

## **CHAPTER 5**

# **SPECIAL EDUCATION SERVICES IN JUVENILE JUSTICE EDUCATION**

### **5.1 Introduction**

More than 125,000 youths are incarcerated in approximately 3,500 public and private juvenile justice programs in the United States (Snyder, 1998). The majority of youths who enter these facilities possess a vast array of academic, behavioral, social, mental health, and medical needs. Large numbers of incarcerated youths are educationally deficient and have experienced a history of school failure and retention (Center on Crime, Communities, and Culture, 1997). These youths are disproportionately male, poor, minority, from a single parent home or raised by a grandmother, and have significant behavioral and/or learning concerns that entitle them to special education and related services (Office of Juvenile Justice and Delinquency Prevention [OJJDP], 2002).

Quality education is critical to rehabilitation, and it is considered the “foundation for programming in most juvenile institutions” (OJJDP, 1994, p. 129). Assisting youths with the acquisition of appropriate academic skills is thought to be one of the most effective approaches to the prevention of delinquency and the reduction of recidivism (OJJDP, 2002). Moreover, higher rates of literacy skills are associated with lower rates of juvenile delinquency, rearrest, and recidivism.

While many juvenile justice programs continue to strive toward providing appropriate and adequate educational services to incarcerated youths, students with disabilities have a heightened need for individualized and specialized services. In Florida’s juvenile justice programs, there has been a significant improvement in the identification of students with disabilities. Moreover, there has been increased quality in the provision of educational programming for students with certain disabilities. Due to the state mandates that require individualized instruction for all incarcerated students; for example, students classified as specific learning disabled (SLD) and mentally handicapped (MH) have academically benefited from the design of curriculum that is specifically tailored to meet their identified educational needs. There is a significant number of students with emotional and/or behavioral disabilities in the State of Florida who require an even more highly specialized curriculum and behavior management system in order to successfully succeed in the classroom setting. Those students are significantly larger in number than the students identified as SLD and MH.

The focus of this chapter, therefore, is to demonstrate the need to expand the appropriate and adequate provision of such services to students with emotional and behavioral disorders. To illustrate the significance of such an expansion of focus, by the time youths with emotional

and behavioral disorders have been out of school for three to five years, 58% have been arrested. On the other hand, by the time youths with learning disabilities have been out of school for three to five years, only 31% have been arrested (SRI International, Center for Education and Human Services, 1997). The Juvenile Justice Educational Enhancement Program (JJEPP) continues to recognize the significant needs of the learning disabled student; however, this chapter asserts that while the provision of those services has been improving and continues to improve in Florida's juvenile justice educational programs, there remains a gap in services to those students with emotional and behavioral disorders who appear to be at the greatest risk of re-offending.

This chapter includes five subsequent sections. Section 5.2 provides a selected review of current special education literature. There is also a review of best practices, particularly for incarcerated youths with emotional and behavioral disorders. Section 5.3 discusses the overrepresentation of youths with disabilities in Florida's juvenile justice education system, particularly those students classified as emotionally handicapped (EH) or severely emotionally disturbed (SED). Section 5.4 discusses the provision of exceptional student education (ESE) services in Department of Juvenile Justice (DJJ) programs. Section 5.5 reviews ESE services, teacher certification, and service delivery models. Section 5.6 presents a content analysis of quality assurance (QA) indicators related to special education and a three-year comparison of program performance in Florida's juvenile justice facilities. Section 5.7 provides a summary discussion of current and future implications for the provision of special education services in Florida's juvenile justice educational programs.

## **5.2 Literature Review**

### **Overrepresentation of Students with Disabilities in Juvenile Justice Facilities**

Youths with disabilities are overrepresented in juvenile justice programs (Burrell & Warboys, 2000). Many special educators, parents, and advocates are interested in ensuring that these youths receive the education and related services to which they are entitled under federal and state statutes. Until recently, however, the nature and extent of overrepresentation, the educational services provided, and the certification of special education teachers in juvenile justice programs have not been fully examined.

While approximately 12% of public school students have been identified as having disabilities that qualify them for special education services (U.S. Department of Education, Office of Special Education Programs, 2002), youths in the juvenile justice system are much more likely to have both identified and undiscovered disabilities. Thus, studies of incarcerated youths reveal that as many as 70% suffer from disabling conditions (Leone & Meisel, 1997). A more conservative estimate of the prevalence of youths with disabilities in juvenile justice programs is 32% (Quinn, Rutherford, & Leone, 2001). This finding is still notably higher than the aforementioned prevalence of disabilities among school-age children in the United States.

The results of a survey conducted by Quinn et al. (2001) suggest that youths with a specific learning disability or emotional disturbance are more vulnerable to placement in juvenile justice facilities than youths not identified as disabled. The survey found that 46% of incarcerated youths with a disability had a primary diagnosis of specific learning disability and 45% were identified with an emotional disturbance. Disabling conditions do not necessarily predispose youths to delinquent behaviors; however, some behaviors associated with a disability may create a susceptibility to the engagement of criminal activities. The over-representation of youths with disabilities in juvenile justice programs is consistently associated with school failure, marginal literacy skills, poorly developed social skills, and inadequate school and community supports (Rutherford, Nelson, & Wolford, 1986; Leone & Meisel, 1997).

While the mechanisms contributing to overrepresentation are not well understood, some evidence suggests that police officers, attorneys, judges, and juvenile probation officers are typically unaware of characteristics associated with youths' disabilities (Keilitz & Dunivant, 1986). Youths with disabilities may be more vulnerable to involvement in the juvenile or criminal justice system when poorly developed reasoning ability, inappropriate affect, immature social behavior, and inattention are misinterpreted by professionals as hostility, defiance, and lack of cooperation. Additionally, overrepresentation most frequently occurs among youths with emotional and behavioral disorders, learning disabilities, and mild mental retardation (National Center on Education, Disability and Juvenile Justice, 2001).

### **Students with Emotional and Behavioral Disorders in Juvenile Justice Facilities**

According to the Individuals with Disabilities Act (IDEA), emotionally handicapped (EH) is defined as

(i) a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.

EH also includes schizophrenia. EH does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

Students who are classified as SED experience the above conditions to a significantly more marked degree over a longer period of time, and the behaviors greatly affect the child's educational performance requiring additional support services (e.g., mental health counseling, an individualized behavior management plan, a smaller teacher to

student ratio, and intensive community and agency intervention and support) [IDEA, section 1401(26)(B)].

Although the prevalence of such mental health and substance abuse disorders among youths in the juvenile justice system is largely unknown, recent research suggests that these problems are significantly greater for juvenile delinquents than for other youths. It has been estimated that each year, of the youth who come in contact with the juvenile justice system, 150,000 meet the diagnostic criteria for at least one mental disorder, 225,000 suffer from a diagnosable alcohol abuse or dependence disorder, and 95,000 may suffer from a diagnosable substance abuse or dependence disorder (Cocozza, J. [as cited in Bilchik, S., 1998]). Research has also demonstrated that juvenile delinquents tend to have both mental health disorders and substance abuse problems. A high percentage of these students also have conduct disorders (Bilchik, 1998).

Students with such emotional disturbances typically have significant academic deficiencies, which often exacerbate behavior problems and lead to academic underachievement and school dropout (Chesapeake Institute, 1994; Kauffman, 1997). Evidence shows that remediating academic deficits in reading, writing, and mathematics is a critical factor in school success for these students, and is correlated with improvement in school behavior (e.g., Dunlap, Kern, dePerzel, Clarke, Wilson, Childs, White, & Falk, 1993). Emotional disturbance is a highly prevalent disorder among juvenile delinquents and as such can have a significant impact on the life of the affected child, his or her family, and other individuals in the child's life including peers, teachers, and community members.

## **Provision of Services and Best Practices for Students with Emotional and Behavioral Disabilities in Juvenile Justice Facilities**

In the general population, students who exhibit behavior problems serious enough to warrant intervention comprise approximately 10 percent of all children; about three to five percent of these could be judged to be emotionally disturbed. Unfortunately, evidence suggests that only about 20% to 30% of all children and youth with emotional and behavioral disorders are served in special education (Heward, 2000), meaning that the majority of children with emotional and behavioral disorders are not receiving services needed to effectively manage their disability. These students typically create discipline and behavior management problems for teachers and administrators, yet traditional responses to these problems (suspensions, placement in alternative programs, etc.) are often ineffective in changing the course of the problematic behavior.

Similarly, one in 10 children and adolescents suffer from some form of mental illness serious enough to cause impairment in functioning, yet fewer than one in five of these students receive needed treatment (U.S. Surgeon General, 2001). Furthermore, a small percentage of children have emotional disorders so serious that schools alone cannot meet their needs. Unfortunately, availability of coordinated interagency services among juvenile justice, mental health, and case management service providers is the exception, not the rule.

Incarcerated youths eligible for special education and related services are entitled to the same substantive and procedural rights afforded to youths in public schools; however, juvenile justice programs have not always historically met the requirements of IDEA, the Americans with Disabilities Act (ADA), and Section 504 of the Rehabilitation Act. In the 26 years since the passage of IDEA, the predominant concern in public schools has shifted from providing access to special education and related services to ensuring quality educational outcomes for students with disabilities. In contrast, providing basic access to adequate special education and related services continues to be a challenging endeavor in many juvenile justice programs. Moreover, research and experience demonstrate that the services available in the juvenile justice system to alleviate these problems are entirely inadequate.

Most often, special education and related services in juvenile justice programs are implemented in the broader context of general academic and vocational programs. Juvenile justice facilities may fail to adequately educate students with disabilities when prior school records are not received in a timely manner; when appropriate instructional strategies to accommodate learning and/or behavioral problems are not addressed; when parents, guardians, or surrogate parents are not involved in educational planning and programming; and exit transitional activities are not sufficiently considered.

Youths with disabilities who do not receive appropriate special education and related services may be more vulnerable to exclusion from the juvenile justice educational program (OJJDP, 2002). Students who have emotional and/or behavioral disorders are more prone to experience difficulty adjusting and conforming to the expectations of juvenile justice programs.

Research on emotional disorders has shown that the quality and duration of intervention is correlated with prognosis. The more intensive the intervention (e.g., services to both child and family) and the longer the duration of services, the better the outcome. Services provided in isolation or services terminated according to arbitrary criteria that are unconnected to the child's status have little positive impact on the student's overall functioning. Other studies have clearly shown that coordinated interagency services can improve the prognosis for youths with emotional disorders (e.g., National Technical Assistance Center for Children's Mental Health, 1998). Moreover, early intervention is cited as a critical variable in determining prognosis for children with emotional/behavioral disorders (Sprague & Walker, 2000). Early intervention can deflect the potentially ravaging effects of emotional/behavioral disturbance. The longer the delay in identification and treatment, the less likely effective intervention will be possible.

Other research has addressed effective treatment for youths in juvenile justice facilities. Several authors have identified an effective school environment as an essential promising practice in juvenile justice education (Coffey & Gemignani, 1994; Meisel, Henderson, Cohen & Leone, 1998). An effective school environment includes a comprehensive education program, consisting of basic academic skills, high school completion, General Educational Development (GED) diploma preparation, special education and related services, pre-employment training, and socio-emotional training.

After conducting a meta-analysis of 50 studies of institutional and community-based programs, Whitehead and Lab (1989) concluded, “correctional treatment has little effect on recidivism” (p. 291). Although other meta-analyses have come to similar conclusions, some types of treatment fair better than others. For example, Lipsey (1992) found that behavioral, skill-based, multi-modal treatment methods were more effective than other types of treatment. Lipsey also found that community-based programs had greater positive results than institutional programs. In addition, Lipsey (1998) found that (a) individual counseling, (b) interpersonal skills, and (c) behavioral programs were more effective than other types of treatment with noninstitutionalized serious and violent juvenile offenders, and that (a) interpersonal skills and (b) teaching family home (behavior modification in the home setting) programs were more effective than other types of treatment with institutionalized serious and violent juvenile offenders. Borduin, Mann, Cone, Henggeler, Fucci, Blaske, and Williams (1995) found that multi-systemic therapy was more effective than individual therapy in reducing future criminal behavior.

In sum, youths with disabilities are over-represented in juvenile justice programs. Even more striking, students with emotional and behavioral disorders seem to be highly represented in the facilities, and these youths require specific services to meet their specialized needs. Past research has found that treatment is most effective when initiated early, when evidence-based practices are used, and when multiple forms of intervention are used. Moreover, an overarching effective school environment is an essential promising practice in juvenile justice education.

### **5.3 Students with Disabilities in Florida’s DJJ Programs**

In Florida, the over-representation of students with disabilities in juvenile justice facilities is strikingly apparent when comparing the state average with the juvenile justice average. Table 5.3-1 illustrates that the percentage of students with disabilities in Florida is approximately two percent higher than that of the national average for school years 2001-2002, 2000-2001, 1999-2000, and 1998-1999. Over this four-year period, there has been a slight increase in the percentage of youths served by IDEA in the United States and Florida. In terms of the percentage change in Florida DJJ programs, there was little change in the first three years, but a substantial increase between the 2000-2001 and 2001-2002 school years from 37% to 43%. These data demonstrate a continuing and perhaps rapidly increasing over-representation of students with disabilities in juvenile justice programs in the State of Florida.

**Table 5.3-1: Percentage of Children (ages 6-17) Served Under IDEA, Part B During the 1998-2002 School Years for the U.S., Florida, and Florida DJJ**

School Year	ESE in U.S.*	ESE in Florida	ESE in Florida DJJ
2001-2002	11.6%	13.2%	43%
2000-2001	11.5%	13.2%	37%
1999-2000	11.3%	12.9%	37%
1998-1999	11.1 %	12.7%	36%

\*Includes all 50 states and Washington, D.C. (U.S. Department of Education, Office of Special Education Programs, Data Analysis System)

Table 5.3-2 contains the data regarding the overall prevalence of students with disabilities and the prevalence of specific types of disabilities for which students in juvenile justice facilities are receiving special education services. These data were collected from each of the 188 programs reviewed by JJEEP during the 2001 and 2002 QA review cycles. For data collection purposes, the categories consisted of specific learning disabled (SLD), emotionally handicapped (EH), severely emotionally disturbed (SED), mentally handicapped (MH), and other (e.g., speech and language impaired [SLI] and other health impaired [OHI]).

**Table 5.3-2: Number of Students Receiving ESE Services from Florida’s Juvenile Justice Programs in 2001 and 2002**

Disability Type	Number of Students Receiving Special Education Services (2001)	Percentage* of Students Receiving Special Education Services * (2001)	Number of Students Receiving Special Education Services (2002)	Percentage of Students Receiving Special Education Services * (2002)
SLD	1,321	36%	1,470	38%
EH	1,151	31%	1,303	33%
SED	684	18%	621	16%
MH	304	8%	292	7%
Other **	260	7%	231	6%
<b>TOTAL</b>	<b>3,696</b>	<b>100%</b>	<b>3,917</b>	<b>100%</b>

\*Percentages are calculated by dividing the number of students receiving special education services for a specific disability by the total population of students receiving special education services during the time of the 2001 and 2002 QA reviews..

\*\*Other includes the following students: Speech and Language Impaired (104), Gifted, Occupationally or Physically Impaired, and Other Health Impaired (34).

In Florida’s 188 programs reviewed by JJEEP in 2002, there were approximately 9,123 students on any given day. Of these, 3,917 (43%) were identified as students with disabilities. Specifically, 1,470 (38%) were identified as SLD, 1,303 (33%) were identified as EH, 621 (16%) were identified as SED, 292 (7%) were identified as MH, and 231 (6%) were identified as having other disabilities. Of particular note, the combined numbers of students with emotional and behavioral disorders (EH/SED students), amounts to a total of 1,924 students or 49% of the students receiving special education services.

Comparing the last two years, 2001 and 2002, the percentages with each of the ESE categories do not change very much (1-2%) in Table 5.3-2, but referring back to Table 5.3-1

it is evident that there was a significant increase in the total population of students with disabilities in Florida’s juvenile justice programs, from 37% to 43%. Both years reviewed demonstrate that students with emotional and behavioral disorders (EH/SED) account for approximately half of the ESE students.

### Students with Disabilities and Type of Juvenile Justice Program

The primary exceptionalities discussed in this section include students who are EH, SED, SLD, MH, and OHI. Those students identified as eligible for EH and SED services will be reviewed as one entity in order to examine designated variables related to all students with behavioral or emotional disorders. The total population of students with these identified disabling conditions amounts to 3,720 students who were incarcerated in Florida’s juvenile justice programs during the 2002 review cycle. Of these 3,720 students, 2,565 were in residential programs, 728 in detention, and 427 in day treatment programs. Table 5.3-3 shows the population of students with different types of disabilities by each program design (residential, detention, and day treatment).

Table 5.3-3 shows the number and percentage of students with disabilities as identified by their primary disability in Florida’s juvenile justice programs.

**Table 5.3-3: Students with Disabilities in Florida’s Juvenile Justice Programs by Primary Exceptionality**

Type of Exceptionality	Residential		Detention		Day Treatment		Total	
	#	%	#	%	#	%	#	%
<b>EH and SED</b>	1,382	54%	367	51%	175	41%	1,924	52%
<b>SLD</b>	960	37%	279	38%	231	54%	1470	40%
<b>MH</b>	199	8%	75	10%	18	4%	292	8%
<b>OHI</b>	24	1%	7	1%	3	1%	34	1%
<b>Total</b>	2,565	100%	728	100%	427	100%	3720	101%

Students with emotional and behavioral disorders (EH/SED) make up the largest percentage of students with disabilities in residential juvenile justice programs in Florida, at 54%. The second largest category includes students with specific learning disabilities (37%). The third and fourth categories are students with mental handicaps (eight percent) and students with other health impairments (1%).

In detention programs, students with emotional and behavioral disorders (EH/SED) once again make up the largest percentage (51%) of students with disabilities. The second largest category (38%) includes students with specific learning disabilities. The third and fourth categories are students with mental handicaps (10%) and students with other health impairments (1%).

Thus, both residential and detention facilities demonstrate that their largest population of students with disabilities includes those students identified as eligible for emotional and behavior disordered exceptionalities.

Conversely, Table 5.3-3 illustrates that students with specific learning disabilities make up the largest percentage (54%) of students with disabilities in day treatment programs. The second largest category (41%) includes students with emotional and behavior disorders (EH/SED). The third and fourth categories are students with mental handicaps (four percent) and students with other health impairments (1%). Students with specific learning disabilities may comprise the largest percentage of students with disabilities in day treatment programs because many of the programs have the option of accepting a student or recommending placement at another program. Students with emotional and behavior disorders may require additional support services that day treatment programs may not be adequately designed to meet. Day treatment in general serves less severe delinquency cases. Thus, the largest category of students with disabilities in DJJ programs overall are youths with emotional and behavior disorders (EH/SED).

## **5.4 Provision of ESE Services in DJJ Programs**

Chapter 7 of this annual report states that 44.2% of incarcerated youths in Florida's juvenile justice commitment programs were receiving special education and related services prior to the youths' commitment. Data collected during 2002 QA reviews indicate that 42.7% of the students were identified as receiving ESE services while incarcerated. Thus, only slightly over one percent of the students were not appropriately identified as being eligible for special education and related services during the 2002 cycle due to their prior IEP not being received, the prior and current IEP not being reviewed as a change of placement plan, or no communication with the prior school district and/or juvenile justice program regarding the documentation of the students' eligibility for special education and related services.

These data suggest that Florida's juvenile justice providers have done an exemplary job finalizing the entry transition, the critical process to successfully identify students with disabilities. In addition, Florida's juvenile justice providers have improved steadily in their overall provision of special education services. In fact, JJEPP has noted these changes in the QA reviews.

### **Targeted QA Ratings**

The following comparisons are drawn from results of QA scores from the last three years. The QA priority indicators E1.03 and E2.05 were selected because they include special education documentation, processes, and implementation of educational opportunities and related services such as counseling, speech and language therapy, occupational and physical therapy.

### E1.03 On-Site Transition (Student Planning)

This indicator requires a current IEP for each student with a disability, in accordance with state and federal law. Documentation of provision of special education services must occur within 11 days of student entry into the facility, including obtaining current IEPs and reviewing and determining whether the IEP is appropriate. If the IEP is not appropriate, an IEP meeting must be convened in a timely manner. IEPs must be used by all instructional personnel to assist in providing individualized instruction and educational services and placed in student files.

The QA scores from the 2002 cycle were examined and compared with previous years. This comparison better identifies the status of the provision of educational services for students with disabilities in regards to IEP development and implementation in a manner that is specific to each student.

### E2.05 Support Services

This indicator is presently classified as indicator E2.04 for detention centers. The indicator requires that support services be available to students and include special education services for students with disabilities that, at a minimum, consist of regularly scheduled consultative services and instruction that is consistent with each student’s IEP. The QA scores from the 2002 review cycle for all facilities (residential, day treatment, and detention) were examined and compared to scores from the 2001 and 2000 QA cycles. The comparison was to determine the quality of support services that are being offered to meet the needs of students with disabilities. Table 5.4-1 shows the mean QA scores for indicators E1.03 and E2.05 (which include ESE processes and service delivery) for 2000, 2001, and 2002.

**Table 5.4-1: Mean QA Scores for Indicators E1.03 and E2.05 During the 2000, 2001, and 2002 QA Review Cycles**

QA Indicators	2000	2001	2002
<b>E1.03 *</b> (Student Planning)	4.58	4.60	4.98
<b>E2.05 **</b> (Support Services)	5.60	5.30	5.65

\*E1.03 may be scored as follows: Superior – 7,8,9; Satisfactory – 4,5,6; Partial – 1,2,3; or Nonperformance – 0.

\*\*E2.05 may be scored as follows: Full Compliance – 6; Substantial Compliance – 4; or Noncompliance – 0.

Table 5.4-1 illustrates for indicator E1.03 that there was little change from 2000 to 2001 (4.58 to 4.60), but between 2001 and 2002 there was a significant increase in the mean score. Consideration should be given to the fact that indicator E1.03 encompasses both general education and special education services (e.g., IAP and IEP development). Thus, this score is not representative of only special education services.

For Indicator E2.05, the score was at 5.60 and dropped to 5.30 in 2001. In 2002, however, it increased considerably going from 5.30 to 5.65. This also slightly exceeded the score in 2000. The marked increase in the scores for indicator E2.05 in 2002 suggests heightened

incidences of compliance and quality programming in special education services. Indicator E2.05 exclusively identifies special education and related service provisions to students with disabilities. Due to the 2001 data documenting the need for additional training in the area of special education regulations, practices, and implementation of service delivery, JJEEP and DOE staff provided extensive training in ESE programming and service delivery at conferences, workshops, regional meetings, trainings, quality assurance visits, and special on-site technical assistance visits throughout the 2002 review cycle. The targeted training initiatives likely contributed to a significant increase in the provision of ESE services to students in Florida's juvenile justice programs.

Given the performance on these two indicators and the number of students being served, it is evident that Florida's juvenile justice programs have improved in both their disability identification and provision of services to students with disabilities in general.

Further, a review of QA reports from Florida DJJ facilities during the 2002 QA cycle with high satisfactory (6) to superior (7-9) QA scores including quality programming for youths with disabilities were selected to identify and analyze correlates of exemplary special educational services for students with disabilities. For those programs that received deemed status for the 2002 QA cycle, a review of the previous year's data was utilized. A comprehensive comparison of educational programming for students with disabilities in juvenile justice programs, including residential, detention centers, and day treatment were examined. The variables selected for comparison of best practices were: number and percentage of students with specific disabilities, teacher certification, E1.03 (student planning) QA scores, E2.05 (support services) QA scores, mean QA scores, support services provision, academic service delivery, and curriculum.

The cases presented were chosen as representative samples of programs providing quality special education services. A review of these QA report findings has identified the following key elements in programs' successful delivery of educational services to incarcerated youths with disabilities.

- The degree of individualization in all of these programs is evident. The curriculum is primarily competency-based and individualized for each student using individual academic plans (IAPs) and individual educational plans (IEPs) as the foundational educational templates. All of the programs place significant emphasis on a curriculum that addresses academics, vocational skills, employability skills, social skills, and life skills. Reading and literacy instruction are a priority. Additionally, GED programs are offered to those who do not plan to complete high school. Curricula also focus on remediation and literacy skills. Students who have a high school diploma or its equivalent have the option to take college level courses or participate in vocational activities.
- A variety of instructional strategies are employed, such as computer aided instruction, group instruction, lecturing, class discussion, individual reading, group projects, hands-on learning, educational games and videos, thematic units, multimedia, peer tutoring, one-on-one assistance, and the use of volunteer tutors and mentors.

- Programs provide a varied and extensive menu of vocational/technical courses for credit, including such areas as Spirited Girls, carpentry, masonry, seamanship, diving, building maintenance, and small engine repair.
- Entrepreneurship opportunities are available to students and include such activities as building a stock race car, running a school store, detailing cars, growing and selling plants, and creating and selling bookmarks, cards, and silk screen items.
- ESE services are provided on a daily basis by on-site personnel and at least monthly by school district ESE staffing specialists or consultants. All programs provide these support services through an inclusion model, a resource model, collaborative consultation, or a self-contained model.
- Class sizes are small with a low student-to-teacher ratio. The student-to-teacher ratio never exceeds 15:1 for any of the programs. This small number of students allows for increased success in the areas of behavior modification and academic individualization. Additionally, the small ratio allows teachers to be fully knowledgeable about each student's academic level, vocational interests, and treatment needs.
- Approximately 30% of all the programs' teachers are ESE certified and provide direct and indirect special education and related services to students with disabilities.
- Adequate educational and support staff are available to carry out the operations of the program, which enables them to effectively meet individual treatment and educational needs of all students.
- Teachers, support staff, administrators, and community participants display a program-wide dedication to carrying out the mission and philosophy of the programs.
- There is no significant difference in the quality of special education service delivery dependent on provider type. The majority of programs employ an inclusion service delivery model.
- The collaborative efforts between the programs and the school districts are strengths of all of these programs, without exception. These efforts foster healthy learning environments for the students and allow for more comprehensive programming. Additionally, teachers receive needed support creating a positive work environment, which, in turn, contributes to reducing teacher turnover.

## **5.5 Problem Areas of Service to Students with Emotional and Behavioral Disabilities**

As these improvements in identification and overall provision of services to disabled students have occurred, more specific attention can now be turned toward the largest percentage of students with disabilities, the emotionally and behaviorally disturbed, who require very specialized services. In fact, there appears to be a gap in services to this population. There are two prominent areas that help explain this problem. First, many program personnel do not have complete knowledge of these youths and their needs nor of all special education policies and practices. Thus, many of the staff dealing with this population do not possess

the skills necessary to adequately provide needed services. Second, these students are not necessarily receiving appropriate placements. For example, it has been noted that students' educational histories are not adequately addressed during hurried juvenile court proceedings, and students with disabilities tend to spend more time in juvenile justice facilities because their disability prevents them from successfully completing the programs.

## **ESE Certified Teachers**

Currently, juvenile justice educational programs face enormous challenges as they respond to their increasingly diverse student population. More and more students are in need of individualized educational programming to meet their academic deficits and behavioral concerns. These identified students and their public school counterparts are now held to the highest academic standard ever evidenced in Florida's public school history. The *Just Read, Florida!* legislative mandate, the heightened requirements for the attainment of a regular high school diploma (e.g., minimal credit requirements earned, at least a 2.0 GPA, and passage of the reading and mathematic sections of the Florida Comprehensive Assessment Test), and more stringent public school accountability measures place appropriate educational attainment and academic gains as significant priorities within all schools. Research-based education practices and the implementation of those practices in juvenile justice programs are essential to ensuring students' educational achievement.

In addition to meeting the challenges of promoting academic excellence, teachers in juvenile justice programs must also address how to effectively meet this mandate with students who have historically experienced a pattern of school failure, absenteeism, and truancy. Teachers also face the challenge of providing students with disabilities with an individualized and appropriate curriculum that remediates their weaknesses and promotes their areas of strengths. Moreover, they must have an understanding of emotional and behavioral issues and the skills to implement highly specialized services such as functional behavior assessments.

In response to federal and state initiatives, the highest qualified individuals are required to fulfill vacant teaching positions. Yet, such highly qualified teachers are critically needed in juvenile justice programs. As long as special education has existed, there have been shortages of qualified personnel. These shortages have long been an impediment to the appropriate implementation of effective special education programs.

Table 5.5-1 illustrates current information regarding teacher certification issues in Florida. Of particular note, the recent status of special education certification is included.

**Table 5.5-1: Comparative Analysis of Teacher Certification Status in Florida for 2002 and 2001**

	Total Number of Teachers	Number of Teachers Not Fully Certified	Percentage of Teachers Not Fully Certified	Number of Teachers Not Fully Certified, With Content Expertise	Percentage of Teachers Not Fully Certified, With Content Expertise
<b>Florida Totals</b>					
2001-2002	120,592	4,021	3.3%	376	0.3%
2000-2001	107,607	3,692	3.4%	1,470	1.4%
<b>Special Education- All Levels</b>					
2001-2002	22,666	1,147	5.1%	112	0.5%
2000-2001	20,776	1,019	4.9%	377	1.1%

\*This information was provided by the Florida Department of Education as a partial submission for the 2002 and 2001 Title 2 Annual Report, Washington, D.C.

During the 2001-2002 school year, of Florida’s 120,592 teachers, 116,571 are fully certified. The 4,021 teachers who are not fully certified are those who currently are not listed in the Bureau of Educator Certification database, but who may be certified at a later “count” or who may be teaching under Rule 6A-1.0502, FAC, (i.e., expert in the field), or who may be temporary or full-time substitutes. The 376 teachers not fully certified, but with content expertise, are teachers who hold temporary certificates based upon completion of content knowledge without professional preparation.

In 2002, special student educators represent approximately 19 % of the total teaching population. The percentage of teachers who are not fully certified in special education is 3.3%. For the second year in a row, non-certified special education teachers continued to rank second to career/technical education teachers.

### Service Delivery Models

Florida’s juvenile justice programs provide a menu of ESE service delivery models, albeit the provisions are limited in scope and do not always provide for a continuum of care for students with disabilities. Per students’ IEPs, a service delivery model is documented that the IEP team determines is the placement that best serves the students’ needs. In addition, the placement should comply with IDEA’s definitions and requirements for the least restrictive environment. Review of the most current literature, however, points out that appropriate placements are not always made for these youths.

Service delivery models include the following:

- Self-contained students with disabilities receive all or the majority of their educational services in one setting by a special education teacher. Supplemental support services are provided per students’ IEPs including counseling, speech and language therapy, occupational therapy, individualized behavior management program, and additional support personnel.

- Resource students with disabilities receive educational services from a pullout or small-group model whereby their identified areas of need are remediated (e.g., reading, writing, mathematics) by a special education teacher.
- Collaboration involves a team comprised of a special educator(s) and regular educator(s) who cooperatively plan for and serve students with disabilities. The power of the collaborative teams combined with the student and parent input lies in their capacity to merge their unique skills and talents, participate in the problem-solving process, and distribute leadership authority throughout the school community (Thousand & Villa, 1990).
- Inclusion ensures that students with disabilities receive all of their educational services in the regular education setting. Per students' IEPs, accommodations and modifications are implemented in order to provide individualized services as needed in order for students to maintain attendance within the regular education classroom.

Table 5.5-4 illustrates the breakdown of the ESE service delivery models per program design (residential, detention, and day treatment) utilized in Florida's juvenile justice programs during the 2002 QA cycle.

**Table 5.5-2: ESE Service Delivery Models in Florida's Juvenile Justice Programs**

Programs	No Svc	SC	R	C	I	All Svc	C/I	SC/C /I	R/I	SC/C	SC/I	R/C/I	SC/R /I
Residential	0	0	2	8	62	3	19	3	10	0	0	5	3
Detention	1	4	1	1	11	2	3	1	0	0	0	3	1
Day Treatment	0	0	1	4	23	1	4	1	2	2	2	1	0
<b>TOTAL</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>13</b>	<b>96</b>	<b>6</b>	<b>26</b>	<b>5</b>	<b>12</b>	<b>12</b>	<b>2</b>	<b>9</b>	<b>4</b>
<b>Percentage</b>	.05 %	2%	2%	7%	51%	3%	14%	3%	6.5%	6.5%	1%	5%	2%

Percentages are calculated by dividing the total number of ESE service delivery models by the total number of Florida's juvenile justice programs during the 2002 QA cycle, which is 188.

Clarification of symbols: Svc = services, SC = self-contained, R = resource, C = collaboration, I = inclusion

Table 5.5-4 documents that the inclusion model at 51% is the primary ESE service delivery model used overall by the juvenile justice programs in Florida. The combination of collaboration and inclusion at 14% ranks second, collaboration at 7% ranks third, and a close fourth is a combination of resource and inclusion at 6.5%.

## 5.6 Best Practices for Students with Emotional/Behavioral Disorders

In addition to the provision of highly skilled, certified teachers and appropriate program placement, there are specific provisions that programs must place particular attention on in order to best serve students with emotional and behavioral disorders. These include services that are outlined in an IEP specifically designed for youths with behavioral and emotional disorders as well as functional behavioral assessments and behavior intervention plans, all provided within an environment that is the most appropriate and the least restrictive.

## **Free and Appropriate Public Education (FAPE)**

Every youth with a disability, as defined by IDEA, is entitled to a “free and appropriate public education” (FAPE). This entitlement exists for all eligible children and youths, including those involved in the juvenile justice system “[b]etween the ages of 3 and 21, inclusive, including children with disabilities who have been suspended or expelled from school” [IDEA, section 1412(a)]. Section 1412 of IDEA also requires that, “to the maximum extent appropriate,” youths with disabilities, including those in public and private institutions or other care facilities, are educated with youths who are not disabled. Placement in special classes, separate schooling, or other removal from the regular education environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be satisfactorily achieved. This provision is often referred to as the student being served in the “least restrictive environment.” Thus, the emphasis should always be that the placement of choice should be as closely aligned to the regular educational setting as much as possible, while continuing to meet the student’s individualized educational goals and objectives.

Students with disabilities are afforded the protection under IDEA to receive special education and related services in the least restrictive and appropriate environment; thus, if a student enters a juvenile justice program with a prior and current individual education plan (IEP), the documented service delivery model must be considered as a viable placement option for that student. For example, if a student who is eligible for special education and related services as a student with an emotional handicap, enters the juvenile justice program with a prior IEP that documents that the resource room service delivery model is the designated educational setting, then the IEP team must consider resource as the setting of choice based upon the student’s needs not the program’s design and staffing pattern.

### **The IEP**

The 1997 IDEA amendments require that the IEP team consider special factors in developing the plan. Accordingly, the amendments direct the IEP for a student with emotional and behavioral disorders and whose behavior impedes his learning or the learning of others to include, if appropriate, positive behavioral interventions, strategies, and supports to address that behavior.

Juvenile justice programs have not appropriately addressed the IDEA requirement that personnel must consider the implementation of preventative strategies to assist in ameliorating problematic behaviors of incarcerated youths with emotional and behavioral disorders. Preventative interventions may include such related services as intensive mental health and substance abuse counseling, functional behavioral assessments, and behavior intervention plans.

## Functional Behavioral Assessments and Behavior Intervention Plans

The mandated provision of FAPE is of particular note regarding students with emotional and/or behavioral disorders because it is primarily due to their noncompliant behaviors that they are excluded from class, committed to confinement, and required to perform consequential tasks for their offense. The call for functional behavioral analyses and behavior intervention plans for the adjudicated youth is recommended as a viable strategy to address students' behaviors of concern. However, the implementation of this preventative measure presents some unique challenges within the juvenile justice setting. The primary concern, again, is the lack of trained personnel to conduct a functional behavioral assessment or behavior intervention plan for students of need.

Horner (1994) defines functional behavioral assessment in specific terms. Functional assessment refers to the full range of strategies used to identify the antecedents and consequences that control the problem behavior (e.g., ABC assessment, behavior interviews, questionnaires). The term *functional analysis* is reserved for the manipulation of the environmental events under experimental conditions with systematic observation of behavior. (p. 401).

In other words, a functional behavioral analysis uses a wide range of tools to determine what is causing the behavior of concern by examining what occurred before the behavior (the antecedent), what the behavior is, and what occurred as an outcome of the behavior (the consequence). By looking at these variables via a myriad of measures including student, parent, and teacher interviews, direct setting observations, and completion of behavior rating scales, the analyst can develop a hypothesis regarding the cause-effect relationships between the student, environment, behavior and its function or purpose. The function of behavior refers to the purpose that behavior serves for the individual. Behavioral functions typically fall into four categories: (a) attention-seeking, (b) revenge, (c) power, and (d) escape, or task avoidance.

Once the function of the behavior is determined, this information is used to design interventions to reduce problem behaviors and facilitate positive behaviors. The behavior intervention plan is the working document that provides a roadmap of the identified interventions and strategies, identifies how the plan will be implemented, and who will implement the plan. The student, parents, and other designated IEP team members design the plan to assist in extinguishing the targeted behavioral concerns and promoting appropriate behavioral outcomes.

Due to the increasing need to preventively address behavioral concerns of incarcerated youths with disabilities, juvenile justice providers and local school districts must work collaboratively to initiate and implement positive strategies and interventions to address those needs. Functional behavioral assessments and behavior intervention plans, in addition to specialized IEPs, must be considered as preventative tools in the campaign to address the significant emotional and behavioral needs of incarcerated youths with disabilities.

## **5.7 Summary Discussion**

Special educators, administrators, and parents are exploring ways in which special education services might be enhanced to help students with disabilities achieve the outcomes desired for all students, namely, completion of high school and meaningful participation in post-secondary employment or education.

Currently, between 42% and 44% of all students in Florida's juvenile justice programs are eligible to receive special education services. These students tend to be the most vulnerable for school failure. While programs and school districts have been slow to respond to legislation aimed to protect students with disabilities from school failure historically, JJEEP has observed significant improvement in both the identification and overall provision of special education services in Florida's juvenile justice facilities. With such improvement, JJEEP will now look closely at the services provided to students with emotional and behavioral disorders, the largest percentage of students with disabilities in Florida's juvenile justice facilities. This population appears to be particularly prone to behavioral problems leading to delinquency, yet the services provided to them are not adequate. There are a variety of factors that account for this problem.

First, DJJ programs, like all other schools, continue to lack sufficient certified ESE teachers. Thus, many of the staff working with these students do not possess the skills necessary to adequately provide needed services. As a solution to this problem, Florida is currently offering an abbreviated certification process for ESE candidate teachers. In addition, there are several innovative statewide pre-service opportunities for teachers who are interested in providing special education in juvenile justice facilities. One such provision is a federally funded grant involving the University of West Florida's Department of Special, Primary, and Vocational Education; the Florida Department of Education's Division of Workforce Development; Florida's Circuit One Residential and Detention Programs; the University of Central Florida's Project Central; Florida's Comprehensive System of Personnel Development; and Florida's Diagnostic and Learning Resources System (FDLRS). The intent of the project is to provide an economical and replicable teacher certification statewide training program that equips teachers with the necessary skills to address the major learning, employability, life and resiliency skill needs of incarcerated youths, while simultaneously equipping the teachers with the capability and academic credentials to assume leadership roles in curriculum development and provide the implementation of accommodations and modifications consistent with the unique needs of this population.

A second important area that appears to impact quality services to emotionally and behaviorally disabled students is appropriate program placement. Evidence of hurried juvenile court proceedings, and students with disabilities spending more time in juvenile justice facilities because their disability prevents them from successfully completing the programs demonstrates this problem. This critical issue must be addressed to ensure that students with disabilities are placed in programs that are designed to meet their needs. Thus, in order to more effectively provide appropriate placement options for adjudicated youths, it would appear helpful to provide a statewide training initiative in exceptionalities and their characteristics for juvenile court judges, state attorneys, public defenders, juvenile justice commitment managers, juvenile probation officers, and juvenile justice transition managers.

Moreover, to effectively educate and treat juveniles, there must be an increase in the number of quality treatment programs in juvenile institutions. This requires a significant commitment of resources and cross training to improve the ability of juvenile justice and mental health staff to deal with juvenile offenders who have mental health and substance abuse problems. It also requires a determination to maintain a therapeutic environment in the juvenile justice system. In support of this goal, the OJJDP has transferred funds to the Center for Mental Health Services to strengthen the capacity of its 31 child mental health sites to serve youths in the juvenile justice system. In partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), OJJDP has also transferred funds to the National Institute of Corrections to support the training and technical assistance work of the GAINS Center. The center helps court and juvenile justice leaders improve treatment and services for juvenile offenders with co-occurring disorders.

As special education and related services for students with emotional and behavioral disorders continues to be of utmost priority, new preventative strategies and interventions also need to be pursued as they relate to incarcerated youths. Another initiative to be considered, for example, is for the state to provide intensive and comprehensive statewide behavioral training to school district contract managers, juvenile program providers, faculty members, and staff. The training should include the development and implementation of functional behavioral assessments, behavioral intervention plans, wrap-around therapeutic and psychosocial services, and positive classroom management strategies. Currently, DOE and JJEEP are pursuing a partnership with the University of South Florida and its Positive Behavioral Support (PBS) endeavor to provide a pilot project with selected juvenile justice programs. This federally funded project provides a comprehensive, on-site team approach toward ameliorating students' problem behaviors. The initiation of the PBS model in juvenile justice programs is a novel approach. JJEEP is looking forward to working closely with DOE and the University of South Florida to assist in providing this unique training opportunity for school district and facility personnel.

It is also imperative to focus both on youths who are at risk for delinquency and those already in the juvenile justice system. OJJDP, in partnership with the National Institute for Mental Health (NIMH), is funding the Early Alliance project. This large-scale project in Columbia, South Carolina elementary schools is designed to promote coping and competence among youth and reduce their risk for conduct problems, aggression, substance abuse, delinquency, violence, and school failure.

Another future emphasis entails pursuing nationwide and statewide promising preventive practices that target successful outcomes for children at risk for juvenile delinquency. For example, Santa Rosa School District in Florida uses the full-service schools model to provide school-based and school-linked services at all 30 school sites within the District. The model includes comprehensive programming in 10 categories: (1) assessment, (2) child welfare, (3) educational, (4) health, (5) juvenile justice prevention, (6) mental health, (7) operational, (8) recreation, (9) vocational, and (10) community services. All programs and services are tied together through the utilization of an Integrated Services model. Central to the Integrated Services model is a dynamic, multi-agency team that provides prevention, early intervention, and crisis management services for individual students at-risk or in crisis. The school district

has documented that this innovative interagency and multi-agency approach has promoted positive outcome measures for students in need.

Special education services are critical for students with disabilities. JJEEP seeks to continue to discover ways in which programs and school districts can provide quality services within the limitations of the juvenile justice system. By increasing knowledge and awareness in this area, JJEEP continues to strive toward the goal of ensuring that all students are provided with a quality education while incarcerated in Florida's juvenile justice facilities that facilitates their successful community reintegration.