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## Florida Steps in Early, and Troubled Teenagers Respond

By **ERIK ECKHOLM**

TALLAHASSEE, Fla. — Sarah Cooksey, 30, and her husband, Tom, are firefighters, and Sarah is an emergency medical technician as well. “I run into burning buildings and help people in the deepest crises,” she said.

So she felt bewildered and desperate when deteriorating relations with their adopted daughter, Amanda, culminated in a vicious physical fight, with the 17-year-old girl stomping out of the house. The police, who picked up Amanda, suggested an emergency shelter for a two-week cooling off period, a place where troubled teenagers receive anger-management lessons, social skills classes and counseling for themselves and their parents — and later bedtimes if they follow the rules.

Amanda’s voluntary stint in that group home in February was the start of family healing, both she and her parents said recently.

The shelter in Tallahassee, one of 28 around the state, is part of a system of aid for adolescents that, in its breadth and approach, represents a major shift in thinking around the country: earlier intervention when families are boiling over, rather than waiting until the children end up in costly, soul-crushing detention or foster care.

The system of respite and treatment aims to keep families intact and divert “ungovernable” children from a criminal path. It is run by the Florida Network of Youth and Family Services, a nonprofit umbrella group, and is financed by the State Department of Juvenile Justice. An evaluation in 2001 by Florida Tax Watch, a private research group, found that the network was probably saving the state \$15 million or more a year by keeping vulnerable children out of detention.

The network has been praised as a model for other states and will be studied by Nebraska officials looking to fill the gaps in family service that were revealed there this fall, when dozens of desperate parents handed unruly preteenagers and teenagers to state custody, forcing a change in the state’s safe-haven law.

Overseeing dozens of private agencies throughout Florida, the network serves a group that too often falls between the cracks: children who are deeply troubled, but not abused, neglected or criminal. Some 7,000 children pass through the shelters on a voluntary basis each year — uncontrollable children, runaways and chronic truants, usually referred by schools, the police or parents. Another 11,000 children and families, of some 30,000 who call in for help or advice, receive free or low-cost counseling and referrals without shelter stays.

By law, the shelters cannot serve children who are facing juvenile charges or families under investigation by the child-welfare office.

"The Nebraska experience has exposed the needs of youths who engage in noncriminal misbehavior," said Jessica R. Kendall, assistant staff director of the American Bar Association's center on children and the law, who praised the Florida approach.

Sara Mogulescu, director of the center on youth studies at the Vera Institute of Justice in New York, a nonprofit research and policy group, said earlier intervention was "what a lot of places are moving toward, and Florida is at the forefront."

These experts described other promising efforts, on a less sweeping, statewide scale, in Arizona, Connecticut, Illinois and New York.

Florida's juvenile justice department keeps data on network clients for only six months after they leave the program; these show that about 90 percent of children passing through it did not enter juvenile custody during that period.

Yet the youth network, like other social programs, is prey to Florida's budget woes. With origins in runaway shelters established in the 1970s and '80s, the current broader program was created in 1997. The number of shelters and children helped has steadily grown, but this year, state grants have fallen to \$28.5 million, from \$32 million last year, said Dee Richter, director of the network. This means, Ms. Richter said, that 2,500 fewer children will receive nonresidential aid in the year ahead, and the state's fiscal crisis does not bode well for the future.

Ira Burnim, legal director of the Bazelon Center for Mental Health Law, a nonprofit advocacy group in Washington, said the Florida program was helpful, but Mr. Burnim was skeptical about the long-term benefits for children with severe behavioral problems. Florida, like other states, has a shortage of subsidized psychiatric services for adolescents, he said, especially the costly long-term care needed by those with mental illness.

Mr. Burnim added that weekly meetings with a therapist were seldom enough to turn around children with the most challenging problems, but that "wraparound" services — in which counselors spend enormous time with children and their families teaching them new ways to interact, and teachers, coaches and others in the child's life all work together — had proved most effective in studies. The approach is being used on a limited scale in several states, he said.

Mental health care remains one of the toughest challenges for the Florida Network, Ms. Richter acknowledged, with an initial psychiatric assessment often costing \$400. The network's focus, however, remains crisis intervention, she said, and many are helped with less expensive counseling.

For some families, the 14-day cooling off period is enough; for others, the crisis is a sign of deeper problems — a parent's alcoholism, a child's mental issues — that require more attention.

"We're putting on a Band-Aid to stop the bleeding while we assess their needs," said Shannon Martin, program director at Capital City Youth Services in Tallahassee, the shelter Amanda stayed in last winter.

That shelter has 18 beds, with children sharing dorm-like rooms, a recreation room with television and a

small outside area for sports. Children are bused to their same schools to minimize disruption.

Several children at the shelter on a recent day said it offered a welcome spell of peace and consistency. "They have boundaries," said a 15-year-old girl who has fought with a foster mother she said was alcoholic. "A kid needs that, and I don't have any at home."

She said she was glad that she was required to do homework and that the whole day was carefully structured. After school, the children have an hour of physical activity, do their homework and then have group counseling or social skills classes. After dinner, they have chores. Each child has individual therapy at least once a week, and two young social workers stay constantly with the children, trying to provide models of appropriate behavior.

A 14-year-old boy who was finishing a two-week stay said: "I'm learning to control my aggression and communicate better. There's always going to be problems at home, but when things get extreme, you've got to calm down."

In his case, he attended anger-management sessions and developed methods for coping with aggressive feelings, like shooting baskets or practicing deep-breathing techniques.

"I'm feeling better about talking with people about stuff," he said.

The Cookseys' relationship with Amanda had deteriorated in the two years since they had adopted her at 15. (Her birth mother, already struggling, sustained a brain injury and could not provide adequate care.) The girl was defiant, lying and even dabbling in witchcraft, Ms. Cooksey said. After their fight in February, Amanda ran back to her biological mother's house. The policeman who picked her up said he could take her home to the Cookseys or to the Capital City shelter.

"I figured I needed some time to cool off," Amanda, now 18, said. "My anger consumed me, and for the first week, I didn't want to go home. But then I had time to clear my head, and I decided to give it a second chance."

Of that awful day they fought, Ms. Cooksey said: "I cried and said what is happening to me? Here I am helping all these other people, and I can't help myself."

The anger and confusion that had engulfed Amanda seemed distant during a recent visit to the Cookseys' suburban home, where she proudly took out a scrapbook she had made with pictures of her dual family trees. Ms. Cooksey, for her part, said that both of them had learned to take a time out when anger was building, to leave the room or take a walk.

Amanda, sitting close to Ms. Cooksey, said that through therapy she had begun to understand her feelings and to communicate better — expressing appreciation, for example, though she still fights the impulse to lie when convenient.

"I know it's going to take time," she said, "but I'm trying with all my heart to make a different life."