### THE FLORIDA LEGISLATURE



# OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT ACCOUNTABILITY

**REVIEW** OF THE

**ADMINISTRATION OF AFTERCARE** 

BY THE

DEPARTMENT OF JUVENILE JUSTICE

February 27, 1996

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### The Florida Legislature

# OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT ACCOUNTABILITY



John W. Turcotte Director

February 27, 1996

The President of the Senate, the Speaker of the House of Representatives, and the Legislative Auditing Committee

I have directed that a review be made of the administration of aftercare by the Department of Juvenile Justice. The results of the review are presented to you in this report. This review was conducted at the request of the Joint Legislative Auditing Committee. This review was conducted by Ms. Katherine McGuire under the supervision of Mr. Wade Melton.

Respectfully yours,

James L. Carpenter Interim Director

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### **Summary**

#### **Review of the Administration of Aftercare**

#### Report Abstract

- Youth in most rural counties receive fewer aftercare services.
- Youth who do not abide by aftercare program rules are not usually returned to residential commitment, although a brief return may be a cost-effective deterrent.
- The Department needs to evaluate demand on a county-by-county basis and assess recidivism data to determine how many aftercare slots are needed.
- The Department needs to identify which aftercare components work best to reduce recidivism. Currently, program evaluation is limited because there is not enough information about participants, services, and costs to interpret program outcomes and identify successful program features.

#### **Purpose**

Since the Department of Juvenile Justice began operation in October 1994, its primary mission has been to increase public safety by incarcerating delinquent youth who pose a threat to the community. In the past year, the Department has opened over 1,000 new commitment beds. Chapter 39, F.S., directs that all youth released from residential commitment be assigned to aftercare, a phase of the juvenile justice continuum which the Department has not yet fully developed. In this report, prepared in anticipation of the increased need for aftercare, we identify issues and provide suggestions to the Department for administering aftercare services. Identification of these issues also informs the Legislature of work that still needs to be done so that the Department can meet Legislative priorities.

In aftercare, youth are returned to the community, usually their home county, to receive supervision and services. The primary purpose of aftercare is to reduce recidivism. Specific objectives of this project were to:

- Review the Department's estimate of how many aftercare slots are needed to serve the increasing number of youth being released from residential commitment:
- Identify issues that require consideration as Florida expands aftercare services to meet this demand; and
- Describe barriers and solutions to identifying and replicating successful aftercare programs.

# Conclusions and Recommendations

It Is Not Clear How Many Aftercare Slots Are Needed (See Pages 7-9) Chapter 39, F.S., directs the Department to provide aftercare to all youth released from residential commitment. The Department of Juvenile Justice opened over 1,000 new commitment beds during the past year. The Department's 1996-97 Legislative Budget Request states that 438 additional aftercare slots are needed. However, we are uncertain about the accuracy of this estimate due to the limitations of the Department's projections and the lack of information about how long youth should spend in aftercare. Evaluating the correlation between the length of stay in aftercare and recidivism is a central issue in assessing how many aftercare slots are needed. Also, the Department's budget requests do not link new commitment beds to aftercare slots. Linking the budget requests for these two programs would give the Legislature better information regarding the statutory and philosophical link between commitment and aftercare in the continuum of juvenile justice.

The Department should determine how many aftercare slots are needed by reviewing the demand for slots on a county-by-county basis and by evaluating program and recidivism data to determine the appropriate length of stay for aftercare. This information should be presented to the Legislature for consideration during the budget process. The Department should also consider tying requests for the

appropriate number of aftercare slots to budget requests for new commitment beds.

#### Youth in Most Rural Counties Receive Fewer Aftercare Services (See Pages 11-12)

Most youth are assigned to aftercare in their home county. In most rural counties, contracted aftercare providers are available: services are provided primarily Department case managers, whose caseloads may range from 50 to 70 youth. There are also generally fewer ancillary services available to aftercare youth in rural areas. The Department should identify underserved areas of the state and evaluate reallocating aftercare resources to eliminate service gaps. In counties where there are no aftercare contract providers, the Department should consider augmenting case management workloads with expensive mentors or trackers to provide adequate levels of supervision to aftercare youth.

#### Aftercare Youth Who Are Noncompliant Are Not Routinely Returned to Residential Confinement

(See Pages 13-14)

Noncompliant youth are those who do not abide by aftercare program rules. These youth may be transferred from aftercare back to a residential commitment program, but this option is rarely used, primarily due to the shortage of commitment space. A few residential commitment programs provide short term tune-up programs for noncompliant youth. The Department should evaluate the effectiveness of brief reconfinement for noncompliant youth as a deterrent to recidivism. If found to be a deterrent, the Department should develop specific policies and procedures for the timely, short-term reconfinement of noncompliant aftercare youth.

#### Independent Living Is Generally Not Available for Aftercare Youth Who Cannot Return Home (See Pages 14-16)

A number of youth coming out of residential commitment cannot be returned home due the their families' unwillingness or inability to care for them. To better ensure public safety, independent living programs may be critical for these youth who have no viable place to go. Although the Department has about 100 independent living beds statewide, most of these beds are intended for other Department programs. The Department should assess whether residential independent living programs should be targeted to older, high-need aftercare and post-commitment youth. Further, the Department should continue to identify and encourage ways to collaborate with state and

community-based agencies to access multiple funding sources and pool independent living resources.

# The Department Needs to Identify Which Aftercare Components Work Best to Reduce Recidivism (See Pages 16-17)

In 1993, nearly four in ten youth were readjudicated within a year of release. The Department does not yet know how to best extend and reinforce the effects of its residential commitment programs. Experience has shown that the "fit" between residential and aftercare programs can have an effect on how well youth make the transition to aftercare. First, to improve the fit between programs, the Department should identify the treatment models being used by current residential commitment and aftercare providers. Department should also amend contracting procedures to obtain treatment model information for future programs. This information should be used to assess the individual and combined effectiveness of the various treatment philosophies. The effective matching of aftercare with residential programs may also offer a less costly alternative to increasing time spent in residential commitment as a strategy for reducing recidivism.

Current evaluation of juvenile justice programs, including aftercare, is limited because there is not enough information about program participants, services, and costs to interpret program outcome measures. As a result, successful program features cannot be identified or replicated.

Identifying Successful Aftercare Programs Is Limited Due to Lack of Information

(See Pages 18-25)

The Department should establish a policy for including in the data system pertinent information collected in the districts during risk and needs assessments. The Department should routinely extract this data to assist in interpreting program outcome information. The Department should also develop comparable cost information to evaluate the relative cost effectiveness of aftercare programs. In addition, to make the Department's aftercare outcome measures more meaningful, the Department should define its measure of successful completion to include information on the extent to which youth's treatment goals were achieved as outlined in individual treatment plans. The Department should also develop other measures, such as participation in school or work, of youths' positive reintegration into the community. Finally, the Department should consider adopting the methodology recommended by

leading researchers to better control for the external influences on recidivism when evaluating the effectiveness of aftercare; namely, to predict recidivism based on the characteristics of youth which research has demonstrated lead to recidivism and compare predicted and actual recidivism rates.

# **Responses to This Review**

(See Pages 39-49)

The Secretary of the Department of Juvenile Justice generally agreed with our recommendations and described actions the Department is taking to address our concerns.

The Executive Director of the Juvenile Justice Advisory Board provided additional information regarding the operation of the Board and described actions the Board is taking to address our concerns.

Both responses are reprinted in Appendix D.

#### **Review of the Administration of Aftercare**

#### **CHAPTER I**

#### Introduction

#### **Purpose and Scope**

Since the Department of Juvenile Justice began operation in October 1994, its primary mission has been to increase public safety by incarcerating delinquent youth who pose a threat to the community. In the past year, the Department has opened over 1,000 new commitment beds. Chapter 39, F.S., directs that all youth released from residential commitment be assigned to aftercare, a phase of the juvenile justice continuum which the Department has not yet fully developed. In this report, prepared in anticipation of the increased need for aftercare, we identify issues and provide suggestions to the Department for administering aftercare services. Identification of these issues also informs the Legislature of work that still needs to be done so that the Department can meet Legislative priorities.

In aftercare, youth are returned to the community, usually their home county, to receive supervision and services. The purpose of aftercare is to prevent recidivism of these youth. Specific objectives of this project were to:

- Review the Department's estimate of how many aftercare slots are needed to serve the increasing number of youth being released from residential commitment;
- Identify issues that require consideration as Florida expands aftercare services to meet this demand; and
- Describe barriers and solutions to identifying and replicating successful aftercare programs.

#### Methodology

This review was made in accordance with generally accepted government auditing standards and applicable evaluation standards. Project methodologies included a review of literature concerning the status and theories of aftercare programs throughout the United States, and

interviews with national juvenile justice experts and juvenile justice staff in other states. In addition, we spoke with legislative staff and staff of the Juvenile Justice Advisory Board. We interviewed selected Department of Juvenile Justice staff, including district case managers and central office managers and staff for Programming and Planning, Operations, Executive Services, and Legal Services. We also interviewed staff and reviewed information from companies under contract with the Department to provide commitment and aftercare programs. We conducted fieldwork from April through October 1995.

### CHAPTER II Background

#### **Program Design**

Section 39.002(3), F.S., provides state policy for juvenile justice and delinquency prevention. Among other things, the juvenile justice system is to:

- Protect the public from acts of delinquent youth;
- Provide effective methods of preventing and reducing acts of delinquency; and
- Increase the capacity of local governments and public and private agencies to conduct rehabilitative treatment programs and to provide research, evaluation, and training services in the field of juvenile justice delinquency prevention.

To carry out this policy, the Department of Juvenile Justice has developed a continuum of programs designed to meet the individual needs of youth and protect the public. Youth who commit minor crimes or do not have a significant criminal history are placed in community-based diversion programs. Youth who commit more serious or more frequent crimes are taken to court.

Judges may commit youth to the Department, assigning them to categories, or levels, that indicate the degree of risk the youth pose to the community and the intensity of their needs. Level 2 youth are sent to non-residential programs called day treatment. Youth who are Level 4 (low risk), Level 6 (moderate risk), Level 8 (high risk), and Level 10 (maximum risk) are placed in secure facilities, known as residential commitment.

In s. 39.067(4), F.S., the Legislature directs that aftercare services be provided statewide to each juvenile who returns to the community from residential commitment. Prior to completion of residential commitment, each youth is assigned to an aftercare program or to a case manager.

Youth in aftercare are supervised in their home county and are provided reintegration services, such as counseling and assistance in finding a job or getting back into school. In some cases youth use the period of aftercare to meet court-ordered requirements, such as payment of restitution. Youth who violate the conditions of their aftercare program may be transferred back to residential commitment.

The number and types of aftercare services and level of supervision provided varies considerably among Florida's many aftercare programs. There is also considerable variation in average length of stay among programs. Appendices A, B, and C describe Florida's aftercare programs in detail.

# **Program Organization**

Chapter 94-209, Laws of Florida, removed the Juvenile Justice Program Office from the Department of Health and Rehabilitative Services and created the Department of Juvenile Justice. The Department is headed by a Secretary who is appointed by the Governor and confirmed by the Senate. Calvin Ross was appointed Secretary on July 7, 1994.

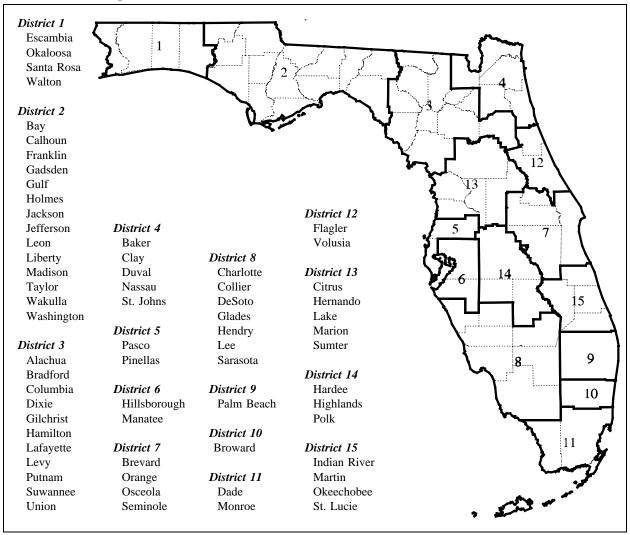
Within the Department, several offices have responsibility for aftercare programs. In Tallahassee, the Office of Programming and Planning develops policies to guide program operation and provides technical and program development assistance. When the Department contracts for aftercare with a private company, the contract process is supervised by the Office of Executive Services. In addition, the Office of the Inspector General monitors all aftercare programs for quality assurance and provides internal audit coverage of all aftercare contracts. The Office of Operations supervises the programs administered in the 15 districts throughout the state. (See Exhibit 1.) A Department organization chart is provided in Exhibit 2.

Chapter 94-209, Laws of Florida, also created the Juvenile Justice Advisory Board, an independent advisory body administratively housed in the Executive Office of the Governor. The Board reviews, evaluates, and recommends programmatic and fiscal policies for juvenile justice

programs and services. The Board consists of nine members (seven appointed by the Governor, one appointed by the President of the Senate, and one appointed by the Speaker of the House of Representatives).

Chapter 94-209, Laws of Florida, also created a network of county juvenile justice councils and district juvenile justice boards that coordinate with the Department of Juvenile Justice.

**Exhibit 1: Department of Juvenile Justice, Service Districts** 



Source: Department of Juvenile Justice.

Exhibit 2: Department of Juvenile Justice, Functional Organization Chart Office of the Secretary Inspector General Juvenile Justice **Business** - Audit Administration **District Boards** - Quality Assurance Partners for Juvenile Justice - Investigations Prevention County Councils General Counsel **Deputy Secretary Programming and Operations** Management and **Executive Services Planning Budget** - Dozier Training School - Staff Development - Data and Research - Detention/Commitment - Personnel - Contract Administration - Prevention/Intervention - General Services - Facilities Services - Management - Correspondence Control Information Systems (MIS) Juvenile Justice - Finance and Accounting Managers - Budget, Grants, and **Executive Staff** Contracts - District Operations - Legislative Affairs - General Services - Public Information - Board/Council Coordination - Minority Over-Representation - Business Partners for Prevention Program Source: Department of Juvenile Justice.

#### **Program Resources**

In fiscal year 1994-95, 3,810 youth were served by aftercare programs. According to the Department, \$14,724,477, or 4% of its budget, and 44 FTEs were allocated to aftercare during fiscal year 1994-95. Contracted services were \$13,029,786, or 88% of the aftercare budget.

### **CHAPTER III**

### **Aftercare Capacity**

It Is Not Clear How Many Aftercare Slots Are Needed To enhance public safety, the Legislature increased funding for residential commitment beds for delinquent youth; the Department of Juvenile Justice has opened over 1,000 new commitment beds in the past year. Chapter 39, F.S., directs that all youth released from residential commitment be assigned to aftercare. The Legislature also provided funding for aftercare; as of October 1995, there were 2,140 aftercare slots in operation.

The Department's 1996-97 Legislative Budget Request states that 438 additional aftercare slots are needed to serve the number of commitment beds that will be in operation at the end of the 1995-96 fiscal year. However, we are uncertain about the accuracy of this estimate due to the limitations of the Department's projection and the lack of information on appropriate length of stay.

A complex set of variables affect the number of aftercare slots that are needed. First, since a major objective of aftercare is the successful reintegration of youth back into their community, most youth are provided aftercare in their home county. This community-based approach is considered by both state and national juvenile justice experts to be the most effective way to treat delinquents. However, the Department has not assessed aftercare needs on a county-by-county basis.

There are also program characteristics that affect the number and types of aftercare slots that are needed. Many aftercare programs are structured by the risk level of youth; some programs are also limited by gender. In addition, the Department has found that some residential treatment approaches are not compatible with some aftercare programs, and therefore attention needs to be given to placing youth in aftercare programs that complement the expectations established during residential commitment.

Matching youth to specific types of aftercare slots on a county-by-county basis is extremely difficult and is also likely to change over time. The Department projection does not factor in these variables.

Another difficulty in determining how many aftercare slots are adequate is the lack of information concerning how long youth should spend in aftercare programs. If a program's length of stay is six months, 100 slots can serve up to 200 youth in a year; if the length of stay is three months, 100 slots can serve up to 400 youth in a year. The Department is now requesting funding to return to a six-month length of stay because staff believe it is more effective.

More Research
Is Needed to Assess
How Length of Stay
in Aftercare Affects
Recidivism

However, according to the director of one private aftercare program, research has shown that most youth likely to recidivate do so within the first two months of release. This data would indicate that from the perspective of recidivism, supervision for six months may not be costeffective. Another juvenile justice expert, from the National Council on Crime and Delinquency, reports that the vast majority of juveniles destined to recidivate will be rearrested within 18 months. Evaluating the correlation between length of stay in aftercare and recidivism is therefore a central issue in assessing how many aftercare slots are needed. Absent better information, neither the Department nor the Legislature can make optimum decisions regarding this relationship.

The Department's 1996-97 Legislative Budget Request addresses the need for slots to serve commitment beds that will be in operation at the end of fiscal year 1995-96, but does not request any aftercare slots to serve the 575 additional residential commitment beds it has requested for fiscal year 1996-97. Linking the budget requests for these two programs would give the Legislature better information regarding the statutory and philosophical link between commitment and aftercare in the continuum of juvenile justice services.

# **Conclusions and Recommendations**

Chapter 39, F.S., directs the Department to provide aftercare to all youth released from residential commitment. We recommend that the Department determine how many aftercare slots are needed by reviewing the demand for slots on a county-by-county basis and evaluating program and recidivism data to determine the appropriate length of stay for aftercare. This information should be presented to the Legislature for consideration during the budget process. We further recommend that the Department link requests for aftercare slots to budget requests for new commitment beds.

#### **CHAPTER IV** Issues in Aftercare

The Department of Juvenile Justice (DJJ) has been in operation just over a year. Department staff have been working to analyze and improve program content and delivery in addition to administering ongoing programs for delinquent youth.

During the course of our fieldwork, the Department was continually making adjustments in the number and types of aftercare services being provided. In some cases, the central office was providing leadership by organizing work groups, and by improving contracting and legal procedures. In other cases, district staff were taking the initiative to develop services needed in their areas or to work with other public or social service agencies in creative ways to fill unmet program needs. These actions should improve the provision of aftercare services.

In the course of our review, Florida juvenile justice professionals repeatedly identified four main areas of aftercare as requiring further development:

- Youth from rural counties with no contracted aftercare providers and fewer ancillary services receive fewer aftercare intervention services;
- Aftercare youth who are noncompliant or in crisis cannot be routinely returned to residential confinement:
- Independent living is not available for youth who are released from residential commitment to aftercare but cannot return home; and
- The Department needs to identify which aftercare components work best to reduce recidivism.

These issues need to be addressed by Department staff as they administer aftercare programs, to provide information for the Legislature to use as it allocates juvenile justice resources.

#### Issue 1

Most youth are assigned to aftercare programs in their home county. Youth from rural counties with no contracted aftercare providers and fewer ancillary services receive fewer aftercare intervention services.

A major objective of aftercare is the successful reintegration of youth back into their community. Most youth return to their home county for aftercare. Case management and commitment staff believe that providing aftercare to youth in their home counties is important because it is most effective to link youth to needed services, schooling, and employment where they will be living and where their families can be involved.

Many youth in the juvenile justice system reside in urban areas, where various aftercare options are available. For example, in 16 urban counties in the state, Level 6 and 8 youth receive aftercare through the Associated Marine Institutes Student and Family Enhancement (SAFE) program. In addition, in 19 counties, Level 6 and 8 youth from the Eckerd Youth Development Center or other Eckerd programs receive Eckerd aftercare services. Level 6 and 8 youth may also be referred to a DJJ aftercare case manager. And, in counties with boot camps, most boot camp youth receive aftercare through the boot camp or an aftercare provider specifically contracted to handle Level 6 and Level 8 boot camp youth.

These aftercare programs typically provide a wide range of services, including substance abuse, mental health, and employment counseling. However, the availability of these ancillary services varies considerably across counties, particularly in rural areas. Such services are available in some rural counties through local social service agencies or private industry councils, but not in others.

Youth in Most Rural Counties Receive Fewer Aftercare Services In most rural counties, contract aftercare programs are not available so youth receive aftercare primarily from DJJ case managers. However, in addition to aftercare youth, these case managers are responsible for supervising community control youth and for monitoring youth in commitment programs. Several case manager supervisors indicated they

have difficulty providing adequate aftercare to youth because of large caseloads and other responsibilities. For example, in several counties, community control caseloads for rural case managers with aftercare youth ranged from 50 to 70 cases. According to staff, youth in rural areas may not be contacted as frequently by their counselors and may receive less intensive services than youth served in more urban areas by contracted aftercare providers or DJJ reentry counselors, who usually have case loads of less than 20 youth.

Several states use trackers in rural areas to monitor youth on aftercare. Texas hires individuals in rural areas to provide supervision and serve as mentors where there are no programs to provide these services. Missouri contracts with colleges and state universities to hire criminology students and social work majors as trackers. Missouri reports that the state saves substantial money with these contracts, because university overhead is relatively low and students with relevant training and faculty support and supervision are willing to work for a nominal fee to gain experience in their field.

Florida aftercare programs use trackers to a very limited extent. One provider, Associated Marine Institutes, and two districts, 1 and 11, hire trackers to supplement the work of case managers. The director of Associated Marine Institutes reports a drop in the number of curfew violations since his programs started using trackers. Trackers require less education and are therefore less expensive than case managers. Further, the director notes that the majority of youths' families are receptive to the trackers because of the support they provide to the family.

#### Recommendations

We recommend that the Department identify underserved areas of the state and evaluate reallocating aftercare resources to eliminate service gaps. In counties where there is no contract aftercare provider, the Department should consider augmenting case manager work loads with trackers to provide adequate levels of supervision of aftercare youth.

#### Issue 2

Aftercare youth who are noncompliant are not routinely returned to residential confinement.

A standard feature of aftercare programs in many states is a provision for returning noncompliant youth to residential confinement. Noncompliance does not necessarily involve the commission of a new crime. Typically, noncompliance involves failure on the part of youth to abide by aftercare program rules, such as attending school on a regular basis, keeping a curfew, or avoiding prohibited hangouts.

The removal of noncompliant youth from the community before they re-offend or commit more serious violations not only addresses public safety but is considered an important feature of effective aftercare for its potential as a deterrent. According to juvenile justice experts, aftercare programs work best when there is a credible threat that noncompliance will result in residential confinement.

In Florida, noncompliant youth may be transferred back to a residential program, but this option is usually used only as a last resort, for cases involving blatant and chronic noncompliance. It is rarely used as a more intermediate intervention.

Two factors affect decisions concerning transferring noncompliant youth. First is the shortage of residential space. Due to waiting lists for youth entering commitment, many programs do not have adequate space for youth to be transferred back to residential confinement from aftercare. Second, the transfer process, which was originally developed for moving children between residential programs, includes a hearing procedure that requires the case manager to present documentation of the youth's noncompliance and failure to respond to numerous efforts to address the noncompliance. Since the transfer process was not designed with aftercare in mind, it does not address the need for a swift and certain consequence for noncompliance.

Some residential commitment programs have a policy of taking back noncompliant youth for a "tune-up" program. The Hillsborough SHOP commitment program, for

example, takes back youth who have been noncompliant in their aftercare program for a minimum two-month stay. Martin County Boot Camp youth who do not comply with their aftercare program can be pulled back to the Boot Camp for at least 30 days. If these youth do not do well in the first 30 days of their "pull-back program," they can be required to complete the full 100-day boot camp program.

A few commitment providers also offer more short-term tune-up programs for noncompliant youth. The Florida Augustus Secure Care Unit, for example, provides a Disciplinary Action Program which lasts about one week for youth who are having problems in aftercare.

According to juvenile justice experts, sending noncompliant youth back to a residential program for a lengthy stay may not be necessary. Brief reconfinement is less costly and may be a more effective deterrent.

#### **Recommendations**

We recommend that the Department evaluate current reconfinement programs for noncompliant aftercare youth to determine if programs are effective in reducing recidivism and to identify any features of these programs that work well. If returning aftercare youth briefly to residential beds proves effective, we recommend that the Department develop specific policies and procedures for the timely placement of aftercare youth in these beds.

#### Issue 3

Independent living is generally not available for youth who are released from residential commitment to aftercare but cannot return home.

A number of youth coming out of residential confinement cannot be returned to their homes. In some cases, families do not want to take their children back; these youth are called "lock-outs." In other cases, sending the youth home would be inappropriate due to a dysfunctional family situation.

These youth pose a difficult dilemma for the state. Often they do not have the skills to live on their own successfully. Without further support, they are likely to commit new crimes. However, these youth are often ineligible for assistance as "dependents" and typically cannot be placed in foster homes. Therefore, until they commit a new crime, many of these youth are ineligible for assistance.

The Department has set up an independent living work group and is developing guidelines for the expansion of independent living programs in the districts. Some districts are already in the process of developing contracts to establish independent living programs to serve youth leaving commitment. The districts face two major difficulties: limited funding and the potential liability of serving high-risk youth in a non-secure setting.

A number of districts have received funding for a few independent living beds but not enough to set up or support a residential program. Some districts, however, have been able to parlay these limited resources to establish programs through collaboration with local agencies. A number of community-based agencies, like Children's Homes and YMCAs, already run similar kinds of programs for other kinds of youth, have the appropriate expertise, and are able to supplement Department funding through other sources.

Finding a provider to supervise independent living for aftercare youth also presents a challenge. Providers may be reluctant to take on the potential liability of working in a non-secure setting with youth who have committed serious crimes. In addition, finding a site may be especially difficult because many communities resist housing juvenile offenders in their neighborhoods.

Currently, the Department has about 100 independent living beds statewide. The majority of these beds are intended for use by the Department's CINS/FINS Program, so they are not available for youth coming out of commitment. <sup>1</sup> The Department is also required by Ch. 39, F.S., to address the independent living needs of at-risk youth in the Early Delinquency Intervention Program. However, to ensure public safety, independent living programs may be more

<sup>&</sup>lt;sup>1</sup> The Children in Need of Services/Families in Need of Services (CINS/FINS) Program provides counseling and intervention services to run-away, truant, and ungovernable youth.

critical for aftercare youth who have no viable place to go upon release from residential commitment.

#### **Recommendations**

We recommend that the Department assess whether residential independent living programs should be targeted to older, high-need aftercare and post-commitment youth. We also recommend that the Department continue to identify and encourage ways to collaborate with state and community-based agencies to access multiple funding sources and to pool independent living resources.

#### Issue 4

The Department needs to identify which aftercare components work best to reduce youths' recidivism.

The goal of aftercare is to prevent recidivism in delinquent youth; in 1993, nearly four in ten youth were readjudicated within a year of release. The philosophies for bringing delinquent youth back to lawful behavior are extremely diverse, ranging from rugged boot camps to academic settings. The philosophies of aftercare programs also vary. To date the Department has not identified which types of aftercare programs work best with each of the variety of residential commitment programs it funds. As a result, the Department does not know how to best extend and reinforce the effects of its residential programs.

Experience has shown that the "fit" between the residential program and the aftercare program can have an effect on how well youth make the transition to aftercare. The Department found that boot camp youth, for example, experienced problems in the Associated Marine Institutes SAFE aftercare program. The highly regimented, military structure of the boot camp was not a good fit with the less structured treatment approach of the SAFE Program.

Where there is a good fit between programs, aftercare offers the opportunity to extend the most successful features of residential treatment, providing continuity and reinforcement. The effective matching of aftercare with residential programs may also offer a less costly alternative to increasing time spent in residential commitment as a strategy for reducing recidivism.

As the Department contracts with more commitment providers to do their own aftercare, problems associated with mixing youth from different types of programs with different treatment philosophies may diminish. A number of boot camps, for example, are setting up their own aftercare programs to gradually ease youth from their paramilitary experience into the relative freedoms associated with return to the community. Privatization has contributed to the diversity of Florida's residential programs; further privatization may provide an opportunity to effectively match residential programs with specific kinds of aftercare programs.

However, without additional attention, effective matching may not occur. Treatment philosophy is not a focus of current efforts in program development; little is known at the Department level about the treatment approaches of contracted programs. The procedure for awarding contracts does not directly address the specific treatment philosophies of prospective providers; these decisions are being made at the district level by district administrators. The aftercare contracts we reviewed do not describe the treatment models that are to be used to alter youths' attitudes or behaviors.

We conclude that the mix of treatment philosophies, the success of each, and the degree to which they complement each other has not yet been determined. As a result, the most effective treatment of delinquent youth has not been identified and therefore cannot be replicated.

Recommendations

We recommend that the Department identify the treatment models being used by current residential commitment and aftercare providers. We also recommend the Department amend contracting procedures to obtain treatment model information for future programs. We further recommend that the Department or the Juvenile Justice Advisory Board use this information to assure the individual and combined effectiveness of the various treatment philosophies as discussed in Chapter VI of this report. The effective matching of aftercare with residential programs may also offer a less costly alternative to increasing time spent in residential commitment as a strategy for reducing recidivism.

#### **CHAPTER V**

### Barriers and Solutions to Identifying Successful Aftercare Programs

#### **Background**

Over 38% of youth released from aftercare in Florida in 1993-94 were re-adjudicated for a subsequent offense within one year of release. Research has shown mixed results on the effectiveness of aftercare in reducing recidivism. Some research has shown little to no positive effects as a result of aftercare treatment. supervision practices have been largely unsuccessful, particularly with high-risk juveniles. However, other indicates that programs that research emphasized reintegration have lower recidivism rates than previously found in programs practicing only surveillance. Research results also differ as to which particular program component Some research attributes produces successful outcomes. program success to specific strategies of the aftercare program, such as prompt placement in custody of youth violating terms of aftercare. Other research postulates that continuation of the counselor/youth relationship from commitment through aftercare is the key cause of successful outcomes. These differing research results underscore the need for further evaluation of what works to reduce recidivism.

Considering the cost of juvenile crime, it is important to determine whether aftercare is effective, and if so, which program components produce successful outcomes. In fiscal year 1994-95, \$14,724,477 was spent on aftercare; funding for the Department of Juvenile Justice totaled \$333 million. Juvenile crime also results in other harder-to-measure costs, including the reduced quality of life for its victims and the wasted human resources of its perpetrators.

To enhance effective allocation of state resources, the Legislature in Ch. 39, F.S., directed the assessment and evaluation of juvenile justice programs. Ch. 39, F.S., assigns evaluation responsibility to the Department and the

Juvenile Justice Advisory Board. The Department's Bureau of Research and Data coordinates and extracts information from various data systems and routinely generates data reports used by Department staff in their ongoing evaluation of programs. The Bureau is also responsible for providing data on Department programs to the Juvenile Justice Advisory Board so that it can conduct outcome evaluation on juvenile justice programs for the Legislature.

The Juvenile Justice Advisory Board (JJAB) is an independent advisory body administratively housed in the Executive Office of the Governor. Ch. 39, F.S., directs JJAB to establish and operate a comprehensive system to annually measure and report program outcome and effectiveness for each program operated by the Department of Juvenile Justice.

The Outcome Evaluation Report, which provides these annual measures, was published by the Department for fiscal years 1992-93 and 1993-94. JJAB, which is now responsible for the outcome evaluation report, will publish the 1994-95 report and anticipates doing so in early 1996. These reports provide information on program completion, recidivism, program utilization rates, average length of stay, and cost per youth per day for every juvenile justice program.

However, the allocation of resources required to produce an annual evaluation of the more than 450 programs administered by the Department of Juvenile Justice has resulted in information that has been described as "a mile wide and an inch deep." The Outcome Evaluation reports do provide information on program outcome measures; what is lacking is information concerning the variables that influence these outcomes and their cost-effectiveness.

Juvenile justice evaluation literature stresses the need for four primary types of information to identify the characteristics of successful programs:

- The characteristics of youth served in each program;
- A description of the treatment and services provided by each program;

- Reliable cost information about each program; and
- Information concerning the impact programs have on youth served.

Using this information to identify successful programs will allow the Legislature to fund and replicate programs that have demonstrated effectiveness in reducing recidivism.

In this chapter we discuss the barriers to collecting this important program data, and offer solutions to overcoming these barriers.

## Characteristics of Youth Served

Through statistical analysis of the relationship between youths' characteristics and recidivism, national research has repeatedly identified a core set of characteristics that can predict the likelihood of recidivism. The Department collects, and routinely extracts, some of this data from its information system: i.e., the youth's age at first referral and the number of prior referrals and arrests. In addition, field staff collect information through risk and needs assessment instruments on the other significant characteristics for predicting recidivism, such as family stability and substance However, this field information is not uniformly aggregated and forwarded to the central office for analysis. Without complete information on the characteristics of youth participating in a program, the effectiveness of the program cannot be accurately interpreted. For example, regardless of other program components, recidivism of the most difficult youth could be expected to be higher than recidivism of youth with fewer problems.

Descriptions of Treatment and Services Provided by Each Program While the Department has established a variety of aftercare programs, not enough is known about their treatment theory or the type and frequency of the services they render to evaluate their success. To evaluate whether a particular type of program is successful, program managers need to first define how the program is intended to function, and then determine if the program services were delivered as intended. If a program is unsuccessful, managers need to know if it was because the treatment theory was deficient or because the program failed to provide the intended services.

The Department has not identified the treatment theories of its programs that are expected to produce behavioral changes. Also, information on the number and types of services programs provide is not collected. Although the Department visits each program annually as part of its quality assurance review, in-depth analysis of program content does not occur. Without knowing how youth are treated, the Department cannot replicate programs that show success in reducing recidivism or modify existing programs to incorporate successful program elements.

#### Reliable Cost Information

At the present time Department program cost information cannot be used for program comparisons. The Department has not yet established procedures to ensure consistent application of Statewide Automated Management and Accounting System (SAMAS) codes throughout the districts; as a result there has been inconsistency in the way districts select codes to charge expenditures to SAMAS. In addition, expenditures reported by programs are not always comparable. For example, one program may include facility improvements in its costs, while another program may only report routine operating expenses. Department is aware of these problems and is in the process of correcting them. Until these problems are corrected, Department cost information cannot easily be used to provide meaningful cost comparisons.

## Indicators of Impact on Youth Served

The outcome evaluation reports use two major indicators of program success: successful program completion and recidivism. However, there are limitations to the usefulness of these measures for evaluating juvenile justice programs and the impact on youth served.

Successful program completion, as currently defined in the Outcome Evaluation Report, is not an accurate measure of program success for several reasons. Successful completion includes two categories of youth: those terminated by "honorable discharge" and those whose termination is "required by law." Honorable terminations occur when youth satisfy the terms and conditions of their court orders. Termination by law, however, is an inappropriate category for successful program completion because these youth have not completed their court-ordered terms or conditions;

instead they are released from aftercare because their designated time under Department supervision has expired. This category of youth should be deleted from the successful completion category. Second, even youth who are now receiving honorable discharges may not be meeting the requirements of their aftercare performance plans. For many youth, performance expectations extend beyond payment of restitution and other court-ordered requirements. Each youth in aftercare has an individual performance plan which may contain specific additional expectations, such as finding a job or enrolling in school. To better evaluate what youth in each aftercare program are achieving, information reporting whether performance goals have been met should be considered when determining youths' successful program completion for the purpose of program evaluation.

Department and Board staff also believe additional measures that reflect what happens to youth after their release from aftercare are needed to evaluate program success. Possible measures include whether youth enroll in school or vocational training, or hold full-time or part-time jobs. This type of information addresses the extent to which aftercare program efforts to reintegrate youth were successful.

In addition to program completion, the Outcome Evaluation Report measures recidivism. Recidivism measures are useful as benchmarks for comparison or as signals that more in-depth evaluation is required. However, research asserts recidivism measures should not be the sole indicator of program effectiveness because there are numerous reliability problems associated with recidivism rates.

In some cases, recidivism rates may reflect as much on the environment of youth as on the interventions provided by the Department. Program services may produce the desired changes in juveniles while they are in the program, but these changes erode under negative peer influence or limited opportunities when the youth returns home. Recidivism rates may also be affected by policing patterns in communities or by supervision practices of juvenile

delinquency counselors; closer scrutiny may result in higher violation and arrest rates.

It is also difficult to separate the effect of one program from another, particularly if the program being evaluated, such as aftercare, is in the middle or final stages of a series of interventions provided by the juvenile justice system. Youth who recidivate are sometimes the subject of disagreement between commitment and aftercare providers: commitment providers claim that the aftercare program must have been inadequate, and aftercare providers claim that the commitment program was insufficient. These questions of program accountability are being reduced by the trend toward provision of aftercare by commitment providers. However, identifying successful program features that reduce recidivism will still remain problematic without further evaluation of program components.

The Department has proposed an alternative method of determining program effectiveness that has merit. method would use information on youths' criminal histories and needs diagnoses to quantify the treatment difficulty of vouth served. This analysis would be included with program characteristics, such as the recidivism rate of successful completers, the program's quality assurance rating, and program costs per successful graduate, to arrive at an overall rating of cost-effectiveness. The advantages of this approach are the wide variety of variables taken into account and the ease with which the results can be depicted and compared among programs. However, some of the required data, such as needs diagnoses information, is not currently retrieved from client files maintained at the Additionally, as discussed previously, the district level. Department's method of determining costs is not yet reliable.

According to research literature, another approach to measuring recidivism is to predict the expected rate of recidivism (using the characteristics of youth treated as discussed earlier) and compare it with the actual rate. The advantage of this approach is that it controls for external influences because these influences are present in both the expected and actual recidivism data. Florida is fortunate,

according to researchers interviewed, in that the Department collects all the data needed to use this alternative approach. requirements of With mandatory reporting all nine significant data elements and refinements the Department's management information system, the Department could use this research method to produce more accurate and more useful recidivism information. either technique, it will be important for the Department to ensure that data is collected and recorded accurately.

# **Summary and Recommendations**

The primary purpose of aftercare programs is to reduce recidivism. Considering the costs involved, it is important to know if these programs work. However, the current evaluation process has limitations, primarily because there is not enough information about program participants, services, and costs to interpret program outcome measures. As a result, successful program features cannot be identified or replicated.

Aftercare program outcomes are more meaningful in the context of the treatment needs of the youth served; youth with well-established criminal records and multiple home and community problems are more likely to have higher recidivism rates. We therefore recommend that the Department establish reporting requirements for pertinent data collected during needs and risk assessments. The Department should establish procedures to routinely extract this data to assist in interpreting the effectiveness of aftercare programs in reducing recidivism.

The Department does not collect information about the treatment theory or the types and frequencies of services provided to youth participating in aftercare programs. We recommend that the Department identify the treatment theories used in each aftercare program and establish procedures for aftercare staff to regularly report services provided. This will enable the Department to more readily replicate programs that are effective in reducing recidivism and modify or eliminate unsuccessful programs.

The Department's method of identifying program costs does not produce comparable information that can be used to identify the relative cost-effectiveness of its programs. We therefore recommend that the Department follow through with its plans to assign unique SAMAS identifiers to each of its programs. This will enable expenditures to be traced to the actual program that incurred the costs. The Department should establish procedures to make direct and indirect cost information comparable among programs.

To make the Department's aftercare outcome measures meaningful, we recommend that the Department redefine its measure of successful completion to exclude termination by The Department should also consider including information on the extent to which the youth's treatment goals were achieved as outlined in individual treatment plans. In addition, the Department may wish to develop other measures of positive reintegration into the community, such as involvement in school or employment, to better evaluate the usefulness of aftercare programs. Department should also consider adopting the methodology recommended by leading researchers to better control for the external influences on recidivism when evaluating the effectiveness of aftercare. This methodology predicts recidivism based on the characteristics of youth that research has demonstrated lead to recidivism and compares predicted with actual recidivism rates. Department should coordinate with the JJAB to ensure that the Department provides meaningful data to facilitate accurate program reviews.

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## Appendix A Definition of Terms

#### Aftercare

A continuation of a residential commitment. Youth are placed in a community setting, usually in or near their home, for supervision and services.

#### **Furlough**

Case manager supervision of a youth who has completed a commitment program, but has not been discharged by the committing court.

#### Post Commitment Community Control (PCCC)

Youth are supervised by an assigned case manager; terms of supervision are mandated by the court. Most PCCC youth are Level 2 and 4. Youth generally must complete court-ordered sanctions to be released from PCCC supervision.

#### Reentry

Counselors track and supervise small caseloads of youth who have returned to their home communities from Level 6 or 8 commitment programs. One major commitment provider, Eckerd, has a contract with the Department of Juvenile Justice (DJJ) to conduct its own reentry services. Reentry caseloads are supposed to range from 8 to 12 clients per counselor. The guidelines for supervision of these youth is the same for both Eckerd and DJJ reentry staff. In the first 30 days youth receive five contacts per week; from 30 to 90 days youth receive four contacts per week; from 90 to 120 days youth are contacted once a week or as needed. The length of stay is four to six months for DJJ and six to nine months for Eckerd reentry.

#### **Treatment Plan**

Treatment plans, also called supervision plans, or performance contracts, are developed for youth when they enter a commitment program. These plans set goals for youth for when they are released from residential commitment into the community. Treatment plans typically include educational goals, employment goals, vocational goals and other related identified treatment services like mental health, substance abuse, group or family counseling. The treatment plan also stipulates that youth carry out court-ordered sanctions such as paying victim restitution, serving community service work hours, and adhering to curfews.

### **Private Industry Council** (PIC)

These are local or multi-county non-profit organizations set up for the express purpose of assisting aftercare youth. PIC members are primarily local business professionals who assist youth by providing employment counseling or employment opportunities to allow youth to earn income and/or pay victim restitution ordered by the court.

Appendix B
Florida Aftercare Providers by Department of Juvenile Justice District

District No.	Aftercare Provider	Contracted Aftercare Slots or Reentry Caseloads	Levels of Aftercare Youth	Cost Per Youth Per Day	Average Length of Stay <sup>1</sup> (in Months)
1	DJJ Case Management	Demand <sup>2</sup>	L4, L6, L8	DJJ Budgeted <sup>3</sup>	6 - 10
1	DJJ Reentry	56	L6, L8	DJJ Budgeted <sup>3</sup>	6 - 10
1	Escambia Bay Marine Institute SAFE	20	L6, L8	\$45.00	6 - 9
2	DJJ Case Management	Demand <sup>2</sup>	L4, L6, L8	DJJ Budgeted <sup>3</sup>	3 and up
2	DJJ Reentry	34	L6, L8	DJJ Budgeted <sup>3</sup>	3 and up
2	Rattler Success (Boot Camp) Aftercare	30	L6, L8	\$45.00	8
2	Tallahassee Marine Institute SAFE	17	L6, L8	\$45.00	6 - 9
2	Panama City Marine Institute SAFE	13	L6, L8	\$45.00	6 - 9
3	DJJ Case Management	Demand <sup>2</sup>	L4, L6, L8	DJJ Budgeted <sup>3</sup>	12
3	DJJ Reentry	36	L6, L8	DJJ Budgeted <sup>3</sup>	4
3	Gainesville Marine Institute SAFE	20	L6, L8	\$45.00	6 - 9
4	DJJ Case Management	Demand <sup>2</sup>	L4, L6, L8	DJJ Budgeted <sup>3</sup>	6
4	DJJ Reentry	16	L6, L8	DJJ Budgeted <sup>3</sup>	3 - 4
4	Florida Augustis Secure Care Unit	20	L8	\$19.31	9
4	Jacksonville AMI SAFE - East	15	L6, L8	\$45.00	6 - 9
4	Jacksonville AMI SAFE - West	15	L6, L8	\$45.00	6 - 9
4	River Region Human Services	80	L6, L8	\$45.00	3
5	DJJ Case Management	Demand <sup>2</sup>	L4, L6, L8	DJJ Budgeted <sup>3</sup>	4 (PCCC)
5	DJJ Reentry	110	L6, L8	DJJ Budgeted <sup>3</sup>	6.5
5	Pinellas Marine Institute SAFE	17	L6, L8	\$45.00	6 - 9
5	New Port Richey Marine Institute SAFE	10	L6, L8	\$45.00	6 - 9
5	Eckerd Boot Camp Reentry	30	L6, L8	\$45.00	5 - 6
5	Boley Behavioral Health Care Centers	15	L4, L6, L8	\$45.00	3 - 4
6	DJJ Case Management	Demand <sup>2</sup>	L4, L6, L8	DJJ Budgeted <sup>3</sup>	3 - 6 (PCCC)
6	DJJ Reentry	114	L6, L8	DJJ Budgeted <sup>3</sup>	3
6	Eckerd Reentry Services 4	36	L6, L8	\$10.76	9
6	Tampa Marine Institute SAFE	20	L6, L8	\$45.00	6 - 9
6	Gulf Coast Marine Institute SAFE	15	L6, L8	\$45.00	6 - 9
6	Manatee County Boot Camp Aftercare <sup>5</sup>	20	L6, L8	\$45.00	4
6	Charter Hospital - Manatee	10	L6, L8	\$45.00	9 - 12
7	DJJ Case Management	Demand <sup>2</sup>	L4, L6, L8	DJJ Budgeted <sup>3</sup>	6
7	DJJ Reentry	135	L6, L8	DJJ Budgeted <sup>3</sup>	6
7	Orlando Marine Institute SAFE - East	20	L6, L8	\$45.00	6 - 9
7	Orlando Marine Institute SAFE - West	20	L6, L8	\$45.00	6 - 9
7	Space Coast Non-Residential	15	L6		4 - 6
7	Center for Drug Free Living	50	L6, L8	\$45.00	6

District No.	Aftercare Provider	Contracted Aftercare Slots or Reentry Caseloads	Levels of Aftercare Youth	Cost Per Youth Per Day	Average Length of Stay <sup>1</sup> (in Months)
8	DJJ Case Management	Demand <sup>2</sup>	L4, L6, L8	DJJ Budgeted <sup>3</sup>	3 - 4
8	DJJ Reentry	68	L6, L8	DJJ Budgeted <sup>3</sup>	3 - 4
8	Eckerd Reentry Services <sup>4</sup>	40	L6, L8	\$10.76	9
8	Southwest Florida Marine Institute SAFE	15	L6, L8	\$45.00	6 - 9
8	Florida Environmental Institute	18	L8, L10	\$60.00	6
9	Eckerd Reentry Services <sup>7</sup>	237	L4, L6, L8	DJJ Budgeted <sup>3</sup>	3 - 9/Average - 6
9	Palm Beach Marine Institute SAFE	30	L6, L8	\$45.00	6 - 9
9	Palm Beach Youth Center	10	L8		9
9	Banyan Work Release Program	24	L6	\$10.76	3 - 4
9	Eckerd Intensive Halfway House	24	L6, L8	\$10.76	New Program
9	Palm Beach Halfway House	20	L6	DJJ Budgeted <sup>3</sup>	New Program
10	DJJ Case Management	Demand <sup>2</sup>	L4, L6, L8	DJJ Budgeted <sup>3</sup>	6
10	Florida Ocean Sciences Institute	15	L6, L8	\$45.00	6 - 9
11	DJJ Case Management	Demand <sup>2</sup>	L4, L6, L8	DJJ Budgeted <sup>3</sup>	2 - 4 (PCCC)
11	DJJ Reentry	72	L6, L8	DJJ Budgeted <sup>3</sup>	4
11	Eckerd Reentry Services <sup>6</sup>	28	L6, L8	\$10.76	9
11	Dade Marine Institute South SAFE	15	L6, L8	\$45.00	6 - 9
11	James E. Scott Aftercare	18	L4, L6, L8	\$45.00	6 - 12
12	DJJ Case Management	Demand <sup>2</sup>	L4, L6, L8	DJJ Budgeted <sup>3</sup>	4 - 6 (PCCC)
12	DJJ Reentry	39	L6, L8	DJJ Budgeted <sup>3</sup>	4
12	Future Alternatives Day Treatment	20	L6	\$44.31	4
12	Stuart Marchman Center	15	L6, L8	\$45.00	6 - 12
13	DJJ Case Management	Demand <sup>2</sup>	L4, L6, L8	DJJ Budgeted 3	4 - 6 (PCCC)
13	DJJ Reentry	58	L6, L8	DJJ Budgeted <sup>3</sup>	3 - 4
13	Ocala Marine Institute SAFE	20	L6, L8	\$45.00	6 - 9
14	DJJ Case Management	Demand <sup>2</sup>	L4, L6, L8	DJJ Budgeted 3	4 - 5
14	DJJ Reentry	59	L6, L8	DJJ Budgeted <sup>3</sup>	4 - 5
14	Lakeland Marine Institute SAFE	21	L6, L8	\$45.00	6 - 9
14	Eckerd Reentry Services <sup>4</sup>	42	L6, L8	\$10.76	9
14	Bay Area Youth Services	50	L4, L6, L8, L10	\$16.38	3.5 - 4
14	Pioneer Career Academy 8	10	L4	\$45.00 <sup>3</sup>	6
14	Polk County Boot Camp Aftercare	40	L6, L8	\$45.00	3
15	DJJ Reentry	56	L6, L8	DJJ Budgeted <sup>3</sup>	9
15	Eckerd Reentry Services <sup>4</sup>	113	L4, L6, L8	DJJ Budgeted <sup>3</sup>	9
15	DATA Day Treatment	30	L6, L8	\$45.00	5 - 8
15	Gator Nole Non-Residential	50	L6, L8	\$45.00	3 - 4

<sup>1</sup> For district case management, the average length of stay was taken from information request responses. If these were not available, ALOS is taken from interviews.

2 Caseload size depends on demand for services; no limit on number of cases.

3 The cost per DJJ youth is elastic because caseload is dependent on the number of youth assigned by the court.

4 Reflects Eckerd Reentry population for district as of July 12, 1995.

5 Manatee County Boot Camp has a new aftercare program that has a contract for 20 slots which began August 1, 1995.

6 Reflects Eckerd Reentry Daily Population Report as of September 29, 1995.

7 Districts 9 and 15 have contracted with Eckerd to do their entire aftercare/reentry case management services (including PCCC youth).

8 Pioneer Career Academy is funded for 30 slots that include Level 2 and community control youth. Right now, approximately 10 slots are for aftercare.

# Appendix C

# A Descriptive Inventory of Florida Aftercare

Part 1: Contract Providers of Aftercare (listed alphabetically)

Length of Stay	Most youth stay in SAFE 6 to 9 months.							
Program Description	The objectives of the SAFE program are to provide a structured and supervised transition from the residential placement to the community while closely monitoring youth to maintain public safety. Improving the youth's education, employability, and social skills are primary objectives. Youth in the AMI program are required to improve two school grade levels as a condition of release. AMI SAFE is a structured five-phase program. In Phase 1, the objective is to identify and begin planning for placement of youth into the AMI program as soon as possible following their release from	commitment. In Phase 2, SAFE youth are transferred to the non-residential SAFE and enrolled in the day	program. Youth receive extended services from 3 PM until 9 PM during school days and on weekends. Youth are monitored in their homes each evening by AMI staff, who conduct random checks by telephone	and home visits. Phase 2 youth are not allowed to leave their homes in the evening. In Phase 3, youth who have completed extended services either attend the	oray treatment program on-site at AIMI of are in school or employed. In Phase 4, youth are in the community working full-time or have re-enrolled in school. The community coordinators monitor youth at their homes.	The goal of Phase 4 is to provide SAFE youth the opportunity to demonstrate skills and responsibilities with greater autonomy in the community. In Phase 5, youth continue their placement activities and receive periodic monitoring from their community coordinator.	The objective of phase 5 is to stabilize each youth at home and school or work and to reduce the amount of supervision required.	
Types of Youth Served	The SAFE programs serve Levels 6 and 8.		Florida Ocean Sciences Institute 3220 S.W. 4th Avenue Fort Lauderdale, FL 33315	Orlando Marine Institute - East 7500 Silver Star Road Orlando, FL 32818	Gulf Coast Marine Institute 301 7th Avenue Bradenton, FL 34208	South West Florida Marine Institute 3091 Evans Avenue Fort Myers, FL 33901	Dade Marine Institute - South 1820 Arthur Lamb Jr. Drive Miami, FL 33149	Palm Beach Marine Institute 13425 Ellison Wilson Road Juno Beach, FL 33408
Capacity	The AMI Student and Family Enhancement (SAFE) programs operate at 18 sites across the state. These programs serve between 10 and 21 slots in a structured aftercare program. On June 30, 1995, the total number of youth served in SAFE programs was 346.	tes and Their Locations	Jacksonville Marine Institute - West 5454 Arlington Expressway Jacksonville, FL 32211	Jacksonville Marine Institute - East 13375 Beach Boulevard Jacksonville, FL 32224	Orlando Marine Institute - West 7500 Silver Start Orlando, FL 32818	Pinellas Marine Institute 3101 Gulf Boulevard St. Petersburg Beach, FL 33706	Tampa Marine Institute 2015 Guy N. Verger Boulevard Tampa, FL 33605	Lakeland Marine Institute 2115 West Yeats Lakeland, FL 33801
Provider	Associated Marine Institutes (AMI) 5915 Benjamin Center Drive Tampa, FL 33634	List of Associated Marine Institutes and Their Locations	Escambia Bay Marine Institute 121 East Government Street Pensacola, FL 32590	Panama City Marine Institute P.O. Box 268 Panama City, FL 32402-0268	Tallahassee Marine Institute 2514 West Tharpe Street Tallahassee, FL 32303	Ocala Marine Institute 1519 N.E. 22nd Avenue Ocala, FL 34471	Gainesville Marine Institute Route 2, Box 185, North Micanopy, FL 32667	New Port Richey Marine Institute 5324 Sunset Road New Port Richey, FL 34652

Provider	Capacity	Types of Youth Served	Program Description	Length of Stay
Bay Area Youth Services (BAYS) 1421 Commercial Park Drive Suite 6 Lakeland, FL 33801	50 aftercare slots	Most youth are Level 6 and, occasionally, Level 8 BAYS youth.	Counselors make at least five face-to-face contacts with youth per week, including at least two contacts at school or work. BAYS also offers life skills classes and career fairs and activities for youth. Youth may be referred to programs such as mental health counseling, substance abuse counseling, and employment services. Youth attend public schools, vocational schools, and GED programs.	Most youth stay in aftercare for 4 months.
Center for Drug Free Living 50 aftercare slots Adolescent Reentry Academy (ARA) 5051 N. Lane, Suite 21-C Orlando, FL 32808	50 aftercare slots	Most youth are Levels 6 and 8.	The ARA provides day treatment and structured activities for youth who attend the program six days per week from 6 AM to 5 PM. Daily activities include academic classes and vocational training. Youth may also attend group treatment and family counseling. ARA has its own facility and has a school curriculum taught by Orange County teachers. ARA also provides a substance abuse program and counseling for youth.	Most youth stay in aftercare for 6 months.
Drug Abuse Treatment Association (DATA) Day Treatment 4590 Zelvitz Road Fort Pierce, FL 34981	30 aftercare slots		Youth receive intensive supervision Monday through Saturday, and are in the custody of parents on Sunday. This is a remedial education program in which youth can also earn their GED. Employment, mental health, and substance abuse services are available. Family therapy is also available. DATA staff are also on-call for crisis situations.	Most youth stay in aftercare for 5 to 8 months.
Eckerd Boot Camp Reentry 1011 First Street St. Petersburg, FL 33705	30 aftercare slots	Eckerd Boot Camp Reentry serves Pinellas County Boot Camp graduates exclusively. These are Levels 6 and 8 youth.	Master Treatment plans are developed for youth that include education and treatment goals. Treatment plans are reviewed every 30 days. There are also bi-weekly progress summaries showing whether youth are meeting their stated treatment goals. Referrals can be made for drug counseling, mental health counseling, and sex offender treatment. Youth can attend Narcotics Anonymous and Alcoholics Anonymous meetings at the center weekly. Also, youth can attend a youth sports academy at another provider and attend school in an alternative education setting. A Pinellas County school teacher and aide teach classes at the center. Youth are expected to complete community service hours.	Most youth stay in aftercare from 4 to 6 months. Some Level 6 and 8 youth are then supervised in Eckerd reentry for 6 to 8 months.

Provider	Capacity	Types of Youth Served	Program Description	Length of Stay
Eckerd Intensive Halfway House 20 slots (Aftercare) 7200 Highway 441, North Okeechobee, FL 34972	20 slots	Eckerd Reentry Services counselors serve Level 8 youth from the Intensive Halfway House (IHWH) residential program.	Eckerd IHWH youth receive the same services in reentry as other Eckerd reentry youth. When youth are referred to Eckerd IHWH, the reentry counselor is involved in developing the initial treatment plan. Sixty days prior to a youth's release from commitment, Eckerd reentry counselors begin to contact community resources for the youth, including outpatient treatment and mental health counseling providers. Reentry counselors also work to obtain employment for youth. Once youth begin their transition phase at Eckerd Youth Development Center (EYDC), they are given 3-day passes to make home visits to attend appointments and job interviews in the community. After the 3-day visit, youth return to EYDC for two to three weeks. The youth's treatment plan is reviewed to see if it is appropriate for their release into the community. Then youth can return home for a 60-day visit with reentry counselors monitoring them.	Most Eckerd reentry youth stay in aftercare 6 to 9 months.
Eckerd Reentry Services 721 U.S. Highway 1 Suite 204 North Palm Beach, FL 33408	182 slots - Eckerd contracts with DJJ to provide reentry services to Level 6 and 8 youth in six DJJ districts (D). In D9 and D15 Eckerd provides case management services to all aftercare youth. Total Eckerd caseloads and the number of contracted slots for EYDC are as follows: 26 (D6), 39 (D8), 39 (D9), 26 (D11), 26 (D14), and 26 (D15).	Eckerd Reentry counselors serve primarily Level 8 youth who have been released from EYDC in Okeechobee. EYDC youth automatically go to Eckerd reentry counselors in the districts. Some Level 6, 8, and 10 youth from other commitment programs are also served by Eckerd. In Districts 9 and 15 Eckerd has a contract to provide aftercare to all DJJ youth including Levels 2 and 4.	When youth are referred to the EYDC training school or another Eckerd commitment program, the reentry counselor is involved in developing the initial treatment plan. Sixty days prior to a youth's release from commitment, Eckerd reentry counselors begin to contact community resources for the youth, including outpatient treatment and mental health providers. Reentry counselors also work to obtain employment for youth. Once youth begin their transition phase at EYDC, they are given 3-day passes to make home visits to attend appointments and job interviews in the community. After the 3-day visit, youth return to EYDC for 2 to 3 weeks. The youth's treatment plan is reviewed to see if it is appropriate for their release into the community. Then youth can return home for a 60-day visit with reentry counselors monitoring them.	Most Eckerd Reentry youth stay in aftercare 6 to 9 months.
Florida Augustis Secure Care Unit 4501 Lannie Road Jacksonville, FL 32218	20 aftercare slots	Youth are referred to aftercare from the Florida Augustis Secure Care Unit (FASCU) residential program which is a Level 8 Serious Habitual Offender Program. FASCU also provides reentry to Level 6 and 8 youth being released from other commitment programs.	Youth are assigned a reentry counselor, who develops a performance contract. The performance contract is formulated based on a comprehensive needs assessment done by FASCU staff. The performance contract includes obtaining a job, educational goals like building academic competency, obtaining vocational skills or reenrolling in school, and the youth's court ordered terms and conditions. Health needs are also identified for youth and including substance abuse or mental health services. Youth are also challenged to build behavioral and social skills to be able to live independently.	Most youth stay in aftercare 9 months.

Provider	Capacity	Types of Youth Served	Program Description	Length of Stay
Florida Environmental Institute 18 aftercare slots (FEI) P.O. Box 406 Venus, FL 33960	18 aftercare slots	FEI serves youth from its residential program. All youth are very serious and chronic offenders who would have been sentenced as adults but were referred to FEI instead. All FEI youth are felony offenders who have been tried before adult court judges. Youth are referred to FEI from all over the state.	Youth work toward performance goals developed by the youth's advisor in consultation with a psychologist and a reentry coordinator. The program includes educational, vocational, counseling, recreation and family service components. There is also a tracking system in which youth receive weekly face-to-face contacts including school and job checks. The FEI aftercare program works with youth in their neighborhood and home. Links with community services are set up while the youth are in the residential phase of the program. Youth receive community services through a community mental health agency and other private providers.	Most youth stay in FEI aftercare for 6 months.
Future Alternatives Day Treatment 1128 Beville Road, Suite F Daytona Beach, FL 32114	20 aftercare slots	Future Alternatives serves youth age 14 through 18 who are Levels 4, 6, and 8 and live in Volusia and Flagler counties.	Future Alternatives provides structured activities for youth from 9:30 AM to 6:30 PM Monday through Saturday. Program components include remedial education, vocational learning, career planning and exploration, counseling, life skills development, and family support. The local Private Industry Council of Volusia, Lake, and Flagler counties provides assessment to measure student's vocational interest, remedial levels and general aptitudes. Also, the computer lab at the Daytona Beach Community College is used to increase the youths' remedial education levels. Family programs and physical training and recreation programs are also available.	Most youth stay in aftercare 1 to 5 months.
Gator Nole Non-Residential (Step Down) 1117 NW 39th Boulevard Okeechobee, FL 34972	50 aftercare slots	Level 6 youth from Gator Nole residential program.	Aftercare counselors develop performance contracts for youth. The contracts contain educational and employment goals.	Most youth stay in aftercare 3 or 4 months.
James E. Scott 18 contracted slots Floyd House 638 NW 62nd Street Miami, FL 33150	18 contracted slots for aftercare	Levels 2 be serve James E day treat provider	This is a day treatment program from 9 AM to 9 PM Most youth will be in daily. Youth attend academic classes and have the aftercare 6 to 12 option, if they are over 16 years old, to participate in a months.  GED program or participate in vocational and technical programs with a local vo-tech center. The program also provides intensive counseling for youth and their families as well as an on-site drug abuse program.	Most youth will be in aftercare 6 to 12 months.
Juvenile Services Program Banyon House Work-Release 1199 W. Lantana Road, Bldg. B Lantana, FL 33462	24 aftercare slots		Youth are enrolled in school, earning their GED or working. Staff also refer youth to community agencies for ancillary services.	Most youth stay in aftercare 3 to 4 months.

Provider	Capacity	Types of Youth Served	Program Description	Length of Stay
Manatee County Boot Camp (Aftercare) 14490 Harlee Road Palmetto, FL 34221	20 aftercare slots	Levels 6 and 8 Manatee Boot Camp youth.	This program runs from 8 AM to 8 PM on weekdays. There are 5 hours of academic classes per day. Youth receive mental health and substance abuse counseling if needed. Youth are also involved with a Boy Scouts of America program.	Most youth stay in aftercare 4 months, including tracker monitoring.
Palm Beach Youth Center 1100 45th Street, Building B West Palm Beach, FL 33407	10 aftercare slots		ocess. se and to in l attend tth are	Most youth stay in aftercare for 9 months.
Pioneer Career Academy #1 Seminole Drive Zolfo Springs, FL 33890	There are 30 funded slots but not all of these slots are for aftercare. Currently, there are 7 youth in aftercare.			Most youth are in the program 120 school days, which is the equivalent of 6 months.
Polk County Boot Camp 40 aftercare slots (Aftercare) 2325 Bob Phillips Road Bartow, FL 33830	40 aftercare slots	Levels 6 and 8 boot camp youth.	Aftercare counselors make sure youth have recreational opportunities, are working on their GED, have been enrolled in school, or hold jobs. Youth can attend vocational training or get job and life skills training. Youth receive face to face contact daily, including home visits. The aftercare program is located at the same site as the boot camp facility. Youth may be involved in programs like Boys Clubs. Youth can be referred to Narcotics Anonymous and/or Alcoholics Anonymous as a condition of their performance contract.	Most youth stay in aftercare 3 months.
River Region Human Services 330 West Spate Street Jacksonville, FL 32202	80 aftercare slots	Па	River Region Human Services has 8 counselors with 10 clients each. These reentry counselors assist youth in obtaining employment or enrolling in school or vocational training. Group and family counseling is available. Counselors are required to meet with families and youth twice weekly. Substance abuse and mental health referrals are also available.	Most youth stay in aftercare 3 to 4 months.

	Capacity	Types of Touth Served	rrogram Description	Length of Stay
Space Coast Marine Institute 470 Friday Road Cocoa, FL 32926	15 aftercare slots	Space Coast Marine Institute residential program clients are automatically referred into the aftercare portion of the program. Youth are 14 to 16 years old and have committed a felony or first degree misdemeanor.	Space Coast Marine Institute 15 aftercare slots Space Coast Marine Institute 170 Friday Road 15 aftercare slots residential program clients are assistance in the community. Youth are in school and automatically referred into the living at home with their families. Referrals for aftercare portion of the program. Pouth are 14 to 16 years old and health and substance abuse services. Employment have committed a felony or first services are available through the State of Florida degree misdemeanor. Employment Agency and the Brevard County Private Industry Council. The Council assists youth in finding job placements; employment training is available. Educational training and skills development are available through the local adult education provider.	Most youth stay in aftercare for 4 to 6 months.
Stewart Marchman Center 3875 Tiger Bay Road Daytona Beach, FL 32124	15 aftercare slots	This program serves Levels 6 and 8 Volusia County Boot Camp youth.	Stewart Marchman is a structured day treatment program for Volusia County Boot Camp youth. Youth undergo random urinalysis checks while they are in the program. Stewart Marchman provides substance abuse treatment. Referrals are made to ACT, a local mental health provider. Youth are referred to community services by a group treatment leader and clinician. Also, Volusia County teachers provide an education program and Stewart Marchman receives FTE funding from the Department of Education for this. Youth have performance contracts and there are other behavioral criteria designed to reward youth for participation and help them earn an early release.	Most youth will be in boot camp aftercare from 6 to 12 months.

# Part 2: District Case Management

District (D) Provider	er Counties Covered	Caseload	Types of Youth Served	Other District Aftercare Providers
DJJ/District I Case Management Juvenile Justice Center P.O. Box 8010 Pensacola, FL 32505	Escambia, Santa Rosa, Okaloosa, ter and Walton 15	The average number of youth under reentry or case management supervision for the district is 25.  Typically, DJJ case managers serve community and 8 youth.  Escambia County there are five case managers. Two of these case managers have an and 100 youth each. In Okaloosa and Walton counties, delinquency case managers have an average caseload of 35 to 45 youth. There are case management units in Escambia, Santa Rosa, Okaloosa, and Walton counties.	DJJ community control case The Esmanagers serve Levels 2 and 4 SAFE PCCC youth and some Levels 6 youth.	The Escambia Bay Marine Institute SAFE Program serves Level 6 and 8 youth.
Abbreviations: AM.	Abbreviations: AMI - Associated Marine Institutes	DJJ - Department of Juvenile Justice PCCC - Post	PCCC - Post Commitment Community Control	

District (D) Provider	Counties Covered	Caseload	Types of Youth Served	Other District Aftercare Providers
DJJ/District 2 Case Management 3333 W. Pensacola St. Suite 120 Tallahassee, FL 32304	Leon, Wakulla, Liberty, Jefferson, Gulf, Jackson, Holmes, Washington, Bay, Gadsden, Madison, Calhoun, Taylor, and Franklin	Reentry cases are handled by DJJ case managers. The average Leon County Case Manager has 50 youth each, of which an average of 10 are aftercare youth. In Wakulla County the case manager has approximately 30 youth, 5 of which are aftercare.	DJJ community control case managers serve Level 2 and 4 PCCC youth. They also monitor youth in the SAFE and Rattler Success programs who are Level 6 and 8.	Level 6 and 8 youth attend the Tallahassee Marine Institute SAFE program. Leon County Boot Camp youth who are also Level 6 and 8 attend the Rattler Success program; Rattler Success has recently begun taking other Level 6 youth also.
DJJ/District 3 Case Management 1000 NE 16th Ave. Building G Gainesville, FL 32601	Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union	The average reentry caseload in D3 is 8 youth in the community and 4 in transition. Average community control caseloads in Alachua County range from 70 to 80 youth, including 10 youth on aftercare. In the Lake City Case Management Unit (serving Columbia, Hamilton, and Suwannee counties) the average community control caseload is 40 youth. In the Lake City Unit an aftercare/reentry counselor with an average caseload of 15, oversees Level 6 and 8 aftercare youth for Columbia, Suwannee, and Hamilton counties.	Case management services are provided to post commitment community control and reentry youth. D3 is currently setting up a reentry unit that will provide reentry counselors to services Level 6 and 8 reentry youth in Alachua County.	The Gainesville Marine Institute SAFE program serves Level 6 and 8 youth.
DJJ/District 4 Case Management 3225 University Blvd. South Suite 100 Jacksonville, FL 32216	Duval, Baker, Nassau, Clay, and St. Johns	There are six delinquency case management units in Duval County, averaging 7 reentry youth per unit. The average community control and commitment caseload in these units is 40 youth including 5 or 6 in aftercare. In Nassau County community control caseloads are between 60 and 80 youth, 10 of which are aftercare.	In Duval County 99% of youth receiving aftercare are PCCC youth who are served as part of the community control caseloads. Reentry is provided for Level 6, 8, and 10 youth.	The Florida Augustis Secure Care Unit (FASCU) provides aftercare for FASCU youth and for all D4 Dozier Training School youth. FASCU also handles some Level 6 youth from local halfway house commitment providers. The Jacksonville AMI West SAFE program provides aftercare for Level 6 and 8 youth.
DJJ/District 5 Case Management 955 26th Street South St. Petersburg, FL 33712	Pinellas and Pasco	In Pinellas County there are 88 youth under intensive reentry supervision. There are 8 reentry counselors. For the community control case managers in the district, the average caseload is 20 youth on community control, 10 in PCCC, and 15 in commitment.	Case managers provide services to PCCC youth primarily as part of their community control caseloads. Each community control case management unit in Pinellas has an OPS Reentry Counselor as part of the case management unit.	Eckerd Boot Camp Reentry services Pinellas Boot Camp Youth for Level 6 and 8 youth. Pinellas Marine Institute also serves Level 6 and 8 youth. Florida Environmental Institute provides its own aftercare for its Level 8 and 10 youth.
DJJ/District 6 Case Management 4000 W. Martin Luther King Dr. Tampa, FL 33614-7093	Hillsborough and Manatee	D6 has a Specialized Reentry Unit in Hillsborough County which serves Level 6 and 8 youth. Reentry caseloads are 8 youth and 5 in transition. Community control case management units caseloads are around 55 youth. The total caseload (among five case managers) in one unit is 275 with 80 youth on commitment and reentry.	The community control case management units provide case management services to Level 2 and 4 PCCC youth while the specialized reentry unit serves Level 6 and 8 reentry cases in Hillsborough County.	Level 6 and 8 youth who are in boot camps in Pinellas or Manatee County but are residents of Hillsborough County go to the AMI SAFE programs in Tampa or Bradenton. Eckerd Reentry serves Level 8 training school youth and takes some Level 6 and 8 Hillsborough youth who have been released from Pinellas County Boot Camp.
Abbreviations: AMI - Associate	AMI - Associated Marine Institutes	DJJ - Department of Juvenile Justice PCCC - Post	PCCC - Post Commitment Community Control	

District (D) Provider	Counties Covered	Caseload	Types of Youth Served	Other District Aftercare Providers
DJJ/District 7 Case Management 644 Ferguson Drive Orlando, FL 32805	Orange, Seminole, Osceola, and Brevard	The average reentry caseloads in each of the four counties in D7 are: Osceola - 4 youth, Orange - 45 youth; Seminole - 24 youth, and Brevard - 46 youth.	Community control case management units provide PCCC and reentry case management services to Level 4 and 6 youth.	Level 6 offenders go to the Adolescent Reentry Academy (the Center for Drug Free Living). The SAFE programs take Level 6 girls and Level 8 boys.
DJJ/District 8 Case Management 2295 Victoria Avenue Suite 195 Fort Myers, FL 33901	Sarasota, DeSoto, Charlotte, Hendry, Glades, Lee, and Collier	Currently D8 serves 149 aftercare youth as part of community control caseloads. The average caseload for community control supervision is 36 for the district. In Lee County there are 84 youth receiving reentry supervision or PCCC. In Charlotte and DeSoto counties there are 35 youth. In Collier County there are 96 reentry and PCCC youth, and in Hendry/Glades counties there are 7 reentry or aftercare youth.	PCCC Level 2 and 4 youth are served by community control case managers.	The AMI SAFE takes Level 6 youth from Crossroads Wilderness Institute. Level 8 and upper Level 6 youth also go to AMI SAFE. Eckerd reentry counselors supervise youth from the Eckerd Youth Development Center training school and other Level 6 and 8 youth.
<b>DJJ/District 9</b> Eckerd Reentry Servi contract provides 150 youth. Eckerd is requint to be served.	ices has a contract with I slots for D9 for aftercal uired in their contract to	<b>DJJ/District 9</b> Eckerd Reentry Services has a contract with DJJ to handle all reentry, post commitment community control, and aftercare services for D9, Palm Beach County. The contract provides 150 slots for D9 for aftercare and post community control youth. The actual population served in D9 as of September 29, 1995, is 237 youth. Eckerd is required in their contract to provide aftercare services in D9, with no additional contracted funding, beyond the 150 contracted slots if this many youth must be served.	control, and aftercare services for I e actual population served in D9 as ntracted funding, beyond the 150 c	D9, Palm Beach County. The s of September 29, 1995, is 237 contracted slots if this many youth
DJJ/District 10 Case Management 201 W. Broward Boulevard Suite 208 Fort Lauderdale, FL 33301-1885	Broward -1885	The South Broward Case Management Unit has an average community control caseload of 32 youth, of which 4 are PCCC or reentry youth. The Central Broward Case Management Unit averages 38 community control youth plus 6 aftercare youth. The North Broward Case Management Unit averages 28 community control cases and 4 to 5 aftercare youth.		In D10 the Florida Ocean Sciences Institute serves Level 6 and 8 youth.
DJJ/District 11 Case Management 3510 Biscayne Boulevard Suite 316 Miami, FL 33137	Dade and Monroe	In D11 the average DJJ reentry caseload is 7 youth. The North Dade County Case Management Unit has caseloads in the low 20s. There are six community control case managers who oversee PCCC youth.	<u> </u>	The Dade Marine Institute South serves Level 6 and 8 youth in its SAFE program. James E. Scott is a new aftercare provider that will serve Level 2, 4, 6, and 8 youth. A number of D11 youth are direct-filed into the adult system.
DJJ/District 12 Case Management 210 N. Palmetto Ave. Daytona Beach, FL 32114-3284	Flagler and Volusia 3284	D12 reentry counselors are in one unit, which currently serves 28 youth and 11 youth in transition. The average reentry caseload is 9 youth and 4 in transition. There are 3 DJJ reentry counselors. PCCC youth are served on the community control caseloads. There are 3 Daytona Beach case management units and 1 Flagler County unit. In Daytona Beach the caseloads are 45 to 50 youth; approximately 7 are on PCCC. The community control caseload in Flagler County is around 70 youth; approximately 10 youth are on PCCC. The reentry counselor for Flagler County serves 10 to 12 reentry and commitment youth.	Level 2 and 4 PCCC youth are served by DJJ delinquency case managers as part of the community control caseloads. Level 6 and 8 youth are handled by DJJ reentry counselors in a reentry unit. Also, some Level 8 youth from the Dozier Training School youth are served by reentry counselors.	The Future Alternatives Private Industry Council serves both Level 2 and Level 6 youth while the Stewart Marchman provider serves Level 6 and 8 youth in aftercare.
Abbreviations: AMI - Associ	AMI - Associated Marine Institutes	DJJ - Department of Juvenile Justice PCCC - Post	PCCC - Post Commitment Community Control	

District (D) Provider	Counties Covered	Caseload	Types of Youth Served	Other District Aftercare Providers
DJJ/District 13 Case Management 2300 SE 17th Street Suite 201 Ocala, FL 34471	Citrus, Hernando, Lake, Marion, and Sumter	Reentry counselors in Marion, Hernando, and Citrus counties average 5 aftercare youth per counselor. These counselors also oversee Level 2 commitment youth. There are 2 reentry counselors in Lake County with 10 youth each. The Sunter County unit has 3 youth on reentry. Case managers oversee other aftercare youth in the case management units. The counselor in Sunter County has a caseload of 70 youth. In Citrus County there are 3 case managers with 160 total youth (average = 53). In Marion County the 7 case managers average around 80 youth each. In Lake County, the caseloads are around 80 to 90 youth.	Reentry counselors serve Level 6 and 8 reentry youth. PCCC youth are served by case managers.	The Ocala Marine Institute SAFE program serves Level 6 and 8 youth.
DJJ/District 14 Case Management 195 Broadway Drive Bartow, FL 33830	Hardee, Highlands, and Polk	DJJ delinquency case managers have caseloads of around 60 youth; 9 to 12 are in aftercare and the rest are under community control supervision.	DJJ delinquency case managers serve the PCCC youth.	In Hardee County the Pioneer Career Academy operates in conjunction with the school district there to provide an academically-based aftercare program for Level 2 and 4 youth. Bay Area Youth Services serve Level 4, 6, 8, and 10 youth. The Lakeland Marine Institute SAFE serves Level 6 and 8 youth.
DJJ/District 15 Eckerd Reentry cases It the September 29, 1999	istrict 15 Eckerd Reentry cases handles all of the case management a the September 29, 1995, Reentry Daily Population Report, 1	istrict 15 Eckerd Reentry cases handles all of the case management and reentry/aftercare services for D15. Eckerd is contracted for 78 slots in D15 for aftercare and PCCC youth. As of the September 29, 1995, Reentry Daily Population Report, they are serving 113 youth. Eckerd is required to serve these additional youth (beyond 78 slots) at no additional cost	kerd is contracted for 78 slots in D puired to serve these additional you	and reentry/aftercare services for D15. Eckerd is contracted for 78 slots in D15 for aftercare and PCCC youth. As of they are serving 113 youth. Eckerd is required to serve these additional youth (beyond 78 slots) at no additional cost
to the state as part of their contract.	heir contract.			

Abbreviations: AMI - Associated Marine Institutes

DJJ - Department of Juvenile Justice

PCCC - Post Commitment Community Control

# **Appendix D Responses to This Review**

In accordance with the provisions of s. 11.45(7)(d), F.S., a list of preliminary and tentative audit findings was submitted to the Secretary of the Department of Juvenile Justice and to the Executive Director of the Juvenile Justice Advisory Board for each to review and respond.

Both written responses are reprinted herein beginning on page 40.

## State of Florida DEPARTMENT OF JUVENILE JUSTICE

February 5, 1996

Mr. James L. Carpenter Interim Director Office of Program Policy Analysis and Government Accountability 111 West Madison Street, Room 312 Tallahassee, Florida 32302

Dear Mr. Carpenter:

In accordance with Section 11.45(7)(d), Florida Statutes, I am attaching the department's response to the findings and recommendations contained in your preliminary and tentative report on the review of Aftercare as administered by the Department of Juvenile Justice.

We appreciate your efforts in providing recommendations for improvement of the programs and operations of the department.

Sincerely,

Calvin Ross Secretary

CR/DLS/meb

Attachment

cc: Woodrow Harper, Deputy Secretary
George Hinchliffe, Assistant Secretary for Programming and Planning
Rex Uberman, Deputy Secretary for Operations
David L. Smith, Inspector General

Finding, Chapter III

#### Recommendation

We recommend that the department determine how many aftercare slots are needed by reviewing the demand for slots on a county-by-county basis and evaluating program and recidivism data to determine the appropriate length of stay for aftercare. This information should be presented to the Legislature for consideration during the budget process. We further recommend that the department link requests for aftercare slots to budget requests for new commitment beds.

#### Response

The department's Office of Programming and Planning currently reviews the demand for aftercare slots, on a district-by-district basis. The districts have been instructed that aftercare slot demands should be determined based on county-by-county need. The department will review the process used by each district to ensure that every county is meeting its aftercare needs.

The evaluation of program and recidivism data with regard to the optimum length of stay for aftercare may be an appropriate assignment for the Bureau of Research and Data. A study of this nature would involve a multivariate analysis of demographics, offense histories, rates of recidivism, aftercare models, and length and type of aftercare services. It is estimated that this study would require an additional 1.5 FTE over a 6-month time period, beginning at a date long enough after implementation to allow for an adequate sample of participants.

In addition, study and consideration will be given to linking requests for aftercare slots to budget requests for new commitment beds. Although typically, we do not have a need for the majority of aftercare funding until the year following the appropriation for new commitment beds. The department has used this practice to avoid having aftercare slots that cannot be filled until the youth are transitioned into post-placement, which is generally the following year.

Finding, Chapter IV, Issue 1

#### Recommendation

We recommend that the department identify underserved areas of the state and evaluate reallocating aftercare resources to eliminate service gaps. In counties where there is no contract aftercare provider, the department should consider augmenting case manager work loads with trackers to provide adequate levels of supervision of aftercare youth.

#### Response

The county-by-county review (See Chapter III, Response) should provide the department with an accurate assessment of rural county aftercare needs. Budget recommendations reflecting these needs can then be made. In regard to tracker programs, the department has found that they generally are more effective in urban areas, but we will continue to study the impact of trackers in rural areas as well as, making use of Project Independence participants who would qualify for the department's tracker position.

Finding, Chapter IV, Issue 2

#### Recommendation

We recommend that the department evaluate current tune-up programs for noncompliant aftercare youth to determine if programs are effective in reducing recidivism and to identify any features of these programs that work well. If returning aftercare youth briefly to residential beds proves effective, we recommend that the department develop specific policies and procedures for the timely placement of aftercare youth in these beds.

#### Response

The department recognizes that very few programs feature tune-up options. A major undertaking of site visits, interviews, focus groups, and quantitative analysis of aftercare programs is being done at this time. The department is also developing specific policies and procedures which address the timely placement of aftercare youth in these beds.

Finding, Chapter IV, Issue 3

#### Recommendation

We recommend that the department assess whether residential independent living programs should be targeted to older, high-need aftercare and post-commitment youth.

#### Response

The department is currently drafting Independent Living policies and procedures that identify the most appropriate youth for residential independent living programs. The draft criteria targets those post-commitment youth who are ages 15 through 19 and have been assessed as having high

independent living needs. This criteria is also specified in the department's most recent Independent Living Request for Proposal (RFP).

#### Recommendation

We also recommend that the department continue to identify and encourage ways to collaborate with state and community-based agencies to access multiple funding sources and to pool independent living resources.

#### Response

The department is currently drafting Independent Living policy which emphasizes creative collaboration with community-based, local, and state agency partners. This policy stresses that the districts seek Independent Living resources from multiple funding sources and pool these resources to lay the framework for continued support. It is anticipated that the department and its partners will work together on programming and planning issues that address the continuum of services for Independent Living youth.

Finding, Chapter IV, Issue 4

#### Recommendation

We recommend that the department identify the treatment models being used by current residential commitment and aftercare providers. We also recommend that the department amend contracting procedures to obtain treatment model information for future programs.

#### Response

The department agrees with this recommendation. The department's Contract Unit is currently working to update treatment models with an expected completion date of March 1996. Because there are now over 500 programs, examination of contract documents and program descriptions in an effort to obtain this information is a major workload issue. In the interim, RFP authors and contract managers have been instructed not to make any changes to current models unless directed by headquarters. To ensure that this baseline information is incorporated into all department contracts, programs which do not have a treatment model description adequate to support evaluation efforts will be contacted and in some cases given technical assistance in order to develop a clear articulation of their model.

#### Recommendation

We further recommend that the department or the Juvenile Justice Advisory Board use this information to assure the individual and combined effectiveness of the various treatment philosophies as discussed in Chapter IV of this report.

#### Response

To date, most evaluation efforts have involved data analysis rather than process evaluation involving on-site observation, due to the labor-intensive nature of the latter. The shift toward this type of evaluation represents a fundamental change in the way the department has gauged the effectiveness of programs. Although a large-scale evaluation of this nature would require substantial additional resources, a systematic program which targets specific programs each fiscal year could be established with the addition of two professional FTE's in the department's Bureau of Research and Data.

Finding, Chapter V

#### Recommendation

We therefore recommend that the department establish reporting requirements for pertinent data collected during needs and risk assessments. The department should establish procedures to routinely extract this data to assist in interpreting the effectiveness of aftercare programs in reducing recidivism.

#### Response

The department is in the process of developing a Juvenile Justice Information System (JJIS), which will capture the pertinent data collected during the risk and needs assessments. The data elements included in this new system will enable the department to develop research and data reports, extract a wealth of information, and decrease much of the paper work associated with this process. This system is being developed in a user-friendly manner and 15 district pilot sites will begin testing portions of this system in the Spring of 1996.

#### Recommendation

We recommend that the department identify the treatment theories used in each aftercare program and establish procedures for aftercare staff to regularly report services provided. This will enable the department to more readily replicate programs that are effective in reducing recidivism and modify or eliminate unsuccessful programs.

#### Response

The Office of Programming and Planning is currently developing a resource guide that will provide pertinent information on each of its programs including the treatment theories used. The new JJIS will allow the department to capture a regular report of services provided. Staff will be trained on the use of this system and the proper method for inputting required information.

#### Recommendation

We therefore recommend that the department follow through with its plans to assign unique SAMAS identifiers to each of its programs. This will enable expenditures to be traced to the actual program that incurred the costs. The department should establish procedures to make direct and indirect cost information comparable among programs.

#### Response

The department is following through with its plan to assign unique SAMAS identifiers to each of its programs. Lack of adequate staffing and increased workload has delayed the development of this project, but the department expects to complete this task within the fiscal year.

#### Recommendation

To make the department's aftercare outcome measures meaningful, we recommend that the department redefine its measure of successful completion to exclude termination by law. The department should also consider including information on the extent to which the youth's treatment goals were achieved as outlined in individual treatment plans. In addition, the department may wish to develop other measures of positive reintegration into the community, such as involvement in school or employment, to better evaluate the usefulness of aftercare programs.

#### Response

The department has already addressed the issue of termination by law, and these are no longer counted as successful completions. In addition, the new JJIS, which is being developed by the department's Bureau of Management Information Systems, will include additional data elements to enable the extraction of this information.

#### Recommendation

The department should also consider adopting the methodology recommended by leading researchers to better control the external influences on recidivism when evaluating the effectiveness of aftercare. This methodology predicts recidivism based on the characteristics of youth that research has demonstrated lead to recidivism and compares predicted with actual recidivism rates.

#### Response

The department agrees with this recommendation. The department is currently reviewing the work of leading researchers and reports from the United States Office of Juvenile Justice and Delinquency Prevention that focus on methods to control external influences on recidivism when evaluating the effectiveness of aftercare. We have determined that it would be best for us to formulate these predictions on a statewide level. The Office of Programming and Planning will work with the Bureau of Research and Data to determine the best methodology for Florida.

#### Recommendation

Finally, the department should coordinate with the JJAB to ensure that the department provides meaningful data to facilitate accurate program reviews.

#### Response

The department has and will continue to coordinate with the Juvenile Justice Advisory Board to ensure that we provide meaningful data to facilitate accurate program reviews. In addition, the Bureau of Research and Data has been actively involved in efforts to obtain grant funding to underwrite several of the positions needed to support the studies noted in this report.

#### JUVENILE JUSTICE ADVISORY BOARD

February 6, 1996

John Turcotte, Director Office of Program Policy Analysis and Government Accountability 111 West Madison Street, Room 312 Tallahassee, FL 32302

Dear Mr. Turcotte:

Thank you for the opportunity to comment on OPPAGA's draft report on the Department of Juvenile Justice's aftercare programs. The Juvenile Justice Advisory Board wishes to offer the following general comments.

Program Design

Although this statute does not address transition planning, transition planning, done in conjunction with the youth and his family and addressing the individual needs of the youth and his family, is essential for youth to successfully complete the aftercare phase of commitment.

Program Organization

The JJAB's responsibilities under 39.003(4), F.S., are considerably broader than is indicated in the report, including establishing and operating an outcome evaluation system for juvenile justice programs.

#### Aftercare Capacity

Existing research is inconclusive about the optimal length of time a youth should be under aftercare supervision or the relationship between length of time in a commitment program and length of time on aftercare. Because of this, the JJAB recommends a comprehensive evaluation of model aftercare programs to examine the theories and practices of these models and the relative effectiveness of each model in reducing recidivism during and after aftercare supervision. The department is requesting nearly \$2.5 million for additional aftercare slots in the FY 1996-97 LBR. Perhaps the Legislature should consider using a small portion of amount requested to fund an evaluation of aftercare programs.

#### Issues in Aftercare

The need to return noncompliant aftercare youth to more costly residential confinement may be mitigated if, as a part of aftercare services, the youth and his family were offered supportive services through a family support/family development worker and community agencies. Such a worker could be a trained paraprofessional who reflected the ethnic and cultural background of the youth, his family and his neighborhood.

The difficulty some youth have in adjusting to aftercare may reflect the commitment program length of stay issue. Most commitment programs do not keep youth for the designed length of stay; therefore, the youth has not benefited fully from program participation. Additionally abbreviated lengths of stay may not permit adequate time for transition planning and linkages to community services.

There will always be some percentage of youth who will need to be reconfined for noncompliant behavior. Some providers of aftercare services have suggested developing temporary residential programs for such youth, which would not require youth to be placed back into scarce commitment beds. The feasibility of this suggestion may be worth exploring with representatives from the department, OPPAGA, JJAB and provider groups.

The difficulty the report notes in placing programs for delinquents in communities continues to be a major problem. Security concerns can be addressed, to some extent, by having staff secure programs. The Departments of Juvenile Justice and Health and Rehabilitative Services should be encouraged to pool categorical or block grant funds to develop model independent living programs for youth on aftercare status who cannot or should not be returned to their homes. These programs could be collaboratively evaluated by DJJ, HRS and the JJAB.

The report recommends that the department or the JJAB use treatment model information to assure the effectiveness of treatment philosophies. This could only be done through a comprehensive evaluation. The existing information system does not contain data field to capture the services provided to youth while in a program or the frequency, intensity or duration of these services, which would be needed to assess effectiveness. It is also worth noting that research literature does not indicate that longer lengths of stay reduces recidivism. In fact, several studies indicate that harsher punishment is positively correlated with higher recidivism.

Barriers and Solutions to Replicating Successful Aftercare Programs

The outcome evaluation report for FY 1994-95 has been approved by the JJAB and is available to the public. Unlike pervious department reports, the JJAB outcome report focuses only on the intermediate outcome of program completion and the long-term outcome of recidivism. Additionally, the report contains the results of multivariate analyses to develop predictive models of recidivism. Since no service-related data or data on individual or family characteristics are available through the client information system, the analyses were limited to demographic and offense-related data. Therefore, the ability of the researchers to develop true predictive models were severely limited. The results were, however, consistent with results found in the literature: recidivism was highest for minorities, young releasees, males, those with a large number of property crimes and those who did not receive aftercare. We would caution other researchers not to limit the predictor variables used in model development to those identified in research conducted in other states. The JJAB Annual Report and Fact Book, which will be published on February 15th, contains the other program-related information referenced in your report.

The outcome evaluation report completed by the JJAB indicates that for the sample of youth released from aftercare during FY 1993-94, 17 percent were subsequently readjudicated within the juvenile justice system. The 38 percent figure cited in your report is derived from our sample of youth who were released from commitment programs during FY 1993-94, who were placed in aftercare and who were readjudicated within the juvenile justice system. The reoffense leading to the readjudication may or may not have occurred during the time the youth was on aftercare status. Because of limitations with the current client information system, it was not possible to determine whether the youth was on aftercare status when a reoffense occurred, only that the offense occurred during the one year follow-up period.

The JJAB has been working with the department and representative providers for several months to develop a cost-effectiveness model. We have reached consensus on some of the general components which should be included in the model, but not on the specific definitions of these components or the calculation of cost-effectiveness.

The JJAB recognized the need to redefine program completion and has done so in the outcome report. There are now four categories of release: satisfactory release, mandatory release, unsatisfactory release and other.

We agree that recidivism should not be the only client outcome measure used to determine program effectiveness. Although recidivism is a useful outcome measure, other outcomes which measure changes in attitudes, behavior, knowledge, skills or abilities or circumstances should be developed. The board has begun this work through community forums with key stakeholders. In addition to realiability problems with recidivism data, there are also validity issues. The principle validity issue relates to the small number of clients composing the recidivism cohort for individual programs.

Sincerely,

Henry George "Skip" White Executive Director