also displayed healthy coping mechanisms and an overall positive attitude.

Following the 90-day transition period after discharge from the Discovery Center, the JJIS shows no arrests.

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## Child D

**Gender:** Male                      **Age:** 17                      **Referred by:** DJJ  
**Race:** White                      **County:** Putnam

Child D was placed in the Discovery Center in March 1999 for a total of fifty days. His non-compliant behavior related to school attendance, curfew violation and ungovernability.

Child D is from a divorced family and resides with his biological mother and one sister. He was residing in the home at time of intake and reported that he had run away on one occasion. He had poor school attendance, has low grades, and had been expelled. He was attending an alternative school. Child D was diagnosed with depression and indicated that he had used illegal substances and smoked cigarettes. He also indicated that he had been charged (a misdemeanor and a felony offense as well as possession of an illegal substance). He had consumed beer, wine and liquor, an infrequent consumption of alcohol. He also reported having used marijuana and drugs such as PCP, LSD and acid. In addition, he reported having used two or more drugs on the same occasion, and using alcohol and marijuana at the same time. He claims to have sold drugs and was introduced to alcohol and drugs through friends.

Child D was diagnosed with Opposition Defiant Disorder, and cannabis and alcohol abuse. Additionally, he had numerous family related issues, truancy and legal problems. He received individual therapy daily with a Discovery Center therapist. Sessions focused on treatment goals concerning substance abuse, truancy, impulsive behaviors, and stress management. He completed therapeutic assignments, developed a written Relapse Prevention Plan, displayed a reduction in impulsivity, set short-term and long-term goals for lifestyle changes and exhibited motivation to effect change. The interventions used were cognitive behavioral therapies, education, role-play, and conflict resolution and refusal skills. During the stay his behavior was appropriate and consistent. He participated in daily group sessions that focused on social skills training, coping mechanisms, and substance abuse education. He achieved his VIP status within 24 hours of admission, his Super VIP status in 5 days and maintained his Super VIP status throughout the remainder of his stay. His family participated in a few family therapy sessions, visited on weekends and attended Family Fun Day activities.

Child D's 90 day transition period goals were to abstain from all mood altering substances, continue treatment with a focus on relapse prevention, use support systems via self-help groups (AA/NA) and religious supports, complete high school diploma and obtain part-time employment.

Following the 90-day transition period after discharge from the Discovery Center, the JJIS shows no arrests.

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## Child E

**Gender:** Female                      **Age:** 15                      **Referred by:** Parent  
**Race:** White                      **County:** Volusia

Child E was ordered to a 5-day stay at the local shelter. Following additional non-compliant behavior, she was placed in the Discovery Center in March 1999 for 5 days on her first placement and 15 days in June 1999 on her second placement.

Child E is from a divorced family and resides with her biological mother, four sisters and one cousin. She was residing in the home at the time of intake and reported being depressed. She was diagnosed as Oppositional Defiant, displaying Dysthymic Disorder and a Bipolar Disorder. Child E reported that she had never run away, had poor school attendance and achieved low grades. In addition, she reported physical abuse by her father and sexual abuse by a non-household member. She reported substance abuse by a household member, and she also used illegal substances and had smoked cigarettes. She had consumed beer and wine on occasion and reported some consumption of liquor once or twice. She also reported having used marijuana on occasion, but no more than twice in the last six months. She denied use of illegal drugs or controlled substances such as PCP, LSD and acid. She stated that friends introduced her to using alcohol and drugs.

Child E participated in therapy with a Discovery Center therapist. Individual sessions were focused on parent/child relationship problems. She also attended several group sessions daily that focused on a variety of topics, including social skills, coping mechanisms, and substance abuse education. She attended school during her stay and interacted appropriately with staff and peers. She achieved her VIP status within 24 hours, which she maintained throughout her five-day stay. She completed all therapeutic assignments during this time and accomplished the treatment objectives that were devised for the five-day period. She exhibited no behavior problems while in the shelter.

There were no family sessions conducted during Child E's Discovery Center stay due to her parent's absence. The child's mother was again encouraged to participate in a series of parenting classes during the child's transition period. During the transition period Child E was seen on a weekly basis. Sessions focused on positive communication techniques, self-esteem issues, and improving school attendance. She returned to school and was enrolled into the PACE center for girls. Her progress was poor and her mother was not participating in family therapy sessions. Efforts to consistently engage her mother were unsuccessful. Child E began to not attend school regularly. A case staffing was scheduled to review her progress and to determine if she was in violation. A court hearing was scheduled. She was found in violation and ordered to stay another 15 days in the Discovery Center.

Following the 90-day transition period after discharge from the Discovery Center, the JJIS shows two arrests. The charges brought were two counts of obstruction, operating a motor vehicle with licensed expired and two counts of hit and run. These charges occurred after discharge from the 90 day transition period, and they are still being processed.

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## Child F

**Gender:** Female      **Age:** 16      **Referred by:** DJJ  
**Race:** White      **County:** Volusia

Child F was ordered to the Discovery Center for 20 days in November of 1998. She was ordered to a second placement in April 1999, followed by a 90 day staff secure placement at the local shelter. Child F is from a divorced family and resides with her biological mother and stepfather and one brother. She reported two different living situations in the last month. She was residing in a juvenile justice placement at time of intake and reported that she had never run away. Child F is learning disabled, and had low grades, poor school attendance and difficulty getting along with her teachers. She also had poor self-image, socialization issues, and displayed sexually inappropriate behavior. She reported that an individual that was a non-household member sexually abused her. She had mental health problems and was not appropriately using medications. She had smoked cigarettes and had consumed beer or wine on occasion (10-30 servings in her lifetime). She reported having contemplated suicide and having used over-the-counter drugs in the past. She also reported using marijuana and having taken depressants and hallucinogens such as PCP, LSD, and acid. In addition, she reported having sold drugs and that she was introduced to using drugs through friends.

Child F received individual therapy with a Discovery Center therapist. These sessions focused on reducing impulsive and argumentative behaviors, and on substance abuse education. In addition she attended several group sessions each day, which focused on social skill building, coping mechanisms, communication, and substance abuse education. She attended school during her stay and interacted well with peers and staff. She also maintained her VIP status consistently throughout her stay. She completed all of her therapeutic assignments and achieved her treatment plan objectives. She also participated in family sessions with her mother, stepfather and younger brother. Her parents began parenting classes, visited her frequently during her stay and participated in Family Fun Day activities.

During Child F's transition period she was seen four times per week and family sessions were conducted as often as possible. She was transferred to the local CINS shelter as ordered and attended the Discovery Center school. Following her discharge from the local shelter, she was inconsistent in attending school and was not taking her prescribed medication regularly. Her progress continued to be poor and other community-based options were explored to ensure that she and her family received the assistance needed following the end of the transition period. A referral to the local PACE Center for girls was submitted. Other resources such as alternative education, targeted case management and assistance from a local psychological hospital were explored.

After discharge from the Discovery Center, the JJIS shows no arrests after the 90-day transition period.

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### Child G

**Gender:** Male                      **Age:** 16                      **Referred by:** Unknown source  
**Race:** White                      **County:** Volusia

Child G was ordered to the Discovery Center in May 1999 for 35 days. He is from a divorced family and resides with his biological mother, one brother and a non-relative. He was residing at home at time of intake and reported that he had never run away. He had poor school attendance, achieved low grades and was in special education courses. He also had poor self-image, lacked social skills and had a history of family mental illness. He reported having contemplated suicide. He smoked cigarettes and had consumed beer on a few occasions. He indicated use of illegal substances and reported using marijuana on a frequent basis. He also stated that he was introduced to using alcohol and drugs by friends.

Child G's treatment centered on his truancy, ungovernability, communication with family, non-compliance with family rules and lack of respect for others. He received individual, group, educational and family sessions during his stay in the shelter. He followed the treatment plan and achieved VIP and maintained Super VIP status. He attended school at the Discovery Center and displayed no behavior problems while enrolled in the program. In addition, he completed all of his treatment plan objectives by the time he was discharged.

Upon discharge Child G returned to his home school. His attendance was consistent and he had no recorded behavior problems. He received individual sessions weekly with the Transition Therapist with focus on relapse prevention, self-esteem issues, goal setting, conflict resolution, and family relationships. Parenting techniques were also conducted with his parent during the transition period.

After discharge from the Discovery Center, the JJIS shows no arrests after the 90-day transition period.

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## Child H

**Gender:** Male                      **Age:** 16                      **Referred by:** DJJ  
**Race:** White                      **County:** Volusia

Child H was found in indirect contempt and ordered to the Discovery Center for 5 days in November 1998 and placed there a second time in February 1999 for 20 days.

Child H's parents are divorced and he resides with his biological father and another non-relative. He had little or no contact with biological mother. He was residing in the home at time of intake and reported that he had run away at least ten different times. He had poor school attendance, achieved low grades and had been suspended. He had poor self image and was depressed often. He often displayed violent behavior and reported making several suicide attempts. He indicated using of illegal substances and had smoked cigarettes, consumed beer, wine, and alcohol on occasion. He reported using marijuana and having taken depressants. He had been asked to sell drugs and stated that friends introduced him to drugs.

During the first stay, Child H received individual therapy with a Discovery Center therapist, focusing on learning coping strategies for poor impulse control and anger management, self-esteem, social skills, and coping skills. He attended school while in the Discovery Center. During the stay he attained VIP status within 24 hours, however he lost this status as a result of behavior problems. He was able to regain VIP status within 24 hours and maintained it until discharge. Child H's parent attended one family session focusing on respectful behavior and managing the parent's frustration with his child's behavior, and visited him on one occasion during his stay.

Goals of the 90-day transition were to continue building family interpersonal skills, motivation for consistent school attendance, and continued reduction of negative behaviors. Child H did not return to his home school for a few weeks following his discharge from the local CINS shelter. He made multiple excuses. He eventually returned to home school and his attendance was inconsistent. He had problems with behavior and attendance at school, and an alternative school was considered. Numerous therapeutic strategies were attempted and alternative coping mechanisms tried to increase positive attitude in child, but he was suspended for fighting in school. Because of this and other violations, a court hearing was set to assess status of case. In February 1999 he was ordered to be placed in Discovery Center for a second time.

During his second stay, Child H received individual therapy designed to reduce tension and improve communication between the child and his family. Child H attended group sessions daily, focusing on social skill building, coping mechanisms for healthy lifestyles, and substance abuse education. He attended school daily and completed all assignments. He also achieved his Super VIP status and maintained it during the rest of his stay. Child H's parent participated in family sessions and used the same behavior contract that the child was on prior to this admission.

Goals of the second 90-day transition period were to continue to build family interpersonal skills, motivation for consistent school attendance, and continued reduction of negative behaviors. He maintained the conditions stipulated in his home behavior contract. The transition case manager had difficulty in engaging the father to meet and use family techniques and strategies. Child H made consistent and steady progress and developed athletic hobbies to occupy time. However, he was suspended for 5 days for swearing at a teacher, and failed to comply with court-ordered rules. A court hearing was set to review the case, and the transition services manager

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recommended secure placement at local CINS shelter. (During the JJAB's sit visit in August, Discovery Center staff were expecting Child H for a third stay in the facility for recent violation of his court-ordered conditions.)

After discharge from the Discovery Center, the JJIS shows one arrest. The charge brought was an assault. This charge was not adjudicated.

## Child I

<b>Gender:</b> Female	<b>Age:</b> 15	<b>Referred by:</b> DJJ
<b>Race:</b> White	<b>County:</b> Volusia	

Child I was placed in the Discovery Center in December 1998 for 20 days based on her admission to the order to show cause. She resides with her biological mother and one brother. She also estimated that she had lived in two living situations in the past month, but her parent's home was the primary living situation for the past year. She was on runaway status and residing at a friend's home at time of intake. She stated that she had run away at least three times. She wanted to reside with the other parent. She had poor school attendance, poor grades, and a learning disability and had been suspended. She had also been diagnosed with several other problems, including depression, poor self-image, inappropriate sexual behavior, and feelings of abandonment. She had also contemplated suicide and had friends who were suicidal. She stated that her mother had physically abused her, and that she had been neglected by her father. She indicated using illegal substances, and had smoked cigarettes during the week prior to intake. In addition, she reported consumption of beer, wine and alcohol more than 30 times in the past six months. She had also been asked to sell drugs but reported that she had never done so. She stated that she was introduced to alcohol through friends.

Child I received individual therapy with a Discovery Center therapist, focusing on behavioral management of her poor impulse control, mood swings, and poor self-esteem. She also began taking the medication, Depakote, while in the center to stabilize mood and impulse behavior. She attended several group sessions each day focusing on a variety of topics, including social skills, coping mechanisms, and substance abuse education. She also attended school while in the program and completed all assignments. Child I was an ESE student and required a high amount of redirection in the school environment. She attained her VIP status in 24 hours and her Super VIP at a later date. She later lost her status due to disrespecting staff, but she later regained status prior to discharge. She also participated in family sessions with her mother, which focused on building communication, addressing relationship problems and developing resources for supervision. Child I's mother visited frequently and participated in Family Fun Day activities.

During the 90-day transition period the Transition Services case manager met with this child for individual sessions, and with the mother for family sessions. When she returned to her home school, she abided by the home behavior contract and her mother noted positive changes. A mentor was requested to assist client in her treatment regimen. Child I also reported that she was taking prescribed medication as instructed. The transition team was successful in meeting with mother and child each week. The child received a 3-day in-school suspension for not attending teen sexuality courses, and had recently been disrespectful to authority figures. Following the child's return to school she was suspended again for inappropriate behavior. The transition services manager focused on Child I's impulsivity, inappropriate behavior and lack of communication skills. She attended Discovery Center School until she returned to home school. Child I reported that she is benefiting from the once-a-week mentoring experience. Her school placement was reviewed. She underwent testing to determine most appropriate school setting. PACE Center for girls and another alternative school were being considered.

After discharge from the Discovery Center, the JJIS shows no arrests after the 90-day transition period.





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