

An advisory report from the
DATF to HPC Board of Directors.
Not for release until acted
upon by HPC Board of Directors
on April 18, 1973.

DRUG ABUSE TASK FORCE

Recommendations relative to
licensing of local drug abuse
programs.

Comprehensive Health Planning Council of South Florida
3000 Biscayne Blvd. Suite 312 Miami, Florida 33137

NAME OF PROGRAM	PERSON REPRESENTING PROGRAM	STAFF COMMENTS	ACTION BY TASK FORCE	ACTION BY HPC BOARD
Drug Education Center (Education)	Sister Marie Loretta	Meets all requirements	Approved 3/1/73	Approved 3/19/73
Drug Education Center (Out-Patient)	Sister Marie Loretta	Area of <u>concern</u> is incomplete follow-up records	Approved* 3/1/73	Approved 3/19/73
Here's Help, Inc. (Non-Residential)	Marian Siegel	Area of <u>concern</u> is need for larger facilities	Approved* 3/1/73	Approved 3/19/73
Operation Re-Entry (Non-Residential)	Bernard Baron	Two areas of <u>concern</u> (1) split rate is too high and must be reduced (2) medical workups for all new clients should be done	Approved* 3/1/73	Approved 3/19/73
Operation Re-Entry (Non-Residential)	Bernard Baron	Two areas of <u>concern</u> (1) split rate is too high and must be reduced (2) medical workups for all new clients should be done	Approved* 3/1/73	Approved 3/19/73
Operation Self-Help (Non-Residential)	Francis J. McGarry	Area of <u>concern</u> is insufficient follow-up on splitees as well as graduates	Approved* 3/1/73	Approved 3/19/73
Switchboard of Miami (Hotline)	Steven M. Greenberg	This is the best Hotline in all of Florida and probably S. E. United States	Approved 3/1/73	Approved 3/19/73
Turning Point (Out-Patient)	Rev. Denver Smoot	Two areas of <u>concern</u> (1) lack of follow-up and (2) lack of full time program director	Approved* 3/1/73	Approved 3/19/73
C.D.P./Central Area Treatment Center (Methadone Maint.)	Tom Carroll Ph.D. Medrick Hinson	Just getting started. Performing a valuable service in a much neglected area	Approved 4/5/73	
C.D.P. Ecuentro (Out-Patient)	Tom Carroll Ph.D. Mercedes Scopetta Ph.D.	Doing an excellent job in the Latin Community even with a severe shortage of staff	Approved 4/5/73	

NAME OF PROGRAM	PERSON REPRESENTING PROGRAM	STAFF COMMENTS	ACTION BY TASK FORCE	ACTION BY HPC BOARD
C.D.P./Jackson In-Patient Clinic (Detoxification)	Tom Carroll Ph.D. Max Sklaver, M.D.	Met requirements for licensure. Recommend issuance of 1973 license	Approved 4/5/73	
C.D.P./Jackson Out-Patient Clinic (Methadone Maint.)	Tom Carroll Ph.D. Roberto Ruiz, M.D.	Excellent job. Attempting to de- emphasize the methadone and em- phasize the group, family, voca- tional and individual counseling	Approved 4/5/73	
C.D.P./La Casa Abierta (Out-Patient)	Tom Carroll Ph.D. Mercedes Scopetta Ph.D.	This program is in the process of opening. Since all programs must have a license before opening, and they have met the requirements, they should be licensed	Approved 4/5/73	
C.D.P./Model Cities Methadone Clinic (Methadone Maint.)	Tom Carroll Ph.D.	Two areas of concern are: (1) extra staff for week-ends is nec- essary; (2) more group work with clients is necessary	Approved* 4/5/73	
C.D.P./Model Cities Youth Counseling Ctr. (Out-Patient)	Tom Carroll Ph.D. Calvin Scott	Doing an excellent job reaching young people in the black community	Approved 4/5/73	
Concept Village, Inc. (Residential)	Mathew Gissen David Gersh	Concept Village, Inc. is in the process of establishing a new residential facility in Dade County. The law requires a program to be licensed at the time of opening. The direction given by Matt Gissen and David Gersh have proven to be ex- tremely competent, and will continue	Approved** 4/5/73	
Genesis House (Out-Patient)	Sharon Ally M.S.W.	They are providing much needed services in a neglected area of the county	Approved 4/5/73	

NAME OF PROGRAM	PERSON REPRESENTING PROGRAM	STAFF COMMENTS	ACTION BY TASK FORCE	ACTION BY HPC BOARD
Genesis House (Residential)	Sharon Ally M.S.W.	One area of <u>concern</u> is (1) that more documentation of follow-up is needed. Staff client rapport is excellent	Approved* 4/5/73	
Here's Help, Inc. (Residential)	Marian Siegel	Two areas of <u>concern</u> are; (1) that there be sufficient training for new staff; (2) that additional funds be made available for more staff and facilities	Approved* 4/5/73	
P.L.Dodge Mem.Hosp. (Detox & Rehabilitation)	Harold Wax, J.D.	Recommend approval. There must be additional staff to expand this program	Approved 4/5/73	
The Seed, Inc. (Non-Residential)		See memorandum to HPC Board, dated April 12, 1973	Disapproved 4/5/73	
Spectrum (Residential)	Rev.F.Harrison,Jr.	They provide excellent service to hard core addicts	Approved 4/5/73	
Spectrum (Residential) (N.A.R.A.)	Rev.F.Harrison,Jr.	They provide services to hard-core corrections involved addicts referred by Federal Court System. This service is unequalled in the state	Approved 4/5/73	
Spectrum (Out-Patient)	Rev.F.Harrison,Jr.	They are supplying services for street and jail contacts in preparing them for residential treatment or continuing out-patient services	Approved 4/5/73	
St. Lukes Center (Methadone Maint.)	Ben J.Sheppard M.D.J.D. John Edward Smith	Two areas of <u>concern</u> should be noted; (1) with the present staff the program would be more effective with only <u>250</u> clients instead of 350; (2) Urine screens must be done more often	Approved* 4/5/73	

NAME OF PROGRAM	PERSON REPRESENTING PROGRAM	STAFF COMMENTS	ACTION BY TASK FORCE	ACTION BY HPC BOARD
Veteran's Administra- tion Hospital - Drug Dependency Out- Patient Clinic (Methadone Maint.)	Arnold L. Feiner	This program meets and exeeeds all requirements for a D.A.T.E. center license. The V.A. fits into the automatic licensing bracket as established by State Statutes and should be licensed	Approved 4/5/73	
Veteran's Administra- tion Hospital - Drug Dependency Unit (Residential)	Rev. David Butts	This program meets and exceeds all requirements for a D.A.T.E. center license. The V.A. fits into the automatic licensing bracket as established by State Statutes and should be licensed	Approved 4/5/73	

* Area of concern by Staff. Programs must report back to Task Force within 90 days to advise what steps have been taken to remedy those concerns

** Because this program is in a temporary facility and has not established itself into a permanent location, the Task Force requested and the Director agreed to report back progress and status at the next Task Force meeting

INTRODUCTION

The Health Planning Council Board of Directors through its Drug Abuse Task Force (which also serves as the State Drug Abuse Regional Council) has been carrying out a County-wide drug abuse coordination and planning responsibilities for more than one year. One specific activity which the local planning process has conducted in early 1972 and again in early 1973 is to perform review and advisory studies on all Dade County located drug abuse program licensing applications prior to action by the State Drug Abuse Program.

Organizational guidelines as listed in Appendix A are used in the review and advisory study of each application. Site visits are made and applicant representatives are provided the opportunity of meeting with the Task Force during the review to discuss their program. It is readily acknowledged that no local drug agency meets all the guideline requirements 100%, but with only one exception, the local agencies have positively participated in the local review process, acknowledged organizational weaknesses and agreed to initiate organizational improvement efforts.

The charts enclosed with this report identify Task Force and Health Planning Council recommendations relative to eight agency review studies in January plus Task Force recommendations to HPC Board relative to nineteen more agencies following the April 5th Task Force meeting.

All local agencies except one are participating cooperatively in cross referrals to another agency if they feel the other agency can better serve the individual, share treatment techniques and are not continuously initiating destructive actions directed towards other programs.

Under serious consideration in this community at this time, is the initiation of two community programs that would require inter-organizational cooperation if they are to successfully serve this community. One is an impartial court referral system to local drug programs. At present specific programs have their own counselors assigned to specific courts. The other new program under consideration is a community-wide central intake, evaluation and referral program relative to drug involved individuals.

The Drug Abuse Task Force and the Health Planning Council have repeatedly expressed concern relative to the "Seed" drug program's lack of willingness to cooperate with other local drug programs, the school system, the Health Planning Council, the State Drug Abuse Program, and local fund allocators. Also as noted in a sample of letters received and enclosed as appendix items, is an identification of concern that is beginning to be expressed relative to the lasting affect the "Seed" program is having on it's "graduates."

Following a three month study of the "Seed" program by a committee of the Drug Abuse Task Force and the Health Planning Council Board of Directors (conclusions and recommendations of this Health Planning Council study are attached as Appendix B) plus extensive Task Force review of the "Seed" program's completed application on April 5th, the Drug Abuse Task Force, by 6 to 4 vote with the Task Force Chairman not voting, is recommending that the Board of Directors of the Health Planning Council advise the State Drug Abuse Program not to license the "Seed" drug program to operate in Dade County because "the program does not comply with local and state drug abuse guidelines."

STATEMENT BEFORE THE DRUG ABUSE TASK FORCE ON APRIL 5 AS TO THE
SEED'S ADHERENCE TO THE GUIDELINES AND REGULATIONS OF THE STATE
DRUG ABUSE PROGRAM AND GUIDELINES AND RECOMMENDATIONS APPROVED
BY THE HEALTH PLANNING COUNCIL

A. State of Florida Guidelines and Regulations (Please refer to
the printed guidelines contained in Appendix A)

I. Staff - The National Institute of Mental Health Evaluation and Review expressed deep concern about staff qualifications as did the Health Planning Council's special Seed Study Report in 1972. With the exception of one paraprofessional who attended a short course in drug rehabilitation, no one on the staff has had formal training in drug rehabilitation or counseling. There is no staff member with any professional degree except one R.N. Essentially all staff who conduct the groups and deal with the parents are graduates of the program itself and move directly from graduation into staff positions. The Director has the three positions of President of the Board, Executive Director of the agency and Program Director, in addition to the activities of developing programs in other locations, public relations and fund raising. There is no documentation about the availability of professional backup for intake assistance, evaluations, medical care or assistance in crisis situations - availability of these in both immediacy and adequate quantity.

Staff training is an important concern. HPC guidelines include the requirement that any drug rehabilitation program be available as a training resource and that each program utilize any resources available in the community. The Seed is not available as a training resource - in fact staffs of other programs are prohibited from visiting the Seed. The Seed's staff has not availed itself of external staff training resources except for the one staff member mentioned above who attended a short course at the University of Miami.

II. Records

Record inspection was not included in the recent site visit, however, evaluation reports by both the National Institute of Mental Health and the Select State Committee during 1972 criticized the record keeping, particularly the almost total lack of followup procedures and records. This agency is apparently deficient in having and maintaining records for determination of effectiveness. However this deficiency is not unique to the Seed and the state of the art of effectiveness measuring is not well developed or wide spread.

III. Advisory Board

The Seed has formed an Advisory Board that appears very adequate. It is new, we have no information of its role to the agency or the frequency of its meetings.

IV. Referrals

The Seed did not include in its application forms any referral agreements with any other community agencies. We are aware of numerous sources for referral in (Courts, Schools, physicians, parents, self-referral). But there is no documentation of cross-referral agreements to other agencies or resources. Broward County and Dade County agencies have expressed the fact that they have received few or no such referrals from the Seed, and attached documents indicate that some agencies whose clients are also being served by the Seed have difficulty in mutual working arrangements.

V. Community Relations

Both the State Guidelines and the approved Health Planning Council Guidelines require that drug abuse programs should mutually cooperate toward the improvement of each other and the interest of the community. The Health Planning Council's special Seed study for 1972 included among its recommendations that the Seed program indicate a willingness to participate constructively in presently developed inter-agency cooperation and community planning activities.

There is no participation by the Seed with other agencies staffs or exchanges of information, methodology or techniques.

The element of community participation and constructive cooperation is the most flagrantly violated criteria and standard. The Health Planning Council had frequent difficulties in effecting cooperation last fall in its special study. The Health Planning Council Board has been advised of the several instances of efforts at cooperation toward the Seed and the rebuffs that have been received. These efforts at cooperation and assistance culminated in a meeting on March 23 when the Seed Director at a special meeting expressed his disdain for the local coordinating and planning process and agency and expressed his intention not to cooperate. Seed supporters have attempted to supersede the local State Drug Abuse Regional Coordinator, and when efforts by several agencies have been made to suggest corrections at the Seed the result has been public attacks on the critics or attempts to by-pass the appropriate agency.

Attached are documented materials concerning local agencies who have had difficulty in cooperating with the Seed as an agency and with individual cases.

The Seed has not notified the State Drug Abuse Program of the opening of its operations in Dade County in 1972, nor of the temporary withdrawal from Dade County in February of 1973, nor of the return to a new location later in 1973. Public and private agency officials in Dade County and Broward County have spoken of their difficulties in effective cooperation with the Seed.

These difficulties in cooperation become important in relation to future efforts at combating the drug problem in this community. With the history of uncooperativeness and open defiance toward the established agencies for coordination and cooperation, there would be serious consequences in the future in the adequate development of the following community efforts:

1. The established mutual cooperation now existing among the Drug Abuse Treatment Agencies who are working together toward the community good.
2. Beginning efforts toward a single "referral assistant" to the Courts offered collectively by the agencies on a rotating basis.
3. A single central intake, referral, record-keeping, follow-up and evaluation system to serve all agencies within the County.
4. A new client-reporting system now required by the National Institute of Mental Health and the State Drug Abuse Program, which requires that certain statistical information from all Drug Rehabilitation Programs be collected through the local State Drug Abuse Program Office.

With the Seed's record of community uncooperativeness, disparaging public remarks about other programs, open defiance toward the coordinating agencies, their effective participation in the above current and future developments is of extreme significance.

VI. Program Evaluation

As stated previously, the Seed does not apparently have adequate records or instruments for measurement of effectiveness through follow-up procedures and records. The select State Committee of 1972 pointed out the deficiency in follow-up procedures. Also, as stated previously, the state of the art of evaluation and effectiveness is not well-developed, and the Seed is not unique in this deficiency.

VII. Fiscal Accountability

Audit and balance sheet materials have been submitted and seem to be in order. However, based on other statements presented, there are some misleading inferences concerning the comparative costs of the rehabilitation at the Seed with other available programs. The Seed claims that it costs \$250 per youth. Parents, however, have indicated that it actually costs them up to \$1,500 when including the extensive travel several times per day, the cost of massive food preparation which is assigned to parents, and the added family cost of maintaining a foster home for several Seedlings during their rehabilitation program.

VIII. Urine Analysis . . .

This requirement is not applicable for this program.

B. Additional State Requirements.

1. Compliance with health, safety, building and sanitation codes.

These have been submitted and are in order.

2. Agreement to inspection by designated State representatives.

The Seed has participated in such visits whenever requested.

C. Recommendations approved in the Seed Study Committee Report approved November 20, 1972.

All of the six recommendations of that report have been previously commented upon above, with the exception of recommendation 4. Recommendation 4 is - "That the Seed Program should base its reports upon well-documented records".

The Seed and its supporters have continued to issue false and misleading statistics that both exaggerate the Seed's activities and successes and place other program efforts in an unfavorable light.

APPENDICES

This appendix reproduced
from the State of Florida,
Department of Health and
Rehabilitative Services'
Drug Abuse Program Standards
Manual for Drug Abuse Treat-
ment and Education Programs,
January 1, 1973.

MINIMUM STANDARD AND GUIDELINES
APPLICABLE TO ALL DRUG ABUSE
TREATMENT AND EDUCATION CENTERS

I. Staff

One individual must be identified as having primary responsibility for the overall operation of the program.

If professional personnel are employed (full time, part time or voluntary), they must be fully qualified according to the standards set by each profession.

Paraprofessional and non-professional personnel must be experienced and trained in the drug rehabilitation field. Professional staff must be available for support of and consultation with paraprofessional and non-professional staff. Ex-addicts should have experience and training in some program other than the one which they are employed.

In-service training must be available for all staff periodically.

Many well-qualified volunteers are available from the community and provide additional resources to programs. However, they must be well screened, trained and supervised.

Personnel policies should be available to all staff and should provide for adequate vacation time and a reasonable number of hours per week.

Personnel files must be maintained by all programs, to include consent form for urine collection and analysis for residential treatment centers, methadone maintenance programs and transitional facilities.

An annual evaluation of all members of the staff must be conducted and documented in the personnel files.

All staff must be assisted in any areas of weakness discovered via the evaluations. If the inadequate performance does not improve, they must be dismissed from the program.

Any person who has been a client in any drug abuse rehabilitation center should be engaged in gainful employment or other productive activity (housewife, student) for a period of six months before accepting a staff or volunteer position with any Drug Abuse Treatment and Education center.

II. Records

Records for methadone maintenance centers, residential treatment centers, non-residential centers, outpatient services and transitional facilities must be maintained in such a manner as to permit adequate client evaluation at the time of admission, periodic client progress reports, and follow-up on termination for any reason.

Records for hotlines, rap houses, education services, detoxification centers and free clinics must indicate number of contacts with clients, nature of problem dealt with, and what action was taken.

All client records are confidential and must be kept in a locked file.

Records must be kept long enough to permit follow-up of clients and adequate evaluation of the program.

III. Advisory Board

Every program must have an advisory group for the purpose of making recommendations, advising and guiding the program.

Key community members and individuals from concerned disciplines should be represented on the advisory board.

IV. Referrals

All programs must develop an adequate system of referral. All staff (including volunteers) must be aware of all available resources for referral purposes. Follow-up on referrals must be conducted. All clients must be made aware of alternate programs. In every case in which the agency is unable to accept a client for services an attempt must be made to meet his needs by referral.

Where a central intake mechanism exists in a region, all programs should participate in the development and maintenance of this mechanism.

V. Community Relations

Programs should make every effort to involve all levels of community resources including parents, civic groups, law enforcement, youth groups, judiciary, school officials and other professional groups.

When initiating a program in a community, appropriate groundwork and consideration for established residents should be observed. This may include a presentation to the local governing body or appropriate agency, newspaper announcements and home or business visits in the immediate area. The goals, the structure and the responsibilities of the program to the community should be presented to insure understanding and cooperativeness.

VI. Program Evaluation

Programs must be evaluated for effectiveness. For purposes of evaluation, program objectives must be stated specifically and in measurable terms.

A full description of the population to be served must include demographic characteristics and the nature of the problems presented. Services rendered to the client must be stated in detailed, concrete terms in order to understand the process by which changes were effected. Finally, mechanisms for following the client immediately after leaving the program for any reason and at intervals thereafter must be instituted as part of the intake procedure. Programs will be expected to supply the Department of Health and Rehabilitative Services Drug Abuse Program with statistical data as requested and in the manner prescribed by the Drug Abuse Program.

VII. Fiscal Accountability

All programs must completely fill out, sign and have notarized a valid and current balance sheet and a source and application of funds statement as supplied by the drug abuse program. See Addenda for samples of these forms. All license application forms will include copies of these forms.

VIII. Urinalysis for Residential Centers, Transitional Facilities and Methadone Maintenance Programs

Urine must be collected and analyzed for all clients and for all staff directly involved with clients on a regular basis.

All urine collection must be observed and collected on a non-scheduled basis for all clients and appropriate staff.

All clients and appropriate staff must sign the consent form for urine collection and analysis. Clients must submit three urine samples per week on a non-scheduled basis, one of which will be analyzed for opiates. One sample per month must be analyzed for all other drugs (amphetamines, barbiturates, opiates and methadone).

Staff must submit two urine samples per month, one of which must be analyzed for all drugs (amphetamines, barbiturates, opiates and methadone).

IX. General Considerations

In regard to programs that do not fit into the traditional categories or the specific program types, the following guidelines and standards are applicable.

Programs, communities and other groups should develop innovative projects to meet the varied needs of the people and to provide a multi-faceted approach to the serious problems of drug use and abuse.

Whenever appropriate, programs will be licensed according to the categories listed on the Department of Health and Rehabilitative Services Drug Abuse Program application form.

Programs of an innovative or specialized nature may include, but are not limited to, such program types as coordinating councils, central intake, training programs, information and referral services, religious programs, research projects, alternative centers, etc.

All such programs must be handled on an individual basis according to the particular structure, goals and needs of the program in relationship to the priorities and standards of the drug abuse program. The drug abuse program will make final determination of the specific services rendered by a program ~~and its applicability~~ for licensure.

This section of the manual contains the greatest flexibility as the Drug Abuse Program encourages innovative and creative methods of dealing with the drug problem and the human beings involved with drug. Simultaneously, a need for caution is implicit in our encouragement since the lack of established guidelines could lead to inferior or ineffective services. Accountability must be demanded of all and the drug abuse program must be accountable in its requirements and evaluations of all programs.

**MINIMUM STANDARDS AND GUIDELINES
FOR SPECIFIC
TREATMENT MODALITIES**

NON-RESIDENTIAL DRUG ABUSE TREATMENT CENTER

I. Description

A non-residential treatment center emphasizes therapeutic groups and counseling directed at drug users and abusers. The center should provide individualized, readily available intervention services for a variety of people.

II. Purpose

The purpose of a non-residential treatment center is to provide services designed to counteract and prevent drug dependency. This may be accomplished by the use of group sessions and counseling; the suggestion and teaching of alternatives to drug use; involvement in community programs; inter-agency referral and follow-up; the use of educational materials and any creative, socially acceptable methods of human development.

III. Methods and Procedures

- A. Initial contact:** sufficient information must be taken to clearly identify the client, the source of referral, and what disposition was made, i.e., appointment for initial review, referral to another program, or any other disposition.
- B. The program must include regular evaluation of the client's achievement of individual treatment goals. Records must document the steps involved in this progress.**
- C. The non-residential treatment center's major vehicle for therapeutic help is groups led by a trained professional and/or supervised paraprofessional. It is important that privacy be available to such groups in order to provide confidentiality and encourage trust and interaction. Ongoing evaluation of both group progress and group leader skills is important.**
- D. Individual counseling must be available to all clients as needed. Recreational and other activities must be included to maintain client interest in the program and to provide to the client creative alternatives to drug abuse in a drug-free social setting.**

This appendix reproduced from the Board of HPC approved The Study of the Advisability of the "Seed" in Dade County, November, 1972.

X. CONCLUSIONS AND RECOMMENDATIONS

After two months of intensive study, this HPC study committee has concluded that:

1. There exists a large scale drug abuse and drug experimentation problem amongst teenagers in Dade County, as in urban areas across the United States. The scope of the problem is not presently subject to exact measurement.
2. There is no simple solution to this complex problem of drug abuse and no one individual or organization has the ultimate solution to the problem.
3. The drug abuse field, which has evolved rapidly in recent years, no longer is limited to the older drug addict but today is seeking ways to cope with the significant challenge of rehabilitating massive numbers of teenage drug experimenters largely through a social frame of reference aimed at behavior problems rather than a more traditional medical or psychiatric approach.
4. The field of drug abuse treatment, rehabilitation and prevention is too new to empirically or emphatically make judgements of any single approach. The state of the art is even less capable of giving definitive evaluations of any recent innovative technique or modification within the already untested field. Thus, no new ideas or methods should be denied or discarded unless patently harmful or useless. Conversely, any program should be willing to be subjected to constant evaluation of methodology. These evolving programs should be willing to change and seek change, and respond to the demand for flexibility when new knowledge is apparent.
5. The many drug abuse programs located in Dade County have, since their inception, steadily improved the quality of their programs and have developed cooperative working relationships which makes each more effective.
6. The constructive aspects of the present Seed program are, without a doubt, proving beneficial to a substantial number of young people and their parents and the program does not seem to be having serious negative effects on many of the youth involved. The scope of intensity of parent commitment through the open meetings, the foster home program, and the enthusiastic voluntary promotion of the Seed, is extremely impressive. This significant commitment by many parents to the Seed program not only suggests that the program is meeting felt needs of these families and their children but also undoubtedly reflects the need for help and even desperation experienced by parents of drug involved children.
7. The development and operation of a Seed-type program in Dade County which is directed towards a defined population of youthful drug experimenters and non-addictive drug users would seem to be in the public's best interest.

8. Any drug rehabilitation program operating in Dade County should maintain certain basic standards of operation. An expressed attempt to achieve these basic standards should be agreed to by any program wishing to obtain state licensing or community support in Dade County. If substantial progress towards achievement of the agreed upon goals is not reached within 6 months, then the program's license should be revoked.
9. The Committee takes note of the action of the Metropolitan Dade County Commission (sitting as the Dade County Port Authority) on October 7th in which they agreed to the Seed program's desire to use a County owned facility located at the Opa Locka Airport and presently leased to the Goodyear Company, as the location for the operation of the Seed program in Dade County.

In view of the Committee's conviction that a Seed-type program has the potential of meeting the felt needs of certain Dade County parents and their drug involved children, plus being aware that several hundred Dade County youngsters and their parents are now participating in the Broward Seed program, the Committee, therefore, recommends:

1. That the Seed program be encouraged in its expressed desire to initiate operation in Dade County.
2. That the Seed program be required to meet all the standards of licensing under the State Drug Abuse Program and the approved Health Planning Council Drug Abuse Program guidelines (refer to Appendix "C") for rehabilitation programs.
3. That the Dade County Comprehensive Drug Abuse Program proceed with the proposed evaluation of the effectiveness of the Seed program on 100 Seed participants as requested by the County.
4. That the Seed program should base its reports upon well-documented records.
5. That the Seed program indicate a willingness to participate constructively in presently developed interagency cooperation and community planning activities.
6. That each local drug abuse program operate under the policy direction of a Board of Directors appropriately representative of the community.

EXPRESSED CONCERNS ABOUT A SEED PROGRAM IN DADE COUNTY

A. Concerns about the techniques and method.

1. Will there be any future harmful effect on the youths from this intense confrontation and confession technique or from the establishment of a cult and its potential for social ostracization and maladjustment at a later date when returned to normal society?
2. Does the transfer of the source of decision-making from the individual to the peer group actually occur and is this desirable or harmful?
3. Is it wise to mix persons of varying ages, degrees of drug involvement and psychological problems into one treatment group?
4. Are the Seed rehabilitation effects of a lasting nature or short lived?
5. Does the Seed program appreciably change the environment of the subject and his family in a form which has lasting effects?
6. Can peer pressure accelerate, emphasize or mask a severe emotional disturbance?
7. Are the youths verbally participating and saying the right things in order to be graduated and leave the repressive atmosphere, or are these expressions and changes sincere and genuine?
8. Has becoming a Seedling attained a special status so as to encourage or exaggerate claims of drug usage in order to become a member or more active participant?
9. Should there be more careful selection of foster homes?

B. Concerns about the success rate.

1. Is the claim of 90% success rate valid?
2. Are records available which can substantiate any success rate?
3. What is the short, intermediate and long-range success rate for graduates of the Program?
4. Can lasting rehabilitation be accomplished in such a short time as claimed?

C. Concerns about the staff.

1. Can a staff of almost all non-professionals effectively rehabilitate the client population?

2. Are non-professional staff members capable of recognizing ~~and dealing with~~ serious pathology?
3. Is the Director, Mr. Barker, an essential element of the success ~~or~~ can the techniques be accomplished under someone else's direction?
4. Can the Director be expected to cooperate with other social agencies and drug rehabilitation efforts if invited into Dade County?
5. Are the demonstrated personality manifestations of the Director a liability or an asset, or an inconsequential element in working with adolescents?

D. Concerns about finances.

1. What is the actual cost of Seed operations and the cost per client?
2. What is the actual income and expenditure of the program?
3. Is the budget open to audit and public scrutiny?
4. Is the public being misled by claims that 90% of the clients are successfully rehabilitated and at a stated cost?

E. Concerns about the target population.

1. Can this technique be successful for hard-core addicts?
2. What is the population group most amenable to this treatment method?
3. Which groups of drug abusers require more than offered at the Seed; which clients benefit most from the Seed; and which graduates retain their success the longest?

F. Concerns about a Seed program in Dade County.

1. Can any local drug rehabilitation program incorporate the proven techniques of the Seed?
2. Will present drug rehabilitation programs suffer in their fund-raising and other community support activities as a result of the publicity which surrounds the Seed?
3. Will Mr. Barker's demonstrated lack of cooperation have a negative effect on a total drug rehabilitation program effort in Dade County?
4. Will other drug rehabilitation programs suffer by association if the Seed should receive bad publicity?
5. Is a competitive element necessary among drug rehabilita-

tion programs in order to sharpen methods, expand knowledge and prevent stagnation?

6. Is the program duplicatable or imitatable?
7. Is there an existant agency in Dade County willing to undertake a Seed-type program?
8. Is the Director of the Broward Seed program likely to be spread too thin with expansion, possibly decreasing the benefits available in any single location?
9. Is the presence of this type of technique likely to be used as an instrument of threat against youths with attitude problems and be rejected by all youths as a further example of imposition of behaviorial codes?
10. Is the Dade County School Board able to legally provide excused absences in lieu of suspension during treatment in this or any rehabilitative program?
11. Is the effectiveness of the program empaired by mixing persons convicted of crimes with "attitudinal" problems?

JEFFREY J. ELENESKI, PH.D.
CLINICAL PSYCHOLOGIST
5765 S. W. 57TH TERRACE
MIAMI, FLORIDA 33143

(305) 667-3866

April 2, 1973

Mr. Alex Miller, Youth Co-ordinator,
Florida State Drug Abuse Program
3000 Biscayne Boulevard, Suite 208A
Miami, Florida 33177

Dear Mr. Miller:

As a Clinical Psychologist currently employed by The Children's Psychiatric Center and previously employed by the Dade County Department of Youth Services, Division of Psychological Services, I have had the opportunity to speak with and evaluate many children who have been in treatment in DATE Centers, as well as in non-licensed drug treatment programs. The purpose of this letter is to share my concern with you regarding the manner in which SEED, Inc., a non-licensed drug treatment program in Dade County, is conducting its program.

My current position involves working on a consultative basis to Youth Counselors and the staff of the State of Florida Division of Youth Services, as well as direct evaluation and interviewing of children in their custody. Almost on a daily basis I learn of incidents in which children have been mistreated, threatened, and have suffered ill consequences pursuant to their involvement in the SEED Program. In my discussions with children at Youth Hall, I have been told of numerous practices by the staff of the SEED which I feel are psychologically destructive to the children in their care. Children have reported to me that when they wanted to leave the SEED program they were threatened with commitments to State School. Further, in some instances, they were locked in rooms by themselves and denied food for days. They also reported that they were made to sit in chairs without speaking while listening to others berate them for hours.

I recently had the opportunity to interview a child who could be diagnosed as an emotionally unstable personality with paranoid overtones. The use of the above noted practices with this kind of child could easily result in a precipitation of major mental disturbance. Fortunately this child was able to run from the SEED before very much damage had been done to her psychologically. She did, however, manifest some confusion and paranoid ideation which she felt was a result of the manner in which she was treated by SEED personnel. I have also interviewed children who made suicide attempts following their running from the SEED. Overwhelming feelings of worthlessness, hopelessness, and despair were in evidence. Occurrences such as these lead me to question the manner in which children are selected for treatment in the SEED program.

It is my understanding that SEED personnel frequently refuse to cooperate with both Youth Counselors and other professionals, such as, psychiatrists and psychologists.

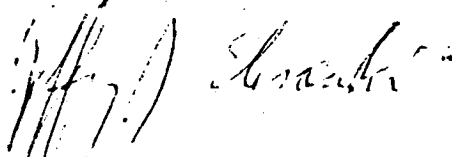
SEED Cont'd.

Many of the children with whom I have spoken have told me that personnel at the SEED make statements to the effect that no psychiatrist or psychologist can help a person with a drug problem; the only manner in which a person can be helped is to go through the SEED program. Disparaging remarks are frequently made about other drug rehabilitation programs as well as the professional and legal community. Such remarks make it difficult for these people to do their work without apprehensions and resistances on the part of the drug involved youth.

Both the use of potentially destructive interventions and lack of cooperation make the SEED a danger to our community. Although SEED type programs may be beneficial to many of our drug involved youths, I feel that the program, as it is presently operating, may be doing a great deal of harm. It is my sincere feeling that the SEED not be allowed to operate in Dade County unless appropriate changes are made in the program.

Please do not hesitate to contact me should you want any further information regarding my observations on this matter.

Sincerely,



Jeffrey J. Elenewski, PhD
Clinical Psychologist

JJE:gj

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES STATE OF FLORIDA
Emmett S. Roberts, Secretary Reubin O'D Askew, Governor

hirs **DIVISION OF YOUTH SERVICES**
BUREAU OF FIELD SERVICES • 2735 N. W. 10TH AVENUE • MIAMI 33127
PHONE (305) 633-0361

April 3, 1973

Alex Miller
Youth Coordinator, Florida State
Drug Abuse Program
3000 Biscayne Blvd., Suite 208A
Miami, Florida 33137

Ref: The Seed Incorporated

Dear Mr. Miller:

I, as a youth counselor, have contact with most of the Drug Programs in the Dade County area. Over the past months I have become increasingly concerned over the general operation and lack of cooperation I have received from the Seed Incorporated. I should like to briefly outline the difficulties for you and cite several specific examples. In view of the confidential nature of the files of my department, I shall not identify any of the juveniles by name, however, each case referred to, I personally handled and all incidents can be documented.

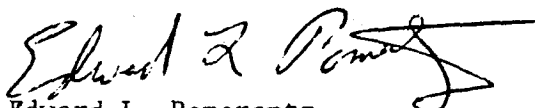
I have found that the Seed is reluctant and often unwilling to cooperate with other agencies. The current procedure for a juvenile who is both, on probation and enrolled in the program at the Seed is for no one, including the youth counselor, to have any contact with him while he is in the program. The Seed provides routine reports on the youth's progress, however, I have often found these reports to be inaccurate and often exaggerated. I cite one example of a youth who had been in the residential phase of the program for approximately three months. I was routinely advised by the Seed that they felt the young man should remain in the residential portion of the program as his home situation was unsuitable. They further advised that they had explained their reasoning to the juvenile and that he agreed with them. This juvenile subsequently ran away from the program at the Seed and within hours of running away telephoned me to complain that he had been kept at the Seed and that no one had explained why he was not being allowed to return home. He stated that they had continually made vague references to his being returned home in a week or two. This case was brought before the court and based upon this Counselor's recommendation, Judge Stone ordered that the juvenile be released from his obligation to complete the program at the Seed and that he be allowed to return home and remain under the supervision of the Division of Youth Services. Immediately following this hearing Mike Marcus, a court counselor from the Seed who had participated in the hearing, approached this Counselor, the juvenile and his family and advised all of us that he felt the Judge had made a terrible decision and that he felt the juvenile would most certainly wind up in trouble, unless he returned to the program at the Seed.

One area of conduct of the Seed which is of particular interest to me, is their use of State Correctional Institutions (such as Florida State School for Boys) as threats against participants in the program. Not only are participants in the program often threatened with commitment to Florida State School for Boys, but the institution is grossly misrepresented as an institution where juveniles are physically abused. I handled the case of a juvenile who advised me that upon his return to the Seed, after having run away, he was repeatedly threatened with a commitment to the State School if he attempted to run away again. When he indicated that he had no desire to continue to participate in the program, the authorities at the Seed advised him that since he wanted to be sent to State School they would arrange for him to be treated as if he were in State School. The juvenile was reportedly placed in one of the Foster Homes of the Seed and locked in a bedroom with furniture piled against the door to prevent his leaving the room. The juvenile advised that he was given meager amounts of food and water and kept in this situation for a period in excess of 24 hours. After the juvenile complained to me of his treatment in the Seed I confronted Debbie Kerr, a court counselor from the Seed, with the story. She indicated that she had no personal knowledge of the specific incident, however, she implied that such treatment was commonplace in the tactics of the Seed and she further defended such tactics by advising me that it was better for juveniles to be locked up and treated harshly for a short period of time, than to allow them to possibly run away from the program where they may "mess up on drugs".

An incident occurred last month, in which the Seed apparently provided the parent of a child with some gross misinformation. The child in question has a history of treatment for psychiatric disorders dating back to the time that he was five years old. The juvenile is currently 16 years old and exhibiting a great deal of anti-social and delinquent behavior which does include the apparent use and abuse of drugs and chemical substances. The parent advised me that she planned to reinstitute the child's psychiatric treatment and additionally refer him to a drug program. The boy's mother referred him to the Seed and after she advised them of her plans to additionally refer her child for psychiatric help, the authorities at the Seed advised her in a blanket statement that psychiatrists cannot help juveniles with drug problems until they get straight and that only a drug program such as the Seed can accomplish this.

I should like to point out that I have also seen numerous cases where the Seed has been beneficial in helping juveniles with drug problems, however, this is certainly not surprising as the basic methods of treatment employed by the Seed are similar to those employed by virtually every other drug program licensed in Dade County, Florida. I understand that the Seed Incorporated is currently in the process of applying for a license to operate in Dade County, Florida. The purpose of this letter is to urge, both personally and professionally, that the Seed not be allowed to operate in Dade County, unless the program is modified such that their policy for operation will no longer allow instances as outlined above to occur.

Sincerely,



Edward L. Pomerantz
Youth Counselor II
Florida State Division
of Youth Services

ELP:dw

cc:Personal Files



THE CHILDREN'S PSYCHIATRIC CENTER, INC.,

OF DADE COUNTY, FLORIDA

April 10, 1973

Mr. Alex Miller, Youth Co-ordinator
Florida State Drug Abuse Program
3000 Biscayne Boulevard, Suite 208A
Miami, Florida 33177

Dear Mr. Miller:

I attended, with interest, the recent meeting at Cedar's of Lebanon Hospital regarding licenses for drug programs.

The SEED program in Dade County is of particular interest to me, since I have had many acquaintances with ex-Seedlings.

My first acquaintance with this program was one year ago, while a student for the M.S.W. degree at Barry College School of Social Work. For my thesis I chose drug problems, seeking to discover significant correlations between parental attitudes and drug addiction in offspring. One of the drug programs selected for my research was The SEED of Broward County. I requested and was verbally granted an appointment, but to my great dismay, on arriving at The SEED, I was denied entrance beyond the front door. Furthermore, I was not even given the courtesy of meeting with Mr. Barker or any of his representatives for the purpose of an interview. The matter became further complicated when I informed the secretary that I was an M.S.W. student, as this was met with much hostility for all professional people in the field of mental health. I was informed that "psychiatrists, psychologists, and psychiatric social workers were powerless to effect change in drug addicts." It was further noted that "the SEED was the only solution." The only impact I had was to be invited to one of their open meetings, which in my professional opinion was a sham.

Subsequently, I have interviewed many ex-Seedlings who have informed me of false imprisonments for long periods of time; of being subjected to constant negative reinforcement from peers and authorities with no chance to make a rebuttal. Again, in my professional opinion, this is no form of therapy and can be extremely destructive to the psychological development of any child. In brief, it appears to me that the only thing accomplished by the program is to create group dependence to the utter destruction of the individuals need for independence and initiative.

The entire SEED program seems to be a false ego trip for Mr. Barker, to the utter destruction of his subjects. Furthermore, his absolute

Children's Psychiatric Center
JACKSON CLINIC
901 N. W. 17th Street
Miami, Florida 33136
377-4036

Children's Psychiatric Center
JUVENILE COURT CLINIC
2735 N. W. 10th Avenue
Miami, Florida 33127
633-0361

Children's Psychiatric Center
ALHAMBRA CLINIC
395 Alhambra Circle
Coral Gables, Florida 33134
444-8441

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Monique Lambert, ACSW
Sheila F. Zenman, ACSW
*William E. Barr, ACSW
*Carol J. Donovan, ACSW
Marian Sneider, B.A.
Helene J. Narot, B.S.
Joyce K. Day, B.S.

Nancy A. Copper
Administrative Assistant



United Fund
Member Agency

The SEED Cont'd.

refusal to hire professional personnel for his staff is totally unethical and in my estimation should in no way be tolerated by responsible citizens of this state.

A handwritten signature in cursive script, reading "Thomas A. Walton".

Thomas A. Walton, M.S.W.
Psychiatric Social Worker

TAW:gj

Mrs. Mabel Wade
795 East 8th Lane
Hialeah, Fla. 33010
Phone 888-4310

4 March 1973

Mr. Charles Lincoln
3000 Biscayne Blvd. Suite 206-A
Miami, Fla. 33137

Re: Seed Inc, Drug Rehab. Program, Tropical Park, Miami, Fla. Ft. Lauderdale, Fla.
President Art Barker

Dear Mr. Lincoln,

I wish to relate to you the bad experience we had with the Seed Inc. from 4 Feb. 1973 to 2 March, 1973 at which time I withdrew our daughter from the Seed Program. Atty. Steve Greenburg advised Art Barker to release our daughter by letter at my request.

To began with our daughter, a only child, age 16 was not a drug addict. Mr. Joe [REDACTED] we learned was selling our daughter and our neice Pot. He drives a [REDACTED]. He was selling our daughter \$20.00 of Pot. and \$5.00 at the time. His friend Mr. John [REDACTED] who also works for the [REDACTED] was seen in our daughters company Jan. 26, 1973. Our daughter went to the Rock concert at Virginia Key with school friends and we received a call from a man saying he had our daughter and he was a X-convict and knew all the ropes and the Law and ~~CUB~~ would not find him or our daughter. Our daughter had in her posession 40 Drug Capsuls she bought from the man for \$40.00. They were 3gm Tuinals she said and she was so Drugged she could hardly talk. She called to say Good-by to me and her Father as she did not think she would live to see us again. I hired Results Detective Agents and the Police had a Missing Persons report out for our daughter. We worked most day and night until we flushed her out from the people holding her. Two men had held her down and gave her a shot of Herion. She had been seduced and to her knowledge the man used nothing to prevent getting her pregnant or giving her VD.

Feb. 4th we got our daughter. She was missing for a week. Seed Inc. was at the Blimp at Opa-Locka, LaJune Rd. I explained the problem to Seed personnel on the phone. They told us they had a Dr. who checked their children and Dr. Ben Shephord saw some of them. She told me and my husband to bring our daughter to them and we both had to sign to enter Deborah into the Seed. The Blimp was dark and we could not see to read the papers we signed. We were not given a copy of what we signed. Inclosed are copies of all the Seed Inc. papers we have and this is minor compared to the real truth of Seed. My child was kept by Seed for 16 days before she was permitted to return home to us. During the mean time Seed Inc. moved back to Ft. Lauderdale and was running us to exhaustion trying to follow them around, as they did not bother to call or notify us they moved and were shifting our daughter from Foster house to Foster house. My child was put in a Foster house and a Padded lock was on the door. This is Seeds way of shifting the childs safety and welfare so Art Barker is in the clear. No parent is to know who has his or her child. The second Foster house put a Padd Lock on their door. Our daughter was refused to use the phone at Seed or the Foster house. She climbed out the window and was going to Jump but she was 3 (three stories high). She did not want to Die and was afraid if she jumped it would kill her. Art Barker will not talk to me on the phone. He does not even have a Resident phone. If our child had jumped and been killed, ~~is~~ it my guess the Foster parents would pretend they never saw her. Art Barker would be in the clear and so would the Foster parents since their names were a secret from me and my husband. I have never at any time given Art Barker or any Foster Parent the Authority to lock my child in a room with a Pad lock. She was made sleep on the floor with no covers one night and in nothing but her pannies and a T-shirt. She was not feed any food for 16 days except the usual hard stale, sometimes molded Peanut-butter sandwich at the Seed Inc. at 10: AM and at 6: PM a bolona sandwich and bowl of soup which we parents have to make and take to the Seed. We are asked to buy our own bread from 13 to 25 large loafs. Seed gives us Peanut Butter and Jelly which is packed by

children they are forced to eat the sandwiches though they are sometimes molded. The teenage Staff Art Barker has working over our children say there is no such thing as Justification in the Seed Inc. Who is Art Barker, to ask us parents to bring a Hair Net and Public Health Card ~~when~~ ^{stove} when he condones his Staff to force our Drug Problem children to eat sandwiches molded that are thrown back in a room for days. I made 13 loafs of bread into sandwiches and worked until 3:30 AM in order to get it to Seed by 11: Am the next day only to learn they were put aside for another day. I wish the Health Dept. of Fla would put Art Barker out of business for good. He is not worthy of the company of my child. She lost about 12 lbs the 16 days she was there.

Art Barker said the only finance he gets to support the Seed is the \$250.00 we parents pledge when we admit a child to the Seed. He takes up a collection at open meetings Monday and Frid. night. He sells these Seed signs for \$1.00. Rumors are he said he will never accept any Federal Money because the Govt. would change this or that. I agree it needs Some Officials from some place, Fla. State or Federal to make alot of changes. At Seed in Lauderdale I went to the bath room. A Drug Problem child was at the door to write down my name and ask me if I had to do No 1 or No. 2. I said No. 1. She told me which comode to use that was full of No. 1. and stunk so I almost vomited. She told me to put paper in the can and not flush the comode. I ask why and one child said they were poor and doing the best they could, another said ~~it~~ was to save on the water. I may never know the real reason but that building needs to be closed if this is the best Art Barker can offer our hundreds of Drug Children who were sitting in the building and he surely is not in poverty if each parent pays him \$250.00 per child. I just can not see how he can profess to Love our children yet he gets on the Mike and brags the Seed Inc is up for the Emmy Award and how he had the Washington Medical Officials and Mental Health calling him saying Art, How do you cure the Drug Children? He says he even has the Officials stumped. (Mr. Lincoln, if you or a Official can you should talk to some of the Seed children and alot of them are back on drugs as soon as they return to school. Some in the program say the Seed is not a all cure but anything helps.) I used the Comode at Tropical Park and it was the same routine. In this case a Pipe was leaking to the bottom floor so surely by not this has been repaired. I don't know.

Art Barker ask all the children to raise hands if they got Dope from their Teachers. The Dozens of hands went up. Then he ask who got Dope at Church. A few hands went up. One Self professed Addit stood up and said her Catholic Priest was on Dope and could not help her so she came to the Seed Inc. for help. Seed Personnel at the Blimp said they had arrangements with Dade Co schools where our children were given credit for the time spent in Seed. This is a Bo-Bo-, mis-leading to us parents and our children. We found out the real truth once we tried to re-enter our child in Dade public school but I trust Officials have gotten Seed Inc. straight on this by now.

Seed Inc. did not have a Dr. to see or examin^e our daughter the entire time she was there. I personally took her to a Hialeah, Dr. Link on Feb. 26th for a good check up, VD Smear and pregnancy test since the Convict had Seduced her. Seed lied to me about having a Dr. and I do not think Dr. Ben Shepherd has the time to spend Mon. and Frid night at the Seed Program. I haven't seen him there yet. He could be in a room someplace but I don't think so. Art Barker says the children in his Program who were on drugs do not need any Medical Men with their Degrees. All he needs are the self Professed X-Addicts, as his Staff. All but one looks a teenager. Mike may be 21 yrs. old. The Rap sessions day and night after night are alot of vulgar Street talk. One girl was crying for her Mother, Art Barker had some of his Staff holding her to the chair. Art took the Mike and moked the girl, quote, MA*MA- Your Ma-Ma is gone. Look parents she gave me this, Art Barker held up his 3rd Index finger which is a common guessture in street talk. If this mess is a Drug Rehab. program I want my child having no part of it. Alot of these children are in Seed from the Courts. They have to take all this garbage and have no one to get help from. Some of them survive only on the 2 Sandwiches and one bowl of Soup a Day. My heart goes out to them. A boy, Bob Ingram in the program talked to me at length Frid~~y~~ night while I was waiting for my child. He was given 5 yrs. in Raiford but the Judge told him to serve 7 months in Seed and then the Judge will clear the 5 yr. Raiford time. The

boy said it had been rough at the Seed and he did stay hungry but he has stuck it out this far and will soon be a free person to get work and start a new life with out drugs. He knows he has some brain damage from drugs and will have flashbacks for the rest of his life probably.

✓ Art Barker does not think our Drug children need Drs. Surely some official, some place can suggest to Art Barker that our children who come to his program are in need of Trained qualified Medical Drs. and Social workers who can help our children with the Drug problems. A lot of parents stand around out side waiting for the program to let out so we can get our children and go home. They do bicker, fuss and discuss alot of things we don't like about the program. Art Barker never once has ask us at a Open meeting if we had any Questions? He is not interested and proved this by refusing to talk to me on the Phone. Seed Personnel said I had to have their permission to take my child to my Priv. Dr. for a VD. smear and Pregnant Test. I told them quick I don't need their permission for nothing pertaining to my child and Art Barker refused to talk to me when I called Lauderdale to ask his permission. I took my child to the Dr. and thank heavens she is clean but the Seed had her for 16 days and they made no effort to have her seen by a Dr.

Some of the children in the Seed, stand up at Open meetings and say they are there for the 3rd time. This should tell us the program is not to effective. Most of them say they have been on everything from Pot to Herion from 1½ yr. to 5 yrs. Some of the children look to be age 11 yrs. up to college students. Some are pure fakes and anyone can see through it. No one is called by the last name so we have no way of knowing. One Father stood up at Lauderdale and said his young boy had been at Seed for a Yr. and he just had to talk to some one in authority to see what the hold up is. He ask Seed if his child was going to return home or stay at Seed forever. Mike, the Seed Staff said the Boy had alot of growing up to do. A colored Mother stood up at Tropical Park and said she had traveled a long ways to see her boy and it was a Must she see someone in Authority at the See because she went to the Blimp at Opa-Locka and was told the Seed was at Lauderdale, she got to Lauderdale late that night to be told they moved to Tropical Park in Miami. She was very tired and I watched the lady to see if anyone from the Staff ever went to talk to her but I lost her in the crowd when the meeting broke up. One Mother said she had to work to support her children and she lives in North Miami. She is having to borrow different neighbors cars twice a day to bring her daughter to the Seed at Tropical Park and it was embarrassing and expensive for her. She was very worried about the \$250.00 she and her former husband were ask to pay Seed. The former husband refused to pay and the lady is not able to. The Seed has 6 Seed boys at Post to check our cars when we take our children in and out of the Seed each day and night. Some nights two of the boys have a Police dog. Before the meetings break up the Seed Staff come down stairs and walk among us parents asking who we are there to pick up and we must give our childs name. Its very obvious to all of us the Seed is double checking just to make sure none of slip in some outside Official who may get a Eye and Ear Full which they sure would if they ever had the chance to attend any of the day Rap sessions or the Night Sessions.

Some parents who like the Seed must be those with hard core Addicts and willing to accept anything for their child. Two people brought one child to the Seed rolled up in a blanket for safe keeping until they got him to Seed. One was brought in Handcuffs by a lady who said she was a Police.

I have our daughter home and I will continue to devote every minute of my time to her Health and Welfare just as I always have. I will take her to Drs. who are trained to work with a Drug problem and I will get her in a Group Session program. The Seed Inc. needs to be out of business as far as the good they are doing our children with a Drug problem. That is my personal opinion of the Seed Inc. I have written the truth in this letter and if Art Barker denies one word of it I will gladly. at your request submit to a Lie Detector test to prove what I say is true.

TELEPHONED STATEMENT OF HELENE KLOTH,
GUIDANCE COUNSELLOR-NORTH MIAMI BEACH SENIOR HIGH SCHOOL

"I know many returned Seedlings, there are many here at the High School. When they return, they are "straight", namely, quiet, well-dressed, short hair and not under the influence of drugs compared to their previous appearance of stoned most of the time. However, they seem to be living in a robot-like atmosphere, they won't speak to anyone outside of their own group. They sit in a class together and the classes become divided of Seedlings opposing non-Seedlings. They alienate many of the other students who do not understand why this anti-social behavior, the classes and the student body are as though divided into two camps. When there are group discussions about social problems or human relations, the Seedlings will not participate in these discussions. Whenever a class or part of the student body is scheduled for a field trip or an outing of some type, the Seed students refuse to participate until they have received permission from the Seed. In this manner, they use their Seed status in an unhealthy manner. One student attempted to rule the class using the Seed as his authority for his efforts at dictating within the class. I have noticed that it is almost necessary that the Seedlings be rehabilitated into social situations upon their return from the Seed. However, at the School, we do not know how to accomplish this because we do not know anything about what we should be doing in relation to the Seedlings. Therefore, sometime ago, I attempted to visit the Seed in order to speak with them about how we could work with them and what we should do. I asked for help. I was treated rudely, two people who went with me, were denied permission to enter and were closely watched in a separate room. In addition to rude treatment, I was told that the Seed was not interested in helping us. The Seed counsellor with whom I spoke, said, "We are not interested in educators or any of the people out there because they don't know anything. The world out there stinks, we will not come to school people."

Seedlings seem to have an informing system on each other and on others that is similar to Nazi Germany. They run into use the telephone daily, to report against each other to the Seed and it seems that an accused Seedling has no chance to defend himself because if enough persons accuse him of something, he is presumed guilty. The Seedlings also make numerous false accusations about drug behavior concerning non-Seedlings. The School is quite upset about this division of social groups and the teachers are very concerned and the non-Seedlings are all uptight.

I use to think it was the saving program, a year ago, I use to take kids there. Now, I know that a number of the children are back on drugs and I am not sure whether the method in which they do return home and the difficulties they have in school, is an improvement over their previous condition of being on drugs. I think there is something valuable available at the program but we could surely help make it work if we could work with them, both about the youngster before he goes to the Seed and to be able to get some help from the program after the student returns."

Received by:


Paul T. Schabacker

TELEPHONED STATEMENT FROM JANE DELANEY,
GUIDANCE COUNSELLOR-CORAL GABLES SENIOR HIGH SCHOOL

"I think the Seed can and is doing alot of good in getting youngsters off drugs. However, I am very upset about some of the things that happened at School with the returned Seedlings. Their absolute refusal to mix with other students, to meet as a separate body is upsetting to other students and is stigmatizing to students whom they do not associate with. It is being badly interpreted by the students and is devisive on the campus. In addition, the Seedlings have to sneak around in order to have any social contact with former friends when they want to because they fear getting caught and they have to make appointments to meet in ~~hidden~~ places and so forth. There seems to be a feeling of "turning in brother against brother" and "people against people" and in some instances, even within families. I know of one student who returned from the Seed very upset because the foster home in which she had been placed during her period of program at the Seed, attempted to persuade her about how bad her parents were. I wish the Seed would do its program of freeing the youngsters from drugs but not add the problems that we are having at School."

Received by:



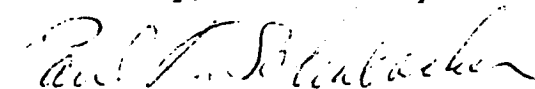
Paul T. Schabacker
Senior Health Planner

STATEMENT OF MS. MARIAN SIEGEL,
EXECUTIVE DIRECTOR OF HERE'S HELP, INC.

"We are operating a program known as Dasein, which is an effort within the public school system at Drug Abuse Education and Prevention and we are under contract with the Dade County School Board to present this education and prevention program in the public schools. We have had numerous requests by both ex-Seedlings and members of the Seed who are in the schools, requesting us to involve them in project Dasein. When this became known at the Seed, the individual counsellors told each of the Seed members that they could in no way be involved with project Dasein. This was reported to me and I subsequently wrote a letter and mailed it registered to Mr. Art Barker, Director of the Seed, explaining in a very non-threatening way, what projects Dasein attempted to do in the School System and asking for an appointment to sit down and discuss with him where we were with the program and where we were headed. In about three days after this was mailed, I received a call from Shelly Barker telling me in a very derogatory manner that project Dasein was duplicating the Seed's program and that her people would not be allowed in any way to be involved with project Dasein. Subsequent to that, I was made aware of the fact that one of the young Seed members was very satisfied with project Dasein and made it known that he intended to stay with project Dasein and not with the Seed. He then relayed an incident of the night before which was the calling of an Open Meeting by Mr. Barker himself and in no uncertain terms explained to the members of the Seed at that moment, that they could in no way participate in project Dasein. If it was made known to him that they were, they would begin the program again meaning they would start back again on their 10 to 10 foster home regime. He also stated and expressed the desire of each of the members of the Seed to seek out the room in which project Dasein is operating in each of the schools and to take a look in to find out if any Seed people are participating in project Dasein and if so to report back to him so that those would be required to begin again on their 10 to 10 foster home regime.

To me, this is an extraordinary example of Mr. Barker's desire to further separate his people of the Seed from both the School System and from any other helping agency which is desirous of giving aid to dependent young people. These kinds of actions cannot be tolerated in this community, especially since it is our desire in total to have a comprehensive program to supply services to each and every drug dependent individual."

Received by,



Paul T. Schabacker

April 11, 1973

SEED PROGRAM

SUGGESTED TASK FORCE MEMBERS

Florida Medical Association
Dr. William Dean, President (M.D.)
Post Office Box 2411
Jacksonville, Florida 32203

813-894-0657

Florida Psychiatric Society
Dr. C. H. Adair, President (M.D.)
Post Office Box 2411
Jacksonville, Florida 32203

813-928-7101

Florida Parent and Teacher Association
Mrs. Paige Haddock, President
1365 Edgewood Avenue South
Jacksonville, Florida 32205

305-855-7644

Florida Voluntary Health Association
Mr. David G. Cobb, President
220 East College Avenue
Tallahassee, Florida 32301

904-222-0470

Florida Psychological Association, Inc.
Ms. Francis C. Walker, President
1111 North Westshore Boulevard
Tampa, Florida 33607

At the CSP meeting the other day,
Mrs. Miller suggested a Dr. Campbell
at the University of Miami who is
one of the authorities on methadone.
He is scheduled to have a National
CBS Broadcast soon.