



Community-Based Juvenile Justice

Toward an efficient, economical, and effective community-based system of care for Florida's juvenile justice population

Draft for Discussion

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This document will be updated regularly to reflect stakeholder and community input. The date shown reflects the last date it was updated. Updated documents will be posted at www.cbjjfl.org.

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*For more information regarding this white paper and the Community-Based Juvenile Justice Project,
please visit www.cbjffl.org*

EXECUTIVE SUMMARY

The Community-Based Juvenile Justice Project (CBJJ) is a collaborative response to issues facing the current juvenile justice system in the state of Florida. The purpose of this white paper is to explore the viability of moving the State's Juvenile Justice system to a locally controlled and coordinated community system of care. A new model is presented that includes a family of regional "Coordinating Agencies" who would be responsible for assessing community, youth and family needs, planning and coordinating services, and managing a network of service providers to address those needs. The CBJJ model is informed by best practices and lessons learned from successful juvenile justice reform initiatives, child welfare reform projects and the successes of wraparound programs and family centered treatment approaches. It is believed that this model, designed to treat most youth in services located and managed in their home communities, will promote greater family involvement and engagement, better system and service coordination, and achieve more significant economic and operational efficiencies than a single-payer, single-entry system. This briefing summarizes the features of the proposed CBJJ model.

The Coordinating Agency Concept: The concept of a "Coordinating Agency" is similar to the Lead Agency structure used by the Florida Department of Children and Families to address the needs of dependent children. In the CBJJ model, a network of Coordinating Agencies would work in close partnership with the court, local law enforcement, child welfare, and the current juvenile justice stakeholders to comprehensively assess youth service needs, recommend service delivery to the court, mobilize service providers through a contracting process to provide needed interventions across the juvenile justice spectrum, and to manage the fiscal, administrative, contracting, evaluation, and monitoring functions to ensure a seamless and effective system of care. Through this model, it is believed that the structural changes will result in less spending on poorly performing programs that are a long distance from the youth's local communities, evidence cost savings from capitalizing on the economies of scale inherent in having a local Coordinating Agency responsible for youth assessment, classification and referral along with the administrative, fiscal, contracting and monitoring functions that are often duplicated and redundant in the current system of care.

The Community-Based Juvenile Justice Services Project represents a powerful collaborative idea between communities, providers, agencies, and other stakeholders to move the system to the next level of effectiveness. Juvenile offenders require a "Continuum of Care" to help manage them through the entire process of the judicial system, from the initial stages of the intake process, case management, determining treatment and program placement, reassessment to validate improvement and ultimately their recovery and reentry into the community. Managing the offender through the judicial system is a problematic and complex process requiring a common vision from leaders and management, dedicated case workers, advanced and integrated technology, and proven processes. Once these are combined into a cohesive solution, measurable and repeatable outcomes are achieved. This enables those "good kids" that made "bad decisions" to have an appropriate path through the judicial system rather than being herded through the system the same manner as high-risk offenders.

Why a Coordinating Agency Approach? The concept of developing a more coordinated system of community care is an emerging national trend. It has been consistently demonstrated that a community centered approach to public safety and human services results in a more coordinated system of care with better outcomes. This idea is also consistent with the movement of other states to address

juvenile justice systems through a coordinated, community based, family centered and strength-based approach. A timely report released July 14, 2010 from the National Juvenile Justice Network urges cost effective reforms of juvenile justice systems and highlights community-based models as generating substantial savings and better treatment outcomes.

The Coordinating Agency model will facilitate greater family engagement and family-centered interventions, more efficient and consistent case management and service planning continuity, better performance-driven systems and metrics. Further, it would shift resources from the more costly “deep-end” residential placements to more “front-end” services such as prevention, diversion, and civil citation. Perhaps most importantly, the model will be designed to empower local communities to be able to rapidly deploy innovative, proven, and less expensive prevention and community-based service alternatives to address critical youth needs while ensuring that public safety is maintained. The Coordinating Agency will have the flexibility to rapidly deploy innovative and less expensive prevention and evidence based programs and strategies including, but not limited to, Brief Strategic Family Therapy, Functional Family Therapy, Multisystemic Therapy, wraparound/case management, family crisis counseling and job/academic interventions. Through this empowerment, local communities can effectively address a system that is characterized by barriers including inadequate assessment, fragmentation, and deficit-based interventions.

INTRODUCTION

This proposal is designed to explore and challenge an idea for juvenile justice services coordination that could hold significant promise to the state, DJJ, the youth and their families, and the provider community. As with any idea that challenges a premise or a standard way of doing business, it is necessary to explore the areas of the current system that could and should be improved. It should be emphasized that the exploration of ideas and recommendations are not meant to diminish the significant contributions made by the Department of Juvenile Justice or the provider community.

The Department and the network of providers have clearly made significant contributions to a better system of care for Florida's delinquent youth and this proposal is not meant to detract from these accomplishments. The focus on providing direct care staff training, the expansion of evidence-based Redirections initiative, the enhancements in community-based intervention services, the continuation of intensive delinquency diversion services, the focus on girls initiatives through the PACE Center for Girls and the services provided by the CINS/FINS network are just a few of the individual and collective service improvements that deserve mention.

At the heart of this proposal is the exploration of a central premise: That a community-directed coordinating agency system that offers the flexibility to assess needs, apportion funds and build the right local continuum will result in more local ownership of the problem and better services and outcomes.

Under today's system, the Florida Department of Juvenile Justice (DJJ) is the focal point of a youth's care. The CBJJ model asserts that the most effective focal point of care is the youth's family and community. At the heart of this proposal is the exploration of a central premise: That a community-directed coordinating agency system that offers the flexibility to assess needs, apportion funds and build the right local continuum will result in more local ownership of the problem and better services and outcomes. By preparing and organizing a community-coordinating approach, funds spent on far-away beds and services with questionable outcomes will be replaced by family-based interventions and early-warning prevention. Most importantly, a community coordinated approach to juvenile justice will result in a shifting of the mindset that when a youth gets into trouble they are not the community's responsibility; they are "DJJ's problem."

This proposal builds upon many of the Blueprint Commission (Florida Department of Juvenile Justice, 2008) report's recommendations and findings:

- Florida needs to invest in a continuum of services that provides the right services at the right time in the least-restrictive environment while continuing to provide sanctions for youth involved in serious and violent crime.
- Florida should invest in community-based programs that help keep kids out of trouble.

- Florida should develop alternative programs and interventions at the community level to prevent youth who do not pose a public safety threat or flight risk.

The Community-based Juvenile Justice Project (CJJ) is a collaborative effort to create a coordinated community care model for the Florida Department of Juvenile Justice and would include pilots of the project in three judicial circuits in Florida. In each of the circuits, a well qualified agency would serve as the “Coordinating Agency” responsible for managing and coordinating the existing network of DJJ providers and assuming the coordination of state-operated functions such as detention centers and probation offices. The concept of developing a more coordinated system of community care for child welfare as well as juvenile and family services is an emerging national trend. It has been consistently demonstrated that a community centered approach to public safety and human services results in a more coordinated system of care with better outcomes. This idea is also consistent with the movement of other states to address juvenile justice systems defined as “fraught with barriers including inadequate assessment, fragmentation, and deficit-based intervention.” The states leading the way in juvenile justice reform are moving toward systems that take a “...coordinated, community based, family centered and strength-based approach...” (MacKinnon-Lewis, Kaufman, & Frabutt, 2001).

First and foremost, any proposal for change in the current juvenile justice system of care must ensure public safety will not suffer. Second, it must result in improved recidivism and educational outcomes. Third, the expenses associated with any new approach cannot be higher than current costs. The proposed CBJJ model is targeted to address these requirements and it is anticipated that the model will continue to be refined through future stakeholder review and discussion to more completely address these issues.

Fundamentally, the CBJJ seeks to develop a parallel system of care to that of the Florida Department of Children and Families’ (DCF) Community-Based Care (CBC) model. In the CBC model, a “Lead Agency” controlled by the community (local residents comprise the Board) is responsible for:

- Overseeing the delivery of services for dependent children in that community.
- Ensuring community stakeholders are engaged.
- Managing the corresponding state and local funds in a way that maximizes local services and youth outcomes.

Since 1996 when the Florida Legislature passed pilot legislation for the CBC model, the CBC model has proven to be a national model for engaging communities on dependency issues and providing dependent youth with high-quality, cost-effective care.

In the proposed CBJJ model, the Coordinating Agency, in close partnership with the court and local law enforcement, would be responsible for assessing the youth’s service needs, recommending service delivery to the court, and maintaining service oversight, coordination and payment for any youth who enters the juvenile court system. Because it is truly “community-based,” the Coordinating Agency will be able to engage and access local resources and support that DJJ simply cannot reach (i.e. local services, philanthropic funds, etc.).

Also, since the Coordinating Agency will not be encumbered by the current system of care’s restrictive service provider structure, there will be less spending on poorly performing programs that are long distances from the youth’s local community. As a result, the Coordinating Agency will be free to rapidly deploy innovative and less expensive prevention and community-based service alternatives like Brief

Strategic Family Therapy, Functional Family Therapy, Multisystemic Therapy, Parenting with Love and Limits, and more. It is also important to note that in the CBJJ system of care model, the Coordinating Agency's role includes service development and optimization, coordinating service placement, quality improvement and performance monitoring – not direct delivery of services within the continuum.

Just as importantly, public safety will not be impacted since the CBJJ model does not affect the court's placement capabilities. Instead it has the potential to improve court and law enforcement engagement, make more funds available for prevention and increase community ownership of these children. Because the CBJJ Model can readily adapt its service infrastructure to the needs of the families it serves, outcomes will improve. And since the Coordinating Agency will be able to increase the use of in-home services, more funds will be available to either increase services or reduce the state's funding requirements.

Background: Eckerd, one of the primary agency partners developing the Community-Based Juvenile Justice Project, first became involved in January of 2010 when a group of local community juvenile justice stakeholders asked for opinions regarding how the juvenile justice system could be improved and how local stakeholders could be more involved in the system. Eckerd developed a concept paper capturing some ideas regarding potential systems improvements and a coordinating lead agency model was central to these improvements. Eckerd then began to involve community stakeholder groups, constituent organizations, advocacy groups, state and elected officials in the discussion of this concept.

As Eckerd began the process of testing this idea with a sampling of local community stakeholders including judges, state attorneys, and public defenders, they experienced tremendous interest in pursuing this different method of delivery. Eckerd made presentations to the Pasco Legislative Delegation, the Florida House Criminal and Civil Justice Appropriations Committee, the Senate Criminal and Civil Justice Appropriations Committee, and staff representing the Governor's Office on Policy and Budget. Outreach efforts to the juvenile justice provider stakeholders identified a concern about current economic challenges faced during the legislative session and questions about the impact of an idea of this scope. As a result, Eckerd chose to step back and let the legislative process take priority and to provide time to seek further input from the provider community regarding how this idea could be realized or enhanced.

The speed in which the proposal made it to this level of discussion and debate was unexpected. The proposal generated much needed substantive debate about specifically how the juvenile justice system can be improved. While efforts were tabled to secure a pilot this legislative session, there is continuing dialogue and discussion with more local stakeholder to continue the development and refinement of the CBJJ model.

This proposal captures an idea believed to be viable and sound. It should resonate with stakeholders who acknowledge the inefficiencies in the current system, who understand the power of a coordinated continuum of resources, and who agree with the community's responsibility for assessing, designing and coordinating treatment for their youth. It is believed that a community directed Coordinating Agency with the flexibility to apportion funds, coordinate case management, and share system efficiencies to build the right continuum will lead to the next generation of effective services for youth and families in Florida.

STATEMENT OF NEED

Thousands of youth enter the juvenile justice system each year. In 2008, 93,000 youth were held in juvenile justice facilities across the United States and the states spend about \$5.7 billion each year imprisoning these youth, even though the majority are held for non-violent offenses and could be managed safely in the community (Justice Policy Institute, 2009). In fact, 67 percent of all juvenile justice cases handled in the U.S. in 2005 were for non-person related crimes and 28 percent of all delinquency cases handled by the juvenile court were public order offenses such as disorderly conduct, obstruction of justice, and liquor law violations (Puzzanchera & Sickmund, 2008).

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- Florida Association of Counties, 2010.

Many are treated in programs that are far removed from their local communities, greatly limiting the amount of community and family engagement to help in their rehabilitation. Some require intensive supervision and strict sanctions for the safety of the community, while studies show that low-risk offenders would benefit more from a lower level of intervention such as diversion (refer to Figure 1 later in this chapter). This issue and its financial impact was addressed by the Florida Association of Counties who noted that “detaining non-violent youth lead to unnecessary costs and damage the adolescent’s chances of exiting the criminal justice system, especially since most youth age out of crime. Secure detention should only be reserved for violent and dangerous offenders.” They further recommended that Florida should “focus efforts to detain the right youth, like habitual violent offenders, and focus on less expensive community alternatives for youth who do not meet detention criteria.” (Florida Association of Counties, 2010).

In Florida, there has been a concerted and ongoing effort to proactively address the needs of the 85,000 youth who enter the juvenile justice system last year. For example, the Florida Department of Juvenile Justice (DJJ) has made significant progress in reducing the number of youth placed in the “deeper end” of the system. For example, in fiscal year 2008-09, 85,377 youth were referred to the Department for delinquency offenses, representing a 5% reduction compared to the previous year and fewer youth are served deeper in the delinquency continuum although there were still 10,123 youth who were served in residential programs in the same fiscal year (OPPAGA State Profiles, 2010). Of those 10,123 youth served in residential settings in fiscal year 2008-09, 6,402 were new admissions to residential commitment beds, representing a 3 percent reduction from FY 2007-2008 (6,587) and a five-year overall reduction of 28 percent with 2003-2004 (8,897) new admissions (Florida Department of Juvenile Justice, 2010).

The Florida juvenile justice provider community has also significantly contributed to the efficacy of the current system by the implementation of programs recognized as national best practices. Improvements of the existing system of care in Florida has included, among other reforms, increased specialization for residential beds, the expansion of evidence-based programming, enhanced aftercare services, intensive delinquency diversion services, more prevention services and expanded treatment options for girls. Although these improvements are noteworthy and significant, the scope of challenges facing the juvenile justice system are too great for any one agency to resolve and stakeholders must engage in robust dialogue to identify where critical improvements can and should be made.

With these notable improvements, Florida still faces challenges with rehabilitative systems, economy, and treatment efficacy. For example, the current system has also shown inefficiencies in handling non-violent youth both from an economic and treatment perspective. It is well known in the body juvenile justice recidivism research that policies that lock up more youth do not necessarily improve public safety. In fact, a review of ten years of data on incarceration and crime trends show that states increasing the number of youth in juvenile facilities did not necessarily experience a decrease in crime during the same period (Justice Policy Institute, 2009). In 2006, Florida was listed as the fifth highest state with regard to the increase in the number of youth in juvenile justice facilities from 1997 to 2006. Seven of the ten states with the highest increase reported corresponding INCREASES in the number of violent crimes reported to law enforcement. States with the lowest number of youth in juvenile justice facilities during the same time period saw drops in the total number of violent offenses reported to law enforcement. The system of locking youth into secured facilities is not creating a corresponding reduction in violent behavior. ⁱ

It is believed that a community directed Coordinating Agency with the flexibility to apportion funds, coordinate case management, and share system efficiencies to build the right continuum will lead to the next generation of effective services for youth and families in Florida.

The Community-Based Juvenile Justice Services Project represents a powerful collaborative idea between communities, providers, agencies, and other stakeholders to move the system to the next level of effectiveness. Juvenile offenders require a “Continuum of Care” to help manage them through the entire process of the judicial system, from the initial stages of the intake process, case management, determining treatment & facilities placement, reassessment to validate improvement and ultimately their recovery and reentry into the community. Managing the offender through the judicial system is a problematic and complex process requiring a common vision from leaders and management, dedicated case workers, advanced & integrated technology, and proven processes. Once these are combined into a cohesive solution, measurable and repeatable outcomes are achieved. This enables those “good kids” that made “bad decisions” to have an appropriate path through the judicial system rather than being herded through the system the same as high-risk offenders.

PRINCIPLES AND FOUNDATION

The Community-Based Juvenile Justice model is based on the principle that a community-located and community-coordinated agency can provide accurate assessment and risk classification to determine the proper community resources to assist the youth and family to foster sustainable success. To ensure successful assessment, classification, and treatment, the Coordinating Agency will work with national organizations that have proven assessment and classification tools to direct the courts and DJJ in providing youth and their families with the most appropriate programming options, for the appropriate amount of time, and with the appropriate evidence-based treatment practices. Resources will be directed to youth that research has shown to have the highest risk factors for offending.

Guiding Principles: Proposed guiding principles of a Coordinating Agency include:

1. A belief that public safety should remain the top priority and that intervention should be swift and certain; however, all youth, wherever possible, should be placed in the least restrictive setting while continuing to maintain public safety.
2. A belief that a system built on a Family Centered Practice model that addresses a youth's success within the family environment will achieve the most successful outcomes for the youth and the community.
3. A belief that the system of care must be developed with the engagement of community stakeholders who best understand the factors within their community that will contribute to maintaining public safety.
4. A belief that each youth must be individually assessed as to their specific treatment needs and their services tailored to address them.
5. A belief that the coordination and utilization of existing resources within a community are an integral component of this managed-care program.
6. A belief that systems of care should offer a continuum of services and evidence-based practices that address the widest variety of youths' needs.
7. A belief that there should be a flexible rate structure to provide more intensive services to some youth and less intensive to others.
8. A belief that the early identification of youth with specific intensive therapeutic needs is important and the earlier the intervention the better.

Foundational Elements: This proposal builds upon 21 recommendations of the Blueprint Commission (a table summarizing these recommendations is provided later in this white paper) and the approach is aligned with the Commission's recommended goals that:

- Florida needs to invest in a continuum of services that provides the right services at the right time in the least-restrictive environment while continuing to provide sanctions for youth involved in serious and violent crime.
- Florida should invest in community-based programs that help keep kids out of trouble.
- Florida should develop alternative programs and interventions at the community level to serve youth who do not pose a public safety threat or flight risk.

Features: Features of the proposed CBJJ approach include:

- A support system and a focused rehabilitation roadmap that emphasizes prevention, positive reinforcement, strength-based case management, cognitive behavioral change and community support, enabling the offender to successfully return to the community.
- Placing greater emphasis on prevention and diversion services to reduce recidivism at all risk levels and to ensure that the safety of the community is protected.
- Systems and programs that capitalize on the efficiencies and best practices of a proven juvenile justice provider community.
- Implementation of evidence based approaches and practices that save taxpayers' money and that generate more effective treatment outcomes.
- A coordinated system of assessment, classification, referral and tracking within each community or region to address service gaps, ensure proper placement in the least restrictive environment and in the program most suitable for the youth's presenting needs.
- The development and/or enhancement of a shared set of decision-making tools including, but not limited to, detention screening instruments, intake screening instruments, research-based risk assessments, objective assessment of youth and family strengths and needs, a placement matrix for recommending court dispositions, standardized case plans and routine assessments of case plan progress.
- An automated, assessment-driven case plan and appropriate interventions based on criminogenic needs and protective factors. Specialized assessments will address specific criminogenic needs, such as mental health, drug and/or alcohol abuse, spousal abuse, or flight risk, to name a few.
- An integrated case management system that mobilizes, coordinates, and communicates with the various systems involved with the youth's care.
- Seamless information integration that includes offender demographic and criminal history information required by DJJ but also information regarding interventions, case management needs, and outcomes shared among the components of the system.
- Internal quality improvement and fidelity monitoring system to promote program performance through the use analytics and outcomes to continuously improve the system of care.
- The internal fidelity monitoring system and performance based, outcome driven process will be incorporated throughout the Coordinating Agency system of care and represent a systemic effort to promote prevention, rehabilitation and support-consistent with the philosophy inherent in evidence-based practices.
- A system that allows a real-time interface with public and private facilities' information systems to provide a two-way monitoring and reporting channel to determine the availability of treatments and beds for immediate confirmations.

A focus on disproportionate minority confinement: With any new model for the delivery of services for juvenile justice, there is also a mandate to consider those persistent issues that have plagued the older systems and to build the new system to effectively address the issues. Disproportionate minority confinement is such an issue.

The CBJJ model will emphasize the responsibility of the Coordinating Agency to develop strategies to increase awareness about disproportionate minority confinement. Research has shown that awareness is a critical aspect of reducing institutional biases (Armour & Hammond, 2008). The Coordinating Agency will be responsible for employing approaches for increasing awareness about disproportionate minority contact among community representatives, leaders, parents and others. Specifically, best practices as outlined by Juvenile Detention Alternatives Initiative (JDAI), the Center for Children’s Law and Policy, and the Models for Change initiative will be used to address disproportionate minority confinement including, but not limited to, the creation of an oversight body composed of stakeholders to identify where disparities exist, pinpoint unnecessary juvenile justice system involvement, monitor implementation of reforms to address disproportionate minority representation, evaluate risk assessment instruments to avoid overuse of secure detention, and to help create alternatives to secure confinement.

A focus on trauma informed care: Effective treatment interventions cannot occur without a predictable, safe and structured environment. Similarly, a safe and secure environment cannot be created or maintained without highly trained staff members who provide constant and effective supervision, regardless of the program type. The CBJJ model will emphasize the development of a trauma-informed culture using some of the components of the Sanctuary Model.ⁱⁱ Considerations and steps to creating a trauma-sensitive culture include:

TRAUMA-SENSITIVE CULTURE	
Culture of <u>Nonviolence</u>	Helping to build safety skills and a commitment to higher goals
Culture of <u>Emotional Intelligence</u>	Helping to teach affect management skills
Culture of <u>Inquiry & Social Learning</u>	Helping to build cognitive skills
Culture of <u>Shared Governance</u>	Helping to create civic skills of self-control, self-discipline, and administration of healthy authority
Culture of <u>Open Communication</u>	Helping to overcoming barriers to healthy communication, reduce acting-out, enhance self-protective and self-correcting skills, teach healthy boundaries
Culture of <u>Social Responsibility</u>	Helping to rebuild social connection skills, establish healthy attachment relationships
Culture of <u>Growth/Change</u>	Helping to restore hope, meaning, purpose

Research has documented that the impact of this approach leads to:

- Less violence including the use of coercive measures like seclusion and restraint.
- An understanding of the complex bio-psychosocial and developmental impact of trauma and abuse with implications for response.
- Less victim-blaming.
- Less punitive and judgmental responses.
- Clearer more consistent boundaries.

- Higher expectations.
- Linked rights and responsibilities.
- Earlier identification of and confrontation with controlling, abusive, and violent behavior.
- Better ability to articulate goals, to create strategies for change, and to justify the need for holistic education.
- A working understanding of reenactment behavior.
- A more democratic environment at all levels.

These central elements, along with other elements of the Department's standing philosophy of treatment will be reflected in the model, including a balanced and restorative approach to justice.

MODEL & COMPONENTS

The proposed model is designed to provide the required elements of a coordinated community system of care, aligned with core operating principles, and to achieve the treatment, safety, and economic efficiencies of a single-payer, single-entry system for juvenile justice as detailed in the previous chapters. The structure of such a system is critical to ensure that service gaps are reduced and interventions are not overlapping. Similarly a comprehensive case planning, placement, treatment, and reintegration case management system must be in place to tie the various components of the model of care into a cogent and effective whole. The following chapter addresses these elements in greater detail.

Overarching Case Management and Reporting System: The Coordinating Agencies for the pilot sites will mobilize best practices to ensure that the most comprehensive case management system in the country is developed as part of the coordinated system of care. This system will serve as the engine that will drive the Coordinating Agency system in Florida. The system will be strength based (focusing on the strengths and resiliencies of youth and families instead of a deficit focus) and put significant rehabilitative focus on evidence-based practices. Further characteristics of the proposed system are as follows:

- It is an information and case management system to be utilized at every key decision point in the juvenile justice continuum of care. Those key points include screening at an assessment center or detention center, intake processing, diversion options, judicial process, probation, commitment, aftercare and ultimately the youth's final release from the juvenile justice system.
- A Juvenile Justice Management System will assist practitioners at every key decision making point in the system by providing objective, research based decisions based not only on risk factors and criminogenic needs, but best practices and evidence based services. Some decision points include:
 1. Eligibility for civil citation;
 2. Actuarial risk to reoffend scoring in conjunction with the Detention Risk Assessment Instrument;
 3. Whether to recommend a petition be filed;
 4. Determining which diversion programs will be most effective;
 5. Determining the most appropriate disposition recommendation to the court;
 6. Determining when a lower level of care is appropriate as a recommendation to the court (i.e. step down or aftercare); and
 7. Determining when youth should be discharged from care.
- The system will be adaptable and can be customized to meet the specific needs of the community/jurisdiction and adapt specific screening, referral and placement decision nuances unique to the jurisdiction.
- Benefits include the reduction of paperwork, which frees up the valuable time of staff. Second, a reduction in duplication of data entry is experienced. A suite of reports, accessible throughout the continuum of care, provides timely and accurate information to key players.

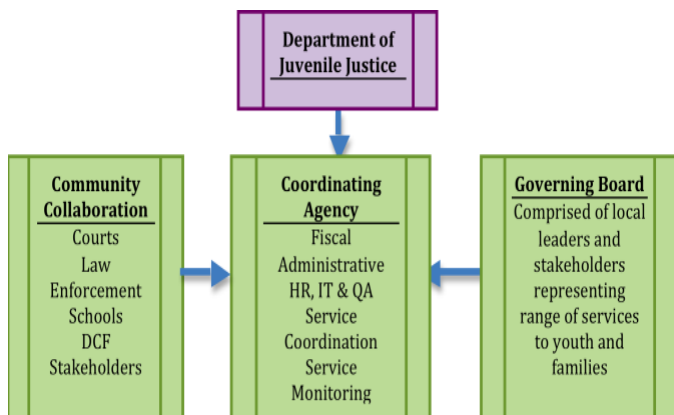
- The system will foster a regular and continuous assessment and reassessment process of youth that provides progress information, which will allow for proper step down or release decisions to the proper placements at the right time, which in turn will balance treatment progress and risk to public safety.
- Risk and protective factors will be examined along with criminogenic needs, which can influence treatment decisions, shape reintegration plans and build effective case planning will allow for a greater likelihood of success for the youth and the community.
- The system will foster a more efficient continuum of care and will save dollars by reducing the number of failed placements and has the potential to reduce the length of stay at residential placements by providing the correct treatment modality while proactively moving the youth to a lower cost of care setting at the right time.
- The system will collect data about all the youth in the system so that agency administrations, community services providers, local stakeholders and community partners can collaborate on gaps identified in the system and the creation of appropriate treatment and services for their community and profile of youth.
- It will include a provider referral database and communication mechanism between practitioners and providers so that anyone touching the youth's case will have access to consolidated timely information, which will result in a better-coordinated service delivery. Using smart technology, the system will allow the practitioners to schedule appointments with the treatment provider in real time (while the youth is in the office), along with the ability to share valuable information through import and export secure mechanisms. This web-based technology will provide effective and timely strategies toward meeting the needs of the youth and their families.

An experienced, fully qualified third-party vendor will provide training, consultation and support, in order to enhance the skills and abilities of the juvenile justice practitioners. This comprehensive approach will in turn create an environment for more effective service delivery through the continuum of care. This approach and the utilization of a comprehensive juvenile justice management system will increase public safety, provide for better decisions and recommendations, build positive outcomes and sustain best practices unique to the jurisdiction.

Components of the Model:

The specific components of the model will vary by Circuit and will be modified as the concept is expanded and tested through the stakeholder review and piloting periods. Every Circuit model will be tailored to the specific community needs assessment, reflect the recommendations of community stakeholders and be built through a spirit of collaboration and community empowerment that is central to the CBJJ approach.

It should be noted that whatever the ultimate Circuit system looks like and the component parts of this system fulfilled by contracted partner agencies is not designed to supplant statewide contracts. The Coordinating Agency concept is designed to address the coordination of services and not the flow of money, so the CBJJ model recommends statewide programs stay intact.



The Coordinating Agency structure diagram (provided in full in the next chapter) illustrates the possible structure for a proposed system of care managed by a Coordinating Agency.

The graphic shows the Coordinating Agency formally reporting to the Department of Juvenile Justice. The Coordinating Agency will be fully accountable to the Department for the quality of services, the distribution of funds, compliance with policies, procedures, statutes and

mandates, and meeting required outcomes. As previously stated, the Coordinating Agency will not be providing any direct services.

A governing board of representatives from the circuit would be mobilized to provide guidance, direction, and oversight from the local community perspective. This Board would be newly created as opposed to a repurposed Board to ensure understanding of a new charter, a new system, and a new set of expectations specifically mandated by the CBJJ approach. Emphasis will be placed on the diligent and careful selection of Board members to ensure comprehensive community representation.

Another component of the direction of the Coordinating Agency approach is based in relationships that the Coordinating Agency will be expected to establish and maintain with agencies that share the charge to serve children and families, protect community safety, and offer resources that will supplement the efforts of the contracting partners. These agencies include, but are not limited to, other child-caring agencies, law enforcement, schools, and courts as part of the essential community collaboration that is required for the proposed model to be of maximum effectiveness.

Through the direct oversight of the Department of Juvenile Justice and through the guidance and collaboration provided through a local governing board and through strong partnerships with community agencies, schools, courts, and law enforcement, the Coordinating Agency would first be responsible for fully assessing the needs of the community in collaboration with the Governing Board and the Community Collaborative partners. The accuracy and completeness of this community assessment is the foundation for the system that follows it and the efficacy of the model. It cannot be stressed enough that a complete and accurate assessment must be completed before the Coordinating Agency network can begin to be assembled.

After the completion, review and adoption of the community needs assessment by the Community collaborative partners and the Governing Board, the Coordinating Agency would begin contracting with qualified providers to deliver a identified continuum of services for youth in the region. The Coordinating Agency would also serve as a centralized administrative unit responsible for all fiscal, administrative, contracting, and monitoring functions for the system of care, and to report to the Department, the governing board and other key community partners regarding the efficacy of the model. The Coordinating Agency could also inherit the Quality Assurance monitoring functions of the Department, something that could be contemplated and decided as this concept is tested and expanded through the piloting period. This would allow DJJ the opportunity to ultimately monitor the network of Coordinating Agencies as these Agencies monitor the multiple contracts in each Circuit. The efficacy of the model would be supported through a state-of-the-art management information system to provide

data for continuous system improvements and client and resource tracking and reporting. Other functions as outlined in Figure 1 are further clarified below.

<p>Assessment Center</p> <hr/> <p>Intake, Assessment & Classification</p> <p>Civil Citation</p> <hr/> <p>Assessment, Counseling, Community Service, Targeted Interventions</p> <p>Diversion</p> <hr/> <p>JASS, JASP, IDDS, Post Arrest Diversion, Young Offender, Restitution, Community Service, Family/Crisis Counseling, Job/Academic Interventions</p>

Assessment Centers: The Coordinating Agency will provide oversight to the juvenile assessment center, a single point of entry for receiving court orders, comprehensive assessment, classification, and determining treatment and placement for youth entering or reentering the system.

Consistent assessment and treatment protocols will be a primary feature of the juvenile assessment center. Youth will be screened for a wide range of issues including substance abuse, delinquency risk, and mental health concerns. Services will be organized to capitalize on critical efficiencies such as providing youth and families with rapid and barrier-free access to services and offering crisis stabilization services to reduce

the need for clients to seek more intensive treatment services through inpatient settings during acute emergencies. The juvenile assessment center will also include a system to register new juvenile justice cases (complying with DJJ’s JJIS system reporting protocols) and the cross-referencing of funds and revenues from the child welfare community based care system, Substance Abuse and Mental health (SMH) and Juvenile Incompetent to Proceed (JITP) to ensure unduplicated and coordinated services, funding, and reporting. In addition to the intake, assessment, classification, reporting, crisis stabilization, and referral services of the juvenile assessment center, providers will also be subcontracted to manage the regions civil citation programming and diversion programming.

Civil Citation: Too often juveniles between the ages of 12 and 17 years of age are being arrested for non-serious crimes, exposing them unnecessarily to the juvenile justice system. Most of these youth are minorities, and despite completion of other available diversion programs, any criminal record often results in disqualification from some jobs, scholarships, school admissions, and other involvement.

Representing a systemic change in how juvenile justice is delivered, youth who commit a minor offense have the opportunity to attain complete and targeted treatment services without an arrest. Civil Citation reforms the protocol on how police and the community address minor offenders. Rather than issuing an arrest, officers refer all eligible children to attain the same level of evidence-based, customized, and proven services previously only available to arrested youth. Youth have the opportunity to receive an assessment and application of appropriate, targeted interventions with structured supervisions allowing the juvenile justice system to protect the community while also protecting the future of the child.

In Miami, this initiative has resulted in more than 7,000 youth receiving treatment services without an arrest, and more than 95% of these youth are minority. The program has also achieved an 82% successful completion rate with an impressive 9% recidivism rate.

Diversion: The Coordinating Agency will ensure that a wide variety of diversion programs will be implemented to provide a continuum of proven strategies for the intervention of juvenile offenders. All of the diversion programs listed below and other models not listed will be expected to use proven evidence based strategies such as those outlined by Peter Greenwood in his report on evidence based programs and strategies to the state of California and Mark Lipsey’s research on proven evidence based strategies. The diversion programs include but are not limited to:

Juvenile Alternative Services Sanctions (JASS): JASS provides delinquency prevention services to nonviolent, misdemeanor offenders. JASS individualized client needs assessments provide the basis for the development of treatment plans. Program services include case management services, victim/offender mediation, restitution coordination, community work service, and referrals to: psycho-educational groups, substance abuse counseling, and family and individual counseling. JASS client treatment and alternative sanction plans are monitored by means of home, school, and field visits as well as collateral contacts.

Juvenile Alternative Services Program (JASP): JASP is a juvenile diversion program offering an alternative to judicial processing for first referral eligible felony and violent misdemeanor offenders. The JASP program provides individualized client needs assessments, alternative sanctions and treatment plans, case management services, community service work, coordination of restitution payments, social skills enhancement, victim/offender mediation, and referrals to: family and individual counseling, psycho educational groups, substance abuse treatment. Referrals are received from the State of Florida Department of Juvenile Justice (DJJ), the State Attorney's Office (SAO), and Juvenile Court. The program utilizes a vast network of service agencies, coordinating closely with schools and the State Attorney's Office. Services are provided in office locations, as well as through home, school and field visits.

Intensive Delinquency Diversion Services (IDDS): The IDDS Program provides a cost-effective alternative to judicial handling for youth under 15 years of age who have been charged with an offense, which if committed by an adult, would be a criminal act. All youth served by this program have been assessed by the Department of Juvenile Justice as being at high risk of becoming serious, chronic offenders based on factors identified by the book, "The 8% Solution Preventing Serious Repeat Juvenile Offenders". This program provides intensive supervision and program services to forty-five (45) high-risk diversion eligible juveniles, six days per week, including after school hours for a period of five to seven months. Program supervision includes multiple face-to-face contacts with each youth weekly, weekly parental contact, weekly school contact as well as contact with each service provider involved in the youth's individualized treatment plan. These contacts are made in the youth's home, school, and various other community sites.

Post Arrest Diversion (PAD): PAD was one of the first diversionary programs that developed through Miami-Dade County's National Demonstration Project. This is an alternative arrest-processing program that has allowed the Miami JAC to keep first-time-arrested juveniles for minor offenses from entering the traditional juvenile justice system. Historically in the United States, this is the group of offenders that is usually given minimal attention until children begin to re-offend. This program also provided a format to apply the best research practices at the earliest point of entry, identify risk factors and apply a personalized diversion program that addresses the issues of the child, including the family, and not only the offense. Florida State Statute language allows juveniles successfully completing the program, an opportunity to eliminate their arrest record. From 2000 to 2007, PAD prevented 10,548 arrested juveniles from entering the state juvenile justice system. Miami-Dade County documented a community systems savings of \$47 million by keeping 10,548 juveniles out of juvenile court system with the PAD Program.

Juvenile justice research has uncovered important information regarding children under the age of 12 being arrested. Data has shown that the most serious juvenile offenders in the 15 and up age range have most likely entered the system under the age of 12. Furthermore, in a report from OJJDP under principal investigator Dr. Barbara J. Burns, young offenders "are two to three times more likely to become

tomorrow’s serious and violent offenders” and that “these children are potentially identifiable either before they begin committing crimes or at the very early stages of criminality, times when interventions are most likely to succeed. Services that target these very young offenders offer an exceptional opportunity to reduce the overall level of crime in a community.” Unfortunately, most diversion programs are currently designed to address adolescents, and the assessment instruments being used were not designed for this age group.

The Young Offender Project: The Young Offender Project implements new assessment, processing and casework protocols for the under-13 age group. To design this approach, Miami-Dade County enlisted the assistance of a team of experts from the United States and Canada who specialize in working with younger children to train staff to implement age appropriate assessments and processing methods. Further, researchers developed appropriate case management protocols for this group regardless of whether the offender is diverted or under the jurisdiction of the court.

Some of the other proven evidence-based strategies to be employed as part of the program and as separate and stand alone programs include:

- Restitution
- Community Service
- Family/Crisis Counseling
- Job/Academic Interventions

Other components of the proposed model:

CINS/FINS
Outreach Centralized Intake, Shelter Non-Residential Care Case Management Staff and Physically Secure Placements

CINS/FINS (Children-in-Need-of Services and Families-In-Need-of Services) are mandated and defined in Chapter 984, F.S. and Chapter 1003.27(3), F.S. These statutes provide for round-the-clock crisis counseling and shelter for runaway, ungovernable, troubled and/or habitually truant children (ages 10-17) and their families and court procedures when needed. Children who are adjudicated dependent or delinquent are not eligible for services. The Florida Network provides CINS/FINS services through contract with the Department of Juvenile Justice.ⁱⁱⁱ

Child in Need of Services (CINS) is an adjudicated status for a child for whom there is no pending investigation into an allegation or suspicion of abuse, neglect, or abandonment; no pending referral alleging the child is delinquent; or no current supervision by DJJ or the Department of Children and Families for an adjudication of delinquency or dependency. Youth identified for CINS services must be determined by the court to also have:

- A persistent history of runaway from the child’s parents or legal custodians despite reasonable efforts of the child, parents, or legal custodians, and appropriate agencies to remedy the conditions contributing to the behavior, a history of persistently disobeying the reasonable and lawful demands of the child’s parents or legal custodian, and to be beyond their control despite reasonable efforts to remedy the conditions contributing to the behavior. Reference: F.S. Chapter 984.15 Petition for Child in need of services, and/or,
- A history of habitual truancy from school, while subject to compulsory school attendance, despite reasonable efforts to remedy the conditions contributing to the behavior. Compulsory

School Attendance is defined by F.S. Chapter 232.19 including the guidelines for the filing of a truancy petition in situations where a student has a accumulated 15 unexcused absences in a period of 90 calendar days, and/or

- Lockouts and homeless youth.
- Danger to self or others leading to a determination for involuntary assessment by and/or placement into a mental health program. Involuntary examination pursuant to F.S. Chapter 394.463; Involuntary placement pursuant to F.S. Chapter 394.467;
- Violence at home: Injunction for protection against domestic violence pursuant to F.S. Chapter 741.29 regarding procedures for charges and arrest of suspected individual and the definition of Domestic Violence pursuant to F.S. Chapter 741.30, and/or
- Substance abuse: Pursuant to F.S. Chapter 397.6811 regarding initiation of involuntary assessment and stabilization; and F.S. Chapter 397.675 regarding criteria of involuntary admission to a treatment program

CINS/FINS services currently include short-term, primarily voluntary shelters with short maximum lengths of stays (35-days maximum), non-residential counseling services to help the family stabilize the event, to keep the families intact, and to minimize the need for out-of-home placement, and to provide aftercare services for youth returning home from shelters to reduce the potential of further “and deeper” involvement in the DJJ and DCF systems.

Families in Need of Services (FINS) is a non-adjudicated status program with services provided to families that have a child for whom there is no pending investigation of abuse, neglect, or abandonment or no court ordered supervision by DJJ or DCF for an adjudication of dependency or delinquency. The child must have been referred to a contracted agency for:

- Running away or threatening to run away from parents or legal guardian or custodian; and/or,
- Disobeying the reasonable and lawful demands of the parents or legal guardian or custodian and being beyond their control; and/or,
- Truancy from school or other school related problems,
- Lockouts/Homeless youth (Florida Department of Juvenile Justice, 2010c).

The agencies that provide CINS/FINS services offer many services including: advocacy for youth, public policy development, public education, data collection and research, and training and technical assistance. The intent of CINS/FINS is to divert children who commit status offenses from entering the child welfare or juvenile justice systems. The primary goal of a CINS/FINS program is to provide services to pre-delinquent youth and their families in an effort to prevent entry in to the juvenile justice system or other government care. It is important to remember that CINS/FINS services are a part of the prevention continuum for youth and families that are not involved in the delinquency or dependency system(s). With the exception of court-ordered CINS youth, the services are voluntary in nature. The youth receiving services, including those in shelter care, are not in the custody of the Department of Juvenile Justice or the Department of Children and Families, but rather remain in the custody of the parent(s)/guardian(s). The services provided by CINS/FINS programs, will include, but are not limited to, the items described below:

Outreach - Outreach services to youth, families and the community through public education about available services, presentations, brochures, website, and other venues.

Centralized Intake - Access to CINS/FINS is available 24 hours a day/7 days a week. The components of centralized intake include the screening for eligibility and intake assessment of the youth and family. When a child is screened and determined to be eligible, admission to either emergency shelter care or non-residential CINS/FINS services will take place. If the initial screening reveals a history of a longstanding health, mental health or substance abuse condition, brief services will be offered until a referral to more appropriate services can be made. If the screening determines that the child is not eligible for CINS/FINS services, the referring individual will be given information regarding other community services that are more appropriate for his/her needs and/or encouraged to contact the child's juvenile justice or child welfare contact person. All CINS/FINS agencies maintain interagency agreements with other community-based service providers to connect clients with desired services and provide an effective continuum of care. The admission process provides eligible children and their families with the least restrictive services that are responsive to their individual needs. Once eligibility is determined and the youth is admitted to services, a complete psychosocial assessment is conducted of the child to determine his or her most immediate needs and presenting problems. The counselor develops a service plan that provides for individual, group and family counseling, as well as specialized services that may be needed from community schools, medical clinics, vocational or other programs.

Shelter Services - If it is not possible for the child to remain at home, he or she is admitted to the crisis shelter. Shelter services are intended to be short-term, are primarily voluntary and include meeting the basic needs of the child and providing services, such as case management, and counseling. The purpose and function of the shelter is to provide respite from volatile family situations, to offer a safe place for children on the street and to work with the family for the child's safe return and improved family relationships.

Non-Residential Services - If the immediate crisis in the family can be handled, and it is safe for the child to return to or remain at home, the family is offered non-residential counseling services. These services include crisis intervention and individual, group and/or family counseling. They are rendered to CINS/FINS clients in their homes, at established community locations, or at the local agency's offices.

Case/Court Management - All youth and families admitted for services receive case management services. These services include: information gathering; supportive linking; advocacy, coordinating and monitoring services; case review and discharge planning. When the agency's short-term services have resolved the family's immediate crises, the family is connected with longer-term community services and encouraged to follow through in order to build upon the strengths identified while receiving CINS/FINS services. In some cases there is a lack of progress that results in the convening of a case staffing committee. The committee or the parent recommendations may result in a petition filed in court for a CHILD IN NEED OF SERVICES. The local provider also manages the court case.

Staff Secure Placements - As a result of a CINS petition, the court may order the child to a longer stay in shelter-up to 120 days. There are 10 placements available statewide, one bed in each of 10 shelters, that have an additional youth care worker who provides one-to-one assistance and focus on the child's case plan. More intensive case management and counseling also occurs.

Physically Secure Placements - The law provides for a locked setting in very rare cases, where the judge finds the child either in contempt of court or in need of an extremely safe treatment environment. From

the point of this court order, the child may remain in the locked setting for up to 120 days. These placements are provided through independent rate agreements with adolescent/child mental health treatment facilities. Local CINS/FINS (Florida Network) providers do not provide locked settings. In recent years, funding to this service has been dramatically reduced, resulting in fewer than 10 children served per year.

There are agencies that provide CINS/FINS services throughout the state. Every judicial circuit has at least one Florida Network provider, every county has access to services and centralized intake and shelter services are accessible 24 hours a day, 365 days a year.

Under the proposed model, the Coordinating Agency will coordinate the CINS/FINS services in the pilot region(s). Although it is envisioned that the statewide CINS/FINS contact would remain intact, the CINS/FINS agencies will be responsible for the provision of CINS/FINS services and integrating their efforts with the Coordinating Agency and other prevention providers in the community.

Girls' Continuum
Prevention
Diversion
Early Intervention
Training
Technical Assistance

Girls' Continuum: Since the reauthorization of the Juvenile Justice and Delinquency Prevention Act of 1974 in 2002, states are now required to include “an analysis of gender-specific services for the prevention and treatment of juvenile delinquency including the types of such services available and the need for services for females; and a plan for providing needed gender-specific services for the prevention and treatment of juvenile delinquency.”^{iv} Empirical findings have shown that juvenile justice cases are “gendered,” but that treatment of those cases aren’t as differentiated even though there are large gender gaps in opportunities for services along with gender bias (Kemp-

Leonard & Sample, 2000).

Similarly, initiatives to better address the needs of girls in the juvenile justice system have begun to add to the body of knowledge about gender-specific models and best practices. Research has found that coordinated systems of care specifically addressing the needs of girls in the system are required and, within these interventions, the family has been identified as the single most important risk and protective factor for young female offenders (Bloom, Owen, Deschenes, & Rosenbaum, 2002). Therefore, it stands to reason that a “carve out” of a local juvenile justice system of care to address the specific needs of girls is a top priority followed by the identification of services that place families as a central focus.

PACE Center for Girls, Inc. is an example of an agency that provides prevention, diversion, early intervention, training and technical assistance specifically designed to be responsive to the needs of girls. Their model has been nationally recognized as “the most effective program in the nation for keeping adolescent girls out of the juvenile justice system and a national model for reducing recidivism and improving school success, employment and self-sufficiency amongst girls (Annie E. Casey Foundation KIDS COUNT, 2008).

The proposed system of care will benefit from the direction and guidance of proven providers of services for girls and, given the special nature of rehabilitative programming for girls, there is a need for a proven entity to help guide interventions at the local level. As a result, the system of care has segregated girls into a separate category of services to be identified and contracted in the target

regions.

Detention
Home Detention
Alternatives to Detention

Juvenile Justice Detention in Florida is a short-term temporary program that is provided to youth who have been identified by the Juvenile Assessment Centers or juvenile probation staff as requiring temporary, secured confinement. The detention centers provide custody, supervision, education, and mental health/substance abuse services to juveniles statewide. Currently, DJJ operates 25 juvenile detention centers in 24 counties with a total of 2,007 beds.

In addition to secure detention, youth are also placed into **home detention** status and released to their parents or guardians in instances where the youth risk assessment does not reveal that the youth is at risk to public safety. Youth released to home detention are required to enter into a home detention agreement that stipulates the conditions they must follow. In FY 07, 54,369 cases were served in secure detention and 27,879 cases were served in home detention (Florida Department of Juvenile Justice, 2010b).

Many judges are left with only two options when a youth violates the law: sending the youth home with family, or sending the youth to secure detention. There is a lack of available alternatives to secure detention for youth who need more supervision than returning home with mom and dad. Fortunately, there are alternatives to detention that integrate strategies proven to reduce recidivism. Some counties have been experimenting with local options for judges. For example, Hillsborough has a civil citation program, Miami-Dade uses electronic monitoring, and Pinellas uses youth court to provide more guidance for youth involved in the criminal justice system.

Alternatives to Detention: The Juvenile Detention Alternatives Initiative (JDAI) has been the Casey Foundation’s flagship juvenile justice reform initiative for 15 years. Today, JDAI is being implemented in half the states and the District of Columbia, in almost 100 local jurisdictions; making it the most widely replicated juvenile justice reform initiative in decades. Many JDAI sites have dramatically reduced the average daily population in secure detention, in some cases by as much as two-thirds. Employing objective risk-screening instruments, non-secure alternatives-to-detention programs, expedited case processing, and other strategies, local JDAI sites ensure that only those youth who pose significant public safety risks are detained, and only for the time needed to adjudicate their cases. Many JDAI sites have been able to redeploy taxpayer dollars from detention facility operations to more positive community-based interventions. The proposed model will adopt the Juvenile Detention Alternatives Initiative (JDAI).

Evidence Based Community Services
MST
FFT
BSFT
Other

Evidence-based Community Services are garnering increasing recognition for generating highly effective interventions. Many states have been taking advantage of grant monies that implementing Evidence-Based Practices (EBP) has justified. The statistics for those that have adapted EBP systems are impressive. Below are a few of the many proven examples of adapting EBP

principles.^v

- 70% reduction in juvenile residential placement over 3 years.
- 60% improvement in program completion.
- 24% reduction in detention facilities bookings.

- 38% decreased community supervision caseload.
- 50% reduction in case loads per office.
- 16% reduction in total juvenile budget expenditures.
- 20% reduction in recidivism associated with case planning and referral services.
- 60% reduction in recidivism associated with behavior and social-learning treatment when addressing risks and needs.
- Measurable increases in probation completion and payment of restitution.

Proven principles of effective intervention guided by EBP philosophies require that a whole host of things be done right. EBP begins with:

- A scientifically valid, repeatable and reliable assessment.
- A working collaboration between the offender and the person overseeing his or her case.
- An experienced EBP vendor working collaboratively with the Coordinating Agencies to provide training, process implementation & support and validation methodologies.
- An intrinsically motivated offender.
- Case plans that address criminogenic needs.
- Treatment programs that emphasize positive reinforcement, cognitive behavioral change and community support.
- Continuing evaluation of the effectiveness of all these components.
- Making changes as necessary to do less of what doesn't work and to do more and better what does work.

Under this model, the Coordinating Agency will deploy a robust array of evidence-based programs to meet the needs and address the risks of the youth served.

A responsible reduction of reliance on confinement entails the creation of a continuum of community-based youth development services and supervision options for delinquent youth. Although all jurisdictions offer probation, it too often amounts to perfunctory supervision and few positive youth development opportunities. Most jurisdictions have some programming including anger management classes or community service. However, few sites offer an integrated continuum of resources to ensure that youth are placed in programs that improve the odds that they will desist from delinquency and progress personally.

During the past two decades, a variety of program models have emerged that effectively expand system options beyond the traditional mainstays of training schools or probation supervision.

Most notable are the evidence-based programs: Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Brief Strategic Family Therapy (BSFT) These models have consistently produced far better results, such as lower recidivism and improved school performance, than traditional juvenile justice interventions (Annie E. Casey Foundation, 2009).

A sample of evidence-based practices identified by the Prevention of Violence Institute (2009) as

receiving increasing attention in the juvenile justice arena include:

Multi-systemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The multi-systemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra-familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.

MST targets chronic, violent, or substance abusing male or female juvenile offenders, ages 12 to 17, at high risk of out-of-home placement, and their family. Treatment outcomes documented for this program include, but are not limited to:

- Reduction of 7.7 % in recidivism.
- Reductions of 25-70% in long-term rates of re-arrest.
- Reductions of 47-64% in out-of-home placements.
- Extensive improvements in family functioning.
- Decreased mental health problems for serious juvenile offenders.

Functional Family Therapy (FFT): FFT offers flexible delivery of service by one and (rarely) two person teams to clients in-home, clinic, school, juvenile court, community-based programs, and at time of re-entry from institutional placement. Implementation: Wide range of interventionists, including trained probation officers, mental health technicians, credentialed mental health professionals (e.g., M.S.W., Ph.D., M.D., R.N., M.F.T., L.C.P.).

FFT effectiveness derives from emphasizing factors that enhance protective factors and reduce risk, including the risk of treatment termination. In order to accomplish these changes in the most effective manner, FFT is a phasic program with steps that build upon each other.

Youth, ages 11-18, at risk for and/or presenting with delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behavior Disorder. Often these youth present additional co-morbid challenges such as depression. Treatment outcomes associated with FFT include:

- An 18.1% reduction in recidivism.
- Interrupting the matriculation of these adolescents into more restrictive, higher cost services.
- Reducing the access and penetration of other social services by these adolescents.
- Generating positive outcomes with the entire spectrum of intervention personnel.
- Preventing further incidence of the presenting problem.
- Preventing younger children in the family from penetrating the system of care.

Brief Strategic Family Therapy (BSFT): BSFT is a short-term, problem-focused intervention with an emphasis on modifying maladaptive patterns of interactions. Typical sessions last from 60 to 90 minutes, with 12-15 sessions over three months. Therapy is based upon the assumption that each family has unique characteristics that emerge when family members interact, and that this family "system" influences all members of the family, thus the family is viewed as a whole organism. The repetitive interactions, or ways in which family members interact and behave with regard to one another can be either successful or unsuccessful. BSFT targets these interaction patterns that are directly related to the

youth's behavior problems and establishes a practical plan to help the family develop more effective patterns of interaction.

In addition to the aforementioned evidence-based approaches, the Coordinating Agency would solicit other evidence-based models that demonstrated efficacy with specific needs identified in the community. A good example of this is the use of Motivational Enhancement therapy (MET) and Cognitive-Behavioral Therapy (CBT) currently employed in some Circuits to address youth substance abuse issues. The MET/CBT is a specific treatment protocol that integrates elements of both approaches as part of the Cannabis Youth Treatment (CYT) series.

Note: In addition, this list of evidence-based treatment approaches is not all inclusive and there is an expectation that evidence-based approaches will be reflected in the other categories of services that comprise the continuum. It is separated here for emphasis but there is an expectation that evidence-based practices and strategies support the entire range of treatment interventions proposed by the contracted agencies.

Community Services

Probation
Day Treatment
Independent Living
Wraparound/Case
Management
Aftercare/CBIS

Community Services: The coordinating agency will ensure that there is a wide array of probation and community based services to work with youth who might not benefit from diversion programs but do not warrant residential commitment. Some of these strategies and programming may include:

Probation: If a youth is placed on probation, he or she must complete court-ordered sanctions and services. For example, the youth may be ordered to work at a local community center or pay restitution to the victim if the victim was harmed or suffered losses as a result of the crime. The youth may also be ordered to abide by a curfew or attend substance abuse or mental health counseling. Each youth is assigned a Juvenile Probation Officer who monitors compliance and helps the youth connect with service providers. If the youth does not comply with probation, is charged with a serious crime, or has a significant history of offenses, the youth may be ordered to live in a residential facility for a period of time. After the youth is discharged from the facility, he or she is usually placed on conditional release (much like parole in the adult criminal justice system). Conditional release is designed to provide monitoring and services to those youth who are transitioning back to the community after being in a residential program. These youth have court-ordered sanctions and services that they must complete.

Day Treatment: Youth on Probation or Conditional Release may be ordered by the Court (or referred by the Department) to attend a Day Treatment program while they are being supervised. Day Treatment programs provide additional monitoring of youth and typically offer an alternative educational setting. They also provide additional services, such as anger management classes, social skills building, and substance abuse education. Day treatment facilities (or day reporting centers) are highly structured, community-based, post-adjudication, nonresidential programs for serious juvenile offenders. The goal of day treatment is to provide intensive supervision to ensure community safety and a wide range of services to the offender to prevent future delinquent behavior. Intensive supervision is fulfilled by requiring the youth to report to the facility on a daily basis at specified times for a specified duration. Generally, programs are provided at the facility during the day and/or evening at least 5 days a week. Special weekend activities may also be conducted.

The services provided by day treatment programs include a variety of correctional treatment methods similar to those used in halfway houses, but day treatment facilities allow program participants to return home at night and therefore do not have the costs associated with residential facilities. Treatment services in day treatment facilities may include individual and group counseling, recreation, education, vocational training, employment counseling, education, life skills and cognitive skills training, substance abuse treatment, and community resource referrals.

Independent Living: Due to the large number of youth growing up without their biological families, many children reach young adulthood lacking the training and skills to successfully live independently. Each youth will receive the training and skills necessary to find employment, meet their medical and financial needs, pursue post-secondary education options and to maintain a residence. Independent living services comprise several different types of learning modalities to assist the adolescent in successful completion of the program including:

- *Assessment:* Youth can participate in a thorough assessment to determine the youth's knowledge base in regard to various skill areas. The CBJJ model will use the ACLSA developed by the Casey Foundation, a research based assessment. The assessment will result in a written report that is sent to the referral source and placed into the appropriate case file.
- *Group Meetings:* Group sessions that are educational and task oriented will focus on the following areas: Problem solving, budgeting, housing, employment, healthy living, education options (college/vocational), healthy relationships, medical needs and community resources, nutrition, and legal issues.
- *Mentorship:* Each participant will be provided with the opportunity to access mentoring services in the community. Consistent communications with a mentor to ensure that the mentor is providing the youth with the opportunity to form additional ties to the community will be emphasized.

Wraparound/Case Management Programs: Wraparound is complex, multifaceted intervention strategy designed to keep delinquent youth at home and out of institutions whenever possible. As the name suggests, this strategy involves "wrapping" a comprehensive array of individualized services and support networks "around" young people, rather than forcing them to enroll in pre-determined, inflexible treatment programs (Bruns, Walker; Adams, et al., 2004).

Numerous public agencies and research organizations, including the National Mental Health Association (NMHA), the U.S. Surgeon General's Office, the National Wraparound Initiative, and the Substance Abuse and Mental Health Services Administration (SAMHSA), have offered their own definitions of what constitutes a fully realized wraparound program. While these definitions vary slightly, there is a general consensus that true wraparound programs feature several basic elements, including:

- *A collaborative, community-based interagency team* that is responsible for designing, implementing, and overseeing the wraparound initiative in a given jurisdiction. This team usually consists of representatives from the juvenile justice system, the public education system, and local mental health and social service agencies. In most cases, one specific agency is designated the lead agency in coordinating the wraparound effort.
- *A formal interagency agreement* that records the proposed design of the wraparound initiative and spells out exactly how the wraparound effort will work. At a minimum, this agreement should

specify who the target population for the initiative is; how they will be enrolled in the program; how services will be delivered and paid for; what roles different agencies and individuals will play; and what resources will be committed by various groups. The comprehensive integrated service delivery system that emerges from these agreements is often referred to as “a system of care.”

- *Care coordinators* who are responsible for helping participants create a customized treatment program and for guiding youth and their families through the system of care. In most wraparound programs, these care coordinators are employees of the designated lead agency, which may be a public program or a private nonprofit agency.
- *Child and family teams* consisting of family members, paid service providers, and community members (such as teachers and mentors), who know the youth under treatment and are familiar with his or her changing needs. Assembled and led by the care coordinator, these teams work together to ensure that the individual child’s needs are being met across all domains—in the home, the educational sphere, and the broader community at large.
- *A unified plan of care* developed and updated collectively by all the members of the child and family team. This plan of care identifies the child’s specific strengths and weaknesses in different areas, targets specific goals for them, and outlines the steps necessary to achieve those goals. It also spells out the role each team member (including the child and family) will have in carrying out the plan. Ideally, the plan is updated constantly to reflect the child’s changing needs and progress.
- *Systematic, outcomes-based services.* Almost all wraparound programs require clearly defined performance measures that are used to track the progress of the wraparound initiative and guide its evolution over time.

One of the most successful, and most frequently cited, wraparound initiatives is Wraparound Milwaukee. This initiative—managed by the Milwaukee County Behavioral Health Division—is a unique blend of wraparound programming and managed care financing. Participants in the program pay a set capitation fee (usually covered by Medicaid), and then become eligible for individualized case management and an extensive array of treatment programs and social services (Milwaukee County Behavioral Health Division, 2003).

Repeated evaluations of Wraparound Milwaukee have found that its participants show marked improvement in their behavior and socialization, and they are significantly less likely to recidivate than graduates of conventional treatment programs. The average monthly cost of treatment in Wraparound Milwaukee is also less than half the cost of traditional residential programming (Kamradt, 2000; Milwaukee County Behavioral Health Division, 2003).

To date, most of the nation’s wraparound initiatives (including Wraparound Milwaukee and Connections) have focused on youth with mental health needs. Both the NMHA and SAMHSA’s Center for Mental Health Services (CMHS) have enthusiastically endorsed the wraparound approach, and CMHS has been actively promoting wraparound as part of its “systems of care” initiative since the late 1990s (NMHA, 2004). However, wraparound programs appear to have the potential to reach many different types of at-risk youth, including those without a formal mental health diagnosis.

Aftercare/Community Based Intervention Services (CBIS): Aftercare can be defined as re-integrative services that prepare out of home placed juveniles for reentry into the community by establishing the necessary collaborative arrangements with the community to ensure the delivery of prescribed services and supervision (Altschuler and Armstrong, 2001).

The term aftercare, however, is somewhat of a misnomer because the process does not simply begin after an offender is released. A comprehensive aftercare process typically begins after sentencing, continues through incarceration and into the period of release back to the community. It requires the creation of a seamless set of systems across formal and informal social control networks as well as the creation of a continuum of community services to prevent the reoccurrence of antisocial behavior. It can also involve public-private partnerships to expand the overall capacity of youth services.

A comprehensive aftercare model integrates two distinct fields of criminological research - intervention research and community restraint research - to better prepare youths for their return to the community. Intervention strategies in an aftercare model focus on changing individual behavior and thereby preventing further delinquency. Despite early skepticism regarding intervention programs, recent literature reviews and meta-analyses demonstrate that intervention programs can be effective in reducing delinquency (Lipsey, 2000; Lipsey, 1992; Andrews, Zinger, Hoge, Bonta, Gendreau, and Cullen 1990).

The research is promising when community surveillance is combined with treatment. In a review of six comprehensive aftercare programs that prepare juveniles for reentry into the community, Gies (2003), found that aftercare is a promising program concept designed to minimize recidivism among youth released from out-of-home placement.

In addition to the community based programs listed above, the Coordinating Agency will ensure that effective community based strategies are incorporated as appropriate depending upon the needs of the specific communities. These strategies focus on vocation and education as follows:

Vocational Intervention programs include a range of training programs, internships, apprenticeships, and supported employment. These programs are designed to help equip youth with job skills and to facilitate job placement. They may be supported by local businesses and/or supplemented by other funding streams relevant an individual community.

Academic Intervention programs range from intensive individual tutoring, academic readiness groups, and other supplemental academic preparation programming such as literacy development. The goals of academic intervention programs range from assisting the youth in progressing “up to level” consistent with their chronological grade in order to reenter public school, to providing continued education in lieu of returning to public school, to preparing for college, vocational or technical school placement.

<p>Residential Commitment</p> <hr/> <p>MTFC Group Home Low/Moderate Treatment DJJ High/Max Risk Specialized Care</p> <ul style="list-style-type: none"> ▪ Sex Offender ▪ Substance Abuse ▪ Mental health
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Youth requiring more intensive services (including secure commitment) are placed in residential commitment settings that include therapeutic foster homes, specialized group homes and a range of juvenile justice residential treatment programs. Currently, DJJ’s residential commitment programs are grouped into five custody classifications based on an assessment of public risk and required by s. 985.03 (44), F. S. The CBJJ will encourage a mix of evidence-based residential treatment options appropriate to the various custody classifications for youth in the targeted regions, including the development and availability of specialized contract care for sex offenders, substance abusers and youth who also have significant mental health

issues.

The demand for residential commitment beds in Florida remains substantial but there has been a reduction in the number of new beds over the past five years. In fiscal year 2008-2009, DJJ reported 6,402 new admissions of juvenile offenders to residential programs. This represents a 3 percent reduction from FY 2007-2008 with 6,587 new admissions and a five-year overall reduction of 28 percent with 2003-2004 that evidenced 8,897 new admissions (Florida Department of Juvenile Justice, 2010c).

The types of residential programs vary widely, however, providers must demonstrate their programs integrate core operating principles that are borne from evidence based residential treatment practices and a plan for the implementation of these principles with fidelity.

As an example, **Multidimensional Treatment Foster Care (MTFC)** is a cost effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community. Clear and consistent limits with follow-through on consequences, positive reinforcement for appropriate behavior, a relationship with a mentoring adult; and separation from delinquent peers are also emphasized in the model.

MTFC targets Teenagers with histories of chronic and severe criminal behavior at risk of incarceration and those with severe mental health problems at risk for psychiatric hospitalization. Outcomes for youth in the MTFC Program include:

- Spent 60% fewer days incarcerated at 12 month follow-up;
- Had significantly fewer subsequent arrests;
- Ran away from their programs, on average, three time less often;
- Had significantly less hard drug use in the follow-up period;
- Had quicker community placement from more restrictive settings (e.g., hospital, detention); and
- Had better school attendance and homework completion at 24 months follow-up.

During the first 12 to 24 months of this pilot, the Coordinating Agency will contract with local providers to create a host of other smaller residential programs closer to the home region including group homes, specialized group homes, non-secure residential treatment programs, etc. For those offenders with highly specialized treatment needs, such as sex offenders, youth with mental health needs, severe substance abuse needs, the Coordinating Agency will contract with residential programs as close to the community as possible.

Group Homes: Group homes are generally classified for lower risk youth and effective models include a nurturing, homelike atmosphere, opportunities for youth involvement in the community, vocational and educational training, mental health and counseling services, and a behavior management system.

Low Risk Residential Treatment: Low-risk residential programs begin the continuum of residential commitment programs in Florida. These programs are typically designed for first-time commitments, however, some youth may be admitted who have a juvenile record that includes one commitment for a third degree felony or a misdemeanor with an associated residential placement. These programs are known as “staff secure”—meaning that they are not physically secured by hardware and fencing. In

some programs, youth attend public schools. Patterns of offending are infrequent and non-violent and are oriented toward property crimes rather than crimes against people. These youth have usually performed unsuccessfully in prevention and diversion programs, and typically have weak family and community support structures. Low-risk programs cannot accept youth who are found to have committed delinquent acts that involve firearms, are sexual offenses, or would be life felonies or first-degree felonies if committed by an adult. With the court's concurrence, low-risk programs may allow supervised and unsupervised access to the community contingent upon the youth's assessed risk to the public and demonstration of positive behavior. Examples of low-risk program models include host homes, group treatment homes, and short-term outdoor expedition programs (Florida Department of Juvenile Justice, 2010d). In FY 2008-09, 868 youth received services through placement in a low-risk residential program. In 2009, the Department identified that there were only four low risk residential programs in the state (DJJ, 2009).

Moderate Risk Residential programs: Designed for youth classified for youth assessed as moderate risks to public safety and require 24-hour awake supervision. Moderate-risk facilities are either environmentally secure, staff secure, or hardware-secure with walls, fencing, or locking doors. The majority of these youth have generally committed serious property offenses and their offending is characterized by frequent and repeated law violations. Moderate-risk programs, with the court's concurrence, may allow supervised and unsupervised access to the community contingent upon the youth's assessed risk to the public and demonstration of positive behavior. Program models include halfway houses, wilderness camps, and youth academies.

High-risk Residential Programs: Youth classified for placement in this restrictiveness level have been assessed as high risks to public safety and require close supervision in a structured residential setting that provides 24-hour secure custody and care. Placement in a high-risk program is prompted by a concern for public safety that outweighs placement in a program at lower restrictiveness levels. High-risk facilities are hardware-secure with perimeter fencing and locking doors. Community access for youth in high-risk programs is restricted primarily to necessary off-site activities such as court appearances and health-related events. However, with the court's concurrence, unsupervised home visits for purposes of facilitating their transition may be granted toward the end of a youth's stay if the youth is assessed as a minimum risk to the community and has demonstrated positive behavior. Examples of high-risk program models include intensive halfway houses, sex offender programs, and youth development centers.

Maximum-risk Residential Programs: Youth classified for placement in this restrictiveness level have been assessed as serious risks to public safety and require 24-hour custody, care, and close supervision in a maximum-security setting. They are chronic offenders with committing offenses consisting of violent and other serious felony offenses. Placement in a maximum-risk program, with a minimum length of stay of 18 months, is prompted by a demonstrated need to protect the public. Therefore, maximum-risk facilities are hardware-secure with perimeter security fencing and locking doors. These facilities are comprised of single cells, except that youth may be housed together during their pre-release transition phase. Except for necessary off-site supervised activities such as court appearances and health-related events, youth in maximum-risk programs are prohibited from having access to the community. Program models include long-term maximum-security programs and juvenile offender corrections centers.

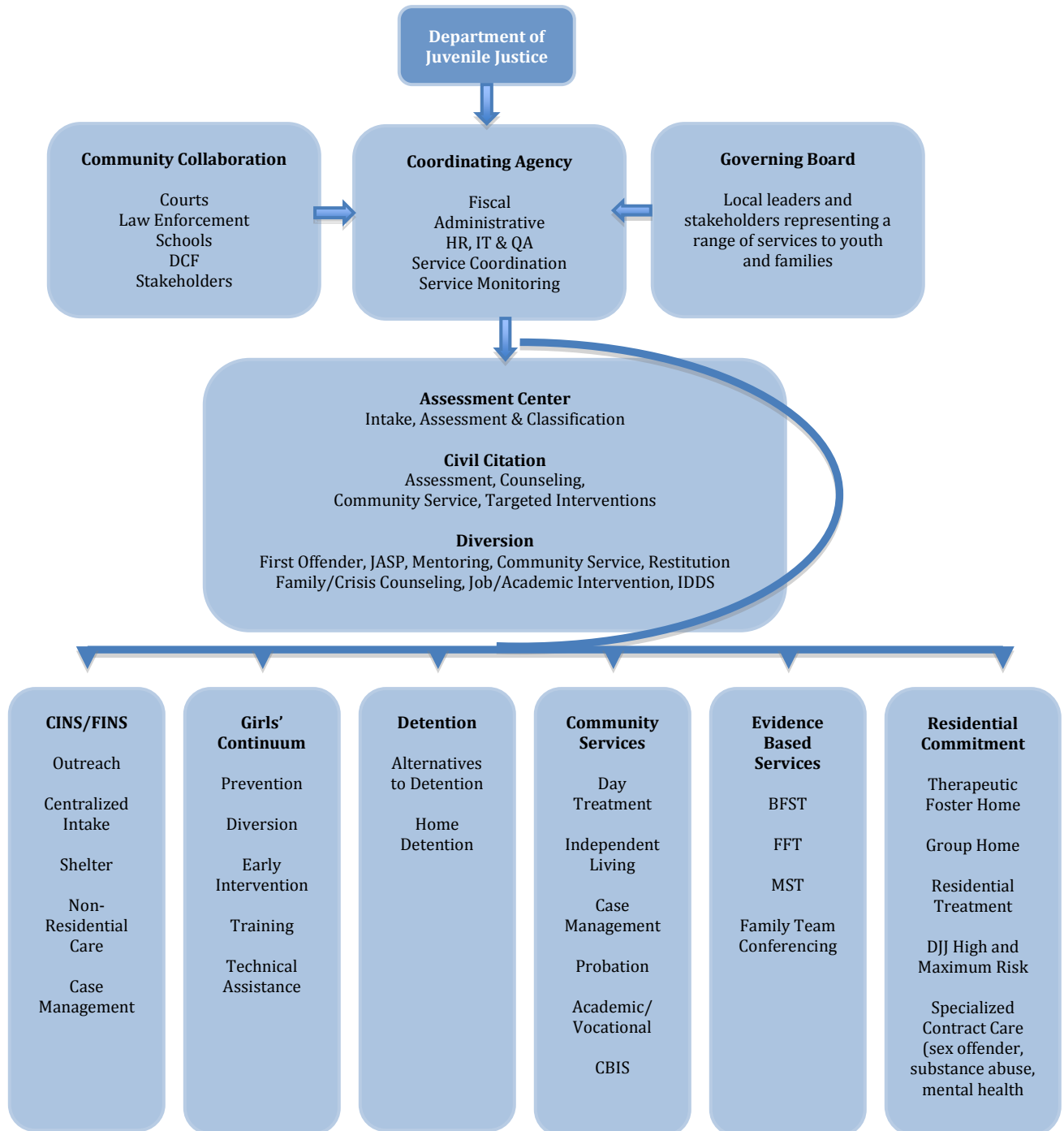
Note: Due to economies of scale and practicality, youth requiring high levels of secured confinement and classified as high or maximum risk under DJJ's risk assessment will continue to be served by the

existing high/maximum risk DJJ facilities. This is the one exception to the philosophy of creating treatment options within the youth's home communities. To address the limited access with families for youth placed in these programs, the CBJJ will pursue "wraparound" options for those youth to keep them connected to their home communities, keep parents engaged during the period of confinement and develop ways to ensure a more seamless integration to the home upon release.

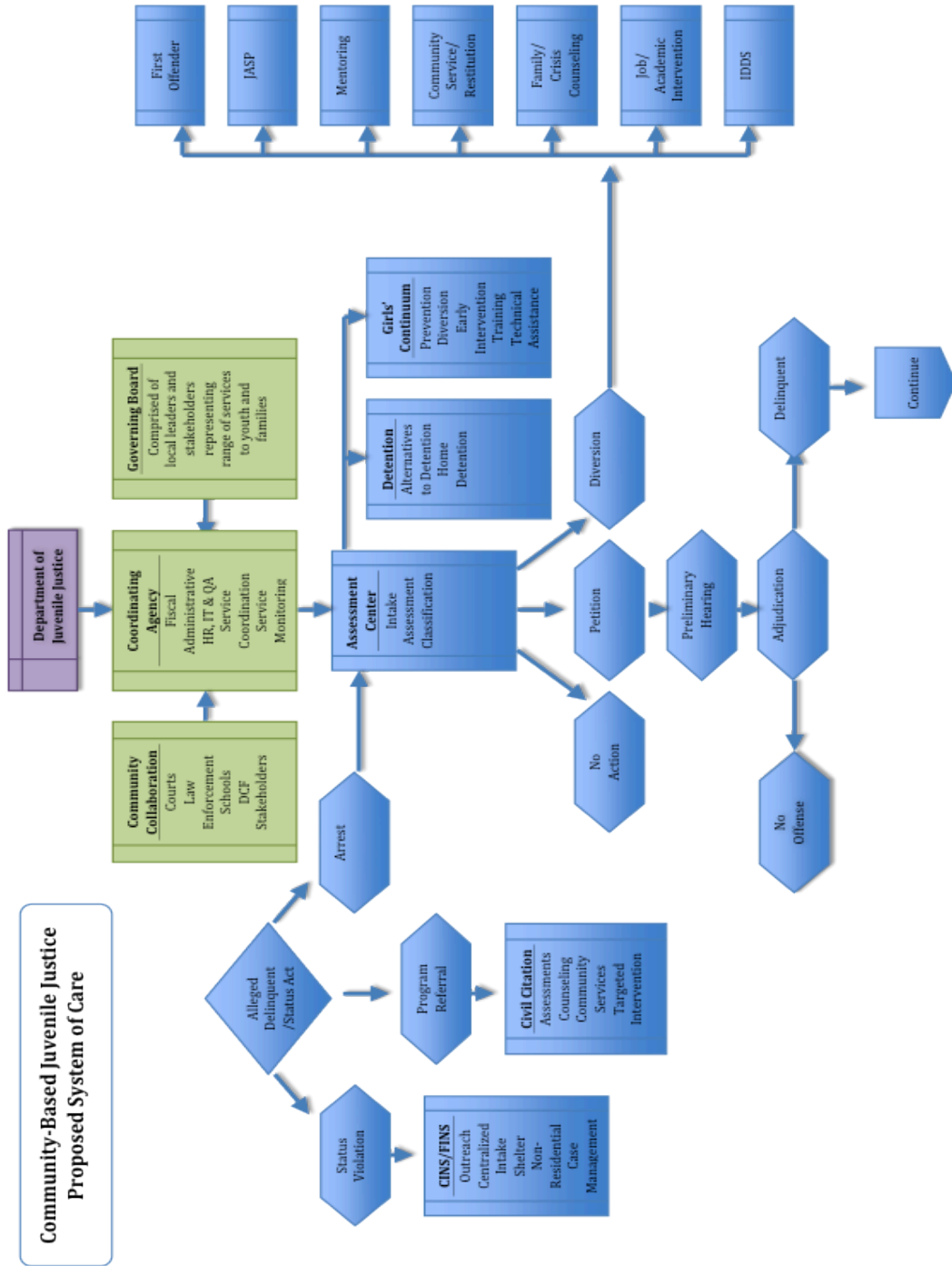
Specialized Care: In addition to programs with varying risk levels, the Coordinating Agency will seek specialized beds for youth with co-occurring disorders including substance abuse, mental health and sexual offending behaviors. These programs offer a level of clinical support that exceeds most other residential programs. As with other residential programs, specialized beds vary by provider, evidence-based practice, structure and approach.

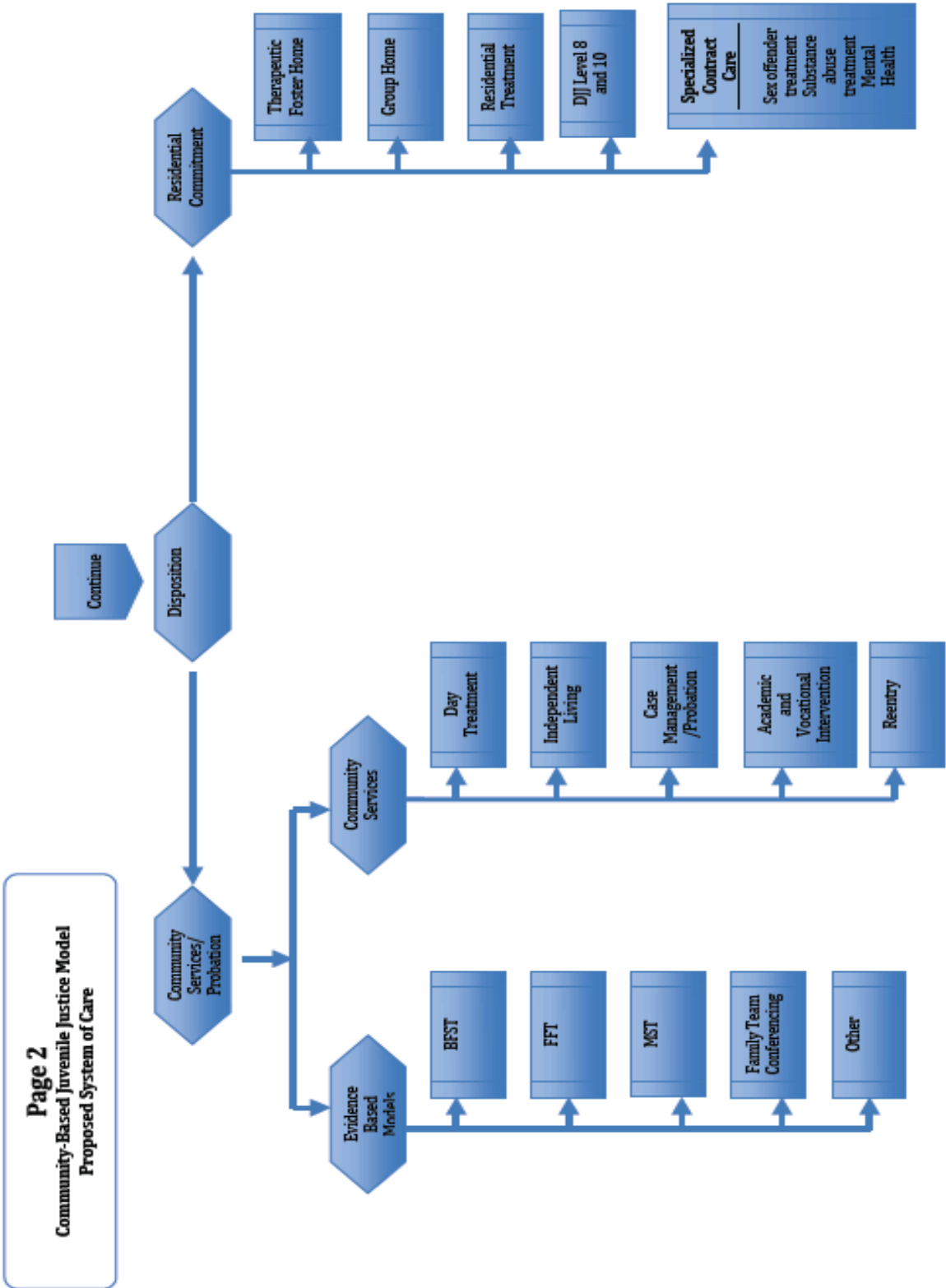
COORDINATING AGENCY STRUCTURE

Coordinating Agency Structure: The following figure outlines a proposed structure for a Coordinating Agency.



PROPOSED SYSTEM OF CARE





SIDE-BY-SIDE COMPARISON

In order to highlight the rationale for change and to demonstrate the difference between the current system and the proposed CBJJ model, several key differences are highlighted below. Simply put, the proposed system of care will emphasize improved local coordination of resources, a community controlled continuum of care and a smarter and more efficient way of doing business.

Community-Based Juvenile Justice Model		
Current Issues	Current System of Care	Proposed System of Care
Statewide vs. regional system of care	Children committed to the Department of Juvenile Justice are being placed in residential commitment facilities all across the state. Children from each region of the state often times are placed hundreds of miles away from their communities making family engagement during the youth's stay very impractical, cost prohibitive and essentially non-existent.	The proposed model of care would involve the placement of youth back into smaller community-based residential and non-residential settings. Promotes family engagement and community based care. The only exception would be the continued use of high and maximum risk residential programs operated by DJJ.
Cost of Commitment	Approximately \$130 million is spent statewide for youth who are committed to residential commitment placements. According to the Blueprint commission report, Florida places youth in residential commitments at rates that exceed the national norm. Although there has been a decrease in the commitments across the state, there is much improvement needed in residential placements and length of stay.	Under the proposed model, there would be a shifting of resources from the residential services division by reducing the number of commitments as well as the length of stay. This will allow funds to be shifted to front-end services including prevention, diversion, civil citation, evidence-based community programs, CINS/FINS, PACE, etc.
Detention operations and cost	The cost of juvenile detention centers are a burden to the counties in many cases costing counties more than \$290.00 a day for the care of youth. Due to the costing methodology, counties that reduce detention populations continue to suffer the same financial burden regardless of the actual average daily population.	Under the proposed model, each local circuit would reduce its cost of detention by contracting the operation of the center. Further, the Coordinating agency could create additional alternatives to detention programs to reduce youth placed in detention. This will generate a significant cost savings with the ability to more effectively utilize these dollars.

Community-Based Juvenile Justice Model		
Current Issues	Current System of Care	Proposed System of Care
Flexibility of funding	DJJ's funds are very much restricted for items within each budget category. For instance, it is not possible to take a portion of the detention services budget to create alternatives to detention programs in communities. Likewise, DJJ's budget does not allow movement between budget categories for instance moving funds from residential commitment to probation or community based care.	Under the proposed model, funds would be able to shift within a budget category. For instance, the detention services budget could be reduced to create funding for alternatives to detention programs. Likewise, the flexibility would exist to move dollars within the different pieces of the continuum, i.e. reducing commitment costs and increasing probation, diversion, evidence based programming, community-based care and prevention.
Building the right continuum	Historically services for youth are driven by availability of services, slots or placements wherever they were located. These services were created as a result of multiple funding streams that were developed over a period of many years without great deal of thoughtful planning and coordination. The services were driven from a centralized, streamlined service perspective rather than a community perspective driven by the needs of the local communities, which vary throughout the state.	The proposed model allows the community to assess its current needs and develop an inventory of existing resources so that over a course of time, a community or circuit could create the appropriate continuum of services that are based on the true needs of the youth within that local community. Youth will be placed in programs to address their needs and not be subject to a slot-driven system.
Stakeholder engagement	Currently although DJJ created Juvenile Justice Councils and Boards, their authority and ability to affect policy and funding decisions are virtually nonexistent. Efforts to engage all community stakeholders have been a challenge for a Department headquartered in Tallahassee.	The local governing boards would be empowered to govern and direct the operations of the Coordinating Agency ensuring local input direction and decision-making. The communities therefore will feel more invested in the youth that are served and increase their ability to create the appropriate continuum of care for the local community.
Emphasis on families	DJJ is a public safety agency that has historically focused on the needs and issues of the youth, without regard to the family environment. While several programs have begun to involve families more often, typically. Juvenile justice	Under the proposed model there will be a philosophical shift to promote a Family Centered Practice approach that looks not only at the youth but the entire family while continuing to focus on

Community-Based Juvenile Justice Model

Current Issues	Current System of Care	Proposed System of Care
	<p>programs are focused on the youth accountability.</p>	<p>public safety. This approach will stress evidence-based practices such as trauma-informed care, family engagement, motivational interviewing all of which incorporate the entire family. Family engagement will begin with the youth's referral and end with their final release from Department care or custody.</p>
<p>Coordination</p>	<p>Currently youth are moved from the DJJ system in very fragmented and disjointed fashion youth are placed from program to program and provider to provider without the necessary level of coordination, communication and ability to look at the historical picture of every child.</p>	<p>The proposed model would involve a consolidated and coordinated information management system that would continually assess and classify youth. Using data and research, the system will make the right placement decisions and the right time at every decision-making point in the juvenile justice system including whether to detain youth, whether to file a petition, diverting a youth, making the appropriate placement, length of stay, etc.</p>

BLUEPRINT COMPARISON

The Blueprint Commission (Florida Department of Juvenile Justice, 2008) spent a great deal of time and energy receiving the feedback of national experts, local and statewide stakeholders, citizens, youth, etc. In refining this proposal, attempts were made to specifically address many of the findings and recommendations of the Blueprint Commission (Florida Department of Juvenile Justice, 2008). It is strongly believed that this model can be the vehicle for the type of change called for by the Commission.

Community-Based Juvenile Justice Model Blueprint Commission Solutions		
Citation	Blueprint Findings/Recommendations	Proposed Solution
<i>Executive Summary Finding p.6</i>	Communities that bear the burden of providing prevention services for at-risk youth have a limited capacity and resources with which to respond.	Under the proposed model, it is envisioned that a significant increase in the amount of prevention services funds will be available by shifting the continuum to reduce residential commitments, length of stay and juvenile detention costs. This will allow communities to enhance existing prevention resources as well as develop new prevention resources in targeted areas and where appropriate.
<i>Executive Summary Finding p.6</i>	Even in the face of a decline in overall juvenile justice system referrals the youths at secure detention (jail-like setting) is increasing. Florida places youth in secure detention and in residential commitments at rates that exceed national norms.	Under the proposed model, it is envisioned that a significant reduction in the residential commitment rates by shortening the length of stay and placing more youth in evidence-based community programs. Additionally utilizing the appropriate detention screening tools will ensure detention is not being over-utilized.
<i>Executive Summary Recommendation p.6</i>	The State of Florida needs to invest in the continuum of services that provide the right services at the right time in the least restrictive setting while continuing to provide serious sanctions for youth involved in serious and violent crime where appropriate.	One of the core philosophical principles of this model is to place youth in the least restrictive setting while still protecting public safety and holding them accountable. It is strongly believed that the community should develop the appropriate continuum of services and ensure youth are placed and moved within the continuum utilizing the objective data and research to justify all decisions.

**Community-Based Juvenile Justice Model
Blueprint Commission Solutions**

Citation	Blueprint Findings/Recommendations	Proposed Solution
<i>Executive Summary Recommendation p.6</i>	Florida should invest in community-based programs that keep kids out of trouble.	Under the proposed model, investing more dollars into community-based programs that are alternatives to commitment as well as diversion programs and pure prevention programs will be emphasized.
<i>Executive Summary Recommendation p.6</i>	Florida should develop alternative programs and interventions at the community level to prevent youth who do not pose a public safety or flight risk from placement in secure detention.	The CBJJ model is proposing the enhancement of community-based programs and interventions as well as the creation of new community-based alternative programs and interventions that can serve youth closer to communities. The commitment rates in Florida still exceed the national norm.
<i>Executive Summary Recommendation p.6</i>	Florida must provide gender-specific programming that effectively addresses the needs of girls in juvenile justice system and it must address the disproportionate presence of minority in the system.	Under the model, it is proposed to make gender-specific programming a priority to address the needs of girls in the juvenile justice system. State and national leaders in girls programming, would be engaged to take an active role in providing guidance on training and technical assistance. The creation of more grass root community-based programs in high-crime neighborhoods that will assist in addressing the disproportionate presence of minorities in the juvenile justice system.
<i>Executive Summary Recommendation p.7</i>	Florida must provide adequate resources to meet the mental and physical health needs of youth in the juvenile justice system	The proposed model will allow a better coordination of communication with not only child welfare but the alcohol, drug and mental health provider network to address the needs of youth with mental health and physical health issues. The model focuses around local collaboration among existing providers to utilize existing resources and develop the appropriate resources in the continuum care.

**Community-Based Juvenile Justice Model
Blueprint Commission Solutions**

Citation	Blueprint Findings/Recommendations	Proposed Solution
<p><i>Strengthening Prevention and Intervention Services</i> Blueprint Key Finding p.16</p>	<p>Parents, youth and community advocates are often not aware of prevention or intervention services available to either through the Department of Juvenile Justice or private providers.</p>	<p>Under the proposed model, one of the primary goals is to achieve the coordination of programs and resources at the local level. It is incumbent upon the Coordinating Agency to provide a coordinated information system and referral system for not only services and programs operated by the Department but all community resources.</p>
<p><i>Strengthening Prevention and Intervention Services</i> Blueprint Key Finding p.17</p>	<p>There is a need to establish a stronger state and local partnership to share and coordinate prevention information efforts, and decision making to ensure the best outcomes for youth.</p>	<p>The CBJJ model will develop a strong communications plan for the dissemination of information and to coordinate between the network of local providers and the state Department of Juvenile Justice.</p>
<p><i>Provide Alternative Detention Settings</i> Blueprint Key Finding p.22</p>	<p>Florida currently provides no detention alternatives between non-secure home detention and secure detention in a jail-like setting. Other states offer a mid-level alternative such as home detention.</p>	<p>Under the proposed model, the use of detention funds could be used to create alternatives to detention, a program that provides more intensive supervision than non-secured home detention as well as being able to shift costs from detention to other areas parts of the continuum.</p>
<p><i>Provide Alternative Detention Settings</i> Blueprint Key Finding p.24</p>	<p>Careful assessment is essential to appropriate placement and to avoid secure placement where such needs and risks can be addressed in community settings.</p>	<p>Under the CBJJ model, an information management system will be created that will use data and research to make assessments and critical decisions regarding the youth at all phases of his or her stay in the juvenile justice system.</p>
<p><i>Provide Alternative Detention Settings</i> Blueprint Key Recommendation p.22</p>	<p>Alternatives to secure detention should be created and funded for youth who are eligible for secure detention but whose risk to public safety does not require the use of this costly level of control.</p>	<p>Under the proposed model, the Coordinating Agency will be able to create alternatives to secured detention programs for youth who can function in the community while awaiting trial or adjudication.</p>

**Community-Based Juvenile Justice Model
Blueprint Commission Solutions**

Citation	Blueprint Findings/Recommendations	Proposed Solution
<p><i>Provide Alternative Detention Settings</i> Blueprint Key Recommendation p.24</p>	<p>Alternatives for first-time misdemeanants-The legislature should adopt for this policy encouraging alternatives to processing first-time misdemeanor youth three to four month process of arrest intake and adjudication. Alternatives could include the issuance of civil citation, community-based and/or home-based alternatives.</p>	<p>Under the CBJJ model, the promotion of the civil citation program (like Miami and Tallahassee have done) and other diversions that can be an alternative to a formal arrest intake and adjudication.</p>
<p><i>Provide Alternative Detention Settings</i> Blueprint Key Recommendation p.25</p>	<p>Community alternatives-The state shall develop financial incentive for communities to develop alternative strategies for handling youth who have committed misdemeanor offense. In lieu of committing these youth to the department, local communities will receive the funding the state expends to service these youth in residential committed programs. These funds will be targeted to the development of community-based alternatives.</p>	<p>Under the proposed model, there is an incentive to develop more front-end services for misdemeanor offenders that will assist in reducing overall costs of operating the juvenile justice system. Youth will be placed in the appropriate diversion program while ensuring there are sufficient wrap around services and the needs of the youth are met.</p>
<p><i>Ensure Gender Specific Services are Provided</i> Blueprint Key Recommendation p.33</p>	<p>Gender-specific services. All girls across the DJJ continuum shall receive adequate gender-specific services. These services shall be delivered by state or contract provider staff that are trained and receive on-going training in gender-specific and culturally competent programs.</p>	<p>Under this model, the Coordinating Agency would consult with state and national leaders in girls programming to provide appropriate training and technical assistance for all programs operated within the community. The Coordinating Agency will ensure that the appropriate continuum for girls is developed or created to meet the needs of the youth in the local communities.</p>
<p><i>Moving Away from large Institutional Models</i> Blueprint Key Finding p.41</p>	<p>Research has found that residential programs should promote family involvement, prepare youth for successful transition back into the community through contacts with school and employers and provide more realistic setting in which youth can learn and practice social skills.</p>	<p>Under the proposed model, family engagement will begin with the youth first entering the juvenile justice system. The Coordinating Agency will continually engage youth and work with the entire family to ensure successful transition and where appropriate emphasize vocational employment opportunities with older youth.</p>

**Community-Based Juvenile Justice Model
Blueprint Commission Solutions**

Citation	Blueprint Findings/Recommendations	Proposed Solution
<p><i>Moving Away from large Institutional Models</i> Blueprint Key Recommendation p.41</p>	<p>Small facilities- DJJ shall create community-based programs with the continuum of care that support the use of small facilities to provide programs and interventions that protect the public-served families and rehabilitate youth.</p>	<p>Under the model, youth who are currently served in larger facilities throughout the state will be transitioned to smaller community based programs or evidence based non-residential programs in the community. Reducing the length of stay and commitment rates to place more youth in this type of care.</p>
<p><i>Stabilize and Professionalize the Juvenile Justice Workforce</i> Blueprint Key Recommendation p.45</p>	<p>Probation officers. Increase the number of direct service probation officers and support staff to meet 100 percent of the need in order to fill the department’s mission.</p>	<p>Anticipation of a significant increase in the amount of funding for probation services due to the decrease in detention commitment costs. This will allow the Coordinating Agency to contract with more probation/case managers to address youth in the communities.</p>
<p><i>Provide an Accountable System that is Outcome Based</i> Blueprint Key Recommendation p.46</p>	<p>Performance -based contracting. The Department of Juvenile Justice shall be encouraged and authorized to conduct demonstrative projects that emphasize the benefits of performance-based contracting with key critical interim performance standard requirements as opposed to compliance-based contracting.</p>	<p>Under the CBJJ model, all of the Coordinating Agency subcontracts will be performance-based contracts that will emphasize critical performance standards.</p>
<p><i>Provide an Accountable System that is Outcome Based</i> Blueprint Key Recommendation p.47</p>	<p>Commitment to balanced approach. DJJ shall have a commitment to a balanced approach in all of its activities and services. Its approach to address the needs and interests of all stakeholders including victims, communities, and offenders impacted by juvenile crime.</p>	<p>Under the CBJJ model, the Coordinating Agency will ensure a balanced approach ensuring that a full continuum of services are provided and the needs of the youth, the interest of the victims and communities are also addressed.</p>
<p>Blueprint Key Finding</p>	<p>There are approximately 750 youth and newly committed to the department for misdemeanor offenses who have no history of felony adjudications. The cost of serving these youth is approximately \$27 million annually.</p>	<p>Under the model, the Coordinating Agency will provide more prevention, diversion and community based services for youth committing their first felony offenses. Residential commitments will be used as a last resort for first time felony offenders.</p>

COST-BENEFIT ANALYSIS

Approximately 93,000 youth are held in juvenile justice facilities cross the United States each year. Seventy percent of the youth are held in state-funded, post adjudication, residential facilities, at an average cost of \$240.99 per day per youth. States spend about \$5.7 billion each year imprisoning youth, even though the majority are held for nonviolent offenses and could be managed safely in their home communities. Multiple states are seeing net reductions in cost by moving expenditures away from large, congruent care facilities and investing in community-based alternatives. They are achieving this without compromising on care, public safety and children's outcomes. In fact, research is showing that these community-based solutions are actually improving community safety and outcomes for children (Justice Policy Institute, 2009).

During the initial development of the CBJJ concept and model, the National Juvenile Justice Network released a comprehensive report that found that "Treating Juveniles in Community-Based Programs and Downsizing Institutions is the Most Cost-Effective Way to Rehabilitate Youth." (National Juvenile Justice Network, 2010). The report, titled "*The Real Costs and Benefits of Change: Finding Opportunities for Reform During Difficult Fiscal Times*" explores an array of reforms that states have successfully implemented to improve outcomes, increase public safety and reduce costs. The CBJJ model parallels these successful reform efforts.

"Rather than indiscriminately cutting juvenile justice funding, we can use the current budget crisis as an opportunity to serve youth better by rethinking our current modes of spending. By spending wisely, states can both save money and have better outcomes for youth, families and communities.

Betsy Clark, NJJN Co-Chair

In Florida, creating a coordinated system of care for juvenile offenders is estimated to save approximately 5% each year with a corresponding improvement in outcome and public safety.

The following costs are the best estimates of the actual cost of care for all youth from Pinellas and Pasco counties based on information that was available as of June 1, 2010. Using DJJ budget documents as well as tracing the flow of youth throughout the state to determine their daily cost of care, the chart at the top of the next page represents an estimation of the funds that are expended for youth from Circuit 6.

DJJ Circuit 6 Cost Estimate		
<i>Based on 09/10 Budget</i>		
<i>Note that these are estimates based on available data</i>		
Detention Centers	C6 Detention Center Operations	\$8,563,000
	OPS Estimate	43,000
	Food Estimate	137,000
	Contracted regional support estimate	646,000
	Contracted medical estimate	236,000
	HR Fee estimate	241,000
	Total	\$9,867,000
Aftercare / Conditional Release	C6 Contracted Services estimate	\$451,000
	Marine/Dan Mem Institute Estimate	464,000
	100778 To be allocated estimate	47,000
	Total	\$963,000
Juvenile Probation	C6 Probation Staff & operations estimate	\$5,119,000
	Evidence Based Associate Estimate	498,000
	Contracted services regional estimate	259,000
	Specialized Services contracted estimate	87,000
	JAC	532,000
	Case management estimate	25,000
	Intensive Supervision	24,000
	Comp evaluation estimate	207,000
	Risk Management estimate	185,000
	HR Fee estimate	169,000
	Total	\$7,107,000
Non-Res Delinquency Rehab	Day Treatment estimate	\$264,000
	Marine Institute Estimate	1,329,000
	Police in High Risk Hood	60,000
	Non residential sex offender tx	316,000
	Intensive Delinquency Diversion estimate	391,000
	Specialized Services estimate	66,000
	Total	\$2,427,000
Non-Secure Res Commitment		\$11,298,000
Secure Res Commitment		\$4,040,000
Prevention and Victim Services	Contracted services	\$1,819,000
	CINS/FINS estimate	2,432,000
	PACE estimate	1,149,000
		\$5,400,000
	GRAND TOTAL	\$41,100,000

Data was also gathered that would allow a determination of statewide trends and to evaluate key data elements including referrals, detention admissions, probation youth and commitment rates. This information will be useful as efforts are made to determine if the rates are consistent with national best practices and evidence based research.

Florida Juvenile Justice: Pertinent Data

Florida Juvenile Justice: Pertinent Data	
Population	
2009 (estimated)	
Florida Statewide Population	18,537,969
Pinellas County Population	909,013
Pasco County Population	471,709
Circuit 6 percentage of state Population	7.5%
Referrals	
2008/09	
Number of state wide delinquent referrals	138,372
Number of referrals to Pinellas County	7,440
Number of referrals to Pasco County	2,377
*Circuit 6 represents 7.34% of all statewide referrals	
2007/08	
Number of state wide delinquent referrals	145,636
Number of referrals to Pinellas County	8,628
Number of referrals to Pasco County	2,565
Commitments	
2008/09	
Number of state wide delinquent commitments	7,882
Number of commitments to Pinellas County	429
Number of commitments to Pasco County	177
Circuit 6 represents 7.75% of all statewide commitments	
2007/08	
Number of state wide delinquent commitments	8,280
Number of commitments to Pinellas County	575
Number of commitments to Pasco County	217
Probation	
2008/09	
Number of referrals on probation statewide	36,271
Number of referrals on probation Pinellas	2,277
Number of referrals on probation Pasco	832
Circuit 6 represents 8.6% of all statewide probation youth	
2007/08	
Number of referrals on probation statewide	37,775
Number of referrals on probation Pinellas	2,804
Number of referrals on probation Pasco	896
Detention	
2008/09	

Florida Juvenile Justice: Pertinent Data	
Statewide Average Daily Population	1,634
Average Daily Population Pinellas	96
Average Daily Population Pasco	42
Percentage of Daily Population-Pinellas	5.8%
Percentage of Daily Population-Pasco	2.6%
Percentage of Daily Population-Circuit 6	8.4%

This proposal focuses on a smarter way of doing business by leveraging technology, research and evidence based programs and strategies to place the youth in the right programs at the right time. The CBJJ program is founded on a desire to be as efficient as possible in the movement of youth through the continuum of care rather than prolonging release or step down decisions. This is particularly important in consideration of research that shows recidivism rates can increase after a certain time period for certain offenders. Primary savings will occur in reductions to the commitment rates and detention admission (utilizing more alternative to detention programs).

Figure 1 illustrates the current estimated allocation of services in the Circuit for key components of the continuum including residential commitment, community-based services, evidence-based programs, assessment/diversion, detention, Girls Continuum and CINS/FINS/Prevention. The proposed estimated percentage allocation based on the proposed model (Figure 2) would reduce residential commitment dollars by \$5.3M, increase community-based funding by \$.5M, increase evidence-based programming by \$1.5M, increase girls' programming by \$1M, and increase CINS/FINS and Prevention by \$1M. Residential commitment costs would be reduced by \$5.3M and detention costs would be reduced by \$3M. These savings could be used to fund the community-based options with estimated additional savings of \$2M. It is important to note, however, the exact future spending will be dependent upon a thorough analysis of the profiles of the youth that are served and examination of their risk factors. The evolution of the correct continuum will occur over a period of time and involve a thorough needs assessment of the youth and the existing resources.

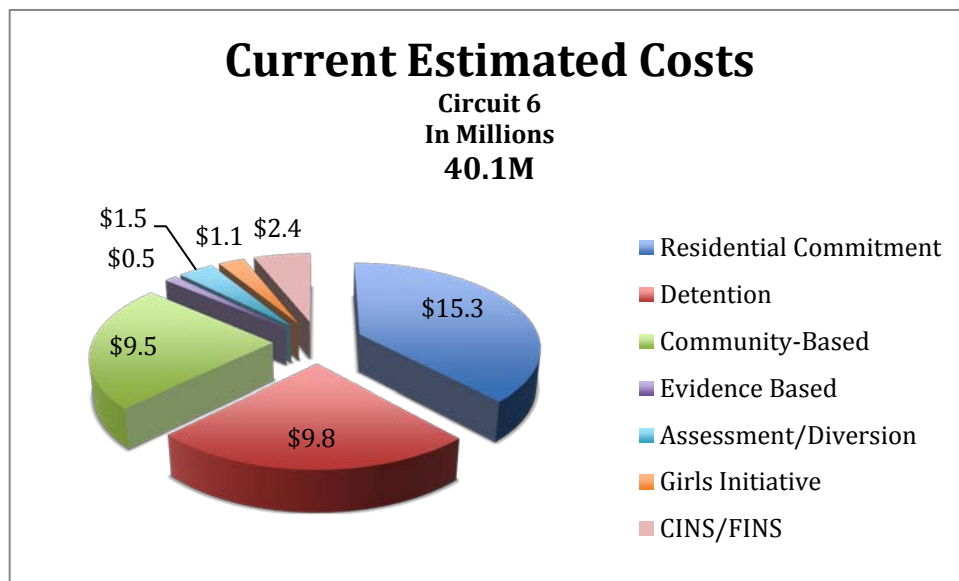


Figure 1: Current Estimated Costs for Circuit 6

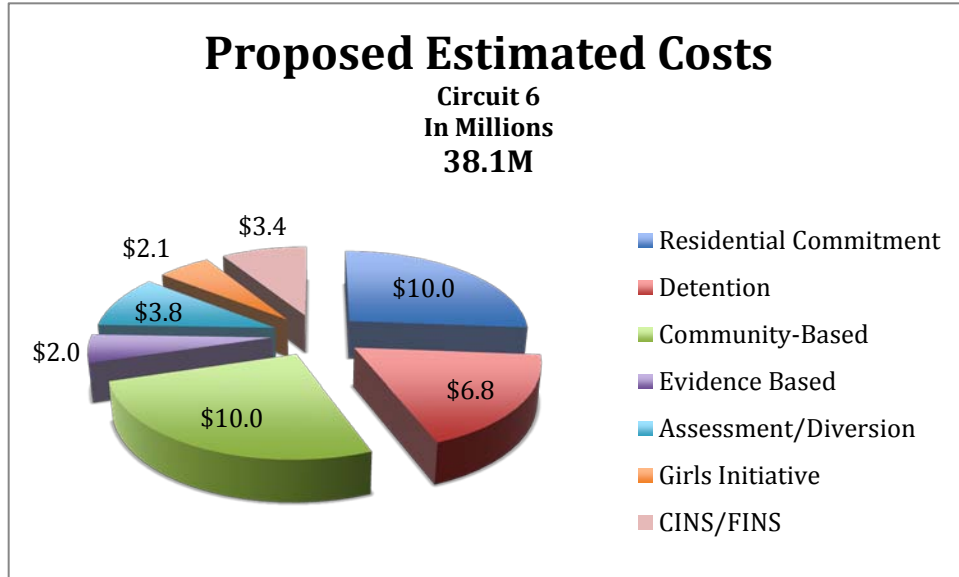


Figure 2: Proposed Estimated Costs for Circuit 6

Figures 4 and 5 illustrate these savings as a percentage of the total estimated budget for the continuum of programs currently in Circuit 6 (Figure 4) and after the proposed changes from the CBJJ model (Figure 5).

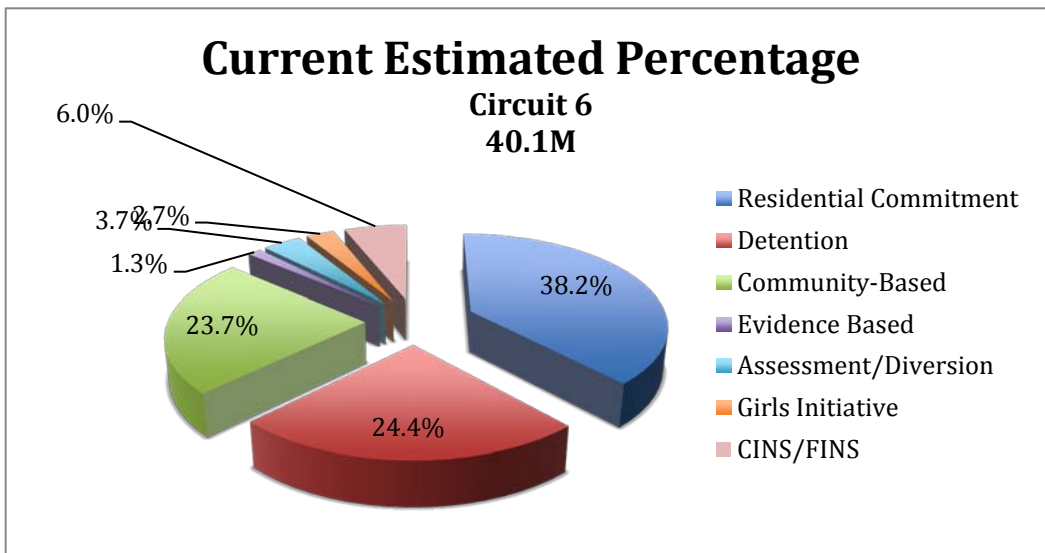


Figure 3: Current Estimated Percentage for Circuit 6

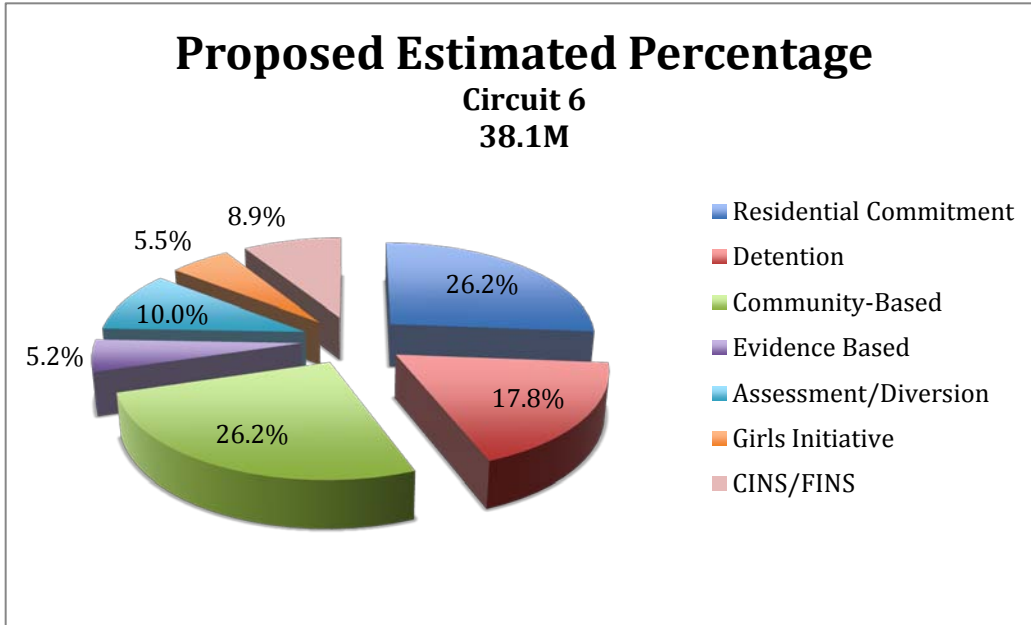


Figure 4: Proposed Estimated Percentage for Circuit 6

In Figure 4, the combined categories of residential services and detention account for 62.6% of the budget while these same categories comprise only 44.1% of the budget in the proposed new model. Similarly, community-driven programming is increased by 70% in the new model. Finally, the overall reduction in state expenditures as result of the model would be 5%.

“This is documented proof that states must stop wasteful spending on archaic and expensive juvenile prisons, which can cost as much as \$800 a day, or more than \$290,000 per year to house just one youth. Not only are these practices expensive, but they are ineffective. The juvenile justice system’s goals should be rehabilitation, and we know that community-based services are much more effective in helping kids get back on track.”

Abby Anderson, NJJN Co-Chair.

Cost-Benefit Findings From Similar Initiatives: Several states have led the way in addressing issues associated with placing youth unnecessarily into deeper end (and more expensive) residential placements. By rethinking how to keep more youth at home, reduce the number of incarcerated youth, promote better outcomes, and better ensure public safety, these programs have shown significant financial as well as treatment benefits. The following are a few examples of initiatives that have experienced some initial success (*Writer’s note: Data sources are provided in the endnotes. Subsequent information about the efficacy of these initiatives after the initial data sources is unknown*). Examples include:

Reclaim Ohio: A system that allocates money to counties for juvenile justice based on delinquency levels and population. The county uses the same pool of money whether it uses community-based alternatives or state commitment. Because community based alternatives are less expensive, the counties are incentivized to invest in those lower cost initiatives. Since the initiation of this reform, in 1992, the number of youth committed to secure state care in Ohio fell 42 percent (Ohio Department of Youth Services, 2010).

Durham System of Care: In August of 2002, key leaders in Durham, North Carolina's human services system began an initiative to develop a community-wide System of Care. Leveraging the collective power of families, professionals and the community and organized through a single-payer model, the program has increased the number of youth served in community based alternatives by 30 percent over the last five years and has experienced increases in youth and family outcomes across the board.

Redeploy Illinois: This initiative was based on an agreement by participating counties to cut the number of youth sent to state secure facilities by at least 25 percent. In return, the state reimburses the counties for funds they spend managing the adjudicated youth locally. Since mid-2004, 15 counties participated in the piloting of the program (2nd Judicial District comprised of 12 rural counties, St. Clair, Peoria, and Macon counties) and 382 youth were diverted from commitment. This saved an estimated \$18.7 million in costs and lowered the number of commitments by 51 percent. In April of 2009, the initiative was approved for rollout to other Illinois Counties (Tyler, Ziedenberg, & Lotke, 2006).

Redirect New York: In February 2009, New York State closed six youth residential facilities, downsized two and closed three evening reporting centers. This resulted in savings of approximately \$16.4 million and the funds were redirected to counties to strengthen community-based alternatives. As part of this initiative, legislators have introduced a law that will provide a fiscal incentive for counties to use alternatives to incarceration rather than state-run residential facilities or local detention facilities. The law would reimburse counties for 65 percent of the cost of using alternatives to incarceration, reinvest half of the savings in community-based alternatives, and fund only evidence-based alternatives (Justice Policy Institute, 2009).

Pennsylvania Act 148: In this program, the state reimburses 80 percent of the county cost of community-based juvenile justice services while the county is required to pay the state 50 percent of the cost for state youth confinement. Three years after ACT 148 was enacted in the late 1970's, there was a 75 percent increase in state subsidies for county programs. By the early 1980's, secure placements for youth dropped 24 percent. In 2006, only 4 percent of committed youth were placed in state facilities (Sickmund, Sladky, Kang & Puzanchera, 2008).

California Senate Bill 81: In 2007, as part of a budget trailer bill, the governor signed legislation that bans commitments of youth adjudicated on nonviolent offenses to state-run residential facilities. Block grants established under the bill will provide \$130,000 per youth eligible to be placed in community based alternatives and the state projects that the number of youth placed in state residential facilities would decrease from about 2,500 to 1,500 within two years (Commonweal Juvenile Justice Project, 2007).

Wisconsin-Youth Aids: The state allocates a certain amount of money to each county for each bed used in the state-run secure residential confinement facilities. The county uses some of the money for the facility or it can use it for less expensive, community-based alternatives. A year after it was enacted in

1980, 25 counties shared \$26 million in funding in addition to state capacity-building money for community alternative programs. Between 1887 and 2006, the number of state commitments fell by 43 percent (Sickmund et al., 2008, Austin, Johnson & Weitzer, 2005).

Wayne County Juvenile Services Reform: In 2000, Wayne County Michigan launched a single-entry, single-payer Juvenile System. By ensuring a uniform assessment, service-based diversionary options, effective home-based programs and reducing reliance on secure institutions for any population other than high risk offenders, the county is evidencing improved outcomes for the youth, family and community. In 1998, the average daily population of Wayne County youth placed in DHS Public Training schools was 731. In 2010, there have been only two. In addition, the case management approach to their coordinated community care approach has created a reduction in recidivism of from 38 to 56 percent to 18.1 percent, reduction in residential care costs from \$115M to \$72.9M, reduction in out-of-state residential placements from 200 to 0, Decreasing secure detention utilization by 50%, and reducing high secure length of stays from 2 years to 11 months (Children and Family Services of Wayne County, Michigan, 2006).

PILOT CONSIDERATIONS

It is recommended that the Florida Legislature authorize three pilot sites in diverse judicial circuits based on the Coordinating Agency model as outlined in this proposal.

Pinellas and Pasco Counties (Judicial Circuit 6): Preliminary discussions with a number of stakeholders in Circuit 6 (Pasco and Pinellas Counties) regarding the proposed model have been very favorable. Eckerd has strong partnerships in the circuit and has experience managing a similar system in the area for dependent youth (Eckerd Community Alternatives, Inc. is the Lead DCF agency in the area). There is no intention under this plan to comingle populations or resources. Rather, the lead agency experience has contributed to Eckerd's strong partnerships and networks in the Circuit and has provided experience in the development and management of a coordinating system.

Miami/Dade County (Judicial Circuit 11): Similarly, there have been preliminary discussions with a number of local stakeholders in Dade County about the viability of this model and the county interest in supporting a pilot program. Initial discussions from leadership has suggested that the county would desire to become the lead agency or would be interested in competing in a competitive process for that role and function. Miami/Dade County representatives report that there has been sufficient preliminary community support to continue the planning process for Dade County as a possible pilot.

Tallahassee/Leon County (Judicial Circuit 2): As with the other two proposed sites, conversations with stakeholders in the circuit have also been supportive of the piloting of his model. This offers a more rural pilot area with eight different counties being represented. The Tallahassee region represents areas where two significant providers, Big Bend Community Based Care and Disc Village have already collaborated on the DCF Community Based Care model and as well have collaborated to develop a proposal together to administer the alcohol, drug and mental health funds.

Additional information regarding the suggested timelines and other details of the three pilot sites are provided under separate cover and authored by representatives from the three pilot locations.

QUALITY IMPROVEMENT

An integral part of a single-payer, single-entry coordinated community approach to juvenile justice services is how accountability will be ensured through effective metrics, systems, and outcome reporting. The Coordinating Agency will maintain a master Quality Improvement (QI) Plan that is the impetus for ensuring that quality services are provided by all of the contracted partner agencies and this plan will specifically outline methods for data collection, quality improvement, and measuring benchmarks and outcomes.

Data Collection and Performance Measures: Data collection is the process of gathering data from various sources, including surveys, interviews, and electronic records. It precedes data measurement and statistical analysis. The collected data are determined by the defined performance measures and desired outcomes. Data are collected in hard copy as well as electronic database systems. The data will be aggregated, analyzed and interpreted by the Coordinating agency for all agency partners providing services in the county. Coordinating agency leadership will continuously monitor the data and use it, in concert with the partner agencies, to make informed decisions for improvement and to strategize for future planning. The Coordinating Agency will also create a system for weekly reporting of outcomes through a call-in system or other electronic reporting measure to ensure that real-time data regarding youth demographics and outcomes are maintained at all times.

The Coordinating Agency will ensure that the distinction between process measurement (e.g., number of clients served, number of contacts with clients) are not confused with performance outcomes. The American Prosecutors Research Institute in collaboration with OJJDP (2006) published a guide to developing and implementing performance measures for the juvenile justice system that will inform the process and content for performance measures. Briefly, measures will be implemented to address both intermediate and long-term outcomes (also known as an impact evaluation):

Intermediate Outcomes: Achieving short-term goals (e.g., no new offenses while under supervision, completion of community service hours, completion of education/vocational/counseling requirements)

Long-Term Outcomes: Achieving long-term goals (e.g., remaining crime free, drug-free, employed after release from supervision) and evaluating community safety by measuring changes in crime rate, recidivism, escalation of offenses, and suppression of offenses.

The measures to consider in this project relate to community safety, offender accountability and competency development for juveniles. The intermediate outcomes will measure the degree to which organizational objectives are met and include:

- Resistance to drugs and alcohol
- Restitution
- Community service
- School participation
- Victim satisfaction
- Citizen/volunteer participation in the system

The impact outcomes measure the degree to which the JJ system has had long-term, profound impact on communities and the youth and families that include:

- Juvenile crime rate

- Law abiding behavior within 1 year after completing juvenile court obligations
- Adult criminal convictions

A list of additional performance indicators by competency and measure for the proposed CBJJ program include, but are not limited to, the following:

Indicator	Measure
Competency	
Resistance to drugs and alcohol	Testing Positive to drug screens at intake, during supervision & at case closure
School participation	Youth actively participating in educational program or vocational training at case closure
Employment	Youth employed at case closure
Citizen/volunteer participation in the system	Number of volunteers, hours contributed and the value of the hours
Accountability	
Restitution to victims	Amount of restitution order compared to the amount paid
Community Work Service	Number of hours of work ordered, performed and the value
Victim Satisfaction	Number of victims receiving & responding to the survey and the level of satisfaction
Community Safety	
Juvenile crime rate	Number of youth adjudicated each year & number of youth prosecuted in adult court
Law abiding behavior	Percentage of youth with no new charges filed within one year of completing the order
Adult criminal convictions	Percentage of youth who completed juvenile court orders with no adult convictions by age 21.

Quality Improvement: The Coordinating Agency’s system of quality improvement will be based on the culmination of retrospective analysis, research, cross-functional team guidance, and preferred practices. All partner agency staff will receive training to support the QI process as part of the contracting process. Elements of the QI process include:

Performance Monitoring: Key performance indicators are identified from the results of internal and regulatory reviews, contractual requirements, high-risk concerns, requirements for implementing any evidence based models or services with fidelity, and recommendations from organizational stakeholders. Monitoring frequency of the individual Key Performance Indicators (KPIs) will be specified in each KPI definition. Continuous monitoring will occur in each location by all employees under the guidance and direction of the relevant leadership. Additionally, the Coordinating Agency and a review team of partner agencies will provide periodic monitoring. This periodic monitoring will include, among other methods, consistent internal program reviews, follow-up on enhancement plan implementation, and licensing and contractual reviews/audits.

Evaluation: Evaluation is predicated upon pre-determined thresholds, funding agency, and Coordinating Agency policies and procedures which are based on industry-preferred practices, contract, licensing and accreditation standards, state and federal laws, budgetary procedures and audited accounting measures. Quality is evaluated within the organization and among the partner agencies through the following venues: the Balanced Scorecard (of key performance indicators); annual Internal Program Reviews (IPRs); internal division/department reviews; external monitoring activities and audits; and program and department QI teams as documented in minutes. Each program and department will conduct quality improvement team meetings. External activities occur based on the external agencies' notification or schedule. Further, as stated above in the data collection and performance measures subsection, both short-term and long-term outcome measures will be incorporated in ongoing evaluations of every program represented in the continuum. The Coordinating Agency will be responsible for working with the Department to standardize these measures, create the process and timelines for completion of evaluations, and to monitor for compliance.

Reporting: Quarterly reports will be submitted by each partner agency and a summary report of all data and outcomes will be created by the Coordinating Agency. The content of these reports will reflect the requirements in policy and procedure, relevant KPIs and other mandates by DJJ and other funding and regulatory agencies.

Quality Assurance: As stated earlier in this document, it is envisioned that the Coordinating Agency would be responsible for the quality assurance and contract compliance functions-particularly on-site reviews of providers delivering services within the Circuit. This would, in turn, allow DJJ to modify their systems to monitor the network of Coordinating Agencies as they monitor and report on the efficacy of their systems. This concept can continue to be contemplated and explored throughout ongoing discussions with stakeholders and through the piloting process.

TIMELINE & NEXT STEPS

The most significant next step is to continue robust discussion about the potential of this idea for the state of Florida. Initial reviews of this proposal have been very positive. It is anticipated that the document will undergo consistent editing and refinement as feedback is obtained from various partners and stakeholder agencies to develop a viable plan. The following table outlines first-tier activities and suggested start and completion dates. These dates, along with the specific activities referenced in the timeline will most likely change as discussions continue. In addition, the success of the CBJJ model will be based on the level of collaboration and support of the provider community and other stakeholders. Therefore, the period of vetting and improving upon the idea must not be short changed. This may shift the actual piloting period further into the future but it is believed that the final model and corresponding system will greatly benefit from the extended conversations.

<i>Phase I Planning & Pre-Operational</i>	<i>Anticipated Start Date</i>	<i>Anticipated Completion Date</i>
Define list of stakeholders to review, refine and improve the concept and approach	September 1, 2010	September 30, 2010
Conduct roundtable evaluation discussions with stakeholders and continue modification and improvement of the approach	August 1, 2010	June 30, 2011
Conduct local community needs assessment	January 1, 2011	June 30, 2011
Identify gaps in services	January 1, 2011	June 30, 2011
Prepare and finalize fiscal analysis of service level FY12	January 1, 2011	June 30, 2011
Determine method of payment	March 15, 2011	June 30, 2011
Determine liability insurance requirements	March 15, 2011	June 30, 2011
Create implementation team: DJJ, Coordinating Agency, Key stakeholders	July 1, 2011	December 31, 2011
Policy and procedure development	July 1, 2011	December 31, 2011
Develop governance structure, by-laws	July 1, 2011	December 31, 2011
Contract development and execution	July 1, 2011	December 31, 2011
Determine staffing	July 1, 2011	December 31, 2011
Finalize job descriptions	July 1, 2011	December 31, 2011
Conduct next round of stakeholder meetings to evaluate model against proposed procedures, staffing and methodology	July 1, 2011	September 1, 2011
Develop leases to utilize current state facilities (i.e. Detention centers)	August 1, 2011	December 31, 2011
Review and assign existing agreements with current service providers	August 1, 2011	December 31, 2011
Create communications plan	August 1, 2011	December 31, 2011
Plans to track critical components of service utilization	August 1, 2011	December 31, 2011
Develop emergency preparedness plans	August 1, 2011	December 31, 2011

Phase II: Transition and start-up	Anticipated Start Date	Anticipated Completion Date
Obtain access to state data system JJIS	September 1, 2011	November 1, 2011
Develop staff directory	September 1, 2011	November 1, 2011
Develop website for public use	September 1, 2011	November 1, 2011
Determine what services to bid out (i.e. detention)	September 1, 2011	November 1, 2011
Create ITN document to bid out services	September 1, 2011	December 31, 2011
Coordinate community meeting calendars	September 1, 2011	December 31, 2011
Appoint Governing Board	January 1, 2012	March 31, 2012
Interview and hire staff	January 1, 2012	March 31, 2012
Begin transition to Coordinating agency	January 1, 2012	June 30, 2012
Develop and implement staff training plan	January 1, 2012	June 30, 2012
Phase III: 1st Year Pilot Operations	Anticipated Start Date	Anticipated Completion Date
Begin 1 st full year of operation under the CBJJ	July 1, 2012	June 30, 2013
Develop quality management tool	July 1, 2012	June 30, 2013
Determine data management needs and how to address	July 1, 2012	June 30, 2013
Develop monitoring protocols for subcontractors	July 1, 2012	June 30, 2013
Develop performance measures	July 1, 2012	June 30, 2013
Set contracted performance measures for following year	July 1, 2012	June 30, 2013
Evaluate data for the Circuit	July 1, 2012	June 30, 2013
Create baseline data	July 1, 2012	June 30, 2013
Create and implement weekly performance monitoring tool	July 1, 2012	June 30, 2013
Apply for relevant funding from foundations/local philanthropic sources	July 1, 2012	December 31, 2012
Advertise and bid out services (if required) for next fiscal year	October, 2012	March 1, 2013
Phase IV: 2nd Year Full Operations	Anticipated Start Date	Anticipated Completion Date
Begin 2 nd full year operations	July 1, 2013	June 30, 2014

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ENDNOTES

ⁱ Note: The number of youth in correctional facilities includes detained, committed and diverted youth. See M. Sickmund, T. J. Sladky, W. Kang, and C. Puzzanchera. Easy Access to the Census of Juveniles in Residential Placement, Washington, D. C.: Office of Juvenile Justice and Delinquency Prevention. Retrieved from: <http://ojjdp.ncjrs.gov/ojstabb/ezacjrp/asp/display.asp>
Also see FBI Uniform Crime Report, Crime in the United States, 1997 and 2006, www.fbi.gov/ucr/ucr.htm, Table 5 for information regarding crime rates.

ⁱⁱ Please refer to SAMHSA's National Health Information Center for a description of trauma-informed care and trauma specific interventions at <http://mentalhealth.samhsa.gov/nctic/trauma.asp>. In addition, information about the sanctuary model of trauma informed care can be found at 222.sanctuaryweb.com/main/the_sanctuary_model.htm.

ⁱⁱⁱ Please see Chapter 984, F.S. for a definition and mandated services to Children in Need of Services (CINS) and Families in Need of Services (FINS); and Chapter 1003.27(3), F.S.

^{iv} Juvenile Justice and Delinquency Prevention Act, 1992, as referenced in Chapter 2: Policy and Program Development for Serving Female Juvenile Delinquents, OJJDP. Retrieved from: www.ojjdp.ncjrs.gov/pubs/principles/ch2_3.html

^v The full continuum of care white paper by assessments.com contains specific details of Evidence Based Practices (EBPs), such as cultural changes, stakeholder/leadership buy-in, recidivism risk factors (static and dynamic), validating data integrity, end-to-end solution requirements, success factors/requirements, evaluating & building Case Worker skill sets, training requirements, inter-rater reliability, types of assessments available, establishing best practices & standardizations, case management, interventions & treatments, Provider integration, reporting, grant & funding justification, data mart/data warehousing for advanced reporting, and benefits of a comprehensive EBP solution.