



DJJ Has Reallocated Beds to Better Meet Needs and Improved Placement Processes

at a glance

The Legislature and the Department of Juvenile Justice (DJJ) have implemented our recommendations to reduce beds in high vacancy programs and transfers of youth among residential commitment programs. The Legislature eliminated 89 low-risk beds that did not include treatment services and replaced boot camps with the Sheriff's Respect and Training (STAR) Program. Legislative proviso also gave the department authority to reduce the number of beds in programs without specialized services and to contract for these services when the department determines that there is a need. The department has used this authority to restructure several contracts to provide needed treatment services; to fully address this issue it should continue to close high vacancy beds and add services for which there are long waiting lists.

DJJ has implemented our recommendation to reduce commitment costs by reducing transfers of youth among programs. The department has made several policy changes including improving youth assessment and placement, creating more beds with treatment services, and establishing more stringent criteria for transfers. As these changes have been implemented, the number of transfers has decreased by 35%.

Scope

In accordance with state law, this progress report informs the Legislature of actions taken by the Department of Juvenile Justice in response to findings and recommendations in two OPPAGA reports pertaining to bed utilization and transfer of youth in residential programs.^{1, 2}

Background

The Department of Juvenile Justice provides a continuum of services for juvenile offenders, including residential commitment programs. Residential programs provide 24-hour supervision of serious juvenile offenders. Although the department operates some residential programs, 87% are operated by private providers under contract with the department. For Fiscal Year 2006-07, the Legislature appropriated \$331.7 million for residential commitment services.

¹ *Juvenile Bed Tracking System Improves; Bed Vacancy Rates High for Some Programs*, OPPAGA [Report No. 03-74](#), December 2003.

² *More Youth Are Admitted for Less Serious Offenses, in Part to Meet Treatment Needs*, OPPAGA [Report No. 03-76](#), December 2003.

Prior Findings

To provide services cost-effectively, the department must maintain a reasonably low vacancy level in its residential commitment programs. A reasonable vacancy rate provides enough beds to serve surges in commitments without undue expense during periods of lower population. Our prior review of bed utilization found that while overall vacancy rates ranged from 5.4% to 9.8% in 2002 and 2003, vacancies in some residential programs were as high as 35%.³ Low risk programs without treatment services and boot camps had particularly high vacancy rates. We recommended that the department reduce beds in programs that had consistently high vacancy rates.

We also reported that many youth were being transferred from one residential program to another; in Fiscal Year 2002-03, 896 youth were transferred, adding 10% to the number of admissions that year.⁴ Because transferred youth often start over when they begin a new program, transfers increase lengths of stay and therefore drive up the costs of residential commitment. We recommended that the department take steps to reduce such transfers.

Current Status

The Legislature has eliminated beds in some high vacancy programs

Admissions to residential commitment programs have declined since our prior review, dropping in both Fiscal Years 2003-04 and 2004-05. In response to this decline, the Legislature has reduced the number of residential commitment beds, as shown in Exhibit 1.

As part of this reduction, the Legislature eliminated 89 low-risk beds that did not include treatment services, as we recommended. The 2006 Legislature also replaced boot camps with

the Sheriff's Respect and Training (STAR) program.⁵

Exhibit 1 Due to Declining Admissions, the Legislature Reduced the Number of Residential Beds

Fiscal Year	Prior Year Admissions	Beds Funded
2003-04	8,863	7,206
2004-05	8,538	7,014
2005-06	8,353	6,751

Source: Data on admissions from analysis of Department of Juvenile Justice data by OPPAGA and department staff; data on beds funded from Department of Juvenile Justice.

The department has reallocated residential beds in response to demand

Since our last review, the Legislature, via proviso, has given the department authority to reduce the number of beds in programs without specialized services and to contract for these services when the department determines that there is a need. The department is now closely monitoring waiting lists and bed utilization, and has reduced beds to provide needed mental health and other specialized services in programs that lack these services. This practice has improved bed utilization by reducing vacancy rates and decreasing the waiting list at the same time.

Since 2005, the department has implemented our recommendation and cut 144 beds in three programs without specialized mental health services and used the funding to add mental health services to these programs. The department also consolidated beds and negotiated a contract to add a 56-bed moderate-risk intensive mental health program for males, scheduled to open in February 2007. Two additional bed reductions totaling 30 beds were used to meet needs for vocational training for girls and a program for pregnant girls and their infants.

The department has taken steps to address long waiting lists for programs serving moderate risk sex offenders, which had the lowest vacancy rate

³ *Juvenile Bed Tracking System Improves; Bed Vacancy Rates High for Some Programs*, OPPAGA [Report No. 03-74](#), December 2003.

⁴ *More Youth Are Admitted for Less Serious Offenses, in Part to Meet Treatment Needs*, OPPAGA [Report No. 03-76](#), December 2003.

⁵ To date, only one county operating a boot camp has opted to continue its program under the STAR program.

and longest waiting time of any male program type in Fiscal Year 2005-06. To do so, in the spring of 2006, the department converted a sex offender program with low demand from high risk to moderate risk.

Vacancy rates continue to be high for low risk programs

Despite bed cuts and reallocations, in Fiscal Year 2005-06, the department's low-risk programs continued to have high vacancy rates: 18% for males and 19% for females. As shown in Exhibit 2, all other program types had vacancy rates below 10%, except high-risk girls' programs (which resulted from suspended admissions and the process of closing programs rather than low demand, as waiting time was longest for this program type).⁶

Exhibit 2 Vacancy Rates Continued to Be Lowest for Programs with Specialized Treatment Services

Program Level and Type	Number of Beds	Vacancy Rate
High-Risk Female	184	20%
Low-Risk Female	96	19%
Low-Risk Male	379	18%
Maximum- Risk Female	8	9%
Sex Offender High-Risk Male	431	7%
Female Moderate Risk	445	7%
Mental Health Female Moderate Risk	200	7%
High-Risk Male	990	6%
Male Moderate Risk	2,507	6%
Substance Abuse High-Risk Male	85	4%
High-Risk Female Mental Health	23	4%
Substance Abuse Male Moderate Risk	259	3%
Mental Health Male Moderate Risk	154	3%
Mental Health High-Risk Male	116	3%
Substance Abuse Female Moderate Risk	43	2%
Developmentally Disabled Male Moderate Risk	29	2%
Maximum-Risk Male	125	2%
Sex Offender Male Moderate Risk	75	1%
Total (excluding boot camps)	6,150	7%

Source: Data from the Department of Juvenile Justice Bed Management system for Fiscal Year 2005-06.

⁶ Reduced vacancies and increased waiting lists also reflect a large number of program closings for contract compliance concerns and other issues. Due to program closings, in Fiscal Year 2005-06, the average number of beds online was approximately 300 less than the number of beds funded.

Programs offering specialized treatment services, particularly those serving males, continued to have low vacancy rates and longer waiting times than programs without these services. At least half of the beds in these programs were reserved for a youth on the waiting list at the time they were vacated.

To fully address the vacancy rate issue, the department should continue to adjust its mix of programs to reduce the number of beds with high vacancy rates and add services for which there are long waiting lists.

The department has taken several steps to reduce transfers

The department has implemented our recommendation to reduce transfers by making several policy changes, including improving youth assessment and placement, creating more beds with treatment services, and establishing more stringent transfer criteria. As these changes have been implemented, the number of transfers has decreased by 35%, as shown in Exhibit 3. Transfers in Fiscal Year 2004-05 added 7% to the number of new admissions, compared to 10% in Fiscal Year 2002-03.

Exhibit 3 The Number of Transfers Has Dropped by 35%

Fiscal Year	Number of Transfers
2002-03	896
2003-04	730
2004-05	582

Source: Analysis of Department of Juvenile Justice data by OPPAGA and department staff.

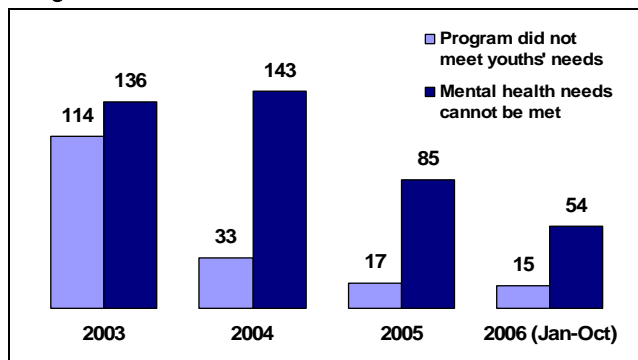
Since our last report, the department has improved its process for evaluating youth for placement in residential commitment programs. Now, a comprehensive assessment is required for each youth prior to placement and an evaluation for each youth being considered for a specialized mental health program must be done by a licensed professional. Department commitment managers and most private providers we interviewed stated that youth are more appropriately placed as a result, and that transfers are not needed as often as in the past.

While these steps have been beneficial, department and program managers reported that more work is needed to monitor and improve the quality of some placement evaluations. The department reports it has begun work on improving the evaluation and monitoring process. The increase in programs with specialized services also has helped improve the placement process.

These actions appear to have contributed to the reduction in the transfers, particularly the number of youth being transferred from programs because their mental health needs were not being met, as shown in Exhibit 4. The department also has established more stringent criteria for transfers. Transfers are now allowed primarily if the program does not provide a service to meet the youth's treatment or security needs. A youth who has been involved in a battery also may be transferred if his or her presence in the program is detrimental to the victim.

Commitment managers report that the department is now holding program providers accountable for developing an effective behavioral management plan rather than transferring youth in response to behavioral problems. Requests for transfers for behavioral reasons are reportedly likely to be denied unless the program has demonstrated efforts to address the behavior problems. Commitment managers also report that program monitors have become more involved in ensuring that programs use appropriate behavior management strategies, and as a result, behavior management has improved in residential commitment programs.

Exhibit 4 Fewer Youth Were Transferred Because the Program Could Not Meet Their Needs



Source: Department of Juvenile Justice transfer database.
Numbers for 2006 are through October 31, 2006.

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