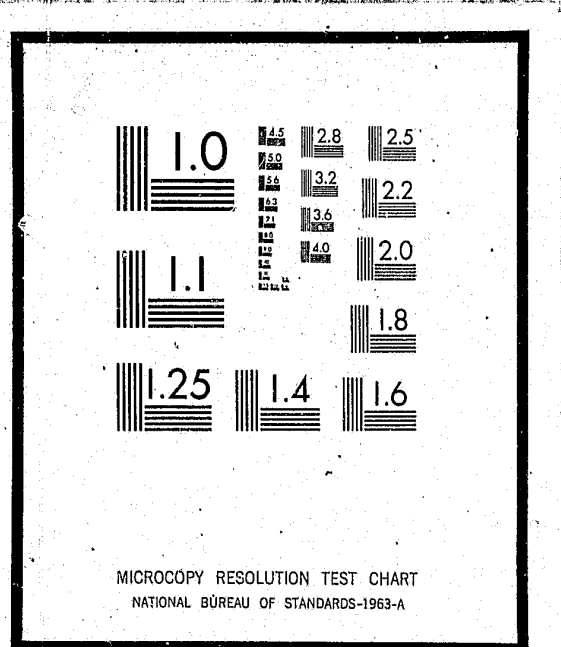


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STATE OF FLORIDA
FLORIDA PAROLE AND PROBATION COMMISSION

EVALUATION

Florida -
MULTIPHASIC DIAGNOSTIC AND TREATMENT PROGRAM - Evaluation

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PLANNING AND EVALUATION
SUNIL B. NATH, DIRECTOR

MARCH 1975

EVALUATION

of the

MULTIPHASIC DIAGNOSTIC AND TREATMENT PROGRAM

For the period September 1, 1972 to June 30, 1974

(In partial fulfillment of LEAA Grant 73-08-10)

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FOREWARD

The Multiphasic Diagnostic and Treatment Project (MDTP) was funded by the U. S. Department of Labor and implemented by the Florida Parole and Probation Commission. Much of the research dealing with institutionalization of the offender and resulting recidivism has indicated that institutionalization itself increases the probability of the offender committing further offenses and therefore re-entering the criminal justice system. In 1972-73, 4,033 inmates had two or more prior felony convictions out of a total of 10,346 inmates; in other words, 39% of the total prison population had previously been convicted (Division of Corrections, Annual Report 1972-73). Couple this with the fact that overcrowding in Florida's prison system had been a constant threat, and it had become obvious that some means of diverting offenders from the institutions was necessary.

A viable alternative to incarceration for selected individuals had become mandatory. The problem was to divert those selected individuals back into the community and into a more productive life. One alternative was the Multiphasic Diagnostic and Treatment Centers which this report will examine.

ACKNOWLEDGEMENTS

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INTRODUCTION

This document is an evaluation of the Multiphasic Diagnostic and Treatment Program (MDTP) in Hillsborough and Dade Counties. This evaluation assesses the progress of the MDTP during the operational period which covered a 22 month span from September 1, 1972 to June 30, 1974. The primary goals of this project were to offer the courts a viable alternative to incarceration, and to decriminalize the offender and his behavior by 1) keeping him in his environment; 2) teaching him how to effectively deal with his environment; 3) involving the community in the resocialization process; and 4) providing him with the skills and the desire to succeed in the law abiding world and by providing him the opportunity to do so. The program was concerned mainly with young male offenders presently on parole or probation who had committed either a technical violation or another criminal offense.

A description of the project, the situation and the MDTP process is given on pages 1-19. A model of a resident's progress through the project is described on pages 19-20. The evaluation components are presented on pages 22-30. The data requirements are listed on page 31. A Program Cost Analysis is given on pages 31-40. A listing of the residents profile variable, and a discussion of these follows on pages 41-51. Pages 52-55 presents an analysis of the program.

SITUATION: Much of the research dealing with institutionalization of the offender and resulting recidivism has indicated that institutionalization itself increases the probability of the offender committing further offenses and therefore reentering the criminal justice system. In 1972-73, 4,033 inmates had two or more prior felony convictions out of a total of 10,346 inmates; in other words, 39% of the total prison population had previously been convicted* Couple this with the fact that overcrowding in Florida's prison system had been a constant threat, and it had become obvious that some means of diverting offenders from the institutions was necessary.

In June of 1972, one basic method was utilized by the courts to divert offenders from the prison system; while a second method had been proposed. The first was probation, the second was pre-trial intervention. Probation allows the convicted offender to assume some type of functional life within his society, yet being under supervision for the period of probation. Pre-trial intervention attempts, by intervening before sentencing, to assist the individual concerned to become more productive and, therefore, to alleviate the necessity for a trial and to forego the lifelong stigma of a criminal conviction. A third alternative had been proposed: the Multiphasic Diagnostic Treatment Program, which is the focus of this evaluation.

PROJECT PURPOSE: The purpose of the Multiphasic Diagnostic Treatment Program (MDTP) was twofold. First, there was the necessity of resocializing the youthful offender (17-25) by: 1) keeping him out of prison; 2) keeping him in his environment; 3) teaching him how to effectively deal with his environment; and 4) providing him with the skills and the desire to function successfully in the law abiding world and providing him with an opportunity to do so. Secondly, there was a need to involve the community in the resocialization process, which necessitates teaching the communities effective methods of socialization.

BUDGET/SCOPE \$293,011.60 for 18 months. The grant period went from September 1, 1972 to February 28, 1974. This grant was awarded September 1, 1972 for the amount of \$293,011.60. Funds were approved in November 1972 and funding began in December of 1972. In February of 1974 the grant was extended to June 30, 1974 with increased

*Division of Corrections, Annual Report 1972-73

funding of \$2,401.40. This yielded a total budget of \$295,413.00 covering the period from September 1, 1972 to June 30, 1974.

AGENCIES: Funded by the U. S. Department of Labor; implemented by Florida Parole and Probation Commission through the Division of Community Services.

OBJECTIVES: The primary objectives of the Multiphasic Diagnostic and Treatment Program were: first, to deal with the offender as an individual with a problem; second, to prevent the reoccurrence of this or similar problems both for this individual and within the community as a whole. To do this, two Multiphasic Diagnostic and Treatment Centers have been set up offering residence to youthful male offenders (17-25). Tampa's capacity is 15; Miami's 20. These residences give maximum supervision to the offender within the society in which he will have to function. The staff of the centers lived in and around the community and therefore were aware of the problems faced by these individuals and could help them to internalize appropriate role models. Also the offender was made aware of the community services (Vocational Rehabilitation, Family Services, Florida State Employment Service) available to him.

To decrease the probability that these offenders would recidivate, an on-going communication with the community concerned took place. This allowed the community to better understand the offender and to comprehend its role in the resocialization of the offender. A community advisory board assisted the centers and disseminated information to the community. They also recommended projects in which offenders could become involved and helped to supply volunteers to assist the offender in the resocialization process.

In order to effectively measure the above goals the following specific objectives were established.

Project Administration:

- Project Administrator to be hired within seven days after funding.
- Office to be fully operational in terms of staff, equipment and office space within 14 days of funding.

- Within 15 days of funding professional field staff will be recruited and selected.
- Within 18 days of funding preliminary planning begins.
- Within 30 days of funding target populations are located.
- Within 32 days community resources are beginning to be utilized.
- Within 35 days project sites are located.
- Within 60 days of funding the Multitphasic Diagnostic and Treatment Program Centers are opened.
- Within 90 days the programs are fully operational and have accepted their first client.

Center Administration:

- Center will open within 60 days of funding.
- Center will be fully operational within 90 days of funding.
- The program will serve all offenders in the area with priority being given to youthful offenders on probation and then to those on parole.
- Each case within the affected area will be staffed by the Florida Parole and Probation Commission in conjunction with other participating and/or concerned agencies for Release on Recognizance, Presentence Investigation, Work Release, or Parole.
- Each staffing to be completed and submitted within two weeks of acceptance. A minority report will be included when applicable.
- Appropriate referrals will be made.
- All offenders will participate in some community activity such as project PRIDE, building or refurbishing a boy's club, or some other charitable or humanitarian community work.

- All will receive group and, if necessary, individual counseling.
- Special family counseling programs will be made available when deemed necessary.
- One family therapy specialist will be assigned to the Miami Center.
- This service will be available to all offenders within the priority limitations listed above, except that highest priority will be given participants in the short term residential center.
- The family therapy treatment modality will be of that type which the Task Force: Corrections refers to as the "... reintegrative type of family therapy. Its objectives are the rehabilitation of the entire family as a healthy functioning unit. There is heavy concentration on instilling healthy child rearing practices in cases where the children are young, on developing in adolescents the ability to cope with their present situation and those in which they may eventually find themselves, and on making complementary the dual roles of husband-and-wife and father-and-mother. An effort is made to help the family (including the delinquent or pre-delinquent) become effective in the community." (page 31).
- Each family therapy specialist will carry a caseload not to exceed 35 work load units, with one unit being ascribed to each individual involved in the counseling process irregardless of that individual's offender status. That is, the offender is one unit, his/her spouse is another unit, and his/her children, siblings, or other relatives would each count as one unit if they were involved in the counseling process.
- The short term residential aspect will be open to males only, however, all other facilities will be open to all youthful offenders, and then older offenders, in that order.
- Each offender will be offered an opportunity to participate in the community volunteer project which would pair one offender with one volunteer from the community.

- The Center will provide space for extant community services and other allied state agencies.
- The program will have an advisory committee composed of a cross-section of the community.

Composition of Advisory Committee

- Must include one offender who is on either probation or parole.
- Must include at least one offender enrolled in the short term residential program.
- Must have representation of all significant groups (significant being defined as comprising 10% or more of the target population) within the community along the lines of, race, religion, social economic status, and sex.
- At least one representative must be chosen at random from the community.

Duties of Advisory Committee

- To represent the community to the staff and vice versa.
- To recommend possible community projects in which the offenders might become involved.
- To recommend candidates for acceptance into the short term residential program.
- To help locate and set up the physical plant for the Program.
- To help staff the Program as volunteers.
- To locate outside funding sources.
- To help to involve the community through:
 - recruiting volunteers for the offenders
 - organizing community meetings to explain the Program
 - locating and identifying areas of community concern in which the Program should become involved.

- Must meet at least once per week.
- To start preliminary work toward a community take over of the Project should Federal and/or State funding fail.
- Short term residential program.

This facet of the center is designed to provide short term treatment to those who may need "something more" in terms of social, mental, or physical support and intensive treatment. The emphasis here will be placed on rapidly moving the resident from the center into the community. The treatment modality of the short term program will be group oriented and carried on in accordance with the resocialization techniques outlined by Cressey which are based upon Sutherland's theory of Differential Association:
- If a criminal is to be changed then he must be assimilated into a group which places value upon non-criminal behavior.
- The more concentrated or intense the therapeutic activity is on changing behavior, the greater will be the chances for success.
- The greater the internal cohesiveness of the group is, that is, the more intense is the "we" feeling of the group, the more effective the group will be in changing behavior.
- The individual members must place value upon status achievement conferred by the group.
- Maximum exposure will be given to the processes of retroflexive reformation and cognitive dissonance. That is, if criminal A attempts to change criminal B, the effort will have more effect on A than B. Also, the less identifiable with some formal correctional force are the reformers the more impact they will have upon those to be reformed.

IMPLEMENTATION:

Implementation of the project began with the hiring of a Project Supervisor on November 18, 1972, to initiate the Project and to provide general supervision and direction for the entire Project. (The title was changed from Project Administrator in November, 1972) A Secretary II was hired to assist the Project Super-

visor. Both are located in the Central Office in Tallahassee.

Both Centers, Tampa and Miami, were staffed by an eight person project staff: Center Supervisor, Assistant Center Supervisor, two Parole and Probation Officer II's, two Para-Professionals-Parole and Probation Aide II's, and two Clerk Typist II's. Hiring began in December for both Tampa and Miami. (See Appendix C for the Staffing Chart)

The staffs for each Center implemented the Project by: 1) screening and selecting prospective residents based on an eligibility criteria; 2) developing personalized goals and a plan which would include individual, group, vocational, educational, financial, and family counseling (when appropriate); 3) observing an individual's progress through the program and; 4) maintaining the records for the Center.

Maps of the general location of each Center and a floor plan for each Center (not to scale) are available in Appendices A and B respectively.

DESCRIPTION OF PROCESS

ELIGIBILITY: The eligibility of a prospective resident depended initially on three basic factors. The individual must be 1) a male; 2) between the ages of 17 and 25 (although upper age limit exceptions might occur dependent on space availability); and 3) presently on Probation or Parole. All Probationers and Parolees were considered with the only exceptions being those who had been arrested for a crime against a person or homosexuality.

REFERRALS: Possible clients were referred to the Multiphasic program from many sources: Police, States Attorney, Public defender, ex-Residents, Juvenile Courts, other programs, private citizens, the courts, and the district office. Since being on probation/parole was a criteria of eligibility, all referees were listed in the district office, the only exception being if a judge probated a defendant directly into the Multiphasic Program. Therefore, technically, all referrals came from the district office and were considered to be a transfer within the district. Once a client had been referred, an interview was held between the client and center staff to determine the acceptability of the client for the Multiphasic Program. The screening

techniques used by the two centers are as follows:

SCREENING TECHNIQUES: TAMPA

The major screening technique used was a personal interview with the prospective resident. The purpose of the interview is two-fold. The prospective client is informed of all aspects of the MDTP, and has an opportunity to ask questions about it. The intake officer attempts to learn certain things about the client, such as how he feels about himself, how he feels about coming to MDTP, how he identifies his problems, and what he wants for himself.

Additional information considered in the screening process was prior psychiatric treatment or an extensive drug history, especially an opiate addiction. (At the beginning of the MDTP, an attempt was made to work with hard drug users and it was found that, generally speaking, the program was not structured enough to affect a rehabilitation process. Since a routine urine screen and more structure have been added to the MDTP, a limited number of hard (opiates) drug users have been accepted.)

The only prospective clients who were screened from the Multiphasic Program would be those who had an extremely hostile or negative attitude about the Center or those who have had extensive psychiatric treatment and require regular medication to function every day. A limit was put on the number of parolees accepted into the program at any one time since it was found that parolees generally have special problems and require more individualized treatment. Appendix D lists some examples of the reasons given for rejecting a client.

SCREENING TECHNIQUES: MIAMI

After a prospective clients eligibility was established the following procedures were followed:

- If the individual was not currently on probation, but was awaiting sentencing, the intake officer talked to the Assistant State Attorney prosecuting the case, the arresting officer, the victim (if there was one), and the family of the referee for specific background information.

- If the individual was already on probation/parole, his parole officer (P.O.) contacted the program regarding the referral, basic information was ascertained, such as reason for referral, new charge, affidavit of violation, or subject simply needed more intensive supervision. The intake officer picked up the file and read it prior to the interview, and pulled a copy of the pre-sentence or subsequent pre-sentence investigation, for program records. Also, the P. O. is interviewed at length regarding his feelings about the client.
- The client was then interviewed with an eye to his truthfulness in view of the background information ascertained in the step above.
- The questioning then followed the precepts of reality therapy in terms of, how responsible is this individual? Does he realize he has a problem? Is he willing and capable of undergoing the stress situations created in encounter groups? Does he show any remorse over the incident? What kind of employment record does he have? Has he maintained steady employment at one job? If the interviewer felt that the individual was not being truthful, an attempt was made to call his bluff and see his reaction.
- Following the interview, which was conducted by a minimum of two staff members, a decision was made as to acceptance or rejection of the client, which was subsequently reported to the judge or parole officer.

The form used during the interview is included in Appendix E. Appendix D lists the reasons given for rejecting a client.

For either center, when a prospective client was accepted he either moved in immediately or was put on a waiting list and moved into the Center as a bed became available.

RESIDENT
CONTRACT:
TAMPA

Upon acceptance, the new resident signed a resident contract, and then, in conjunction with the professional staff, developed a structured treatment program (STP), or individual contract. The resident contract specifies the Center guidelines and the basic responsibilities expected of the resident. (See Appendix J for a copy of the contract) The STP, or individual contract, sets

intermediary and final goals to help the resident solve his specific problems. These goals are stated in objective behavioral terms.

Most individual contracts included:

- Counseling
- Vocational training (when necessary)
- Educational training
 - Completion of High School
 - G.E.D. (Graduate Equivalency Diploma)
 - Community College
 - Technical School
- Opening a savings account
- Budget
- Drug treatment (if necessary)

RESIDENT
CONTRACT:
MIAMI

Miami utilized the structured treatment program approach in making a contract between the new resident and the Center.

Upon acceptance, the professional staff, in conjunction with the new resident, developed a structured treatment program to cater to the individual needs of the new resident, as determined from the basic in depth interview.

Structured Treatment Programming (STP) - STP is a system wherein one or more professional staff members, together with the client involved, form a screening and diagnostic committee to jointly diagnose the client's problems and to set intermediary and terminal goals to solve those problems. The terminal goal(s) and the steps toward attaining it, are set down in writing using simple and unmistakable language which is reduced to very objective behavioral terms. Time limits for attaining the goal(s) may be set. Generally, a structured treatment program would include the following:

- The clients need for counseling
 - a) In terms of group counseling
 - b) In terms of individual counseling

- The number of meetings to be held with a volunteer
- Vocational training through any of the following:
 - a) DVR - Division of Vocational Rehabilitation
 - b) Job Corp
 - c) Manpower - Miami Skill Center
- Educational training through any of the following:
 - a) G.E.D. (Graduate Equivalency Diploma) preparation
 - b) Lindsey Hopkins
 - c) Miami Jackson Senior High School
 - d) Miami Dade Community College
- The time of awakening on work days
- Demeanor towards others
- Extra duties to be assumed in the community
- Percentage of income for restitution or family support
- Opening of a savings account
- In rare instances, perhaps the number of hours of attendance at a drug treatment program.

(See Appendix K for a copy of the contract form)

HOUSE RULES/
REGULATIONS:
IN HOUSE PRO-
CEDURES:

TAMPA

The backbone of the program was the one to one counseling between residents and staff. Most of this counseling took place spontaneously or on an as needed basis for the resident. Group counseling sessions were held two nights (at times a third session was held) every week with all residents required to attend. These sessions were oriented toward giving residents feedback, providing support, dealing with the present, and encouraging them to take responsibility for their behavior. In March of 1974 the Team Concept approach was instituted in addition to the individual and group counseling sessions. A description of this approach is given in Appendix J.

The residents were observed by the staff on nine specific behaviors: 1) work and/or training; 2) rent payment; 3) House duties; 4) savings and budget; 5) group counseling; 6) school work; 7) personal appearance; 8) restrictions; and 9) free week-end. Each week a resident would receive a rating for each of these points. (Appendix J lists the criteria used in rating a resident on each behavior.) These ratings were charted over the period of time the resident participated in the program (an example of the charts can be found in Appendix J), and were used as an index of the residents progress through the program. The ratings were discussed with the resident at each week's end.

The residents were required to be either gainfully employed or to be registered in an academic or a vocational training program. If the resident was employed, a weekly budget was submitted by the resident (see Appendix J for a copy of the budget form.) If the resident was attempting to complete his high school education he could attend G.E.D. (Graduate Equivalency Diploma) sessions in the Center one night a week.

A violation of the house rules or regulations (see the resident contract - Appendix J - for a listing of the rules) required that a resident be penalized by means of a disciplinary measure. These measures usually took the form of a verbal scolding, a house restriction, or a ground zero restriction, and were carried out by the Center Staff. If these measures were ineffective, a Time Out was imposed upon the resident. In a Time Out a resident is removed from the general population and staff at the Center for an indefinite period of time. A further description of a Time Out may be found in Appendix J.

Free Time and Free Weekends were dependant on the ratings the resident had been receiving. For the first seven days a client was in residence he was at ground zero - all time spent at the Center, with the exceptions of work or education. After that a resident had Free Time every night from around 9 P.M. to midnight. If he broke curfew he would be put on House restriction for the next day - no Free Time and extra chores. Free weekends were granted if a resident had at least a fair on all ratings, had worked all week, and had no restrictions:

The resident's progress through the program was monitored by the staff on a weekly basis both in terms of his weekly ratings and in terms of his individual contract. As a resident approached 3 months of program participation, a closer scrutiny was made by the staff. A second individual contract was made by the resident which dealt with his goals and plans for his street life. This new contract as well as the resident's immediate past behavior: steady worker, savings equivalent to first months rent, clean urine screen (no use of drugs), were considered by the staff in their decision to graduate a resident or not. The graduated resident continued with the Center according to the terms of his second contract.

HOUSE RULES/
REGULATIONS:
INHOUSE PRO-
CEDURES:
MIAMI

The focus of the program was the group therapy session, wherein the resident had an opportunity to confront his problems and formulate solutions with the aid of a trained group therapist and the other residents. Group sessions were held nightly (See Appendix K for a nightly breakdown of the type of counseling offered). The focus of the group sessions was on day to day issues, designed to help residents restructure their lives in a manner that would enable them to lead a productive, crime free life on the street.

The residents functioned as a family, with each resident assuming various in-house duties and details. Complete maintenance of the building and grounds was performed by the residents. In addition each resident was required to either maintain gainful employment in the community, and/or be involved in academic or vocational training.

The Center had a Resident Executive Counsel (a judicial decision-making body) which took disciplinary action when a resident broke any of the program standards or rules. (See Appendix K for the House Rules). The Counsel was composed of 3 residents elected by the other residents. The duties and responsibilities of the counsel were as follows:

- Inform and instruct all new residents on house rules and procedures.
- Assist in conducting special group sessions.
- Participate in and monitor all house clean-up details.
- Assist in the mornings in getting residents up and out for work and school.
- Conduct the house court system. (See Appendix K for the Counsel structure)
- Keep staff informed as to all problems in the house.

As a resident gained seniority in the Center he was allowed greater freedom (in time away from the Center) by accumulating free time. Weekend passes could also be requested. In order to use either free time or a weekend pass certain criteria must be attained:

- Have a job, be attending a vocational school or a special education program on a full time basis.
- Be up-to-date on rent charges---no exceptions.
- Within a month following commencement of employment, must have opened a bank account.
- Have no charges pending before the resident counsel.
- Not be on contract or have been on contract at any time during the preceding week.
- Be actively participating in group.
- Complete all work details plus contract details and duties satisfactorily.

Failure to meet any of the above criteria would result in the individual's request for a weekend pass or free time being denied by staff.

The residents progress throughout the program with respect to the goals stated in the structured treatment program contract was continuously monitored by the staff. At a point in the residents progress a graduation plan was submitted by the resident. As the resident's potential for graduation, as determined by the staff, became greater, the graduation plan was reviewed and a decision made by the staff (a yes-no vote, majority ruled) as to whether or not the resident should be graduated. (See Appendix K for graduation criteria) After graduation the resident reported to an after-graduation counselor for continued assistance.

SERVICES OFFERED:

Within each Center certain basic services were offered. Counseling included individual, group, family, and vocational. Education sessions were given in Tampa also. The following is a brief description of each service offered within each Center.

Services Offered: Tampa

Counseling:

Individual: Formalized individual counseling was offered to the residents by the staff on an as needed basis per resident. However, individual counseling did occur in a spontaneous manner.

Group: All residents of the Center were required to attend two formalized group counseling sessions per week. These sessions provided the residents with feedback on their behavior, and support for appropriate behavior.

Family: There are 4 major methods used in working with families: 1) Center Visits; 2) Home Visits; and 3) The Parent Information Group; and 4) Family Counseling.

Center Visits: Interested parents were encouraged to visit the Center to become acquainted with the staff and the residents.

Home Visits: When a resident planned, upon completion of the program, to return home, a home visit was conducted to assist in the transition.

Parent Information Groups: This group met once a month to discuss the treatment program, its goals, and the parents involvement or, as the case may have been, non-involvement in the residents' affairs.

Family Counseling: When appropriate, family counseling sessions were arranged on an on-going basis. During these sessions the client was involved with interested family members.

These counseling sessions might be on a triad basis (the resident, the family counseling specialist, and the resident's wife, girlfriend, mother, etc.), or the resident and his total family. The counseling sessions were directed toward improving communication, encouraging openness and honesty in the communications between family members, and toward goal planning and problem solving.

Vocational Rehabilitation: A division of Vocational Rehabilitation (DVR) Counselor worked out of the Center on a full time basis. The DVR Counselor worked with the Center in coordinating the DVR Services such as general medical, Psychiatric Evaluation, Employment Counseling and Plans, and urine sampling.

Education: The Hillsborough County Board of Public Instruction provided a teacher for the Center. Subsequently, an individualized Adult Basic Education Program was conducted at the Center with residents to prepare them for the GED tests. The residents met one night a week for instructions.

Services Offered: Miami

Counseling:

Individual: The individual counseling took place on an as needed basis for each resident,

Group: The focus of the Program was the group therapy session, wherein the resident had an opportunity to confront his problems and formulate solutions with the aid of a trained group therapist and the other residents. Group sessions were held nightly Monday through Friday. The group techniques used by the Center was patterned after Dr. Glasser's reality therapy approach. These group sessions were focused upon practical day to day issues, designed to help residents restructure their lives in a manner that would enable them to lead a productive, crime-free life on the street.

Family: The overall objective of this staff member was the rehabilitation of the entire family as a healthy functioning unit. Emphasis was on instilling healthy child rearing practices in cases where the clients were young, and on developing in them the ability to cope with their present situation and future ones in which they might find themselves involved. Stress was also placed on making the husband and wife, or mother and father roles as complementary as possible to the end result.

A family therapy specialist carried a maximum caseload of 35 workload units, including all members of the client's family, or relatives involved in the counseling process.

In cases where the client has no living family or relatives, emphasis was directed at developing solid relationships with one-to-one community volunteers or others involved with the program.

Vocational Rehabilitation: The Division of Vocational Rehabilitation (DVR) Counselor did, primarily, the initial screening of new residents, which included medical and psychological testing, counseling, job placement, and in certain instances, purchasing of work clothing and also tools which were needed on specialized jobs. In addition, the counselor had one night per week (Thursday) when he came into the Center and processed new residents, and also counseled with active residents.

COMMUNITY INVOLVEMENT:

Since the emphasis of the MDTF was not only as an alternative to incarceration, but also in community involvement in the rehabilitation/re-socialization of the offender, much effort has been put forth in order to bring together the residents of the Center with the community. Three methods of community involvement have evolved; 1) an advisory board 2) one-to-one volunteers 3) community organizations.

Community Involvement: Tampa

Advisory Board: The advisory board was a committee composed of a cross section of the community - six members in Tampa's case - with the responsibility of developing lines of communication between the Center and the community. They met on a once a month basis and assisted the Center in locating volunteers and organizations to participate in the Center's projects. (See Appendix F for listing)

Volunteers: One-to-one volunteers were members of the community which volunteered their time to assist Center residents. They were beneficial in giving the residents further ways to; 1) learn about the society in which they must function and 2) receive feedback on their ideas and behaviors. (See Appendix G for listing of Volunteers)

Community Organizations: Organizations within the community, both public and private, volunteered their assistance and services to the Center to help integrate the residents into their society; to establish better working relations between the residents and the society; to better equip the residents to be functional members within the societal bounds. (See Appendix H for a listing of the organizations and the type of assistance or service they provided to the residents)

Community Involvement: Miami

Advisory Board: The advisory board met regularly, once a month, as a working unit for the Center. The Board was composed of the regular Center staff; one Center resident, who acted as spokesman for the Center residents, and six members from the community. The advisory board acted as a liaison between the Center and the community. (See Appendix F for listing)

One-to-One Volunteers: The citizen volunteers donated their time to the Center to work on a one-to-one basis with the residents. Their volunteer activities varied from tutoring, counseling, setting up sports events, setting up an open house, and donating the use of private vehicles for Center use. (See Appendix G for listing of Volunteers)

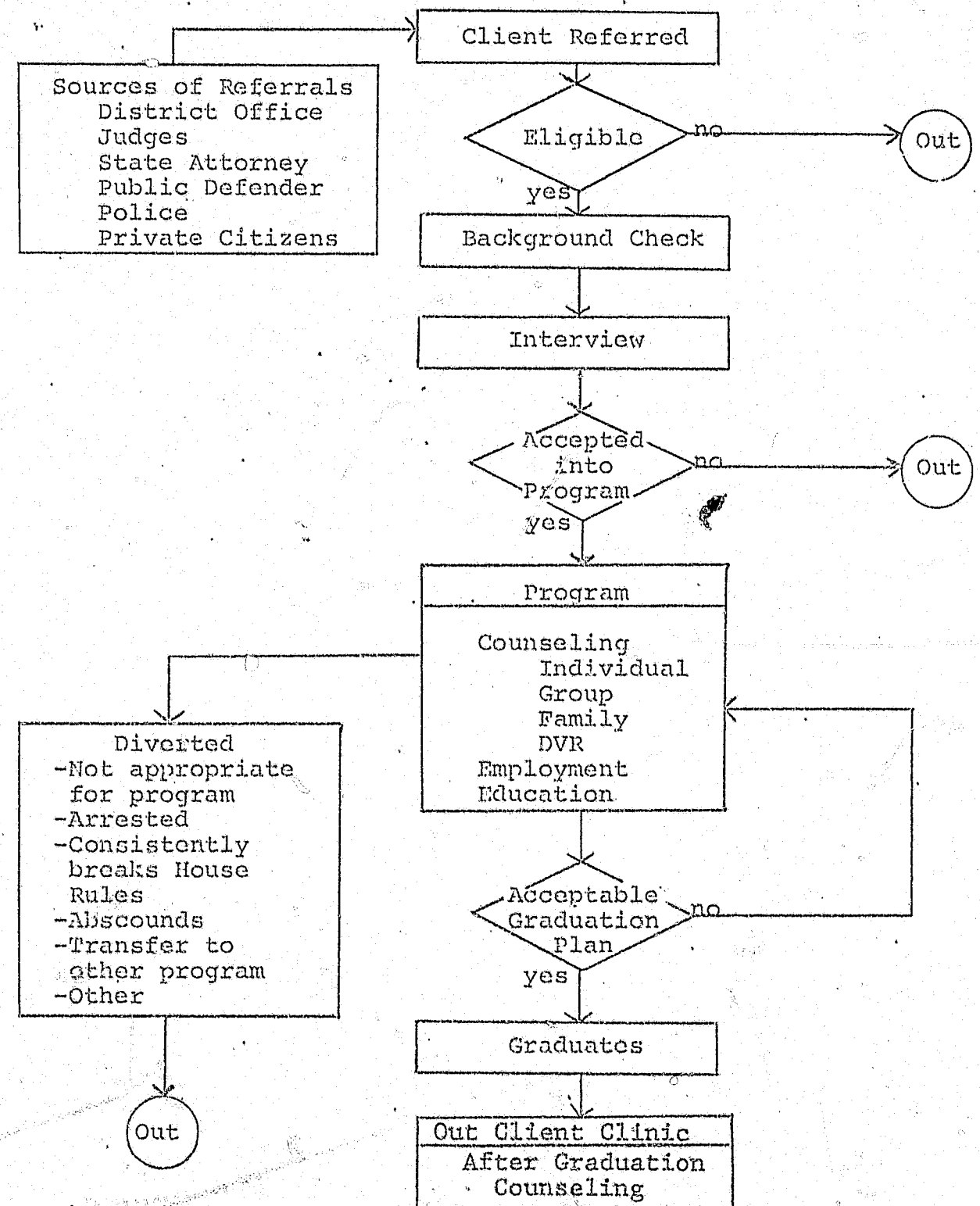
Community Organizations: Appendix H has a listing of the community organizations involved with the Miami Center and the service which each offered.

MULTIPHASIC PROGRAM MODEL:

There are certain basic steps to the Multiphasic Program. These steps, which have been described in the preceding pages, can be formulated into a Model of the Program. This Model is represented in the following chart.

CHART 1
MULTIPHASIC DIAGNOSTIC AND TREATMENT PROGRAM MODEL

Flow Chart of progress through the program



CONSTRAINTS:

The following is a list of the problem areas which the Multiphasic Program has encountered.

1) An evaluation plan was not written into the grant. This led to an ineffective data collection system. Appropriate changes are in progress on the present grants.

2) The screening techniques used did not separate out the problem clients as efficiently as it could have. This happened mostly through a lack of experience in knowing what to look for. This problem is righting itself automatically as time passes.

3) There was a problem with the payment of bills by the fiscal division. Since many of the purchases made were made from local small neighborhood stores, the waiting period of up to three months or better for payment was excessive and caused problems with relations between the centers and the neighborhood. Two samples of this problem are in Appendix N. The problem should not arise in the future. The 1974 Legislature passed a law concerned with the payment of invoices effective January 1, 1975. (Law is in Appendix N)

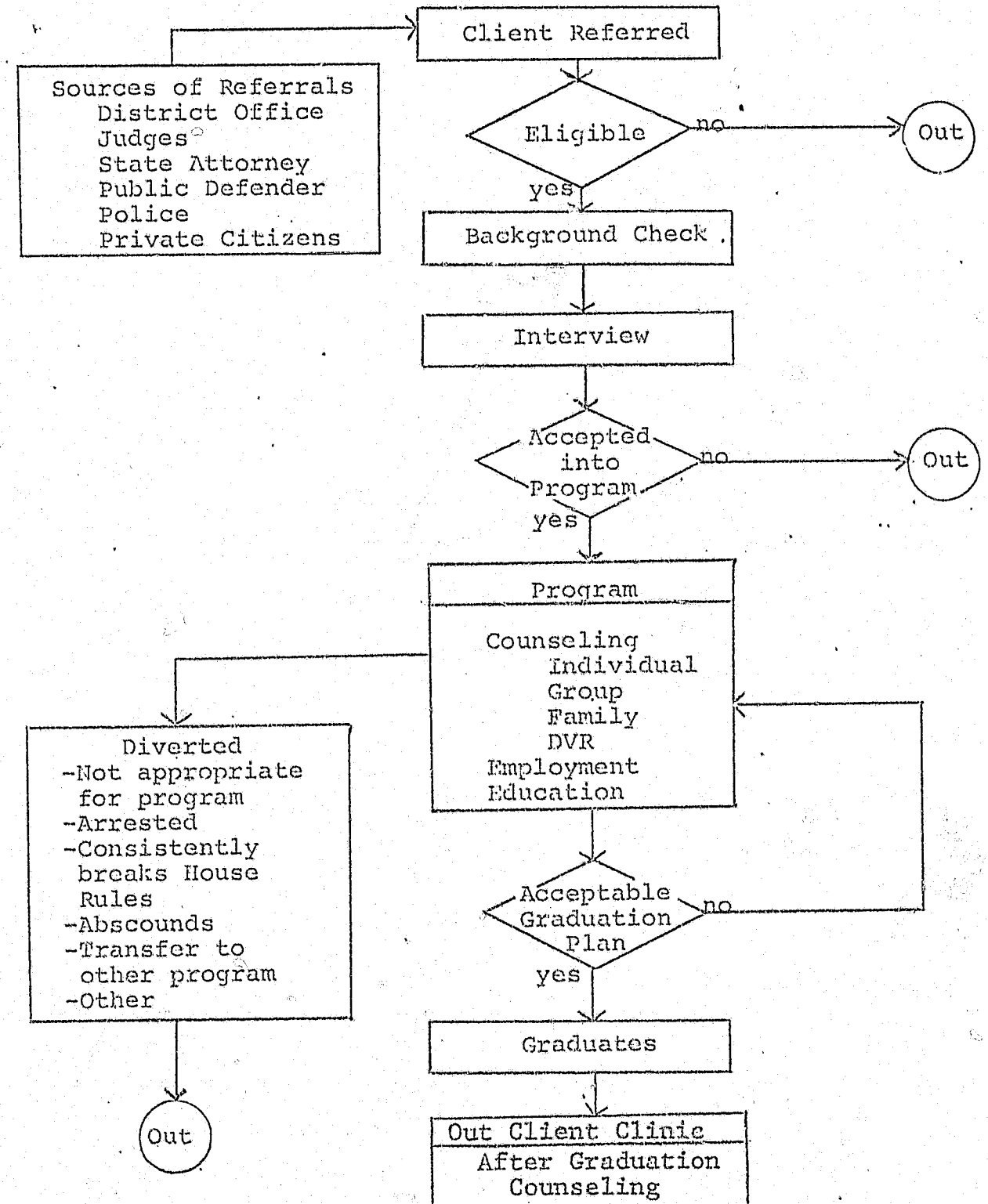
4) Site location was a problem for both centers in two ways. 1 - The overall purpose of the project was to set up the centers within a contiguous area (encompassing only a few city blocks) with a high concentration of crime. This type of target area was not found in either Tampa or Miami, such that the target area became the whole of each county. Because of this change a part of the theory on which the grant was originally based (Sutherland's theory Differential Association) could not be applied to the Communities, however, that part of the theory which was applicable was the basic philosophy of the Center's therapeutic approach. 2- A specific site was hard to locate because of the attitude of the surrounding neighborhoods; in other words people weren't as willing to accept a center as had been hoped.

5) Cooks were not requested in the grant for either center. This led to a problem of feeding the residents in an economical way, initially arrangements had to be made with local restaurants to feed the residents. This problem was resolved with the hiring of cooks using OPS monies.

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CONSTRAINTS (cont.)

6) In Tampa two problems were seen. 1- Initially there was a problem in communicating with the District Office in order to obtain referrals to the Center. However, once a conference was held at the Center to inform the District Office of the Center's policies and procedures, this problem was resolved. 2- The number of Blacks in the Center was low, 7 residents out of a total of 52, which is 13%. The appropriate percentage, based on the percentage of Blacks in the Hillsborough County Caseload, should be around 21% or 11 residents.

7) In Miami a major problem is the length of stay of the unsuccessful residents (those who don't complete the program). They stayed an average of 95.22 days, whereas a successful resident (one who completed the program) stayed an average of 133.14 days.

8) Presently neither center has a mode of transportation available. This is especially significant when an emergency arises.

EVALUATION COMPONENT:

EVALUATION MEASURES:

Effectiveness as measured by success rate.

As of June 30, 1974 the Multiphasic Diagnostic and Treatment Program had 32 successful clients in their resident program. The measure for success was the completion of the resident program and graduation from that program. Forty-seven clients were termed unsuccessful.

4 were transferred to another program

31 were returned to jail

7 were returned to regular parole/probation

5 absconded

Twenty-four clients were still in residence at year's end.

The success rate for the program can be measured by comparing the number of successful clients who were arrested after completion of the program to those

EVALUATION COMPONENT:

EVALUATION MEASURES (cont.)

who weren't. In all, eight clients were arrested after Program graduation (based on data received from each Center). This is 25% of the total graduates and leaves a 75% success rate for the program as of this evaluation.

Effectiveness as measured by the measurable objectives.

The Measurable Objectives outlined in the MDTP Grant are listed and directly opposite are the actual Project Results.

EVALUATION MEASURES

MEASURABLE OBJECTIVES	+ or -	PROJECT RESULTS
PROJECT ADMINISTRATION Project Funded November 18, 1972		PROJECT ADMINISTRATION Project Funded November 17, 1972
- Project Administrator to be hired within 7 days of funding.	+	- Project Supervisor (Administrator) hired on November 18, 1972, one day after funding. Work began at about the first of December.
- Office to be <u>fully operational</u> within 14 days of funding. Staff Equipment Office Space	-	- Office was fully operational in Mid December, 1972. Approximately 30 days after funding. Staff Equipment Office Space
- Professional field staff recruited and selected within 15 days of funding.	-	- Professional field staff hiring began in December, 1972, approximately 30 days after funding and ended in June, 1973, seven months after funding.
- Preliminary planning begins within 18 days of funding	+	- Preliminary planning began in November, 1972, within 18 days of funding.
- Target populations located within 30 days of funding.	+	- Because of the type of urban structure of the areas in which the Centers were located, the original concept of target population was

+ stands for equaled or exceeded the minimum objective requirements

- stands for did not meet the minimum objective requirements

EVALUATION MEASURES

MEASURABLE OBJECTIVES	+ or -	PROJECT RESULTS
PROJECT ADMINISTRATION		
		abandoned. The target population was then re-defined as the whole of Hillsborough County, Tampa's Center; and Dade County, Miami's Center.
- Community resources being utilized within 32 days of funding	+	- Resources within the respective areas for the two Centers were being utilized by the time the first clients were accepted. Tampa 150 days Miami 240 days
- Project sites located within 35 days of funding.	+	- Tampa's site was located by November, 1972, within 35 days of funding. - Miami's site was located May, 1973, approximately 165 days after funding.
- Centers are open within 60 days of funding.	-	- Tampa was open by April, 1973, 150 days - Miami was open by July, 1973, 240 days.
- Centers are fully operational and have accepted their first clients within 90 days of funding.	-	- Tampa was operational with its first clients accepted by April 16, 1973. 150 days - Miami was operational with its first clients accepted by July 18, 1973. 240 days

+ stands for equaled or exceeded the minimum objective requirements

- stands for did not meet the minimum objective requirements

EVALUATION MEASURES

MEASURABLE OBJECTIVES	+ or -	PROJECT RESULTS
CENTER ADMINISTRATION		
- Program will serve all offenders in the area with priority given to youthful offenders on probation, then to those on parole.	+	- The age range was from 17 to 25 years of age. The majority were on probation. Tampa: Residents 45 - Probationers 5 - Parolees 2 - Pre-Trial Miami: Residents 49 - Probationers 2 - Parolees
- Each case will be staffed by FPPC personnel in conjunction with other participating or concerned agencies.	+	- All personnel at the Centers were FPPC personnel. Other agencies: Division of Vocational Rehabilitation, local drug programs, local and State Employment Agencies, Hillsborough County Board of Adult Education.
- Each staffing to be completed and submitted within two weeks of inception. A minority report will be included where applicable.	+	- Staffing took place within two weeks of the clients entering the Program. A form was put in the clients file and a copy sent to the Central Office (See Appendix E for forms used)
- Appropriate referrals will be made.	+	- All clients were referred to other agencies if possible. (See Appendix N for listing of agencies used)

+ stands for equaled or exceeded the minimum objective requirements

- stands for did not meet the minimum objective requirements

EVALUATION MEASURES

MEASURABLE OBJECTIVES	+ or -	PROJECT RESULTS
CENTER ADMINISTRATION		
- All offenders will participate in some community activity, charitable work, etc.	+	- Approximately 12 Residents participated in community activities: Tampa 12 Miami 0
- All clients will receive group and if necessary individual counseling.	+	Group counseling was required at both Centers: Tampa: Twice a week Miami: Five times a week Individual counseling was given on an as needed basis at both Centers.
- Special family Counseling will be made available at each Center.		
- A family therapy specialist will be assigned to each Center.	+	- A family therapy specialist was assigned to each Center.
- Priority for family counseling will be given to Center residents.	+	- Priority was given to residents.
- The family therapy specialist will carry no more than 35 work load units.	+	- Neither of the specialists carried more than 35 work load units. The average work load units carried per month were Tampa 21.8, Miami 7.75.

+ stands for equaled or exceeded the minimum objective requirements
 - stands for did not meet the minimum objective requirements

EVALUATION MEASURES

MEASURABLE OBJECTIVES	+ or -	PROJECT RESULTS
CENTER ADMINISTRATION		
- The residential aspect of the Programs will be open to males only.	+	- The in-house residence program at both Centers only accepted males.
- All other facilities will be open to all youthful offenders then to older offenders.	+	- The street cases were mainly males and slightly more than 1/2 (62%) were 26 or older.
- Each offender will be offered an opportunity to participate in the community volunteer project.	+	- One to One volunteers were available at both Centers. Tampa 36 Miami 8
- The Center will provide space for extant community services and other allied state agencies.	+	- Space was provided at both Centers for the Division of Vocational Rehabilitation counselor. In Tampa the Hillsborough County Board of Public Instruction conducted Adult Basic Education one night a week in the Center.
- Each Center will have an advisory committee.	+	- Both Centers have an advisory committee. (See Appendix F for list)
- Composition of Advisory Committee: - One member will be an offender on Parole or Probation.	-	- No offenders other than Center residents are on the Committee at either Center.
- One member will be an offender enrolled in the short term residential program.	+	- Miami has one member from the Center. Tampa has no member from the Center.

+ stands for equaled or exceeded the minimum objective requirements
 - stands for did not meet the minimum objective requirements

EVALUATION MEASURES

MEASURABLE OBJECTIVES	+ or -	PROJECT RESULTS
CENTER ADMINISTRATION		
- All significant groups (those groups comprising 10% or more of the target population) will be represented.	-	- Two problems arise here 1) the concept of the target population was dropped; and 2) it was found that those interested in the Centers were not necessarily from significant groups. It therefore became advisable to form the committees from those interested in assisting the Centers for both Centers.
- One member must be chosen at random from the community.	-	- No member was chosen at random at either Center.
- Duties of the Advisory Committee:		
- Represent the community to the Center and vice versa.	-	- Information not available.
- Recommend possible community projects in which the offenders might become involved.	-	- Information not available.
- Recommend candidates for acceptance into the short term residential program.	-	- This was not done.

+ stands for equaled or exceeded the minimum objective requirements

- stands for did not meet the minimum objective requirements

EVALUATION MEASURES

MEASURABLE OBJECTIVES	+ or -	PROJECT RESULTS
CENTER ADMINISTRATION		
- Help locate and set up the physical plant for the program.	-	- This was not done.
- Help staff the program as volunteers.	+	- In Miami several members of the committee also were volunteers. In Tampa several members of the committee also were volunteers.
- Locate outside funding sources.	-	- This was not done.
- Involve the community through: 1) recruiting volunteers 2) organizing community meetings to explain the program. 3) locate and identify areas of community concern in which the program may become involved.	-	- Information not available.
- Meet once a week.	+	- The committees met on a once/month schedule. Once/week was not functional once the target population concept was abandoned.
- Starting preliminary work toward a community take over of the Project.	-	- This was not done.

+ stands for equaled or exceeded the minimum objective requirements

- stands for did not meet the minimum objective requirements

DATA COLLECTION: The following forms were used in data collection.

DATA ON ENROLEES: The following forms were filled out on each new resident upon his entrance into the program at each Center. A copy was kept in the Center's files and a copy sent to the Central Office.

- Notification of Admittance to Program
- Release of Medical Information
- Medical History
- Monthly Resident's Progress Report

DATA ON MONTHLY REPORTS: The following forms were required by the Central Office on a monthly basis. They are all summary information of the previous months activities. Both Centers filled out the same forms.

- Monthly Population Report
- Population Movement Report
- Monthly Medical Report
- Anticipated Population Changes
- Monthly Referral Report
- Project Status Report

DEPARTMENT OF LABOR REPORTS: The Department of Labor required each Center to fill out a Monthly Summary Report and an Application Closure Form on each individual resident.

All of the above forms may be found in Appendix E.

MULTIPHASIC PROGRAM COST ANALYSIS: This cost analysis will first develop a cost per day for the Multiphasic Program. Then a comparison of the daily costs for various treatment programs will be given.

The Multiphasic Diagnostic Treatment Program budget was as follows:

Personnel	\$206,299.74
Travel	9,561.48
Equipment	13,735.16
Other Operating Expense	<u>58,424.60</u>
	\$288,020.98*

This budget covers the period from initiation of the project to June 30, 1974. All data** presented covers 12 months of functional operation within each center. (Tampa April, 1973-April 1974; Miami July 1973-July 1974) The data for the two centers, Tampa and Miami, has been collapsed to give an overview of the entire program for a one year period.

COST PER DAY OF RESIDENT PROGRAM:

A cost per resident client was obtained by dividing the total number of resident days (residents x average number of days of program participation) into the total adjusted budget. The following items were not included in the cost for treatment of a resident:***

BUDGET DEDUCTIONS:

(1) FIXED CAPITAL OUTLAY	
Rent	
Tampa	\$1,000/month for 19 months \$19,000.00
Miami	\$1,385.29/month for 15 months 20,799.35
Equipment	<u>13,735.16</u>
	\$53,534.51

(This figure was considered to be in the same fiscal category to the initial building costs and equipment outlay for a prison. Since these costs are not included in the operating cost for a prison, they were excluded here also.)

* an unaudited total.
 ** see Appendix M for explanation of data collection and data base.
 ***See Appendix P for a Cost Analysis Matrix for the program.

(2) CENTRAL OFFICE SALARIES

Project Supervisor - 19 months	\$22,247.86
Secretary II - 19 months	<u>8,775.50</u>
	\$31,023.36

(Since more than two centers could function under the present central office staff, they were deducted from the present operating costs.)

(3) CENTER STAFF SALARY DEDUCTIONS \$59,569.99

(The only salaries considered are those which were paid out during the one year period when the centers were functional. Salaries paid out before a center opened were deducted. The three months of salaries paid during April to June for Tampa were deducted because data was not used from that time period.)

(4) MONIES RECEIVED FROM RESIDENTS \$ 8,385.22

(All residents were required to pay \$4.00 per day to assist in covering the daily costs. (This amount could be reduced or deleted dependant on the Center Supervisor's evaluation of the individual situation.) The monies received were divided in half. Half was credited towards rental receipts, the rest was put into the Grants Donation and Trust Fund and credited to Multiphasic.

(5) Both Centers operated a "Storefront" or outpatient service. The assumption has been made that these clients were treated as though they were on regular probation or parole and therefore the cost would be \$.80* per day. The total number of

*based on Florida Parole & Probation Commission 34th Annual Report, 1974, pg. 31

outpatient clients was 90 and they spent an average of 228.65 days in the program. The total cost to the program was \$.80 x 90 x 228.65= \$16,462.80

Total Deductions \$168,975.88

RESIDENT/DAYS:

The Residential Program had 103 clients during the first year. The average time spent was 100.20 days. Therefore, the total time spent by the residents was 103 x 100.20= 10,320.60 days

This included the average amount of time spent by the

- 1) residents still in the program as of the closing date of the year.
- 2) successful graduates.
- 3) residents who did not successfully complete the program.

BUDGET ADJUSTED:

Commulative costs as of July 1, 1974. (This cost covers the time period from Program inception, September 1, 1972 to June 30, 1974.) \$288,020.98

Deductions:

- | | |
|---------------------------------|------------------|
| 1) Fixed Capital Outlay | \$53,534.51 |
| 2) Central Office Salaries | 31,023.36 |
| 3) Center Staff Deductions | 59,569.99 |
| 4) Monies Received from Clients | 8,385.22 |
| 5) "Storefront" Clients | <u>16,462.80</u> |

Total Deductions \$168,975.88

Total Cost of Resident Program \$119,045.10

COST/DAY
RESIDENT

Therefore, the cost per resident per day was

$$\frac{\text{Total Cost of Resident Program}}{\text{Resident Days}}$$

$$\frac{\$119,045.10}{10,320.60} = \$11.53$$

PROGRAM
COST
RESIDENT

The program cost for one resident (spending the average number of days) was \$1,155.31.

$$\begin{matrix} (\text{cost/day}) & \times & (\text{average}) \\ (\text{resident}) & & (\text{stay in days}) \end{matrix}$$

$$(\$11.53) \times (100.20) = \$1,155.31$$

Chart 2 delineates the costs of an average stay for each status of resident. (See next page)

CHART 2

Cost Breakout Per Diem and Per Case Dependent
On Resident Status

Resident Status in Program	Average Number of Days in Program	Cost/Day Resident	Cost Case
Tampa's Center			
Present Residents	112.50	\$11.53	\$1,297.13
Graduates	105.00	\$11.53	\$1,210.65
Unsuccessful	68.76	\$11.53	\$ 792.80
Miami's Center			
Present Residents	110.01	\$11.53	\$1,268.42
Graduates	133.14	\$11.53	\$1,535.10
Unsuccessful	95.22	\$11.53	\$1,097.89
Average	100.20	\$11.53	\$1,155.31

The most significant factor to note in the above chart is the discrepancy between the average number of days in the program spent by the unsuccessful residents; and therefore, the cost per case discrepancy.

Tampa's unsuccessful spent approximately 28% (26.46) fewer days in the program than did Miami's unsuccessful. This could possibly be explained by looking at two points.

- 1) the number of unsuccessful residents which left the program within the first two months.

Tampa	Miami
14 (58.3%)	9 (39.1%)

- 2) the number of unsuccessful residents which were arrested during the first two months of their program participation.

Tampa	Miami
13 (54.2%)	3 (13.0%)

Tampa's unsuccessful were arrested quicker (54% or 13 in the first two months), caused greater problems in a shorter period of time than Miami's unsuccessful. Therefore, Tampa's unsuccessful had a shorter period of program participation, on an average of about two months (68.76 days) in the program, in comparison to Miami's unsuccessful which averaged about 3 months (95.22 days) or about one month longer than Tampa.

COST/DAY
MULTIPHASIC
CLIENT

Two other possible ways to compute the cost per diem of a Multiphasic client were used. In both methods the total unadjusted budget is used.

TWO ALTER-
NATIVE
COMPU-
TATIONS

- 1) Total Program Costs per diem for a Multiphasic Client

Assume that the total unadjusted budget was equally spread across all clients (both residents and out patients - storefront.)

\$288,020.98 Total unadjusted budget
 30,899.10 Total Client Days (Resident + Storefront)
 10,320.60 Resident Days*
 20,578.50 "Storefront" Client Days**

* Residents-(103 Residents)x(100.20 days)=10,320.60
 ** "Storefront" Clients-(90 Clients)x(228.65 days)=20,578.50

The following formula is used to find the Cost/Day/Client.

$$\frac{\text{Total Unadjusted Budget}}{\text{Total Client Days}}$$

$$\frac{\$288,020.98}{30,899.10} = \$9.32$$

The cost per client per day would be \$9.32.

The average client stay would cost:
 for out patients- (\$9.32) x (228.65 days) = \$2131.02
 for residents- (\$9.32) x (100.20 days) = \$ 933.86

- 2) Total Program Costs per diem for a Multiphasic Resident

Assume that the cost per day of a "Storefront" Client/out patient is \$.80* and that all other operating costs are spread across the resident clients.

\$288,020.98 Total Unadjusted Budget
 Subtract "Storefront" Clients Cost
 -\$ 16,462.80 (\$.80)x(90 clients)x(228.65 days)
 \$271,558.18 Total Program Costs Spent on Residents
 To find the Cost/Day/Resident the following formula is used.

$$\frac{\text{Total Program Costs-Residents}}{\text{Total Resident Days}}$$

$$\frac{(\text{Total Resident Days} = (103 \text{ Residents}) \times (100.20 \text{ days}) = 10,320.60)}{10,320.60 \text{ days}}$$

$$\frac{\$271,558.18}{10,320.60 \text{ days}} = \$26.31$$

The cost per resident per day would be \$26.31.
 The average resident stay would cost \$2636.26
 \$26.31 x 100.20 days = \$2636.26

* Based on the Florida Parole & Probation Commission 34th Annual Report 1974, pg. 31.

CROSS PROGRAM
COMPARISONS:

In order to compare the Multiphasic Diagnostic Treatment Program costs with the costs of being incarcerated and with the costs of maintaining clients in regular probation or parole, information on the residents, had they not been involved with the program, must be known. This information could be found in one of two ways: 1) utilization of a matched groups design; or 2) utilization of a valid projection technique. At the inception of the Multiphasic program a matched groups design was not used; and at the present time a technique which could accurately project the behavior of a client does not exist. Therefore the needed information: whether or not an individual, had he not been involved with Multiphasic would have been successful on regular probation/parole or would have returned to prison; is not available. Because of this lack of information and because the number of clients involved in the program is small compared to the population under supervision in Hillsborough and Dade Counties (the Program residents totaled a little more than .5% of the total population under supervision in the two counties*); any generalizations or conclusions made would be possibly misleading. However, the following chart (Chart 3) gives a summary of the cost per diem figures for the various possible programs in which a client might become involved.

* The total number of clients under supervision in Hillsborough and Dade Counties was 15,610 clients (Hillsborough-8100 probationers/parolees; Dade-7510 probationers/parolees; Florida Parole and Probation Commission figures, June 1974) Dividing the total of the Multiphasic residents (103) by the total two county supervision population (15,610) yields .66%.

CHART 3

Comparison Chart for Daily Costs for Each Program

Cost Concern of each Program	PROGRAM					
	Community Correctional Centers	Prison	Probation	Parole	Multiphasic Program	
					Resident	Street Case
Criminal Act	*	*	*	*	*	*
Arrest	*	*	*	*	*	*
Court Costs	*	*	*	*	*	*
Program Costs	a \$11.42	b \$12.49	c \$.80	c \$.80	\$11.53	d \$.80
Loss of Earnings	No	Yes \$9.74 e loss	No	No	No	No

* Assumed to be the same across all Programs.

- a. Division of Corrections figure for the 1973-74 fiscal year. Memo received January 24, 1975 from Gerald W. Bayless, Division of Corrections.
- b. Division of Corrections figure from the Five Year Plan for Adult Corrections System in Florida (1976-1980) Florida Corrections Reform Act 1974, Volume II, January 1975, page 95.
- c. Florida Parole and Probation Commission figure from the 34th Annual Report, 1974, page 31.
- d. Assumption: A street case for Multiphasic is treated the same as a regular probation/parole case.
- e. Florida Parole and Probation Commission figure from the 33rd Annual Report 1973, page 44. (earnings of parolees/probationers for 1972-73 - \$148,516,934

$$\frac{41,761 \text{ parolees and probationers} \times 365 \text{ days/year}}{365} = \$9.74 \text{ earnings/client/day}$$

RESIDENT PROFILE

The following is a general profile on all clients who were residents in the Multiphasic Diagnostic Treatment Program. Three profiles are presented: Tampa's Center; Miami's Center; and a general profile summing both centers. The percentages are based on 52 residents in Tampa, 51 residents in Miami, and 103 total. Any exceptions to this base are indicated.

BACKGROUND INFORMATION	TAMPA Frequency	TAMPA %	MIAMI Frequency	MIAMI %	TOTAL Frequency	TOTAL %
Parolees	5	9.6	2	3.9	7	6.8
Probationers	45	86.5	49	96.1	94	91.3
Pre-Trial	2	3.8	0	0	2	1.9
<u>Age</u>						
17	9	17.3	4	7.8	13	12.6
18	13	25.0	10	19.6	23	22.3
19	8	15.4	12	23.5	20	19.4
20	8	15.4	6	11.8	14	13.6
21	3	5.8	3	5.9	6	5.8
22	4	7.7	5	9.8	9	8.7
23	0	0	4	7.8	4	3.9
24	3	5.8	3	5.9	6	5.8
25	1	1.9	1	1.9	2	1.9
26+	3	5.8	3	5.9	6	5.8
<u>Race</u>						
White	44	84.6	23	45.1	67	65.1
Black	7	13.5	23	45.1	30	29.1
Other	1	1.9	5	9.8	6	5.8
<u>Marital Status</u>						
Single	41	78.9	44	86.3	85	82.5
Married	5	9.6	3	5.9	8	7.8
Divorced	4	7.7	4	7.8	8	7.8
Widowed	0	0	0	0	0	0
Separated	2	3.9	0	0	2	1.9

BACKGROUND INFORMATION (cont.)

RESIDENT PROFILE

Last Grade of Education Completed	TAMPA Frequency	TAMPA %	MIAMI Frequency	MIAMI %	TOTAL Frequency	TOTAL %
Less than 6th	0	0	0	0	0	0
6	1	1.9	0	0	1	.9
7	1	1.9	0	0	1	.9
8	7	13.5	3	5.9	10	9.7
9	11	21.2	10	19.6	21	20.4
10	14	26.9				
11	9	17.3	9	17.7	18	17.5
12	5	9.6	12	23.5	17	16.5
G E D	4	7.7	1	1.9	5	4.9
Trade School	0	0	2	3.9	2	1.9
Other	0	0	0	0	0	0

ARREST INFORMATION
Juvenile Arrests in Florida

0	26	50.0				
1	8	15.4	6	11.8	14	13.6
2	4	7.7	6	11.8	10	9.7
3	2	3.9	5	9.8	7	6.8
4 - 5	4	7.7	2	3.9	6	5.8
6 - 7	4	7.7	3	5.9	7	6.8

Other States

1+	4	7.7	1	1.9	5	4.9
----	---	-----	---	-----	---	-----

Prior Adult Arrests

0	31	59.6	2	3.9	33	32.0
1	5	9.6	14	27.5	19	18.5
2	7	13.5	11	21.6	18	17.5
3	4	7.7	8	15.7	12	11.7
4	2	3.9	7	13.7	9	8.7
5+	3	5.8	9	17.7	12	11.7

Age of Initial Arrest

8 - 9	1	1.9	0	0	1	.9
10 - 11	0	0	0	0	0	0
12 - 13	4	7.7	5	9.8	9	8.7
14 - 15	12	23.1	9	17.7	21	20.4
16 - 17	17	32.7	17	33.3	34	33.0
18 - 19	13	25.0	11	21.6	24	23.3
20 - 21	4	7.7	5	9.8	9	8.7
22 - 23	1	1.9	3	5.9	4	3.9
24 - 25	0	0	1	1.9	1	.9

ARREST INFORMATION (cont.)

RESIDENT PROFILE

Table with columns: TAMPA Frequency %, MIAMI Frequency %, TOTAL Frequency %. Rows: Prior Convictions (0, 1, 2, 3, 4+).

Was Client Under Felony Supervision?

Table with columns: TAMPA Frequency %, MIAMI Frequency %, TOTAL Frequency %. Rows: Yes, No.

Was the Client Admitted to the Program Directly from Jail?

Table with columns: TAMPA Frequency %, MIAMI Frequency %, TOTAL Frequency %. Rows: Yes, No.

Was the Arrest Which Brought the Client to MDTP a

Table with columns: TAMPA Frequency %, MIAMI Frequency %, TOTAL Frequency %. Rows: Misd., Fel.

Type of Offense

Table with columns: TAMPA Frequency %, MIAMI Frequency %, TOTAL Frequency %. Rows: Drug related, Shop lifting, Breaking & Entering, Petit Larceny, Carrying a concealed weapon, Trespassing, Auto Theft, Receiving, Concealing, Stolen Property, Other.

STIMULANT USAGE Alcohol Usage

Table with columns: TAMPA Frequency %, MIAMI Frequency %, TOTAL Frequency %. Rows: Yes, No, Dependant, Contributory to present offense, Alcohol related arrests.

STIMULANT USAGE (cont.)

RESIDENT PROFILE

Table with columns: TAMPA Frequency %, MIAMI Frequency %, TOTAL Frequency %. Rows: Drug Usage (Marijuana Yes/No, Other Drugs Yes/No, Dependant), Contributory to present offense (Marijuana, Other), Drug Related Arrests (Marijuana, Other).

PROGRAM INFORMATION Months in Program

Table with columns: TAMPA Frequency %, MIAMI Frequency %, TOTAL Frequency %. Rows: less than 1, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12.

Rearrests While in Program During Month #

Table with columns: TAMPA Frequency %, MIAMI Frequency %, TOTAL Frequency %. Rows: 1, 2, 3, 4, 5, 6, 7, 8, 9.

RESIDENTS PROFILE
PROGRAM INFORMATION (cont.)

Length of time since Graduation	TAMPA		MIAMI		TOTAL	
	Frequency	%	Frequency	%	Frequency	%
	(Base 16)		Base 16		Base 32)	
1	6	37.5	2	12.5	8	25.0
2	2	12.5	1	6.3	3	9.4
3	3	18.8	0	0	3	9.4
4	1	6.3	3	18.8	4	12.5
5	0	0	1	6.3	1	3.1
6	1	6.3	3	18.8	4	12.5
7	1	6.3	3	18.8	4	12.5
8	1	6.3	3	18.8	4	12.5
9	1	6.3	0	0	1	3.1

Length of time between graduation and arrest	TAMPA		MIAMI		TOTAL	
	Frequency	%	Frequency	%	Frequency	%
	(Base 16)		Base 16		Base 32)	
1	0	0	1	6.3	1	3.1
2	0	0	0	0	0	0
3	1	6.3	0	0	1	3.1
4	1	6.3	0	0	1	3.1
5	0	0	0	0	0	0
6	0	0	1	6.3	1	3.1
7	1	6.3	1	6.3	2	6.3
8	1	6.3	0	0	1	3.1
9	1	6.3	0	0	1	3.1

Based on the above profile statistics a general description of a 'typical' Multiphasic Resident would be as follows:

He is an eighteen year old probationer, Caucasian, and single. He finished the tenth grade in school and probably was not arrested for any juvenile offenses or for any other adult offense. His probation supervision was for a felony offense, most likely Drug related offenses (Narcotics, sale or possession (greater than 5 grams)) or breaking and entering with intent to commit larceny. He probably used Alcohol, Marijuana, and hard drugs, although usage of a stimulant was not a contributory factor in his last arrest. He stayed an average of four months in the program and if he was rearrested during the program it was within the first two months. If he had completed the program, he was a recent graduate in terms of months since graduation.

RESIDENT PROFILE
COMPARISON OF THE SUCCESSFUL AND UNSUCCESSFUL RESIDENTS

The Multiphasic Program had 47 (24-Tampa; 23-Miami) residents who did not complete the program (unsuccessful) as opposed to 32 (16 each center) who did (successful). A comparison has been made on certain variables of the resident profile to give an idea of why these clients were unsuccessful. A base of 16 was used when figuring the percentages for the successful residents, both centers, whereas Tampa 24, Miami 23 was the base on the unsuccessful.

BACKGROUND INFORMATION	TAMPA		MIAMI	
	Suc. Freq.	Unsuc. Freq.	Suc. Freq.	Unsuc. Freq.
Parolees	2	0	0	2
Probationers	13	23	16	21
Pre-Trial	1	1	0	0

Age at Admission	TAMPA		MIAMI	
	Suc. %	Unsuc. %	Suc. %	Unsuc. %
17	12.5	16.7	0	13.0
18	18.8	37.5	4	17.4
19	18.8	16.7	3	17.4
20	25.0	8.3	3	13.0
21	0	4.2	0	4.4
22	6.3	8.3	1	17.4
23	0	0	2	4.4
24	12.5	4.2	1	8.7
25	0	0	1	0
26+	6.3	4.2	1	4.4

Race	TAMPA		MIAMI	
	Suc. %	Unsuc. %	Suc. %	Unsuc. %
White	93.8	79.2	56.3	43.5
Black	6.3	20.8	25.0	52.2
Other	0	0	18.8	4.4

ARREST INFORMATION Juvenile Arrests Florida	TAMPA		MIAMI	
	Suc. %	Unsuc. %	Suc. %	Unsuc. %
0	62.5	45.8	75.0	47.8
1	12.5	12.5	0	4.4
2	0	8.3	1	21.7
3	0	8.3	1	13.0
4 - 5	0	12.5	1	4.4
6 - 7	12.5	8.3	1	8.7

ARREST INFORMATION (cont.)

	TAMPA		MIAMI		%
	Suc. Freq.	Unsuc. Freq.	Suc. Freq.	Unsuc. Freq.	
States Other than Florida					
1+	2	12.5	1	4.2	0 0 0 0

Prior Adult Arrests

0	10	62.5	15	62.5	0	0	0	0
1	1	6.3	2	8.3	6	37.5	4	17.4
2	2	12.5	4	16.7	5	31.3	6	26.1
3	1	6.3	2	8.3	1	6.3	7	30.4
4	0	0	1	4.2	2	12.5	2	8.7
5+	2	12.5	0	0	2	12.5	4	17.4

Prior Adult Convictions

0	12	75.0	19	79.2	1	6.3	0	0
1	2	12.5	2	8.3	10	62.5	7	30.4
2	0	0	3	12.5	2	12.5	8	34.8
3	0	0	0	0	2	12.5	4	17.4
4+	2	12.5	0	0	1	6.3	4	17.4

Was the Client Admitted to the Program Directly from Jail?

Yes	3	18.8	9	37.5	3	18.8	17	73.9
No	13	81.2	15	62.5	13	81.2	6	26.1

PROGRAM INFORMATION
Months in Program

Less than 1	0	0	8	33.3	0	0	3	13.0
1	1	6.3	5	20.8	0	0	5	21.7
2	4	25.0	1	4.2	1	6.3	1	4.4
3	3	18.8	5	20.8	4	25.0	2	8.7
4	6	37.5	2	8.3	4	25.0	6	26.1
5	1	6.3	1	4.2	3	18.8	3	13.0
6	0	0	2	8.3	2	12.5	3	13.0
7	0	0	0	0	2	12.5	0	0
8	0	0	0	0	0	0	0	0
9	1	6.3	0	0	0	0	0	0

ARREST INFORMATION (cont.)

	TAMPA		MIAMI	
	Suc. Freq.	Unsuc. Freq.	Suc. Freq.	Unsuc. Freq.

Rearrests While in Program During Month #

1	1	6.3	10	41.7	0	0	1	4.4
2	0	0	3	12.5	2	12.5	2	8.7
3	0	0	2	8.3	0	0	2	8.7
4	0	0	0	0	1	6.3	1	4.4
5	0	0	1	4.2	1	6.3	2	8.7
6	1	6.3	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0

Unsuccessful Clients
Returned to:

Jail	13	54.2	18	78.3
Regular Parole/Probation	4	16.7	3	13.0
Other Treatment Programs	2	8.3	2	8.7
Absconded	5	20.8	0	0

ANALYSIS:

Timing

At the time this project was initiated 39% of the prison population, 4033 inmates, had two or more prior convictions. Of this same population 49.28% (5098) were 25 years of age or younger* How many of the inmates in the 16-25 year old age range were also recidivists (more than one conviction) is not known. In the general Florida Parole and Probation Commission caseload 50.3% (26,433) were 25 or younger. Of the probation misdemeanants under supervision 14% were 17-25 years old; probation felons- 62%, and parolees and MCR- 40%. Hillsborough and Dade Counties ranked first and second, respectively in the state in caseload volume in June, 1974.** Based on these data it was a propitious moment for the Multi-phasic program to be initiated.

Findings and

Conclusions

Project Administration

The project began in November, 1972. The project supervisor was hired and initial planning took place on schedule. However, problems were encountered with both the hiring of qualified staff for the centers and even more importantly with the location of the Centers in Tampa and Miami. The grant specified that all field staff would be recruited and hired within 15 days of funding. Hiring began approximately 30 days after funding and lasted for a period of seven months before all positions were filled. The locations of centers, according to the specifications in the grant, were to be in a contiguous area (encompassing only a few city blocks) with a high concentration of crime. This area was called the target area and the population - the target population. Although an attempt was made to locate the MDTP Centers in appropriate target areas, target areas with a high enough concentration of crime to support a center were not found in either city. Both cities were urban with single family dwellings. This type of structure does not yield the high concentration of crime that was needed for this project. Therefore, the target populations and areas were redefined as the entirety of Hillsborough County for Tampa, and Dade County for Miami.

*Division of Corrections Annual Report, 1972-73, figures.

**Data from the Florida Parole and Probation Commission Special Report, December, 1974.

A second problem encountered in locating the Centers was the attitudes of the neighborhoods. In general the neighborhoods queried were not as receptive as had been hoped. Tampa's Center was located within 35 days of funding and open within 150 days. Miami's Center encountered greater difficulties in site location. However, a site was located within 240 days. In all, the project met or exceeded 4.5 of the nine of the minimum requirements stated in the Project Administration section of the grant's measurable objectives. (The five-tenths comes from meeting a requirement in Tampa but not Miami.) Most of these requirements were a question of timing and can be found on pages 24 and 25.

Center Administration

The thesis upon which the Centers were to be working was based on Cressey's resocialization techniques, which are based upon Sutherland's theory of Differential Association. Cressey's techniques dealt with 1) the offender, and 2) the society or target population/area. Since, as stated in the preceding section, the concept of target population/areas was abandoned, the portion of the theory/techniques which dealt with these target populations/areas was also abandoned. However, the portion of the theory/techniques which dealt with the offender, the individual, was followed in principle.

The program was set up to serve that section of the population which was 1) young, 17-25 years old; 2) male; 3) on probation or parole; and 4) having problems dealing with their present street life. To this end the program was successful. This population was the one from which the clients came. Outside agencies were utilized to assist in helping the Centers clients when the counseling offered within the Centers (individual, group, and family) was not sufficient. One to one volunteers were offered and used within both Centers. On 12.5 of the first 13 measurable objectives the Project met or exceeded the minimum requirements (the five-tenths comes from meeting a requirement in Tampa but not Miami.) These objectives are listed on pages 26-28. There is the question of whether or not the one to one volunteers were an effective assistance or not. Presently, we have no way of knowing since that type of information, quantitatively, is not known. However, in speaking with the Center Supervisors, the one to one volunteers were stated to be helpful (qualitatively) to the clients.

The 14 measurable objectives for the advisory board were inadequately met at best. Of the 14 objectives only 3.5 met or exceeded the minimum requirements. Part of the problems here, once again, stems from the abandonment of the target population/area concept. These are found on pages 28-30.

Overall the project as compared to the minimum requirements stated in the measurable objectives was a success with respect to the in-Center procedures; however, the program did not meet the time requirements for the initial project administration; and was less than successful with respect to the Advisory Committee concepts.

A major problem encountered at the outset was that an evaluation plan was not written into the grant. This led to an inefficient data collection system. Data was not collected on:

- 1) the probable course the client would have taken had he not become a program participant. Had this been done, cost projections could have been done and comparisons made, in terms of gains or loss, between the Multiphasic program and other programs. (see page 39 - Cost Analysis)
- 2) profile information on the individual clients. This makes follow-up studies of the clients very difficult as well as making in program summary data of less value.
- 3) the client after he left the program. Although some information is available, data collection is not complete, ie. arrests, convictions.

Individual data was collected, on a post hoc basis, for this evaluation. The data was accumulated by each Center's staff. They were required to collate the data into summary tables (see Appendix M for an explanation of the data collection technique). The profile information presented on pages 41-49 and the Interpretations and Recommendations on pages 50-51 came from these data.

Although the MDTP success rate was considered to be 75% (see page 22), the actual effectiveness of the program cannot be measured until a follow-up study of the MDTP participants is performed. The level of success of the

project can meaningfully be evaluated only if all successful clients are checked for re-arrests and convictions over a two or three year period following completion of the program.

Project Continuation

The Multiphasic Diagnostic and Treatment Program has been continued under Law Enforcement Assistance Administration (LEAA) funds. Due to the favorable experience in Hillsborough and Dade Counties, four more Centers were to be opened during the 74-75 fiscal year. One was opened in Tallahassee in September, 1974. The other three Centers were cut from legislative fundings in January, 1975 due to statewide budget cuts. A considerable amount of work had already taken place in locating the Center sites and in lease negotiations - for Lakeland, Orlando, St. Petersburg - before the information was received that the mandatory budget cuts would prevent the opening of these three Centers.

The St. Petersburg site was considered to be 'ideal'-located on 12 acres with the necessary building space to expand to a coeducational program. The rent was, initially, \$1.50 per square foot; however, after the budgetary cutbacks were noted, the rent would have been free. Although this would have been within the project budget, the program still could not be operationalized since the necessary staffing positions were not allocated.

Contribution to Higher Goals

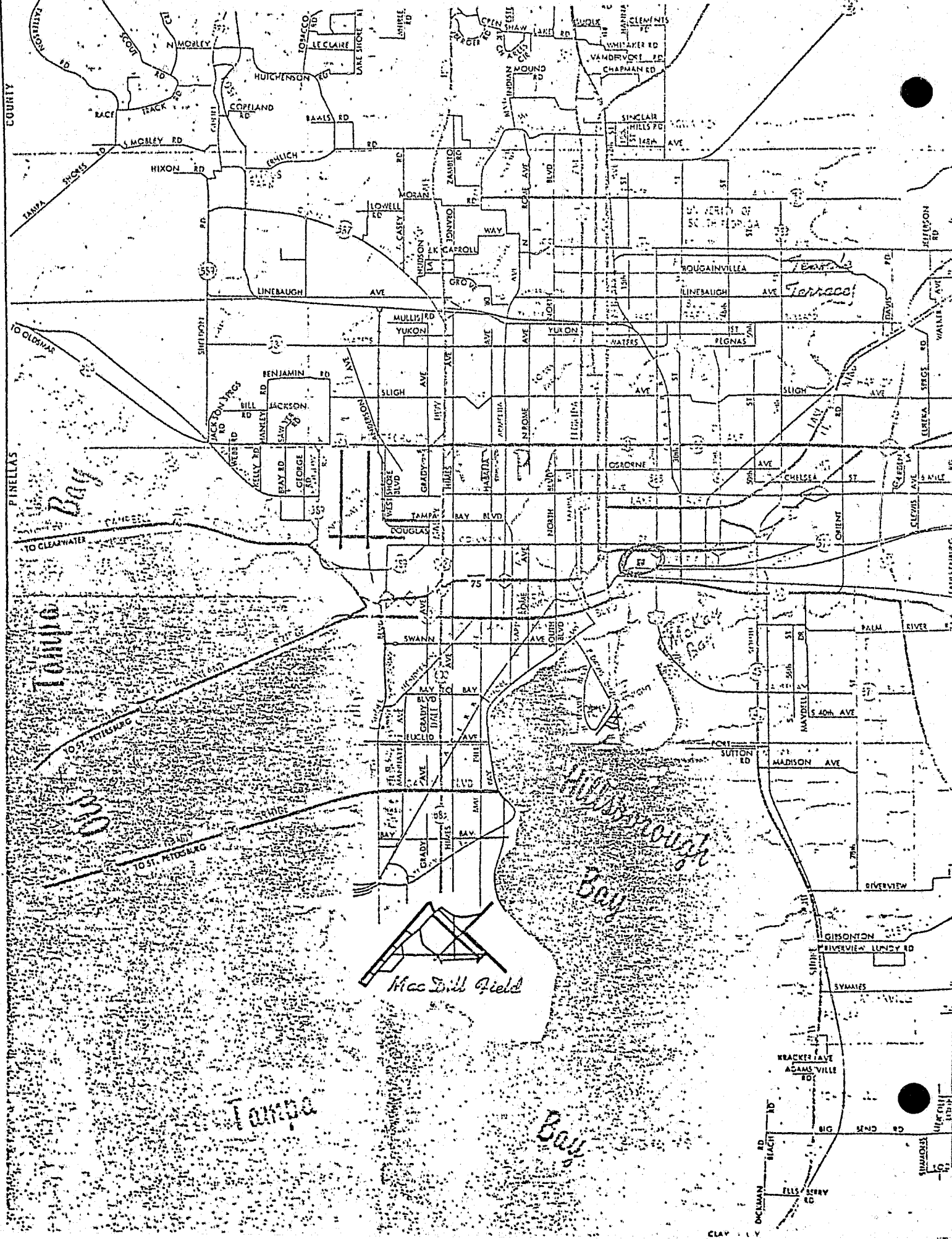
There was the possible contribution towards a slight reduction of the two counties caseload due to this program. The project's highest goal was to rehabilitate youthful offenders and return them to society. If this effort was a success, it would mean that many potential criminals have been resocialized and deterred from committing criminal offenses in the future.

APPENDIX A

LOCATION OF MDTP CENTERS - (MAPS)

	Page
Tampa	54
1615½ E. 7th Avenue Tampa, Florida 33605 813-247-4457	
Miami	55
1625 N. W. 35th Street Miami, Florida 33142 305-635-0841	

LOCATION OF MDTP CENTER - TAMPA



LOCATION OF MDTP CENTER - MIAMI

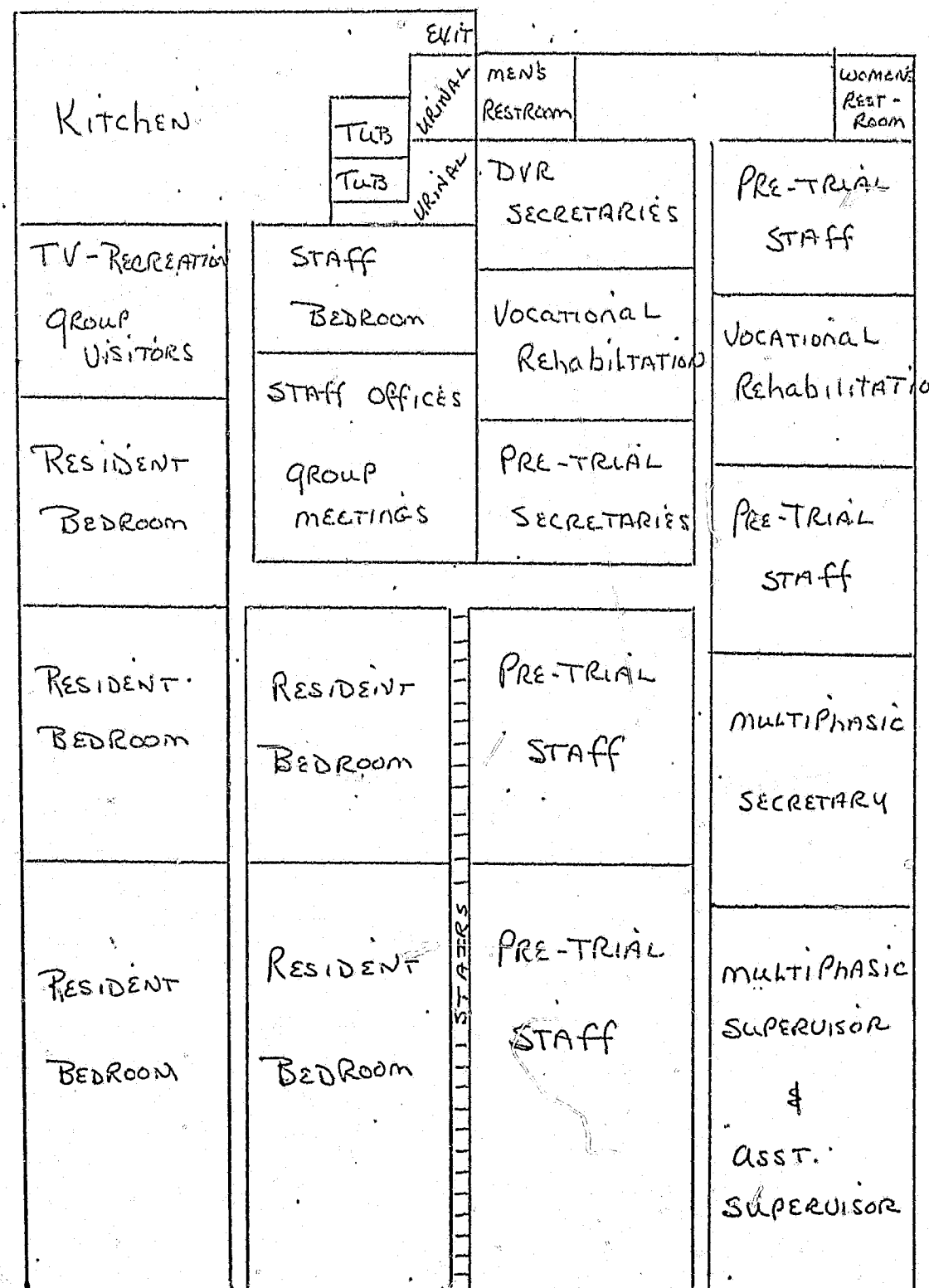


Floorplan: Tampa

APPENDIX B
FLOORPLANS OF MDTP CENTERS

Tampa
Miami

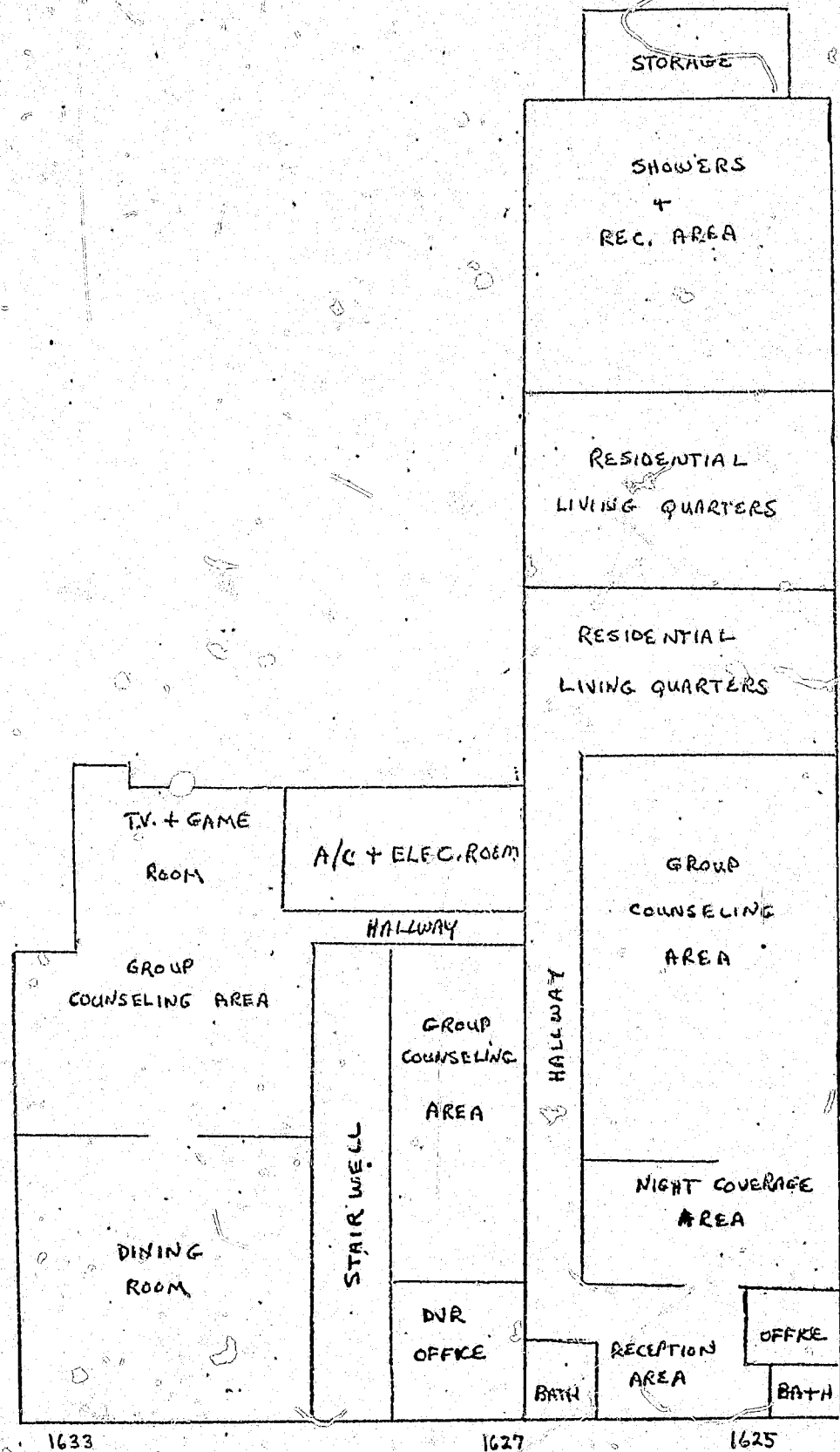
Page
57
58



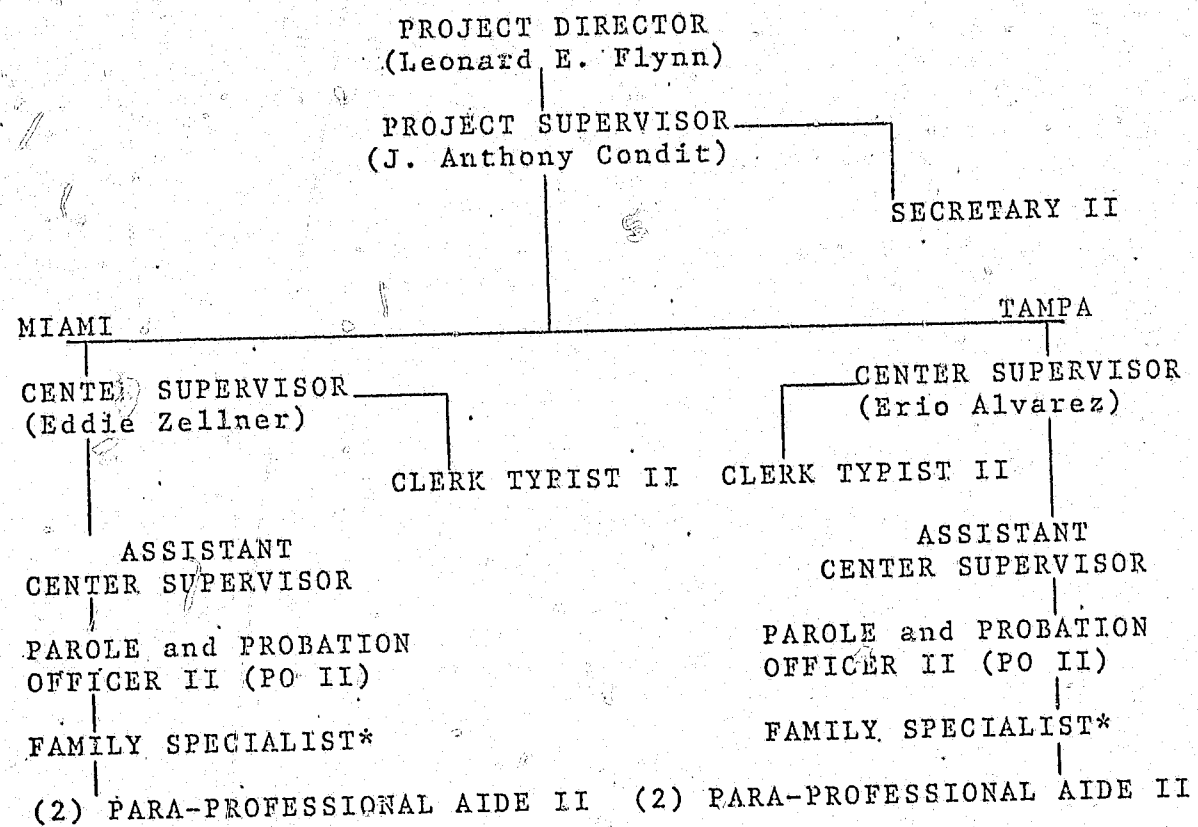
7th Street



Floorplan: Miami



APPENDIX C
STAFFING CHART



* The Family Specialist was a PO II.

APPENDIX D

REASONS LISTED FOR REJECTIONS OF POSSIBLE CLIENTS

Tampa	Page
	61
Miami	62

APPENDIX D

REASONS LISTED FOR REJECTIONS OF POSSIBLE CLIENTS

TAMPA

- to be sentenced Florida State Hospital
- over age limit
- failed to keep appointment
- arrested before acceptance
- sentenced to County jail
- transferred to Washington, D.C.
- heroin addict
- psychiatric service and evaluation
- extradited to Texas
- transferred to Miami
- poor attitude - poor performance in W/R program
- not on probation or parole
- extensive record of violent behavior
- could not locate
- poor attitude
- probation revoked
- emotionally disturbed
- rejected by Pre-Trial status uncertain
- parolee with charges pending
- worked out acceptable street plan
- severe drug problem
- severe psychiatric problems
- treatment program not needed

APPENDIX D (cont.)
Reasons Listed for Rejections of Possible Clients

accepted for supervision in Louisiana
absconded
emotionally unsuitable for center
waiting for arraignment and sentencing
no interest in program
waiting for sentencing
psychiatrist recommended Mental Health Center
needed more structured environment
no decision - Pre-Trial program

MIAMI

compulsive liar no motivation age 29
subject wants no part of program
too severe an alcohol/drug problem
subject doesn't need program
awaiting action on new charges
did heroin right after interview
never showed for interview
mental problem
interviewed and accepted but subject never returned
bad attitude did not want help from program
pre-sentence investigation bad attitude subject refused to
accept help from the program

APPENDIX D (cont.)
Reasons Listed for Rejections of Possible Clients

mental and drug problem
referred to another program (Myrick House)
court action pending
referred to another program because of need
because of attitude
absconded same day as accepted

APPENDIX E

Forms Used by the Multiphasic Program

Interview Form - Miami	Page 65
Individual Forms	
Notification of Admittance to Program	66
Release of Medical Information	67
Medical History	68
Monthly Resident's Progress Report	69
Summary Forms	
Monthly Population Report	70
Population Movement Report	72
Monthly Medical Report	73
Anticipated Population Changes	74
Monthly Referral Report	75
Project Status Report	76
Department of Labor Forms	
Summary Report	77
Application Closure Form	78

MULTIPHASIC DIAGNOSTIC AND TREATMENT PROGRAM
 Florida Parole and Probation Commission
 1625 N.W. 35th Street
 Miami, Florida 33142
 305 635-0841

INTERVIEW WORKSHEET

Subject's Name: _____ Date of Interview: _____

Race: _____ Sex: _____ DOB: _____ Age: _____

Home Address: _____ Tel. No.: _____

Referred by: _____ Capacity: _____

Tel. No.: _____

~~Reason for referrals~~ _____

Subject's prior record: _____

Subject's attitude: _____

Accepted: _____ Rejected: _____ Date: _____

Reasons for the above staff's action: _____

Interview by: _____

STATE OF FLORIDA

FLORIDA PAROLE AND PROBATION COMMISSION
MULTIPHASIC DIAGNOSTIC AND TREATMENT CENTER

NOTIFICATION OF ADMITTANCE TO PROGRAM

TO: Program Supervisor

FROM: (Center) _____

DATE: _____

NAME: _____

CO# _____

Please be advised that the above named individual will be admitted
to _____ on _____.

Please find enclosed: Background Investigation and sentence. A
copy of his/her Structured Treatment Program will follow within
one week.

STATE OF FLORIDA

FLORIDA PAROLE AND PROBATION COMMISSION

CONSENT FOR TREATMENT AND

RELEASE OF MEDICAL INFORMATION

Date _____

I hereby give my consent to have given to me all necessary medical
and/or surgical treatment while under the care and supervision of
the Florida Parole and Probation Commission. I further authorize
any physician, hospital, or clinic to furnish to the Florida and
Probation Commission, or a division thereof, any verbal or written
information pertaining to the present or past state of health and
medical treatment-given to-me.

Signature

Address

Witness: _____

Copy to: Central Office Files

MEDICAL HISTORY

Name _____ DOB _____ Age _____ M-F Date _____

Family Physician _____ Address _____

What Hospital Insurance do you have? _____

Are there any Government Medical Programs presently covering you? (I.E.: Medicaid, Voc. Rehab., etc.)? _____

What medication are you taking? _____

Any known drug allergies? _____

FAMILY HISTORY: If none, check 0; if yes, give relationship: _____

TB	Mental
Cancer	Heart Disease
Diabetes	Epilepsy

PERSONAL HISTORY: Does your child have or has he/she ever had:

	Yes	No		Yes	No		Yes	No
SKIN			GASTROINTESTINAL			NEURO-MUSCULAR		
Rash or itching			Poor appetite			Dizziness		
Sores or pimples			Indigestion			Fainting		
Hives			Abd. cramps or pain			Convulsions		
EYES			Nausea or vomiting			Joint Pains		
Blurred vision			Liver disease			Back pain		
Spots or flashes			Jaundice			Headaches		
Glasses worn			Diarrhea			Fractures		
EAR, NOSE & THROAT			Rectal bleeding			DENTAL		
Impaired hearing			Worms			Toothache		
Ear discharge			GLANDULAR			Swollen jaw		
Sinus trouble			Diabetes			MISCELLANEOUS		
Hay fever			Recent weight gain			Anemia		
Frequent colds			Recent weight loss			Rupture		
Freq. sore throat			GENITO-URINARY			Drug Usage		
CARDIO-RESPIRATORY			Frequency			APPLIANCES		
Asthma			Bed-wetting			Tooth		
Shortness of breath			Sugar in urine			Hearing Aid		
Chills & fever			Albumin in urine			Limbs		
Spitting of blood			Blood in urine			FEMALE ONLY		
Rheumatic Fever			COMMUNICABLE DISEASE			Vaginal discharge		
Heart Murmur			Measles			Painful menses		
			Mumps			Date of last period:		
			Chickenpox					
			TB					
			Polio					
			Other					

EXPLAIN ALL YES ANSWERS ON REVERSE SIDE

IMMUNIZATIONS:

Tetanus _____ Diphtheria _____ Polio _____ Smallpox _____
 (Date) (Date) (Date) (Date)

Measles _____ Mumps _____ Other _____
 (Date) (Date) (Date)

OPERATIONS, INJURIES OR ILLNESS REQUIRING HOSPITALIZATION:

Date: _____ Signature: _____

FLORIDA PAROLE AND PROBATION COMMISSION
 Monthly Resident's Progress Report... Period Covered _____

Name _____ DISTRICT NO. _____ CO. NO. _____

EMPLOYER _____ ADDRESS _____

PROBATIONER _____ PAROLEE _____ PROGRESS: EXC. _____ GOOD _____ FAIR _____ POOR _____ VIOL. _____

Length of time in Center: Months _____ DAYS _____

Preparers's Name: _____

Number hours in group treatment: _____
 Number hours in individual treatment: _____
 Number hours in DVR Counseling: _____
 Number hours in vocational, educational, or other training: _____
 Community resources being utilized or considered: _____
 Name of Volunteer: _____

Narrative (special problems being encountered, estimate of success probability, other comments):

STATE OF FLORIDA
 FLORIDA PAROLE AND PROBATION COMMISSION
 MULTIPHASIC DIAGNOSTIC AND TREATMENT CENTER

MONTHLY POPULATION REPORT

TO: Program Supervisor
 FROM: (Center) _____
 MONTH _____

A. Residents in population last days of previous month _____

B. Intake Current month from:
 Court (Probation) _____ Parole _____ Monthly Total _____
 District Area _____ Other _____

C. Transferred Out To:
 Incarceration _____ (Successful Program Completion) _____
 District _____ Other _____ Monthly Total _____

Total this Fiscal Year _____

D. Net Population Change for Month (B-C) _____

E. Number of Residents Last Day of Current Month (A-D) _____

Total Resident Days* _____ Average Population Per Day** _____

Age Range _____ 'Average Age' _____ White _____ Other _____

F. Total Days in Facility of Each individual Transferred from Program
 + + + + + + + + + =Total _____
 Days

G. Total Days in Facility of Each individual Graduating from Program this month
 + + + + + + + + + =Total _____
 Days

H. Average Length of Stay of Transfers from Current Month
 (F/Number of Releases) (days) _____ (_____ mo. _____ days)

I. Average Length of Stay of Each individual Graduating from Program this mo.
 (G/Number of Releases) (days) _____ (_____ mo. _____ days)

J. Number of Residents A. W. O. L. _____

K. Number of Residents Incarcerated _____ Total # of (24hr.) days _____

L. Staff Vacancies during Month _____ Filled _____ Vacant _____

* To compute total resident days include all residents carried on your active rolls. For example: Jones admitted 10/3 would be 30 days, Smith admitted 7/1 would be 31 days and Grey discharged 10/19 would be 19 days, making a total of 79 days.

** Average population is computed by dividing the total number of resident days by the number of days in the month. For example: 79 days divided by 31 (# of days in October) would give us an answer of 2.5 as the average population per day.

M. CHANGES IN PERSONNEL

Authorized Titles	Name of Staff Member	Date of Vacancy or Assignment
_____	_____	_____
_____	_____	_____

N. CHANGES IN CENSUS

1.) Admissions During the Month				
Name	Type	CO#	Referral Source	Date of Admission
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(T=Transferred from District, C= Court, P=Parole, R=Readmission
 O=Other [specify])

2.) Releases During the Month				
Name	Type	CO#	Referral Source	Date of Admission
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STATE OF FLORIDA
FLORIDA PAROLE AND PROBATION COMMISSION
MULTIPHASIC DIAGNOSTIC AND TREATMENT CENTER

POPULATION MOVEMENT REPORT

TO: Program Supervisor

FROM: (Center) _____

Date of Report Ending Midnight: _____ Population Count: _____

CHANGES IN CENSUS

A. ADMISSIONS*

<u>Name</u>	<u>Type (1)</u>	<u>CO#</u>	<u>Referral Source</u>

*(T)=Transferred from District (R)=Readmission (C)=Original Court Commitment (O)=Other (Specify) (P)=Parole

B. RELEASES**

<u>Name</u>	<u>CO#</u>	<u>Disposition</u>

** (A)=Absconder (R)=Rearrested (T)=Transferred (Specify) (O)=Other explain

This form is to be completed whenever a change in population occurs at the Center.

STATE OF FLORIDA
FLORIDA PAROLE AND PROBATION COMMISSION
MULTIPHASIC DIAGNOSTIC AND TREATMENT CENTER

MONTHLY MEDICAL REPORT

TO: Program Supervisor

FROM: (Center) _____

MONTH: _____

Write the number of residents involved in the space to the left and kinds of ailments to the right.

_____	Office Visit for Treatment _____
_____	Emergency Out Patient Treatment _____
_____	Hospitalization _____
_____	General Dental Examinations _____
_____	General Physical Examinations _____
_____	Dentist for Extraction, Filling, etc. _____
_____	Minor Surgery _____
_____	Major Surgery _____
_____	Vaccinations _____
_____	Dermatology _____
_____	Venereal _____
_____	Urology _____
_____	Orthopedic _____
_____	Serology _____
_____	X-Ray _____
_____	E.E.G. _____
_____	E.K.G. _____
_____	Psychologicals _____
_____	Psychiatric _____
_____	Optometrist _____

STATE OF FLORIDA
FLORIDA PAROLE AND PROBATION COMMISSION
MULTIPHASIC DIAGNOSTIC AND TREATMENT CENTER

ANTICIPATED POPULATION CHANGES

TO: Program Supervisor

FROM: (Center) _____

DATE: _____

Current Population: _____

For Month of: _____

Releases Anticipated

Admissions Needed

date name

date name (if known)

TOTALS _____ = _____

TOTALS _____ = _____

Please type

PROJECT STATUS REPORT FOR _____
(Month/Year)

Project Director _____	Number of Staff Involved: Professional _____ Paraprofessional _____ Clerical _____ TOTAL _____	Central Office Use:
Project Coordinator _____		
Project Title _____		
Source of Funds _____		
Grant Numbers _____		
Grant Period _____		

Project Deals With:

Current Status: Project is (check one) - _____ Far Behind Schedule _____ Behind Schedule _____ On Time _____ Ahead of Schedule
_____ Far Ahead of Schedule

Achievements and Accomplishments (if any):

Problems Being Encountered:

Project is: _____ Local _____ Area _____ State-wide _____ Other-(please specify) _____

Submitted by: Name _____, District _____, Date _____ Use reverse side for additional comments.

SUMMARY REPORT

MONTH ENDING _____

I. Client Services Provided:

	Client Served	Family Members Served
Screening		
Medical		
Psychological and/or Counseling		
Education (Academic)		
Job Training		
Job Placement		
Maintenance (food, clothing, housing, transportation)		
Other		
Referral to other agency and/or programs		

II. Indicate the total number of active cases. Do not include individuals contacted but not accepted or closed cases.

III. Services received by clients from resources of other agencies or groups. Indicate the agency or groups providing services, the services provided, and the number of clients receiving each service:

Agency	Services	No. of Clients Served

(Use additional page if necessary.)

Signature

Name _____ Social Security Number _____

DATE OF BIRTH ____/____/____	SEX <input type="checkbox"/> M <input type="checkbox"/> F	HANDICAPPED <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____	MILITARY STATUS <input type="checkbox"/> Veteran <input type="checkbox"/> Rejectee <input type="checkbox"/> Non-Veteran Date of Discharge ____/____/____	LENGTH OF RESIDENCE County _____ State _____
MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced/Separated		PRIMARY WAGE EARNER <input type="checkbox"/> Yes <input type="checkbox"/> No	HEAD OF FAMILY OR HEAD OF HOUSEHOLD <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF DEPENDENTS <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 and Over
CHECK ONE <input type="checkbox"/> White <input type="checkbox"/> Negro <input type="checkbox"/> American Indian <input type="checkbox"/> Oriental <input type="checkbox"/> Mexican American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other	PUBLIC ASSISTANCE RECIPIENT At Referral <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount _____ At Closure <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount _____		HIGHEST SCHOOL GRADE COMPLETED _____ Vocational Training Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____	PREVIOUS JOB TRAINING <input type="checkbox"/> Yes (If yes, complete the information below). <input type="checkbox"/> No Job Title _____
LABOR FORCE STATUS AT TIME INTERVIEWED (Check Only One) <input type="checkbox"/> Employed (not underemployed) <input type="checkbox"/> Underemployed <input type="checkbox"/> Unemployed <input type="checkbox"/> Family Farm Worker <input type="checkbox"/> Not in Labor Force-in School <input type="checkbox"/> Not in Labor Force - other		YEARS OF GAINFUL EMPLOYMENT <input type="checkbox"/> Under 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-9 years <input type="checkbox"/> 10 years and over	WEEKS UNEMPLOYED _____ Previous 12 months	
		OCCUPATION TITLE OF LAST PREVIOUS EMPLOYMENT _____ Salary \$ _____		
REFERRAL SOURCE		OFFENSE RECORD Prior Record: <input type="checkbox"/> None <input type="checkbox"/> Juvenile <input type="checkbox"/> Adult Date ____/____/____ Charge _____ Disposition _____ Current Record: <input type="checkbox"/> None <input type="checkbox"/> Juvenile <input type="checkbox"/> Adult Date ____/____/____ Charge _____ Disposition _____		
PREVIOUSLY SERVED <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of closure ____/____/____				

Date of Closure _____ SERVICE RECORD

PRIMARY OCCUPATION TITLE AT CLOSURE _____	How Long _____ Salary \$ _____	ESTIMATED AVERAGE HOURLY EARNINGS AT CLOSURE \$ _____		
SERVICES				
<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Adult Basic Education <input type="checkbox"/> Attitudinal Modification <input type="checkbox"/> Family Counseling <input type="checkbox"/> Family Referral Services <input type="checkbox"/> GED Completion <input type="checkbox"/> Halfway House Services <input type="checkbox"/> Hospitalization <input type="checkbox"/> Housing <input type="checkbox"/> Information and Referral Services <input type="checkbox"/> Maintenance <input type="checkbox"/> Medical Diagnosis and Evaluation <input type="checkbox"/> Medical Restoration </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Personal Counseling <input type="checkbox"/> Placement and Follow-up <input type="checkbox"/> Post Secondary Education <input type="checkbox"/> Pre-Vocational Training <input type="checkbox"/> Psychotherapy <input type="checkbox"/> Temporary Loans <input type="checkbox"/> Testing <input type="checkbox"/> Transportation <input type="checkbox"/> Vocational Counseling <input type="checkbox"/> Vocational Training <input type="checkbox"/> Work Evaluation <input type="checkbox"/> Other (Specify) _____ </td> </tr> </table>			<input type="checkbox"/> Adult Basic Education <input type="checkbox"/> Attitudinal Modification <input type="checkbox"/> Family Counseling <input type="checkbox"/> Family Referral Services <input type="checkbox"/> GED Completion <input type="checkbox"/> Halfway House Services <input type="checkbox"/> Hospitalization <input type="checkbox"/> Housing <input type="checkbox"/> Information and Referral Services <input type="checkbox"/> Maintenance <input type="checkbox"/> Medical Diagnosis and Evaluation <input type="checkbox"/> Medical Restoration	<input type="checkbox"/> Personal Counseling <input type="checkbox"/> Placement and Follow-up <input type="checkbox"/> Post Secondary Education <input type="checkbox"/> Pre-Vocational Training <input type="checkbox"/> Psychotherapy <input type="checkbox"/> Temporary Loans <input type="checkbox"/> Testing <input type="checkbox"/> Transportation <input type="checkbox"/> Vocational Counseling <input type="checkbox"/> Vocational Training <input type="checkbox"/> Work Evaluation <input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Adult Basic Education <input type="checkbox"/> Attitudinal Modification <input type="checkbox"/> Family Counseling <input type="checkbox"/> Family Referral Services <input type="checkbox"/> GED Completion <input type="checkbox"/> Halfway House Services <input type="checkbox"/> Hospitalization <input type="checkbox"/> Housing <input type="checkbox"/> Information and Referral Services <input type="checkbox"/> Maintenance <input type="checkbox"/> Medical Diagnosis and Evaluation <input type="checkbox"/> Medical Restoration	<input type="checkbox"/> Personal Counseling <input type="checkbox"/> Placement and Follow-up <input type="checkbox"/> Post Secondary Education <input type="checkbox"/> Pre-Vocational Training <input type="checkbox"/> Psychotherapy <input type="checkbox"/> Temporary Loans <input type="checkbox"/> Testing <input type="checkbox"/> Transportation <input type="checkbox"/> Vocational Counseling <input type="checkbox"/> Vocational Training <input type="checkbox"/> Work Evaluation <input type="checkbox"/> Other (Specify) _____			
SERVICES BY OTHER AGENCIES				
Agency _____	Service _____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			

APPENDIX F

ADVISORY BOARD MEMBERS

Tampa

Miami

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TO BE COMPLETED AT ACCEPTANCE

TO BE COMPLETED AT CLOSURE

ADVISORY BOARD MEMBERS

TAMPA

- Mr. A. Spoto - Owner of Florida Printing Company where on-the-job training is provided to the residents.
- Mr. Oscar Aguazo - Executive Director of the Ybor City Chamber of Commerce.
- Mr. Henry Bennafield - Project Chairman of the Tampa Jaycees.
- Mr. Gordon Christianson - An insurance salesman with Massachusetts Mutual Life
- Ms. Nadine Vaughn - Housewife and college student.
- Mr. Dennis Ford - Assistant Center supervisor and in general coordinated the Advisory Board Activities and Meetings.

CONTINUED

1 OF 2

ADVISORY BOARD MEMBERS

MIAMI

Mr. Jim Ward - with the T.A.S.C. Project (Treatment Alternatives to Street Crime)

Ms. Judy Stuzen - Director of the Crime Commission Youth Section

Ms. Alice Stokes - Counselor at C. O. R. P. (Comprehensive Offender Rehabilitation Program)

Ms. Ruth Weddon - Director of the Junior League advocate Program

Dr. Buck Abell - Dental Technician

Mrs. Diane Friedman - housewife, gave assistance at the Board Meetings

Resident Representative

Center Staff

APPENDIX G

ONE TO ONE VOLUNTEERS

TAMPA	Page 83
MIAMI	84

ONE TO ONE VOLUNTEERS

TAMPA

- | | |
|--------------------|-----------------------|
| Elalyn Block | Carol Miller |
| Martha Walton | Ander Hershbein |
| Linda Jones | John Welshons |
| Dennis Payne | Stephen Solloway |
| Wayne McDonough | Mitchel Major |
| Bekki Varsalona | Howard Sandler |
| Judy Wichterman | Sandy Levine |
| Ronald Holmes | Lauro Galusza |
| Isabelle Dedrick | Jacquelin Lavery |
| Gordon Christensen | Jacqueline Delaughter |
| Michael Mercadante | Randy Miller |
| Nadine C. Vaughn | Sharon Miller |
| Wayne Cesky | Virgil Stubbs |
| Mike Flanagan | Harry Bing |
| Lynne Gaynias | Antionette Harper |
| Dawn Orth | Roger Storr |
| Lori Schuckmann | Chris Hollingsworth |
| Stuart Hershoff | Jamie Crisp |

ONE TO ONE VOLUNTEERS
MIAMI

Phillip Peterson
Suzie Taylor
Florence Cohen
Alice Stokes
Herschel Volat
Judy Stuzen
Ruth Weddon
Tom Harraman
Gin Harraman

APPENDIX H
COMMUNITY ORGANIZATIONS

	Page
Tampa	86
Miami	88

COMMUNITY ORGANIZATIONS

TAMPA

Alcoholic Anonymous - alcohol counseling

Alcohol Rehabilitation Center - alcohol in-patient treatment

Youth Opportunity Center - vocational and aptitude testing;
job placement and training

Broadcast Skills Bank - employment information

Florida Road Builders Association - job training

Florida Highway Patrol - driver's license examining and
testing

Florida State Employment Service - jobs

Hillsborough County Health Department - dental and medical

Insurance Commissioner's Office - financial responsibility

Metropolitan Development Agency - tenant information

Social Security Office - social security matters

Tampa Concentrated Employment Program - job counseling, place-
ment and training

Division of Family Services - assistance to the aged

Public Defender - legal

Lee Davis Clinic - medical

The Door - drug rap

Suicide and Crisis Intervention Center - crisis counseling

Women's Center - abortion information

DWI Counterattack - alcohol evaluation; counseling

COMMUNITY ORGANIZATIONS (cont.)

Tampa

Human Resources and Development Institute - job placement and
counseling

Tampa Housing Authority - housing

Hillsborough Community College - educational; educational and
vocational counseling; and
financial aide

Law Incorporated - legal

Tampa General Hospital - medical

Neighborhood Service Center - jobs; housing; and medical

Drug Rehabilitation Center - drug residential center

Board of Public Instruction - Adult Basic Education

Model Cities Work Evaluation - work evaluation

Division of Vocational Rehabilitation - medical; psychological;
psychiatric; work
evaluation; on-the-job
training; maintenance;
tools; etc.

Manpower Development and Training Assistance - job training

Brewster Vocational High School - adult vocational courses

The New Mind - drug counseling

Adult Day School - G.E.D. testing

W. T. Edwards Hospital - medical

COMMUNITY ORGANIZATIONS

MIAMI

- Hire's Help, Inc. - drug rehabilitation
- Myrick House - mutual referrals
- South Florida Young Adults Program - one client enrolled in this program
- Operation Student Concern - student volunteers from Miami Date Community College
- Miami Skill Center - welding training program
- Treatment Alternatives to Street Crime - urinalysis and drug abuse
- Comprehensive Offender Rehabilitation Program - advisory board, counseling follow-up of clients
- Oznam Residence Program - mutual referreals, offered food, service during initial stages of center

APPENDIX J

HOUSE RULES/REGULATIONS

IN-HOUSE PROCEDURES

TAMPA

RESIDENT CONTRACT	Page 90
TEAM CONCEPT	92
RATING CRITERIA	95
RATING CHARTS	98
TIME OUT	99
BUDGET	100

YBOR CITY CENTER
Resident Contract

I agree to follow the guidelines set by the staff and the group. I agree that the staff at the Ybor City Center (Florida Parole and Probation Commission) will not be liable for any personal injury nor will they be responsible for my personal belongings.

I understand that my parole and probation supervision will be transferred to the Center and that I am to abide by the Orders of Probation and Parole as instructed. I understand that I will be under the supervision of all staff members while I am living at the Center.

I understand that I am required to pay \$4.00 a day room and board to the Center. I am responsible for paying each week by check or money order.

I understand that, as a new resident, I will be on Ground "0" for the first week and will be permitted to leave the Center for an hour at a time with staff permission.

I agree to abide by the financial budget that will be approved for me by the staff. I understand that I am not allowed to assume any financial responsibilities or to incur any debts without staff permission.

CENTER GUIDELINES

1. No alcohol, drugs, sexual activities, or violent behavior will be allowed at the Center.
2. Each resident is responsible for helping with the house duties, i.e., cleaning, scrubbing, dusting, and so forth. Residents will be assigned extra cleaning jobs by the staff when on house restrictions or Ground "0". Each resident should have his bed made and his sleeping area cleaned before leaving each morning.

3. Each resident is expected to be at the Center each evening for dinner at approximately 6:00 p.m. unless he has been excused in advance by a staff member. Group counseling or other planned activities are held on Monday through Thursday 7:00 - 9:00 p.m. and residents will attend. During the weeknights, there is a curfew of 12:00 p.m. On weekends (Friday and Saturday nights) the curfew will be at 2:00 a.m.

4. Each resident is expected to be out of bed on weekdays by at least 6:30 a.m. If a resident is not up after the third call, he will be placed on house restrictions for that day and be required to do at least one hour of extra house duty. If this behavior continues on a regular basis, the resident will be placed on Ground "0" until some improvement is made.

5. Guests are allowed at the Center at specified times during the week and on weekends. A resident should check with a staff member concerning guests.

6. Residents are allowed to use the telephone in the OD office with staff permission. Calls should be limited to 5 minutes during business hours. No out-of-town calls allowed.

7. Residents are not allowed to open the back door or to go into the alley behind the Center without staff permission.

I have read and I understand the above, and agree to abide by this Contract.

Date _____ Signature _____

INDIVIDUAL CONTRACT

Counselor _____ Signature _____

Date _____

TEAM CONCEPT

The "Team Concept", which will begin being used at the halfway house, effective Monday, March 4, 1974, will have the following makeup:

1. The house will be divided into four (4) teams with each of the large bedrooms comprising teams 1, 2, and 3, and both small bedrooms comprising a 4th team. By Monday, the 4th, the residents of the house should have chosen their perspective team by situating themselves into one of the five bedrooms.
2. The reward of a free weekend, or lack of it, will directly depend on the performance of each of the teams as a unit. The following steps would need to be accomplished by the team in order for them to earn a free weekend:
 - (a) All members achieve at least a fair (okay) rating in all behaviors as outlined by the behavior board.
 - (b) No one team have more than one house restriction or one poor rating placed on them for the respective week. The individual placed on restriction would, however, lose his free weekend.
 - (c) No one team member have a "ground zero" restriction placed on him during perspective week.
 - (d) No team member either abscond from the Center or be arrested for a new charge or probation violation during their perspective week.
3. Each member of the team will be considered a member of that team for at least a 7-day period beginning on any Friday night to any Friday night. The preceding sentence suggests that there may be trading of team members or omitting of team members from the team; however, in terms of judging the team's success, or lack of it, this will be done by the team roster which becomes effective on any Friday night.

4. Regarding the trading, admitting, or omitting of one or several team members from a team, the following rules will govern:

- (a) A team member must be voted in or out of a team by a simple majority ruling of the team members excluding the person who is being either voted in or out.
- (b) If a member of team is voted out of that team by his peers, he goes into a "limbo" state, and must be voted into another team within a 24-hour period, excluding weekends.
- (c) Should any team member who is rejected by his team not be voted into another team, he will be expelled from the Center, and his fate determined by the staff.
- (d) The trading, omitting, or accepting of a new team member can be done at any time during the week. However, the preceding events will not become effective in terms of the behavioral chart until the next Friday night. For example, if Joe Blow, who is a member of Team 1, is ejected from his team on Tuesday, and accepted by Team 2 on Wednesday, Team 1 has him on their roster through the following Friday, and is judged accordingly. The ejected member must, however, reside in his original team room.
- (e) Whenever a new resident is admitted to the house, a group meeting will be called at which time each team may interview the new resident and decide if he is a desirable member to their team. Should no team accept a new resident, he will be assigned to a team by the staff on a rotating basis. This means that Team 1 would get the first new resident, then Team 2, etc.
- (f) Past the ruling that a simple majority wins, the exact procedure as to the voting in or voting out of a team member would be left up to that perspective team. However, the staff will not permit any physical violence, threats of it, or financial bargaining to occur between inter or intra team members.

(g) Should a member of a team decide on his own that he would like to change teams, he would be allowed to announce this in order to initiate his movement. It will not be necessary, at this time or state that a movement from one team to another must include a replacement for the team losing the member. However, staff will set limits on numbers of persons in rooms.

5. A team may find itself to have productive, concerned, and useful members. Should their performance on the behavioral board become consistently good, it will be possible for them to approach the staff and contract for "reasonable goodies" as a reward for their accomplishments.
6. On the other hand, should it become evident that a team have members who have not been willing to do well on the behavioral board on a regular or consistent basis, they will be approached by the staff and asked to rectify the situation. Should the inappropriate behavior continue, the team will be broken up by the staff, and each member auctioned off to the other teams. Should no team want any one member of the "goof off team" that member will be dealt with by staff.

RATING CRITERIA

The following criteria are established by staff for the purpose of providing feedback to a resident in any area where he may need improvement. This criteria is not all inclusive and may be changed by staff as needed.

Feedback will be given to the resident about his particular duty or responsibility at the time of rating by staff. The purpose of this feedback is for the resident to take corrective action.

RENT PAID

Yes
 Not
 Justified if cleared with staff: Not working yet. Employer withholding 2 weeks. Other bills.

HOUSE DUTIES

Excellent - Selected and did duties without a hassle. Had staff check duty. Did more than is ordinarily required. Completed on time by 10:00 a.m.

Good - Selected and did duty without a hassle. Had staff check duty. On time.

Fair - Selected and did duty on time. Completed with a hassle.

Poor - Did poor job on duty. Hassled with staff about duty. Had to be reminded about duty.

SCHOOL

Excellent - Doing more than required work. Cooperative with teacher. Did excellent on assigned work. In school on time. Was not disruptive.

Good - Did more than required work. In school on time. Did good on assigned work. Was not disruptive to teacher.

Fair - Did required work. Was not disruptive to teacher or others.

Poor - Hassled with teacher about assignment. Did less than required assignment. Was disruptive to teacher and others.

BUDGET

Excellent - Able to fill out budget form on own; able to write check on own and balance own checkbook. Has complied with terms of budget without a hassle; has hit on all listed liabilities, paid the assigned amount of rent, and added at least \$10 to his savings account unless otherwise directed.

Good - Able to fill out own budget form; able to write check on own balance same. Has complied with terms of budget without a hassle; has hit on all listed liabilities, paid assigned amount of rent, and added at least \$5 or more to savings unless otherwise directed.

Fair - Complies with budget terms without a hassle, has obtained a checking account unless otherwise directed. Has paid prescribed amount of rent and hit on all liabilities.

Poor - Has provided a hassle to staff regarding terms of his budget. Has procrastinated on, or refused to, obtain a checking and or saving account. Has not paid prescribed amount of rent or hit on listed liabilities.

GROUP COUNSELING

- Excellent - Take a risk. Actively participates. Be honest and straight about feelings. Supportive or helpful toward another resident's problem. In group on time.
- Good - Supportive or helpful toward another resident's problem. Be straight and honest. In group on time.
- Fair - Pays attention, actively listening. In group on time.
- Poor - Sleeping, disruptive behavior, going in and out of the room. Side conversations. Not in group on time.

PERSONAL APPEARANCE

Hygiene:

- Good - Bathe daily - Use deodorant daily - Brush teeth and use mouth wash daily - Keep hair clean (not oily) - Hair combed and neat - Keep nails clean and trimmed - Keep feet clean - Shave daily.
- Fair - Bathe daily - Use deodorant daily - Brush teeth daily - Keep hair clean and neat - Shave daily.
- Poor - Body odor. Dirty and uncombed hair - Bad breath - Sleeping in clothes - Unshaven.

Clothing:

- Good - Clean clothes every day - Clothing neat and free of wrinkles - Clean shoes worn - Shirt on and buttoned - Shirt tail tucked in - Clothes mended when necessary - Socks worn when appropriate.
- Fair - Clothes clean and mended - Shirt on and buttoned - Shoes worn.
- Poor - Dirty clothes - Torn clothes - No shirt or shirt unbuttoned - No shoes.

Manners:

- Good - Use proper table manners - Limit phone calls to 5 minutes and be considerate of others who are waiting - Do not interrupt when others are talking - Introduce self to visitors - Make eye contact when talking to others - Control use of profanity - No loud or abusive behavior in Center.
- Fair - Use proper table manners - Do not interrupt when others are talking - Control use of profanity - No loud or abusive behavior in Center.
- Poor - Improper table manners - Interrupting others - Loud and abusive behavior - Using profanity regularly - Excessive telephone use.

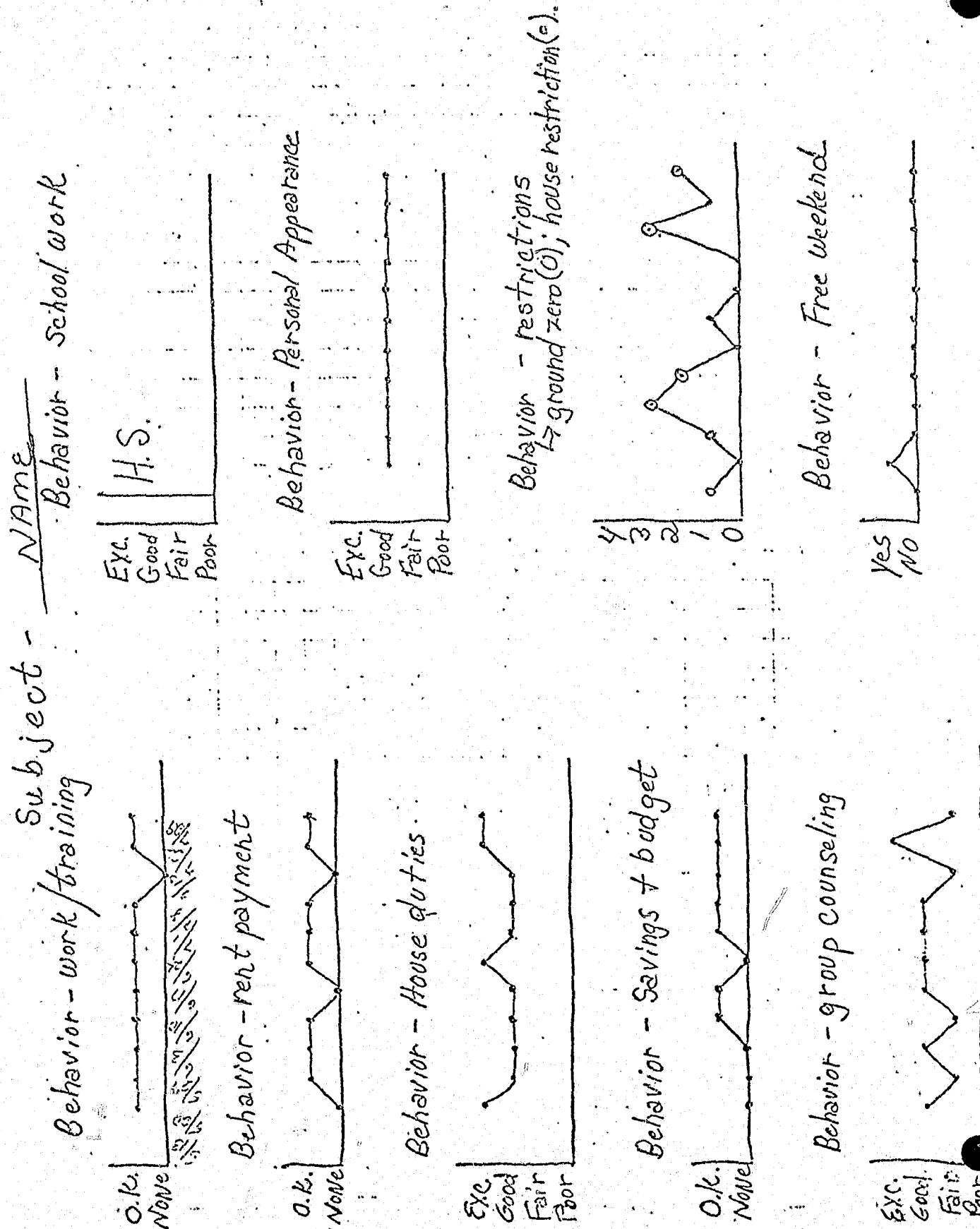
BEST ROOM

Beds made neatly and evenly - Covers tight - No dust on beds or under the bed - No shoes under the bed - Rooms in a neat and orderly manner - Closets orderly and together - No junk thrown in closets - No dirty clothes in view - Shoes clean and in order - Drawers neat and top cleaned - Clothes in drawers folded - No dust.

RULES

- Ground Zero: 1 hour out of Center at a time with staff permission - Extra duties as prescribed by staff.
- Weekend Ground Zero: Friday - 1 hour subsequent to budgeting and prior to 2 a.m. and extra work duties.
- Saturday and Sunday: 1 hour out between 6:00 a.m. and 12 noon.
1 hour out between 1:00 p.m. and 6 p.m.
1 hour out between 7:00 p.m. and 2:00 a.m.
- Free Weekend: Free time out from Center subsequent to Friday budget, etc. 12:00 midnight Sunday night/Monday morning.
- House Restriction: No time from Center on that day. Extra duty of 1 hour or more as prescribed by staff.
- Restricted to House: Sick resident may not leave the Center unless going to the doctor. Sick residents will not use the TV until after 5 p.m.

RATING CHARTS



TIME OUT

What is Time Out?

TO is a treatment procedure wherein a resident is removed from the general population and staff at the Center for an indefinite period of time.

Where will Time Out be?

During the TO period, the resident will remain at a table located near the rear exit in the kitchen.

When will a resident go to Time Out?

A resident will go to TO when he is behaving in a negative or unacceptable manner. This could occur after a resident has consistently failed to follow the rules and when house restriction and ground zero have not worked.

What does a resident do during Time Out?

During TO a resident will develop a plan for changing his unacceptable behavior. This plan will be written and must state the specific steps which the resident plans to take in order to change the behavior. Staff is responsible for making sure that the resident understands clearly what specific behavior he needs to work on. The resident will be allowed to participate in any necessary daily functions, such as using the bathroom, eating meals, sleeping, and so forth. He will not be allowed to talk to the other residents, go to work, or participate in any Center activities while he is in TO.

How long does Time Out last?

TO will last until the resident comes up with a realistic plan for changing his behavior that is acceptable to the staff member on duty. The time could be 15 minutes or it could be several hours. When a resident feels he has an acceptable plan, he will discuss it with the staff member. If this plan is accepted, his TO will be over.

What happens after the Time Out period is over?

After the staff member accepts the resident's plan, it is then the responsibility of the resident to carry out the plan as stated. It will be the responsibility of the staff member to follow through with the resident and to see that his plan is carried out.

What happens if the resident fails to carry out his plan and/or change his behavior?

In the event a resident fails to carry out his plan, a staff decision will then be made as to the next course of action. Some examples might be: (1) Another Time Out period for the resident, (2) Ground zero for a specific time, (3) No free weekend, (4) Jail, etc.

What happens if the resident leaves the Time Out area without permission?

If a resident leaves the TO area without permission, he will be placed on ground zero for one week and be required to return to the Time Out area to complete his plan.

What is the purpose of Time Out?

The purpose of TO is to give the resident an opportunity to be alone so he can get in touch with himself and his behavior. During TO the resident will focus on what he is doing that is unacceptable and how he can change his behavior. TO is not intended as a punishment in itself. However, isolation will sometimes be negative for a resident and might encourage him to devise a plan as soon as possible. TO can be an alternative to being arrested or can serve as a warning to the resident that his situation is serious.

BUDGET

WEEKLY INCOME:

Week Ending _____
 Total _____
 Take-Home _____

PLANNING & GOAL SETTING:

Entertainment \$ _____
 Rent _____
 Food _____
 Clothing _____
 Transportation _____
 Personal Expense _____
 Creditors _____
 Other _____
 Savings _____
 TOTAL: \$ _____

AFFIRMATION:

Entertainment \$ _____
 Rent _____
 Food _____
 Clothing _____
 Transportation _____
 Personal Expense _____
 Creditors _____
 Other _____
 Savings _____
 Total: \$ _____

PROBLEM AREAS: _____

SOLUTIONS: _____

APPENDIX K

HOUSE RULES/REGULATIONS
IN-HOUSE PROCEDURES
MIAMI:

STRUCTURED TREATMENT PROGRAMMING CONTRACT	Page 102
WEEKLY ACTIVITIES	103
HOUSE RULES	105
STRUCTURE OF COUNSEL	106
CRITERIA FOR GRADUATION	108

CROSSROADS OF MIAMI
1625 N.W. 35th Street
Miami, Florida 33142

Structured Treatment Programming
Contract

This is to certify that _____ agrees to :

- (1) Abide by all rules of the Crossroads Of Miami Rehabilitation and Treatment Center, and successfully complete the program to the satisfaction of program staff.
- (2) Successfully complete personal goals as enumerated below:

Failure to comply with the articles set forth herein shall constitute violation of the provisions of probation.

Additionally, it shall be required that the terms of this agreement are to be completed within six months of the date of signature.

I, _____, having read the above statement agree fully and without reservation, and am signing of my own free will.

Signature of Resident

Done and ordered on this, the _____ day of _____ 19 _____.

Counselor

Supervisor

WEEKLY ACTIVITIES

Monday Night

Commencing at 7:00 p.m., the Resident Judicial Council, composed of three senior residents, hold court to hear cases of violation of house rules. The procedures involved closely parallel those of the circuit system. For example, a magistrate hearing is the first step in order to determine if the evidence against the accused is sufficient to warrant a hearing in front of the entire house. If such is the case, the case against the accused is brought up for hearing before the house and he is arraigned on the charge. The accused has the option of pleading guilty or not guilty. If he pleads not guilty, he has the option of demanding trial by jury or trial by council. The jury, if necessary, is to be selected by council from the other residents. Also, the accused has the inherent right to call his witnesses. Following the submission of all evidence, the prosecution or council gives its closing statements, followed by the accused doing the same. Next, the defense gets the opportunity to give a summary of all the evidence in his defense. Council then asks the jury to take the evidence into consideration and decide upon a verdict. A recess is taken to give the jury the opportunity to deliberate and return with a verdict. Should the verdict be guilty, the council calls a recess to deliberate on the specific sentence to be meted out to the accused, now convicted defendant. Council recalls the court to read and explain their sentence. Then, if the accused wishes to appeal the decision of the court, he must first prove to council that the evidence against him wasn't strong enough to convict him of the charge, or he must have new evidence to warrant a new trial. Following court proceeding, all residents participate in a general clean-up of the facility. Following the clean-up, those residents who have earned free time will be entitled to use it up until curfew. Those without free time will be restricted to the house.

Tuesday Night

Commencing at 7:00 p.m., split groups are held, the senior counselor meeting with the senior residents, and the junior counseling meeting with the junior residents to discuss problems indigenous to that group. Following split groups, the residents participate in house clean-up. Subsequent to that, those with free time may use it.

Wednesday Night

Same as Tuesday Night.

Thursday Night

Commencing at 7:00 p.m., this is vocational rehabilitation and educational night. Our assigned DVR Counselor meets with those residents who are in need of his services. Also, our program volunteers hold G.E.D. preparation classes for those residents who are in need of obtaining a high school equivalency diploma. This is accomplished on a one to one basis between tutor/volunteer and resident/student. Immediately following the tutoring session, the residents participate in clean-up. Following that, those residents with free time may use it.

Friday Night

This night is the general business meeting. First, all residents turn in their "rent" money to the finance counselor. Next, a determination is made as to the free time status of each resident. Earlier in the day, during staff meeting, a determination will have been made regarding every request for a weekend pass, by staff. The decisions will be announced during the business meeting. Next, those residents who do not meet criteria to obtain a weekend pass but have made progress, will be entitled to "bid" up to a maximum of 35 hours.

Next, there will be a general discussion with the residents regarding any general or specific problems within the house.

Immediately after group, the residents participate in a general house clean-up. Following that, those residents with free time may use it.

Saturday Night:

Structured recreational program for residents to be supervised by staff and MDTP volunteers - i.e. picnics, softball, basketball.

Sunday

Same as Saturday.

MULTIPHASIC DIAGNOSTIC AND TREATMENT PROGRAM

HOUSE RULES

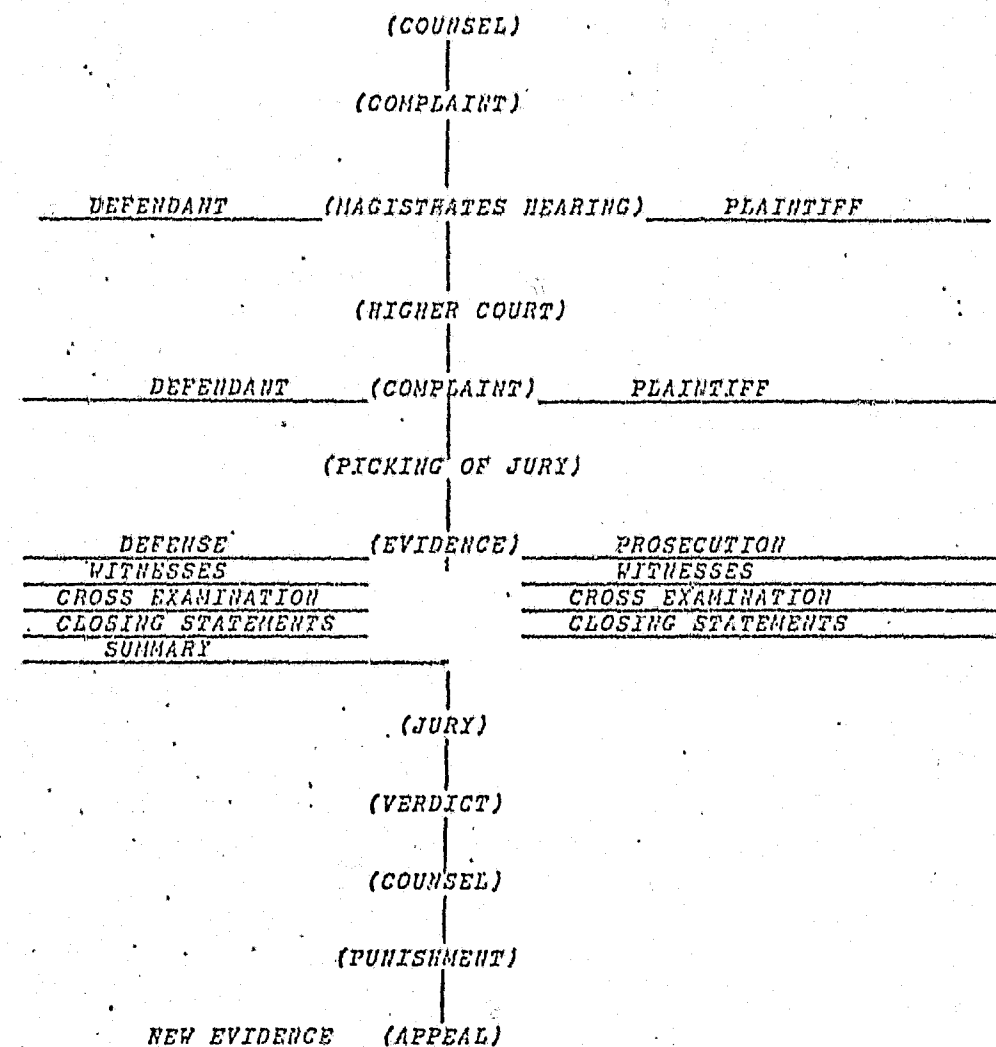
Each resident is expected to abide by and to deal responsibly with the program's standards and the rules of the house.

Violation of the program's rules and standards will necessitate disciplinary action from the staff and/or the counsel. Frequent violations may result in removal from the house. Violations of rules 3, 4, 5, or 6 may result in immediate removal from the program.

1. All instructions given by staff are to be carried out in a prompt manner.
2. Residents on ground zero will follow ground zero rules.
3. Absolutely no physical violence, threats of physical violence or possession of weapons.
4. There will be no possession of nor any use of alcoholic beverages in the house.
5. There will be no possession of nor any use of drugs.
6. There will be absolutely no sexual activities in the house.
7. Residents shall pay \$4.00 each daily, which is due each Friday. Any exceptions will be made in advance by the Center Supervisor.
8. Residents must attend all groups to which they are assigned.
9. All residents will be gainfully occupied in either work or school.
10. All residents will be responsible for maintaining the Center and their personal belongings.
11. Except for regularly scheduled work, residents must sign out when leaving the center.
12. Residents will not use the telephone without first obtaining permission from the staff.
13. Visiting hours are the following:
 Monday thru Friday - 8:00 p.m. to 10:00 p.m.
 Saturday & Sunday - 12:00 p.m. to 10:00 p.m.
14. Lights out at 11:00 p.m. weekdays
 1:00 a.m. Friday and Saturday
 11:00 p.m. Sunday
15. Monday thru Friday there will be no activities going on in the recreation room from 8:00 a.m. to 5:00 p.m.
16. During the day there will be no sleeping unless you have received special permission from a staff member.

STRUCTURE OF COUNSEL

1. Counsel is asked to meet.
2. Complaint is lodged to counsel by the complainant.
3. Counsel calls in the accused and the complainant.
4. Counsel holds a Magistrates Hearing to see if the evidence against the accused is strong enough to warrant a hearing in front of the whole house.
5. Higher Court - The evidence against the accused and the charge against the accused is severe enough to warrant the incident to be brought up to a higher court.
6. Counsel calls entire house together and tells the house about the incident; then counsel calls the accused and the complainant before the court and reads the complaint lodged against the accused.
7. Choosing the Jury - The staff will choose a five man jury, making sure that the jury is fair and impartial.
8. Evidence - The counsel will now start to listen to the accused's side of the incident. After the accused has told his side of the story, the counsel will start to probe the accused to see if they can bring out any kind of evidence that the accused may have forgotten or was afraid to bring out himself.
9. Defense - The defendant (accused) may now call his witness (if he has any) and ask him any questions that might help him.
10. Prosecution - The prosecution (the counsel) will ask the defense witness questions to see if the witness is telling the truth or is lying to or misleading the jury.
11. Closing Statements - The prosecution will give their closing statements first, then the defense will give their closing statements.
12. Summary - The defense will get to give a summary of all the evidence in his defense. The prosecution will not get to give a summary because the defense always gets the final word.
13. Jury - The Jury will be asked to take all the evidence into consideration and decide upon a verdict.
14. Verdict - The Jury now will give their verdict.
15. Counsel - If the Jury has found the accused guilty as charged, then the counsel will rest to decide a punishment to be dealt out.
16. Punishment - The counsel, after debating between one another, will now hand out the punishment.
17. Appeal - If the accused wishes to appeal the decision of the court, then he must first prove to counsel that the evidence against him wasn't strong enough to convict him of the charge, or he must have new evidence to warrant a new trial.



Criteria for Graduation

1. When, appearing to staff, a given resident is rapidly approaching graduation, predicated upon the resident's progress and anticipated rate of progress, staff will request the resident to submit a written graduation plan.
2. The written graduation plan will include the following:
 - a) the resident's current evaluation of himself.
 - b) the resident's opinion of his progress, strengths and weaknesses in terms of his STP.
 - c) a listing of where the resident is deficient in terms of his STP and how he proposes to correct these deficiencies.
 - d) a residential plan in terms of where and with whom the resident proposes to reside upon graduation, including name, address, and phone number.
 - e) An employment plan in terms of where and with whom the resident proposes to be employed upon graduation, including name of firm, address of firm, name and telephone number of supervisor at the firm.
3. When graduation would appear imminent, the counselor will verify all information contained in the graduation plan for accuracy and correctness.
4. Following verification of the graduation plan, assuming all information contained is truthful, in a weekly staff meeting, all members will discuss whether or not the resident is ready to graduate. If the vote be yes, the resident will be graduated in the next regular group. If the vote be no, then the reasons why will be discussed in order that the counselor may concentrate on the resident's remaining weak points.
5. Following graduation, the long range goals stated by the resident will be reviewed between the now graduate and his after-graduation counselor to ascertain progress or failure, strengths or weaknesses of the goals and progress.

APPENDIX L
CONSTRAINT DATA

LETTERS OF COMPLAINT	Page 110
LAW	113

GENERAL SERVICES ADMINISTRATION

Region 7
819 Taylor Street
Fort Worth, Texas 76102



DATE: January 24, 1974

REPLY TO
ATTN OF: 7BCR

SUBJECT: Delinquent Account

TO: AGENCY BILLED OFFICE CODE
TO: MULTIPHASIC PROGRAM CTR
1615 ONE HALF E. 7TH AVE
TAMPA FL 33605

We call your attention once again to the unpaid billings listed on the attached Delinquency Statement. Some of them are now several months old.

The billing(s) on this statement were for goods or services financed by a revolving fund. GSA is charged by law with maintaining an adequate working capital in this fund in order to provide these goods and services. This is extremely difficult when agencies delay their payments, because our commercial vendors demand full payment in 30 days.

Please give this account your attention, and return a copy of the attached statement with your reply. If you cannot make an immediate remittance, write or call us. Our telephone number is 817-334-3412.

B. G. Hamilton
B. G. HAMILTON
Chief, Accounts Receivable Branch

FLA. PAROLE & PROBATION COMM.
MULTIPHASIC DIAGNOSTIC &
TREATMENT CENTER

RECEIVED

1-31-74

FLORIDA PAROLE AND PROBATION COMMISSION
INTER-OFFICE COMMUNICATION

DATE: February 21, 1974

TO: Mr. Leonard Flynn
ATTN: Mr. J. Anthony Condit
FROM: Erio Alvarez, Jr.
RE: Attached GSA Past Due Statement

OFFICE: CO
OFFICE: Tampa Multiphasic
CO. NO.: DIST. NO.

Attached is a past due statement from GSA, dated 12/31/73, in the amount of \$74.73. The past due statement indicates that said amount is more than 75 days delinquent. I do not understand why this amount has not been paid.

My records indicate that GSA initially billed us for \$74.73 on 6/30/73. I marked said statement received and approved for payment on 8/23/73, and forwarded it to you by cover letter dated 8/23/73. In said IOC, I referred you to our GSA request for items, which we submitted through you, if there was any question regarding the items for which we are being billed. I indicated at that time that we had received the items we had purchased.

By IOC dated 10/19/73, I submitted a past due statement from GSA in the amount of \$74.73.

On 12/5/73, we telephonically discussed the aforementioned GSA statement. Subsequently, by IOC of 12/14/73, I confirmed our telephone conversation, and I attached copies of the GSA list we submitted, as well as correspondence and other material regarding the GSA bill, with which I have outlined above.

Should you have any question regarding this matter, please do not hesitate to advise. In any event, this GSA should be processed immediately for payment.

Erio Alvarez, Jr.
Erio Alvarez, Jr.

Encl: GSA cover letter of 1/24/74
GSA statement of 12/31/73

FLORIDA PAROLE AND PROBATION COMMISSION
INTER-OFFICE COMMUNICATION

DATE: March 18, 1974

TO: Mr. Leonard Flynn
ATTN: Mr. J. Anthony Condit
FROM: Erio Alvarez, Jr.
OFFICE: CO
OFFICE: Tampa Multiphasic
RE: Merita Bread Account
CO. NO.:
DIST. NO.:

American Bakeries, who deliver Merita Bread to the Center, have informed Tony Granell that they have received no payment from the Commission to date on our account. They indicated that they would discontinue deliveries to the Center if they have not received payment by the end of the current month.

The American Bakeries' initial statement was dated 12/17/73. I marked and approved it for payment on 1/7/74, but due to an error, it was not forwarded to the CO until 2/22/74. Then, on 2/22/74 I received a second statement. Said statement showed a December, 1973 balance of \$31.96, and a January, 1974 balance of \$24.44. I marked this statement received and approved for payment on 2/22/74, and forwarded it to the CO along with appropriate documentation.

The purpose of this IOC is to bring the above matter to your attention, and to request that you immediately follow-up with the Fiscal Department to insure that there will be no problem in forwarding payment to Merita Bread.

Erio Alvarez, Jr.
Erio Alvarez, Jr.

EAJr./sc

COMMISSIONERS
RAY E. HOWARD
CHAIRMAN
JAMES BARKER
AND R. CROSS
CALL R. KELLER
ROY W. RUSSELL



PAUL MURCHEK
DIRECTOR
CHARLES H. LAWSON
ADMINISTRATOR
INTERSTATE COMPACT

FLORIDA PAROLE AND PROBATION COMMISSION
P. O. BOX 3168 1117 THOMASVILLE ROAD
TALLAHASSEE, FLORIDA 32303
January 13, 1975

MEMORANDUM #1416

TO: Commissioners, Department Heads, Area, District and
Sub-Offices, Multiphasic and Pre-Trial
FROM: Paul Murchek
RE: Payment of Invoices (Chapter 74-7, Laws of Florida)

Attached is a copy of the Law as passed during the 1974 Legislature, effective January 1, 1975.

In compliance with this we will need each invoice stamped on its face the date it is received in your office. The date stamp which the secretary has will become more important now, than in the past; because the 15 days which the agency has to submit the invoice to the Comptroller will start with the "date of receipt of goods and services".

All invoices must be in Central Office by one (1) week after services are received. Any delay must be justified. Please note item (6) of the attached law.

[Signature]
pr

Attachment

CHAPTER 74-7

Committee Substitute for Senate Bill No. 62

AN ACT relating to state warrants; requiring all agencies of the state to file the voucher authorizing payment of an invoice within fifteen days of receipt of invoice and receipt, inspection and approval of goods or services; requiring mailing of the warrant within fifteen days of filing the voucher; providing record-keeping requirements; authorizing the department of banking and finance to adopt and promulgate rules and regulations; providing for discharge of employees who fail to comply; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. (1) The voucher authorizing payment of an invoice submitted to an agency of the state required by law to be filed with the comptroller shall be filed with the comptroller not later than fifteen days after receipt of the invoice and receipt, inspection and approval of the goods or services, provided that in the case of a bona fide dispute, the voucher shall contain a statement of the dispute and shall authorize payment only in the amount not disputed. If a voucher filed within the fifteen day period is returned by the department of banking and finance because of an error, it shall be deemed timely filed. The fifteen day filing requirement may be waived by the department of banking and finance on a showing of exceptional circumstances in accordance with rules and regulations of the department.

(2) The warrant in payment of an invoice submitted to an agency of the state shall be mailed not later than fifteen days after filing of the voucher authorizing payment, provided that this requirement may be waived by the department of banking and finance on a showing of exceptional circumstances in accordance with rules and regulations of the department.

(3) Each agency of the state which is required by law to file vouchers with the comptroller shall keep a record of the date of receipt of the invoice, dates of receipt, inspection and approval of the goods or services, date of filing of the voucher, and date of mailing of the warrant in payment thereof. If the voucher is not filed or the warrant is not mailed within the time required, an explanation in writing by the agency head shall be attached to the voucher.

(4) If the terms of the invoices provide a discount for payment in less than thirty days, agencies of the state shall preferentially process it, and shall use all diligence to obtain the saving by compliance with the invoice terms.

(5) The department of banking and finance is authorized and directed to adopt and promulgate rules and regulations to implement this act.

(6) Persistent failure to comply with this act by any agency of the state shall constitute good cause for discharge of employees duly found responsible or predominantly responsible for failure to comply.

Section 2. This act shall take effect January 1, 1975.

Approved by the Governor April 29, 1974.

Filed in Office Secretary of State April 29, 1974.

APPENDIX M

DATA COLLECTION TECHNIQUE

APPENDIX M

DATA COLLECTION TECHNIQUE

Although monthly summary data had been collected throughout the first year of operation of each center, this data was not specific enough for this evaluation. Optimally records and data should have been kept on each individual within, either, each center or the central office. However, since this was not done and since the summary reports only spoke to gross monthly information it was decided to, on a post hoc basis, recollect the individual data collapsing across individuals per Center for the first year of actual operation in each Center. A one year period, 12 months, was used for both Centers data base to equate time. By the end of the grant period Miami's Center had been functional 12 months while Tampa's had been in operation for 15 months. The later three months of Tampa's information was omitted, in order to equate the time span covered. With these decisions made on the type of information to be collected and the time span this data covered, forms and instructions were designed for the accumulation of the data. (The instructions and forms used follow this narrative). These packets were sent to each Center where Center staff collected and collapsed the data.

The response on the part of the Centers was one of extreme cooperation. The information requested meant a purge of each file (client) for the first year of operation. As indicated above this was done on a post hoc basis taking place anywhere from 6 - 9 months after the completion of the first year's operation.

MDTP EVALUATION SURVEY

Instructions:

The Planning and Evaluation section of the Florida Parole and Probation Commission is conducting an evaluation of the Multi-phasic Diagnostic and Treatment Program both in Tampa and Miami. In order to evaluate these centers we must know specific information concerning the client populations. At this time we are only interested in those clients which were in the program during the first year of service.

Tampa: April 18, 1973 - April 18, 1974

Miami: July 23, 1973 - July 23, 1974

Attached is a summary survey we would like your personnel to fill out. We have divided the clients into two major categories (Residents and Out-Patients) with five sub-categories:

Residents

In Residence

Those who were in-house residents as of the final date of the survey year for each center but who had not completed the program (graduated).

Successful

Those who had completed the program successfully (graduated) by the final date of the survey year and were no longer in residence.

Unsuccessful

Those clients who did not complete the resident program and were no longer in the program.

Out-Patients

Successful

Those clients who were accepted into the out-patient program (had never lived in the center) and who were either on their way towards successful completion of the out-patient program or who had successfully completed the program.

Unsuccessful

Those out-patients who did not complete the out-patient program and were no longer in the program.

The four major sections of the survey are:

- Background information
- Arrest information
- Usage of stimulants
- Program information

Answer all questions indicating the number (no.) of clients. Question number 29 requires only the average number of contacts and hours spent by each client in the different MDTP services. The average per client is equal to the total contacts and hours divided by the number of weeks in the program for that client.

$$\frac{\text{Average Contacts (for a client) Per Week}}{\text{Total contacts for a client}} = \frac{\text{Total contacts for a client}}{\text{Total weeks in program for a client}}$$

$$\frac{\text{Average Hours (for a client) Per Week}}{\text{Total hours for a client}} = \frac{\text{Total hours for a client}}{\text{Total weeks in program for a client}}$$

If more room is needed to answer any question, a blank data sheet is provided; simply list the number of the question being continued.

We have sent two copies of this summary form, one to assist you in data collection, the other should be completed and returned to:

Sunil B. Nath
1117 Thomasville Road
Tallahassee, Florida 32303

Attn: Jennifer Davis

Ms. Davis will be in contact with you on November 9 to answer any questions and to help solve any problems which you have incurred. Your suggestions on content and structure of this form will also be appreciated. If you have further questions, please contact Ms. Davis at 904-488-3001.

This summary form covers an extensive number of clients which is necessary since this information presently does not exist. We thank you for your cooperation on this project evaluation.

In addition to the client related data requested, we need information on the center itself. Please include the following with the summary form:

- 1 a floor plan of the center denoting usage of space
- 2 a very general map of the area indicating the location of the center with respect to various major roads
- 3 a description of the screening techniques used
- 4 a copy of the rules and regulation for the center
- 5 a listing of the staff (both past and present) with their employment dates
- 6 a listing of the community organizations involved with the center (Tampa only)
- 7 a listing of the members of the Advisory Board (Tampa only)
- 8 a listing of the citizen volunteers (Tampa only)

(Miami: please send the listings for 6, 7, and 8 if different from the communication of Oct. 22, 1974)
- 9 please send all information you have pertaining to the cost of running the center; intake of money from residents; funds received from any source other than state monies; out flow during the initial year; etc.
- 10 a description of the techniques used by the Family Specialist
- 11 any other relevant information pertaining to the center and how it functions.
- *12 a listing of the names and addresses of all clients who had completed the program (either resident or out-patient) by the end of the survey year. Please send this list as soon as it is compiled.

Miami: July 23, 1973 - July 23, 1974

Indicate total number of: Indicate Number (#) for the following:	Residents				Out-Patients			
	In Residence		Successful		Successful		Unsuccessful	
	Successful		Unsuccessful		Successful		Unsuccessful	
	number	no.	no.	no.	no.	no.	no.	no.
BACKGROUND INFORMATION								
1) Parolees Probationers								
2) Was the client admitted to the program directly from jail? yes no								
3) Age of client at admission. 17 18 19 20 21 22 23 24 25 26+								
4) Race of client White Black Cuban American Indian American Mexican Other								
5) Marital status Single Married Divorced Widowed Separated								
6) Highest Grade of education completed Less than 6th 6 7 8 9 10 11 12 GED Trade school Other								

Miami: July 23, 1973 - July 23, 1974

Indicate Number (#) for the following:	RESIDENTS				OUT-PATIENTS			
	In Residence		Successful		Successful		Unsuccessful	
	Successful		Unsuccessful		Successful		Unsuccessful	
	number	no.	no.	no.	no.	no.	no.	no.
ARREST INFORMATION								
7) JUVENILE arrests In Florida 1 2 3 4-5 6-7 States other than Florida 1+								
8) Prior adult arrests 0 1 2 3 4 5+								
9) Age of initial arrest Under 7 8-9 10-11 12-13 14-15 16-17 18-19 20-21 22-23 24-25								
10) Prior adult convictions 0 1 2 3 4+								
11a) Was the Client under felony Supervision? YES NO								
11b) Was the arrest which brought the client to MSTP a: Misdemeanor Felony								
12) Type of offense Drug related Shoplifting Breaking & Entering Petit Larceny Carrying a concealed weapon Transporting A&P theft Receiving, concealing stolen property Other								

Miami: July 23, 1973 - July 23, 1974

Miami: July 23, 1973 - July 23, 1974

Indicate Number (#) for the following:	RESIDENTS				OUT-PATIENTS			
	In Residence	Successful	Unsuccessful	Successful	Unsuccessful	In Residence	Successful	Unsuccessful
	number	no.	no.	no.	no.	number	no.	no.
<u>USAGE OF STIMULANTS</u>								
13) Alcohol Usage:								
Yes								
No								
Dependence								
Contributory to present offense								
Alcohol related arrests								
Unknown								
14) Drug Usage:								
Marijuana								
Yes								
No								
Other drugs								
Yes								
No								
Dependence								
Contributory to present offense								
Marijuana								
Other drugs								
Drug related arrests								
Marijuana								
Other drugs								
Unknown								
<u>PROGRAM INFORMATION</u>								
<u>General</u>								
15) Months in MDTP								
less than 1								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Indicate Number (#) for the following:	RESIDENTS				OUT-PATIENTS			
	In Residence	Successful	Unsuccessful	Successful	Unsuccessful	In Residence	Successful	Unsuccessful
	number	no.	no.	no.	no.	number	no.	no.
16) Rearrests of clients while with MDTP during month #:								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
17) Length of time since graduation								
1 month								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
18) Length of time between graduation and arrest in months								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
# of clients arrest record unknown								
<u>Employment & Education</u>								
19) Clients which returned to school								
grade								
High School								
GED								
Trade School								
Junior College								
College/University								

Miami: July 23, 1973 - July 23, 1974

Indicate Number (#) for the following:	RESIDENTS				OUT-PATIENTS			
	In Residence		Successful	Unsuccessful	Successful		Unsuccessful	
	num-ber		no.	no.	no.		no.	
20) Clients which continued their education once graduated from the program								
21) Employment status								
When entered								
employed								
unemployed								
During MDTP								
employed								
unemployed								
pay increased?								
pay decreased?								
After MDTP								
employed								
unemployed								
pay increased?								
pay decreased?								
22) Clients placed in employment								
23) Clients which received job training								
24) Of those clients who received job training, how many have continued in that area after graduation?								
how many have not								
25) Clients which received vocational aptitude testing								
Miscellaneous								
26) Was terminated client returned to:								
jail								
regular parole								
regular probation								
other treatment program (please specify)								
27) Out-patient females								
Females								
Parole								
Probation								
Misdemeanor								
Felony								

Miami: July 23, 1973 - July 23, 1974

Indicate Number (#) for the following:	RESIDENTS				OUT-PATIENTS			
	In Residence		Successful	Unsuccessful	Successful		Unsuccessful	
	num-ber		no.	no.	no.		no.	
28) Females - length of stay as out-patient in months:								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MDTP services offered and utilized	RESIDENTS						OUT-PATIENTS			
	In Residence		Successful		Unsuccessful		Successful		Unsuccessful	
	contacts per week	hours per week	contacts per week	hours per week	contacts per week	hours per week	contacts per week	hours per week	contacts per week	hours per week
Counseling										
group										
1-2										
3-4										
5-6										
7-8										
9-10										
11-12										
13-14										
15-16										
17-18										
19-20										
21+										
individual										
1-2										
3-4										
5-6										
7-8										
9-10										
11-12										
13-14										
15-16										
17-18										
19-20										
21+										
family										
1-2										
3-4										
5-6										
7-8										
9-10										
11-12										
13-14										
15+										
Other (please specify service, contacts and hours).										

Services available to client (designate if the service is available in the MDTP center or through one of the community resources (Com Res)).

Indicate number of clients referred:

	RESIDENTS				OUT-PATIENTS			
	In Residence	Successful	Unsuccessful	Successful	Unsuccessful			
	num-ber	no.	no.	no.	no.			
Alcohol Program (i.e. AA) MDTP _____ Com Res _____								
Detoxification center MDTP _____ Com Res _____								
DWI school MDTP _____ Com Res _____								
Alcohol out-patient clinics MDTP _____ Com Res _____								
Drug out-patient clinics MDTP _____ Com Res _____								
Educational guidance MDTP _____ Com Res _____								
Employment Counseling MDTP _____ Com Res _____								
Financial Counseling MDTP _____ Com Res _____								
Group Counseling MDTP _____ Com Res _____								
Individual Counseling MDTP _____ Com Res _____								
Marriage Counseling MDTP _____ Com Res _____								
Family Counseling MDTP _____ Com Res _____								
Psychological/Psychiatric MDTP _____ Com Res _____								
Commodity Foods MDTP _____ Com Res _____								
Emergency Clothing Centers MDTP _____ Com Res _____								
Legal Aid MDTP _____ Com Res _____								
Placement Service								
State Employment Service MDTP _____ Com Res _____								
Private Employment Service MDTP _____ Com Res _____								
Social Security MDTP _____ Com Res _____								
Veterans Administration MDTP _____ Com Res _____								
Other (specify program and whether MDTP or Com Res)								

APPENDIX N

SERVICES RECEIVED FROM SOURCES OR OTHER AGENCIES AND GROUPS

TAMPA	Page 129
MIAMI	131

SERVICES RECEIVED FROM SOURCES OF OTHER AGENCIES AND GROUPS

TAMPA

- Division of Vocational Rehabilitation
- Florida State Employment Service
- Neighborhood Service Center
- Adult Basic Education
- Lee Davis Clinis
- Woman's Center
- Division of Family Services
- Tampa Concentrated Services
- Metropolitan Development Agency
- Public Defender
- Florida Parole and Probation Commission
- Hillsborough County Health Department
- Social Security
- Youth Opportunity Center
- Department of Motor Vehicles
- Florida Highway Patrol
- Florida Roadbuilders Association
- Model Cities Work Evaluation
- Broadcast Skills Bank
- Alcoholics Rehabilitation Center
- Alcoholics Annonymous
- W. T. Edwards Hospital

SERVICES RECEIVED FROM SOURCES OF OTHER AGENCIES AND GROUPS
(cont.)

TAMPA

Human Resources and Development

New Mind

Hillsborough Community College

M. D. T. A.

Brewster Vocational

Tampa Housing Authority

SERVICES RECEIVED FROM SOURCES OF OTHER
AGENCIES AND GROUPS

MIAMI

Division of Vocational Rehabilitation

Florida State Employment Service

Comprehensive Offender Rehabilitation Program

Treatment Alternatives to Street Crime

Florida Parole and Probation Commission

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APPENDIX P

COST ANALYSIS MATRIX

Cost Analysis Matrix for Multiphasic Diagnostic and Treatment Program	133
Division of Corrections Community Correctional Center Statistics	136

COST ANALYSIS MATRIX FOR MULTIPHASIC DIAGNOSTIC AND TREATMENT PROGRAM*

Unaudited Unadjusted Budget.	\$288,020.98	288,020.98	288,020.98	288,020.98	288,020.98	288,020.98	288,020.98
DEDUCTIONS							
Fixed Capital Outlay	-	53,534.51	-	-	-	53,534.51	53,534.51
Central Office Salaries	-	-	31,023.36	-	-	31,023.36	-
Center Staff Deductions	-	-	-	59,569.99	-	-	59,569.99
Monies Received from Clients	-	-	-	-	8,385.22	-	-
Net	\$288,020.98	234,486.47	256,977.62	228,450.99	279,635.76	203,463.11	174,916.48
All Clients 30,899.10 Client Days	\$9.32	\$7.59	\$8.32	\$7.39	\$9.05	\$6.58	\$5.66 Cost per day per client
Net Less Storefront Clients at .80/Day	-\$16,462.80 271,558.18	-16,462.80 218,023.67	-16,462.80 240,534.82	-16,462.80 211,988.19	-16,462.80 263,172.96	-16,462.80 187,000.31	-16,462.80 158,453.68
Residents 10,320.60 Resident Days	\$26.13	\$21.13	\$23.31	\$20.54	\$25.50	\$18.12	\$15.35 Cost per day per resident

*This Budget covers the period from project initiation, November, 1972, to June 30, 1974. Further explanation of the deduction may be found in the Evaluation of the Multiphasis Program, March, 1975.

COST ANALYSIS MATRIX FOR MULTIPHASIC DIAGNOSTIC AND TREATMENT PROGRAM*

Unaudited Unadjusted Budget	\$288,020.98	288,020.98	288,020.98	288,020.98	288,020.98	288,020.98	288,020.98	
<u>DEDUCTIONS</u>								
Fixed Capital Outlay	53,534.51	53,534.51	53,534.51	53,534.51	-	-	-	
Central Office Salaries	-	31,023.36	31,023.36	-	31,023.36	31,023.36	31,023.36	
Center Staff Deductions	-	59,569.99	-	59,569.99	-	59,569.99	59,569.99	
Monies Received from Clients	\$8,385.22	-	8,385.22	8,385.22	8,385.22	-	8,385.22	
Net	\$226,101.25	143,893.12	195,077.89	166,531.26	248,612.40	197,427.63	189,042.41	
All Clients 30,899.10 Client Days	\$7.32	\$4.66	\$6.31	\$5.39	\$8.05	\$6.39	\$6.12	Cost per day per client
Net Less Storefront Clients at .80/Day	-\$16,462.80	-16,462.80	-16,462.80	-16,462.80	-16,462.80	-16,462.80	-16,462.80	
	209,638.45	127,430.32	178,615.09	150,068.46	232,149.60	180,964.83	172,579.61	
Residents 10,320.60 Resident Days	\$20.31	\$12.35	\$17.31	\$14.54	\$22.49	\$17.53	\$16.72	Cost per day per Resident

*This Budget covers the period from project initiation, November, 1972, to June 30, 1974. Further explanation of the deduction may be found in the Evaluation of the Multiphasic Program, March, 1975.

COST ANALYSIS MATRIX FOR MULTIPHASIC DIAGNOSTIC AND TREATMENT PROGRAM*

Unaudited Unadjusted Budget	\$288,020.98	288,020.98					
<u>DEDUCTIONS</u>							
Fixed Capital Outlay	-	53,534.51					
Central Office Salaries	-	31,023.36					
Center Staff Deductions	\$59,569.99	59,569.99					
Monies Received from Clients	8,385.22	8,385.22					
Net	220,065.77	135,507.90					
All Clients 30,899.10 Client Days	\$7.12	\$4.39					Cost per day per client
Net Less Storefront Clients at 30/Day	-\$16,462.80 203,602.97	-16,462.80 119,045.10					
Residents 10,320.60 Resident Days	\$19.73	\$11.53					Cost per day per resident

*This Budget covers the period from project initiation, November, 1972, to June 30, 1974. Further explanation of the deduction may be found in the Evaluation of the Multiphasic Program, March, 1975.

DIVISION OF CORRECTIONS

COMMUNITY CORRECTIONAL CENTER STATISTICS

The Community Correctional Centers (Bureau of Community Facilities) Budget for Fiscal Year 1973-74 was as follows:

-Salaries	\$1873769.08
-Other Personal Services	47042.00
-Expense	1069405.90
-Operating Capital Outlay	405475.43
-Food Products	<u>625412.93</u>
Total	\$4021105.34

The CCC's had an average population of 1268 and the cost per Inmate Day was \$11.33. The cost per Inmate Day for the Fiscal Year 1972-73 was \$11.15 for 717 clients.

Division of Corrections Annual Report 1973-74, page 17-18.

END