RESOURCE NEEDS
FOR
YOUTH WITH
RUNAWAY BEHAVIORS

Think of the Child First

Committee Report
March, 2005
RESOURCE NEEDS FOR YOUTH WITH RUNAWAY BEHAVIOR

DSCYF Mission: To provide leadership and advocacy for Delaware’s children. Our primary responsibility is to provide and manage a range of services for children who have experienced abandonment, abuse, adjudication, mental illness, neglect, or substance abuse; and we endorse a holistic approach to enable children to reach their fullest potential.

DSCYF Vision: Our vision is to THINK OF THE CHILD FIRST! We want every child to be safe, and have stability, self-esteem, and a sense of hope.

Committee Members: Florence Alberque (CDNDSC)
Curtis Bounds (GAL)
Tania Culley (OCA)
Denise Crowley (Child, Inc)
Susan A. Cycyk (DSCYF)
Joe Dell’Olio (Child, Inc)
Jameelah Dennis (DSCYF)
Harvey G. Doppelt (DSCYF)
Angela M. Fowler (OCA)
Carlyse Giddins (DSCYF) – Co-Chair
Patricia M. Hearn (DSCYF)
Rose M. Holmquist (DSCYF)
Darlene Y. Lantz (DSCYF)
Morgan Leyh (Family Court)
James Maxwell (DOJ)
William N. Nicholas (Family Court)
Nancy Pearsall (DSCYF)
Susan J. Radecki (DSCYF)
Bianca Robertson (Cornell Abraxus)
Alice M. Tholstrup (DSCYF)
Randal W. Wimberley (DSCYF) – Co-Chair
Presenting Issue
In July 2004 a multi-disciplinary committee formed to look at the feasibility of a secure care facility for Delaware’s runaway youth. The impetus for the committee stemmed from the growing concern that children displaying chronic runaway behaviors were placing themselves at extreme risk while on runaway status and that once apprehended, there were no effective placement alternatives to stabilize and then provide effective treatment interventions. Representatives from the Department of Justice, Family Court, Office of the Child Advocate, Division of Child Mental Health, Division of Family Services, Division of Management Services, Division of Youth Rehabilitative Services, Office of the Secretary, and interested community partners of Child Inc, served on the Committee.

Defining the Issue
By August 2004, the Committee shifted its focus to the broader perspective of identifying the true resource needs of runaway youth while continuing to recognize that secure care may be a necessary intervention for some of these children. The Committee’s objective became identifying resources and interventions to better serve this population of youth and keep them safe. Further discussion narrowed the population of most concern to be females in Children’s Department custody who display chronic uncontrollable and runaway behavior.

Legal Considerations
In considering secure care for runaways, the Committee questioned the legality of taking such action. Committee representatives from Family Court and the Department of Justice researched the question. Both Federal and State law prohibit placing dependent or neglected children in a secure detention facility or a secure correctional facility unless charged with or found to have committed a delinquent act. In 1977, Delaware decriminalized status offenses. That is, runaway and uncontrollable youth could no longer be declared delinquent. Delaware’s anti-mixing statute followed. Olmstead addresses institutionalizing persons with mental health issues and is one source of “least restrictive” interpretations.

Committee member Family Court Judge William Nicholas noted that in the 1970’s status offenders were “legislated out of existence”. These youth had to be either neglected/dependent or delinquent.

Applicable statutes allow for runaway youth to be placed in secure care as long as these youth are not placed in detention facilities, inappropriately “mixed” with delinquents and as long as their placement in secure care is deemed to be in their best interests.

Characteristics of the Population
From the outset, there was general consensus to the characteristics and approximate number of this identified population of runaway girls. These girls are not compliant with caretakers. They are uncontrollable and run away. Frequently they have a diagnosis of Conduct Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder. They often have a history of sexual abuse and/or substance abuse. They are unwilling to engage in treatment. They engage in self destructive behavior but commit low level offenses or commit no crimes but associate with males who are committing crimes.
However, no existing statistical report captured the exact numbers or analyzed the characteristics of this population of girls. The Committee agreed to use the statistics gathered by DFS, recognizing that these numbers did not capture the total number of runaways or runaway episodes. DFS began compiling statewide statistics of missing children in DFS custody in November 2002. These statistics are compiled at the end of each month and record only those children still listed as missing on the last day of the month.

As a beginning point these numbers would provide a “snapshot” of the identified population. From January 2003 through June 2004, thirty-four runaways were identified. Twenty-one of these runaways were female. To look at the characteristics of these girls, the Office of the Child Advocate conducted a comprehensive case review of eight of the twenty-one females using the following criteria:

- Age
- # of runaway episodes
- Sexual abuse (suspected, investigated, founded)
- Physical abuse (suspected, investigated, founded)
- Domestic violence in home (suspected, investigated, founded)
- Substance abuse (suspected, diagnosed, treatment)
- Legal (crimes committed while on runaway)
- Mental health issues (suspected, diagnosed)
- YRS involvement
- DFS status
- Risk behavior
- Education
- Other pertinent information

The review of these eight females revealed them to be representatives of the twenty-one females on the DFS list. Many of the girls were Alternative Planned Permanent Living Arrangement, had multiple runaway episodes, exposure to domestic violence, history of sexual abuse and physical abuse, substance abuse issues, Conduct Disorder and Oppositional Defiant Disorder diagnoses, YRS and CMH involvement.

The Office of the Child Advocate analysis confirmed the Committee’s original impressions of the issues presented by these girls and provided direction as to their resource and treatment needs.

**National Facilities/Programs and Research**

A number of Committee members researched model programs in other states. Most notably, the Committee looked at Bellefaire Jewish Children’s Bureau in Shaker Heights, Ohio and Dr. Lois Lee’s Children of the Night program in Van Nuys, California.

At the January 2005 meeting, Florence Alberck, new Executive Director of Delaware’s Child Death Review, joined the Committee to describe Florida’s programs for this population of girls.
Children of the Night, founded by Dr. Lois Lee, is a private non-profit organization dedicated to assisting child prostitutes. Located in Van Nuys, CA, Children of the Night is a twenty-four bed, staff secure facility which provides room, board, clothing, on-site schooling, counseling, and emotional support. Individualized plans are subsequently developed for each child which can include remaining at the facility, foster care, independent living, or college. Each child is offered life long support through the alumni program. The program is highly structured with emphasis on appropriate adult role models and providing “unconditional love”.

Bellefaire Jewish Children’s Bureau is headquartered in Shaker Heights, Ohio. Jeff Lox from Bellefaire traveled to Delaware for the Committee’s November 2005 meeting. Bellefaire provides an array of child welfare services including traditional foster care, specialized foster care, therapeutic foster care, transitional and independent living. Bellefaire also operates as a managed care mental health provider with services ranging from assessment to locked intensive care. Mr. Lox stated that the population of Delaware’s runaway adolescent girls would be candidates in Bellefaire’s open residential intensive treatment center or programs. Bellefaire serves youth with traditional mental health diagnoses and youth with behavioral management diagnoses in their residential treatment facilities. As youth progress, a plan is developed and there is step-down to less intensive treatment. In some situations, intensive treatment is not necessary and community based programs are utilized.

Florence Alberck, currently Executive Director of Delaware’s Child Death Review, has had extensive experience in Florida’s child welfare and mental health system prior to coming to Delaware. Ms. Alberck’s experience was that traditional mental health services were not successful with this population. Rather specialized foster homes with foster parents committed to these girls has been successful. Specialized child welfare units, working in conjunction with specialized police personnel have also been successful.

Research of model programs made it apparent that no single program but a broad array of programming and resources which address the needs of these girls from multiple vantage points had best chance for success.

**Recommendations for a Model Program in Delaware**

Whether the programming for runaway adolescent girls be secure residential, open residential, family or community based; the Committee agreed the program must embody these elements:

1. **Incorporates System of Care Principles**
   - Seamless within and across organizations
   - Team includes families as partners
   - Child centered and family focused
   - Appropriate type and duration
   - Culturally respectful
   - Community based
   - Strength based

2. **Addresses the Major Developmental Domain of Adolescent Girls**
   - Physical
3. **Offers Comprehensive Services**
   - Assessment
   - Education
   - Mental Health
   - Service Planning
   - Daily Activities
   - Recreation
   - Parent Involvement (when applicable)
   - Transition

Certain critical recommendations emerged from the Committee’s work which are felt to be vital to successful intervention with this population:

1. The critical importance for the child to develop a long term trusting relationship with an adult mentor.

2. The need for a comprehensive assessment for every child entering care with timely and appropriate services to follow.

3. A re-thinking of “least intrusive” philosophy for this population when intensive front end services may be in the child’s best interest.

4. Approaching these youth with a broad array of services to match their needs and which move beyond a traditional mental health model into more intensive behavior intervention.

5. Programming for this population will be incremental and the Committee supports first steps in the Foster Care Request for Proposal and endorses the Children’s Department Budget Initiative to place Behavioral Specialists in the DFS Regional Offices.

**Next Steps**
The Resources Needs for Runaway Youth Committee understands that a number of initiatives are currently underway which can review and incorporate the Committee’s recommendations for serving the needs of runaway youth. At the suggestion of DFS Director Giddins and DCMH Director Cycyk, the Committee is submitting this concept paper to:

1. Child Protection Accountability Commission – Mental Health Subcommittee
2. Girls Initiatives Task Force
3. Juvenile Delinquency Alternatives Initiative
4. System of Care State Team