

2017-18 CIRCUIT BOARD ANNUAL OVERVIEW REPORT

Instructions: This form should be completed for the period July 1, 2017 through June 30, 2018. Please submit via e-mail to tina.levene@djj.state.fl.us by 8/1/18. If the information to complete a section is unavailable or if the section does not apply put N/A instead of leaving the section blank. Use additional space if necessary.

CIRCUIT #: 3 Person completing form: Shauna Adams - Farries Phone: (386) 365-5454

PART I. CIRCUIT BOARD INFORMATION

1. BOARD MEMBERSHIP INFORMATION

How many board members? ~~29~~ 23

Demographic Information - Indicate the number of board members in each category:

Age: Less than 18 (youth) ; 18-65 (adult) ___; 65+ (retirees) ___
 Gender: Male ___; Female
 Race: Native American: ___; African American: ; White: ___;
 Islander: ___; Hispanic: ___; Others: ___
 Disability: Are any members disabled? No If so, how many? ___

Indicate the number of board members in each occupation or affiliation (The number of entries should equal the number of board members. Please make one entry per board member):

<input checked="" type="checkbox"/> Education;	___ Judicial;	___ Medical;
<input checked="" type="checkbox"/> Provider;	<input checked="" type="checkbox"/> Business;	___ Local Government;
<input checked="" type="checkbox"/> Law Enforcement;	___ State Attorney;	___ State Government;
___ Public Defender;	___ Social Services;	___ Youth/Student;
<input checked="" type="checkbox"/> Faith Community	___ Other, specify _____	

2. MEETING INFORMATION

Number of board meetings this year 12 Average length of meetings (hours) 2

Average number of members in attendance 24

Meetings held in accordance with Florida's Government-in-the-Sunshine Law? Yes ___ No

3. STATUTORY BOARD COMPOSITION

The Juvenile Justice Circuit Board is required to have at least one representative from each county within the circuit, in addition to the state attorney, public defender and the chief judge. Complete the table below by listing each county in the circuit and the number of board representatives from each county. Add additional rows, if necessary.

NAME OF COUNTY	# BOARD MEMBERS
Hamilton	<u>4</u>
Madison	<u>3</u>
Columbia	3 <u>13</u>
Lafayette	<u>1</u>
Suwannee	<u>1</u>

Taylor
Dixie

Attach Circuit Board Membership Roster that includes:

Name:	Agency:	County Designation:	Address:	Email:	Phone:
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4. COMMITTEE HIGHLIGHTS

Please identify the categories that relate the closest to the committee types and provide the committee highlights. Examples of various committees are listed below: Use "other" for committees that are very unique and do not relate to one of the categories provided.

COMMITTEE NAME OR FUNCTION	HIGHLIGHTS
Annual Reports	
Business Partners, Partnerships	
By-Laws / Procedural	
Executive / Administrative/ Steering	
Grants, Grants Review	
Juvenile Justice Week	
Legislative	
Membership /Nominating	
Other Program areas, (i.e. Assessment Centers, Detention, Commitment)	REO/DMC Have met, discussed issues, next meeting ^{will create} action plan
Planning	
Prevention/Diversion/ Intervention	
Public Information, Public Relations, Outreach	
Quality Assurance	
Other	

PART II. ISSUES, CONCERNS, OR RECOMMENDATIONS - Provide any recommendations, issues or concerns that the board or council may have related to its role.

Issue:

Need more participation from elected officials, especially those that are mandated to attend.

