

FLORIDA COUNCIL ON THE SOCIAL STATUS OF BLACK MEN AND BOYS



**2011
ANNUAL REPORT**

Acknowledgements

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Council Members

Eddy M. Regnier, PhD, Chairman, Clinical & Forensic Psychologist, APS Healthcare
Albert Simpson, Jr., Ph.D., Vice-Chair, Legislative Advisor and Minister, Philemon MB Church
Shila A. Salem, 1st Vice-Chair, Asst. Regional Director Re-Entry, Florida Department of Corrections
Ronald Henderson, 2nd Vice-Chair, Minority AIDS Coordinator, Florida Department of Health
Franklin Adderley, Chief of Police, Ft. Lauderdale Police Department
John F. Davis, Director of External Affairs, Department of Children and Families
Gypsy Gallardo, Publisher, Power Broker Magazine and e-zine
Argatha Rigby-Gilmore, Chief of Police, Lake City Police Department
Matthew Gregory, Human Resource Consultant, Department of Management Services
William Hardin, Program Administrator, Agency for Health Care Administration
Lois Scott, Program Manager, Department of Economic Opportunity
Benjamin F. Shirley, Jr., Regional Operations Manager, Department of Children and Families
Senator Gary Siplin, State Senator, Florida Senate District 19
Andre Smith, Director, Education Data Warehouse, Florida Department of Education
Representative Perry Thurston, Jr., State Representative, Florida House District 93
Senator Stephen Wise, State Senator, Florida Senate District 5
Robert Woody, Deputy Secretary, Florida Department of Juvenile Justice

Report Advisor

Eddy M. Regnier, PhD, Chairman, Clinical Psychologist, APS

Council Staff

Tawanna Leven-Forbes, Administrative Assistant & Statewide Coordinator, Office of the Attorney General

Special Projects

Mark Greenwald, Chief of Research and Planning, Florida Department of Juvenile Justice
Holly C. Carson, Youth and Special Projects Coordinator, Department of Economic Opportunity
Ervin P. Cohen, New Town Success Zone

The Florida Council on the Social Status of Black Men and Boys



State of Florida

Pam Bondi
Attorney General



In 2006, the Florida Legislature established the Florida Council on the Social Status of Black Men and Boys to study conditions affecting black males. The Council is housed in the Office of the Attorney General, and has a 19-member board led by Dr. Eddy Regnier, APS Healthcare of Sarasota, Florida.

The Council's mission is to alleviate and correct the conditions that negatively affect black men and boys throughout the state of Florida, and to promote an environment that encourages the values of learning, family, prosperity, unity, and self-worth among black men and boys.

Since 2007, the Council has studied areas such as education, health, family, economics, and criminal justice. The Council has concentrated its efforts on developing programs and services that will improve the lives of black men and boys.

In 2010, the Council sought to implement some of the recommendations resulting from this research. The Council focused on two objectives: to identify ways to correct the underlying conditions that lead to disparities in the lives of black boys between the ages of 14 and 18; and to isolate conditions that lead to high black-on-black crime rates and high dropout rates in schools.

It is the Council's hope that this report will increase awareness for both citizens and the leaders of Florida about the socioeconomic disparities and the disproportionate number of minority children in the state's child welfare system. Furthermore, the Council hopes that this report will encourage community partnerships to model effective programs and best practices that will have a positive impact on the lives of Florida's black men and boys.

Addressing the needs of this segment of our society is important to our entire state, and I appreciate the tremendous effort and contributions of each member of the Council. This annual report highlights the importance of the Council's work and its impact on Florida.

Sincerely,

Pam Bondi

The Florida Council on the Social Status of Black Men and Boys



Eddy M. Regnier
Chairman



On behalf of The Florida Council on the Social Status of Black Men and Boys, I am happy to present this report to Governor Rick Scott, House Speaker Dean Cannon, Senate President Mike Haridopolos, Attorney General Pam Bondi, state agency heads, community advocates and the citizens of the state of Florida. This report is the result of a yearlong effort by committed individuals from across the state to research the needs of black men and boys and find ways to address disparities. I want to thank Attorney General Bondi for the support of her staff of dedicated professionals who have provided guidance and leadership whenever it was needed. I also want to thank all members of the Council for their perseverance and assistance with this annual report.

Through the gathering of data from community participation and objective research, this report outlines the stark disparities that currently exist in environments in which significant numbers of black men and boys in Florida are currently entrenched. The Council's activities, observations, and research findings, show that many black men and boys face multiple crises with no sign of relief in sight, unless fundamental changes are enacted by Florida law makers. Unfortunately, this report reveals and exposes educational, economic, criminal justice and health status inequality that reduces the quality of life for black men and boys in Florida. Overrepresentation of black males in the criminal justice system, poor educational opportunities, unequal economic status, unemployment and under employment, and consequences of health disparities continue to exist in epidemic proportions. In the past four years, the Council has made recommendations to address these disparities, and today most of these recommendations remain unfulfilled. It is the hope of the Council that law makers and other interested parties will review and consider recommendations made in this report in order to alleviate the stark realities of black men and boys living in the state of Florida.

It has been a genuine pleasure and humbling experience to serve as Chairman of the Council during this trying year plagued by a challenging recession, high unemployment rates, and changes in government that reduced the number of Council members available to serve. As a result of these challenges, I have learned to be creatively adaptable and the true meaning of leadership. I have also learned that the collective will of the people, and support from Council members, outweigh individual limitations. As a result, I have solidified my resolve to serve the citizens of the state of Florida with courage, to try, despite the obstacles, and with the belief that we are all made in the creator's image and as such deserve dignity.

Sincerely,

Eddy M. Regnier, PhD

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Executive Summary



Each year, the Florida Council on the Social Status of Black Men and Boys gladly upholds the responsibility, as assigned by the Florida Legislature, to lead vigorous investigations that seek to reveal and convey greater understanding about the current status of black men and boys; and, more importantly, the means by which Florida law makers can reduce the disparities in economic, educational, criminal justice inequality and health status issues.

This 2011 Annual Report details current conditions and provides recommendations in the areas of Education, Health & Families, Criminal justice & Crime Prevention and Employment. The report also outlines concrete solutions for state-level policy makers and statewide agencies, along with their regional and local counterparts, to chart pathways to change negative outcome to a more promising reality. As a result of this year's efforts, the Council has decided to prioritize the following issues in an effort to reduce recidivism: increase supervision of troubled youths as a pilot project in Broward County; implement the use of civil citations; and promote the restoration of rights.

Education

Recommendations are: Add a performance component to the Florida Education Finance Program (FEFP) calculations for improving the educational outcomes of low performing students.

Health & Families

Recommendations are: Support legislation that promotes healthy choices through the following: Healthy Choices & Life Styles: Promoting better diet and eating habits, promoting physical fitness to decrease obesity, lowering the consumption of alcohol, decreasing the use of tobacco, and encourage or promote safer sex practices.

Criminal Justice & Crime Prevention

Recommendations are: Promote and expand comprehensive diversion and supervision strategies aimed at decreasing the representation of black men and boys in the criminal justice system: 1. Civil Citation (Diversion Programs); 2. Unsupervised population community based collaboration strategies; 3. Delivery of targeted programs and services.

Employment & Economics

Recommendations are: Increase participation in employment and training workforce programs by black men and boys to decrease unemployment, increase self-sufficiency, and reduce the incidence of re-entry to prison.

Introduction

About the Council

The Florida Council on the Social Status of Black Men and Boys is charged with studying the conditions that affect black men and boys, including, but not limited to, homicide rates, arrest and incarceration rates, poverty, violence, drug abuse, death rates, disparate annual income levels, school performance in all grade levels including postsecondary levels, and health issues.

The Council has 19 members, which include members of, the Florida Legislature, state agencies, law enforcement, public agencies, private organizations, and private citizens. The Council is required to submit an annual report to the Governor, President of the Senate, Speaker of the House of Representatives, and chair-persons of the standing committees of jurisdiction in each legislative chamber.

Vision Statement

The Florida Council on the Social Status of Black Men and Boys' vision is to create sustainable conditions in local communities and throughout the state, which enhance the ability of black men and boys to reach their full potential.

Meeting Highlights

The Council is made up of dedicated professionals from around the state. The men and women who serve on the Council have made significant progress toward fulfilling the goals of the Council during 2011. The Council met in person for its quarterly meetings, and via teleconference for additional meetings to continue their overall mission to improve conditions for black men and boys in the state of Florida. The quarterly meetings were held on May 18-19, 2011, in Miami; September 9, 2011, in Jacksonville; November 18, 2011, at New Covenant Baptist Church in Orlando and December 8, 2011 in Tampa.



The Florida Council on the Social Status of Black Men and Boys

Miami



The Council held its first quarterly business meeting on May 18, 2011, in conjunction with the Preventing Crime in the Black Community Conference, which took place in Miami. Discussions were centered on high crime and dropout rates. On May 19, 2011, the Council held a public forum at the same location with discussions on the restoration of rights and fund raising efforts for the Council.

Jacksonville



The Council held its second quarterly business meeting and public forum in Jacksonville. On September 8, 2011, the business meeting focused on the preparation of the 2011 annual report and sub-committee responsibilities. A representative from The House of Refuge Ministries, Inc. (THORMINC) and the Jacksonville Re-Entry Center (JREC) made formal presentations to the Council about their programs and what they offered to the Jacksonville community. On September 9, 2011, the public forum took place at the Urban League Community Room. Discussions included the needs of black men and boys and what the Jacksonville Urban League is doing in the community.

Orlando



The Council held its third quarterly business meeting and public forum in Orlando. On November 17, 2011, the business meeting focused on the sub-committee reporting for the 2011 annual report and the 2012 proposed budget. On November 18, 2011, the public forum took place at New Covenant Baptist Church in Orlando. Public comments were made to the Council regarding the Florida Educational and Criminal Justice System.

Tampa



The Council held its fourth quarterly business meeting in Tampa. On December 8, 2011, the business meeting focused on the completion of the 2011 annual report, discussions for the 2012 plan-of-action year, which included budget and meeting locations.

Committee Reports

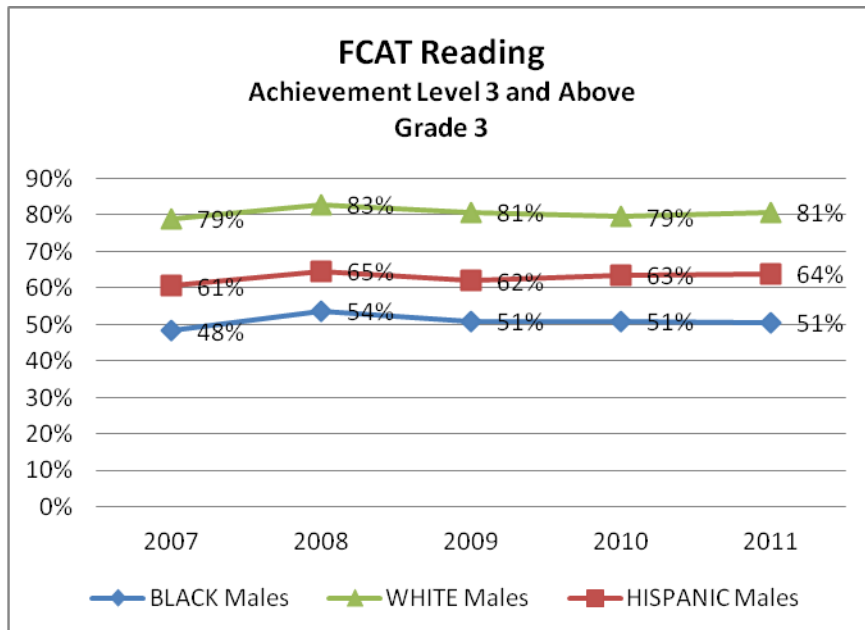
Education



Consistent with the Council on the Social Status of Black Men and Boys’ mission of improving the lives of black men and boys through the identification, recommendation, and implementation of proven strategies in the areas of education, health, economics and criminal justice, the Education Subcommittee’s current report provides information on educational outcomes of black males and upcoming research.

Educational Outcomes

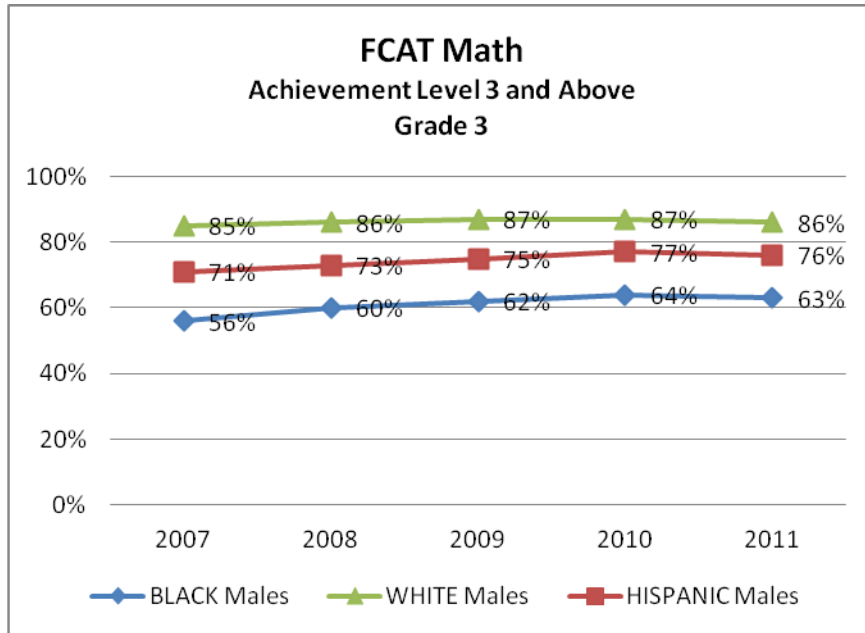
The educational plight of black males in the public school system across Florida is dismal; especially, given the role that education plays in producing human capital and in the quality of life one achieves. Human capital, within this context, refers to the knowledge, skills, and social attributes that allow an individual to perform labor. According to Arne Duncan, U.S. Secretary of Education, “Education is now the key to eliminating gender inequality, to reducing poverty, to creating a sustainable planet, to preventing needless deaths and illness, and to fostering peace. And in a knowledge economy, education is the new currency by which nations maintain economic competitiveness and global prosperity. Education today is inseparable from the development of human capital” (U.S. DOE, 2011, para. 3). Accordingly, the following charts depict how black males are progressing through Florida’s K-20 education system compared to their white and Hispanic counterparts in obtaining the knowledge, skills, and social attributes needed to work in our global economy, as measured by Florida Comprehensive Assessment Test (FCAT), Graduation Rate, College Readiness, Dropout Trends, and Discipline Actions.



Observation 1: The percentage of black male students reading at level three and above in 3rd grade has seen minimal gains over the last five years.

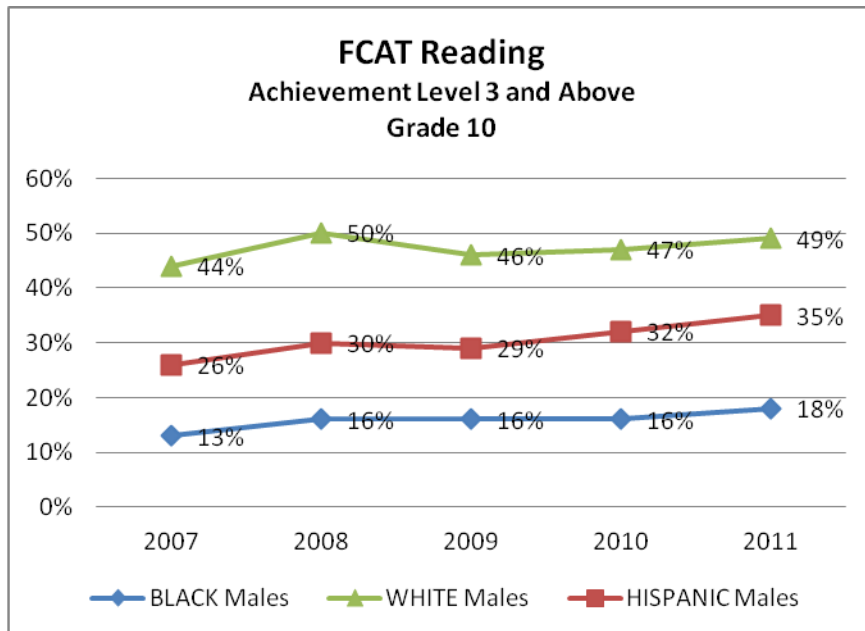
The Florida Council on the Social Status of Black Men and Boys

Source: *Florida Department of Education
Education Data Warehouse*



Observation 2: The percentage of black male students scoring at level three and above in 3rd grade math continues to trail their white counterparts by 23%.

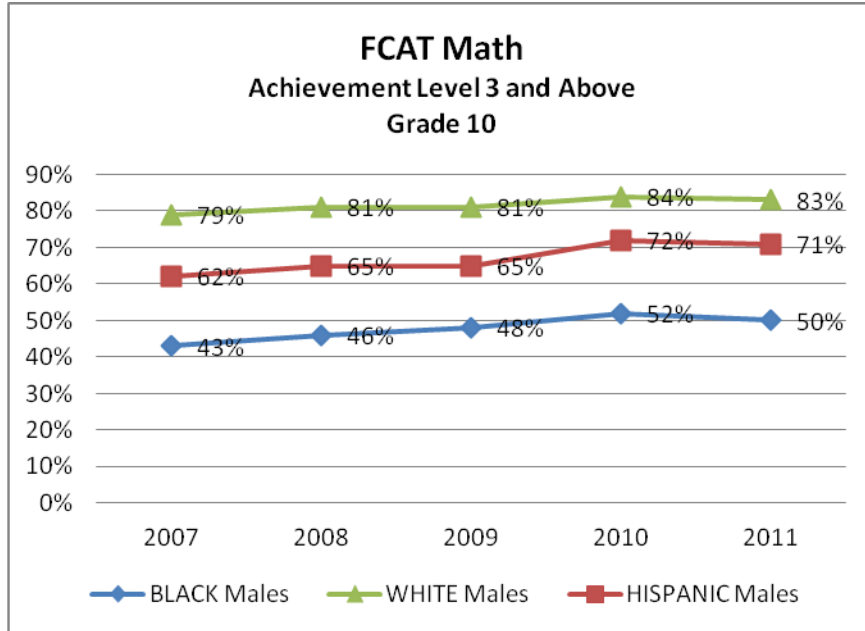
Source: *Florida Department of Education
Education Data Warehouse*



Observation 3: The percentage of black male students reading at level three and above in 10th grade continues to be dismal at 18%.

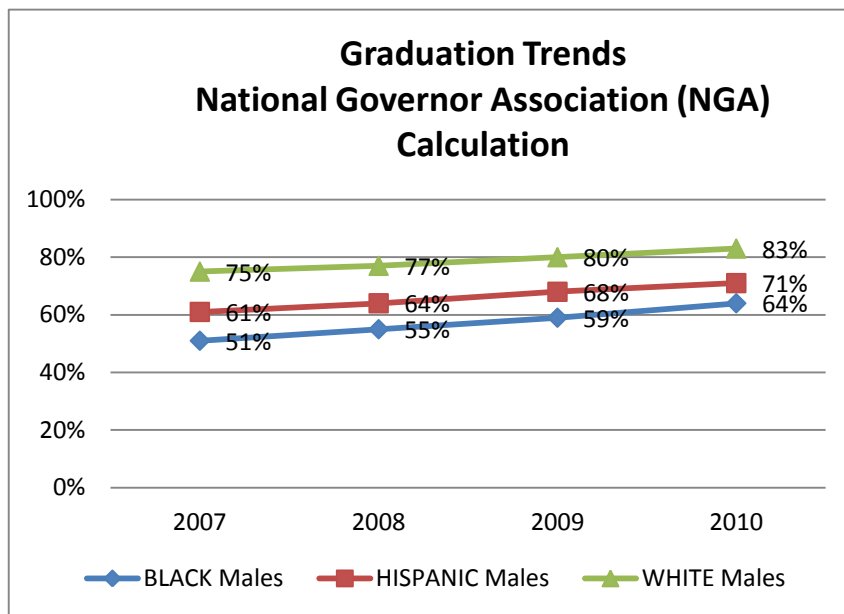
Source: *Florida Department of Education
Education Data Warehouse*

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Observation 4: The percentage of black male students scoring at level three and above in 10th grade math continues to trail their white counterparts by 23%.

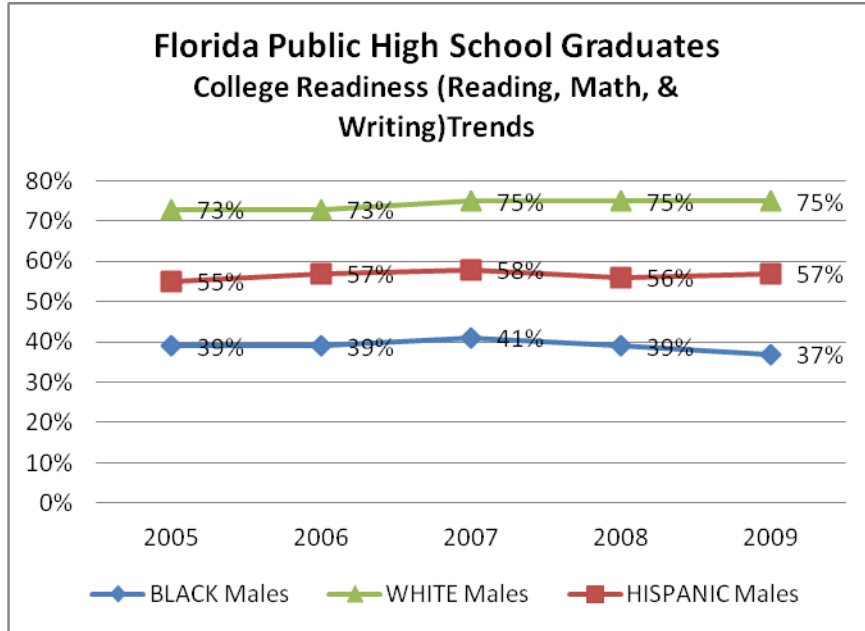
Source: *Florida Department of Education*
Education Data Warehouse



Observation 5: Black males are 19% less likely to graduate than white males.

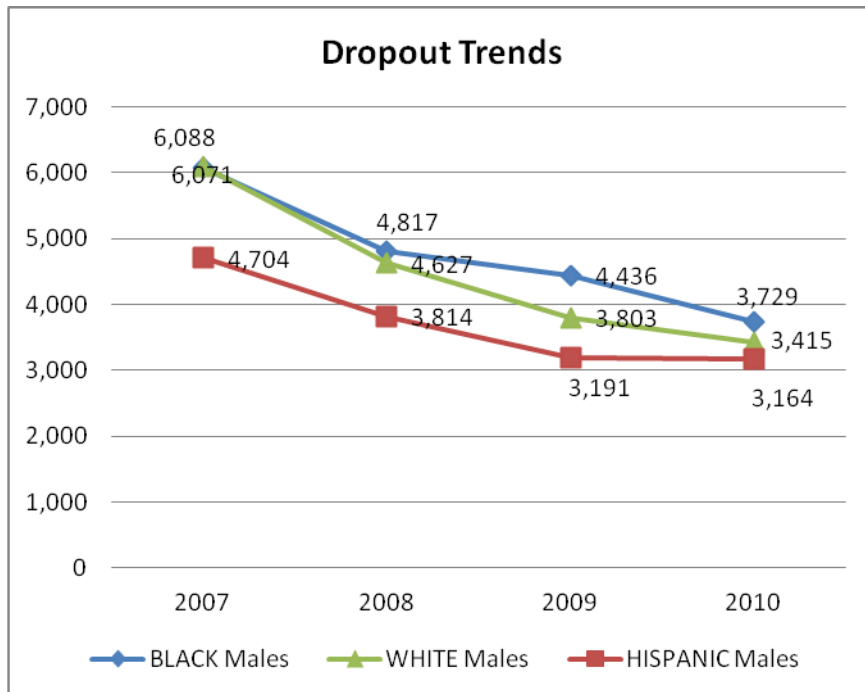
Source: *Florida Department of Education*
Bureau of Education Information & Accountability Services

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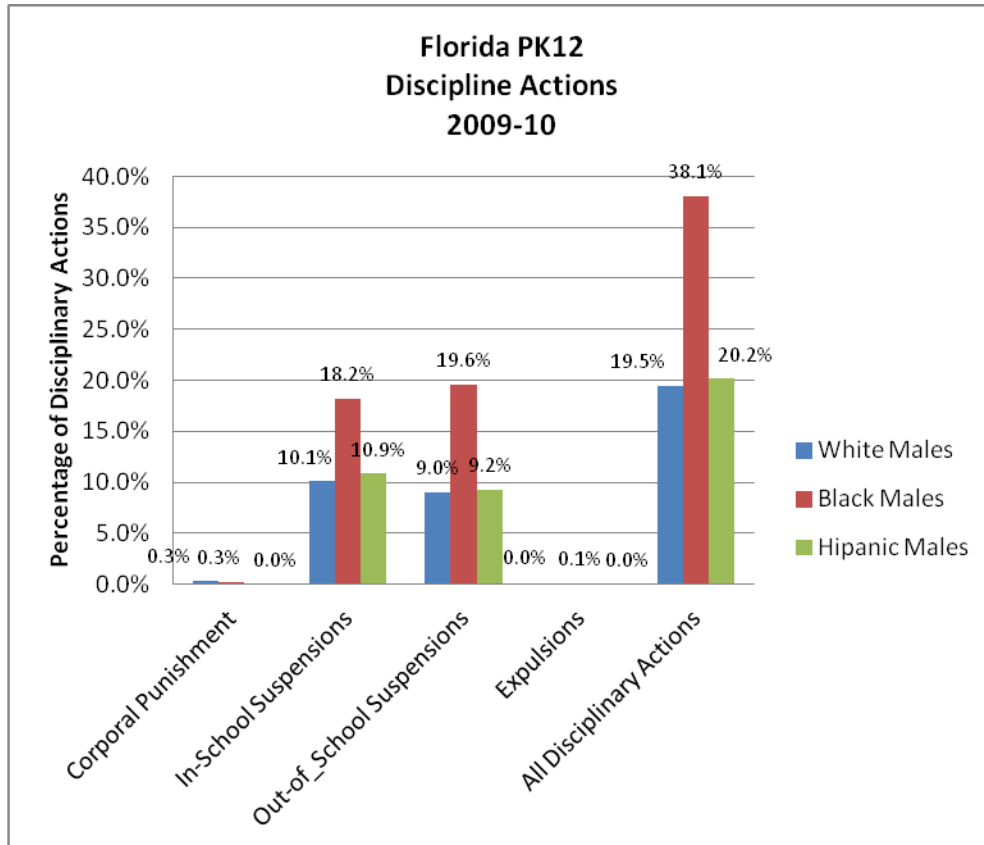
Observation 6: Black males are two times less likely to be ready for postsecondary education than white males.

Source: *Florida Department of Education
Education Data Warehouse*



Observation 7: The one year change from 2009 to 2010 for black males dropping out of high school was higher than their counterparts.

Source: *Florida Department of Education
Bureau of Education Information & Accountability Services*



Observation 8: Black males are approximately two times more likely to be disciplined than white.

The data provided above cogently illustrate that black males continue to lag behind their racially different counterparts in terms of potential human capital and high quality of life as reading is a prerequisite to all aspects of learning and achieving. It is disconcerting to find that only 50% of 10th grade black males reached proficiency in reading on FCAT; equally disturbing is the 64% graduation rate with only 37% prepared for college. Arguably, this supports Bruce Jones, Anchin Center Director, contention that “we are almost ensuring that the state will have a steady stream of black boys heading into our corrections system” (Jones as cited by Melendez, 2011, p.3). Accordingly, the Council will monitor and report the impact of current and new educational policies/school improvement strategies on the above indicators.

Upcoming Research Topic

One cannot deny the impact that technology has had on society over the last twenty years. We are able to communicate globally within seconds by texting, emailing, and video messaging. Accordingly, the internet has expanded learning beyond the traditional classroom walls as students are able to virtually access knowledge. However, technology has also presented some new equity challenges that affect the achievement gap. This phenomenon, known as the digital divide, refers to disparities in access to information technologies between the have and have nots.

This disparity was reported as early as 1999 in a National Telecommunications and Information Administration (NTIA) report that found “black and Hispanic households are twice as likely to own computers today as they were in 1994, while those households are still only 40 percent as likely to have home internet access as white households are. In addition, whites are more likely

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to have access to the internet from home than blacks or Hispanics are to have access from any location” (NTIA, 1999, para. 4). Further, this trend continues today as a study by the PEW Research Center estimates about 57% of low-income Americans have access to internet in their homes (Wayne, 2010). This phenomenon coupled with the increased use of technology in schools for homework assignments and access to non-traditional courses online appears to negatively affect the achievement gap. Therefore, the Educational Subcommittee will call upon experts across the state to better understand this phenomenon and its impact on the educational experiences of black males in Florida’s public school system.



~William Blake~

“Great things are done when men and mountains meet.”

Health & Families



This section of the report describes and identifies health disparities of black men and boys and makes recommendations with the hope of reducing and eventually eliminating such disparities. Health disparities of black males have remained largely unchanged from that reported a year ago.

Leading Causes of Death for Black Males in Florida

The most recent data available lists the five leading causes of death for black males in Florida as cancer, heart disease, unintentional injury, complications from HIV/AIDS, and homicide. Despite improvements, for black male infants, perinatal conditions and congenital malformations remain the leading causes of death. For all other black males under the age of 15, the leading cause of death is unintentional injury. This data mirrors the leading causes of death for infants and for children under age 15 for the population as a whole within all racial and ethnic groups, but this changes for black males, at age 15.

Homicide remains the leading cause of death across the state of Florida for black males between ages 15-34. The black male population is the only subgroup for which homicide is the leading causes of death. Unintentional injury, the second leading cause of death for this age group, accounts for fewer than half the homicide deaths among black males. Suicide is the third leading cause of death for black males between ages 15-24, and HIV/AIDS is the third leading cause for those between ages 25-34. Among those aged 35-44, HIV/AIDS is the leading cause of death compared to white and Hispanic males. Diabetes moves into the top five leading causes of death for black males between ages 55-84.

Ten Leading Causes of Death for Black Males, by Age Group, Florida, 2010

Age	Cause of Death	Total Number of Deaths	Rate per 100,000 Black Males	Total Floridian Death Rate (per 100,000 Floridians)	Total Number of Deaths Florida
All	Total	9,402	625.94	918.15	172509
All	Malignant Neoplasms (Cancer)	2112	140.61	217.59	40883
All	Heart Diseases	2109	140.41	219.50	41241
All	Unintentional Injury	540	32.95	46.01	8644
All	Cerebrovascular Diseases (Stroke)	470	31.29	44.30	8324
All	Homicide	422	28.09	5.83	1096

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All	Diabetes	418	27.83	26.57	4992
All	Human Immunodeficiency Virus (HIV)	397	26.43	5.67	1066
All	Chronic Lower Respiratory Diseases (CLRD)	275	18.31	11.80	2217
All	Nephritis, Nephrotic Syndrome & Nephrosis (Kidney Disease)	252	16.78	17.38	3265
All	Perinatal Period Conditions	173	11.52	3.90	733

(2010 Black Male Population 1,502,065 // 2010 Florida Population: 18,788,795)

Access to Healthcare

Barriers for black males to access healthcare remain in the following categories: cultural factors, lack of health insurance, client-specific issues, and provider organizational issues. Better understanding of barrier variables may provide healthcare providers means for strengthening their ability to create techniques for providing black males with access to needed services.

Lack of culturally competent providers is a serious barrier preventing black males from accessing health care. Health care providers must provide more attention to the needs of black males for accessing health services by eliminating this disparity. This negative consequence on black men should be acknowledged in the broader context of health disparities that impact racial and ethnic minorities in the U.S. In 2002, an Institute of Medicine report entitled, “Unequal Treatment,” concluded that minorities are more likely to receive lower quality health care than whites, even when income levels and health insurance status are comparable. Bias, prejudice, and stereotypes on the part of healthcare providers were cited as potential contributors to these differences. The quality of care that black males receive can be influenced by factors, such as internalization of everyday racism and other discriminatory experiences that result in negative interactions with medical providers. Such experiences may result in reduced motivation for gaining knowledge about overall health issues related to good health, a reluctance to seek care, and ultimately poorer treatment outcomes for black males.

Cultural Factors

Boyd-Franklin (1989) observed that history of inequality for blacks began with the institution of slavery. The author stated, “The process of discrimination does not disappear or lessen with advances in economic status, education career, the neighborhood, or job level” (p. 10). Researchers like Olsen, Bhattacharya, and Scharf (2006), Rose (2011), Spector (2009) and others connect the historical inequities suffered by people of color in the United States as a major underpinning of health disparities. Spellings (USDOE, 2008) asserted that the US education system has historically failed to properly educate students of color. Researchers have established a link between poor education, poor socioeconomic status, lack of health literacy, and poor health outcomes (Olsen, et al., 2006; Spector, 2009; Rose, 2011; Williams, 2006). Perhaps a result of his histori-

cal background, health disparities continue to be observed in the areas of cancer, cardiovascular disease, stroke, diabetes, HIV/AIDS, dental, immunization, and infant mortality. Black males continue to experience a mortality rate significantly higher than whites for all cancers combined, coronary heart disease, stroke, diabetes, HIV/AIDS, and infant mortality.

Family Influence

Black men have the worst health indicators of any racial or ethnic group in the U.S. They have the lowest life expectancy and the highest death rates compared to men and women of all races or ethnicities. Black males have higher death rates than men from other racial groups for heart disease, HIV/AIDS, and certain cancers, including prostate, lung, and colon cancer. They are also more likely than white men to experience hospitalization for complications from diabetes, hypertension, and angina.

Despite these alarming statistics, black men, like most men, are less likely to go to the doctor when physical or mental health problems present or to seek advice or support in dealing with health issues. When they do seek advice or support, that advice is more likely to come from a spouse or female partner than from a male friend. Consequently, family must play a major role in men's health care, as women are more likely to take on the role of health navigator for their families and are more likely to be aware of available health care resources. Therefore, family involvement in men's health is key to engaging black men earlier in the healthcare system in order to improve their health outcomes.

Environmental Factors

A significant number of black males live in low income communities and are more likely to be exposed to environmental hazards that contribute to poor health. There are several environmental risk factors that contribute to poor health outcomes among black males. Inadequate living conditions, improper hand washing, and poor hygiene are among the contributors to poor health outcomes. Lack of exercise, which leads to a high prevalence of obesity among black males is a well-known risk factor for poor health. Many black neighborhoods lack parks, sidewalks, and playgrounds, which would encourage physical activity and promote better health.

In the past, the Council has observed that many black communities are located near hazardous waste sites, solid waste dump sites, power plants and polluted industrial facilities that are associated with poor health status. Such living conditions have been linked to certain chronic and infectious diseases. This situation is further complicated by the fact that black males frequently reside in substandard housing located in poor neighborhoods, which pose health hazards, including infestation of rodents, mosquitoes, and roaches that may lead to vector borne diseases. Older housing units occupied by black males in poor communities frequently contain old or broken fixtures, out-dated electrical units, or old lead piping, which increase the risk for injuries and create unacceptable poor health conditions such as lead poisoning. In addition, insufficient clean running water exposes black males to diseases such as Hepatitis A, dysentery, and other food and waterborne diseases. Furthermore, neighborhoods with dilapidated and abandoned housing units encourage crime, such as sale and use of illegal drugs. Such neighborhoods typically have unattended lots that are usually overgrown with vegetation and covered with garbage. Unattended

lots can be used as sites for illegal dumping of construction debris, solid and chemical waste, which can further contribute to health problems.

Cancer Screenings

According to data reported to the statewide Florida Cancer Data System (FCDS), black males had the highest incidence rate (555.9 per 100,000 populations) for all cancers combined compared to white males (492.2) white females (388.1), and black females (354.4) in 2008. The three most common cancers and the leading causes of cancer related deaths among black males are prostate cancer, lung cancer and colorectal cancer. According to the federal Office of Minority Health, in 2005 black men were 1.3 times as likely to have new cases of lung and prostate cancer as white men. The five year survival rate for lung cancer is lower for black males, who are also more likely to die from prostate cancer and colorectal cancer than any other races or ethnic groups. It is critically important that black males are educated about the risk factors for developing preventable cancers, understand the importance of screening for early detection, and know how to prevent, where possible, the various types of cancers in order to healthier and longer lives.

Prostate Cancer

The Centers for Disease Control and Prevention, CDC, identifies prostate cancer as the most commonly diagnosed cancer and the second leading cause of cancer deaths among men in the United States. The American Cancer Society (ACS) estimates that 240,890 men will be diagnosed with prostate cancer in 2011. Of these an estimated 33,720 will die from the disease. In Florida, the ACS estimates that 16,780 will be diagnosed with prostate cancer in 2011 resulting in an estimated 2,160 deaths from the disease. As reported to the FCDS the percentage of cases with an advanced stage diagnosis of prostate cancer was greater among black males than among white males in 2008.

While there is no way to predict who will get prostate cancer, black males are much more likely than any other ethnic or racial group to be diagnosed with the disease. Black males are also nearly three times as likely to die from prostate cancer as white males. It is unknown why black men are significantly more likely to die from prostate cancer than white males. This knowledge gap suggests that there is a need for continued research in this area. In addition, black males should be encouraged to exercise caution to better understand risk factors associated with developing prostate cancer. Such risk factors include:

- Attaining fifty years of age or older;
- Having a family history of prostate cancer, (The black male has a father, brother, or son that has had prostate cancer);
- Being of African descent;
- Eating a diet high in saturated fats and red meat; or
- Being obese

There are two main types of screening tests commonly used to check for prostate cancer. They are the digital rectal exam, DRE, and the prostate specific antigen, PSA, test. Neither of these

tests can detect prostate cancer. However, these tests can indicate if something is unusual or abnormal and determine if further testing is needed. Because prostate cancer is the most common cancer in men and because of the higher risk factors, black males should consult with their doctors about the benefits and risks of prostate cancer screening so that they can make informed decisions about what is best for them and their families.

Lung Cancer

According to data from the CDC and the National Cancer Institute, lung cancer is the second most commonly diagnosed cancer and the leading cause of cancer-related deaths in black males. While black males are less likely to smoke than white men, smoking is the main cause of lung cancer, accounting for more than 80% of all lung cancer deaths. According to the Florida Behavioral Risk Factor Surveillance System (BRFSS), between 1986 and 2007, the prevalence of current cigarette use decreased 45% among black males, 27% among black females, 30% among white females and 26% among white males. A report from the American Lung Association revealed that while black men smoke less than their white counterparts, they are 37% more likely to contract lung cancer and are 22% more likely to die from the disease as compared to white men. The report also indicates that only 12% of black men live longer than 5 years after diagnosis and treatment compared to white men at 16%.

While there are some instances that non-smokers get lung cancer, this is one of the few cancers that can often be prevented. Significant reduction in risk of lung cancer can be achieved by stopping smoking. Studies have shown that black males are more likely to be diagnosed at later and less treatable stages of the disease. Black males generally wait longer to get treatment after they have been diagnosed or may even refuse treatment all together increasing the likelihood of poor outcome.

Colorectal Cancer

Colorectal cancer ranks as the third most common cancer among black men, and incidence rates and death rates associated with the disease are also higher in black men than in any other ethnic or racial group, including black women. According to CDC data, because it is more often diagnosed in the late stages, colorectal cancer is the third leading cause of cancer-related deaths among black men.

According to U.S. Cancer Statistics, the incidence rate in 2006 (most recent data available for black males was 63.0 per 100,000 in the general population compared to white males at 53.00 per 100,00 and black females at 49.2 per 100,000). Data from the statewide cancer registry, Florida Cancer Data System (FCDS) show a higher incidence rate for black males than white males in Florida. In addition, from 1981 to 1994, the age adjusted incidence rates for white males were higher than the rates for black males. However, the rates for white males decreased overall during this period, as the rates for black males increased. From 1995 to 2007, the rates for both black and white males have declined. It should be noted that the disparity is made worse by the fact that colorectal cancer is highly preventable and has a 90 percent cure rate, if discovered early. Regular screening can detect abnormal growths in the colon or rectum so they can be removed before they become cancerous. Regular screening can also detect colon cancer

at an early stage making treatment more successful. The CDC estimates that 60 percent of the deaths from colorectal cancer could be avoided if everyone 50 years of age or older had a regular screening test. The U.S. Preventative Services Task Force (USPSTF) recommends colorectal cancer screening for men and women between the ages of 50 and 75 using fecal occult blood testing, sigmoidoscopy, or colonoscopy. However, for reasons discussed earlier in the report black men do not make themselves available for early screening, thus resulting in poor outcome for detection and treatment of this preventable disease.

Cardiovascular Diseases and Heart Attack

Cardiovascular diseases include disorders of the heart, blood vessels, ischemic heart disease, heart attack, stroke, congestive heart failure, hypertension, and atherosclerosis. Certain populations have a higher prevalence of heart disease and stroke. Addressing disparities for men of color is important in the overall effort to control cardiovascular disease in Florida. Based on the state's burden of cardiovascular disease, the following priority populations have been identified: adults age 45 or older that are at risk for heart attack and stroke due to cardiovascular risk factors. Risk factors include high blood pressure, diabetes, elevated cholesterol, and obesity. Other risk factors include, smoking, sedentary lifestyles, previous cardiovascular events, or a family history of cardiovascular disease. In 2007, the age-adjusted death rates were 279 deaths per 100,000 populations for blacks, compared to 195 deaths per 100,000 population for Hispanics, and 201 deaths per 100,000 populations for whites.

Stroke and Hypertension

A stroke is the result of either a blocked artery or a ruptured vessel that prevents adequate blood flow to the brain. The signs of a stroke may include the following: sudden numbness or weakness of the face, arm, or leg (especially on one side of the body), sudden confusion, trouble speaking or understanding; sudden vision loss in one or both eyes, sudden trouble waking, loss of balance or coordination, or dizziness, and sudden, severe headache with no known cause. Hypertension or high blood pressure greatly increases risk for heart disease and stroke.

Blood pressure is considered "high" when the systolic reading is at or above 140mm and the diastolic reading is at or above 90mm Hg. Life expectancy for men with controlled blood pressure is 5.1 years longer than those with uncontrolled high blood pressure. While the mortality rate from hypertension has improved over time, black males continue to be more disparately affected.

Diabetes

Diabetes is associated with increased risk for a number of serious and often life threatening complications. According to the American Diabetes Association, blacks are 1.8 times more likely to be diagnosed with diabetes than whites. Florida data for 2010 indicate that more males (10.4 %) than females (8.7 %) had diabetes. The data also show that the prevalence of diabetes was higher among blacks (14.6 %) than whites (9.0 %) and Hispanics (7.9 %). Blacks are also more likely to develop complications from diabetes, such as blindness caused by diabetic retinopathy, kidney failure, heart disease, and lower limb amputations. Amputation rates are nearly three times higher in black men than women. Death rates for people with diabetes are 27% higher for blacks

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as compared with whites. For black men, the death rates were 2 times higher than for white men in 2006, according to data from the Centers for Disease Control and Prevention.

Type 2 diabetes, which occurs when the body does not make enough insulin or cannot properly use the insulin it makes, accounts for 90 to 95 % of all diagnosed cases of diabetes. Blacks are at a particularly high risk for developing Type 2 diabetes; and out of the general population, blacks are 1.7 times more likely to have type 2 diabetes. Adults over the age of 40 usually develops Type 2 diabetes; Type 2 diabetes is generally associated with people who have a family history of diabetes, those that are overweight or obese, women who had gestational diabetes, lack of physical inactivity, and certain race or ethnic groups such as blacks, Hispanic/Latino Americans, Native Americans, and Asians/Pacific Islanders.

Obesity

The number of people in the United States who are overweight or obese has more than doubled in the past 30 years. In 2010, two thirds of Americans were considered to be overweight and obese, according to the Centers for Disease Control and Prevention. For adults, overweight is defined as having a body mass index (BMI) of 25 or higher and obesity is defined as a having a body mass index of 30 and higher. The BMI level, which measures the ratio of weight to height, is often used as a tool to determine whether a person's health is at risk because of their weight. For example, a man who is 5 feet 11 inches tall and weighs 179 pounds is considered to be overweight, and if he weighs 215 pounds he is considered to be obese.

National Center for Health Statistics (NCHS) 2010 data indicates that the percentage of black men (20-74 years of age) that are overweight or obese increased from 51.3% in 1976-1980 to 72.1% in 2003-2006. Even though a higher percentage of black women in Florida are considered overweight or obese than black men, (78.2% of black women are considered overweight and obese) the percentage of black men identified as overweight or obese (68.5%) is only slightly higher than white men (72.6%) (Flegal et al., 2010). Within this group however, the prevalence of black men considered to be obese (37.5%) is significantly higher than white men (22.6%).

Individuals who are overweight or obese have increased risks of illness from a number of chronic conditions, including diabetes, high blood pressure, heart disease, high blood cholesterol, stroke, certain types of cancers, arthritis, and breathing problems. These conditions can result in physical impairment and increase financial burden to tax payers.

Diet and Exercise

Diet plays a vital role in promoting every person's healthy life. Good diet is the key to a successful lifestyle, while poor diet also plays a vital role in promoting an unhealthy lifestyle. Many black communities do not have local suppliers of fresh healthy foods. In some neighborhoods, there may be small stores that are more likely to sell low quality, non-fresh food items that contribute to poor nutrition and lower health status. Low income black individuals often lack transportation to supermarkets, usually located outside their communities, preventing the purchase of healthier food items. Black families tend to prepare and eat foods high in saturated fats especial-

ly during the holidays. Over the years these eating habits have resulted in high incidence of diabetes, hypertension, heart disease and obesity, especially among the black women.

Black men can start improving their health by reducing the intake of red meat, eliminating the saturated and trans-fats from their diet. They can lower their cholesterol, salt and sugar intake, by eating more baked or broiled food rather than fried foods. Black men and women should also eat a varied diet, high in fiber and rich in nutrients from leafy green vegetables and fruits, whole grains, and fat-free or low-fat dairy products. The CDC recommends that men eat between 2 to 2 ½ cups of fruit and 2 ½ to 4 cups of vegetables every day. To help improve their health outcomes, black men should eat a healthy diet and exercise daily by walking or taking the stairs instead of the elevator.

Regular physical activity has been shown to have many health benefits. It reduces the risk of many diseases such as heart disease, stroke, high blood pressure, diabetes and colon cancer. Furthermore, physical activity may improve one's quality of life, help maintain a healthy body weight and reduce mild anxiety and depression and improve health in general.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs), historically known as venereal diseases, are among the most common infectious diseases in the United States and affect men regardless of age, race, marital or economic status. Failure to prevent, screen, or treat STDs in a timely manner can result in sterility and increased risk for transmission of HIV (Human Immunodeficiency Virus). Changing patterns of sexual behavior, unprotected sexual encounters, and the stigma often associated with seeking testing or treatment are factors that have played a significant role in escalating infection rates. Further, STDs are often asymptomatic or exhibit subtle symptoms that may not prompt individuals to seek care.

Although, routine screening is encouraged for all sexually active males (except those who are monogamous in committed marital relationships), disparities among racial/ethnic groups exist in the number of cases reported annually. Non-Hispanic black males accounted for 50 percent of commonly reported sexually transmitted diseases among men in Florida in 2009. Young (15-24) non-Hispanic black males had the highest rate and number of reported cases of Chlamydia and Gonorrhea among men. Non-Hispanic black males under 30 accounted for more than 68 percent of reported Early Syphilis (Infectious and Early Latent) cases when compared by race and gender. Conversely, males in other racial/ethnic categories traditionally experience higher cases of syphilis in populations 30 years or older. Based on these statistics, young black males are disproportionately affected by STDs.

In general, men have more sex partners than women, which places them and their sex partners at increased risk (Henderson and Lieb 2009). HIV is more easily transmitted sexually from men to women than the reverse. In addition, because it is more socially acceptable for men to be sexually active, and they may even derive higher status from having multiple partners, the result is an increase in rates of HIV infection among women. Furthermore, since the beginning of the HIV/AIDS epidemic in the early 1980s, and because men tend to have expectations of strength,

are unemotional, and see themselves as virile, this can translate into attitudes and behaviors that are unhealthy and lethal.

The HIV/AIDS epidemic continues to impact individuals in Florida and throughout the United States. Men, women, children, young, old, black, white, Hispanic, rich, poor, gay, lesbian, or straight, and no group is wholly exempt from contracting this dreaded disease. In Florida, 1 in 209 white men, compared to 1 in 44 black men and 1 in 117 Hispanic men are living with HIV/AIDS (reported cases) (Henderson and Lieb 2009).

Immunizations

Adults

Influenza and pneumonia vaccinations are important to ensure health and wellness in the senior population. Both influenza and pneumonia can become life threatening to people age 65 and older and to people with chronic conditions such as heart diseases, diabetes, HIV/AIDS, and kidney disease. While all races may have misgivings about getting vaccinations, many black men fail to take advantage of vaccinations because of cultural beliefs. Many older black males believe if they take the influenza and pneumonia vaccinations it will make them sick. Both influenza and pneumonia can become life threatening to people age 65 and older and to people with chronic conditions such as heart diseases, diabetes, HIV/AIDS, and kidney disease, thus avoidance of vaccinations is potentially deadly.

According to the Advisory Committee on Immunization Practices and the Centers for Disease Control and Prevention, all children and adolescents should receive all routinely recommended childhood vaccinations, unless contraindicated. Children and adolescents who fall into high-risk groups because of health conditions, behaviors, or membership in certain communities should receive additional vaccines.

Children

Approximately 11,000 babies born each day in the United States will need to be vaccinated against fourteen diseases before age two. Approximately 24 % of toddlers may be vulnerable to serious illnesses, including polio, measles, mumps, rubella, diphtheria, tetanus (lockjaw), pertussis (whooping cough), invasive *Haemophilus influenzae* type b infection, hepatitis B, and varicella (chickenpox) because they have not completed the recommended vaccination series.

Adolescents

Traditionally, vaccines have been associated with protecting young children, but recently many vaccines have been recommended for adolescents. In 2005, the meningococcal conjugate vaccine (MCV4) was recommended for 11 to 12 year-olds at the pre-adolescent visit, and for older adolescents and college freshman who reside in dormitories, as these groups experience higher rates of meningococcal disease than the general population. Invasive meningococcal disease has a 10 percent death rate, and up to 19 percent of survivors can suffer serious after effects, such as deafness or loss of limbs. Also recommended in June 2005, was a new tetanus-diphtheria-acellular pertussis vaccine to combat waning immunity to pertussis in adolescents. It is also im-

portant for adolescents to receive certain “catch-up” immunizations if they were not fully vaccinated in childhood.

Mental Health

Black males of all ages continue to experience disparity in access to mental health care. The U.S. Surgeon General Report on Mental Illness (DHHS, 1999, p.vi) makes clear that the data and research support that culture, race, and ethnicity play a major role not only in accessing quality mental health care but also the appropriateness of the treatment provided. The Surgeon General reported:

- Minorities have less access to, and availability of, mental health services.
- Minorities are less likely to receive needed mental health services.
- Minorities in treatment often receive a poorer quality of mental health care.
- Minorities are underrepresented in mental health research by mainstream sources.

The American Psychiatric Association noted that the incidence of mental illness among blacks is not different from that of the general population. Treatment of mental illness for all populations of those afflicted continues as a dilemma needing systemic attention. As is the case with healthcare, blacks often are poorly served due to a lack of culturally competent care, and less or poor quality care. Given the realities of the many social determinants of health impacting black men in particular, the deficiencies in the mental health care delivery system demand the attention of policy makers and advocates.

The skills involved in cultural and linguistic competency are particularly important in the mental health arena because of the importance of appreciating and accurately interpreting an individual’s thoughts, moods, and behaviors. Patients and clinicians clearly must understand, respect, and trust each other. The 1999 U.S. Surgeon General’s report echoed Boyd-Franklin (1989) and Richardson and Wade (1999) with regard to the impact of the accumulation over time of unresolved racism, discrimination, and other barriers to quality care. As noted in the research from Olsen, et al., (2006) and others the skill sets of cultural and linguistic competency in a 21st century multicultural environment assist practitioners in meeting the many and varied needs of diverse cultures.

Oral Health

Dental diseases are preventable yet millions of people in the United States experience dental decay, periodontal diseases and other oral diseases or conditions that affect one’s quality of life (Reisine and Locke, 1995). Untreated, dental diseases result in needless pain, suffering, and difficulty in speaking, chewing and swallowing. In addition failure to act can also result in increased treatment costs, low self-esteem, and reduced economic productivity through lost work and school days. In extreme cases severe illness or death can occur (Reisine and Locke, 1995).

Significant oral health disparities exist in black communities. In 2000, the then United States Surgeon General Davidatcher, released the first ever Surgeon General’s Report on Oral Health identifying what he called a “silent epidemic” of dental and oral diseases that burden some popu-

lation groups. His report and the subsequent National Call to Action to Promote Oral Health (2003) highlighted disparities found in ethnic and racial minority groups.

The level of untreated dental caries among black children aged 6 to 8 years (36 percent) is far greater than that for white children (26 percent). For people of all ages, blacks had higher rates of untreated dental decay and increased incidence of gum disease when compared to whites (Oral Health in America, 2000). A greater percentage of black adults have missing teeth when compared to white or Hispanic adults of the same age (Oral Health in America, 2000). Disparities include access to preventive measures like dental sealants. CDC also reports the percentage of black children with dental sealants is 3-4 times less than the percentage for the same aged white children. Overall, the Centers for Disease Control and Prevention states non-Hispanic blacks, Hispanics, American Indians and Alaska Natives generally have the poorest oral health of any racial and ethnic groups in the United States.

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. In 2008, 28,600 Floridians died from tobacco use and another 2,570 nonsmokers died from exposure to secondhand smoke. Studies show that most people begin using tobacco as adolescents.² Children are exposed to tobacco advertising, promotion and sponsorship through paid media, paid sports sponsorships and retail stores. This type of exposure fosters attitudes towards smoking among youth.³

Smoking or exposure to cigarette smoke contributes to the high rate of asthma among blacks. Additionally, asthma affects black children more than any other disease. The living conditions of many blacks (extended families with extra adults in the household or apartment living with shared ventilation) place many black children at increased risk for secondhand smoke exposure.⁴

Incidence of smoking among black males traditionally has been low. Among black males under 18, the smoking rate is 6 percent, which is significantly lower than for non-Hispanic white males at 14.5 percent. However, cigar use is at 12.4 percent compared to Hispanic males at 12 percent and non Hispanic males at 14.5 percent. In 2009, 39 percent of black males were exposed to secondhand smoke compared to Hispanic males at 47.6 percent and non-Hispanic white males at 59.5 percent.⁵ Studies show that black men are more likely never to smoke than white men.⁶

The Florida Department of Health has implemented a statewide multi-faceted program to combat tobacco use. The program is based on the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*. In addition, a disparity workgroup has been developed to address tobacco related disparities that exist among emerging majority and underrepresented populations that are disproportionately impacted by tobacco use and the exposure to secondhand smoke. In addition, a strategic plan was developed to address the burden of tobacco on the State of Florida and its diverse populations. This plan is the framework for state partners, advocacy groups and community organizations to help reduce and eliminate tobacco related disparities.

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The Bureau of Tobacco Prevention Programs continues to work to protect people from the health hazards of tobacco. The goals of the program are to prevent initiation among youth and young adults; promote quitting among youth and adults; eliminate exposure to secondhand smoke; and to identify and eliminate tobacco-related disparities.

Conclusion

Black men and boys should be encouraged to participate in frequent and regular physical activity, consume more balanced and nutritionally appropriate foods, refrain from tobacco use, learn and apply stress reduction techniques and get regular annual check-ups and screenings for cardiovascular disease, cancer, HIV and other health complications.

Local and state governments should facilitate these efforts by ensuring that necessary policy changes are made. Improvements are needed to promote engagement in physical activities, to build walk able communities, and to provide for the availability of healthy foods for black men and their families. Local communities and health departments should continue to promote campaigns to stop tobacco use and ensure accessibility to screenings. More campaigns are needed that specifically target black males.

Equal access to health care is also fundamental to improving the health of black men and boys in Florida. The health care reform effort should provide coverage to more black males in the state. Additionally, medical facilities and health care professionals must be available and accessible to men, especially black men in rural Florida. Recruitment efforts to increase the numbers of health care providers of color, particularly specialty providers and functional safety net providers of care in rural areas are essential in these efforts.

Despite the challenges, the Florida Department of Health is committed to improving the health of all men and eliminating racial and ethnic health disparities. The Florida Department Health has committed to continue its advocacy for black men and boys' health and wellness and looks forward to ongoing opportunities for collaboration with other state agencies and community-based organizations.

RECOMMENDATIONS FOR BLACK MEN AND BOYS GOOD HEALTH

- Eat a varied diet, rich in fruits, vegetables, whole grains, and low-fat foods
- Be especially careful to limit cholesterol intake and avoid saturated fats
- Exercise 30 minutes per day at least three days per week
- Maintain a healthy weight
- Drink at least eight, eight-ounce glasses of water per day
- Limit alcohol to no more than two drinks per day
- Do not smoke and minimize exposure to second-hand smoke
- See the doctor regularly
- Know the family history and discuss it with the doctor
- Practice safe sex
- Wear a seatbelt in motor vehicles and a helmet when riding a motorcycle or bicycle
- Manage stress

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- Get help when needed
- Allow employees time to exercise during the work day (private, local government and state)

Recommendation-Health Status

Support Legislation that promotes Healthy Choices through the following:

Better diet and eating habits in schools

Physical fitness to decrease obesity in School/allow employees time to exercise during the work day

Healthy Life Styles:

Lowering the consumption of alcohol

Decrease use of tobacco products

Promote safer sex Practices



~Martin Luther King, Jr.~

“If you lose hope, somehow you lose the vitality that keeps life moving, you lose that courage to be, that quality that helps you go on in spite of it all. And so today I still have a dream.”

Criminal Justice & Crime Prevention



The Criminal Justice Committee continues to probe the causation of the incarceration and detention of black men and boys in the criminal justice system.

For the past several years, the Council has received the assistance of the Florida Department of Juvenile Justice and the Florida Department of Corrections in providing an analysis of juvenile delinquency, adult incarceration and community supervision, to assess recidivism in the juvenile and adult criminal justice systems. To date, both agencies continue to provide disturbing statistics, which point to the need for the state of Florida to set policy guidelines to address the factors which contribute to the social conditions and behavior of our black men and boys. Therefore, it is essential for cities throughout the state of Florida to replicate re-entry role model programs with a proven record of success within their community. It is also essential to hold law enforcement agencies accountable for the implementation of the Juvenile Civil Citation Program.

Current Condition and Problem

National Perspective

At midyear 2008, the U.S. Department of Justice, Bureau of Justice Statistics, reported that there were 4,777 black male inmates per 100,000 U.S. residents being held in state or federal prisons and local jails, compared to 1,760 Hispanic male inmates per 100,000 U.S. residents and 727 white male inmates per 100,000 U.S. residents. Backed by U.S. Department of Justice data, the 2008 Pew Charitable Trusts Public Safety Performance Project report, *One in 100: Behind Bars in America 2008*, revealed that while 1 in 30 men between the ages of 20 and 34 is behind bars, the figure is 1 in 9 for black males in that age group. Staggering statistics also indicate that 1 in every 53 adults in their twenties is behind bars in comparison to the rate for those over 55 being 1 in 837. As of January 1, 2008, the Pew report revealed that for the first time in U.S. history, one in every 100 adults is in jail or prison.

Minority Populations

The United States now incarcerates more people than any other country in the world. For the most part, however, incarceration is heavily concentrated among men, racial and ethnic minorities, and 20 to 30 year olds. For men, the highest rate among black males between the ages of 20-30 and among women, black females between the ages of 35-39ⁱ. The demographics in the Pew report revealed that 36 states and the Federal Bureau of Prisons reported an increase in incarcerated populations during 2007. Of the seven states with the highest incarceration rates (over 50,000), three grew (Ohio, Florida and Georgia) while four (New York, Michigan, Texas and California) decreased.ⁱⁱ Although crime in Florida dropped substantially between 1993 and 2007, the prison population grew from 53,000 to over 97, 000 during the same period.ⁱⁱⁱ While Florida's overall population growth plays a role, analysts agree that the significant increase in the

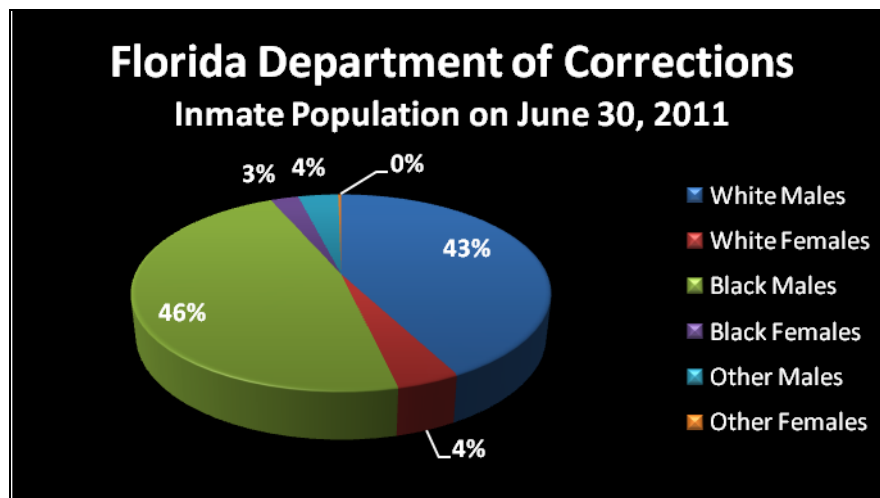
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prison population is considered to be more a result of public policies and practices resulting in longer prison sentences and recidivism rates related to technical violations of probationers.

Significance of the Problem in Florida

In Florida, 88% of all inmates incarcerated will eventually be released.^{iv} During FY 2010-11, 35,549 inmates completed their sentences and were released back into our communities.^v Approximately 10,665 (30%) of those released inmates are projected to return to prison within three years.^{vi}

On June 30, 2011, there were 102,319 inmates incarcerated by the Florida Department of Corrections.^{vii} Of those 47,338 were black males.^{viii} Of the 9,213,668 males living in the State of Florida, blacks make up approximately 15% of the population,^{ix} yet account for 46% of the prison population.^x In contrast, white males make up 40% of the population of the State of Florida^{xi} and account for 43% of the prison population.^{xii}



Youthful Offenders in the Florida Department of Corrections

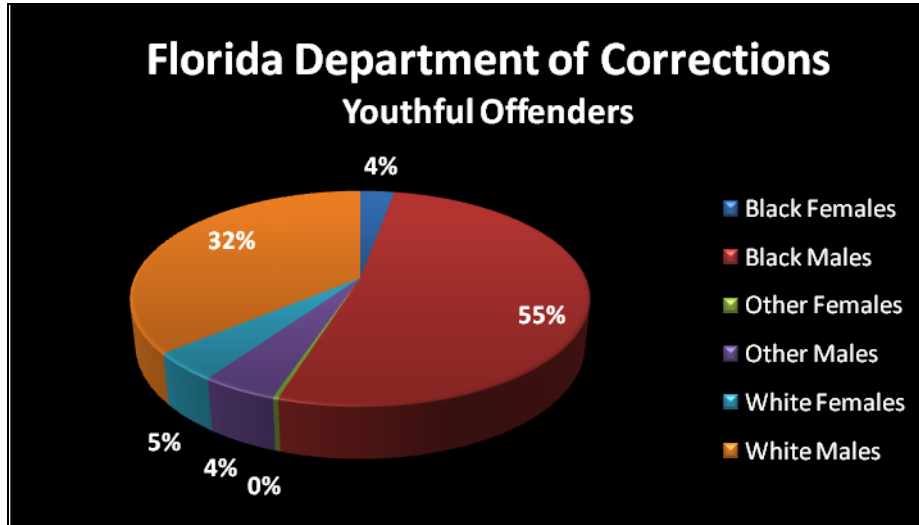
Florida law currently provides for the management of “youthful offenders.” Section 958.04, F.S., establishes the criteria for judicial sentencing as a “youthful offenders” and section 958.11, F.S., provides for two facility groupings based on age groups: 14-18, and 19-24. Section 958.11, F.S., also sets forth the conditions under which these offenders can be re-assigned to non-youthful offender facilities, and directs the Department to screen the population for inmates meeting the criteria of section 958.04(1)(a) and (c), F.S., but who are not sentenced as youthful offenders by the court and whose sentence is 10 years or less. Additionally, section 958.11(6), F.S., allows for inmates 19 years of age or less to be housed in a youthful offender facility if the inmate’s physical and mental vulnerabilities would place him at risk in a setting with older and/or more experienced inmates.

Placement at a youthful offender facility is to prevent youthful offenders from associating with older and more experienced criminals during the terms of their confinement. To improve their chances of successful re-entry, the Department of Corrections provides youthful offenders with:

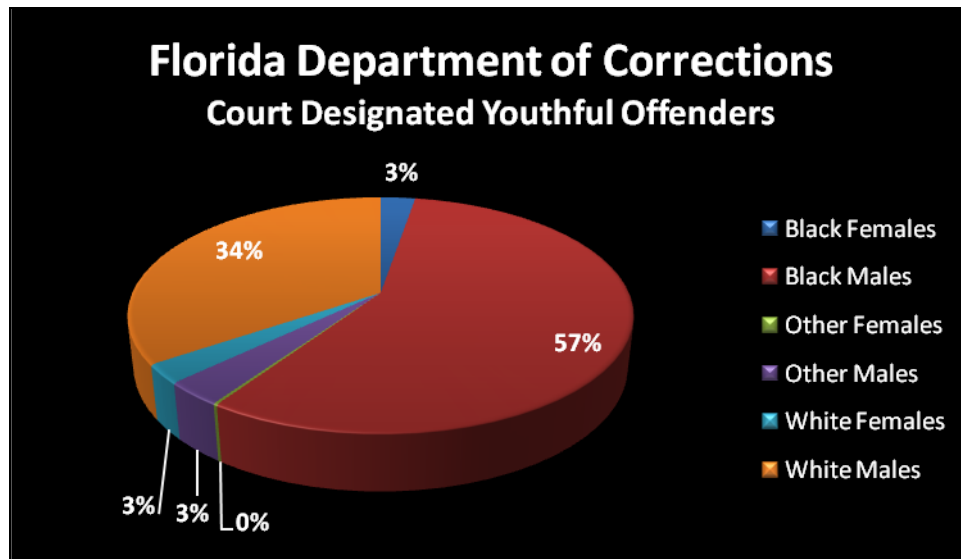
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1) enhanced vocational opportunities; 2) educational opportunities; 3) counseling opportunities; 4) public service opportunities; and 5) adequate space for physical, social, and emotional needs and personal interactions and group activities.

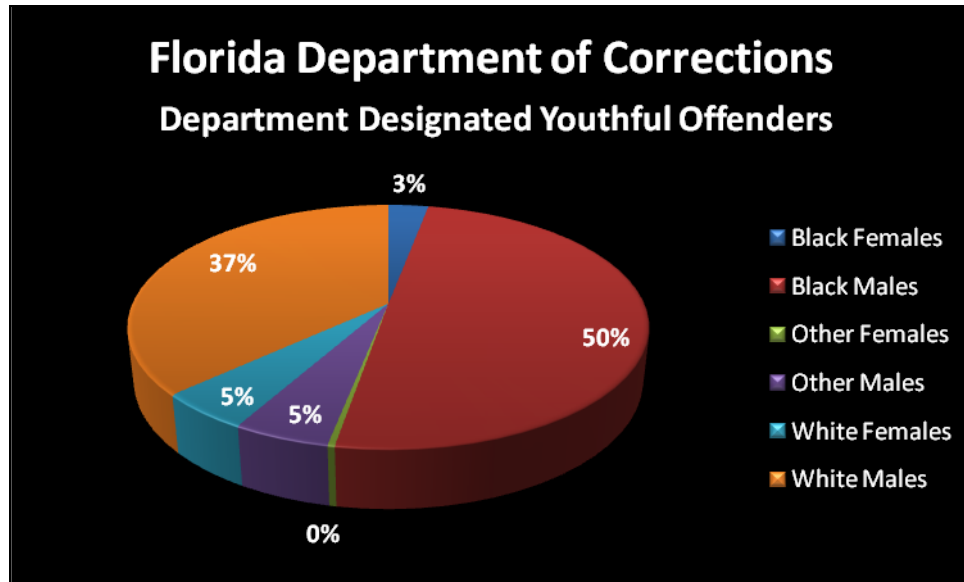
On June 30, 2011, the Department of Corrections had 2,890 Youthful Offenders in its custody.^{xiii}



Of the Youthful Offenders in custody on June 30, 2011, 1,249 were designated by the courts and 1,164 were designated by the Florida Department of Corrections.^{xiv} Black males accounted for 57% of the court designated youthful offender population.^{xv}



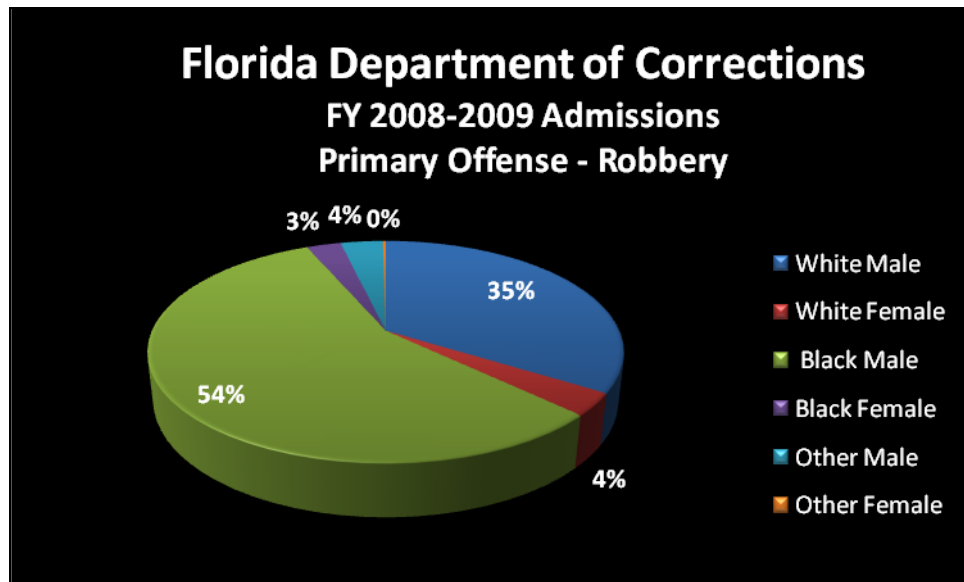
Black males make up 52% of the Department's designated Youthful Offenders.^{xvi}

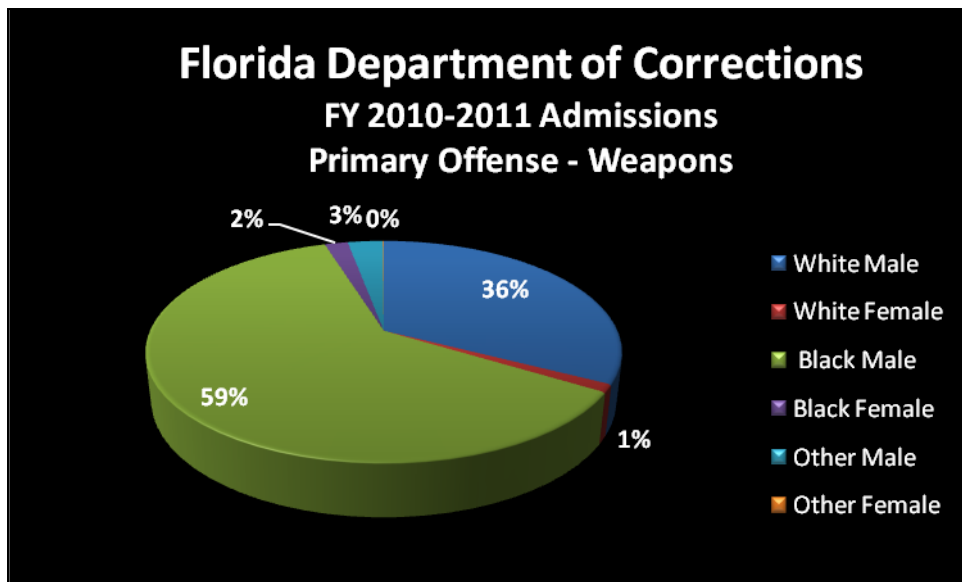
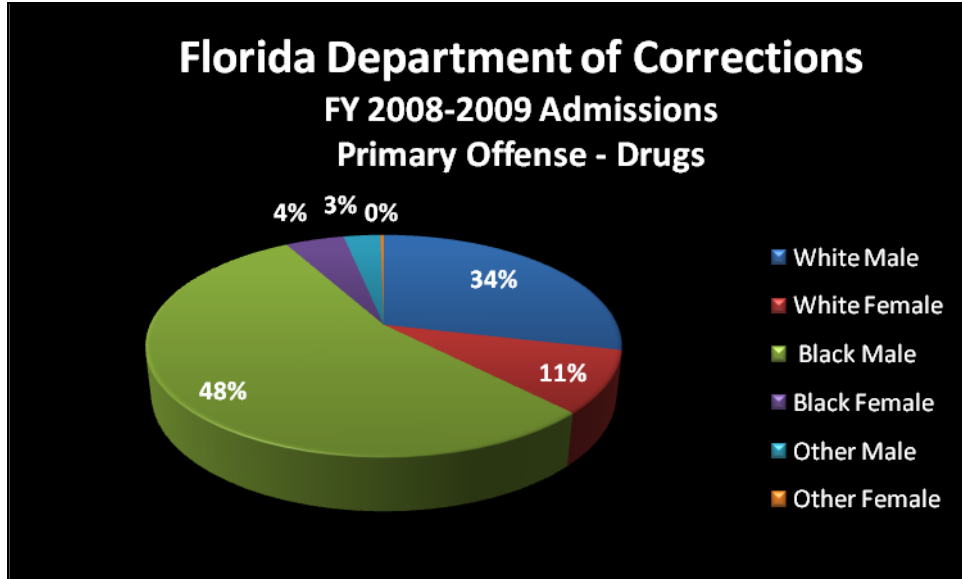


Crime Specifics

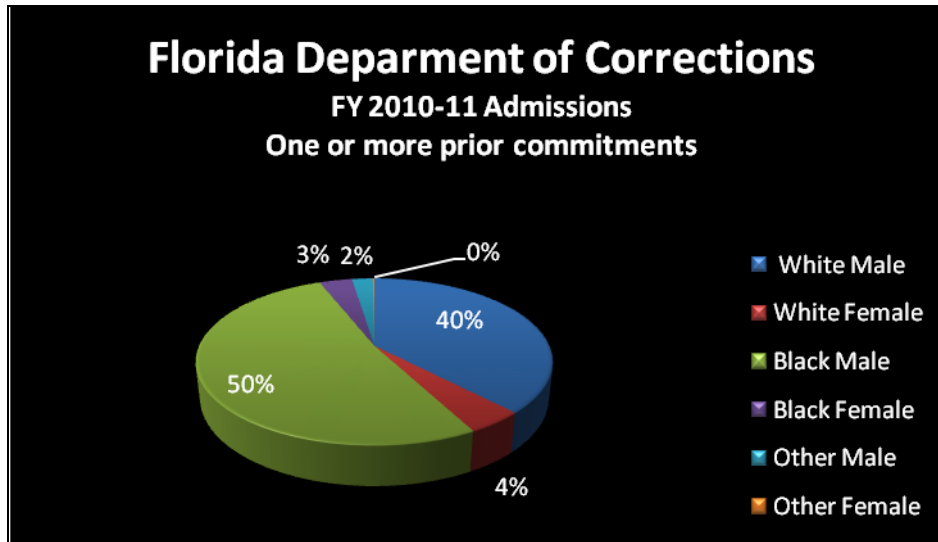
During FY 2010-11, 34,992 individuals were sentenced to prison for a variety of crimes including murder / manslaughter, violent / other, sexual / lewd, robbery, weapons / property / theft / fraud / damage, burglary, and drugs.^{xvii}

Black males surpass any other demographic in the commission of three types of crimes: robbery, drug, and weapons related crimes.^{xviii}





Of those admitted to prison in FY 2010-11, 14,823 (43%) had previously been incarcerated.^{xix} Of the 14,823 individuals who had one or more previous commitment(s), 50% were black males, while 40% were white males.^{xx}



The Challenge

Of the 9,213,668 males living in the state of Florida, blacks make up approximately 15% of the population, while representing 46% of the total incarcerated individuals.^{xxi} The challenge in Florida is twofold: (1) prevent black men and boys from becoming involved in the criminal justice system; and (2) once involved in the criminal justice system, ensure black men and boys have the ability to succeed once released from detention, community supervision, or prison. Through programs that promote prevention, intervention and successful transition, The Florida Department of Corrections is in a unique position to spearhead the state's effort to reduce the rate of offender recidivism by working with both inmates in prison and offenders on community supervision.

Recidivism Issues

During FY 2010-11, 35,549 inmates completed their sentences and were released back into our communities.^{xxii} Approximately 10,665 (30%) of those released inmates are projected to return to prison within three years.^{xxiii} More can be done to support the increases in law enforcement spending, and the enhancements that have been made to our criminal laws, by working toward lowering the rate of repeat criminal behavior. A “lock'em up and throw away the key” mentality is only effective if inmates are never released.

On the contrary, 88% of the inmates at the Department of Corrections will one day be released back into our communities. One long-term approach to reduce the rate of recidivism is to work toward the rehabilitation and re-entry of ex-offenders. This can be achieved by providing substance abuse treatment, life skills, parenting, education and vocational training to inmates, and by linking inmates and offenders with services in the community upon their release.

Addressing public safety in Florida and at a national level requires a commitment to an open dialogue among all stakeholders, and decision makers at every level, in order to fully understand and address the inter-related short and long-term issues, both societal and economic, that impact successful prevention and intervention among black men and boys. The issues that must be con-

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fronted to realistically address the disproportionate representation of black men and boys in Florida's criminal justice system requires a systemic approach to examine current conditions, resources and results.

Re-Entry: A Commitment to Planning, Programs & Partnerships

Evidence-Based Re-entry Strategies

The Florida Department of Corrections has taken a progressive approach to recidivism reduction by creating a system of re-entry, which emphasizes evidence-based strategies that have proven to be successful. Community partnerships and community-based initiatives across the State enhance the impact of re-entry efforts. Additionally, the Department is making efforts to partner with faith and community-based organizations to expand the scope of re-entry services provided to inmates while incarcerated, and to then establish a continuum of care for services that best meet the needs of inmates upon their release from prison.

There is a growing consensus by correctional leaders, academics and public policy makers that successful re-entry depends on a seamless delivery of services and program interventions that begin at reception and continue through to the end of sentence. Successful re-entry means enhanced public safety, fewer victims, fewer crimes, stronger families and a safer Florida. The programs below are a few "model" programs that operate utilizing evidence-based strategies and creating opportunities for change for inmates and offenders.

THORMINC – The House of Refuge Ministries, Inc.



THORMINC, The House Of Refuge Ministries Inc. is a 501(c)(3) organization headquartered in Jacksonville, Florida, that provides social services to disadvantaged citizens of Jacksonville and surrounding counties. THORMINC was founded in 1999 by Pastor Jacob Bush, Jr. The success of THORMINC initiatives in the community led to the organization, development, and implementation of a variety of social services, including THORMINC Resolve to Stop Violence Project (R.S.V.P).

Participants of THORMINC's Ex-Offender Re-Entry program are managed to help them outline their future goals and objectives, which will enable them to be self-sufficient, viable citizens of their communities. THORMINC works with these disadvantaged citizens, including violent offenders, to remove barriers faced by people with criminal records, and ease their transition from prison to the community. Services by THORMINC include, but are not limited to the following:

- Case Management
- Financial Management
- Personal Office Representative
- Food Stamp Application
- Mental Health Advocate
- Ex-Offender Re-entry Assistance

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- Social Security Application Assistance
- Food and Transportation Referral Service
- Substance Abuse Counseling and Treatment
- Family Counseling
- Mental Health Counseling
- Job skills and training

The “Mobile Re-Entry Resource Center” is an innovative program offered by THORMINC, which provides comprehensive onsite job development and educational services to benefit inmates at Florida Department of Corrections facilities. The Mobile Center provides an on-site office environment consisting of several laptop computers with supervised internet access, a printer, cellular phone service and a shuttle service, consisting of a minivan, to help employ those individuals serving at Work Release Centers near the Jacksonville area. These services assist inmates who are nearing release to transition into the workforce or community where they will reside upon release.

All services provided by THORMINC are supportive services that assist disadvantaged individuals and ex-offenders with their transition from a non-productive, criminal lifestyle, to a self-sufficient and productive life experience, while ensuring risk to the community is minimized.

Jacksonville Re-Entry Center



The City of Jacksonville, through the Jacksonville Re-Entry Center (JREC) is committed to coordinate and offer supportive re-entry programs and services to ease the transition from incarceration to the community. The mission of JREC is to successfully reintegrate former felony offenders by providing holistic, direct services, including case-management, to increase their opportunities to become productive members of our community; reduce recidivism; and increase public safety. JREC works cooperatively with law enforcement agencies, state attorneys, public defenders, health service providers, businesses and other agencies for referrals and customer services, to provide needed services to individuals leaving incarceration and returning to the community. In addition, the JREC coordinates the sharing of information among the participating agencies to facilitate the screening of, and case processing for, program referrals.

Mayor John Peyton, members of the Jacksonville Journey, and former Secretary of the Florida Department of Corrections, Walter McNeil, partnered with JREC to expand into a “portal of entry” for all offenders returning to Jacksonville. Reducing recidivism by helping ex-offenders is not being soft on crime; it is being smart on crime. The Jacksonville Reentry Center is the “portal of entry” for all offenders released in/or back to Duval County. JREC provides the following services to eligible clients:

- Felony Criminal Registration
- Information and referral to community services

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- Case management
- Assistance with transitional housing
- Health care
- Transportation
- Pre-employment training
- Identification Assistance
- Food stamps application assistance
- Filing for social security benefits
- New clothing; and
- Tattoo removal (gang-related)

Program Data

- Fiscal year 2010-2011, there were 1,085 program participants enrolled in the Jacksonville Re-entry Center program. An additional 1,000 individuals were provided information regarding the program but chose not to enroll.
- Recidivism rates for JREC participants for FY 2010-2011 were 12%.

In conclusion, the two program examples in this section, THORMIC and Jacksonville Re-Entry Center, are examples of community-based programs that contain components that are evidence-based and maximize the use of re-entry strategies to reduce recidivism. The programs and services provided by these entities impact public safety in the Jacksonville Community and provide valuable opportunities to released offenders.

Recommendations/Solutions

Expand Re-Entry Programs

Re-Entry is good social policy and impacts every community across the State of Florida. Through the implementation of effective, evidence-based, correctional strategies designed to assist inmates and offenders in becoming law-abiding citizens, we will reduce recidivism, system costs and increase public safety.

Correctional professionals and their partners who are successful understand that every interaction with an offender is an opportunity to positively influence their behavior. In these economic times, more focus is on the rising incarceration costs and looking to programs that reduce recidivism as a solution to the budget deficits faced by states nationwide. Effective re-entry initiatives address factors that cause criminal behavior in order to make citizens safer and avoid some of the cost of building new prison facilities to house repeat offenders. Support and expansion of evidence-based, model re-entry programs are recommended.

Juvenile criminal offenders continue to be a major concern. For example, there were 1,100 juvenile arrests in the City of Fort Lauderdale during 2010. Although many youth can be quickly turned to the right path, a recent study found that 50 juvenile offenders were responsible for 60% of juvenile arrests in Fort Lauderdale during 2010. Focusing on effective and evidence-based in-

interventions for these high-risk youth will increase public safety and reduce future costs for repeat offenders.

Of critical importance to the Department of Juvenile Justice and the Fort Lauderdale Police Department is the management of high-risk youth who are under community supervision or waiting for program placement. For example, a 13-year old juvenile offender was arrested 9 times over the span of 5 months. The juvenile's first arrest this year occurred on March 2, 2011, after the commission of a robbery. Twenty-four days later, he was arrested on charges of grand theft. Within 11 days, he was again arrested for burglary. He was arrested 7 days later for felony fraud. Two days after the felony fraud arrest, the juvenile was taken into custody on prowling charges. A subsequent burglary arrest occurred 4 days later. One month later, the juvenile was arrested on new charges of prowling. Another robbery arrest followed 9 days later. The juvenile offender committed a burglary 24 days later, and was finally sentenced to 7 months in a juvenile facility.

It is extremely important that supervision and behavior management strategies be developed to target youth who continue to offend while in the community. To address this issue, the Department of Juvenile Justice and the Fort Lauderdale Police Department will deploy electronic monitoring bracelets that will serve as both a monitoring and behavior management tool for high-risk youth in the community. The Council strongly supports this initiative and encourages its expansion through communities in Florida. Strategies like this will increase public safety and reduce the number of black males penetrating deeper into the juvenile and criminal justice systems.

Civil Citation Program

The Civil Citation Program is an alternative to traditional juvenile justice models. Civil citation is a process to channel youth who commit first time misdemeanors into intervention services at the early stage of delinquency and help them avoid further involvement with the criminal justice system. Research has shown that youth who have been detained in juvenile justice facilities are more likely to end up deeper in the system and are at risk to re-offend.

The Florida Tax Watch organization concluded in a research report dated April 2011, "implementing Civil Citation Programs in communities throughout the state would:

- **Generate cost-savings between \$44 million and \$139 million annually for Florida taxpayers**
- **Reduce the number of youth in the juvenile justice system by 40 % – equivalent of 30,153 youths between the ages of 8 to 17.**
- **Improve outcomes for youth offenders by reducing recidivism and long-lasting criminal records for nonviolent misdemeanors.**
- **Redirect valuable resources from adjudicating non-violent misdemeanors to more vital and pressing public safety concerns.**

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House Bill 997, Juvenile Civil Citations, Section 985.12, F.S., which passed in the 2011 legislative session, and became effective July 1, 2011, authorizes local governments to establish civil citation programs. This current law requires such programs in every community. It also requires the Department of Juvenile Justice to encourage and assist in the implementation and improvement of civil citation and similar diversion programs. The Criminal Justice Committee recommends the Department of Juvenile Justice work in close partnership with this Council to establish a Civil Citation Task Force (CCTF) that will actively pursue and encourage counties to establish the Civil Citation Program.

It was not concluded in the Florida Tax Watch research project how many black males were included in the 40% reduction of youth in the juvenile justice system. However, it is conceivable the program would greatly benefit the at-risk youth in our communities. The Associated Industries of Florida Foundation (AIF) and the Florida Juvenile Justice Association (FJJA) cited in their November 2010 publication, *Getting Smart on Juvenile Crime in Florida: Taking It to the Level-Reducing Juvenile Arrests by 40%*, cited that the “established Civil Citation programs in Leon County and Miami-Dade County, it is anticipated that the number of juveniles processed through the system would be reduced by 40% on a statewide basis (34,211 fewer juveniles).”

The Associated Industries of Florida Foundation (AIF) and the Florida Juvenile Justice Association (FJJA) indicated in their report two model Civil Citation programs that have been in existence for over ten years:

Achievements FY 2007-08 through FY 2008-09	Leon County n = 814	Miami-Dade County n = 6,400
Percentage of participants who successfully complete the program in 6 months.	94%	84%
Percentage of participants who did not re-offend for 6 months after completing program.	89%	95%

The Florida Council on the Social Status of Black Men and Boys favors the adoption of role model programs. One of the goals of the Civil Citation Task Force would be to meet with city and county leaders and provide a template and implementation process guide to create the Civil Citation program in their area. Certainly, the challenge of the task force is how to hold the law enforcement and local government leaders accountable for non-compliance.

In conclusion, the Criminal Justice Committee recommends the partnership of state agencies, local law enforcement agencies and other justice system agencies to raise the awareness of role model programs in the state of Florida. The proven success record of those role model programs

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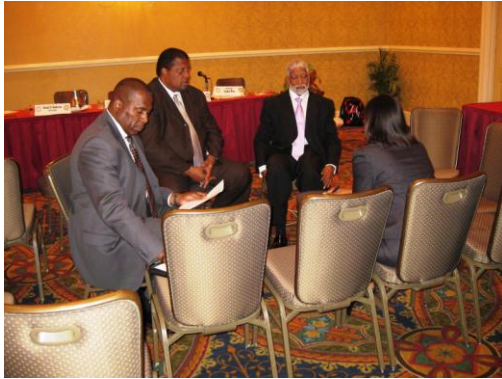
can be replicated throughout communities and would significantly decrease the population of black men and boys represented in the criminal justice system.



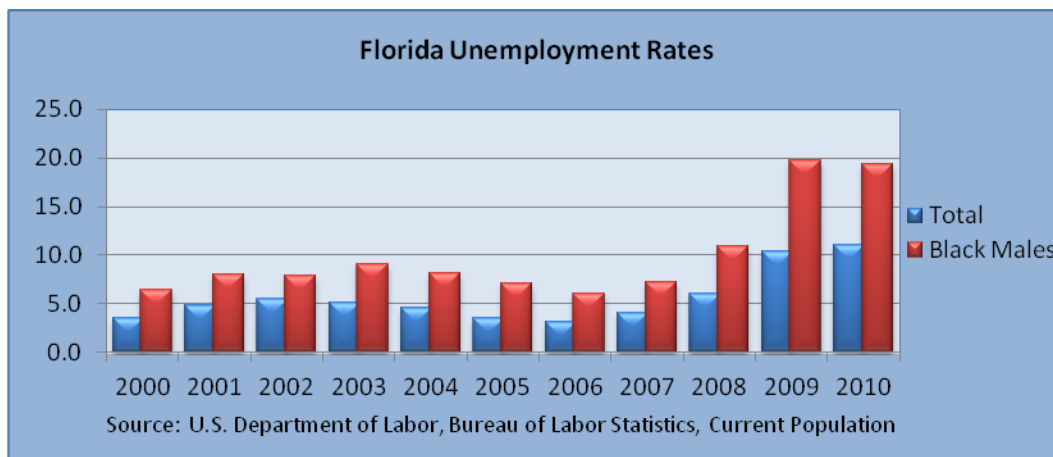
James Baldwin~

“Not everything that is faced can be changed, but nothing can be changed until it is faced.”

Employment & Economics



Floridians continue to feel the impact of a struggling economy. While the economy has shown some signs of improvement, according to the Bureau of Labor Statistics, the overall unemployment rate in Florida in 2010 was 13.3%; an increase in 7 percentage points from 2005. During this same time period, the unemployment rate of black males increased 11.4 percentage points to a rate of 22.4%. While many of Florida's citizens struggle because of the economy, the number of black men negatively impacted is disproportionate relative to the total population.



This report discusses the current economic status of the black male population; some of the daunting hurdles the black male population experiences before they can become successful members of their communities through gainful employment; as well as effective programs and practices that have been implemented to combat the challenges faced by the black male population.

Of the 9,213,668 males living in the State of Florida, blacks make up approximately 15% of the population, but account for 11.8% of all persons unemployed in 2010. In 2010, over half of the black males aged 16-19 were unemployed (57%) compared to approximately one out of three unemployed for the general population in the same age group (34.9%). In addition to the higher rate of unemployment, black men are negatively impacted from lower median wages than the general population. In 2010, for example, the median earnings for black workers (males and females) was \$21,946; 16.7% below median earnings for the total population. The median earnings for black males, in particular, was \$22,499; 23% below the median earnings for the total male population. The number of black males considered to earn below the poverty level was 26.2% in 2010.

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Numerous socioeconomic and other factors exist that contribute to these statistics illustrating the difficult economic and employment prospects for black men and boys. These factors include, but are not limited to: lack of education and job readiness of black men, high rates of incarceration of black men, which makes employment difficult upon release and higher rates of the black population lacking basic resources required for self-sufficiency.

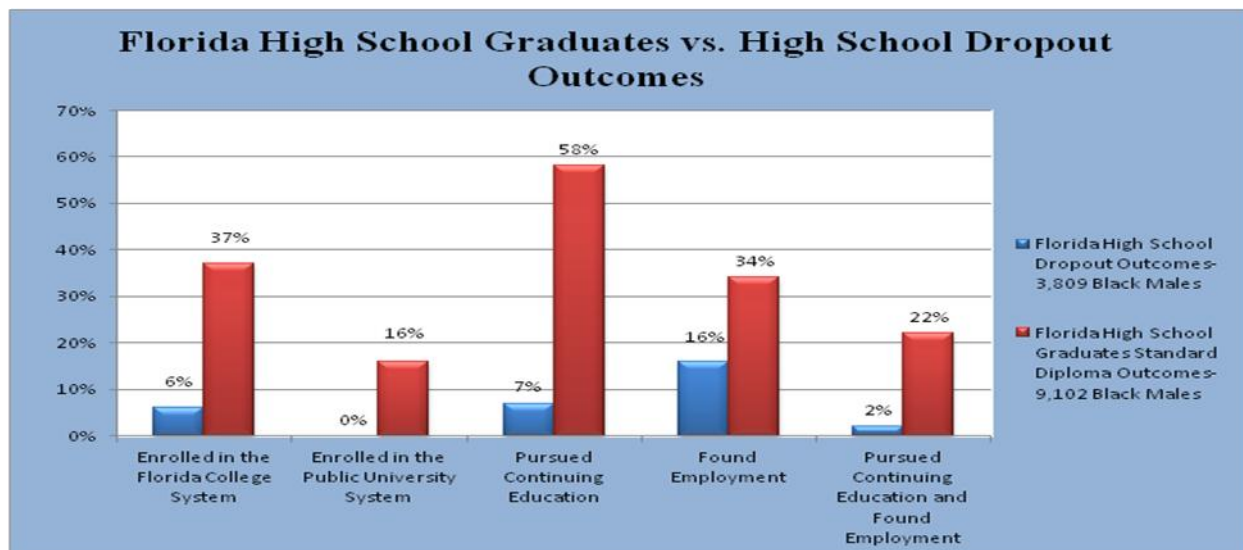
Lack of Education and Job Readiness

For black males, the youngest workers (aged 16-19) experience the highest unemployment rate of any age group, amounting to 57% unemployment rate for that demographic group. Florida Department of Education data shows that black men who drop out of high school are far less likely to enter post secondary education or obtain employment. The data shows a direct correlation between education attainment and future economic status. Florida high school dropout data shows that in a year when 3,809 black male students were reported as high school dropouts:

- 6% enrolled in the Florida college system;
- 0% enrolled in the public university system;
- 7% pursued continuing education;
- 16% found employment; and
- 2% pursued continuing education and found employment

Conversely, Florida high school graduates standard diploma data shows that in a year when 9,102 black male students were reported as receiving a diploma:

- 37% enrolled in the Florida college system;
- 16% enrolled in the public university system;
- 58% pursued continuing education;
- 34% found employment; and
- 22% pursued continuing education and found employment.



Many youth have either dropped out of high school or have completed school but have poor academic skills and little labor market experience. Besides skill deficiencies and lack of work experience, disadvantaged young men lack access to employers due to limited transportation, a lack of knowledge about the world of work, and a lack of informal networks and mentors to link them to available jobs. In particular, it is the largest employers and those that offer the highest compensation to which these young men have the least access.

Incarceration Rates for Black Men

Prisoners face a myriad of challenges as they complete their term of incarceration and prepare to re-enter their home communities. As it relates to employment, the common challenges are the economic conditions, low educational levels, lack of job skills/experience and weak connections to stable employment opportunities. However, the percentage of black inmates in prison is decreasing (50.4% in June 2006 to 49.3% in June 2010). The following chart reflects the racial configuration of the inmate population as of June 30, 2010.

Black males who are ex-offenders struggle to find employment. While all black males have difficulty obtaining jobs, black males who are ex-offenders have an even more difficult time. Researchers find that 19.5% of employers report that they *definitely* will not hire ex-offenders and another 42.1% said they *probably* would not hire ex-offenders.^{xxiv}

Lack of Basic Resources for Self-Sufficiency

Individuals who lack financial resources for self-sufficiency face multiple barriers to employment because of the lack of resources. These include issues such as housing, transportation, child care, and medical care; all of which play a role in determining success in employment outcomes. Individuals who lack these resources may find it difficult to obtain employment, thus perpetuating the cycle of unemployment. According to the Florida Department of Children and Families, black males make up 1.77% of the total recipients in four major assistance programs administered by the department. Overcoming these barriers is critical for improving employment and thus economic outcomes for black men and boys.

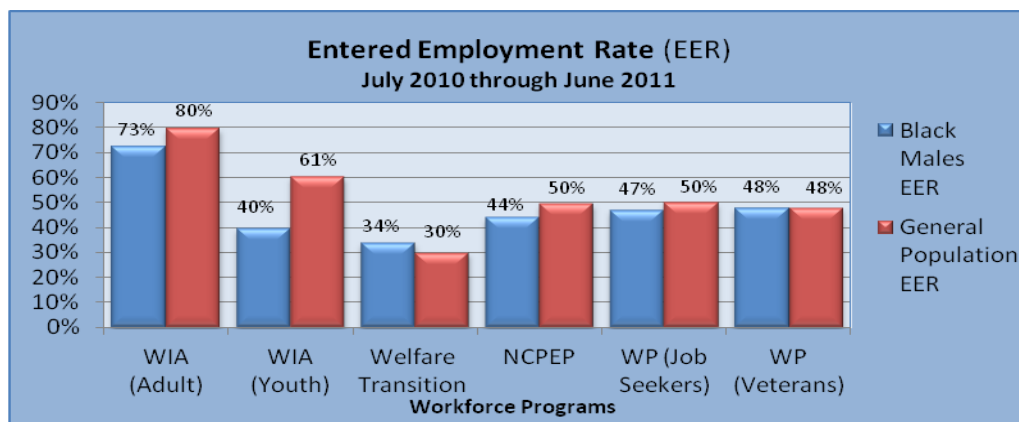
Promising Programs

Despite the statistics that highlight multiple barriers to employment and economic prosperity for black men and boys, the State of Florida (including the Department of Economic Opportunity (DEO), Department of Children and Families (DCF), and the Department of Corrections (DOC)), as well as community organizations, have implemented a variety of programs that specifically target these barriers and which have made strides in improving the economic outlook for black men and boys. The following programs demonstrate the accomplishments that can be achieved with a commitment of resources to improving the economic outlook for black men and boys.

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Effective Statewide Workforce Programs

- Workforce Investment Act (WIA) Program** - offers adult and youth job training and employment programs through One-Stop Career Centers. WIA Adult services include: assessment of the client’s skills and interests; development of an individualized employment/career plan; work experience or internships; customized training based on the needs of specific employers; entrepreneurial training, and more. WIA Youth services include: development of an individualized service strategy; basic-skills training; work experience or internships; summer employment opportunities; tutoring and study skills training; adult mentoring; supportive services to assist youth in reaching training goals, and more.
- Welfare Transition (WT) Program (Temporary Assistance for Needy Families)** provides recipients of Temporary Cash Assistance with education and training, job search and job readiness assistance in an effort to help them achieve self-sufficiency through employment.
- Non-Custodial Parent Employment Program (NCPEP)** - provides innovative options for eligible, non-custodial parents through training and support services. A non-custodial parent is the parent who does not live with the child. According to Florida law, every child under the age of 18 has the right to the support of both parents, including the non-custodial parent. In many cases, males may stop paying child support due to limited or no income. This program assists these parents in obtaining gainful employment.
- Wagner Peyser (WP) Jobseeker Program** - offers a federally funded labor exchange system developed to match employers with qualified job applicants. It is also linked to the unemployment compensation program helping applicants file for unemployment compensation benefits and seek new employment opportunities. Customers can access labor exchange services through a variety of methods that include self-service, staff-assisted service, and facilitated self-help service. Veterans are among many distinct populations that receive services through the Wagner Geysler program. See the graph below for Entered Employment Rates for black males vs. the general population in statewide workforce programs.



Data provided by the Department of Economic Opportunity

Effective Local Workforce Programs

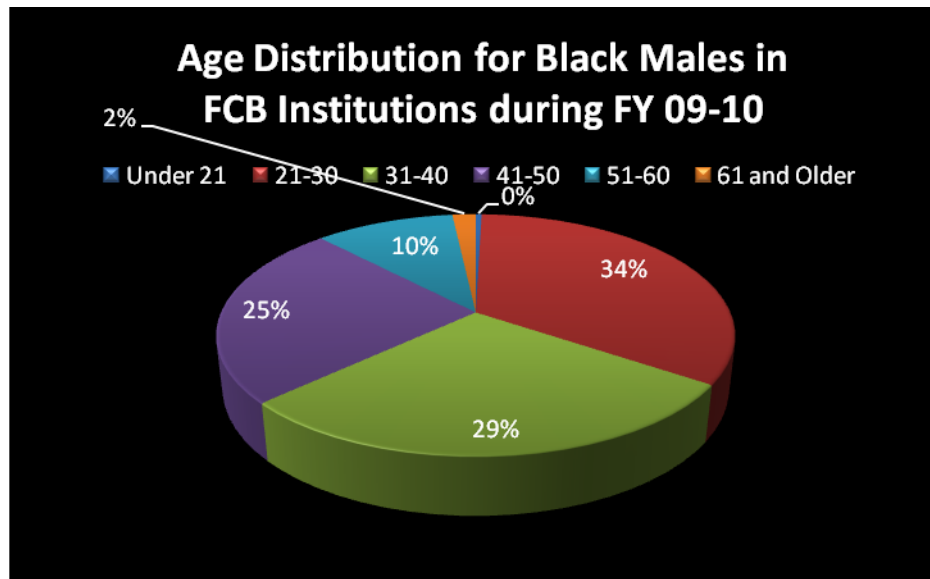
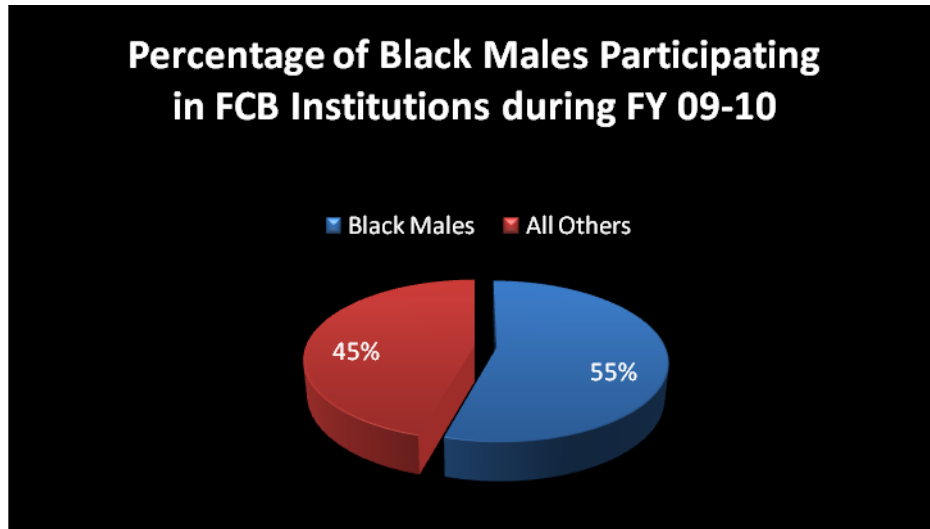
- **The Department of Juvenile Justice/Workforce Youth Employment pilot** project provided \$1 million in WIA state funds to Regional Workforce Boards (RWBs) serving Pinellas, Hillsborough, Sarasota and Manatee counties. This pilot was designed to provide employment opportunities for youth with criminal backgrounds. The RWBs successfully partnered with the Department of Juvenile Justice and its service providers to provide this population with expanded services. The program provided successful work experience opportunities and employment placement services to this high risk population. This program served 216 youth and 43% of those participants were black males.
- **The Non-custodial/Ex-offender pilot** program assists non-custodial parents in establishing stable employment while facilitating their efforts to pay child support and become involved with their families. This project also reduced recidivism rates among ex-offenders and created a strong potential for saving taxpayers' money and creating room within crowded correctional systems. By making long-term jobs more available and offering support services to ex-offenders the state can make a significant reduction in the inmate population growth and help improve the lives of ex-offenders and their families. Participation in this program increases employment retention, vocational training, and education that may result in a positive impact on child support payments. This pilot program served 94 participants and 41% of those participants were black males.
- **The Workforce Investment Act (WIA) and the American Recovery and Reinvestment Act (ARRA) funded summer youth employment programs** connect young people with local employers for real-world work experience to get them engaged in planning for their future careers. Hundreds of private and public sector employers in diverse industries participate each year and participating youth range in age from 14 to 21. Work experiences principally focus on in-demand careers, including paid work experiences/internships, and can potentially result in permanent employment. In addition to work experience, participants benefit from increased self-esteem and self-reliance as well as positive mentoring relationships with employers. With additional ARRA funds (from 2009-2011), over 17,000 youth were served through summer employment programs and of those a total of 5,550 were young black males.

Effective Programs Administered by the Florida Department of Corrections (DOC)

- **Faith and Character-Based Programs** -The Faith and Character-Based Correctional Initiative is an innovative effort to reduce recidivism and disciplinary infractions in correctional institutions by offering Character-Based programming in a positive environment to inmates committed to inner transformation. Faith and Character-Based Institutions (FCBIs) are entire correctional facilities devoted to the Faith and Character-Based Correctional Initiative. Eligible inmates volunteer for FCBIs without regard to religion and can choose among secular or religious programming. The program includes three distinct phases of participation. Enrollment begins before the inmate is actually transferred to a FCB institution. Black males incarcerated within the Florida Department of Corrections

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participate at a high rate in the Faith and Character-Based programs. The chart below reflects the participation information for black males:



FCB Institutions provide a program-rich environment for inmates interested in personal growth and character development. There are many programs and activities that teach the inmates skills to enhance their employability. These programs include but are not limited to life skills, money management, interview/job skills, goal setting, and computer literacy. In addition, inmates can choose among courses on substance abuse recovery, family life training, mentoring and academic or vocational subjects.

FCBIs incorporate personal conviction as a dynamic catalyst for a real and lasting change. Because the entire institution is committed to the same goal, positive peer reinforcement occurs. The ultimate goal is that through inner transformation there will be a

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reduction in recidivism and a smoother transition into society so that ex-offenders can become productive citizens and remain ex-offenders.

- **Vocational Education Training Programs** - Studies have found that participation in prison education, job training, and placement programs are associated with improved outcomes, including reduced recidivism.^{xxv} In a study of corrections-based education, vocational, and work programs, recidivism was 29% lower among education program participants than among nonparticipants.^{xxvi} Recidivism rates of participants in prison education, vocational, and work programs have been found to be 20% to 60% lower than those of nonparticipants.^{xxvii} Furthermore, that same research also found that individuals who participated in prison education programs earned higher wages upon release than nonparticipants.^{xxviii}

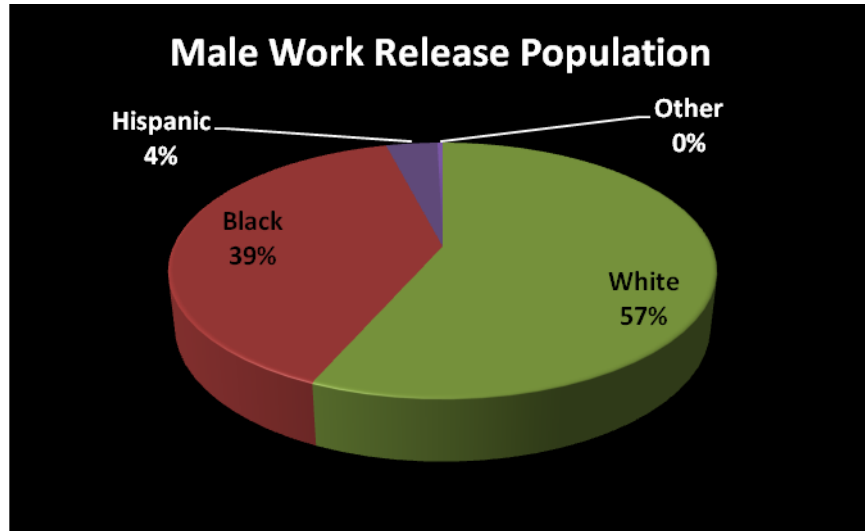
The Florida Department of Corrections offers employment training opportunities to individuals during incarceration through the Vocational Education Program. The FDC operates 85 vocational education programs that provide training in 33 occupational trades. The total course length varies with the type of vocational training offered. Inmates who are housed in the Florida Department of Corrections, nearing release and have been identified as needing career and technical education training are selected to participate in these programs.



- **Work Release Program** - provides inmates with a meaningful transitional program and opportunity to integrate back into society with the best chance of success. An important requirement for this is through stable employment, which will enable the offender to secure housing upon release from prison. Work Release is a community transition program authorized by sections 945.091 and 945.092, F.S., introduced in the FDC over 35 years ago. The work release program allows incarcerated inmates, who are near completion of their prison sentence, to work at paid employment. Work release also provides inmates with an opportunity to learn how to properly interact with the public and employer at the job site. Inmates who are released with employment security and some savings have less

temptation to return to criminal activity than the inmate who is released with limited funds and without a steady job.

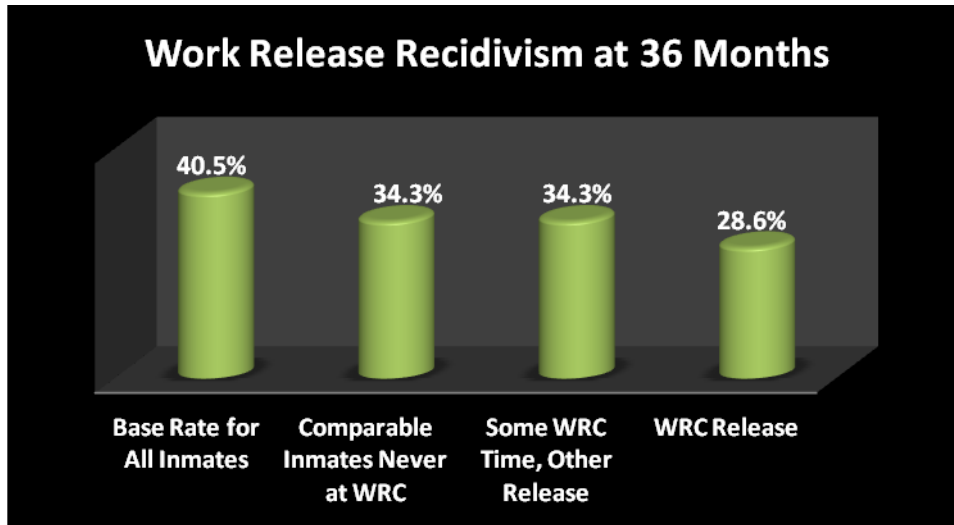
The chart below reflects the rate of participation by black males (vs. whites, hispanics, and others) in the work release program.



Note: Based on inmate population as of September 19, 2011.

Employment for released inmates is a critical barrier in curbing future criminal behavior which enhances public safety. Work release program components consist of community-based employment, the opportunity to acquire monetary savings prior to release from incarceration, enhanced employability skills, the opportunity to re-establish ties with family and the community, and participation in self-improvement programming.

As the following chart illustrates, inmates who are released from a work release center are 5% less likely to recidivate than comparable offenders in the state prisons system.



All rates are for male inmates only. The "base rate" is based on all inmate releases July 1995 to June 2001 (source: Recidivism Report: Inmates Released from Florida Prisons July 1995 to June 2001).

The FDC attempts to employ work release inmates in the community where family is located, for support and better likelihood of stability for the inmate. Also, in conjunction with a work component, work release provides some level of self improvement programs prior to the inmate's upcoming release. Perhaps of even greater significance than the financial aspect, is the effect the program has on the attitudes of the inmates. Knowing there are people in the community who are willing to give them a second chance helps increase the inmate's sense of responsibility, and restores the inmate's confidence and self-pride.

The work release program provides a valuable work opportunity for inmate participants to ease their transition from prison to the community. Often times, inmates who are employed prior to their release maintain this employment upon release. For black men who often faced limited employment prospects and disproportionately high rates of unemployment, this program provides a gateway to leading a life of a productive, taxpaying citizen. Employers and the local communities are valuable partners and the success of the work release program is hinged upon a mutually beneficial relationship for all parties involved.

Programs that Lead to Self-Sufficiency

Food Assistance Program (SNAP) - Provides access to food, a healthy diet, and nutrition education.

- This program acts as a safety net to ensure the recipients are able to purchase food for nourishment of themselves and their families.
- Through the Food Assistance program, recipients can be referred to the Regional Workforce Board that assists the individual in finding employment which could ultimately lead to the individual becoming self-sufficient.

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Temporary Assistance for Needy Families (TANF) - Provides cash assistance to intact families or single parent families, based on a payment standard determined by household size and countable income. The assistance group must have a child under the age of 18 to qualify.

- Recipients of TANF are referred to the Regional Workforce Board, who assists the recipients gain the employment that could help the individual become self sufficient.
- The recipient can qualify for certain transitional services through the Regional Workforce Board, such as childcare which is provided for a specific period of time. Childcare allows the adult to seek employment, retain employment and/or continue their education, etc., all of which can lead to the family becoming self-sufficient.

Medical Assistance - Medicaid provides medical coverage to low income individuals and families. The state and federal government share the costs of the Medicaid program. Medicaid services in Florida are administered by the Agency for Health Care Administration. Medicaid eligibility in Florida is determined either by the Department of Children and Families (DCF) or the Social Security Administration (for SSI recipients).

- Medicaid for low income families with children
- Medicaid for children only
- Medicaid for aged or disabled
- Medically needy (share of cost)
- Medical help for those who are not eligible for full Medicaid

Road to Independence: Provides assistance for children who were in foster care with the Department of Children and Families for a minimum of 6 months at the time they reached 18 or was adopted from DCF foster care after they reached the age of 16. This program provides a monthly stipend of \$1256, but no less than \$25 to those youth if they are in school full time. The application for this program must be initiated prior to their 21st birthday. The payments cease when either the individual turns 23, obtains a 4 year college degree, or obtains 2 Tech/Voc certificates.

- Foster children in this program qualify for a tuition and fee waiver to a college or Tech/Voc school.
- The program provides transitional support such as housing, counseling, employment, education on a fund available basis until they reach the age of 23.
- Medical benefits are available for these individual until they reach the age of 21 provided they stay in the state of Florida and stay out of jail.

Resource(s):

Temporary Cash Assistance (TANF): <http://www.dcf.state.fl.us/programs/access/tca.shtml>

Food Assistance (FA): <http://www.dcf.state.fl.us/programs/access/foodassistance.shtml>

Medicaid: <http://www.dcf.state.fl.us/programs/access/medicaid.shtml>

Road to Independence Program: <http://www.dcf.state.fl.us/programs/indliving/docs/faqs.pdf>

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Data/Analysis

Data received from Data & Reports
Includes Total Unduplicated Recipients

Black Male Participants January 2011 - November 2011 by Age Group and Program

Program	Under Age 5		Age 5-18		Over 18		Total Unduplicated Recipients
	Count	Percentage	Count	Percentage	Count	Percentage	
Food Assistance	89,793	2.04%	186,471	4.23%	353,015	8.01%	4,405,801
TANF	13,326	7.17%	19,469	10.48%	2,758	1.48%	185,738
Medicaid	101,621	2.96%	175,412	5.11%	113,455	3.30%	3,435,353
Medically Needy	7,083	0.44%	39,431	2.42%	101,192	6.22%	1,628,024

Road to Independence

The NYTD (National Youth in Transition Database) is a federally-mandated report that consists of all children who are receiving Independent Living Services or Independent Living Payments.

The current report reflects 4,999 youth as receiving Independent Living Services or Payments and these recipients range in age from 13 to 22.

Replicable Local Community Programs

The Professional Opportunities Program for Students (POPS) began with a great vision to provide summer job opportunities for teenagers in Orange County, Florida. Throughout its ten year history, POPS has grown from a program with only five students, to one that now supports over 400 students statewide in eight counties. The POPS program was founded by State Senator Gary Siplin, who has been a dedicated advocate for education and policy that impact youth in the Central Florida community. Throughout this year, POPS has had over 100 seniors accepted into higher education institutions as well as over 98% of students advancing to the next grade level. POPS utilizes a holistic three “C” approach focused on character building, college and career exploration and community and civic responsibility. Under the leadership of the Board of Directors and CEO, POPS has been able to offer a total of \$126,000 in scholarships to 32 POPS students across the state. POPS also offers a “Bridge the Road to Success” summer employment/education program. For the program year 2010-2011 the POPS program served 346 students and 89% of those students were blacks and 35% were males.

Employment and Economics Subcommittee Recommendations

Increase participation in employment and training workforce programs by black men and boys to decrease unemployment, increase self-sufficiency and reduce the incidence of re-entry to prison.

Strategies to increase employment and training opportunities:

- **Promote the Work Opportunity Tax Credit (WOTC)** – The WOTC is a Federal tax credit incentive that Congress provides to private-sector businesses for hiring individuals from nine target groups, who have consistently faced significant barriers to employment.
- **Promote the Federal Fidelity Bond Program** - Federal Fidelity Bond is a business insurance policy that protects an employer in case of any loss of money or property due to employee dishonesty. Each bond insures the employer for theft, forgery, larceny, or embezzlement by the bonded employee. Any at-risk job applicant is eligible for bonding services, including: ex-offenders, recovering substance abusers, welfare recipients and other persons having poor financial credit, economically disadvantaged youth and adults who lack a work history, individuals dishonorably discharged from the military, and others.
- **Engage and support Workforce Florida’s Youth Opportunities Committee** - The Youth Opportunities Committee is committed to ensuring that available state level funds are leveraged to serve disadvantaged and at risk youth. The goal of this committee is to focus more attention and resources on ensuring that every young person, especially disadvantaged youth, is ready and able to pursue a meaningful job path upon exiting secondary education.
- **Educate and engage local minority-owned businesses** - Mentoring by professionals and members of the business community will help young black men explore career options and get them excited about their employment future. The Jacksonville Entrepreneurship Center works with private, public and non-profit resources to build strong, sustainable and successful minority businesses. The result will be wealth creation, job creation and better economic health in the minority and urban core communities. This program is worth replicating in other areas of Florida.

In collaboration with the communities across Florida, promote and expand comprehensive re-entry focused programs and services that assist inmates to prepare for re-entry back to their home communities.

- **Promote expansion of vocational training opportunities in areas of in-demand occupations** -Vocational training is very beneficial in an ever-changing job market. Vocational education offers an individual the opportunity to learn specific skills, facilitates skill transfer, and increases eligibility for entry level positions. Agencies are constantly evaluating the vocational courses offered to determine if these courses are in occupations where there are opportunities for employment.
- **Promote expansion of evidence-based programs to reduce the likelihood of recidivism** -Individuals released from correctional facilities often find that the

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search for employment is hindered by barriers such as lack of educational credentials, limited work history, poor planning skills, and employers' prejudice toward hiring ex-offenders. Collaboration and cooperation among criminal justice agencies and community-based organizations is required to ensure all aspects of prisoner re-entry, to include employment, is addressed through comprehensive strategies. These efforts are evident through various programs to meet life sustaining necessities for those who are unemployed and workforce programs, such as Food Assistance Program, Medicaid Assistance, Welfare to Transition program, Non-Custodial/Ex-offender pilot program, Faith and Character-Based program and the Work Release Program.

- **Promote collaboration between all re-entry stakeholders** - Multi-agency and multi-organization collaboration among all re-entry stakeholders is required to develop a comprehensive continuum of care. A Re-Entry Task Force or Coalition is one method by which the community's re-entry initiatives are elevated and inmate's re-entry needs to enhance post-release employment success are shared.



~Martin Luther King, Jr.~
“The time is always right to do what is right.”

Local Council on the Social Status of Black Men and Boys

Jacksonville

This year the Council followed up with the Jacksonville Local Council. The purpose of the Local Council is to address problems that are unique to that particular city. The Local Council in Jacksonville, existing resources can be leveraged and a focal point can be created to allow the statewide Council to pursue funding from philanthropic, charitable, and other sources, which will support the Jacksonville programming. The Local Council will coordinate and assist in the implementation of evidence-based programming to improve the lives of black men and boys. The statewide Council recognizes the success of the Local Council will depend on the ability of the Local Council coordinators to build a coalition among the program that already exists within the identified cities. The following provides a status report for the Jacksonville Local Council.

Jacksonville Urban League



The Jacksonville Local Council is fully operational with active council members from different entities and stakeholders. The Jacksonville Local Council had a community-wide event in the spring of 2011, to reach disenfranchised black males and provide them with services, resources, and support towards meeting their goals. Additionally, the Jacksonville Local Council plans to develop a non-profit Charter Academy in 2012 to meet social, educational and cultural needs if funding allows and teach methods of “Reach One, Teach One” to revitalize neighborhoods and instill community investment.



The Jacksonville Local Council reports that they are doing great things in Duval County. The Jacksonville Local Council reports the need for extra funding to initiate programs for black men and boys.



- **The Jacksonville Urban League** has been working to empower and transform African-American communities since their founding in 1947. Some of their exemplary programs that are worth replicating in other areas of Florida are:
 - Community and Youth Intervention Services which includes the Youth Crime Prevention and the Black-On-Black Crime Prevention programs; both of which have a goal of reducing the incidence of crime in the community. These programs target youth ages 10 to 18 and adults (18+) who may be susceptible to criminal behaviors due to economic, societal, or educational risk factors. These programs engage individuals in activities that increase self-esteem, teach positive goal setting, promote personal responsibility, and support educational achievement. Youth involved in the program are encouraged to graduate from high school and lead productive, responsible lives. Adults are encouraged to become self-sufficient, and accept greater ownership of their communities. The two programs served 4,263 individuals (including youth, adults, and families) in the Jacksonville area during the 2010-2011 program year.
 - The Community Partnership Program provided 759 adults with skills assessment and training to increase their chances of securing employment, including how to complete a job application, resume writing, interviewing skills, and job search techniques. Over 400 of those individuals also completed technology courses to learn basic computer skills and applications training in a Microsoft Windows based environment. Of those participating in the Community Partnership Program, over 350, or 47% successfully found employment.
 - Camp ACE (Academic Cultural Enrichment) and Camp IAT (Inter-Active Technology) provided 105 young people ages 5 to 15 with enriching summer experiences and academics, as well as science and technology in an environment focused on experiential learning opportunities.

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- Operation Brightside provided 30 youth ages 16 to 21 with seven weeks of work-force preparation skills training and hands on work experience. Each participant was placed within a non-profit organization to gain practical work experience.
- Housing Counseling Services are offered to clients desiring to move from renting to home ownership. Certified housing counselors educate potential homeowners on credit applications, budgeting, mortgages, and relocation. To receive a Certificate of Homebuyer Education (HBE), potential homeowners attend eight hours of group education and two hours of individual counseling. Post-purchase education is also offered to help clients develop habits that will prevent loan delinquency. The First-Time Home Buyers Education program is offered monthly to prepare potential homeowners for the home buying process. This comprehensive 10-hour program covers qualifying for a mortgage, obtaining a mortgage, closing loans, responsibilities of home ownership, understanding credit scores and history, and credit enhancement. 350 individuals received financial education through the Housing Education and Counseling program.

The Council recognizes that there are other programs in our state that have programs that can be replicated. The Council encourages other counties throughout the state of Florida to establish local councils to better serve the needs of our community.

Funding

Background of Funding/Allocations

Upon the creation of the Florida Council on the Social Status of Black Men and Boys in FY 2007-08, the Florida Legislature appropriated \$100,000 to provide for the operational and administrative costs of the Council. In FY 2008-09, the Florida Legislature reduced the Council's appropriation from \$100,000 to \$50,000. In FY 2009-10, again the Florida Legislature appropriated \$50,000 to provide for the operational and administrative costs of the Council. Recognizing the need for additional funding and resources, acquiring external funding became a necessity for the Council to effectively achieve its mission.

As authorized in section 16.615(e), Florida Statutes, the Florida Council on the Social Status of Black Men and Boys may "apply for and accept funds, grants, gifts, and services from the state, the Federal Government or any of its agencies, or any other public or private source for the purpose of defraying clerical and administrative costs as may be necessary for carrying out its duties under this section."

Challenges

Currently, Florida is facing an uncertain economy. State agencies have been required to cut costs while continuing to provide high levels of service. Because agency heads must cut costs, allocations for special projects and initiatives like those espoused by the Council are extremely difficult to obtain. Fewer dollars are available for projects during these difficult economic times.

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Most philanthropic foundations, charitable organizations, and federal grant programs have begun to shrink their pool of funding for new projects.

Direct Support Organization (DSO)

To solicit and receive funding to support the activities of the Council, the Florida Legislature authorized the establishment of a Direct Support Organization (DSO) as outlined in Chapter 616, Florida Statutes. The DSO was authorized in 2008, under section 16.616, Florida Statutes, to be organized as a not for profit Florida Corporation, which shall operate under contract with the Department of Legal Affairs.

The Council developed a Strategic Business Plan with the desired end state of creating and sustaining a Direct Support Organization for the operation and support of local Councils on the Social Status of Black Men and Boys by 2012. Included in the business plan is an appointment of a 13-member Board of Directors, to assist the Council in its efforts to obtain funding to support the operations of the local councils.

Conclusion



It is the intent of the Council on the Social Status of Black Men and Boys that the 2011 Annual Report be an accurate representation of its work during the past year. The Council has put forward an agenda to focus on two areas to correct the underlying conditions in the 14–18 age groups. The first issue is black on black crime rates. The second issue is dropout rates in school. Council members are diligently working to lay the foundation to implement strong programs that can be expanded throughout the state.

In 2012, the Council plans to continue working in its area of focus to ensure that the lives of black men and boys in the state of Florida are improved. It will continue to take leadership in the community, with state-level support, to begin improving conditions for more black men and helping them become successful citizens.



APPENDIX A - 2011 COUNCIL RECOMMENDATIONS

Education

- Add a performance component to the Florida Education Finance Program (FEFP) Calculations for improving the educational outcomes of low performing students.

Health & Families

- Healthy Choices & Life Styles
 - Promoting better diet and eating habits
 - Promoting physical fitness to decrease obesity
 - Lowering the consumption of alcohol
 - Decreasing the use of tobacco
 - Safer sex practices

Criminal Justice & Crime Prevention

- Promote and expand comprehensive diversion and supervision strategies aimed at decreasing the representation of black men and boys in the criminal justice system.
 - Civil Citation (Diversion Programs)
 - Unsupervised population community based collaboration strategies
 - Delivery of targeted programs and services

Employment & Economics

- Increase participation in employment and training workforce programs by black men and boys to decrease unemployment, increase self-sufficiency and reduce the incidence of re-entry to prison.
 - Reduce unemployment compensation
 - Reduce high school dropout rates
 - Increase vocational skills training for youth and adults
 - Reduce prison recidivism and expand re-entry focused programs

APPENDIX B – MEMBERS OF THE COUNCIL



Chairman
Eddy M. Regnier, PhD
Clinical and Forensic Psychologist
Assessment and Psychotherapy Services

Dr. Eddy Regnier was appointed to the Council in 2007 by former Florida Senate President Ken Pruitt. Currently, he is an associate professor of the Sarasota School of Professional Psychology and Behavioral Sciences for Argosy University at Sarasota. He is also in private practice at Assessment and Psychotherapy Services where he works as a Clinical and Forensic Psychologist. In addition, he serves on various community boards. Dr. Regnier is a graduate of the University of Massachusetts and received a Master's Degree and a Doctorate from Boston University.



Vice-Chair
Albert Simpson, Jr., PhD
Reverend
Philemon Missionary Baptist Church

Reverend Albert Simpson, Jr., was appointed to the Council in 2007 by former Florida Senate President Ken Pruitt. Currently, Dr. Simpson is the pastor of Philemon Missionary Baptist Church and is also an advisor to Florida State Senator Stephen R. Wise. In addition, he is the founder of The Share, Care, and Dare Development Program, Inc., and the Philemon Evangelistic Outreach Ministries Bible Institute. Dr. Simpson is a graduate of Revelation Message Bible College and earned a Master's Degree from Jacksonville Theological Seminary and Doctorates from Suffield University and Jacksonville Theological Seminary.



1st Vice-Chair
Shila Ann Salem
Florida Department of Corrections
Assistant Regional Director – Re-Entry

Shila Ann Salem was appointed to the Council in 2011 by Florida Department of Corrections Secretary Edwin Buss. Presently, Mrs. Salem is the Assistant Regional Director – Re-Entry in the Northern Region. Her responsibilities include the management of re-entry initiatives and programs for 34 Correctional Institutions in the Northern Region. The goal is to ensure that every inmate who is released from the Department receives the opportunity to participate in evidence based re-entry programs, proven to reduce recidivism. Mrs. Salem holds a Bachelor of Science degree in Criminal Justice from Fayetteville State University in 1994 and a Master of Arts degree from Webster University in 1996. Mrs. Salem is credentialed by the Florida Certification Board as a Certified Criminal Justice Addictions Professional.

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2nd Vice Chair
Ronald Henderson
Division of Disease Control
Statewide Minority AIDS Coordinator
Bureau of HIV/AIDS
Florida Department of Health

Mr. Ronald Henderson was appointed to the Council by State Surgeon General Ana Viamonte Ros and reappointed by current State Surgeon General H. Frank Farmer, Jr., MD, PhD, FACP. He currently serves as the Statewide Minority AIDS Coordinator for the Florida Department of Health. Mr. Henderson had the pleasure of facilitating and coordinating the activities of the Minority HIV/AIDS Task Force, which had the task of providing recommendations to the Governor, the Legislature and the Department of Health regarding strategies to strengthen HIV/AIDS prevention, early intervention and treatment efforts in Florida's Minority communities and a member of the National African-American Advisory Committee and the National Latino Advisory Committee. Since his appointment as the Statewide Minority AIDS Coordinator in 1999, there has been a forty-two percent decline in HIV cases among blacks. Mr. Henderson is a graduate of Florida Agricultural & Mechanical University, with a Bachelor's of Science Degree in Business Economics.



Franklin Charles Adderley
Police Chief
Fort Lauderdale Police Department

Mr. Franklin Charles Adderley was appointed to the Council by the House of Representatives Speaker Larry Cretul. He currently serves as Chief of Police with the Fort Lauderdale Police Department. Mr. Adderley joined the Fort Lauderdale Police Department in October of 1980. He was appointed as Police Chief in May 2008. During his career, Mr. Adderley served in a variety of assignments. He was assigned to the Patrol Division, the Special Investigations Division, the Office of Internal Affairs, Community Policing, and the Criminal Investigations Division. Mr. Adderley has received twenty-eight Departmental Commendations and thirty-two Public Commendations. He holds a Bachelor's of Science Degree and is a graduate of the FBI National Academy.



John F. Davis
Director of External Affairs
Department of Children & Families

Mr. John F. Davis was appointed to the Council in 2011 by Secretary David E. Wilkins. Currently, he is the Director of External Affairs for the Florida Department of Children and Families. Mr. Davis' many responsibilities include coordinating grassroots outreach efforts, and building and expanding critical relationships with community partners and organizations. Prior to joining DCF's leadership team, he was president of the JFD Consulting Group where he worked closely with community leaders and organizations as an advocate for their issues. Mr. Davis played football for Florida State University and graduated in 1994 with a Bachelor's of Science in Political Science and a minor in Criminology.

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Gypsy Gallardo
Publisher
Power Broker Magazine

Ms. Gypsy Gallardo was appointed to the Council in 2009 by Governor Charlie Crist. She is the publisher of the Power Broker magazine and e-zine, as well as being Director of Development for Urban Development Solutions, Inc., VP of Development of International Enterprise Development, and the Chief Strategy Officer for Concerned African Women and affiliated companies. Ms. Gallardo earned a Bachelor Degree from the Whitney Young College of Leadership at Kentucky State University and a Master's Degree in Public Policy from Harvard University's Kennedy School of Government.



Argatha Rigby-Gilmore
Chief of Police
Lake City Police Department

Mrs. Argatha Rigby-Gilmore was appointed to the Council by Attorney General Bill McCollum. She currently serves as Chief of Police with the Lake City Police Department. Prior to this, she was hired by the Tallahassee Police Department on August 31, 1984. Argatha retired from Tallahassee Police Department after 25 years of service. She is the recipient of numerous accolades and memberships which include: a Florida State University certified Public Manager, a graduate of the FBI National Academy, Session #214, a graduate of Harvard University's John F. Kennedy School of Government State & Local Executive Program, and a recipient of the 2002 Black Achiever Award from the NAACP. She also was appointed by the Tallahassee Mayor as a member of the Community Improvement Advisory Council. She holds a Bachelor of Science Degree in Criminology from Florida State University and a Master's Degree in Social Science and Public Administration from Florida A & M University.



Matthew Gregory
Human Resource Consultant
Department of Management Services

Mr. Matthew Gregory was appointed to the Council in 2010 by Secretary Linda South, Florida Department of Management Services. He currently serves as a Human Resource Consultant, helping to develop programs governing recruitment and selection, performance management, attendance and leave, employee fringe benefits and professional development for the State Personnel System, the largest of the state government employers. Mr. Gregory earned his Bachelor of Science Degree from Florida State University and his Master's Degree in Public Administration from Florida Gulf Coast University.

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William Hardin
Program Administrator
Behavioral Health Unit
Bureau of Medicaid Services
Agency for Health Care Administration

Mr. William “Bill” Hardin was appointed to the Council in 2011 by Roberta K. Bradford, Deputy Secretary for Medicaid at the Agency for Health Care Administration. He currently serves as the Program Administrator for the Behavioral Health Unit, in the Bureau of Medicaid Services at the Florida Agency for Health Care Administration. Prior to his role as Program Administrator, he gained extensive experience working in the field of behavioral health that includes policy development, direct practice, supervision, and program administration. Mr. Hardin earned a Bachelor's Degree in Psychology, a Master's Degree in Counseling, and a Juris Doctorate.



Lois A. Scott
Program Manager
Department of Economic Opportunity
Division of Workforce Services
Office of Workforce Support

Ms. Lois A. Scott was appointed to the Council in 2009 by Agency for Workforce Innovation Director Cynthia Lorenzo and re-appointed in 2011 by Executive Director Doug Darling of the Department of Economic Opportunity. She has over thirty years of experience in workforce development. Ms. Scott currently provides administrative oversight for statewide training and technical assistance, programmatic monitoring, performance reporting and a variety of special programs and projects. She earned a Bachelor's Degree in Sociology from Bethune Cookman University.



Ben F. Shirley, Jr.
Operations & Management Consultant Manager
Department of Children and Families

Mr. Ben Shirley was appointed to the Council by Secretary David E. Wilkins. He currently serves as the Operations & Management Consultant Manager for the Department of Children and Families. Prior to this, he worked in several Florida counties in different areas of Administration. He has seventeen years of progressive responsible state agency experience in operations management, policy, design and deployment of strategic planning, performance based budgeting and Sterling Quality Management based quality improvement systems. Mr. Shirley earned a Bachelor's of Science Degree from Florida Agricultural & Mechanical University, and earned his certificate as a Certified Public Manager from Florida State University.

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Gary Siplin
Senator
Florida Senate, District 19

The Honorable Gary Siplin was appointed in 2011 to the Council by Florida Senate President Mike Haridopolos. He currently serves as a State Senator for District 19 and as the Chair of the Florida Legislative Black Caucus. Prior to serving in the Florida Legislature, he was a Managing Partner, Attorney for a private firm, Assistant County Attorney and a Law Clerk in the state of Florida including other experiences, accomplishments, honors and awards. Senator Siplin graduated from Johnson C. Smith University and earned a BA degree in Political Science, a M.A. from the University of Pittsburg, a Juris Doctorate from the Duquesne (Du-Kane) University and a Honorary Doctorate from City College.



Andre Smith
Director
Florida PK20 Education Data Warehouse
Department of Education

Mr. Andre Smith was appointed to the Council in 2009 by Florida Commissioner of Education Eric J. Smith. Currently, he is the Director of Florida's PK20 Education Data Warehouse. In addition, he is an Oracle Certified Professional Database Administrator. Mr. Smith earned a Bachelor's in Management Information System and a Master's in Educational Leadership & Administration from Florida State University.



Perry E. Thurston, Jr.
Representative
Florida State Representative, District 93

The Honorable Perry E. Thurston, Jr. was appointed to the Council in 2007 by former Florida House Speaker Marco Rubio. He is currently a State Representative to District 93. Prior to serving in the Florida Legislature, he had a private law practice. He has also served as Co-Counsel for the Broward County NAACP, and as a member of the Board of Directors of the Sistrunk Historical Festival. In addition, he is a member of the Department of Juvenile Justice Board of Directors, and the Broward County Criminal Justice Defense Lawyers Association. Representative Thurston is a graduate of Morehouse College and earned a Juris Doctorate from the University of Miami.

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Stephen R. Wise
Senator
Florida Senate, District 5

The Honorable Stephen R. Wise was appointed in 2007 to the Council by former Florida Senate President Ken Pruitt. He currently serves as a State Senator for District 5 and as the Chair of the Education Pre-K-12 Appropriations Committee. Prior to serving in the Florida Legislature, he was a consultant and a retired educator. Senator Wise graduated from Florida Southern College and earned a Master's degree from Middle Tennessee State University and a Doctorate from the University of Alabama.



Robert L. Woody
Deputy Secretary
Department of Juvenile Justice

Mr. Robert L. Woody was appointed to the Council in 2011 by Secretary Wansley Walters. Currently, he is the Deputy Secretary of the Department of Juvenile Justice. He has received several appointments from the Governor which includes service on the Judicial Nominating Committee, the State of Florida Elector for the Presidential Election 2000, and the Santa Fe Community College Board of Trustees. Additionally, he serves on various county boards. Mr. Woody graduated from the State University of New York at Oneonta with a Bachelors of Science Degree in Sociology and Black/Hispanic Studies. In 1979, he was awarded a Master's Degree in Criminal Justice from Rollins College in Winter Park, Florida.

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Community Participants

A “Community Participant” is any person, either in his/her individual capacity or as a representative of an entity, who without compensation or expectation of compensation, including but not limited to travel reimbursement, performs a task at the direction of and on behalf of the Council or any of its committees. Community Participants are not considered members of the Council or any of its committees.

Community Participants must be officially accepted by the Council. The Council may only accept the service of Community Participants with the understanding that such service is at the sole discretion of the Council, the Council chair, or the appropriate committee chair.

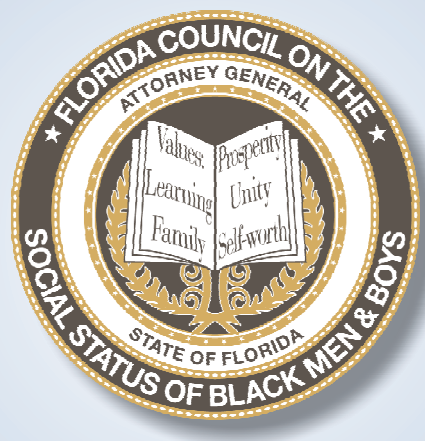
All Community Participants shall have a set term of service not exceeding one year. Community Participants may serve additional terms if each term is approved by the Council.

Community Participants and staff are considered to be partners in implementing the mission and vision of the Council. Community Participants are encouraged to attend Council and committee meetings.

The Council acknowledges the participation and helpful comments of the following community participants:

David Denson, Jr., Tampa, FL
Pastor Carl E. Reeves, Pensacola, FL

To learn how to become a Community Participant, please visit www.cssbmb.com.



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STATUS OF BLACK MEN AND BOYS**

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Bureau of Criminal Justice Programs
PL-01, The Capitol
Tallahassee, Florida 32399-1050

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