

Duval County, Florida

Juvenile Sequential Intercept Mapping Report

February 3-4, 2022



UNIVERSITY of
SOUTH FLORIDA

College of Behavioral & Community Sciences

Criminal Justice, Mental Health, and
Substance Abuse Technical Assistance Center

Authors:

Abby Shockley, MPH
Katelind Melendez, M.A., M.S.
Eryka Marshall, M.A., LMHC
Beth Holland, MBA

Prepared by:

**The Criminal Justice, Mental Health, &
Substance Abuse Technical Assistance Center**

Department of Mental Health Law and Policy
Louis de la Parte Florida Mental Health Institute
College of Behavioral & Community Sciences
University of South Florida

Sponsored by Contract #LH816

DUVAL COUNTY JUVENILE SIM REPORT ABBREVIATIONS

Below is a list of abbreviations and definitions that may be helpful when reading the Duval County Juvenile Sequential Intercept Mapping (SIM) narrative and map.

ACES	Adverse Childhood Experiences Assessment
AET	Authorization for Evaluation and Treatment
ASD	Autism Spectrum Disorder
BA	Baker Act
CAT	Community Action Team
CCBHC	Certified Community Behavioral Health Clinic
CCSU	Children's Crisis Stabilization Unit
CINS/FINS	Children In Need of Services/Families In Need of Services
CIT	Crisis Intervention Teams
CJMHPA	Criminal Justice, Mental Health, and Substance Abuse
CJMHPA TAC	Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center
CGC	Child Guidance Center
COJ	City of Jacksonville
CR	Conditional Release
CRT	Community Reentry Team
DCF	Florida Department of Children and Families
DCPS	Duval County Public Schools
DJJ	Florida Department of Juvenile Justice
DRAI	Detention Risk Assessment Instrument
ECC	Early Childhood Court
ER	Emergency Room
ERC	Evening Reporting Center
FCRA	First Coast Recovery Advocates
GAIN-Q3	Global Assessment of Individual Needs Q3 Assessment
IDD	Intellectual and Developmental Disabilities
JAC	Juvenile Assessment Center
JARF	Juvenile Addictions Receiving Facility
JDAP	Juvenile Alternative Diversion Program
JPO	Juvenile Probation Officer
JSO	Jacksonville Sheriff's Office
KHA	Kids Hope Alliance
LE	Law Enforcement
LSF	Lutheran Services Florida Health Systems (managing entity)
MA	Marchman Act
MDT	Multidisciplinary Team
MH	Mental Health

MHFA	Mental Health First Aid
MHRC	Mental Health Resource Center
MOU	Memorandum of Understanding
MRT	Mobile Response Team
NAB	Neighborhood Accountability Board
NAMI	National Alliance on Mental Illness
PCH	Partnership for Child Health
PCP	Post-Commitment Probation
PDO	Public Defender's Office
RCO	Recovery Community Organization
RRT	Rapid Response Team
SAMH	Substance Abuse and Mental Health
SAO	State Attorney's Office
SEDNET	The Multiagency Network for Students with Emotional/Behavioral Disabilities
SESIR	School Environmental Safety Incident Reporting
SIM	Sequential Intercept Mapping
SIPP	Statewide Inpatient Psychiatric Program for Children
SMI	Serious Mental Illness
SNAP	Stop Now and Plan
SNCD	Strengths, Needs, and Culture Discovery (SNCD) assessment
SOAR	SSI/SSDI Outreach, Access, and Recovery
SOC	System of Care
SRO	School Resource Officer
SSO	School Safety Officer
SU	Substance Use
SUD	Substance Use Disorder
USF	University of South Florida
VOP	Violation of Probation
YCC	Youth Crisis Center

Table of Contents

Introduction	1
Duval County Juvenile SIM Narrative.....	5
Intercept 0—Community Services.....	5
Intercept 1—Law Enforcement & Emergency Services	10
Intercept 2—Initial Juvenile Detention Screening & Hearings	13
Intercept 3—Detention & Courts.....	16
Intercept 4—Reentry.....	19
Intercept 5—Community Supervision.....	20
Duval County Priorities for Change.....	22
Duval County Action Plan	23
Recommendations	31
Sequential Intercept Map: Duval County, Florida	33
Appendix A: Participant List	34
Appendix B: Resources.....	36
Appendix C: Duval County Reports.....	39

Duval County, Florida: Transforming Services for Juveniles with Mental Illness and Substance Use Disorders in Contact with the Juvenile Justice System

INTRODUCTION

This report provides a summary of the *Sequential Intercept Mapping* (SIM) convened virtually February 3-4, 2022. The SIM resulted in the start of a strategic plan for a targeted population, namely youth with mental health and/or substance disorders (MH/SUD) who are involved in or at risk of involvement in the juvenile justice system in Duval County, Florida. Moreover, the SIM is a tool that can facilitate integration of community planning related to the behavioral healthcare system and diversion efforts from juvenile justice settings.

This report includes:

- A brief review of the background for the SIM
- A detailed summary of the information gathered during the SIM, presented by intercept
- A sequential intercept map developed with input from the participants during the SIM
- An action planning (priorities in rank order) matrix developed by the participants
- Recommendations to assist Duval County in achieving their goals

BACKGROUND

The Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center provides training and technical assistance consultation to grantees of the Department of Children and Families CJMHSA Reinvestment Grant Program. This SIM was conducted as a technical assistance request from grantee Managed Access to Child Health, Inc. (Duval County). The SIM will serve to inform expansion of the reinvestment grant program in Duval County and present updated priorities of focus as the last Duval County SIM was conducted in 2018. The SIM provided Duval with the products listed below:

- Creation of a “point-in-time” map of the current juvenile justice system indicating points of “interception” where diversion strategies and programs for youth with mental health and substance use disorders can be developed and implemented.
- Identification of resources, gaps in services, and opportunities within the existing school system, behavioral healthcare system, juvenile justice system, law enforcement, and the judiciary.
- Development of a strategic action plan to implement identified priorities to address juvenile justice diversion, reentry, and treatment needs of youth with mental health and substance use disorders involved with the juvenile justice system.

The SIM was comprised of 53 participants representing cross-systems stakeholders including the Jacksonville Sheriff’s Office, Duval County Schools, Florida Department of Juvenile Justice, Judiciary, Magistrate, State Attorney’s Office, Public Defender’s Office, parents, LSF Health Systems, Recovery Community Organization, Center for Children’s Rights, and a cadre of other Duval County stakeholders. Abby Shockley, Katelind Melendez, Eryka Marshall, and Beth Holland of the University of South Florida (USF) Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSA TAC) facilitated the mapping. A complete list of participants is available in Appendix A at the end of this report.

Prior to the SIM, invitees were given the opportunity to provide anonymous feedback regarding the perceived strengths and opportunities for Duval County's behavioral health and justice system for adults with mental health, substance use, and/or co-occurring disorders. This feedback was integrated into the SIM and validated by priorities identified in the Action Plan (Figure 1).

Figure 1.

Duval County Strengths Word Cloud



OBJECTIVES OF THE SEQUENTIAL INTERCEPT MAPPING

The SIM is based on the Sequential Intercept Model developed by Patricia Griffin, Ph.D. and Mark Munetz, M.D. for the National GAINS Center for Behavioral Health and Justice Transformation funded by SAMHSA. During the mapping, the facilitators guided participants to identify resources, gaps in services, and opportunities at each of the six distinct intercept points of the juvenile justice system.

The SIM has three primary objectives:

- Development of a comprehensive map of how youth with substance use and mental health disorders flow through six distinct intercept points of the Duval County juvenile justice system: Community and Crisis Services, Law Enforcement and Emergency Services, Initial Detention Screenings, Detention Placement, Court Hearings, Community Supervision, Residential Treatment, Transition, Reentry, and Aftercare
- Identification of resources, service gaps, and opportunities for improvements at each intercept for youth with mental health, substance use, and/or co-occurring disorders involved in the juvenile justice system
- Development of priorities to improve the system and service-level responses for youth

The Duval County Juvenile SIM map is on page 33.

KEYS TO SUCCESS

Representation from Key Decision Makers

The SIM included broad, cross-systems representation and involved many key decision makers. Opening remarks established a clear message as to the importance of the SIM and commitment to an action plan. Remarks were provided by:

- The Honorable Judge Kalil, Circuit Court Judiciary, Duval County Delinquency/Dependency Court
- Vicki Waytowich, Ed.D., Executive Director, Partnership for Child Health

History of Cross-Systems Partnerships

Duval County has a strong history of collaboration between the behavioral healthcare and juvenile justice systems. This is reflected in several existing local workgroups and collaboratives that were identified prior to and during the SIM. All current and previous partnerships and planning groups are presented below.

As a note, Kids Hope Alliance (KHA) is a funding agent for the City of Jacksonville (COJ). KHA releases funding solicitations and awards funding to third-party providers while maintaining strategic partnerships with non-profit organizations. Therefore KHA is embedded in the Duval County children's and youth programming and is responsible for managing implementation of programming while also serving to monitor outcomes.

Existing partnerships include:

- Juvenile Justice Circuit Advisory Board (CAB)
 - Diversion Subcommittee
- Jacksonville System of Care (JSOC) Board of Directors / JSOC Planning Council (also referred to as Criminal Justice Reinvestment Grant Taskforce)
- Duval Youth Justice Commission
- Building a Trauma-Informed Committee
- House Bill 945 Legislation Workgroup
- 988 Implementation Group
- Safety and Crime Reduction Commission
- Mayor's Community-based Crime Reduction Program

Existing community strategic plans include (but are not limited to):

- Duval County Community Health Improvement Plan (CHIP)
- Juvenile Justice Advisory Committee (JJAC) Report
- Mental Health Crisis Response Plan
- House Bill 945 Plan

Prior Duval County partnerships and workgroups that are also important to this target population include:

- The Juvenile Justice Advisory Committee (encompassing the Mentoring and Community Service subcommittee, the Restorative Justice subcommittee, the Education subcommittee, the Employment and Life Skills subcommittee, the Wraparound and Alternative Programming subcommittee, the Juvenile Brain Development and Mental Health subcommittee)
- The Juvenile Diversion Transition Committee
- The Kids Hope Alliance Juvenile Justice Taskforce
- The Behavioral Health Consortium

DUVAL COUNTY DATA SNAPSHOT

The SIM opened with a presentation on the general SIM process and history, as well as a brief review of existing Duval County data that contributes to understanding the needs and risk/protective factors associated with the target population.

The remainder of this page left intentionally blank

DUVAL COUNTY JUVENILE SIM NARRATIVE

This narrative reflects information gathered during the two-day mapping and often verbatim from the participants or local experts. This narrative is a reference guide to navigate the Duval County Juvenile SIM map, especially about program specifics and acronyms used on the map.

INTERCEPT 0—COMMUNITY SERVICES

Crisis Hotlines

211 operated by United Way of Northeast Florida

- 211 is a 24/7 information and referral line for free information about available area services. 211 serves 9-county area including Baker, Clay, Columbia, Duval, Hamilton, Nassau, Putnam, St. Johns and Suwannee Counties.
- Suicide prevention calls are connected to Here Tomorrow and Child Guidance Center.

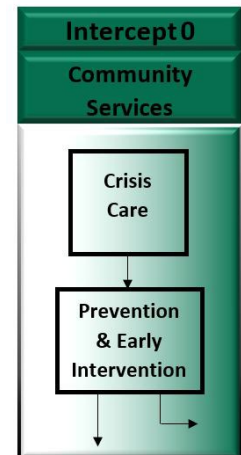
Lutheran Services Florida (LSF) Health Systems Access to Care Line

- The LSF Access to Care Line (1-877-229-9098) operates 24 hours a day, 7 days a week and provides referrals and information for mental health counseling. It is not a crisis line but does provide warm hand offs to services when possible.
- Call takers are licensed clinicians and will assist individuals in connecting to care.

Prevention and Early Intervention

Youth Crisis Center (YCC) (Intercepts 0, 2, 5)

- YCC has a direct crisis hotline available at (904) 725-6662 that is available 24 hours a day, 7 days a week.
- YCC has therapists and a psychiatrist on staff.
- The YCC serves CINS/FINS (children-in-need-of-services/families-in-need-of-services) youth ages 6-to-17.
- The YCC supports residential crisis care, transitional living, outpatient behavioral health services, Family Link, and Stop Now And Plan (SNAP). There is an open referral process for YCC (anyone can make a referral). YCC will conduct a screening to gather basic information.
 - Residential crisis care is provided for youth ages 10-to-17 who need out-of-home placement who may be threatening to run away, have run away, are homeless, ungovernable, truant, or have school-related concerns and are in need of respite care.
 - The residential shelter is intended to be a prevention program, however they are seeing a higher number of adolescents with histories of trauma and mental health problems.
 - YCC has a contract with DCF for respite beds (currently 12 beds due to staff, typically 34 beds).
 - The Touchstone Village Duval transitional living program serves young adults ages 18-to-21 who may be homeless or aging out of foster care.
 - Outpatient behavioral health services are provided to children (as young as 3 years old) and their families. The outpatient behavioral health program accepts Medicaid, most insurance, and self-pay options. Services are provided by licensed master's level therapists, social workers, marriage and family therapists,



psychiatrists, and psychiatric ARNPs for concerns including depression, anxiety, ADHD, and trauma. Individual and family counseling is provided to parents as well regardless of if their child is a YCC client.

- Stop Now And Plan (SNAP) is an evidence-based, cognitive-behavioral model designed for children ages 6-to-11 who are engaging in aggressive, antisocial behavior and/or come into contact with authority figures at school or in the community. Staff work with youth and families to assess problems and develop an action plan.
- YCC is also contracted to provide services to youth with DCF and DJJ involvement.
 - YCC has a contract with DJJ to provide domestic violence and civil citation respite. Youth may be referred by the juvenile assessment center (JAC) to divert youth from placement in secure detention.
 - At times it is difficult to coordinate because parent/guardian must sign consent paperwork. Therefore, DCF may often be involved as pathway to YCC respite.
 - In lieu of violations of DJJ probation, youth may be referred to YCC for probation respite. Probation officer submits referrals for stay.

Hope Pipeline Project (Center for Children's Rights)

- The Hope Pipeline Project serves youth at risk of school disruption, homelessness, runaway, or Baker Act and youth involved in or at risk of involvement in the juvenile justice system. The project provides educational advocacy to overcome barriers; access supports and services in the school setting; connect to their learning environment and opportunities, and to be treated fairly and with dignity in the school setting. The program also provides resilience navigators to support restorative justice-based practices for well-being and coping, employment specialist, and peer specialist.

Children's Home Society

- The Children's Home Society operates a crisis line that serves the out-of-home population and provides services such as telemedicine, SPARK (pregnancy prevention), in-school counseling, and care coordination for high utilizers (youth involved with JSO and under a Baker Act order).

First Coast Recovery Advocates Recovery Community Organization (FCRA RCO)

- The RCO operates a drop-in center that serves adults and youth (ages 13+) located at 23 W 8th Street in Jacksonville, Florida. There are mental health and substance use youth support groups. The RCO supports job training and is fully bilingual (English and Spanish).

Daniel Kids (Intercepts 0, 3, and 4)

- Daniel Kids serves youth and young adults ages 0-19, providing, case management, academic support and mentoring, independent living, High-Fidelity Wraparound, and Parent Support Partners.

PACE Center for Girls

- PACE is a no cost, voluntary, day program that provides holistic, gender responsive, and trauma informed services including academics, counseling, service learning, career preparation, and life skills.

Chrysalis Health (Intercepts 0, 4 and 5)

- Chrysalis provides targeted case management to youth ages 4+ and outpatient services including MH/SUD, sexual trauma and risk reduction treatment to youth ages 3+ (including youth with DJJ involvement and youth on Medicaid).

CGC Immediate Access Clinic

- The Immediate Access Clinic provides evaluations by licensed mental health professionals within a week after discharge from a CSU. The clinician assesses for stability, offers safety planning, and orients clients to Outpatient counseling services. Before leaving IAC, the client is scheduled for an evaluation with a therapist at the location of their choice. Once the client attends the evaluation appointment with the assigned therapist, the client will be offered an appointment with CGC psychiatric staff for medication management. Clients who attend IAC are then fast tracked into outpatient therapy and medication management services.

Florida Department of Juvenile Justice (DJJ) Prevention Services

- A comprehensive list of DJJ [Prevention Initiatives](#) and [Youth Programs](#) are linked.
- Initiatives include: G.A.A.P. Discussions, (Gaining Appreciation by Adjusting Perspectives), IMPACT (Inspire, Motivate, Prepare, Appreciate, Connect, and Thrive), C.O.R.E. (Community Outreach of Resources and Education Restoring Hope Community Network, and One Mentor One Child.
- Prevention programs include: Children In Need of Services (CINS)/Families In Need of Services (FINS), PACE Center for Girls, and Florida Youth Challenge Academy (FLYCA)

Additionally, there are various boards that operate to facilitate prevention resources through the State and Federal government, such as:

Circuit Advisory Boards

- The Juvenile Justice Circuit Advisory Boards primarily focus on juvenile delinquency prevention programs and services such as mentoring, teen courts, neighborhood accountability boards, partnership programs, after-school programs and public forums.

State Advisory Group

- The JJDP State Advisory Group currently consists of a 15-33 member panel of persons from across the State who have training, experience, or special knowledge of the juvenile justice system. SAG members are appointed by the Governor and are responsible for the administration and management of federally allocated funds.

Duval County Public Schools (DCPS) Prevention Efforts

Students have the National Suicide Prevention Lifeline on the back of the school identification badges (1-800-273- TALK). However, students who have utilized the call line reported that they cannot get through immediately. This call line is mostly utilized outside of school hours.

School Safety Assistants (SSA)) are stationed in each school and charter school. SSAs cannot initiate a Baker Act as they are not law enforcement officers and must call SSOs if a Baker Act is warranted at their school.

DCPS Crisis Line

- The DCPS Crisis Line serves DCPS employees who are interacting with a student in crisis. The crisis line (904-390-2535) connects the caller with the school psychologist, and it is the responsibility of the psychologist to connect with the Rapid Response Team / Mobile Response Team operated by Child Guidance Center to conduct a mental health assessment. The goal is to provide linkages to services as well as services.
- If the Rapid Response Team or SSO proceeds with an involuntary Baker Act examination, the SSO will transport the youth to the Children's Crisis Stabilization Unit (CCSU) operated by the Mental Health Resource Center (MHRC) or River Point CCSU. Youth are transported in restraints.

Full-Service Schools of Jacksonville

- The full-service schools are a collaborative partnership between Duval County Public Schools, United Way of Northeast Florida and Kids Hope Alliance. All 177 Duval County Public Schools (including 22 Charter Schools) have access to a mental health therapist. If a student is referred to services and the parent consents, the student will receive services at the school.
- Community providers engaged in full-services schools include Daniel, Jewish Family Services, Child Guidance Center, Children's Home Society, Family Foundations

River Oak Center

- River Oak Center is a high school supporting the educational needs of students, aged 14-19, in recovery from substance use.

Middle School Alternative Peer Group operated by the FCRA RCO

- The Alternative Peer Group serves adolescents in 7th and 8th grade struggling in school. The afterschool program is available at four schools and expanding to an additional four schools. Currently, the group is serving 75-80 youth a month.
- First time offenders' family groups all youth with code of conduct violation regarding substance use come to the program Grade 9-12

SEDNET Project

- According to the Florida Department of Education, SEDNET is a network of 19 regional projects that are comprised of the major child serving agencies, community-based service providers, students, and their families. Section 1006.04, F.S., defines the statutory requirements and purpose of SEDNET. Local school districts serve as fiscal agents for each local regional project. Within this framework, SEDNET focuses on developing interagency collaboration and sustaining partnerships among professionals and families in the education, mental health, substance abuse, child welfare, and juvenile justice systems serving children and youth with and at-risk of an emotional/behavioral disorder (E/BD). Florida's statewide network of SEDNET projects serve as a collaborative resource for school districts, agencies, and families working to promote positive educational and community-based outcomes for children with E/BD.

Crisis Response

Rapid Response Team (RRT) / Mobile Response Team (MRT) operated by Child Guidance Center (CGC)

- The RRT provides mobile response services to youth and young adults up to age 25 who are in crisis. The overall goal is to deescalate youth and young adults to prevent or reduce the chance of involuntary commitment (Baker Act).
 - At the time of the mapping, the de-escalation rate was 83%.
- Anyone can access the RRT through the 24/7 crisis hotline at (904) 982-4911.
 - The crisis hotline is staffed with mental health professionals. Dispatchers answer the phones and conduct triage and immediate assessment to determine if they need to send law enforcement, an ambulance or RRT. If it is an immediate suicide threat, clinicians are dispatched immediately. Some incidents may be addressed telephonically or by way of telehealth. Therapists meet with clients on site when needed.
 - The average response time varies but is generally between 30 minutes and an hour.
 - Most of the calls derive from DCPS.

- If the client does not de-escalate and meets Baker Act criteria, RRT will call Jacksonville Sheriff's Office (JSO) to provide transport for involuntary examination (Baker Act) at a CSU.
- Follow-up treatment services are provided for a minimum of 72 hours until they are engaged or connected in treatment with community providers. CGC may provide referrals for the youth and family based on needs.

Community Action Team (CAT) operated by CGC (Intercepts 0, 4, 5)

- The Community Action Team (CAT) provides services to youth ages 11-21 (and sometimes younger), who are at risk of being displaced from their home due to any number of the following factors: legal issues resulting in placement in a Department of Juvenile Justice commitment program, mental health issues resulting in placement in a CCSU, residential program and/or the removal by the Department of Children and Families due to concerns for the safety of the child and/or continuous educational problems that lead to the child possibly failing a grade for the second time.
- This program is a six-to-nine-month team approach that consists of a therapist, service coordinator (targeted case manager/mentor), nurse and psychiatric APRN/psychiatrist. The team uses a strength-based perspective to assist the both the youth and family. Services are intensive and designed with the goal of stabilizing the youth and family.

Strengths

- In 2022, LSF Health Systems is focused on increasing the number of CAT Teams in the Northeast Region.
- Duval County has a robust crisis response system for youth in mental health and substance use crisis

Opportunities for Improvement

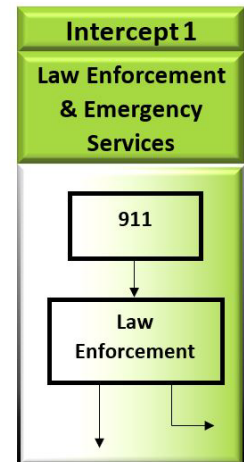
- Despite the availability of 211, Duval County families find it to be ineffective and no warm hand-off to services is provided.
- Strengthen the variety of crisis response services but ensuring providers and laypeople understand different roles/reasons to engage each
- Students who have utilized the National Suicide Prevention Lifeline on the back of the school identification badges reported that they cannot get through immediately. It is critical that the community determine or streamline the pathway for students to reach the RRT and/or crisis services.
 - Explore opportunities to do "secret shopper" activities with the multitude of phone numbers and hot lines publicly available for crisis response.
- Engaged Medicaid Managed Care providers in conversations regarding the target population of youth involved in the behavioral health and justice systems.
 - Identify Medicaid-funded services for youth released following a Baker Act order.
 - Determine if the Medicaid provider is notified if one of their clients is placed under a Baker Act order.
- Explore opportunity to leverage Medicaid to provide increased care coordination and targeted case management to address the needs expressed during the SIM.
- There is a need for specific placement for youth with mental health needs who require respite. YCC does not serve youth with serious mental health needs.

INTERCEPT 1—LAW ENFORCEMENT & EMERGENCY SERVICES

Emergency Services and 911

911

- If a youth is experiencing an apparent behavioral health crisis the Jacksonville Sheriff's Office (JSO), is the first point of emergency contact and system response.
 - However, if the crisis occurs while the youth is at school, DCPS and counselors will engage student.
- Dispatch receives Crisis Intervention Team (CIT) and Mental Health First Aid (MHFA) training. Refresher courses are also convened throughout the year.
- 911 call data is coded and data on mental health crisis calls is available.
 - At the time of the mapping, it was estimated that there are 5,800 mental health crisis calls annually.



Law Enforcement

Jacksonville Sheriff's Office (JSO)

- All JSO officers receive the 40-hour CIT Memphis Model training at the police academy.
- JSO has transitioned to the Co-Responder Program and has partnered with MHRC in this effort.

Duval County School Police Department

- If a youth is at school and in an apparent behavioral health crisis, the first point of contact may be the guidance counselor, teacher, or SSO.
- DCPS officers are trained in Youth MHFA.

Duval County municipalities are listed below:

- Jacksonville Beach Police Department
- Jacksonville Sheriff's Office (includes Baldwin, Florida)
- Neptune Beach Police Department
- Atlantic Beach Police Department
- University of North Florida Police Department

Baker Act

- In FY2018-19, there were 1,404 involuntary examinations for juveniles comprising 15.17% of all exams (Baker Act Reporting Center at USF, 2020).
- When a law enforcement officer arrives to an incident involving a youth, the law enforcement officer must determine if the youth in crisis meets the standard for involuntary commitment in accordance with the Baker Act (Chapter 394, F.S.) or Marchman Act (Chapter 397, F.S.). This determination is often at the discretion of the officer. Juveniles are placed in restraints during transport to the CCSU.
 - If the youth meet the criteria for an involuntary Baker Act examination, he/she is transported to the nearest Children's Crisis Stabilization Unit (CCSU) in Duval County for assessment. If the criteria is met, a petition is filed and a hearing is scheduled within five working days.
 - There are very few hearings for youth Baker Acts as they are often released prior to being held on petition.
 - If the youth does not meet the criteria for a Baker Act, they are released back into the community.

- If a youth commits a misdemeanor, they will be taken to the nearest juvenile receiving facility. If a youth commits a felony, they will be taken to the PDF for processing and then transported to JAC. DJJ is notified that the youth meet the criteria for involuntary Baker Act.

Marchman Act

- If the youth requires medical stabilization, youth will be transported to Gateway. Gateway is the sole Marchman Act provider in Duval County. However, it is not a locked facility and even if a youth is transported on an ex-parte order, they can leave.
- Florida Recovery Schools often works with families and youth to send to a private self-pay facility.

Crisis Services

There is not a “designated” children’s crisis stabilization unit (CCSU) facility for youth, but transfers occur based on CCSU capacity.

Wolfson’s Children’s Hospital Emergency Room / CCSU (at Baptist Medical Center)

- Most often when parents are transporting youth in crisis they go to the Wolfson ER.
- At the time of the mapping, the Wolfson CCSU was at capacity.

Mental Health Resource Center CCSU (North and South)

- At the time of the mapping, the MHRC CCSU was not at capacity.
- MHRC will provide youth discharged with 30-day prescription for medications. All youth will receive discharge appointment and connection to providers such as CGC, Florida Recovery Schools, and Northside.

River Point Behavioral Health CCSU

- YCC has a collaborative relationship with River Point. YCC serves youth discharged from River Point CCSU but is typically at capacity.

Civil Citation

- Civil Citations are a collaborative effort between the State Attorney’s Office, Public Defender’s Office, and law enforcement. There is an emphasis on Civil Citation in lieu of arrest. A memorandum of understanding (MOU) in 2016 to issue any eligible youth a Civil Citation.
- According to FY19-20 Florida Department of Juvenile Justice (DJJ) Civil Citation / Alternatives to Arrest data, 79% of eligible youth were issued an alternative to arrest (523 eligible youth, 415 youth issued civil citation, 108 arrested).
- To be eligible for a civil citation youth must be age 18 or under; must have two or fewer prior citations; must not have a pending citation, warrant, or custody order; must not have been previously adjudicated for a felony or convicted as an adult; and cannot be identified as a gang member.
- Youth issued civil citations are referred to Teen Court, who may then refer to the Neighborhood Accountability Board.

Teen Court

- Teen Court serves youth ages 10-17 with eligible misdemeanor charges.
- It provides an opportunity for youth to accept responsibility for their actions through therapeutic interventions, written assignments, and community services (*restorative justice track*). There is a volunteer judge who facilitates a mock trial. The youth’s peers serve as prosecutors, defense attorneys, bailiffs, and jury members. Judge approves

sentence formulated by jury. Youth and parents must sign contract to agree to complete tasks. Upon completion, there is no arrest or criminal charges.

- Additional funding support case managers and are accepting new clients as they are received. They serve new youth and families with 1-to-2 days after receiving a citation.
- An estimated 40% of youth engaged in Teen Court have a mental health, substance use and/or co-occurring disorder. Teen Court makes referrals to community providers for assessment and follow-up.

Duval County Neighborhood Accountability Board (NAB)

- The NAB serves youth ages 10-to-17 with eligible misdemeanor charge and receives referrals from law enforcement.
- It is a community based decision-making process aimed at repairing harm brought on by crime committed by youth. Members of the community participate in a restorative conference between the victim, youthful offender and their family in order to repair the harm caused by the offense that has impacted that community and a case plan is developed as a result.

Strengths

- There are three Certified Community Behavioral Health Clinics (CCBHCs) in Duval County including Gateway Community Services, River Region Human Services, and Community Rehabilitation Center ([National Council for Mental Wellbeing](#)).
- MHRC facilitates a warm hand-off with CGC, Florida Recovery Schools, and Northside.
- River Region is establishing an adolescent substance use facility and there is potential to leverage this progress related to juvenile addictions receiving facility (JARF) discussions.
- JSO officers receive 40 hours of crisis intervention training.
- JSO is transitioning to a co-responder program.

Opportunities for Improvement

- A CIT officer is not currently designated at each shift. There is an opportunity to reinvigorate CIT training in Duval County and explore implementation of a CIT Coordinating Council to lead this initiative.
 - Policies relating to CIT are under revision.
- Engage in discussion with JSO to explore update to restraint policy for juveniles (being transported for involuntary commitment).
- There is not a juvenile addictions receiving facility (JARF) in Duval County. There is a community desire and interest in a JARF but barriers exist including funding and workforce restraints.

INTERCEPT 2—INITIAL JUVENILE DETENTION SCREENING & HEARINGS

Arrest and Booking

Arrest/Taken into Custody

- Of approximately 1,900 police reports, there have only been 32 arrests (approximately 1.7% arrest rate) and around 51 civil citations issued.
 - If the incident occurs at a school, the issue is handled through the disciplinary process in the school. If the behavior violates the law and occurs off school property, then the issue is handled through the judiciary process. Diversion is the primary response.
- When a youth is arrested, they are transported by JSO in restraints to juvenile processing at John E. Goode Pretrial Detention Facility (adult jail in Duval County).
- Following booking, youth are placed back in restraints and transported to the juvenile assessment center (JAC) operated by DJJ.

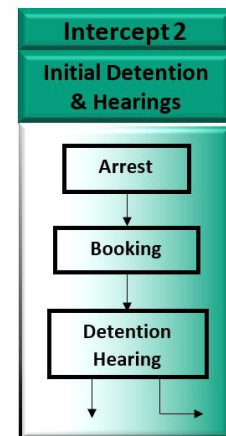


Table 1.

DJJ Intake

	FY16-17	FY17-18	FY18-19	FY19-20	FY20-21
# Arrests	2,979	2,076	1,970	1,749	1,299
# Youth	1,739	1,237	1,149	1,009	827

Juvenile Assessment Center (JAC)

Intake Screening & Booking

- The intake screening includes the following assessments:
 - Detention Risk Assessment Instrument (DRAI)
 - Massachusetts Youth Screening Instrument (MAYSI)
- Juvenile probation officers (JPOs) receive mental health training and trainings specific to DRAI and MAYSI instruments.
- JAC has contract with Gateway to provide clinical services.
- JPO meets with youth and family to assess risk and services needs and make recommendations to the State Attorney's Office.
- The average time for the intake screening is two hours before the youth is released or detained.
 - If the youth meets criteria for release, JAC JPOs contact parent/guardian for pick up.
 - If detained, the youth is put in restraints and walked to the detention center (on the same site).
- Youth who are first-time offenders, on intake status, or on diversion status in Duval County are referred to the Criminal Justice Reinvestment Grant (CJRG) for the GAIN assessment, YLS/CMI 2.0, and ACE assessment. If recommended, youth are then referred for services based on their needs. The CJRG Grant is funded by the Department of Children and Families and was awarded to the Kids Hope Alliance. The Partnership for Child Health (PCH) received the contract from the Kids Hope Alliance to

manage and coordinate the grant program. JPOs at the JAC refer the eligible youth to PCH during the intake, screening, and booking process.

- Youth who are not eligible, are referred to Gateway based on a contract that DJJ and Gateway have in place.

Detention Hearing

- If a juvenile is placed in secure detention (score of 13 or more points on DRAI), a detention hearing occurs through video conference (Zoom), within 24 hours of initial detainment to determine the need for continued secure detention.
- The Judge, State Attorney's Office, Public Defender's Office, and JPO receive a copy of the juvenile's docket (JAC packet: arrest and booking report, DJJ questionnaire) as well as other assessment materials.
- Parents must sign a release of authorization for evaluation and treatment (AET).
- Designated juvenile probation officers (JPOs) are assigned to attend detention hearings.
- The juvenile may remain in detention for 21 days before another detention hearing is required

Arraignment Hearing

- The Arraignment Hearing occurs within 24-to-48 hours from time of petition file (petition filed within 21 days of arrest).
 - Two divisions (JDA 1 week, JDC another week- juvenile division)
- The Judge, State Attorney's Office, Public Defender's Office, and JPO receive a copy of the juvenile's packet including assessment materials.
- The juvenile may plead guilty, not guilty, or no contest; or he/she may request an extension.
- Youth may be diverted, formally charged, or the State Attorney's Office may request that the juvenile be direct filed into the adult criminal justice system.
- The State Attorney's Office may make recommendations for diversion. Once with PCH, PCH creates the requirements for the youth to complete and refers for services.

Diversion System of Care

More information is available on the [Partnership for Child Health webpage](#) and the Diversion System of Care diagram is presented in Appendix C.

The Partnership for Child Health (PCH) receives referrals from the State Attorney's Office for all diversion cases within Duval County. Any case that the SAO wants to refer is eligible. As of February 2022, there were 550 referrals and PCH tries to engage/screen all youth who are referred. There are 200-to-300 youth active in programming and services at any given time.

When youth are referred, a diversion case manager is assigned, and the following initial assessments are conducted:

- YSL/CMI assessment
- Global Assessment of Individual Needs (GAIN-Q3)
- Adverse Childhood Experiences (ACES) evaluation

Based on initial screening results, the following assessments will be conducted for eligible youth to determine the diversion programming tier:

- Strengths, Needs, and Culture Discovery (SNCD) assessment
- Educational Needs evaluation
- Restorative Justice screen

Each youth is placed into a Tier Level dependent upon the results of their intake appointment that includes multiple assessments. Every youth is assigned a case manager to oversee their case. Youth in Tier II or III may receive additional case management oversight from JDAP, WINS Diversion, or other qualifying programs through referral and utilization of the Diversion System of Care. After the initial appointment and assessments with the case manager, an individualized case plan is developed with the youth and their family.

Supervision levels:

- I. Tier I: 30-90 days of programming; one face-to-face contact with youth; 2 collateral contacts per month
- II. Tier II: 90-120 days of programming; one face-to-face contact; 3 collateral contacts per month
- III. Tier III: up to 180 days of programming; two face-to-face contacts; weekly collateral contacts

WINS Diversion (CJMHSA Reinvestment Grant Program)

- The WINS Diversion program deploys High-Fidelity Wraparound processes to coordinate care for participants with more significant mental health needs and provide educational and legal advocacy.
- The program capacity is 1:12 per wraparound coordinator (36 total). On average, there are 30 families receiving services at any given time.

Juvenile Diversion Alternative Program (JDAP) facilitated by BAYS

- JDAP is a diversion program that provides services based on individual youth and family needs. Specifically, JDAP serves youth in need of intensive services who have co-occurring disorders. The program provides supervision and monitoring of court-ordered sanctions, drug testing, individual, group and family counseling, anger management, vocational services, substance use prevention and treatment, and mental health services.
- The program capacity is 70 youth for the 4th Circuit (Duval, Nassau, and Clay Counties). On average, the program serves 55-70 youth at a time.

Strengths

- There are robust diversion processes in place for Duval County Youth.

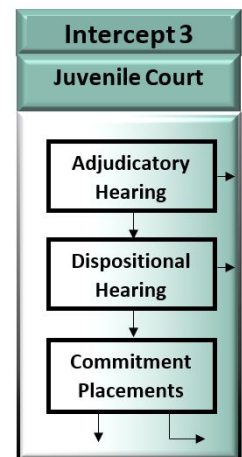
Opportunities for Improvement

- There is a gap in respite care services for youth who are arrested but do not score for secure detention (YCC can accept youth with DJJ involvement, but not adjudicated delinquent youth.)
- Participants during the SIM identified a need for a receiving facility for youth with mental health and substance use needs that do not fit criteria for secure detention or Baker Act/CCSU that has ability for short-term respite (length of stay 3-5 days).
- There is potential to explore if JSO can input booking data at the JAC.
- Not all JAC screening results are shared with treatment providers. There is an opportunity to develop data and information sharing agreements to limit duplication of screening/assessments.

INTERCEPT 3—DETENTION & COURTS

Duval Regional Juvenile Detention Center

- The Duval County Regional Juvenile Detention Center is a 100-bed secure facility serving Duval, Clay, and Nassau County youth.
- The average length of stay in secure detention is 11 days (DJJ, 2021).
- Activities at the detention center include yoga, Breaking Bread, and Savvy Sisters (for girls).
- Services include education, mental health, substance use, and healthcare
- A psychiatrist is on staff once a week. If a child is on medications, parents are asked to bring psychotropic medications to the detention center. A prescription from parents is preferred. The psychiatrist will assess the child, but not prescribe new medications. There is a mental health clinician and nurse on staff at the detention center.



Problem-Solving Courts

At the time of the mapping, the problem-solving courts convened in a hybrid format (both in person and/or virtually based on the rates of COVID-19).

Crossover Court

- The Crossover Court was piloted in 2007 and serves youth who are involved in dependency and delinquency cases. There is a focus on least restrictive disposition. Mental health treatment is a priority with more resources available due to DCF involvement.

HOPE Court (Juvenile Mental Health Court)

- The HOPE Court was piloted in 2019 and there is funding to support the court until 2022. The HOPE Court serves boys and girls in the delinquency system, focusing on youth with mental health needs and a history of trauma. Youth eligible are identified by probation and attorneys.
- There is a multidisciplinary team (MDT) approach to treatment including probation officers and treatment providers. The court utilizes Walker Plans, alternative dispositions, and probation. There are monthly or weekly judicial reviews and there is not a mandatory program length. The Magistrate receives assessments and MDT recaps to make decisions.
- The court is convening virtually but hope to move to hybrid system to positively impact rapport building among providers and clients.

Girls Court

- Girls Court was piloted in 2014 and relaunched in 2017. The court serves girls in the front end of the delinquency system with a multidisciplinary team-based approach. Services include therapeutic groups and enrichment activities. The court utilizes Walker Plans, alternative dispositions, and probation. There are monthly or weekly judicial reviews and there is not a mandatory program length.

Family Treatment Court

- Family Treatment Courts are a collaborative approach to serve families with substance use disorders involved in the child welfare system.

Dependency Court / Unified Family Court

- Dependency Court is an integrated comprehensive approach for cases involving children and families in an effort to resolve family disputes in a timely and fair manner. Dependency Court provides case management services to children and families.

Early Childhood Court (ECC)

- Early Childhood Court may also serve families in Dependency Court. ECC serves families with children ages 3 and under with child welfare involvement to restore permanency with a focus on trauma-informed approaches.

Dispositional Options

Dispositional options include Probation – Supervision, Commitment, and Probation – Transition and Reentry.

- Probation-Supervision is the status of a delinquent youth placed on community supervision. Youth are supervised by a Juvenile Probation Officer (JPO) based on the order of the court.
- Commitment is when a youth is placed in a program for delinquent youth defined by Florida Statute. These programs range from non-secure to maximum restrictiveness levels.
- Probation – transition and reentry (aftercare) are a state-operated or contracted program that monitors a youth who has been released from a commitment program and is placed on Conditional Release (CR) or Post Commitment Probation (PCP).

Probation (data provided by Duval County in September 2022)

- At the time of the mapping, there were 288 youth on probation in Circuit 4.
 - The average caseload is 1:25 youth.
- There were 176 VOPs in the past 12 months. Approximately 7 youth were picked up on LEO VOPs, 97 new law violations were filed, and 72 technical violations were filed (some youth have new law and technical VOPs).
- No JPOs strictly supervise MH cases.

DJJ Residential Commitment Programs

- Once all options have been exhausted in the community, residential commitment is the last resort. Youth waiting on placement in commitment must wait for program availability in secure detention.

Twin Oaks

- Twin Oaks provides services for youth who are incompetent to proceed in a community outpatient setting or in a secure residential placement.

AMIkids Jacksonville

- AMIkids provides day treatment (Monday through Friday, 9:00am-5:30pm) for males and females ages 13-to-19. Services include education, anger management, substance use treatment, behavior modification, vocational services, and job placement.

Strengths

- There are a variety of Duval County problem-solving court programs for youth with mental health and substance use treatment needs.
- Duval County is exploring merging HOPE Court and Girls Court as well as restructuring Juvenile Drug Court to better meet the needs of Duval County youth. Merging HOPE Court and Girls Court would help to address JPO staffing needs.

Opportunities for Improvement

- There is a need for an integrated approach to address escalating issues before youth become in the juvenile justice system.
- There is an opportunity to ensure continuity of medication access and initiation of medication access for youth in secure detention.
 - Explore engaging external providers to support treatment needs of youth in secure detention.
- There is opportunity to increase peer engagement in problem-solving court programs.
- The Youth MOVE chapter was previously engaged in Duval County. Determine the feasibility of reestablishing the group through existing youth champions in the community.
- Stakeholders identified a need for low-risk commitment programs.
- There is a long waitlist for the Statewide Inpatient Psychiatric Program (SIPP) with a disparity between DJJ and dependent youth. It is easier for dependent youth to be admitted.

The remainder of this page left intentionally blank

INTERCEPT 4—REENTRY

Reentry/Discharge Planning

Release from Secure Detention

- Probation provides the family with a list of follow-up services to engage if needed.
- The number of days' worth of psychotropic meds depends on how many doses the youth has of a prescription prior to release. If a refill is provided near the release date, then the youth has more meds when they arrive home. The amount of medications they are released with depends on the refill schedule and the release date.

Release from DJJ Residential Commitment Programs

- The reentry process is driven by the transition staffing. When a youth is determined by the program to be ready to transition home, a transition staffing is scheduled. Once that staffing is completed, the youth is given a release date, 60 days from then. The program sends a Pre-release Notification (PRN) to the JPO who sends it to the judge. Once approved within 10 days, the JPO schedules the Community Reentry Team (CRT) meeting. The CRT is usually held within 30 days of release. It is hosted by the JPOS. The CRT is attended by all providers who will be available to the youth once they have returned home. Family members are encouraged to attend. A Plan for Success is completed by the JPO, which lists all providers and their contact numbers. The Plan for Success is handed to the youth and family the day the youth returns home.
- Probation provides the family with a list of follow-up services to engage if needed.
- The Community Reentry Team (CRT) is comprised of a youth's parents and/or guardian, teachers, counselors, JPO, and treatment providers. The CRT convenes to develop the transition plan for youth reentering the community from residential commitment programs.

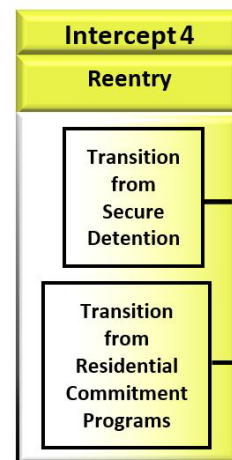
DJJ probation convenes a monthly meeting with providers. Not all DJJ youth can receive services from any provider unless the provider is under contract with DJJ. Reentry providers include Twin Oaks, AMLkids, Project Connect, Daniel Kids, Chrysalis Health, Delores Barr Weaver Policy Center, Child Guidance Center, and Florida Recovery Schools.

Strengths

- DJJ is exploring internal process to expedite access to medications for youth who are released from commitment programs.

Opportunities for Improvement

- There is a need to develop transition plans for youth discharged from residential who will not be on supervision status.
- Explore opportunity to expand existing programs and services for transition-age youth with mental health and substance use disorders upon release from secure detention and commitment programs.
- Determine feasibility of formalizing connection to YCC transitional housing for youth transitioning to adulthood.
- There is a need for clarification on psychotropic medication continuation and access following release from secure detention and residential commitment programs.



INTERCEPT 5—COMMUNITY SUPERVISION

Community Supervision/Conditional Release

Diversion Aftercare

Prior to the youth successfully completing their case plan, the case manager and a supervisor may review the case to discuss any need for aftercare services. The aftercare services and recommendations are determined on an individualized basis depending on the youth's completed case plan, personal goals, and desire to engage post-programming. The recommended list of aftercare services is discussed with the youth and family after the staffing and referrals are made. These recommendations are included in the Case Closure Notification form that is submitted to the SAO.

Possible aftercare services include continuing in individual therapy or other mental health, substance use, or behavioral services (youth with these ongoing services must be stabilized and a recommendation from the therapist must be documented); enrolling in post-educational or job readiness programs such as Career Connect at Florida State College at Jacksonville, Job Corp, and Operation New Hope; referring to the D. W. Perkins Bar or 100 Black Men mentoring project, engaging in after-school or community-based sports, clubs, or community centers; and any Diversion Alumni services that are available.

Community Supports

Evening Reporting Center (ERC)

- The Evening Reporting Center originally served youth that scored for detention and operated as a place for youth to go to receive mentoring and learn trade skills. There is a need to expand eligibility criteria and revamp the evening reporting center to seek funding during next solicitation released by KHA.

First Coast Recovery Advocates RCO (Intercepts 0 and 5)

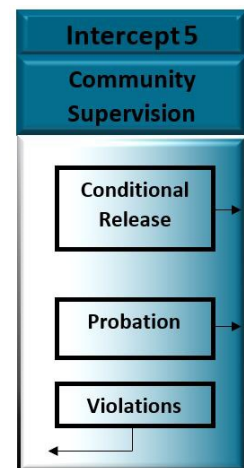
- The RCO supports a drop-in center for youth and adults ages 14-to-104. Programs include substance use and mental health services, vocational classes, job training, and housing vouchers. The RCO also supports alternative peer groups and resources to youth with mental health problems.
- The RCO is developing Behind the Walls Program to assist teens and young adults with securing employment, housing, and access to medications 60 days prior to release from jail or juvenile detention.

National Alliance for Mental Illness (NAMI)

- NAMI provides family and adult individual support, peer to peer, and family to family classes for those who have youth with mental health problems.
- NAMI supports Ending the Science a program that visits schools where a young adult peer discusses their experience with mental illness.

Youth Crisis Center (YCC) (Intercepts 0 and 5, complete array of services presented in Intercept 0)

- The YCC supports residential crisis care, transitional living, outpatient behavioral health services, Family Link, and Stop Now And Plan (SNAP). There is an open referral process for YCC (anyone can make a referral).



Rapid Response Team (RRT) operated by CGC (Intercepts 0, 1, and 5, complete array of services presented in Intercept 0)

- The RRT provides mobile response services to youth and young adults up to age 25 who are in crisis. The overall goal is to deescalate youth and young adults to prevent or reduce the chance of involuntary commitment (Baker Act).
- Follow-up treatment services are provided for a minimum of 72 hours until they are engaged or connected in treatment with community providers. CGC may provide referrals for the youth and family based on needs.

Community Action Team (CAT) operated by CGC (Intercepts 0, 4 and 5)

- The Community Action Team (CAT) provides services to youth ages 11-21, who are at risk of being displaced from their home due to any number of the following factors: legal issues resulting in placement in a Department of Juvenile Justice commitment program, mental health issues resulting in placement in a CCSU, residential program and/or the removal by the Department of Children and Families due to concerns for the safety of the child and/or continuous educational problems that lead to the child possibly failing a grade for the second time.
- This program is a six-to-nine-month team approach that consists of a therapist, service coordinator (targeted case manager/mentor), nurse and psychiatric APRN/psychiatrist. The team uses a strength-based perspective to assist the both the youth and family. Services are intensive and designed with the goal of stabilizing the youth and family.

CCR

- Connection circles are held in youth serving organizations and schools. Circles facilitate communication, regulation, and conflict resolution skill building among youth, their peers, and adults.

Employment

CareerSource

- CareerSource offers employment assistance for older youth and young adults.

Vocational Rehabilitation

Strengths

- There is momentum and interest with repurposing the Evening Reporting Center to fill gaps in services
- The RCO presence and willingness to collaborate on youth-based initiatives is strong

Opportunities for Improvement

- There is potential to engage Operation New Hope, who previously provided reentry services in Duval County.
- Explore redesign of the Evening Reporting Center including expansion of eligibility criteria to better serve community needs.
- There may be potential for the RCO to introduce youth in secure detention to services and peers prior to release back into the community.
- Explore opportunities to leverage the strength of the crisis response system (Intercept 0) to address acute or emerging reentry related crisis to avoid escalation to Baker Act or return to JJ system

DUVAL COUNTY PRIORITIES FOR CHANGE

Based on the Sequential Intercept Mapping (SIM) workshop and the opportunities for improvement discussed at the end of day one, the TAC and SIM participants developed a list of potential priority areas for Duval County. Participants voted on the goals/priority areas using an anonymous Qualtrics survey to select the top five areas of focus for the action plan development. The following goals/priority areas were ranked based on the Qualtrics survey completed by the participants and the action plan reflects the collaborative effort of the group on day two of the SIM workshop. As a result of day one discussions, nine goals/priorities emerged. Only the top five of the nine goals are addressed in the action plan, as they were voted most important by the group. However, the entire list of the nine goals/priorities is provided below to guide future planning efforts. Although CIT was initially voted among the top five, the group collectively agreed to work on CIT-related priorities outside of this action plan due to existing activity with JCSO co-responder program development.

Table 12.
Priority Voting Survey Results

Priority Area / Goal	# Votes
Develop integrated and coordinated approach to addressing escalating issues before youth gets to JJ level of involvement (may be addressed through integrated crisis center to be a resource prior to arrest/crisis/hospitalization/Baker Act. This may serve whole family unit. There is potential to capitalize on CCBHC, access center model, expanded use of Community Action Teams).	22
Expand respite care (services upon arrest when a child does not score for secure detention, develop receiving facility for youth with mental health and substance use needs that do not score for secure detention or qualify for Baker Act facility)	16
Explore programs/services for transition-age youth (shifting to adulthood) upon release from secure detention and commitment programs.	15
Explore opportunities to leverage Medicaid coverage (including early intervention Services; widespread use of EPSDT; release from detention and residential commitment; opportunity to ensure continuity of medication access, initiation of medications; develop partnerships with external treating providers to meet with youth while in detention).	13
Enhance Crisis Intervention Teams (CIT) program (conduct refresher of CIT and Mental Health First Aid (MHFA) with JSO; consider identifying CIT Coordinator & CIT Coordinating Council; expand to SSO/SRO/DCPS)	13
Revisit/redesign Evening Reporting Center to meet current needs in Duval County (such as potential for day program that can be accessed by community and minimum risk probation)	12
Review best practices and opportunities to address gun and gang violence population	11

Priority Area / Goal	# Votes
Develop a JARF for Duval County (assess feasibility and need, revisit JARF priorities from 2018 SIM)	7
Explore opportunities to connect youth to peers (revisit Youth MOVE chapter; leverage peers through RCO; prioritize connections to peers during HOPE Court to build connections ahead of completion of problem-solving court, detention, etc.)	5

DUVAL COUNTY ACTION PLAN

ACTION PLANNING PROCESS

On day two, the stakeholders were split into Zoom breakout rooms to create tasks/objectives and performance measures/action steps for each goal/priority area identified. Then, each breakout group shared their work on the assigned goal/priority area with the larger group and participated in an open discussion. The stakeholders were enthusiastic participants in the development of a strategic action plan. The action planning process promotes the development of specific objectives and action steps related to each of the priority areas. Where possible, the plan specifies the individuals responsible for implementation of each action step and a reasonable timeframe for completion of identified tasks. The Action Plan is recommended to be a “living” document that is reviewed and updated periodically as tasks are achieved and assigned individuals and timelines are determined.

The Action Plan is presented on the following pages encompassing the following goals/priorities:

1. Develop integrated and coordinated approach to addressing escalating issues before youth gets to JJ level of involvement (may be addressed through integrated crisis center to be a resource prior to arrest/crisis/hospitalization/Baker Act. This may serve whole family unit. There is potential to capitalize on CCBHC, access center model, expanded use of Community Action Teams).
2. Expand respite care (services upon arrest when a child does not score for secure detention, develop receiving facility for youth with mental health and substance use needs that do not score for secure detention or qualify for Baker Act facility)
3. Explore programs/services for transition-age youth (shifting to adulthood) upon release from secure detention and commitment programs.
4. Explore opportunities to leverage Medicaid coverage (including early intervention Services; widespread use of EPSDT; release from detention and residential commitment; opportunity to ensure continuity of medication access, initiation of medications; develop partnerships with external treating providers to meet with youth while in detention).
5. Revisit/redesign Evening Reporting Center to meet current needs in Duval County (such as potential for day program that can be accessed by community and minimum risk probation)

Duval County Action Plan

Goal 1: Develop integrated and coordinated approach to addressing escalating issues before youth gets to JJ level of involvement.

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 1.1: Integrate services within schools.				
1.1a	Create a flow chart detailing steps to respond to needs and flag when to engage outside supports along multi-tier response (such as full-services schools, CAT, High-Fidelity Wraparound, PRIDE, etc.).	<ul style="list-style-type: none"> To develop flow chart for school employees to follow when youth is in need in of services, but not yet to the level of involuntary examination/Baker Act To explore Handle with Care model in Duval County 	<ul style="list-style-type: none"> DCPS Community providers 	2023
1.1b	Incorporate trauma-informed care, healing-centered environment, and trust-based relational intervention at all levels starting with the classroom and administration staff.	<ul style="list-style-type: none"> To provided trauma-informed care training to teachers including follow-up support and coaching as well as how to respond to behaviors that indicate trauma To explore “Talkable Communities” model and Hope Street pilot that had a focus on trauma-informed care and Mental Health First Aid 	<ul style="list-style-type: none"> DCPS Community providers 	2023
1.1c	Improve communication and care coordination with parents and guardians to improve ratio of consent for services and to ensure that parents remained informed of what services are available and what is happening with their child.	<ul style="list-style-type: none"> To explore development and implementation of a universal consent form/release of information 	<ul style="list-style-type: none"> DCPS 	2023
1.1d	Foster enhanced communication and collaboration among providers serving students and schools.	<ul style="list-style-type: none"> To connect with charter and private schools (outside of DCPS system) To connect and convene larger meeting with all schools and providers to foster information-sharing and collaborative relationships across organizations 	<ul style="list-style-type: none"> DCPS Community providers 	2023

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 1.1: Integrate services within schools.				
1.1e	Create and/or add care coordinators/system navigators in schools through full-service school hub or by targeting high- discipline schools	<ul style="list-style-type: none"> To promote utility of care coordinators through explanation of their role in facilitating care for students and their families. To work with parents to determine benefits, insurance, and connect to eligible services to bridge gap between parents, schools and providers. To initiate release of information to enhance data sharing and improve referrals to services based on youth's individualized needs. 	<ul style="list-style-type: none"> DCPS Community providers 	2023

Goal 2: Expand respite care (services upon arrest when a child does not score for secure detention, develop receiving facility for youth with mental health and substance use needs that do not score for secure detention or qualify for Baker Act facility).

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 2.1: Collect respite care usage data to determine need for respite care services.				
2.1a	Conduct an inventory of all resources to illuminate the gaps/barriers in respite care.	<ul style="list-style-type: none"> To complete research and mapping inventory of services (e.g. number of beds) and/or providers who currently offer respite care and the corresponding limitations of each To conduct focus groups with families to gain additional perspective 	<ul style="list-style-type: none"> Families DJJ DCPS 	August 2022
2.1b	Identify target populations in need of respite.	<ul style="list-style-type: none"> To define desired eligibility criteria for future grant proposals (e.g. youth who do not meet criteria for detention or Baker Act). 	<ul style="list-style-type: none"> Families DJJ DCPS Duval County Jail 	2023
Objective 2.2: Identify champion to lead initiative regarding respite care funding opportunities.				
2.2a	Identify champion leader to expand respite care.	<ul style="list-style-type: none"> To establish a workgroup that includes providers, funders, and family voice 	<ul style="list-style-type: none"> YCC/Daniel 	2023
2.2b	Identify funding opportunities specific to the identified needs for respite care.	<ul style="list-style-type: none"> To pursue national, state, and local level grants 	<ul style="list-style-type: none"> KHA LSF SEDNET PCH DJJ DCF 	2023

Goal 3: Explore programs/services for transition-age youth (shifting to adulthood) upon release from secure detention and commitment programs.

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 3.1: increase the number of transitional services for youth reentering the community by 30%				
3.1a	Conduct an inventory assessment of existing reentry services and identify gaps in services for transition-age youth	<ul style="list-style-type: none"> To create a chart of services currently in place to share with community stakeholders 	<ul style="list-style-type: none"> KHA DJJ 	July 2022
3.1b	Identify community partners for job-readiness and job placement.	<ul style="list-style-type: none"> To convene meeting with community partners To create plan for referrals and obtain parameters of acceptance for each identified partner 	<ul style="list-style-type: none"> CCR PCH BAYS KHA PDO DJJ 	January 2023
3.1c	Identify community partners for housing.	<ul style="list-style-type: none"> To convene meeting with community partners To tour possible housing placements and create plan for referrals 	<ul style="list-style-type: none"> PDO KHA FCRA YCC DANIEL CCR 	January 2023
3.1d	Identify community partners for continuing education and vocational training.	<ul style="list-style-type: none"> To convene meeting with community partners 	<ul style="list-style-type: none"> CCR PDO DJJ KHA PCH 	January 2023
3.1e	Following meetings with community partners who serve transition-age youth, explore the feasibility of pursuing collaborative grant opportunities to expand reach of the provider's existing programs.	<ul style="list-style-type: none"> To explore grant opportunities for transition-age youth services 	<ul style="list-style-type: none"> CCR PDO DJJ KHA PCH 	January 2023

Goal 4: Explore opportunities to leverage Medicaid coverage (including early intervention Services; widespread use of EPSDT; release from detention and residential commitment; opportunity to ensure continuity of medication access, initiation of medications; develop partnerships with external treating providers to meet with youth while in detention).

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 4.1: Establish relationship with Medicaid providers to enhance collaboration.				
4.1a	Identify Medicaid providers and gather contact information for insurance companies (private/state funded).	<ul style="list-style-type: none"> To convene lunch & learn with Medicaid providers and DJJ aftercare providers to gain a better understanding of their processes and how to include them in the MDT CRT & other planning groups. 	<ul style="list-style-type: none"> LSF Medicaid providers DJJ aftercare providers Betsy Dobbins (CCR) 	Within 6 months
4.1b	Expand Medicaid provider participation in transition planning to MDT/CRT other organizations	<ul style="list-style-type: none"> Include Medicaid participation at the CRT 45 days before release Develop process for reinstating Medicaid coverage prior to release back into community. 	<ul style="list-style-type: none"> LSF DJJ CHS 	2023
4.1c	Expand Medicaid provider participation in key stakeholder groups	<ul style="list-style-type: none"> Invite Medicaid provider representatives to countywide and project-specific meetings Identify list of wraparound supports available through Medicaid (e.g. cell phones, transportation vouchers etc) Setup and attend regular meetings with Medicaid providers to review needs and identify opportunities for continuity of coverage and medication access 	<ul style="list-style-type: none"> LSF DJJ CHS 	2023
4.1d	Expand availability of insurance navigators or enrollment specialists	<ul style="list-style-type: none"> Identify community resources for enrollment assistance and plan navigation Review available community/family training opportunities through Medicaid plans Identify potential partnerships/host sites to host navigators for key populations (e.g. Spanish speaking, immigrants) 	<ul style="list-style-type: none"> LSF DJJ CHS 	2023

Goal 5: Revisit/redesign Evening Reporting Center to meet current needs in Duval County (such as potential for day program that can be accessed by community and minimum risk probation)

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 5.1: Increase the utilization of the evening reporting center to other demographics or youth.				
5.1a	Collect inventory of community partners to increase and enhance partnerships.	<ul style="list-style-type: none"> To establish more formalized MOUs with community partners 	<ul style="list-style-type: none"> ERC KHA DJJ FRC DCP Community Review boards MH agencies SUD agencies SAO PDO 	August 2023
5.1b	Expand services to include prevention and early intervention focus before juvenile justice involvement.	<ul style="list-style-type: none"> To update eligibility criteria and increase marketing and awareness 	<ul style="list-style-type: none"> PCH Community agencies MH agencies SAO PDO 	August 2023
5.1c	Amend existing contract with KHA in order to obtain referrals for youth who are not yet involved with DJJ.	<ul style="list-style-type: none"> To apply for next KHA request for proposals 	<ul style="list-style-type: none"> ERC KHA 	August 2023
5.1d	Expand types of trade and post-secondary exposure offered by the ERC.	<ul style="list-style-type: none"> To foster new community partnerships through outreach to trade schools 	<ul style="list-style-type: none"> Bluewater Maritime School Trade schools 	August 2023
5.1e	Expand services for Jacksonville youth through additional transportation supports.	<ul style="list-style-type: none"> To secure funding for additional driver to enhance reach for at-risk youth in Southside/Arlington area of Jacksonville 	<ul style="list-style-type: none"> Safe Passage PCH ERC 	Within next year

QUICK FIXES / LOW-HANGING FRUIT

While most priorities identified during a SIM mapping workshop require significant planning and resources to implement, quick fixes are changes that can be implemented with only minimal investment of time and little, if any, financial investment. At the same time, quick fixes can have a significant impact on the trajectories of youth with mental health and substance use disorders in the justice system. The bulleted items below are activities identified by the TAC that appear to be a “quick fix” that may be explored in addition to implementation of the action plan.

- Consider reviewing existing subcommittees and community/system-wide strategic plans to identify opportunities for alignment and shared visions. This may help to streamline meetings and ensure that organizations are working towards shared system-wide outcomes. This has a secondary benefit of potentially freeing up time holding multiple meetings with the same participants.

PARKING LOT

Some gaps identified during the Sequential Intercept Mapping are too large or in-depth to address during the workshop. These items are identified throughout the mapping process and placed in the “parking lot”. Items in this section are flagged as important to consider and discuss further, either through targeted training, further mapping efforts, or future investments. Items identified in Duval County for further discussion include:

- More comprehensive screening or better identification of youth with IDD/ASD at the JAC
- Need for gang violence programming and how to serve population of youth involved in gangs

RECOMMENDATIONS

For each SIM, the TAC engages subject matter experts who can offer additional expertise based on the target population for the mapping. Throughout the mapping, the TAC team embeds best practice recommendations and additional suggestions that the community can explore to enhance their systems. In addition to addressing the priorities identified through participant vote, the USF CJMHSA TAC recommends the following actions:

1. Leverage the strength of a robust array services by enhancing collaborative infrastructure and shared partnerships to ensure resources are operating at their full potential
 - a. Capitalize on the existing planning groups and coordinate an inventory of services across systems that may serve to better define programs, the services they provide, and eligibility criteria.
2. Increase utilization of peer supports for the target population of youth with behavioral health disorders involved in the justice system. There is an existing partner in First Coast Recovery Advocates RCO.
3. Review juvenile booking and arrest policies to determine the feasibility of overcoming data-sharing and security barriers that currently exist prohibiting the booking screening to be conducted by JSO staff at the JAC.
 - a. This will serve to improve the current process of conducting juvenile booking at the adult jail and may reduce the likelihood of exposure to traumatic experiences such as multiple transports in restraints and exposure to the adult jail facility
4. Determine if there is an opportunity to streamline screening and assessment process for youth involved in the justice system to prevent “screening fatigue” and the potential for re-traumatization.
 - a. Review all points in the system in which a youth receives an assessment and determine if there is potential for information-sharing or establishing an MOU/ROI to share screening results, if infrastructure is not already in place (emphasis on Intercept 2).
5. Leverage Medicaid coverage for youth by engaging payors in future discussions regarding this target population of youth with behavioral health disorders who are involved in multiple systems to determine if they can assist in enhanced care coordination and medication continuity upon reentry to the community from the CCSU, secure detention, and residential commitment programs.
6. There are currently two [Certified Community Behavioral Health Clinics](#) (CCBHC) in Duval County, with plans for implementation of an additional CCBHC expressed during the SIM. According to the National Council for Mental Wellbeing, the two active CCBHCs are Gateway and Community Rehabilitation Center. Leverage these CCBHCs to determine if they can engage or assist in meeting service delivery or care coordination needs of the target population at Intercepts 0-1 and 4-5.
7. Meet to assess role and purpose of co-responder model and its relationship to CIT. Since presence of one does not negate the need for the other, ensure that CIT training remains and explore opportunities to develop a CIT Coordinating Council and identify CIT champions and opportunities for refresher and advanced trainings.

For more information on available services through the TAC, please visit the USF CJMHSA Technical Assistance Center website at www.floridatac.org

For information or clarification regarding this Sequential Intercept Mapping, action plan, and report, contact:

Abby Shockley, MPH, Director, CJMHSA TAC at ashockley1@usf.edu

Katelind Melendez, M.A., M.S., Assistant Program Director, CJMHSA TAC at katelind@usf.edu

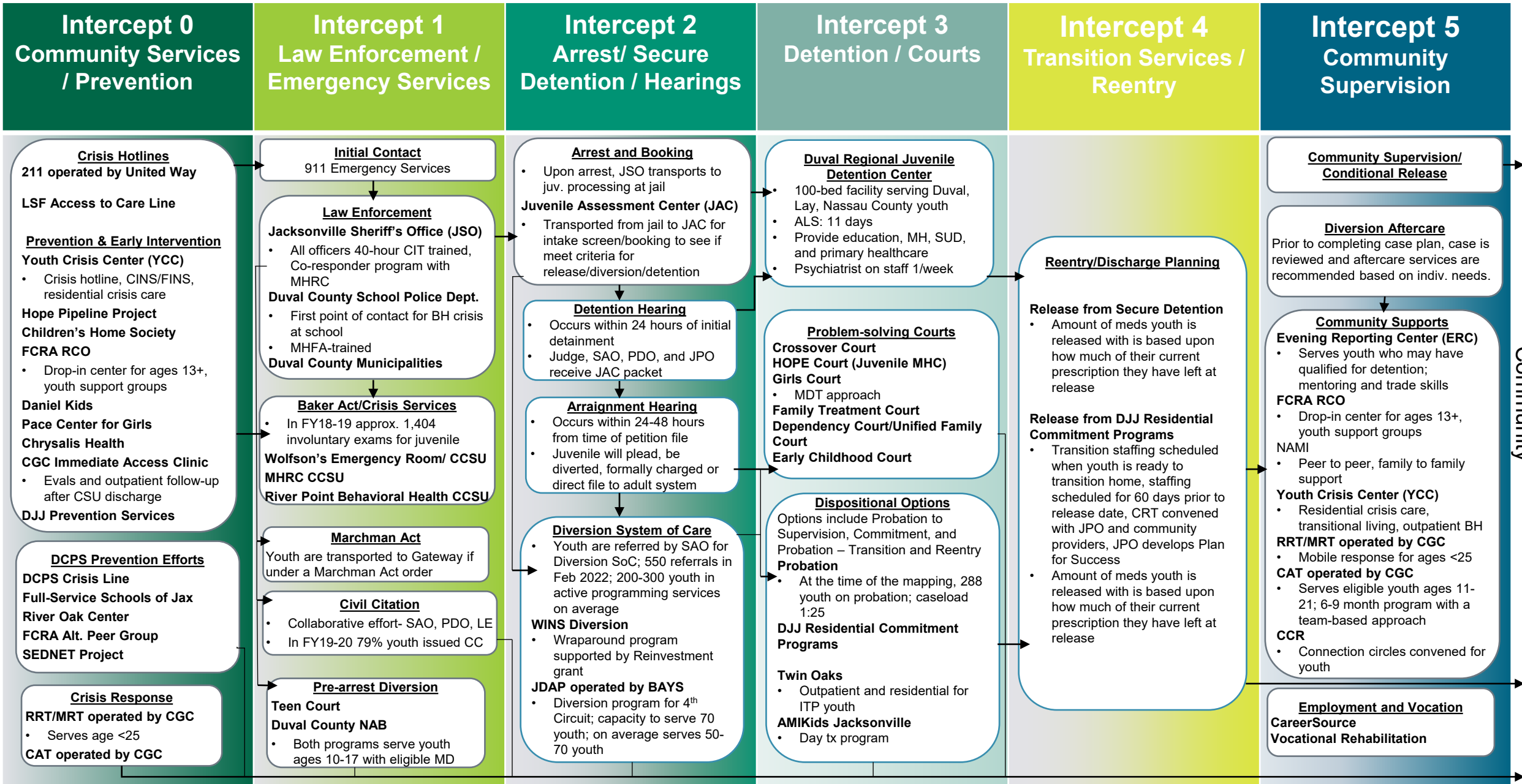
Beth Holland, MBA, Learning and Development Facilitator, CJMHSA TAC at holland75@usf.edu

Sponsored by DCF Contract # LH816

The remainder of this page left intentionally blank

Sequential Intercept Map: Duval County, Florida

Community



Community

APPENDIX A: PARTICIPANT LIST

First Name	Last Name	Organization	Email
Deborah	Babun	North Florida High Intensity Drug Tracking Area (HIDTA)	dbabin@nfhidta.org
Ronald	Baker	St. Paul Church of Jacksonville (SPMBDJAX)	rronbake@comcast.net
Andria	Bannister	Partnership for Child Health	andriab@pchjax.org
Vicky	Basra	Delores Barr-Weaver Policy Center	vbasra@seethegirl.org cdionne@seethegirl.org
Steve	Bauer	Gateway	sbauer@gwjax.com sbauer@gatewaycommunity.com
Matthew	Birt	Jewish Family Children Services (JFCS)	mbirt@jfcsjax.org
Magistrate	Brady	City of Jacksonville Courts	kbrady@coj.net
Greg	Burton	Duval County Public Schools (DCPS)	burtong@duvalschools.org
Heather	Castillo	Partnership for Child Health (PCH)	Heatherc@pchjax.org
Chanel	Dionne	Delores Barr-Weaver Policy Center	Dbabin@nfhidta.org
Betsy	Dobbins	Center for Children's Right (CCR)	bdobbins@jaxccr.org
David	Dolyak	LSF Health Systems	David.dolyak@lsfnet.org
Logan	Farrelly	Youth Crisis Center (YCC)	lfarrelly@ycc.org
Tiffany	Gause	Center for Children's Right (CCR)	Tgause@jaxccr.org
Andrew	George	Enhanced Recovery Center (ERC)	andrewgeorgejr22@gmail.com
Becky	Gibbs	Partnership for Child Health (PCH)	BeckyG@pchjax.org
Eva	Goldhagen	Partnership for Child Health (PCH)	evag@pchjax.org
Sharon	Grant	St. Paul Church of Jacksonville	osoadmin@spmbcjax.org
Shelley	Grant	Jacksonville University	sgrant@ju.edu
Terica	Hamlyn	Problem-Solving Courts	THamlyn@coj.net
Shi-Ann	Hewett	Partnership for Child Health (PCH)	shia@pchjax.org
Jill	Hill	Partnership for Child Health (PCH)	JillH@pchjax.org
Marla	Jackson	BAYS Kids	Marla.Jackson@bayskids.org
Diana	Johnson	Public Defender's Office PDO	djohnson@pd4.coj.net
Dani	Kahn	Center for Children's Rights	dkahn@jaxccr.org
The Honorable Judge	Kalil	Circuit Court Judiciary, Duval County Delinquency/ Dependency Court	mak@coj.net
Elle	Marriot	Daniel Kids	emarriott@danielkids.org
Jaime	Mercle	Daniel Kids	jmericle@danielkids.org
Minetricia	Monburn	Florida Department of Juvenile Justice	minetricia.monbrun@djj.state.fl.us
Elexia	Moss	Empowerment Resources Inc.	elexia@empowermentresourcesinc.org
Mary	Nash	Kids Hope Alliance (KHA)	MNash@coj.net
Adair	Newman	State Attorney's Office	adairn@coj.net
Stephanie	O'Brien-Gadd	AMikids	sobrien@amikids.org
Korey	O'Neal	Partnership for Child Health (PCH)	KoreyO@pchjax.org
Stacy	Peterson	Teen Court	stacyo@coj.net
Amy Read	Read	Partnership for Child Health (PCH)	aread@coj.net

First Name	Last Name	Organization	Email
Dan	Renaud	Florida Recovery Schools, First Coast Recovery Advocates	recoveryschool904@gmail.com danrenaud@floridarecoveryschools.org
Aletha	Ruffin	Center for Children's Rights (CCR)	aruffin@jaxccr.org
Theresa	Rulien	Child Guidance Center	theresa@childguidancecenter.org theresa@cjcjax.org
Christian	Senko	Daniel Kids	csenko@danielkids.org
Omar	Simmons	Center for Children's Right (CCR)	osimmons@jaxccr.org
Addison	Simms	Center for Children's Right (CCR)	addison.simms@gmail.com
Kim	Sirvedan	Youth Crisis Center (YCC)	kim@ycc.org
Lolita	Smith	Jacksonville Sheriff's Office (JSO)	Lolita.Smith@jaxsheriff.org
Katrina	Taylor	Duval County Public Schools (DCPS)	eunicek@duvalschools.org
Branden	Tharp	Children's Home Society	Branden.Tharp@chsfl.org
Abdul-Hai	Thomas	Center for Children's Right (CCR)	ahthomas@jaxccr.org
Ann	Thomas	Center for Children's Right (CCR)	athomas@jaxccr.org
Sebrina	Walker	Partnership for Child Health (PCH)	sebrinaw@pchjax.org
Dr. Vicki	Waytowich	Partnership for Child Health (PCH)	vickiw@coj.net
Katoia	Wilkins	Kids Hope Alliance (KHA)	kWilkins@coj.net
Brittany	Williams	Center for Children's Right (CCR)	bwilliams@jaxccr.org
Cedrika	Young	BAYS Kids	cedrika.young@bayskids.org

APPENDIX B: RESOURCES

UNIVERSITY OF SOUTH FLORIDA RESOURCES

[2018 Duval County SIM Report](#)

This report provides a summary of the Sequential Intercept Mapping held in Duval County, Florida on December 4-5, 2018, facilitated by the USF CJMHSA TAC.

[2016 Duval County SIM Report](#)

This report provides a summary of the Sequential Intercept Mapping workshop held in Duval County, Florida on May 19-20, 2016, facilitated by the USF CJMHSA TAC.

[Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center](#)

The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center website serves as a clearing house for resources and research relevant to Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grantees. The website is updated weekly with upcoming webinar opportunities and other recent publications in the fields of behavioral health and criminal justice.

[Baker Act Reporting Center at USF](#)

The Baker Act Reporting Center has received, processed, and analyzed statewide involuntary (Baker Act) examination data for almost two decades. As of 2018, The Baker Act Reporting Center also collects petitions, orders, and treatment plans for involuntary placement from County Clerks of Court. The Center receives this data on behalf of the Florida Department of Children and Families. The Center is housed in the Department of Mental Health Law & Policy, de la Parte Florida Mental Health Institute, College of Behavioral and Community Sciences at the University of South Florida. The most recent Florida Baker Act Data Reports can be found on the Baker Act Reporting Center Website.

[State of Florida Best Practices Response Protocol for Schools to Use Mobile Response Teams \(USF Louis de la Parte Florida Mental Health Institute, June 2021\)](#)

This protocol was developed as a part of Florida House Bill 945. House Bill 945 focuses on three areas (1) mobile response teams, (2) coordination of children's system of care, and (3) crisis stabilization services. As part of the bill, the Louis de la Parte Florida Mental Health Institute (FMHI) was charged with developing a best practices response protocol for schools to use mobile response teams (MRT) when students are experiencing a behavioral health crisis and have been assessed to be at risk for harming themselves or others.

WEB RESOURCES

Web Resources

Partners

Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSATAC)	http://www.floridatac.org/
Louis de la Parte Florida Mental Health Institute-Department of Mental Health Law and Policy (MHLDP)	http://www.usf.edu/cbcs/mhlp/
Florida Alcohol and Drug Abuse Association	https://www.fadaa.org/
Florida Department of Children and Families (DCF)-Substance Abuse and Mental Health	https://www.myflfamilies.com/service-programs/samh/
Policy Research Associates (PRA)	https://www.prainc.com/
SAMHSA's GAINS Center for Behavioral Health and Justice Transformation	https://www.samhsa.gov/gains-center

The Substance Abuse and Mental Health Services Administration (SAMHSA) Web Resources

The Substance Abuse and Mental Health Services Administration (SAMHSA)	https://www.samhsa.gov/
Center for Mental Health Services	https://www.samhsa.gov/about-us/who-we-are/offices-centers/cmhs
Center for Substance Abuse Prevention	https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap
Center for Substance Abuse Treatment	https://www.samhsa.gov/about-us/who-we-are/offices-centers/csat
Homelessness Programs and Resources	https://www.samhsa.gov/homelessness-programs-resources
National Center for Trauma Informed Care (NCTIC)	https://tash.org/nctic/
National Clearinghouse for Alcohol and Drug Information	https://clearinghouse.fmcsa.dot.gov/
SAMHSA Grant Announcements	https://www.samhsa.gov/grants/grant-announcements-2021
Evidence-Based Practices Resource Center SAMHSA'S Knowledge Network	https://www.samhsa.gov/ebp-resource-center

Other Web Resources

Baker Act Reporting Center	http://bakeract.fmhi.usf.edu/
Council of State Governments (CSG)	http://www.csg.org/
CSG Justice Center	https://csgjusticecenter.org/
Grant Opportunities	http://www.grants.gov/
National Alliance for the Mentally Ill (NAMI)	http://www.nami.org/
National Alliance to End Homelessness	https://endhomelessness.org/resource/housing-first/
National Center for Cultural Competence	https://nccc.georgetown.edu/
National Council for Behavioral Health	https://www.thenationalcouncil.org/
National Criminal Justice Reference Service	https://www.ojp.gov/ncjrs/new-ojp-resources
National Institute of Corrections	http://nicic.gov/
National Institute on Drug Abuse	https://www.drugabuse.gov/
Office of Justice Programs	https://ojp.gov/
Office of Juvenile Justice and Delinquency Prevention (OJJDP)	https://www.ojjdp.gov/mpg
U.S. Department of Health and Human Services - Mental Health	https://www.mentalhealth.gov/
U.S. Department of Veterans Affairs - Mental Health	http://www.mentalhealth.va.gov/
United State Interagency Council on Homelessness	https://www.usich.gov/

APPENDIX C: DUVAL COUNTY REPORTS

The following pages present Duval County Reports including:

- I. Duval County Diversion System of Care Process Map (updated 02/16/2021)
- II. Florida's Fourth Circuit State Attorney's Office Juvenile Justice Advisory Committee Two-Year Post-Implementation Report (April 8, 2021)
- III. 2019 Juvenile Justice Advisory Committee: Final Report and Recommendations

Duval County Diversion System of Care Process Map



Partnership
FOR CHILD HEALTH



Youth is diverted by State Attorney's
Office (SAO)

Youth's case is sent to the Partnership for Child Health (PCH) and assigned to a Diversion Case Manager (DCM). The YLS/CMI Assessment, ACE, GAIN-Q3 (if not completed by CJRG), SNCD, Educational Needs Evaluation, & Restorative Justice (RJ) screen are completed. Based on the information collected and the score of the YLS/CMI, a youth will be placed into a Programming Tier.

Tier placement is subject to mitigating and aggravating circumstances and will be staffed on a case-by-case basis.

Tier 1

Youth will score "low" on the YLS/CMI, have low/moderate criminogenic needs, & high to moderate strengths

Tier 2

Youth will score "moderate" on the YLS/CMI, have low/moderate criminogenic needs, & low/moderate strengths

Tier 3

Youth will score "high" or "very high" on the YLS/CMI, have high criminogenic needs, & low/moderate strengths

Each youth, regardless of which Tier or Program they are referred to, will have a DCM assigned for legal oversight

Youth in this tier may be referred for the following services:

- Restorative Justice Practices
- Victim Impact Panels
- Stop Now and Plan (SNAP)
- Mental Health Services*
- Substance Abuse Evaluation and Treatment*
- Anger Management*

Youth in this tier may be referred for the following services:

- Juvenile Diversion Alternative Program (JDAP)
- Mental Health Services*
- Victim Impact Panels
- Targeted Case Management
- Substance Abuse Evaluation and Treatment*
- Anger Management*
- Healthy Sexuality Classes
- WINS Grant

Youth in this tier may be referred for the following services:

- Functional Family Therapy
- Mental Health services*
- Psychiatric services*
- Substance Abuse Evaluation and Treatment*
- Applied Behavioral Analysis Therapy*
- Sexual Offender Counseling
- WINS Grant

Letters of Apology, Life Skills Classes, Educational Workbooks, Community Service Hours, Book Reports, Nurturing Parent Groups, Educational-Legal Advocacy, DW Perkins Mentoring Project, Community Conferencing, River Oak Recovery School, and FSCJ's Career Connect program will be utilized across the diversion continuum if appropriate

When a youth has completed all treatment recommendations, the Program referred to will submit a Closure Notice for review to the DCM assigned and Program Director. If approved, it will be submitted to the SAO for final review and approval for case closure.



FLORIDA'S FOURTH CIRCUIT STATE ATTORNEY'S OFFICE JUVENILE JUSTICE ADVISORY COMMITTEE TWO-YEAR POST-IMPLEMENTATION REPORT

In September 2017, State Attorney Melissa Nelson convened the Juvenile Justice Advisory Committee (JJAC) with the purpose of bringing together youth and justice advocates to develop juvenile diversion programming aimed at improving services and reducing recidivism and crime in the Fourth Judicial Circuit. The 23-member committee was made up of experts from pediatrics and mental health to law enforcement and the juvenile justice system. After over a year of education and programming, the JJAC was tasked with issuing a written report to the State Attorney regarding recommendation for best-practices programming that should be implemented in the community.

The JJAC issued its Final Report and Recommendations in June 2019, which comprised a comprehensive list of specific recommendations designed to serve as a roadmap to improve juvenile diversion practices in Jacksonville, Florida. As a result of the committee's recommendations, the State Attorney's Office led a Juvenile Diversion Transition Committee, represented by a number of stakeholders in the local juvenile justice system. The goal of this committee was to do the hard work of transforming diversion practices in alignment with the recommendations of the JJAC. It was a challenging project, and one that the transition committee spent an additional year working to realize. This initiative included discussing the current and past systems of diversion, identifying funding to support the recommendations, crafting a detailed Request for Proposal that set forth the requirements for providers in the new system, placing the contracts out for bid, the City of Jacksonville awarding the contracts, and then putting those entities and contracts into place.

On February 1, 2021, the new juvenile diversion system began accepting juveniles into its program. Below is a more detailed discussion of the status and implementation of the specific recommendations by the JJAC.

All eight recommendations from the JJAC's final report regarding juvenile diversion practices in Florida's Fourth Judicial Circuit have been completed.

TERMS

ACEs	Adverse Childhood Experiences
CCR	Center for Children's Rights
CYW ACE-Q	CYW Adverse Childhood Experiences Questionnaire
DCPS	Duval County Public Schools
DJJ	Florida Department of Juvenile Justice
GAIN	Global Appraisal of Individual Needs
JAC	Juvenile Assessment Center
JDAP	Juvenile Diversion Alternative Program
KHA	Kids Hope Alliance
PCH	Partnership for Child Health
PD/PDO	Public Defender's Office
SAO	State Attorney's Office
SOC	Duval County Diversion System of Care
SNCD	The Strengths, Needs, and Culture Discovery Assessment
WINS	Wraparound Intensive Services

Diversion Transition Committee - Members of the committee included the following agencies: the State Attorney's Office, Public Defender's Office, Kids Hope Alliance, Center for Children's Rights, and the Florida Department of Juvenile Justice.

JUVENILE DIVERSION RECOMMENDATIONS

1. Transfer diversion programming from the State Attorney's Office to the Kids Hope Alliance.

COMPLETED

In 2019, the Diversion Transition Committee (the Committee) was formed. Members met for over a year, working with providers and the Kids Hope Alliance (KHA) to transition programming. The report recommended that diversion programming and management be transitioned to the KHA. The Committee identified approximately \$595,000 in City of Jacksonville dollars to fund the program. After a competitive bid process, the KHA initiated a contract with the Partnership for Child Health (PCH) for the Duval County Diversion System of Care (Diversion SOC) on September 1, 2020.

Once the contract was initiated, PCH began hiring, training, and building the infrastructure of the Diversion SOC to prepare for the transfer from the State Attorney's Office (SAO). To prepare for the transfer, multiple meetings were conducted with the initial Transition Team.

On February 1, 2021, the SAO began transferring cases to PCH. Additionally, restitution management was transferred to PCH from the SAO on all diversion cases. PCH has developed a restitution policy with checks and balances to ensure that the restitution funds are being properly managed.

2. Implement a case management structure for diversion that tailors services and programs based on a needs assessment instrument.

COMPLETED

A. Case Management Structure

Each youth is placed into a Tier Level dependent upon the results of their intake appointment that includes multiple assessments. Every youth is assigned a case manager to oversee their case. Youth in Tier II or III receive additional case management oversight from JDAP, WINS Diversion¹, or other qualifying programs through referral and utilization of the Diversion System of Care.

¹ JDAP is a diversion program funded by DJJ for youth who may have been previously diverted, but were not successful in completing their sanctions, and/or who committed higher-level offenses and are still eligible for diversion. Typically, case managers will meet with the youth and their families in the home to provide more intensive and focused services. The WINS program is a family wraparound-based model. This program focuses on younger

Supervision Levels are based upon the Tier Level:

- **Tier I:**
 - Programming lasts 30-60 days
 - One face-to-face contact with the youth and 2 collateral contacts² per month
- **Tier II:**
 - Programming lasts 90-120 days
 - One face-to-face contact with the youth and 3 collateral contacts per month
- **Tier III:**
 - Programming lasts up to 180 days
 - Two face-to-face contacts with the youth and weekly collateral contacts per month

Goals, objectives, and interventions for each Tier Level are established within the case plan to optimize completion within the appropriate timeframe for each Tier Level. If the youth have any outstanding case plan requirements, the program will need to complete a staffing with the Director or Associate Director to determine if an extension is needed or if the youth is non-compliant.

B. Assessments

i. Global Appraisal of Individual Needs

Currently, youth who are processed through the Juvenile Assessment Center (JAC) are referred for assessment through a grant-funded program. The Global Appraisal of Individual Needs (GAIN)³ provides an in-depth assessment designed to support clinical diagnosis, placement, treatment planning, performance monitoring, program planning, and economic analysis.

ii. Center for Youth Wellness Adverse Childhood Experiences Assessment

Each youth referred to the Diversion System of Care will have an Adverse Childhood Experiences (ACEs)⁴ evaluation completed for them during the intake appointment. This tool will be utilized to determine the optimal case plan and services for both the youth and family.

children and higher-needs families who may need ongoing support after the youth has completed initial diversion requirements.

² Collateral contacts include any contacts via phone, text, email, etc. with the youth, parent/guardian, or service providers involved in the case. One collateral contact per month must include a parent/guardian contact.

³ The GAIN assessment is designed to measure the recency, breadth, and frequency of problems and service utilization related to substance use, physical health, risk/protective involvement, mental health, environment, and vocational situation. The GAIN evaluates Problems and Service Utilization; Substance Use; Mental Health (internalizing and externalizing problems); Crime and Violence; Stress; Physical Health; School and Work; and Quality of Life.

⁴ Based on the instrument created by Vincent Felitti and Robert Anda for use with adults, the CYW Adverse Childhood Experiences Questionnaire (CYW ACE-Q) is a clinical screening tool that calculates cumulative exposure to ACEs in patients age 0 to 19. The youth is asked to report how many experience types (or categories) apply to them. The CYW ACE-Q is intended for use in pediatric and family practice settings to identify patients at increased risk for chronic health problems, learning difficulties, mental and behavioral health problems, and developmental issues due to changes in brain architecture and developing organ systems brought on by exposure to extreme and prolonged stress. The tool is available in three age-specific versions, and in English and Spanish. It takes approximately two to five minutes to complete.

iii. Strength, Needs, and Cultural Discovery Assessment

The case manager will complete the Strengths, Needs, and Culture Discovery Assessment (SNCD)⁵ throughout the intake process with the youth and the family. The SNCD will be used to fill any gaps that are not covered by the other assessments.

3. Develop a continuum of available diversion programs, to include restorative justice and credible messenger mentorship pilot programs, and a pathways-to-career program.

COMPLETED

The Diversion SOC uses all possible community providers in Duval County to provide a comprehensive continuum of care. After the initial appointment and assessments with the case manager, an individualized case plan is developed with the youth and their family. Youth who are placed into Tier II or III and are referred to JDAP, WINS Diversion, or other qualifying programs will be required to incorporate the case manager's recommendations into their own internal case plan. This step is to ensure a coordinated case planning framework based on valid and reliable assessments, so that the provider's internal case plans are reflective of the youth's criminogenic needs and strengths. Further, if amendments are needed, the provider can request them from the case manager. Case plans include referrals for identified needs, contact requirements, volunteer hours, and restitution, when appropriate.

The Center for Children's Rights (CCR), a Restorative Justice contract provider, facilitates Restorative Justice Victim-Offender Community Conferences for the Diversion SOC.⁶ The Community Conference is successfully completed if everyone meets and develops an agreement, and the entire process is successfully completed when the victim agrees that the agreement has been fulfilled.⁷

⁵ The SNCD is a comprehensive review of the youth and their family. The SNCD assessment provides an understanding of how the youth sees their world and how they have come to survive through their adversities. This assessment provides an opportunity to get to know the client on a deeper level. The SNCD gives the case manager a better understanding of the strengths, assets, and resources the client possesses and a starting point to understand the family. It also provides an overview of the youth's culture and needs as the client defines them.

⁶ The Conference process involves everyone impacted by and involved in the offense, as well as supports or resources identified to engage in a facilitated discussion, with participants developing an agreement of how the youth can repair the harm. A trained facilitator conducts pre-conferences with all participants to prepare for the Conference, then facilitates the Conference, and monitors follow-through with the agreement, providing notification upon completion and satisfaction of the agreement. Restorative Justice Community Conferences provide a way for victims to lead the process and speak directly to the youthful offender. Subsequently, Conferences provide youth an opportunity to take responsibility and to be accountable directly to the person they have harmed, providing a socio-emotional learning opportunity focused on building relationship and connection.

⁷ The CCR's Community Conference is based on Restorative Response Baltimore and CCR facilitators were trained directly by Lauren Abramson, a nationally known expert in the field who presented to the JJAC. Dr. Abramson continues to support CCR's Community Conference program through consultation, technical support, and mentorship.

To provide mentoring services to the youth in diversion, PCH has developed partnerships with Big Brothers Big Sisters, the D. W. Perkins Bar Association, 100 Black Men, as well as other providers in the community. The goal is to link youth to these mentors to aid in their case plan and develop a new pro-social relationship that will stay with them after their case is complete.

KHA has partnered and funded Florida State College at Jacksonville (FSCJ) Career Connect, with a focus on diversion participants. This program connects youth to programs to earn degrees and skills-focused certificates. Youth who do not have a high school diploma will be given the opportunity to obtain one or a recognized equivalent. Additionally, the CCR has partnered with diversion services to offer educational advocacy for students who have Individual Education Plans or other unique-learning circumstances.

4. Limit the State Attorney's Office's role in diversion to front-end (referral) and back-end (successful or unsuccessful completion) only.

COMPLETED

After a diversion decision is made by the Assistant State Attorney, the SAO Diversion Liaison refers the case to diversion. The new process provides the case manager with the ability to assess the youth and family before determining the appropriate type and tier of diversion programming. This procedure allows for a case plan to be individualized and to connect the youth and family with the right services and provider. In circumstances with more sensitive cases, the case file may include special disposition requirements requested by the youth's attorney and the Assistant State Attorney.

When a case is closed, the case manager completes a document that indicates whether the youth was successful or unsuccessful and provides a summary of the youth's progress or non-compliance while in diversion programming. This summary is then sent to the SAO as notification for diversion closure.

The case manager makes repeated attempts to engage the youth and family prior to an unsuccessful discharge. If a youth is not compliant with their case plan, a Pre-Closure Staffing will be completed with the case manager, supervisor, youth, and family. The goal is to motivate the youth and family, but to also re-evaluate the case plan and any barriers that may be causing the non-compliance. If so, the case plan will be amended to reflect that. Once the staffing is completed, the case will be reviewed by the case manager and supervisor to determine if any positive progress has been made.

5. Eliminate the initial judicial hearing required for diversion participation.

COMPLETED

This process was eliminated shortly after the JJAC report was issued, in September 2019.

6. Eliminate all jail tours from prevention and diversion programming.

COMPLETED

Jail tours were eliminated shortly after the JJAC report was issued, in September 2019.

7. School and community requests for diversion programming should go directly to the diversion provider, not to the State Attorney's Office, eliminating at-large referrals.

COMPLETED

All Teen Court discharge cases are sent directly to diversion instead of to the SAO for possible prosecution. This new process creates a second opportunity to engage the youth and family in diversion/prevention services. To ensure that programming is relevant, the case manager looks to re-engage the youth and family in new services and case plan requirements that have not been previously attempted.

Additionally, any requests from Duval County Public Schools (DCPS) or families for non-criminal diversion programming are sent directly to PCH for an assessment and determination as to whether the program is appropriate.

8. Make post-completion services available for children and families who choose to engage in the services beyond the child's completion of diversion.

COMPLETED

Within 30 days prior to the youth successfully completing their case plan, the case manager and a supervisor review the case to discuss any need for aftercare services.⁸ The aftercare services and recommendations are determined on an individualized basis depending on the youth's completed

⁸ It should be noted that aftercare services can be recommended and put into place for the youth but cannot be enforced once their case is closed.

case plan, personal goals, and desire to engage post-programming. The recommended list of aftercare services is discussed with the youth and family after the staffing and referrals are made. These recommendations are included in the Case Closure Notification form that is submitted to the SAO.

Possible aftercare services include continuing in individual therapy or other mental health, substance use, or behavioral services (youth with these ongoing services must be stabilized and a recommendation from the therapist must be documented); enrolling in post-educational or job readiness programs such as Career Connect at FSCJ, Job Corp, and Operation New Hope; referring to the D. W. Perkins Bar or 100 Black Men mentoring project, engaging in after-school or community-based sports, clubs, or community centers; and any Diversion Alumni services⁹ that are available.

Families are encouraged to maintain participation in parent-support groups and parenting classes. Also, youth and families are provided contact information to talk with the program coordinators in order to maintain a line of communication if they should need resources in the future.

UPDATE RELEASED APRIL 8, 2021

⁹ Diversion Alumni services offered to all successful discharges include peer mentoring and support for active participants, participating in volunteer events to speak about their experiences with current diversion participants, and participate in annual/bi-annual expungement events to expunge their records.

Final Report and Recommendations

Jacksonville, Florida

Submitted by the

Juvenile Justice Advisory Committee

Fourth Judicial Circuit of Florida

June 27, 2019



June 27, 2019

Dear State Attorney Melissa Nelson:

Since its convening on September 12, 2017, and in accordance with your charge, the members of the Juvenile Justice Advisory Committee have conducted a comprehensive review of current juvenile diversion programming in the Fourth Circuit. On behalf of the Committee, I am pleased to submit this report and to provide recommendations concerning prospective programming to assist in your continuing efforts to reduce juvenile recidivism and crime in Northeast Florida. We all appreciate the opportunity to work with you and the dedicated people in your office. Thank you.

Sincerely,



Buddy Schulz

Chair, Juvenile Justice Advisory Committee

cc: **The Honorable Suzanne Bass**, Circuit Judge, Fourth Judicial Circuit in and for the State of Florida
Jim Clark, Clark Consultants, LLC
The Honorable Brian Davis, United States District Judge, Middle District of Florida
Pamela Davis, Duval County Public Schools
Rory Diamond, K9s for Warriors
Kevin Gay, Operation New Hope
Nathaniel Glover, Former President, Edward Waters College and former Jacksonville Sheriff
Dr. Jeffrey Goldhagen, UF College of Medicine at Jacksonville
Shelley Grant, Jacksonville University
Marcus Haile, Learn to Read Jacksonville
Gretchen Hamm, Mental Health Resource Center
Elder Lee Harris, Mt. Olive Primitive Baptist Church
Bill Hodges, Retired from the Jacksonville Children's Commission
Alan Louder, State Attorney's Office
Michael Meyers, Attorney Retired, Orrick, Herrington & Sutcliffe, LLP
Lara Nezami, Finnell, McGuinness, Nezami & Andux PA
Deloris Patterson, Jacksonville Sheriff's Office
The Honorable Jack Schemer, Circuit Judge, Fourth Judicial Circuit in and for the State of Florida
Anthony Stinson, Community Leader and Small Business Owner
Nina Waters, The Community Foundation for Northeast Florida
Dr. Vicki Waytowich, Partnership for Child Health
Donna Webb, Chief Probation Officer in and for the Fourth Judicial Circuit, Florida Department of Juvenile Justice

Table of Contents

Executive Summary.....	4
Full List of Recommendations.....	5
Diversion Recommendations.....	5
Additional Recommendations.....	5
Introduction.....	6
JJAC Committee Meetings.....	6
JJAC Subcommittees.....	6
Developmentally-Appropriate Justice System.....	7
Impact of Trauma.....	8
Current Juvenile Justice System Structure and Process.....	9
Civil Citation.....	10
Arrest and Intake.....	11
Diversion.....	12
Petition.....	13
Disposition.....	13
Recommended Diversion Process and Structure.....	14
Transfer Diversion Programming out of the SAO to the KHA.....	14
Governance.....	15
Referral Process.....	15
Case Management and Wraparound Services.....	15
Strengths and Needs Assessment Tool.....	16
Continuum of Diversion Programming.....	17
Restorative Justice Pilot.....	17
Credible Messenger Mentoring Pilot.....	18
Pathways to Career.....	18
Diversion Completion.....	19
Costs and Savings.....	19
Funding.....	20
Children’s Services Tax; Kids Hope Alliance Budget.....	20
Philanthropy and Government Grants.....	20
Reallocation and Reinvestment.....	20
Fees and Fines.....	21
Other Diversion Recommendations.....	22
Additional Recommendations.....	23
Overarching.....	23
Prevention.....	23
Arrest and Intake Process.....	23
Petition and Disposition.....	24
Conclusion.....	25
Appendix A: Members of the Juvenile Justice Advisory Committee.....	26
Appendix B: Juvenile Justice Advisory Committee Curriculum.....	27
Appendix C: Juvenile Justice Advisory Subcommittees and Their Leadership.....	31
Bibliography.....	33

Executive Summary

The juvenile justice system—and the myriad agencies and nonprofit organizations that comprise it—has the formidable responsibility of advancing public safety, holding young people accountable for their actions, while also providing opportunities for young people who have made mistakes to grow into productive, successful, law-abiding community members. The effectiveness of this system is critical to the current and future success of our communities. Our collective approach should be measured not by how many young people we prosecute and incarcerate, but by how many young people we help move out of the justice system to become productive and law-abiding members of the community.

State Attorney Melissa Nelson established the Juvenile Justice Advisory Committee (JJAC) in September 2017, bringing together 23 community members with diverse backgrounds and perspectives, all passionate about youth and juvenile justice issues. The JJAC's primary focus was on improving juvenile diversion programming, and the committee was tasked with developing a written report to the State Attorney's Office (SAO) that makes recommendations for best-practice diversion programming to be implemented in Florida's Fourth Judicial Circuit.

For more than a year, members and subcommittees met regularly to review and discuss best practices in juvenile justice programming. Through numerous presentations, and in consultation with national experts, the JJAC developed a concrete set of recommendations that are hereby presented to the State Attorney and shared with the broader Northeast Florida community.

The JJAC concluded that there are multiple opportunities to significantly improve Northeast Florida's juvenile justice system and to bring it into alignment with promising and evidence-based best practices that have been identified in other states and counties. Fundamental to all recommendations proposed in this report is the acknowledgement that the human brain does not fully develop until a person is in their mid-twenties, meaning that children and adults are different in their ability to process information, to resist peer pressure, to respond to emotionally-charged incidents, and to consider long-term consequences during decision-making.¹ Also fundamental to the Committee's recommendations are the acknowledgement of the impact of trauma and other environmental factors experienced by children.

This report, and the priority recommendations identified in this summary, suggests a developmentally-

informed juvenile justice system that prescribes an appropriate level of intervention as determined by the circumstances of each child and the offense they are accused of committing. Normative adolescent behavior—particularly among boys—can result in lawbreaking, and the vast majority of adolescents will grow out of such behavior.² These young people need to be held accountable for their actions in a manner that does not unnecessarily pull them into the deep end of the justice system, which robust research suggests can irreparably alter the trajectory of their lives. As such—and in accordance with the task of the JJAC—a significant portion of this report is dedicated to improving and expanding diversion programming, including by the removal of its delivery from the State Attorney's Office and into a more community-based setting, managed by the Kids Hope Alliance.

The recommendations in this report will significantly reform and enhance the juvenile justice system in the Fourth Judicial Circuit, thereby advancing the health, safety, and stability of our Northeast Florida community.

Fundamental to all recommendations proposed in this report is the acknowledgement that the human brain does not fully develop until a person is in their mid-twenties, meaning that children and adults are different in their ability to process information, to resist peer pressure, to respond to emotionally-charged incidents, and to consider long-term consequences during decision-making.

¹ Anjali Tsui, "How Brain Science is Changing How Long Teens Spend in Prison," *PBS Frontline*. May 2, 2017. <https://www.pbs.org/wgbh/frontline/article/how-brain-science-is-changing-how-long-teens-spend-in-prison/>

² National Research Council, *Reforming Juvenile Justice: A Developmental Approach*. Washington DC: The National Academies Press, 2013. <https://doi.org/10.17226/14686>

Full List of Recommendations

This report includes specific recommendations designed to serve as a roadmap to improve juvenile diversion programming in Florida's Fourth Judicial Circuit. There are also recommendations included to improve other stages of the juvenile justice system, from arrest to disposition. A summary of these recommendations are:

DIVERSION RECOMMENDATIONS

1. Transfer diversion programming from the State Attorney's Office to the Kids Hope Alliance (14).
2. Implement a case management structure for diversion that tailors services and programs based on a needs assessment instrument (15, 16).
3. Develop a continuum of available diversion programs, which includes restorative justice and credible messenger mentorship pilot programs, and a pathways-to-career program (17, 18).
4. Limit the State Attorney's Office's role in diversion to the front-end (referral) and back-end (successful or unsuccessful completion) only (15, 19).
5. Eliminate the initial judicial hearing required for diversion participation (21).
6. Eliminate all jail tours from prevention and diversion programming (22).
7. School and community requests for diversion programming should go directly to the Kids Hope Alliance, not to the State Attorney's Office, eliminating at-large referrals (12, 22).
8. Make post-completion services available for children and families who choose to engage in the services beyond the child's completion of diversion (22).

ADDITIONAL RECOMMENDATIONS

1. Incorporate strategies from the National Council of Juvenile and Family Court Judges' School-Justice Partnership Model (23).
2. Move the intake process for children from the adult jail to the Juvenile Assessment Center (JAC) (23).
3. Review the Community Assessment Tool (CAT) to ensure it provides the necessary data to improve outcomes and eliminate racially disparate outcomes (23).
4. Staff the Juvenile Assessment Center with social service providers instead of probation officers (24).
5. Continue implementation of recent State Attorney's Office changes related to the direct file decision-making process (24).
6. Consider implementing a Young Adult Court (24).
7. Move away from the youth prison model by limiting placement in residential care when appropriate and keeping young people from Northeast Florida closer to home communities in small, high quality facilities (24).
8. Establish the Dispositional Reform Subcommittee under the umbrella of the enhanced KHA Juvenile Justice Taskforce, or the Circuit Four Advisory Board (25).

Introduction

In November 2016, Melissa Nelson was elected the State Attorney for Florida's Fourth Judicial Circuit. She took office on January 3, 2017. The Fourth Judicial Circuit encompasses Clay, Duval, and Nassau counties. Both on the campaign trail and in office, Nelson has demonstrated her commitment to implementing innovative and evidence-based reforms within the State Attorney's Office (SAO).

In September 2017, State Attorney Nelson convened the Juvenile Justice Advisory Committee (JJAC) to bring together youth and justice advocates to develop juvenile programming that will reduce recidivism rates and crime in the Fourth Circuit. Chaired by Buddy Schulz, the 23-member committee comprises individuals with diverse backgrounds and viewpoints who are passionate about youth and juvenile justice issues. Included on

the JJAC are judges, attorneys, nonprofit leaders, child experts, and prominent community leaders. Many of the JJAC members have been outspoken advocates who have long-argued that Northeast Florida needs an improved juvenile justice system. A full list of the JJAC committee membership can be found in Appendix A.

The JJAC's focus was on juvenile diversion programming, and the committee was tasked with developing a written report to the State Attorney that makes recommendations for best-practices diversion programming that can be implemented in the Fourth Judicial Circuit. This report fulfills that task. In the course of studying diversion programming, the JJAC touched on other aspects of juvenile justice practices in the Fourth Circuit, and this report includes recommendations related to those practices, as well.

JJAC COMMITTEE MEETINGS

The full JJAC met nine times between September 2017 and June 2018 and heard from local and national experts—including people who were previously justice-involved themselves—about practices that have been shown to positively impact youth development and reduce recidivism. The committee learned about a number of different topics that are fundamental to a successful system of justice and the unique considerations of its juvenile population.³ Listed below are the main topics covered in each meeting, as well as the guiding question(s) for the session:

- **History of juvenile diversion in and for the Fourth Judicial Circuit**
 - Guiding question: What is the history of juvenile diversion in the State Attorney's Office in and for the Fourth Circuit?
- **Juvenile Brain Development and Risk Factors**
 - Guiding question: How do biological and emotional factors influence youth behavior?
- **Juvenile Perspectives**
 - Guiding question: Why do juveniles commit crimes?
- **Restorative Justice**
 - Guiding question: What is restorative justice and how does it work in the juvenile justice context?
- **Education**
 - Guiding question: What are the educational challenges faced by youth who interact with the juvenile justice system?
- **Community Service and Mentoring**
 - Guiding question: How do mentorship and community engagement impact a youth's success in the juvenile justice system and beyond?
- **Employment and Life Skills**
 - Guiding question: How do employment and life skills training contribute to successful diversion of youth from the juvenile justice system?
- **Assessment and Wraparound Services**
 - Guiding questions: What is the impact of wraparound services on a youth's success? What are the best tools to assess what services a youth should receive? Specifically, what areas have the most lasting effect for families?
- **Programming**
 - Guiding questions: What is the big picture? What are examples of alternative programming? What are the JJAC's next steps?

JJAC SUBCOMMITTEES

The JJAC also formed six subcommittees to undertake more in-depth consideration of several of the meeting topics. Subcommittees met regularly between June and December 2018 and were chaired by members of the JJAC. A full list of the subcommittees' chairmen and their qualifications can be found in Appendix C. In total, nearly 30 subcommittee meetings were held, reflecting the commitment and investment of the JJAC members.

³ Additional information regarding the work of the Juvenile Justice Advisory Committee can be found in the appendices of this report as well as online. The SAO developed a dedicated webpage, which contains the full list of JJAC members, as well as the agenda, reading materials, expert presentations, and minutes for all of the JJAC meetings at <https://www.sao4th.com/about/programs-and-initiatives/juvenile-justice/juvenile-justice-advisory-committee-jjac/>. The JJAC "curriculum" is included as Appendix B.

Importance of a Developmentally-Appropriate Justice System

As foundational guidance, the JJAC approached all meetings, subcommittee meetings, and recommendations with the understanding that children are cognitively different from adults and require a juvenile justice system that is appropriate for their level of cognitive development and psychosocial maturation. Adolescents differ from adults in important ways that make an adult-model criminal justice system ill matched to their needs.⁴

Research has demonstrated that the human brain does not finish maturing until a person is in their mid-20s. During adolescence, the part of the brain that controls pleasure-seeking has largely developed, while the part of the brain that governs impulse control and decision making is still under development. This combination means that adolescents and young adults are overly motivated by reward-seeking behavior. As a result, adolescents are more susceptible to peer pressure, more prone to risk-taking and impulsive behavior, more likely to misread social cues and overreact, and they have not yet learned to make decisions with a future orientation – all factors that can lead to breaking the law.⁵

In a series of court decisions concluding that youth and adults are different, most notably *Roper v. Simmons*, which declared youth under age 18 to be ineligible for the death penalty; *Graham v. Florida*, which eliminated life sentences for non-homicide crimes; and *Miller v. Alabama*, which eliminated mandatory life-without-parole sentences for youth, the United States Supreme Court elevated the science on adolescent development. In *Roper v. Simmons*, the Court wrote that youth have a “lack of maturity and an underdeveloped sense of responsibility,” leading to recklessness, impulsivity, and heedless risk-taking.⁶ In *Miller v. Alabama*, the Court found that youth “are more vulnerable ... to negative influences and outside pressures;” they have limited “control over their own environment” and are therefore unable to extricate themselves from crime producing settings; and since a child’s character is not as “well formed” as an adult’s, his/her traits are “less

Youth “are more vulnerable ... to negative influences and outside pressures;” they have limited “control over their own environment” and are therefore unable to extricate themselves from crime producing settings; and since a child’s character is not as “well formed” as an adult’s, his/her traits are “less fixed” and his actions less likely to be “evidence of irretrievabl[e] deprav[ity].”⁷

fixed” and his actions less likely to be “evidence of irretrievabl[e] deprav[ity].”⁷ And, in *Graham v. Florida*, the court agreed with the petitioner’s assertion that “developments in psychology and brain science continue to show fundamental differences between juvenile and adult minds. For example, parts of the brain involved in behavior control continue to mature through late adolescence.”⁸

The *Miller* decision, quoted above, touches on a core positive component of this stage of development, which offers great opportunity for advancing public safety. First, young people are “less fixed” in their ways, and the vast majority of young people will naturally age out of delinquent behavior without intervention. That is not to say that law-breaking behavior should be ignored, but rather that the intervention—whether via civil citation, post-arrest diversion, or formal processing—should be appropriate for the individual young person and his/her circumstances. Significant evidence shows that involvement in the juvenile justice system, considered

⁴ National Research Council, “Reforming Juvenile Justice.”

⁵ “Teen Brain: Behavior, Problem Solving, and Decision Making.” American Academy of Child and Adult Psychiatry, 2016, accessed on May 16, 2019. https://www.aacap.org/aacap/families_and_youth/facts_for_families/fff-guide/the-teen-brain-behavior-problem-solving-and-decision-making-095.aspx

⁶ *Roper v. Simmons*, 543 U.S. 551 (2005).

⁷ *Miller v. Alabama*, 567 U.S. 460 (2012).

⁸ *Graham v. Florida*, 560 U.S. 48 (2010).

alone, produces negative outcomes for young people.⁹ Overly intrusive and prolonged interventions can actually increase future reoffending.¹⁰ Second, the brain development that occurs during adolescence makes young people more malleable to positive interventions that promote growth. Therefore, appropriate interventions can positively impact a young person's future behavior, and in doing so, prevent him or her from committing crimes in the future.¹¹ That means that the interventions delivered by the juvenile justice system and its community-based partners have the potential to dramatically affect their lives, for better—or worse. Youth who come into contact with the juvenile justice system need positive interactions with caring adults, constructive feedback, and learning opportunities that help them with the normal developmental milestones of impulse control, decision-making, and emotional

maturity delivered in the least-intrusive, least-restrictive setting possible.¹²

Overly intrusive and prolonged interventions can actually increase future reoffending.

Given the research in this area, the onus is on juvenile justice practitioners to bring juvenile justice practice into alignment with developmental research, even if that means altering long-standing practices—practices that may be harmful to both the young people they are trying to serve and public safety at large. A positive youth development model that identifies young peoples' needs and builds on their strengths and assets should be implemented at every stage of the system.

IMPACT OF TRAUMA

Justice-involved youth are disproportionately likely (when compared to non-justice involved youth) to have histories of abuse that add to the complexities of adolescent development.¹³ Unfortunately, juvenile justice systems far too often exacerbate these complexities by placing youth in settings that are not conducive to healing.¹⁴ In describing this scenario, the authors of a recent report from Harvard University and the National Institute of Justice states:

The trauma many of these young people have experienced may make them especially sensitive to environmental triggers, and yet, many are kept in institutional environments that can further trigger trauma and rage: long periods of isolation; harsh, sterile surroundings; bright lights; a constant din; and a near-constant threat of violence.

Many of the youth who come into contact with the juvenile justice system enter it with diagnosable mental health and substance abuse problems, yet few receive help with these issues.¹⁵ A longitudinal study of 1,300 youth who were confined for serious offenses found that, while in the residential setting, few received mental health services.¹⁶ Once released, even fewer youth received mental health services, despite the finding that each additional month of service reduced the likelihood of recidivism by 12%.¹⁷ Finally, life-course criminological research has found that marriage and long-term employment are two of the most critical developmental milestones on the path to maturing out of delinquent behavior.¹⁸ However, commitment to a youth prison makes both less attainable.¹⁹

⁹ David Muhammad, "A Positive Youth Justice System," *National Institute for Criminal Justice Reform*, 2019. <https://nicjr.org/wp-content/uploads/2019/01/PYJS-Report-NICJR-Feb-2019.pdf>

¹⁰ National Research Council, "Reforming Juvenile Justice."

¹¹ Ibid.

¹² Ibid.

¹³ Carly B. Dierkhising, Susan Ko, Briana Woods-Jaeger, Ernestine Briggs, Robert Lee, and Robert Pynoos, "Trauma Histories among Justice-Involved Youth: Findings from the National Child Traumatic Stress Network." *European Journal of Psychotraumatology* 4, no. 10 (2013). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3714673/>

¹⁴ Christopher Branson, Carly Baetz, Sarah Horwitz, and Kimberly Hoagwood, "Trauma-informed Juvenile Justice Systems: A Systematic Review of Definitions and Core Components." *Psychological Trauma* 9, no. 6 (November 2017): 635-646. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5664165/>

¹⁵ Office of Juvenile Justice and Delinquency Prevention, "Intersection Between Mental Health and the Juvenile Justice System." OJJDP Literature Review, 2017. <https://www.ojjdp.gov/mpg/litreviews/Intersection-Mental-Health-Juvenile-Justice.pdf>

¹⁶ Ibid.

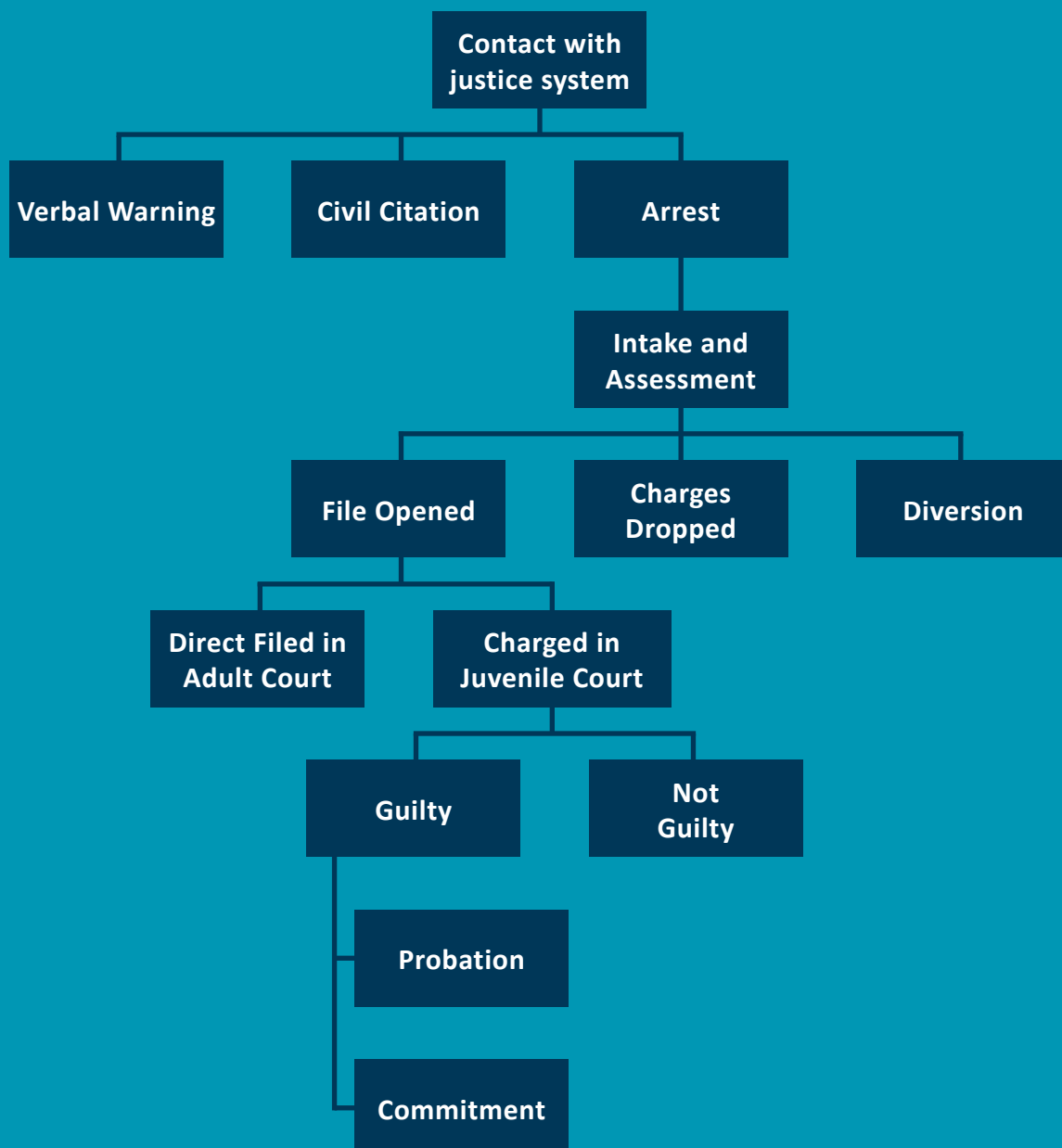
¹⁷ Carol Schubert and Edward Mulvey, "Behavioral Health Problems, Treatment, and Outcomes in Serious Youthful Offenders," *Office of Juvenile Justice and Delinquency Prevention*, 2014. <https://www.ojjdp.gov/pubs/242440.pdf>

¹⁸ Robert Sampson and John Laub, "A Life-Course Theory of Cumulative Disadvantage and the Stability of Delinquency" in *Developmental Theories of Crime and Delinquency*, e.d. Terry Thornberry. (New Brunswick: Transaction, 1997), 133-161.

¹⁹ Barry Holman and Jason Ziedenberg, "The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities" *Justice Policy Institute*, 2011. http://www.justicepolicy.org/images/upload/06-11_rep_dangersofdetention_jj.pdf

Current Juvenile Justice System Structure and Processes

The current juvenile justice system in Northeast Florida is comprised of multiple agencies, each making a specific and important contribution to the overall functioning of the system. In order to provide appropriate context regarding what diversion is, where diversion sits in the juvenile justice continuum, and how diversion can be improved, this section of the report walks through each of the major decision points within the juvenile justice system. At each decision point, the current practice is discussed and the major agencies responsible are identified.



CIVIL CITATION

The vast majority of young people who come into contact with the justice system do so by first interacting with a law enforcement officer. Officers have the option of giving a verbal warning, issuing a civil citation or making a formal arrest, depending on the alleged offense and other circumstances.

A civil citation is a pre-arrest diversion strategy, in which law enforcement officers can immediately divert a youth's case from formal arrest and processing into a community-led effort to hold young people accountable. Pre-arrest diversion has numerous benefits, including significant cost-savings for taxpayers as well as the prevention of stigmatization and trauma that accompanies arrest, mugshots, and the threat of out-of-home detention.

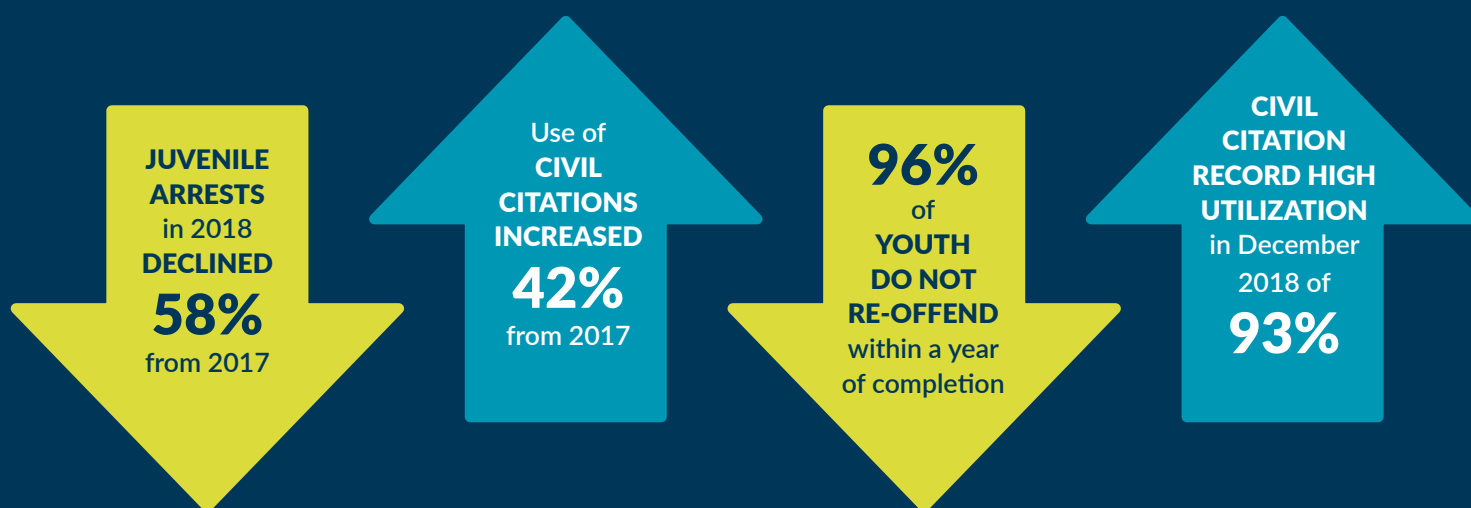
Most misdemeanors and municipal ordinance violations (except for offenses associated with the use and/or possession of firearms, or certain traffic offenses) qualify for civil citation. Only children under the age of 18 are eligible for juvenile civil citations. They must have two or fewer prior citations; must not have a pending citation or warrant or custody order; must not have been previously adjudicated for a felony or convicted as an adult; and, cannot be identified as a gang member.

Civil citations are important, because they:

- Promote accountability and immediate intervention;
- Provide swift consequences;
- Increase public safety by assessing and referring "at-risk" youth to intervention programs with the goal of reducing recidivism;
- Prevent lifelong consequences associated with an arrest, adjudication, or conviction;
- Reduce the number of juvenile offender referrals to and pending cases in the justice system; and
- Reduce costs associated with administration of the criminal juvenile justice system.

Once a young person receives a civil citation, they are referred to a Teen Court, which either provides services directly or further refers the young person to a Neighborhood Accountability Board (see diagram on page 9).

Currently, restorative justice practices are used when a young person is issued a civil citation and is referred to a Teen Court or Neighborhood Accountability Board (NAB).



CIVIL CITATIONS keep the **COMMUNITY SAFER** and **SAVE TAXPAYER DOLLARS**. It is estimated the **EXPANDED USE OF CIVIL CITATIONS HAS SAVED MORE THAN \$3.2 MILLION**

Data compiled and provided by the Florida Department of Juvenile Justice

Teen Courts and NABs practice restorative justice by bringing the community together to determine appropriate sanctions.²⁰ To participate in a Teen Court or NAB program, the young person must accept responsibility and be willing to “make reparation through the use of therapeutic interventions, written assignments and community service.”²¹ Crime victims often receive apology letters and may also receive restitution.

Sanctions from a Teen Court or NAB typically include a combination of the following:

- Community service hours
- Reflective essays on behavior that led to issuance of citation
- Book report
- Thank you letter to the officer for sending them to program
- Workbook assignments on relevant subject matters

- Drug testing and drug abuse counseling
- Mental health counseling

In May 2017, State Attorney Nelson entered into a memorandum of understanding (MOU) with more than 20 local agencies, providing law enforcement with the broadest discretion possible to issue civil citations in situations they deem appropriate. The MOU paved the way for an increased use of civil citations and has resulted in a significant shift in Jacksonville. There was a 128% increase in the number of civil citations issued from 2016 to 2018, with 704 civil citations issued in 2018. The expanded use of civil citations saved taxpayers over \$3 million in 2018²² and led to a decline in the number of youth processed at the Juvenile Assessment Center from June 2017 (270 youth) to August 2018 (180 youth).²³ The JJAC commends the SAO and its partners for increasing the use of juvenile civil citations.

ARREST AND INTAKE

When a young person is ineligible for a civil citation, the youth is likely to be arrested. According to the Jacksonville Sheriff’s Office (JSO) juvenile processing procedures, all youth arrested are handcuffed and transported to the juvenile processing area inside of the John E. Goode Pretrial Detention Facility, which is Duval County’s primary adult jail in downtown Jacksonville. A JSO officer handles the initial booking of youth. This component includes a precursory pat search, removing the handcuffs, inventorying and storing the youth’s property, questionnaires, obtaining fingerprints, and mugshots. This process can take several hours.

When the youth’s booking is completed, JSO personnel re-shackle and transport the youth to the Juvenile Assessment Center (JAC), which is adjacent to the Juvenile Detention Center (JDC). The JAC is run by probation officers employed by the Department of Juvenile Justice, an agency of the State of Florida.

At the JAC, the juvenile is unshackled and their identity is checked in various databases. DJJ personnel and contractors administer assessments to determine

1) whether the juvenile will be detained pending adjudication (Detention Risk Assessment Instrument (DRAI)) as well as 2) their mental health (Massachusetts Youth Screening Instrument (MAYSI)). A subset of young people may be referred for a more detailed assessment, called Global Assessment of Individual Needs (GAIN), which is conducted by a contractor: Jewish Family & Community Services (JFCS). The GAIN Assessment often needs to be completed later since JFCS personnel are not staffed on site. JFCS then make referrals to counselling or other services.

JAC personnel also contact the youth’s parents/guardian. If the juvenile is to be released, the parents/guardian will pick up him or her. If the juvenile is to be detained, the young person is re-shackled and walked across a parking lot to the Juvenile Detention Center. Youth typically spend approximately two hours at the JAC before either being released or detained. Between the booking at the pretrial detention facility and the time at the JAC, a young person can spend five hours or more in the intake process before being released or detained.

²⁰ See page 17 for further discussion of restorative justice.

²¹ “Teens and Truancy Courts.” Fourth Judicial Circuit Courts of Florida, accessed on November 24, 2018. <https://www.jud4.org/Court-Programs/Teen-and-Truancy-Courts>

²² First-time misdemeanor arrests for juveniles cost approximately \$5,000, whereas the issuance of a single civil citation costs \$386, on average. Florida DJJ Civil Citation Initiative, <https://juvjustice.org/sites/default/files/ckfinder/files/STTAC%20Civil%20CitationWebinar.pdf>, September 22, 2014, pg. 27; Florida DJJ Roadmap to System Excellence, <https://www.scribd.com/document/162251091/Florida-Department-of-Juvenile-Justice-Roadmap-to-System-Excellence>, August 1, 2013, pg. 32; Florida DJJ Civil Citations, <http://www.djj.state.fl.us/docs/quality-improvement---residential/2012-civil-citation-powerpoint>, May 2012, pg. 7; “Restorative Justice,” Interfaith Coalition for Action, Reconciliation, and Empowerment, accessed on November 26, 2018. <http://icarejax.org/youth-crime/>

²³ Information provided during Juvenile Justice Advisory Committee Meeting compiled from the Florida Department of Juvenile Justice: <http://www.djj.state.fl.us/research/reports/reports-and-data/interactive-data-reports/civil-citation-and-other-alternatives-to-arrest/cc-dashboard>.

DIVERSION

Once a child has gone through the intake process, his/her file is referred to the State Attorney's Office. Assistant State Attorneys within the SAO determine whether charges should be dropped, proceed to formal petition (i.e., whether the child should be charged), or whether the case should be diverted from the formal petition process.

Diversion programs are designed to provide immediate accountability without involvement in the traditional court system for youth who have been arrested for lower-level offenses. To be eligible for diversion, the youth should:

- be under the age of 18 at the time of the offense;
- have no more than one previous adjudication for a non-violent misdemeanor; and
- be charged with a misdemeanor or third-degree felony.

Between 1991 and 2008, the SAO had multiple youth diversion programs. These programs were supported through federal and state grants, local philanthropic support, and well-trained community volunteers. Between 2008 and 2016, the SAO put less emphasis on diversion of youth from the formal justice system, and the number of available diversion programs dropped significantly. Historically, diversion programs have been created and operated internally at the SAO, without significant input from the community.

Currently, when an Assistant State Attorney receives a case, they review it for diversion eligibility. Youth who are deemed eligible for diversion must attend an initial court appearance before the judiciary to be placed in diversion. The SAO then refers the child to either the Juvenile Diversion Alternative Program (JDAP) or the Youth Offender Program (YOP). For more serious offenses or for youth who present more needs, youth are referred to JDAP. For less serious offenses and for those youth generally without previous juvenile justice involvement, youth are referred to YOP.

JDAP is run by Bay Area Youth Services through a contract with the DJJ. The contract was renewed in 2017 for five years. The number of young people participating in JDAP is 50 to 60 on average; however, the contract is for 70. Participation in JDAP has declined due to the increased use of pre-arrest diversion. JDAP serves youth who need more intensive services and who have co-occurring issues (e.g., learning disabilities, substance abuse, trauma at home, etc.). JDAP has three case managers and one

consulting clinician. Typically, a young person completes the program in 60 to 120 days. Once a juvenile is referred to JDAP, the first meeting is typically in five to seven days. The case manager coordinates all services for the youth, and meetings can occur at the office or at the youth's home.

Youth who are diverted but not referred to JDAP enter what is called the Youth Offender Program (YOP), run by the SAO. They begin with a hearing in front of SAO personnel, during which a family assessment is conducted, facts of the case are discussed, and the youth is given the opportunity to enter into a Deferred Prosecution Agreement. The agreement provides for the youth to complete a number of tasks over 90 days in exchange for the charges being dropped. The tasks may include, depending on the circumstances of the arrest:

- attending a Consequences of Crime (for males) or Focus on Females (for females) class,
- a tour of the Duval County Jail,
- writing one or more essays (on a subject such as character),
- writing apology letters,
- reviewing and responding to questions about educational materials (for example, about anger management or bullying behavior), and/or
- community service.

In addition, the hearing officer can make referrals to service providers as part of the diversion process. However, the SAO has very limited case management resources. The lead case manager at the SAO can have as many as 200 open cases at one time. So, while the SAO personnel strive to serve the needs of diverted youth, the practicalities of serving so many young people can be overwhelming.

As part of the YOP, twice per year the SAO arranges for the arrest records of youth who successfully complete the YOP to be expunged. Absent expungement, the arrest record of a diverted youth remains part of their history. With expungement, the record is removed. JSO, Florida Coastal School of Law, Jacksonville Area Legal Aid, and several nonprofits give time and funds to pay for this process.

It is worth noting that, in addition to arrested youth, the SAO diversion program is currently used for what is referred to as at-large referrals. These are youth who have not been arrested but have a diversion case opened

at the SAO. These include, for example, youth displaying pre-delinquency behaviors whom are referred by their school. Please see page 22 for additional discussion of at-large referrals.

PETITION

Cases that are not diverted or dropped proceed to a formal petition in the juvenile court. A petition is similar to a charging document in adult court and is the primary instrument that informs the adjudication hearing (similar to a trial in adult court). An Assistant State Attorney will prepare the petition and, in an adjudication hearing, make the case to the court that the young person is responsible for the alleged delinquent act.

DISPOSITION

When a young person is adjudicated “delinquent” at an adjudication hearing, the case proceeds to a disposition hearing wherein the judge determines whether the child receives a disposition of probation or commitment.

Typically, a disposition of probation means that the young person stays in their home and must follow the requirements of probation, including regular meetings with a juvenile probation officer. The Florida Department of Juvenile Justice monitors youth compliance with the terms of probation, and there are various sanctions and supports, such as:

- Community service
- Consequences of Crime class
- Letter of Apology
- Relevant Subject Matter Packet (i.e., anger management)
- Curfew
- Counseling (drug abuse, behavior modification, family therapy)
- Educational support

A child who receives a commitment disposition can be sent to a non-residential program, a non-secure residential program, a high-risk residential program, or a maximum residential program.

A non-residential commitment program is typically a day treatment program that allows a child to reside at home and attend the program daily. Day treatment programs are not longer than one year and are more intensive than probation.

The other three types of commitment dispositions are residential – meaning, that a young person is removed from their home and sent to live in a juvenile justice facility. There are three levels to these facilities, with the most restrictive level most closely resembling an adult prison. As per the Florida Department of Juvenile Justice website²⁴, all facilities are expected to provide 24-hour awake supervision, custody, care, and treatment of residents. The facilities shall have no more than 90 beds each, including campus-style programs, unless those campus-style programs include more than one treatment program using different treatment protocols, and have facilities that coexist separately in distinct locations on the same property. All three levels permit facility staff to seclude a juvenile who is a physical threat to himself, herself, or others, and to use mechanical restraints.

Commitment is often followed by a period of post-commitment supervision (like probation), where the court can retain jurisdiction until age 19. In some instances, youth will receive conditional release, where the courts can retain jurisdiction until age 21.

To summarize, the “lightest touch” of the juvenile justice system involves civil citations, generally for youth accused of minor offenses, who are unlikely to have further involvement with the juvenile justice system. The petition process is reserved for serious offenses and/or youth who have come into contact with the juvenile justice system multiple times, and in many ways resembles adult criminal justice dispositions.

Our focus is on the cases in the middle, where the young person is arrested but a determination is made to divert the youth with only limited intervention in order to maximize chances that that youth will be successful and avoid future justice involvement.

²⁴ Florida Department of Juvenile Justice: Restrictiveness Levels. <http://www.djj.state.fl.us/programs-facilities/restrictiveness-levels>.

Recommended Diversion Process and Structure

The JJAC was tasked with developing a set of recommendations to improve diversion programming in the Fourth Judicial Circuit.²⁵ This section contains priority recommendations for improvements to the diversion process.

TRANSFER DIVERSION PROGRAMMING OUT OF THE SAO TO THE KHA

Diversion programs should be moved out of the State Attorney's Office, and instead, be managed by the Kids Hope Alliance (KHA). The KHA was created by the City of Jacksonville to serve as a central coordinator for children's programming and provide funding and resources to youth and community-based programs that serve youth. Juvenile justice is one of the KHA's five Essential Services categories. In November 2018, it released its inaugural Essential Services Plan, which includes as one of its impact strategies to:

Increase and implement programming aimed at youth who are involved in the criminal justice system, specifically diversion services for youth who are not eligible for or already captured by civil citations.²⁶

The KHA is the logical organization to manage Jacksonville's diversion programs. It already serves as the primary hub of coordination for all children's programming in Jacksonville, and it has identified diversion services as a core strategy. In addition, the KHA has the existing infrastructure to manage Request for Proposals (RFP) and other funding mechanisms, and to manage the data collection and reporting of nonprofit organizations receiving funding to provide diversion services to youth. The KHA is also well-situated to track program outcomes, including participant recidivism rates, ensure a consistent definition of "recidivism" across programs and providers, and require consistent reporting on those outcomes. The KHA already provides this type of quality control for other contracts and can provide appropriate oversight to ensure that organizations providing diversion services meet their contractual obligations.

Structurally, the State Attorney's Office, which is the State's prosecuting entity, is not the appropriate place to manage the city's diversion programming. Diversion—as a discreet step in the juvenile justice continuum—is designed to address youthful misbehavior and keep young people out of the formal justice system and away

from the SAO. Therefore, diversion programming should be administered by community-based entities rather than the prosecuting entity. Moving forward, the SAO should serve as the referral source for diversion—not as the program manager. As a subject-matter expert on the KHA board and a member of the KHA's Juvenile Justice Taskforce, the SAO will continue to have input in overall diversion programming efforts, but would do so in collaboration with other members of the Juvenile Justice Taskforce.

KHA's Five Essential Services Categories:

- Early Learning Programs
- Juvenile Justice Prevention Programs
- Out-of-School Time Programs
- Preteen and Teen Programs
- Special Needs Programs

To most effectively implement this significant shift, the JJAC calls on the SAO and KHA to immediately establish the Independent Diversion Transition Workgroup. The task of the workgroup shall be to facilitate the transfer of diversion programming from the SAO to the KHA. Key early tasks of the workgroup will include: KHA hiring a qualified senior executive or consultant to lead KHA's assumption of management of diversion programming; determining which entities will implement diversion programming following transfer from the SAO through the formalized Request for Proposals process; and determining the needed budget and source of funds for this work (see discussion following, under the Funding section).

²⁵ Although the Fourth Judicial Circuit includes Clay, Duval, and Nassau counties, for the purposes of this report, the JJAC focused on Duval County. Recommendations made in this report will be piloted in Duval County with successful practices implemented at a later date in Clay and Nassau.

²⁶ Kids Hope Alliance, "2018 Kids Hope Alliance Essential Services Plan." (Jacksonville: Kids Hope Alliance, 2018): 13. http://kidshopealliance.org/wp-content/uploads/2018/11/KHA-Essential-Services-Booklet.Mayor_.pdf

As part of the workforce efforts, the SAO should provide all relevant information and data regarding diversion to KHA, such as:

- Total current budget allocations towards diversion programming within the SAO²⁷;
- Source and future availability of such funding;
- Number or percentage of FTEs within the SAO dedicated to diversion programming;
- Number of young people in Duval County served in juvenile diversion programs in 2017 and 2018;
- Percentage of young people in Duval County who successfully completed juvenile diversion programs in 2017 and 2018;
- Anticipated number of eligible young people for diversion programming once services are expanded and enhanced via transition to KHA; and
- Any other relevant data or information.

The workgroup should commence efforts immediately, and move to have the transition plan completed and implemented as promptly as feasible.

Implementation Timeframe: *Immediate.*

GOVERNANCE

The success of juvenile justice system diversion efforts in our community will depend upon committed leadership. The JJAC believes the KHA is well-suited—both in its mission and staffing capabilities—to provide the leadership necessary for this success. Missing from its current ability, however, is the comprehensive leadership knowledge and experience necessary to inform its decision making. Currently, the State Attorney’s Office, the Fourth Judicial Circuit Juvenile Justice Advisory Board, and the KHA Juvenile Justice Taskforce contribute to the circuit’s diversion system. Collectively, the memberships of these independent entities and DJJ constitute a repository of knowledge and experience about our youth that is critical to the funding and synthesis of interest and support necessary to sustain a comprehensive diversion system over time and across changes in various administrations.

Accordingly, the committee recommends the KHA Juvenile Justice Taskforce be enlarged to include voting representation of each of the current stakeholders identified by Florida Statute 985.664(4),²⁸ or alternatively,

that the implementation of KHA’s diversion programs be subject to the approval of the Circuit Four Advisory Board, which is comprised of state, local, and community juvenile justice stakeholders.

Implementation Timeframe: *Immediate.*

REFERRAL PROCESS

Similar to the SAO’s recent MOU with law enforcement agencies agreeing to provide broad discretion in the issuance of civil citations, ASAs should have broad discretion when referring cases for diversion. Under the model recommended in this paper, the State Attorney’s Office should receive the juvenile’s file from the Juvenile Assessment Center and an ASA will determine whether the case should proceed to formal petition or be diverted. If the ASA determines that the case should be diverted, the SAO will refer the child and his or her family to the KHA-contracted diversion case management provider. At this point, the SAO’s involvement in the matter will cease, until the diversion period comes to a conclusion. If the youth fails to successfully complete the diversion program, the case will then be sent back to the State Attorney’s Office for a decision on how to proceed with disposition. See page 19 for discussion of procedures upon failure to complete diversion.

Implementation Timeframe: *Immediate.*

CASE MANAGEMENT AND WRAPAROUND SERVICES

Children who come into contact with the juvenile justice system often have complex needs, with unique situations and circumstances. At the same time, research tells us that the vast majority of young people who are arrested for minor offenses will not return to the justice system even if no intervention is provided, and that over-intervention in young peoples’ lives can produce worse—not better—outcomes. Given these realities, the JJAC recommends a case management structure of diversion programming that allows the respective case managers to provide individualized plans that wrap services around each youth who is referred for diversion programming.

²⁷ Currently, the only SAO funding for diversion programming is in the form of personnel/salary costs.

²⁸ Florida Statute 985.664(4) mandates the Fourth Judicial Circuit Juvenile Justice Advisory Board consist of the State Attorney, the Public Defender, the Chief Judge, a Florida Department of Children and Families representative, the Sheriff, a county commissioner, a Superintendent of Schools, a workforce organization representative, a business community representative, a health services representative who specializes in mental health care, victim-service programs, or victims of crime, a parent or family member of a youth who has been involved in the juvenile justice system, and up to five representatives from among community leaders and youth service coalitions (or in some instances, their designees).

One of the important tasks of the Independent Diversion Transition Workgroup will be to determine how best for KHA to build the capacity for wraparound case management services. Since KHA will be contracting these services out, it is logical to consider whether existing case management services should be utilized and/or expanded. In developing a robust case management capability, there should be emphasis on redeploying and restructuring existing case management resources into a single operating structure.

Under the suggested revised structure, upon receiving a diversion referral from the SAO, the case manager will meet with the young person and family and administer the recommended assessment tools (discussed in more detail below) to determine which services and programs would be most appropriate for the child and family. The case manager will then connect the youth with the appropriate program or programs. Sufficient funding will be critical to keep case manager caseloads small enough that youth and families receive the individualized attention they deserve and need to be successful.

There are multiple benefits to the outlined approach. First, the youth will receive services that are individually tailored to their specific needs and circumstances in order to neither over-program or under-serve. Second, the case manager can develop a relationship with the youth and his/her family. Third, youth benefit from positive relationships with caring adults, and this case manager structure would facilitate such a relationship.

It will be critical for case managers to be knowledgeable about existing service providers in the Duval County community. Some of these service providers may receive specific funding to serve kids in diversion, while other service providers may serve the Jacksonville community more broadly. For example, the Partnership for Child Health recently received a \$1.2 million Florida Department of Children and Families grant to implement the Wraparound INTERvention STRategies (WINS) initiative. WINS was developed to fill the gaps in the continuum of care for youth with substance use and/or mental health disorders—involved in or at-risk of involvement in the juvenile justice system in Duval County—by providing research-driven interventions to prevent youth from entering higher levels of care through diversion and community-based programming. One of the three components of the initiative is High-Fidelity Wraparound services: a therapeutic care coordination model for youth with trauma indicators and mental health issues who score low- to moderate-risk with high social and

emotional needs. Wraparound services are considered a high-intensity level of service that should be reserved for youth and families with the most complex needs.

Implementation Timeframe: *Short-term.* It will take some time to develop a full case manager model, and the executive or consultant hired by KHA should have a key role in this implementation.

STRENGTHS AND NEEDS ASSESSMENT TOOL

Once a youth is referred for diversion, the assigned case manager should administer the recommended assessments, including a substance abuse and mental health assessment (such as the GAIN-Q [Global Appraisal of Individual Needs]) and a strengths and needs assessment tool. Assessment tools will help the case manager identify areas where the young person is excelling and areas where they may need help. As such, the case manager can develop a case plan that both builds on their strengths and addresses their needs, allowing for an asset-based approach to youth development rather than a strictly deficit-based approach.

Currently, providers of diversion services in Jacksonville use a compendium of tools to gather social history and assess strengths and needs, albeit with little similarity and uncertain degrees of reliability and validity. In addition, while the existing tools utilized may be relevant for individual programming, they are not part of comprehensive diversion case planning framework that guide overall services and support.

Extensive research by Operation New Hope identified several reliable and valid instruments recommended for review, including the Level of Service/Case Management Inventory (LSCMI), a validated needs assessment used to help make decisions related to case planning, appropriate levels of service, and treatment progress. Further, the recently awarded WINS initiative identified the youth version of the LSCMI, the Youth Level of Services/Case Management Inventory (YLS/CMI) to provide the case planning framework for diversion eligible youth. The YLS/CMI was identified from the Miami diversion structure.

After diversion services are transferred from the SAO to KHA, KHA and the case management provider should through the KHA Juvenile Justice Taskforce select the most appropriate tools for implementation. The JJAC recommends the KHA Juvenile Justice Taskforce

review the above tools for implementation, taking into account the current success modeled by Miami's diversion program and the research invested in their identification. Further, the assessment tool should not be a risk assessment tool, since the young person has already been referred for diversion by the SAO.

Implementation Timeframe: *Mid-term.* This work will be undertaken after the KHA contracts with the case management provider.

DEVELOP A CONTINUUM OF DIVERSION PROGRAMMING

To maximize the effectiveness of the case management structure, case managers should have a continuum of programming available for referral, since not all youth present the same strengths or needs. These programs may be exclusively funded to serve kids who are in diversion, or they may be broader, community-based programs that have a certain number of program "slots" reserved for diversion referrals. The overall development of the continuum will be an ongoing effort. Below, four types of programs are specified that would be particularly beneficial as part of the continuum.

Restorative Justice Pilot

Restorative justice is "a theory of justice that emphasizes repairing the harm caused by criminal behavior."²⁹ While our current system provides for some reparation of harm—typically in the form of restitution—the emphasis on punishment is the key focus of current legal jurisprudence. The centrality of reparation of harm suffered by a victim or community distinguishes restorative justice from traditional forms of criminal justice. In our current system, an individual who commits a crime commits a crime against the State. Although crime victims have rights, the State is the primary victim. Restorative justice practices, on the other hand, focus on addressing and repairing harm by giving the victim a more significant role in the process.

Restorative justice is a "process to involve, to the extent possible, those who have a stake in a specific offen[s]e

and to collectively identify and address harms, needs and obligations, in order to heal and put things as right as possible."³⁰ This process, often called community conferencing, is an extended discussion about crime and its consequences. The discussion involves a face-to-face meeting between the victim, the person who caused harm, and other community stakeholders. During the conferencing session, trained facilitators promote productive discussions and ensure safety. All participants have the opportunity to tell their stories and the conferencing concludes with a consensus on how to best repair the harm caused. This model aims to address several areas that the traditional justice system may not: reparation of harm caused, prevention of further harm, and restoration of broken relationships.

Studies suggest that restorative justice can "improve victim satisfaction, increase a defendant's compliance with restitution mandates, and decrease recidivism when compared to more traditional criminal justice responses."³¹ While "studies on recidivism are not scientifically robust," reductions have been observed in adults and juveniles "including juveniles with a history of committing violent offenses."³² A meta-analysis of restorative justice programs revealed that victims who participated were "significantly more satisfied."³³ The author of the meta-analysis examined 13 programs, and victim satisfaction ratings were higher in all but one.³⁴

Given the clear community benefits of restorative justice, the JJAC recommends the incorporation of restorative justice principles across all diversion efforts, and specifically recommends the implementation of a restorative justice diversion pilot program. In effect, this would expand the restorative justice programming that plays a key role in the current civil citation disposition process. The program should be launched as a three-year pilot to develop proof-of-concept and further buy-in from the community in the context of diversion programming. The restorative justice program would be one of several programming options available to the diversion case manager, and the case manager would determine whether restorative justice programming is appropriate for the young person based on several criteria, including:

- The person who caused harm should admit to having involvement in order to be referred to a program.

²⁹ "Restorative Justice," Centre for Justice & Reconciliation, accessed on October 25, 2018. <http://restorativejustice.org/restorative-justice/#sthash.SsZZifmM.dpbs>

³⁰ Howard Zehr and Ali Gohar, *The Little Book of Restorative Justice* (Intercourse, PA: Good Books, 2003).

³¹ Fair and Just Prosecution, "Building Community Trust: Restorative Justice Strategies, Principles, and Promising Practices." FJP Brief, 2017: 2. https://fairandjustprosecution.org/wp-content/uploads/2017/12/FJP.Brief_.RestorativeJustice.pdf

³² Zehr and Gohar.

³³ Jeff Latimer, Craig Dowden, and Danielle Muise, "The Effectiveness of Restorative Justice Practices: A Meta-Analysis," *The Prison Journal* 85, no. 2 (2005): 127–144. http://www.d.umn.edu/~jmaahs/Correctional%20Assessment/rj_meta%20analysis.pdf

³⁴ Ibid.

- The victim must be willing to participate in the restorative justice conference or session.

In general, the restorative justice program should be reserved for more serious diversion cases. The Kids Hope Alliance should issue an RFP for a restorative justice program for which local nonprofit organizations are eligible to apply. Prior to releasing the RFP, the KHA and the case management services provider, in consultation with the SAO, should host a community meeting with a national expert on restorative justice practices to solicit feedback from community and justice system stakeholders, and help inform the development of the RFP and criteria for the restorative justice pilot.

Implementation Timeframe: *Mid-term.* The community meeting and RFP process should begin within the first six months of the transfer of diversion services to the KHA.

Credible Messenger Mentoring Pilot

Credible messenger mentoring programs have demonstrated promising results in jurisdictions like Richmond, CA, New York City, and Washington, DC. In these programs, young people are paired with a mentor who has a set of personal experiences likely to resonate with the mentee. Often, mentors are people who grew up in the same neighborhood as the mentees, and/or may have experienced the justice system firsthand and are now seeking to bring healing to the communities they previously harmed.^{35,36}

In New York City, the Arches Transformative Mentoring Program (Arches) is a group mentoring intervention that serves young people ages 16 to 24 who are on probation. According to a 2018 Urban Institute evaluation:

Arches participants are significantly less likely to be reconvicted of a crime. Relative to their peers, felony reconviction rates among Arches participants are 69% lower 12 months after beginning probation and 57% lower 24 months after beginning probation. This impact is driven largely by reductions among participants under age 18.³⁷

Similar to the program models in Richmond and Washington, Arches mentors are:

“credible messengers,” people with backgrounds and characteristics similar to the populations they serve, who develop robust relationships with

program participants built upon authentic shared experiences and understanding. Mentors are trained to facilitate group mentoring sessions and are expected to be available for additional one-on-one meetings with mentees, using motivational interviewing in both contexts ... Arches is based on the idea that credible messengers are best positioned to engage the young people who are hardest to reach.³⁸

As noted in the Comprehensive Gang Reduction Strategy recently released by the City of Jacksonville, Jacksonville Sheriff’s Office, and the State Attorney’s Office³⁹, Florida statutes and the Department of Juvenile Justice’s policies on background screening prohibit or make it extremely difficult for people with previous criminal convictions to become mentors or volunteer with youth. These individuals are perhaps the ones that could have the largest impact on at-risk youth, but are required to jump through substantial procedural hoops in order to gain an exemption and be authorized to have contact with youth. To repair the situation, it has been proposed that 1) the legislation and policies governing the employment of mentors be modified to allow people with eligible felony convictions to mentor and 2) an intensive mentorship program be established that is available for at-risk and criminally involved youth.

Given the clear benefits of meaningful mentor relationships, the JJAC recommends the incorporation of mentoring opportunities across all diversion efforts, and specifically recommends the implementation of a credible messenger diversion pilot program. The JJAC recommends that a request for proposals for a credible messenger mentoring program be developed and released via KHA. Community-based organizations with deep community ties and some understanding of the long-term negative consequences of justice involvement would be ideal applicants.

Implementation Timeframe: *Long-term.*

Pathways to Career

Some young people who are diverted from formal case processing may decide that employment, rather than continuing their education, is the best path forward at this point in their lives. In these cases, it is critical that young people are provided opportunities to pursue meaningful

³⁵ Richard Gonzalez, “To Reduce Gun Violence Potential Offenders Offered Support and Cash,” *NPR All Things Considered*. March 28, 2016. <https://www.npr.org/2016/03/28/472138377/to-reduce-gun-violence-potential-offenders-offered-support-and-cash>

³⁶ The SAO met with representatives from *Cure Violence* and beginning in summer of 2019, the model will be implemented in two communities with the aim of preventing violence among young people.

³⁷ Matthew Lynch, et al. “Arches Transformative Mentoring Program: An Implementation and Evaluation in New York City,” *Urban Institute*. February 2018. https://www.urban.org/sites/default/files/publication/96601/arches_transformative_mentoring_program_0.pdf

³⁸ Ibid.

³⁹ 2019 Comprehensive Gang Reduction Strategy, <https://www.sao4th.com/wp-content/uploads/2019/01/Gang-Reduction-Strategy.pdf>

Cost and Savings

career pathways that can provide a living wage. Such programs often provide training that can result in industry-recognized credentials for local, in-demand occupations. Supportive services that accompany career pathway training is often designed to boost retention and advancement for individuals with educational deficits and other barriers to employment—potentially including returning citizens. Unlike other models, career pathway programs require significant coordination and collaboration between training providers, community colleges, supportive service providers, and employers to provide a pathways program that is efficient and easy to navigate. A partnership between the KHA and the Florida State College at Jacksonville (FSCJ) could be an ideal relationship to foment a pathways-to-career program.

Implementation Timeframe: *Mid-term.*

DIVERSION COMPLETION

Unsuccessful completion. In instances where a child is struggling to complete the terms of his/her diversion, the case manager should meet with the child and family and attempt to understand the underlying causes for the difficulty. The case manager can decide whether to provide additional support or alter the case management plan entirely and place the child in a different diversion program or programs. In the few instances when a juvenile does not successfully complete the terms of his/her diversion, the case manager and SAO should convene a joint conference with the youth and family. At the conference, the case manager and SAO will again attempt to determine the underlying cause for the unsuccessful diversion experience. Following the conference, SAO will determine whether diversion should be continued, or if the case should be returned to the SAO and moved forward for formal petition.

Successful completion. Upon the successful completion of the diversion period, as determined by the diversion case manager, the SAO should be informed so that the case file can officially be closed. As is current practice, no less than twice per year, the SAO should continue to offer expungement of the arrest records for juveniles who successfully complete diversion.

Implementation Timeframe: *Immediate.*

Research suggests that prolonged contact between young people and the juvenile justice system can be harmful for most youth.⁴⁰ As such, jurisdictions across the country are reforming their juvenile justice systems to eradicate the antiquated “tough on crime” approach in favor of a more developmentally-informed approach that holds young people accountable for their actions while also providing opportunities for them to live up to their full human potential and exit the revolving door of the justice system.

Many jurisdictions that have transitioned to systems that emphasize diversion and community-based dispositions have seen improved public safety and associated cost savings. The types of reforms recommended in this report have been shown to reduce overall spending related to the juvenile justice system, over time. For example, detention and long-term residential facilities are, by far, the most expensive juvenile justice intervention available, costing Florida taxpayers upwards of \$55,000 per year to incarcerate a single young person⁴¹—more than the cost of annual tuition at Harvard University.⁴² Moving to a system with strong diversion programming can help reduce the reliance on detention and residential placement, which can yield significant savings. Other savings are less direct and come as a result of reduced recidivism, better youth outcomes, and fewer future victims of crime. Examples of such savings include: reduced incarceration costs for young adults in the adult system; reduced court costs for future arrests; and, increased economic contributions from young people who grow up to desist from crime and obtain tax-paying employment. These savings often span multiple government agencies—sometimes even multiple levels of government (city, county, state)—and can therefore be difficult to quantify.

This section of the report begins to contemplate potential funding solutions for implementation of the JJAC’s recommendations.

⁴⁰ National Academies Press, “Reforming Juvenile Justice.”

⁴¹ Justice Policy Institute, “Calculating the Full Price Tag for Youth Incarceration.” Washington DC: Justice Policy Institute, 2014. http://www.justicepolicy.org/uploads/justicepolicy/documents/sticker_shock_final_v2.pdf

⁴² “Harvard At A Glance.” Harvard University, 2018. <https://www.harvard.edu/about-harvard/harvard-glance>

Funding

Critical to the success of these efforts will be the availability of sufficient and sustainable funding. There are too many cases in Jacksonville and beyond where communities undertake important initiatives with inaugural funding, only to see those initiatives falter and fail due to changes in budgetary priorities. The JJAC believes that obtaining long-term funding, in conjunction with implementation of its recommendations, is as important as the recommendations themselves.

The JJAC identified various sources of potential funding, which are discussed below.

CHILDREN'S SERVICES TAX; KIDS HOPE ALLIANCE BUDGET

The Miami-Dade Juvenile Services Department (MDJSD), which operates a nationally-recognized model diversion program, was formed as a separate county department, and is primarily funded by Miami-Dade county (\$11 million) utilizing a children's services tax enacted in 2002. The children's services tax provides a dedicated revenue stream that is devoted to the work of the MDJSD.⁴³ Its availability is not subject to shifting spending priorities, and therefore provides stability to the juvenile diversion programming.

Duval County should pursue a similar county-level dedicated funding stream through an independent special district to ensure sustainability for the juvenile justice reforms recommended in this report.⁴⁴

To begin implementation of these recommendations, the Independent Diversion Transition Workgroup shall determine the budget KHA will need. This budget should be incremental to KHA's current budget and not a reallocation of existing KHA dollars, because the ongoing work of the KHA is equally as important to the wellbeing of our community and its youth, and progress in other Essential Services categories need not be affected. Going forward, the incremental budget should become part of KHA's base budget each year, to ensure the continuation of programming. This funding could, in the future, be decreased following the enactment of a dedicated revenue source resulting from a children's services tax.

In developing the KHA budget needs, the Independent Diversion Transition Workgroup should take into consideration the following potential sources of funds.

PHILANTHROPY AND GOVERNMENT GRANTS

Upfront funding to get the recommended reforms started will likely be necessary, and federal or state government grants and philanthropic investments may be options to provide this seed money. Government grants and philanthropic investments must be seen as short-term (often one to three year) infusions of capital, while long-term funding is put into place.

The Office of Juvenile Justice and Delinquency Prevention within the U.S. Department of Justice may offer grants for these purposes, as may the U.S. Department of Labor and U.S. Department of Education. All grants from these three entities would require the submission of a formal application and entail an extended period of review and selection, therefore not lending themselves to short-term or initial sources of funding.

There are also many private foundations that specifically fund juvenile justice reform efforts focused on promotion of public safety and reduction of the use of confinement. Potential options for philanthropic partners include the Pew Foundation, the Annie E. Casey Foundation, and the Public Welfare Foundation. Joint applications submitted in collaboration between government entities and community organizations may be particularly appealing to private foundations such as these.

REALLOCATE EXISTING FUNDING AND REINVEST SAVINGS

As noted above, the SAO does not have operational dollars dedicated to diversion programming. The SAO's expenditures related to diversion are those allocated for

⁴³ The voters of Alachua, Broward, Dade, Hillsborough, Martin, Okeechobee, Palm Beach, Pinellas, and St. Lucie counties have approved the establishment and funding of an independent children's services council, levying their funds through establishment of a millage rate. Florida Statutes dictate a one-half mill cap for the generation of ad valorem funds, however a separate referendum can be held to increase the cap to a full mill.

⁴⁴ These special districts are authorized by Florida Statute §125.901, but must be approved by county voters in a referendum. There are three methods by which the creation of these districts can be placed on a ballot: 1) question posed by city council or commission on a ballot; 2) local legislative proposal; or 3) voter petition.

personnel salaries—dollars appropriated by the State of Florida and/or supplemented by grants.

There are overlaps in how diversion programming is currently operated in Jacksonville, so it should be possible to realize cost savings in connection with this reorganization, with these savings helping to reduce the overall cost of the reorganization.

In other communities, system reforms have been partially funded by reprioritizing agency operations and reallocating funding for the new reforms. The New York City Department of Probation opened more than a dozen Neighborhood Opportunity Networks (NeONS)—small, community-based offices that more closely resemble community-based organizations (CBOs) than probation offices⁴⁵—without increasing the agency’s budget.

In addition, by increasing the number of youth who are diverted, significant savings can be realized by reserving detention and placement facilities only for the small number of young people who need to be removed from the community. In doing so, states can close partial or full facilities and reinvest those savings into less expensive and more effective community-based programming, including light-touch and intensive diversion programs and wraparound services. In Kentucky, for example, the state’s changes resulted in \$4 million in savings reinvested into community supervision and other community-based services. A quarter of that \$4 million was specifically allocated as an “incentive” for local programs that allow youth to remain with their families and provide services in their home.⁴⁶

related issues has received widespread attention over the past several years, garnering pushback from entities as diverse as the U.S. Department of Justice⁴⁸, the Brennan Center for Justice, the American Bar Association, and the Laura and John Arnold Foundation.⁴⁹ A 2016 New York Times article discussed how low-income young people can become entrapped in the juvenile justice system because of the imposition of fines and fees; the article specifically highlighted the struggles of an adolescent from Duval County.⁵⁰ In recent years, the State Attorney’s Office has waived the \$100 diversion fee for families with youth participating in YOP who have an inability to pay, and the KHA should adopt a similar policy when assuming diversion programming.

Currently, diversion is less expensive for children and families than probation or out-of-home placement. In addition, diversion is less expensive for the state than paying to incarcerate a young person in residential placement. As such, diversion followed by alternative-to-placement programs are the most cost effective interventions and produce significantly better results than residential placement.

FEES AND FINES

Florida State statutes currently allow for some of the costs of the juvenile justice system to be passed onto the young people and their families.⁴⁷ As the Fourth Judicial Circuit looks to implement juvenile justice improvements, it should avoid imposing new, additional fees or fines on the young people and their families. The practice of charging families of justice-involved young people—often the least able to pay such fees—for juvenile justice-

⁴⁵ New York City Department of Probation NeONS: <http://home2.nyc.gov/html/prob/html/neon/neon.shtml>.

⁴⁶ Jake Horowitz and Casey Pheiffer, “Juvenile Justice Reforms Yield Major Advances in Kentucky,” Pew Trusts. May 3, 2018. <https://www.pewtrusts.org/en/research-and-analysis/articles/2018/05/03/juvenile-justice-reforms-yield-major-advances-in-kentucky>

⁴⁷ “Cost of Care: A Joint Responsibility,” Florida Department of Juvenile Justice, accessed on May 15,, 2019. <http://www.djj.state.fl.us/docs/youth-families/costofcarebrochure.pdf?sfvrsn=0>

⁴⁸ “Advisory for Recipients of Financial Assistance from the Department of Justice on Levying Fines and Fees on Juveniles,” U.S. Department of Justice, January 2017. <https://ojp.gov/about/ocr/pdfs/AdvisoryJuvFinesFees.pdf>

⁴⁹ Juliene James and Susan Mangold, “The Juvenile Justice System is Stacked Against Poor Families,” The Washington Post. November 20, 2018. https://www.washingtonpost.com/opinions/the-juvenile-justice-system-is-stacked-against-poor-families/2018/11/20/d9eb6d34-e91a-11e8-a939-9469f1166f9d_story.html?noredirect=on&utm_term=.3be853533035

⁵⁰ Erik Eckholm, “Court Costs Entrap Nonwhite, Poor Juvenile Offenders,” The New York Times. August 31, 2016. <https://www.nytimes.com/2016/09/01/us/court-costs-entrap-nonwhite-poor-juvenile-offenders.html>.

Other Diversion Recommendations

In addition to the recommendations discussed above, the JJAC recommends the following immediate and longer-term changes:

Immediate

- **Eliminate initial judicial hearings.** The SAO should work with the Fourth Judicial Circuit Courts to eliminate the judicial hearing before a child can be placed in a diversion program. One of the primary purposes of diversion is to limit children's unnecessary exposure to the formal justice system, since overexposure to the formal justice system can exacerbate trauma and perpetuate the labeling and self-labeling of young people as "delinquent" or "troubled." Previously, youth were offered and placed on diversion plans without the requirement of appearing before the Court. The JJAC strongly recommends that the SAO works with the judiciary to immediately revert to this process and eliminate the judicial hearing.
- **Stop jail tours.** Jail tours and "scared straight" programs have been shown to increase the likelihood of arrest and re-arrest among at-risk youth.⁵¹ Jail tours should immediately be eliminated from the Youth Offender Program and the Program for At-Risk Students, and should be stopped by all agencies that utilize such tours as a prevention, diversion, or disposition strategy. In addition, programs should examine all current diversion practices against national best practices, and update any clear areas of misalignment accordingly.

Mid-Term

- **Cease acceptance of at-large referrals at the SAO.** Once the transition of diversion programming from the SAO to KHA is complete, the SAO should no longer receive at-large referrals. Children who are identified as being at-risk for entering into the juvenile justice system should receive services; however, those services should not come from the county's prosecuting entity, and the children should not touch the formal justice system. Instead, at-large referrals should be sent to the case management provider for appropriate services, since case managers will have the capacity to provide intervention in a community-based setting that is not part of the justice system construct.

Long-Term

- **Provide post-completion services.** Most young people complete the diversion process within 90 days. This is an appropriate timeframe to immediately address behavior that led to the juvenile's contact with the juvenile justice system and provide services and programs that are tailored to their individual needs—if any are identified from the needs assessment. However, there may be occasions where the child or family believes it would be beneficial to continue with the services or programs that were provided during the diversion program. In these instances, the case manager will assist the young person or family in continuing such services, however, participation will be considered optional and the youth will no longer be monitored for justice-system purposes.

⁵¹Laurie O. Robinson and Jeff Slowikowski, "Scary – and ineffective," The Baltimore Sun. January 31, 2011. <https://www.baltimoresun.com/opinion/bs-xpm-2011-01-31-bs-ed-scared-straight-20110131-story.html>.

Additional Recommendations

This report focuses primarily on improvements to the diversion process, as that was the task with which the JJAC was charged. However, in conducting research, learning from experts, reviewing national best practices, and evaluating Northeast Florida's current juvenile justice system, the JJAC identified several other areas for improvement, noted here as additional recommendations.

OVERARCHING

- **Reconstitute the KHA Juvenile Justice Taskforce.** The JJAC recommends the development of an enhanced KHA Juvenile Justice Taskforce, consisting of the heads of relevant agencies as contemplated by Florida Statutes § 985.664(4), with two primary objectives:
 - identify ways in which its members can more effectively intervene in students' lives with the aim of preventing justice involvement; and,
 - enhance communication between relevant agencies in order to best support young people who have come into contact with the justice system.

PREVENTION

- **Incorporate strategies from the School-Justice Partnership Model.** The JJAC acknowledges and appreciates the myriad agencies and organizations diligently working to keep young people on the right track, and out of the justice system altogether.⁵²

The School-Justice Partnership Model, funded by the Office of Juvenile Justice and Delinquency Prevention and implemented by the National Council of Juvenile and Family Court Judges (NCJFCJ), aims to keep kids in school and out of court. The model “enhances collaboration and coordination among schools, mental and behavioral health specialists, law enforcement and juvenile justice officials to help students succeed in school and prevent negative outcomes for youth and communities.”⁵³ The multidisciplinary effort is designed to improve school climates, respond quickly and appropriately to student mental health and behavioral needs, avoid referring students to law enforcement as a disciplinary response, and facilitate a supportive school re-entry process in the rare instances in which a youth is referred to the justice system. The JJAC recommends that Duval County Public Schools (DCPS) re-examine the organization and implementation of the school system's disciplinary code and, where appropriate, consider incorporating more strategies employed by the School-Justice Partnership Model.

ARREST AND INTAKE PROCESS

- **Move Intake to the Juvenile Assessment Center.** Juveniles should not be booked in the adult jail. The process is time consuming, stigmatizing, and frightening for young people. Youth who are arrested should be taken directly to the Juvenile Assessment Center for intake. This change should be implemented immediately.
- **Review of Assessment Tools.** The State of Florida no longer uses an assessment tool to measure risk of reoffending at the Juvenile Assessment Center. The Community Assessment Tool (CAT) was implemented in May of 2019 and will only be used after the youth is formally introduced to the justice system and assigned a juvenile probation officer (JPO). It is used to measure the risk to reoffend only after the JPO has become familiar with the youth, the family, the assessments and the community partners. The JJAC Committee recommends that officials should ensure that the risk assessment tools do not co-mingle risk and need factors and thus lead to the engagement of youth who have significant needs, yet do not pose a public safety risk.⁵⁴ Such youth should have their needs addressed, but not by the juvenile justice system. This review should be undertaken by the Dispositional Reform Subcommittee (DRSC), or a working group of the DRSC (see discussion on page 25).

⁵² The JJAC recognizes the critical importance of prevention efforts, and the numerous entities and programs that support children and help them stay out of the justice system altogether. These efforts are largely beyond the scope of this paper, and therefore, not discussed in great detail.

⁵³ “School-Justice Partnership Project: Keeping Kids in School and Out of Court,” School-Justice Partnership National Resource Center, accessed on May 15, 2019. <https://www.schooljusticepartnership.org/about-the-project.html>

⁵⁴ National Juvenile Justice Network, “Doing It Right: Risk Assessment in Juvenile Justice.” Washington DC: National Juvenile Justice Network, 2013. <http://www.modelsforchange.net/publications/499>

- **Staff the JAC with social service providers.** The JJAC recommends that the JAC be staffed by social service providers rather than DJJ probation officers, as is the practice in most JACs across the state of Florida. Given the research regarding juvenile justice system contact and the desire to get most young people out of the system as quickly as possible, a partnership model should be explored whereby the JAC is staffed by social service providers who administer the assessments.

PETITION AND DISPOSITION

- **Direct File Restructure.** The JJAC commends the SAO for issuing new guidance and policy regarding the instances and circumstances under which a case would result in a “direct file,” meaning that children are charged in adult court. The research is clear that—in the vast majority of situations—children should be kept in the juvenile justice system, which is more likely to produce better results for the child and for public safety.
- **Young Adult Court.** The JJAC recognizes that significant brain development and psychosocial development continues through a person’s mid-20s, and this ongoing development provides a unique opportunity to positively alter behavior and advance public safety among an age group that is disproportionately represented in the criminal justice system.⁵⁵ While beyond the scope of this paper, the JJAC encourages the SAO to look at Young Adult Court models and consider implementing a pilot program.
- **Move away from youth prison model.** Community-based intervention is appropriate for most young people; there are only a small proportion of children for whom placement in an out-of-home residential facility is appropriate. In these few cases, the courts and the Florida Department of Juvenile Justice should strive to keep the child as geographically close to their home communities as possible, and the placement should be as short in duration as possible.

There is well-established research demonstrating the positive impact that family visitation has on incarcerated people of all ages.⁵⁶ Strong and supportive connections to families and other caring adults is a pivotal factor in determining whether a young person will successfully reenter society when released from a residential facility. Placing children in residential facilities that are hours away from their families severely impedes a family’s ability to visit their loved one and maintain or redevelop the strong family connection that is necessary to support the child upon return home. These impediments can be particularly daunting when considering the financial burden that extended travel to far-away facilities places on many families who are already struggling economically.

Further, the youth prison model has been shown nationally as susceptible to widespread abuse. In Florida, an extended investigation by the Miami Herald revealed numerous instances of abuse within residential facilities, suggesting that the problems are endemic rather than isolated.⁵⁷ This is an issue that is hardly limited to Florida. One report that examined years of research on juvenile justice found that “America’s juvenile corrections institutions subject confined youth to intolerable levels of violence, abuse, and other forms of maltreatment.”⁵⁸ Given these factors, nearly 50 current and former youth correctional leaders recently called for an end to the youth prison model.⁵⁹ A recent report from Harvard University and the National Institute of Justice calls for just this. The authors state:

The call for the closure of youth prisons does not mean that there are not some young people for whom secure confinement is the right and necessary solution. But even for them, harsh, punitive, inhumane, and developmentally inappropriate settings are not the right place; certainly not if the goal is—as it should be—positive youth development and rehabilitation.⁶⁰

⁵⁵ Anjali Tsui, “How Brain Science is Changing How Long Teens Spend in Prison,” *PBS Frontline*. May 2, 2017. <https://www.pbs.org/wgbh/frontline/article/how-brain-science-is-changing-how-long-teens-spend-in-prison/>

⁵⁶ Karen De Claire and Louise Dixon, “The Effects of Prison Visits From Family Members on Prisoners’ Well-Being, Prison Rule Breaking and Recidivism.” *SAGE Journals*, August 31, 2015. <https://doi.org/10.1177/1524838015603209>

⁵⁷ Carol Miller and Audra Burch, “Florida Juvenile Justice: ‘Honey-Bun Hits,’ Illicit Sex, Cover Ups,” *Miami Herald*. October 17, 2017. <https://www.miamiherald.com/news/special-reports/florida-prisons/article177883676.html>

⁵⁸ Richard Mendel, “No Place for Kids: The Case for Reducing Juvenile Incarceration.” (Baltimore: The Annie E. Casey Foundation, 2011). <https://www.aecf.org/resources/no-place-for-kids-full-report/#summary>

⁵⁹ “Statement on Ending Youth Prisons.” Youth Correctional Leaders for Justice, 2019. <https://yclj.org/statement>

⁶⁰ Patrick McCarthy, Vincent Schiraldi, and Miriam Shark, “The Future of Youth Justice: A Community-Based Alternative to the Youth Prison Model.” (Boston: Harvard Kennedy School, 2016). <https://www.hks.harvard.edu/centers/wiener/programs/criminaljustice/research-publications/executive-session-on-community-corrections/publications/the-future-of-youth-justice>

Reserving placement in out-of-home residential facilities for the most severe instances and placing children in small facilities that are close to their home communities with no more than 12 youth in any given housing unit, will help to curtail such abuses by providing more opportunities for children to communicate in-person with their lawyers and families, thereby reducing the “secrecy” of what occurs behind the walls of such facilities. It will also encourage successful re-entry by allowing for children and families to maintain, develop, or re-develop the supportive relationships that research has demonstrated are a core indicator of future success. Youth who are placed in residential facilities must have access to high quality education, treatment, and healthcare services. Such services may include trauma-informed therapy, cognitive behavioral therapy, high quality education, vocational training, life skills classes, and recreational opportunities.

- **Establish the Dispositional Reform Subcommittee.** Under the umbrella of the enhanced KHA Juvenile Justice Taskforce, or the previously-identified Circuit Advisory Board, the JJAC recommends the establishment of the Dispositional Reform Subcommittee (DRSC). The DRSC should include major agency stakeholders (SAO, DCPS, DJJ, and KHA) and some community partners, and would provide a vehicle for the Northeast Florida community to implement a system that better serves its children who are in the deep end of the juvenile justice system (e.g., probation and commitment).

Conclusion

Young people come into contact with the law for a variety of offense types and present with a range of needs. Working together, the Northeast Florida community can build on past efforts and implement a series of juvenile justice reforms that hold young people accountable for their actions in a developmentally-appropriate manner that advances public safety.

The Juvenile Justice Advisory Committee was charged by State Attorney Melissa Nelson with identifying best practices and making concrete recommendations to improve diversion programming in Jacksonville. This report provides eight concrete recommendations to improve diversion, including three primary recommendations:

1. Transfer diversion programming from the State Attorney’s Office to the Kids Hope Alliance.
2. Implement a case management structure for diversion that tailors services and programs based on a needs assessment instrument.
3. Develop a continuum of available diversion programs, which includes restorative justice and credible messenger mentorship pilot programs, and a pathways-to-career program.
4. Limit the State Attorney’s Office’s role in diversion to the front-end (referral) and back-end (successful or unsuccessful completion) only.
5. Eliminate the initial judicial hearing required for diversion participation.
6. Eliminate all jail tours from prevention and diversion programming.
7. School and community requests for diversion programming should go directly to the Kids Hope Alliance, not to the State Attorney’s Office, eliminating at-large referrals.
8. Make post-completion services available for children and families who choose to engage in the services beyond the child’s completion of diversion.

Through our work, the JJAC became familiar with the full spectrum of the juvenile justice system, and made eight additional recommendations⁶¹ beyond the improvement of diversion programming.

Diversion programming is a critical, if often overlooked, component of a successful juvenile justice system, and the State Attorney’s Office and broader Jacksonville community is well-situated to move forward with the JJAC’s recommendations, in order to advance public safety and improve youth outcomes.

⁶¹ The full list of recommendations can be found on page 5.

APPENDIX A

Members of the Juvenile Justice Advisory Committee

Buddy Schulz (Chair), Partner, Holland & Knight

The Honorable Suzanne Bass, Circuit Judge, Fourth Judicial Circuit in and for the State of Florida

Jim Clark, Clark Consultants, LLC

The Honorable Brian Davis, United States District Judge, Middle District of Florida

Pamela Davis, Duval County Public Schools

Rory Diamond, K9s for Warriors

Kevin Gay, Operation New Hope

Nathaniel Glover, Former President, Edward Waters College and former Jacksonville Sheriff

Dr. Jeffrey Goldhagen, UF College of Medicine at Jacksonville

Shelley Grant, Jacksonville University

Marcus Haile, Learn to Read Jacksonville

Gretchen Hamm, Mental Health Resource Center

Elder Lee Harris, Mt. Olive Primitive Baptist Church

Bill Hodges, Retired from the Jacksonville Children's Commission

Alan Louder, State Attorney's Office

Michael Meyers, Attorney Retired, Orrick, Herrington & Sutcliffe, LLP

Lara Nezami, Finnell, McGuinness, Nezami & Andux PA

Deloris Patterson, Jacksonville Sheriff's Office

The Honorable Jack Schemer, Circuit Judge, Fourth Judicial Circuit in and for the State of Florida

Anthony Stinson, Community Leader and Small Business Owner

Nina Waters, The Community Foundation for Northeast Florida

Dr. Vicki Waytowich, Partnership for Child Health

Donna Webb, Chief Probation Officer in and for the Fourth Judicial Circuit, Florida Department of Juvenile Justice

APPENDIX B

JJAC Curriculum: Presentations and Reading Materials

Opening Session: September 12, 2017

Guiding question: What is the history of juvenile diversion in the State Attorney's Office in and for the 4th Circuit?

Reading materials: none

Meeting agenda:

1. Introduction and Charge to the Committee: Melissa Nelson, State Attorney in and for the Fourth Judicial Circuit.
2. Overview of the juvenile justice system: Laura Lothman Lambert, Director of the Juvenile Division
3. A history of diversion programming in the Fourth Judicial Circuit: Jay Plotkin, Partner, The Wilner Firm and Bill Hodges, Government Affairs Director, Jacksonville Children's Commission

Juvenile Brain Development & Risk Factors: October 27, 2017

Guiding questions: How do biological and emotional factors influence youth behavior?

Reading materials:

- Wasserman, Gail, et al. "U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention: Child Delinquency Bulletin Series." *Risk and Protective Factors of Child Delinquency*, Apr. 2003.
- Tamis, Karen, and Cymone Fuller. "Vera Institute of Justice: Center of Youth Justice." *It Takes a Village: Diversion Resources for Police and Families*, June 2016.
- Harris, Nadine Burke. "How Childhood Trauma Affects Health across a Lifetime." *TED: Ideas Worth Spreading*, Sept. 2014, www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime

Meeting agenda:

1. Overview of current State Attorney's Office diversion programming: Lisa Page, Director of Attorney and Community Development and Alan Louder, Director of Juvenile Diversion
2. Juvenile Brain Development and Trauma Informed Care: Dr. Mikah Owen, Assistant Professor, Department of Pediatrics, Division of Community and Societal Pediatrics, University of Florida
3. Risk Factors and Assessment: The Importance of the "Risk Principle" & Effective Diversion: Mark Greenwald, Director of Office of Research & Data Integrity, Florida Department of Juvenile Justice
4. Emerging Practices Assessment Programming: Daniel Montgomery, Assistant State Attorney

Juvenile Perspectives: December 1, 2017

Guiding question: Why do juveniles commit crimes?

Reading materials: none

Meeting agenda:

1. Presentation on Gangs and Groupthink: London Kite, Deputy Director of the Homicide Division, State Attorney's Office and T.K. Waters, Assistant Chief, Violence Reduction Strategy, Jacksonville Sheriff's Office
2. Presentation by EVAC Students. EVAC is a grassroots youth advocacy movement at Lee High School that aims to inspire hope and change for youth who have been impacted by violence, youth-police interactions, and the juvenile justice system by providing a positive and supportive community environment.

Restorative Justice: January 12, 2017

Guiding question: What is restorative justice and how does it work in the juvenile justice context?

Reading materials:

- Tullis, Paul. "Can Forgiveness Play a Role in Criminal Justice?" *The New York Times*, The New York Times, 4 Jan. 2013, <https://www.nytimes.com/2013/01/06/magazine/can-forgiveness-play-a-role-in-criminal-justice.html>.
- Williams, Timothy. "When Killer and Victim's Mother Meet, Paths From Grief, Fear and Guilt Emerge." *The New York Times*, The New York Times, 20 Jan. 2018, <https://www.nytimes.com/2017/01/03/us/when-killer-and-victims-mother-meet-paths-from-grief-fear-and-guilt-emerge.html>.
- "Fair and Just Prosecution's Issues at a Glance." *Building Community Trust: Restorative Justice Strategies, Principles, and Promising Practices*, Sept. 2017.

Meeting agenda:

1. Presentation on Restorative Justice: Dr. Lauren Abramson, Bio-Psychologist and Founder of the Community Conferencing Center, Johns Hopkins University School of Medicine
2. Presentation by Ellis Curry, who was involved in the murder of a boy in high school and later became close friends with the boy's father. The two spoke to classrooms and at events for many years about their story and the power of forgiveness.
3. Group Discussion

Education: February 2, 2018

Guiding question: What are the educational challenges faced by youth who interact with the juvenile justice system?

Reading materials:

- "The State of Learning Disabilities: Social, Emotional, and Behavioral Challenges." *National Center for Learning Disabilities*, 2017, <https://www.ncl.org/social-emotional-and-behavioral-challenges>.
- Conner, Deirdre. "A Special Visit, a Transformative Moment." *Jacksonville Public Education Fund*, 16 Nov. 2011, www.jaxpef.org/news/a-special-visit-a-transformative-moment.
- Farrin, Jim. "Why I Send College Students to Prison: Column." *USA Today Opinion*, 6 Dec. 2016, <https://www.usatoday.com/story/opinion/2016/12/06/prison-students-education-tutors-school-petey-green-column/95009018/>.

Meeting agenda:

1. Learning disabilities and video excerpt from hearing before the May 10, 2016 Senate HELP Committee on Dyslexia, featuring Ameer Baraka: <https://www.youtube.com/watch?v=jyFiOYCqvYk>.
2. Student Assessment and Educational Practices at PACE Center for Girls, Inc.: Renee McQueen, Senior Director of Social Services Program, and Stephanie Stevens, Associate Director of Education
3. Discussion with Brandon Rothenberg on his educational experiences in the justice system. Brandon was asked about the factors that led him to his juvenile justice involvement, as well as the sparks that changed his life's course. Brandon attributes his change of path not to the programs he participated in, but the motivation of receiving his education, and the teachers that mentored him along his journey.
4. Group Discussion.

Community Service / Mentoring: March 9, 2018

Guiding question: How do mentorship and community engagement impact a youth's success in the juvenile justice system and beyond?

Reading materials:

- Goode, Wilson. "Policy Corner: The Breaking Chain Model. Ending the Cycle of Intergenerational

Incarceration.” *The Chronicle of Evidence-Based Mentoring*, 5 Sept. 2018, <https://www.evidencebasedmentoring.org/policy-corner-the-breaking-chain-model-ending-the-cycle-of-intergenerational-incarceration/>.

- Bruce, Mary and Bridgeland, John (2014). *The Mentoring Effect: Young People’s Perspectives on the Outcomes and Availability of Mentoring*. Washington, D.C.: Civic Enterprises with Hart Research Associates for MENTOR: The National Mentoring Partnership. www.civicerprises.net/education.
- Thomas, Douglas. (2008). “Making Things Right: Meaningful Community Service for Juvenile Offenders.” *Technical Assistance to the Juvenile Court: Special Project Bulletin*. Pittsburgh, PA: National Center for Juvenile Justice.

Meeting agenda:

1. Presentation on Mentorship and its Impact: Ingrid Bowman-Thomas, Nationally Certified Site Coordinator, Communities in Schools of Jacksonville
2. Panel discussion on mentorship in the greater Jacksonville community:
 - Sara Alford, CEO, Big Brothers Big Sisters of Northeast Florida
 - Kevin Carrico, VP of Operations for Boys & Girls Clubs of Northeast Florida
 - Pastor John Guns, Founder, Operation Save Our Sons
 - Lawrence Hills, District Supervisor, 5000 Role Models of Excellence Project
 - Sonya Young, CEO, The Malik Mentoring Program

Employment & Life Skills: April 6, 2018

Guiding question: How do employment and life skills training contribute to successful diversion of youth from the juvenile justice system?

Reading materials:

- Linderman, Juliet. “Amid the Bloodshed, Baltimore Group Seeks to Break the Cycle.” *AP NEWS*, Associated Press, 3 Dec. 2017, <https://apnews.com/3ac32cf1dfe0466ca90a102b2be5b4f4>.
- Riley, Mitchell. “Program Provides Juvenile Offenders With Second Chance.” *Arizona Public Media*, 27 Nov. 2013, <https://www.azpm.org/s/16677-juvenile-offenders-find-a-second-chance-a-new-path/>.
- Brown, Karen. “ABA Child Law Practice: Health Matters.” Vol. 29, Issue 1. *Positive Youth Development: The Key to Keeping Youth Out of the Juvenile Justice System*. (PDF)

Meeting agenda:

1. Presentation on Employment and Life Skills Training Models: Linda Joseph, Chief Operating Officer, Operation New Hope. Operation New Hope provides support, life and job skills training for people with a history of involvement with the criminal justice system, and places them in employment that offers a sustainable quality of life (<https://operationnewhope.org/>).
2. Perspectives from Employees and Employers:
 - Willie Brantley, Operations, DC Lee Enterprises (owner of 18 McDonald’s franchises in Northeast Florida)
 - Anthony Davis, current Ready4Work client
 - Jackie Grzebin, Owner, The Flame Broiler
 - Tammy Hackley, Operations Supervisor, DC Lee Enterprises (owner of 18 McDonald’s franchises in Northeast Florida)
 - Elizabeth Tafel, Ready4Work graduate
 - Travone Thomas, current Ready4Work client

Assessment / Wraparound Services: May 11, 2018

Guiding question: What is the impact of wraparound services on a youth's success? What are the best tools to assess what services a youth should receive? Specifically, what areas have the most lasting effect for families?

Reading materials:

- Bruns, Eric, et al. "The National Wraparound Initiative Advisory Group." *Wraparound Process*, <http://www.nwi.pdx.edu/NWI-book/pgBookAndCompleteSections.shtml>.

Meeting agenda:

1. Discussion on Wraparound Services and Assessment for Youth in the Jacksonville community: Lawanda Ravoira, D.P.A., President and CEO of the Delores Barr Weaver Policy Center
2. Discussion on Wraparound and Assessment for the Family in the Jacksonville community: Robyn Cenizal, Project Manager for the National Resource Center for Healthy Marriage and Families, and Michelle Hughes, Director for the Jacksonville Network for Strengthening Families
3. Perspectives from a Jacksonville Parent: Ingrid Harris, who is a mother of a young man who was in and out of trouble for most of his schooling, shares her frustrations in trying to locate and initiate services for her son. She is a proactive parent, and sought help, but described the obstacles she experienced in the education and service systems. She also shared the transformation her son experienced after getting involved in appropriate programs and mentorship.

Programming: June 1, 2018

Guiding questions: What is the big picture, what are examples of alternative programming, and what are the JJAC's next steps?

Reading materials: none

Meeting agenda:

1. Assessment, Practices, and Programming at the Miami-Dade Juvenile Assessment Center: Cathy Burgos, LCSW, Division Director of Operations, Miami-Dade County Juvenile Services Department
2. Panel Discussion by providers of alternative and arts programming for justice-involved youth:
 - Ebony Payne-English, Managing Director, The Performers Academy (TPA is a nonprofit arts education program that uses the arts as behavioral therapy to serve underserved youth at free or reduced cost. www.theperformersacademy.com)
 - Tony Rodrigues, Art & Program Instructor, Cathedral Arts Project (One of CAP's programs provides a creative outlet for incarcerated juveniles that builds their artistic skills and working knowledge of art and art history. In addition to teaching painting techniques, the program emphasizes improvement of communication and social skills, nonviolent self-expression, and new avenues for coping in difficult environments. <https://capkids.org/countymissives/>)
 - Kathryn Thomas, Executive Director, Yoga 4 Change (Y4C is a nonprofit organization that achieves meaningful change for veterans, incarcerated individuals, vulnerable youth, and those dealing with substance abuse through a purpose-driven yoga curriculum. www.y4c.org)
 - Officer Eric Wesley, former Director of Juvenile Programming, Duval County Detention Center
3. Instructions on subcommittee breakout meetings.
4. Instructions for suggested format of final report and recommendations.

Visit <https://www.sao4th.com/about/programs-and-initiatives/juvenile-justice/juvenile-justice-advisory-committee-jjac/> for presentations and more information.

APPENDIX C

Juvenile Justice Advisory Subcommittees and Their Leadership

The Mentoring and Community Service subcommittee was led by The Honorable Suzanne Bass. Judge Bass is currently serving her second term as a Circuit Court Judge in Duval County, and her fifth year in juvenile delinquency. Prior to its cessation she represented the judiciary serving as subject matter expert to the Jacksonville Journey. A former litigator with extensive courtroom experience, jury and non-jury, she has represented clients in diverse areas of the law, including criminal defense, family law, personal injury, adoption, and administrative.

Judge Bass received her bachelor's degree from Emory University prior to earning her J.D. from the University of Richmond. In Virginia, Judge Bass began her career as staff attorney for Tidewater Legal Aid, followed in Florida by employment as Assistant Public Defender, Assistant State Attorney, then in her own private practice. Towards the end of her private career, she was a licensed mediator, during which time she was employed as an adjunct professor at Florida Coastal School of Law.

The Restorative Justice subcommittee was led by Nina Waters. Waters serves as President of The Community Foundation for Northeast Florida, Inc., Florida's oldest community foundation, and with assets of \$384 million, is also one of the state's largest. She was promoted to this position in January 2005 after serving as Executive Vice President for three years. Her primary responsibilities include the leadership and management of the donor services, grantmaking services, and administrative services functions of the Foundation. Accomplishments include launching the Foundation's Quality Education for All initiative in 2005, which led to the creation of the Jacksonville Public Education Fund, and culminated in the announcement of a \$38 million fund for local education investment. Under her leadership, Foundation assets have quadrupled and annual grants to the community have grown from \$9M in 2002 to \$47M in 2018. Prior to joining the staff of the Foundation, Waters served as Executive Director for the PACE Center for Girls Jacksonville program for 12 years.

The Education subcommittee was led by The Honorable Brian J. Davis. Judge Davis was appointed as United States District Court Judge for the Middle District of Florida by President Barack Obama in 2013. Prior to his appointment, he served as a state Circuit Court Judge for nearly 20 years in Jacksonville and more recently, Nassau County. Judge Davis is a graduate of Princeton University and the University of Florida College of Law. Previously, he practiced law privately in the civil arena and was Florida's first African-American Chief Assistant State Attorney. Judge Davis has actively volunteered with Leadership Jacksonville, NCCJ, the Urban League, NAACP, Omega Psi Phi Fraternity, Jacksonville Community Council, Hubbard House, Help Center, PACE Center for Girls, OneJax, the Jaguars Foundation, and he chaired the Mayor's Domestic Violence Task Force in 1999. He served on The Community Foundation's Forum for Quality Education, and is on the board of the Jacksonville Public Education Fund.

The Employment and Life Skills subcommittee was led by Kevin T. Gay. Gay is a Jacksonville native and graduate of the University of Florida. He brings to his role as CEO/Founder of Operation New Hope many years of entrepreneurial experience and a deep commitment to revitalizing urban neighborhoods. He combines this experience with his strong faith and a special interest in helping the underserved in communities who seek a way out of the cycle of addition, poverty, and incarceration.

Gay left corporate America in 1999 and founded Operation New Hope to create a new model for community development. He felt that, while there were many houses in many urban communities in need of major restoration, there were also many people broken and in need of Hope once again. Thus, Operation New Hope was born to bring Hope in the form of new housing and new skills leading to new jobs and a revitalized community. Operation New Hope developed the first national model for prisoner re-entry, called Ready4Work, which was introduced in 16 other cities around the country. Gay has advised four different presidential administrations on re-entry issues.

The Wraparound and Alternative Programming subcommittee was led by Michael Meyers. Meyers, trained as a lawyer, is an active board member for, and trusted adviser to, a number of for-profit and nonprofit organizations. In 2016, Meyers retired after 23 years from Orrick, Herrington & Sutcliffe LLP, an international law firm where he

practiced corporate and finance law. For a number of years he has been very interested in education, criminal justice reform, and juvenile justice issues. From 2010 to 2015 he served as Chair of the board of trustees at The Discovery School in Jacksonville Beach, during a period when the school expanded the curriculum from Montessori to include International Baccalaureate. From 2015 to 2018 he served as a director of the ACLU of Florida, where he focused on criminal justice reform. He currently serves as a trustee of The Community Foundation for Northeast Florida where he is pursuing criminal justice reform efforts. Meyers also serves as a director of the Peter Michael Winery, a premium California winery, and as a Managing Member of ML Venture Investments, a family company.

The Juvenile Brain Development and Mental Health subcommittee was led by Vicki Waytowich, Ed.D, MSCJ. Dr. Waytowich has more than 25 years' experience in the realm of child advocacy, children's mental health, juvenile delinquency prevention and intervention, and program development, implementation, and evaluation. She is currently the Executive Director of the Partnership for Child Health (PCH), a child-serving organization that focuses on improving the health and well-being of children, youth, and their families. Prior to her current role, Dr. Waytowich was the Vice President of Operations of Daniel Memorial, Inc., where she developed and managed in-patient and statewide community-based programs and interventions for children, youth, and their families involved in the mental health, child welfare, juvenile justice, homeless, and independent living systems. She is the current Chair of the Fourth Circuit Juvenile Justice Advisory Board, governed by FS 985.664, to provide direction to the Department of Juvenile Justice (DJJ) in the development and implementation of programs relevant to the delinquency trends of the circuit. She holds a bachelor's degree in sociology, a master's degree in criminal justice, and a doctorate in educational leadership. She is an adjunct professor in the Department of Criminal Justice and Criminology at the University of North Florida and has published research in the areas of delinquency, juvenile violence, education, and anxiety with a special interest in marginalized and underserved populations.

BIBLIOGRAPHY

- "Advisory for Recipients of Financial Assistance from the Department of Justice on Levying Fines and Fees on Juveniles." U.S. Department of Justice, January 2017. <https://ojp.gov/about/ocr/pdfs/AdvisoryJuvFinesFees.pdf>
- Branson, Christopher, Carly Baetz, Sarah Horwitz, and Kimberly Hoagwood. "Trauma-informed Juvenile Justice Systems: A Systematic Review of Definitions and Core Components." *Psychological Trauma* 9, no. 6 (November 2017): 635-646. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5664165/>
- "Cost of Care: A Joint Responsibility." Florida Department of Juvenile Justice. Accessed on May 15,, 2019. <http://www.djj.state.fl.us/docs/youth-families/costofcarebrochure.pdf?sfvrsn=0>
- De Claire, Karen, and Louise Dixon. "The Effects of Prison Visits From Family Members on Prisoners' Well-Being, Prison Rule Breaking and Recidivism." *SAGE Journals*, August 31, 2015. <https://doi.org/10.1177/1524838015603209>
- Dierkhising, Carly B., Susan Ko, Briana Woods-Jaeger, Ernestine Briggs, Robert Lee, and Robert Pynoos. "Trauma Histories among Justice-Involved Youth: Findings from the National Child Traumatic Stress Network." *European Journal of Psychotraumatology* 4, no. 10 (2013). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3714673/>
- Fair and Just Prosecution. "Building Community Trust: Restorative Justice Strategies, Principles, and Promising Practices." *FJP Brief*, 2017: 2. https://fairandjustprosecution.org/wp-content/uploads/2017/12/FJP.Brief_.RestorativeJustice.pdf
- Gonzalez, Richard. "To Reduce Gun Violence Potential Offenders Offered Support and Cash." *NPR All Things Considered*. March 28, 2016. <https://www.pbs.org/wgbh/frontline/article/how-brain-science-is-changing-how-long-teens-spend-in-prison/>
- Graham v. Florida*, 560 U.S. 48 (2010).
- "Harvard At A Glance." Harvard University, 2018. <https://www.harvard.edu/about-harvard/harvard-glance>
- Holman, Barry, and Jason Zidenberg. "The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities." *Justice Policy Institute*, 2011. http://www.justicepolicy.org/images/upload/06-11_rep_dangersofdetention_jj.pdf
- Horowitz, Jake, and Casey Pheiffer. "Juvenile Justice Reforms Yield Major Advances in Kentucky." *Pew Trusts*. May 3, 2018. <https://www.pewtrusts.org/en/research-and-analysis/articles/2018/05/03/juvenile-justice-reforms-yield-major-advances-in-kentucky>
- Inter-American Commission on Human Rights, "The Situation of Children in the Adult Criminal Justice System in the United States." *Organization of American States*, 2018. <http://www.oas.org/en/iachr/reports/pdfs/Children-USA.pdf>
- James, Juliene, and Susan Mangold. "The Juvenile Justice System is Stacked Against Poor Families." *The Washington Post*. November 20, 2018. https://www.washingtonpost.com/opinions/the-juvenile-justice-system-is-stacked-against-poor-families/2018/11/20/d9eb6d34-e91a-11e8-a939-9469f1166f9d_story.html?noredirect=on&utm_term=.3be853533035
- Justice Policy Institute. "Calculating the Full Price Tag for Youth Incarceration." Washington DC: Justice Policy Institute, 2014. http://www.justicepolicy.org/uploads/justicepolicy/documents/sticker_shock_final_v2.pdf

- Kids Hope Alliance. "2018 Kids Hope Alliance Essential Services Plan." Jacksonville: Kids Hope Alliance, 2018. http://kidshopealliance.org/wp-content/uploads/2018/11/KHA-Essential-Services-Booklet.Mayor_.pdf
- Latimer, Jeff, Craig Dowden, and Danielle Muise. "The Effectiveness of Restorative Justice Practices: A Meta-Analysis." *The Prison Journal* 85, no. 2 (2005): 127–144. http://www.d.umn.edu/~jmaahs/Correctional%20Assessment/rj_meta%20analysis.pdf
- Lynch, Matthew, Nan Marie Astone, Juan Collazos, Micaela Lipman, Sino Esthappan. "Arches Transformative Mentoring Program: An Implementation and Evaluation in New York City," *Urban Institute*. February 2018. https://www.urban.org/sites/default/files/publication/96601/arches_transformative_mentoring_program_0.pdf
- McCarthy, Patrick, Vincent Schiraldi, and Miriam Shark. "The Future of Youth Justice: A Community-Based Alternative to the Youth Prison Model." Boston: Harvard Kennedy School, 2016. <https://www.hks.harvard.edu/centers/wiener/programs/criminaljustice/research-publications/executive-session-on-community-corrections/publications/the-future-of-youth-justice>
- Mendel, Richard. "No Place for Kids: The Case for Reducing Juvenile Incarceration," Baltimore: The Annie E. Casey Foundation, 2011. <https://www.aecf.org/resources/no-place-for-kids-full-report/#summary>
- Miller, Carol, and Audra Burch, "Florida Juvenile Justice: 'Honey-Bun Hits,' Illicit Sex, Cover Ups," *Miami Herald*. October 17, 2017. <https://www.miamiherald.com/news/special-reports/florida-prisons/article177883676.html>
- Miller v. Alabama*, 567 U.S. 460 (2012).
- Muhammad, David. "A Positive Youth Justice System." *National Institute for Criminal Justice Reform*, 2019. <https://nicjr.org/wp-content/uploads/2019/01/PYJS-Report-NICJR-Feb-2019.pdf>
- National Juvenile Justice Network. "Doing It Right: Risk Assessment in Juvenile Justice." Washington DC: National Juvenile Justice Network, 2013. <http://www.modelsforchange.net/publications/499>
- National Research Council. *Reforming Juvenile Justice: A Developmental Approach*. Washington DC: The National Academies Press, 2013. <https://doi.org/10.17226/14685>
- Office of Juvenile Justice and Delinquency Prevention. "Intersection Between Mental Health and the Juvenile Justice System." *OJJDP Literature Review*, 2017. <https://www.ojjdp.gov/mpg/litreviews/Intersection-Mental-Health-Juvenile-Justice.pdf>
- "Restorative Justice." Centre for Justice & Reconciliation. Accessed on October 25, 2018. <http://restorativejustice.org/restorative-justice/#sthash.SsZZifmM.dpbs>
- "Restorative Justice." Interfaith Coalition for Action, Reconciliation, and Empowerment. Accessed on November 26, 2018. <http://icarejax.org/youth-crime/>
- Roper v. Simmons*, 543 U.S. 551 (2005).
- Sampson, Robert, and John Laub. "A Life-Course Theory of Cumulative Disadvantage and the Stability of Delinquency" in *Developmental Theories of Crime and Delinquency*. Edited by Terry Thornberry. New Brunswick: Transaction, 1997.
- "School-Justice Partnership Project: Keeping Kids in School and Out of Court," School-Justice Partnership National Resource Center. Accessed on May 15, 2019. <https://www.schooljusticepartnership.org/about-the-project.html>

- Schubert, Carol, and Edward Mulvey. "Behavioral Health Problems, Treatment, and Outcomes in Serious Youthful Offenders." *Office of Juvenile Justice and Delinquency Prevention*, 2014. <https://www.ojjdp.gov/pubs/242440.pdf>
- "Statement on Ending Youth Prisons." Youth Correctional Leaders for Justice, 2019. <https://yclj.org/statement>
- "Teen Brain: Behavior, Problem Solving, and Decision Making." American Academy of Child and Adult Psychiatry, 2016. Accessed on May 16, 2019. https://www.aacap.org/aacap/families_and_youth/facts_for_families/fff-guide/the-teen-brain-behavior-problem-solving-and-decision-making-095.aspx
- "Teens and Truancy Courts." Fourth Judicial Circuit Courts of Florida. Accessed on November 24, 2018. <https://www.jud4.org/Court-Programs/Teen-and-Truancy-Courts>
- Tsui, Anjali. "How Brain Science is Changing How Long Teens Spend in Prison." *PBS Frontline*. May 2, 2017. <https://www.pbs.org/wgbh/frontline/article/how-brain-science-is-changing-how-long-teens-spend-in-prison/>
- Zehr, Howard, and Ali Gohar, *The Little Book of Restorative Justice*. Intercourse, PA: GoodBooks, 2003.