

**Journal of Offender Rehabilitation**, Vol. 41 (1), 2005. Pp. 1-37.

Available online at <http://www.haworthpress.com/web/JOR>

© 2005 by The Haworth Press, Inc. All rights reserved.

Digital Object Identifier: 10.1300/J076v41n01\_01

---

---

## The Miami-Dade Juvenile Assessment Center National Demonstration Project: An Overview

---

---

WANSLEY WALTERS  
RICHARD DEMBO  
RICHARD BEAULAURIER  
JOSEPH COCOZZA  
MARIO DE LA ROSA  
NORMAN POYTHRESS  
KATHY SKOWYRA  
BONITA M. VEYSEY

**ABSTRACT** The Miami-Dade Juvenile Assessment Center National Demonstration Project (NDP) is serving as a national model for the transformation of front end services in the juvenile justice system in a unique sociocultural setting. We discuss the background and vision of the NDP, its implementation and accomplishments in six major program areas: (1) screening and assessment, (2) post-arrest diversion, (3) gender specific services, (4) a new service for the younger siblings of serious habitual offenders, (5) Haitian juvenile arrestee services, and (6) an information resource center. We end our discussion by presenting current and future plans for the NDP. We hope the experiences of, and procedures, protocols and program designs developed by, the NDP will be helpful to other jurisdictions with centralized intake facilities in improving their screening, assessment and intervention services. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS** Transforming front end juvenile justice services, Miami-Dade Juvenile Assessment Center, National Demonstration Project, new approaches to juvenile justice services

### *INTRODUCTION*

The Miami-Dade Juvenile Assessment Center National Demonstration Project (NDP) is a project with a vision. Its major purposes are to serve as a national model to transform the front end of the juvenile justice system (JJS) by (1) implementing state-of-the-art screening and in-depth assessment instruments to (2) identify the problems of arrested youths having contact with the JJS in an effort to (3) involve them in effective supervision and intervention services with a view to (4) divert as many youths as possible, consistent with public safety, from entering the JJS, (5) reduce the flow of arrested youth deeper into the JJS, and to (6) serve as a “real-life laboratory” to develop, implement and evaluate innovative services for youths from diverse sociocultural backgrounds, with the objective of (7) improving the quality of life of troubled youths, their families and the community. It is also hoped that the procedures, protocols and program designs developed by the NDP could be shared with other jurisdictions to improve the screening, assessment and intervention services at juvenile assessment centers (JACs) and similar centralized intake facilities.

Since juvenile justice jurisdictions in various parts of the U.S. are reducing funding for diversion and early intervention programs in an effort to “get tough” on juvenile crime, this project has national implications. Fueled by a concern about increased youth crime, particularly violent crime, and its effects, more delinquency offenses are being referred to juvenile court. Between 1988 and 1997, the number of person offense cases increased 97 percent, property offenses increased by 19 percent, drug law violation cases increased 125 percent, and public disorder offense cases increased by 67 percent (Puzzanchera, Stahl et al., 2000). This trend has resulted in an increasingly clogged and backlogged juvenile court system and less involvement in case deliberation (Snyder & Sickmund, 1999). Further, youths are being moved to adult courts in increasing numbers (Butts & Harrell, 1998). These changes are associated with a greater reliance on incarceration in long-term residential facilities in both the juvenile and adult systems. In spite of the fact that residential commitment programs have been found ineffective in reducing recidivism, there has been an increased tendency to place youths displaying troubled behavior (including nonviolent of-

fenses) in large and frequently crowded residential programs (Altschuler & Armstrong, 1991; Greenwood & Zimring, 1985; Zimring & Hawkins, 1995). Often located at considerable distance from the youths' families, these facilities are often intimidating and otherwise stressful environments, where the youths' educational and other rehabilitative needs are often ignored, insufficiently addressed or superceded by security concerns. These expensive programs serve primarily to isolate youths from the general society. Diversion and early intervention programs are increasingly facing budget cuts to support "deep-end" juvenile programs, or recast to conform to "tough-on-crime" policies. Clearly, innovative early intervention programs are needed to inform public policy and "revive the spirit" of juvenile justice in America (Butts & Mears, 2001). The NDP holds promise of contributing to these efforts.

### ***Research-and-Development and Implementation Phases of the NDP***

From its inception, the NDP was designed to proceed in a phased manner. Phase 1, which is discussed in this paper, was devoted to developing state-of-the-art screening-assessment procedures, program designs, and service delivery models. Phase 2, which began in the summer 2002, is implementing and evaluating selected service delivery models and procedures. Phase 3, soon to begin, will develop or implement new programs, and further strengthen the infrastructure of the Miami-Dade JAC.

## ***BACKGROUND AND VISION***

In the middle 1990s, the arrest process for juveniles in Miami-Dade County, Florida, was so dysfunctional that organized crime was using juveniles as its labor force and coaching them on how to "trick" the system. In an urban community of over two million, juvenile arrests reached 20,000 in 1995 with dire predictions of further increases. High profile and violent juvenile offenses were discouraging visitors to Miami from all over the world. Additionally, in an era where information is increasingly essential for decision making, the only information authorities in Miami-Dade County had about the juvenile arrest population was the actual number of arrests. With over thirty law enforcement agencies individually processing arrested juveniles, even that information was difficult to get.

In 1994, the Florida Legislature passed legislation that established juvenile assessment centers. In Florida, these facilities represent, first and foremost, arrest processing centers that co-locate different agencies that interface with arrested youth. As the JACs have opened and developed in Florida, the eighteen facilities reflect the needs and resources of the individual community each operates in. In Miami-Dade County, community needs dictated a large, comprehensive, state-of-the-art facility designed to be the starting point for juvenile system reform.

The Miami-Dade JAC opened in late 1997 as a community partnership under the leadership of the Miami-Dade Police Department.<sup>1</sup> While resources were provided by the Miami Dade Police Department and the Florida Department of Juvenile Justice, all juvenile justice stakeholders were invited to be a member of the JAC Partnership. These Partners include:

- the Florida Department of Juvenile Justice
- the Florida Department of Children and Families
- the Miami-Dade State Attorney's Office
- Miami-Dade Public Schools
- Miami-Dade Department of Corrections
- Miami-Dade Department of Human Services
- Miami-Dade Administrative Office of the Courts
- Administrative Juvenile Judges
- Miami-Dade Office of the Clerk of the Court

All partners, whether they are physically located at the JAC or not, have been active participants in the planning and implementation of all assessment center processes. During the intensive three year planning process to develop the JAC, one major goal was critical: the Miami-Dade JAC wanted to do more than simply process arrested juveniles.

The first year of JAC operation was dedicated to the huge task of defining a new way of doing business. While contending with procedures, turf issues, and the sometimes difficult implementation of advanced technology, the agencies involved with the JAC achieved unprecedented efficiencies. A process that previously took up to six weeks for a non-detainable juvenile offender was reduced to less than two hours. Police officers, who previously spent an average of six hours processing a single arrestee, were in and out of the JAC in an average of 15 minutes, including their pre-file conference with the State Attorney's Office. The Livescan fingerprint technology and multi-tiered identification process

that was implemented informed JAC processing staff whether an arrested juvenile was experiencing a first arrest or the fifth. It allowed the Florida Department of Juvenile Justice to administer assessments to 100 percent of juveniles entering the system, which had not been possible before the JAC. JAC's electronic linkage with the courts allowed a case to be created (i.e., assigned a case number) at the JAC. Further, the complete cooperation of all law enforcement agencies through the Dade County Chiefs of Police allowed the JAC to be the centralized point of entry into the juvenile justice system. This allowed the Miami-Dade JAC to collect critical information on the complete juvenile arrest population, which was never before possible.

During the first year of JAC operation, two important observations were made. First, the overall arrest population could be broadly categorized into three groups: (1) youth doing a lot of "kid" things, e.g., loitering, shoplifting, school fights; (2) youth acting out on serious issues in their lives, e.g., substance abuse, family problems, school problems; and (3) serious, habitual, and potentially dangerous juvenile offenders. Second, there was a great deal of quality research being conducted throughout the United States in the area of juvenile justice. There was a critical need to apply the principles of the best practices in the areas of screening and assessment and delivering intervention services in a 24 hour a day operation, processing a large, diverse and complex population of children.

These experiences led the Miami-Dade JAC to propose a demonstration project, which received funding from the United States Congress, that partnered researchers and operational staff in the reform of an active, functioning system. The funding and researcher-operational staff partnership allowed Miami-Dade County to develop a "critical mass" to effectively plan and strategically apply specialized, evidence based screening and assessment protocols, and innovative interventions and programs to identify and address the needs of children having contact with the juvenile justice system. In a time of limited resources, it is especially important to provide an alternative to the business as usual, "cookie-cutter" way of dealing with an entire population of juvenile offenders.

For the NDP to accomplish its objectives, planning was needed to take into account the three broad categories of arrested juveniles noted earlier. In addition it would be important to address the broad age range of arrested youth (7 to 17 years), gender differences, race/ethnic differences, as well as combinations of these factors. Given these complexities, the NDP had to begin in the most comprehensive way. Four initial

component projects or programs were identified that would begin to address these multiple issues across a juvenile arrestee population involving both minor and serious offenders:

1. *Screening and Assessment*: This project identified state-of-the-art screening and assessment instruments, and helped establish a clinically informed protocol for processing arrested youth at the JAC.
2. *Post-Arrest Diversion*: This is an alternative arrest processing program that allows the JAC to keep first time arrested juveniles charged with minor offenses from entering the juvenile justice system. It also provides an opportunity to apply best research practices at this early point of contact with the justice system, identify risk and protective factors and develop a personalized diversion program addressing the needs of the child and not the offense. The Post-Arrest Diversion project evaluated the existing Post-Arrest Diversion program, and made recommendations to strengthen the program by incorporating best practices in the field.
3. *Specialized Program Models*: Three projects were established, each focusing on a significant subpopulation of youths processed at the JAC:
  - a. Reflecting a concern over the increases in the proportion of female youths processed at the JAC in recent years (22% of 15,088 processed youths in 2001), the gender-specific intervention project sought to identify the gender-specific needs of girls, and recommend training and program improvements to more effectively address their needs.
  - b. The younger siblings of serious habitual offenders constitute a high-risk for delinquency group. The SHOSIB project was designed to develop a model of prevention for these vulnerable youngsters.
  - c. In recognition of the continued, significant overrepresentation of Haitian juvenile arrestees among youth entering the JAC, the Haitian Juvenile Arrestee Prevention Study sought to identify the service needs and service usage of the Miami-Dade Haitian community, as well as determine key elements of culturally specific and appropriate interventions for these youth.
4. *The Information Resource Center (IRC)*: Another major component of the NDP was development of an IRC, involving access to information on youth from multiple agencies (e.g., Miami-Dade

Schools, the Criminal Justice Information System [CJIS], the JAC-based MIS). For the first time, comprehensive information on youth would be available to inform juvenile judges, service providers, researchers, citizens and public officials on juvenile arrestee psychosocial problems (e.g., drug use) and public safety issues (e.g., rates of arrest, trends in arrests).

### ***IMPLEMENTING THE VISION FOR THE NATIONAL DEMONSTRATION PROJECT***

Beginning in November 2000, Dr. Richard Dembo, Principal Investigator of the NDP, began a series of discussions with Miami-Dade Juvenile Assessment Center leaders, especially Wansley Walters, Director of the JAC, and Mr. Tony Cos, Project Manager, to help refine the vision for the NDP. These discussions led to a blueprint of project objectives. Next, nationally known researchers were contacted and invited to take responsibility for one or more of the five component projects of this national effort. The lead researchers and their institutions/organizations are:

<i>Lead Researcher</i>	<i>Institution/Organization</i>	<i>Project(s)</i>	<i>Key Consultants</i>
Dr. Joseph Cocozza	National Center for Mental Health and Juvenile Justice/ Policy Research Associates	Screening & Assessment Post-Arrest Diversion	Dr. Lee Underwood Dr. Patricia Griffin
Dr. Norman Poythress	University of South Florida Florida Mental Health Inst.	Gender-Specific Services SHOCAP Sibling	Dr. Bonita Veysey Dr. Paul Frick Dr. Gary Melton
Dr. Mario De La Rosa	Florida International Univ.	Haitian juvenile arrestee	Dr. Richard Beaulaurier Dr. Velmarie L. Albertini

#### ***Post-Arrest Diversion, Screening and Assessment, and Gender-Specific Services***

As noted above, Policy Research Associates (PRA) assumed responsibility for the three project areas. Each area had its own tasks and goals. More importantly, each area was at a different level of development, with its own history and rationale.

For each project area, PRA's evaluation was comprised of three elements: (1) a review of the existing literature to compare JAC practices with the current research knowledge base and effective practices; (2) site visits and interviews with staff to gain a concrete, comprehensive understanding of JAC practices, policies and procedures; and (3) several

meetings of local and national experts to integrate the research, practice and policy.

Within each component, the evaluation revealed several critical areas of need. As a result of the evaluation, recommendations for change were made. A summary of these findings and recommendations is presented below.

### *Post-Arrest Diversion Program*

*Background and Significance.* With the increase of juvenile delinquent behavior, the 1967 President's Commission on Law Enforcement and Administration of Justice recommended that alternative ways be found for treating troubled youth outside the traditional juvenile justice system. The Commission saw formal sanctioning and system involvement as a "last resort for dealing with delinquency" (Whitehead and Lab, 2001: 268). The Commission recommended that new methods be developed that would intervene prior to processing in juvenile court and that would provide necessary services to prevent future delinquency (Whitehead and Lab, 2001). In the 1970s and early 1980s, juvenile diversion programs were initiated across the country, created as a mechanism to manage low-risk, non-violent status offenders and delinquent youth (Dunford et al., 1982). Diverting youth from the juvenile justice system has the potential for a number of benefits to youth, the justice system and the community (Whitehead and Lab, 2001). Diversion can lessen the load on juvenile courts, cut justice system costs, and reduce the level of social control (McCord, 1999; Sheldon, 1999; Whitehead and Lab, 2001). It can also reduce the stigma attached to justice involvement (Whitehead and Lab, 2001).

Since opening in 1997, the Miami-Dade JAC has served over 75,000 youth. These youth represent a wide range of criminal and delinquent behaviors, ages at offense, sociodemographic characteristics and cultural backgrounds. Included in this group is a large number of first time, non-violent misdemeanor offenders for which the JAC created a Post-Arrest Diversion (PAD) Program. Consistent with a general diversion philosophy, the overall vision of the PAD program was to:

- Prevent this group of offenders from further involvement in the juvenile justice system;
- Reduce the load on the justice and judicial systems;
- Identify early indicators that increase the risk of children developing into serious habitual offenders;



- Document quantifiable service needs to assist decision makers in providing funding for appropriate treatment programs and the expansion of necessary services; and
- Facilitate the elimination of an arrest record upon successful completion of the diversion program.

The intent of this voluntary program was to divert an estimated 2,000 first time offenders per year to programs that provided counseling, educational assistance, drug testing, and youth and family treatment.

*Findings.* The goals of the PAD evaluation were: (1) to review existing procedures with a view to enhance the ability of the program to assess and intervene with the juveniles it serves, (2) to evaluate community-based resources available to PAD youth, and (3) to use existing data systems to evaluate the effectiveness of the diversion program on justice outcomes. The primary findings from the evaluation were:

- Current PAD diversion criteria restrict access to the PAD program in several ways. First, only youth with certain minor offenses were eligible for the PAD program and only at the discretion of the State Attorney's Office and with the agreement of the arresting officer and the victim. Second, no youth with a prior arrest was eligible regardless of the severity of the current or prior offense. Third, both the youth and the youth's parent(s) must agree to participate. Fourth, a parent or guardian must be available within two hours of the PAD staff person's contact.
- The PAD lacked a standardized and psychometrically sound needs- and strengths-based screening and assessment protocol designed for delinquent youth.
- The PAD also lacked an integrated assessment, treatment planning and referral system.
- The PAD program provided the same level of service to youth at all levels of risk, often spending significant resources on youth who were the least likely to return to the juvenile justice system.

*Recommendations.* As a result of these findings, the research team made a number of recommendations. The team suggested expanding PAD eligibility criteria to include all first time nonviolent misdemeanor offenders, and increasing the time limit for parental contact as a way to increase the number of youth and families participating in the program. Procedurally, the research team recommended the use

of new, evidence-based screening and assessment instruments to better identify the need and risk levels among the youth it serves. To avoid fragmentation among the screening, assessment, treatment planning and treatment implementation functions, the research team suggested a decision-tree process be used to assist PAD staff in establishing a level of need and risk for each youth to link him or her to appropriate treatment services. Based on the need and risk assessment classification system, the research team also recommended that a strategic referral system be used, through which PAD's limited resources would be focused on service provision to youth who were most likely to recidivate and in the greatest need of services.

### *Screening and Assessment*

*Background and Significance.* The research literature consistently points to the high prevalence of co-occurring mental health and substance use disorders among justice-involved youth. Since overlap of emotional disorders, substance use, delinquent behavior, family dysfunction and poor academic performance is prominent, the need to carefully screen and assess for youth needs is critical. Screening and assessment are complicated due to the inherent difficulty of differentiating the effects of substance abuse from those of serious emotional disorders (Bukstein, Brent & Kaminer, 1989). Further, adolescents with co-occurring disorders are distinct from adults in several ways, including a shorter history of substance use (Kaminer & Frances, 1991), higher rates of depression (Capaldi, 1992; Zoccolillo, 1992), less severe psychotic symptoms (Timmons-Mitchell et al., 1997; Underwood et al., 1997), and greater impulsivity and aggressiveness (Underwood et al., 1997; Villani, 1999). Screening and assessment tools, therefore, must be designed and administered in a developmentally appropriate manner to solicit information relevant to youth.

*Findings.* The evaluation revealed several critical points at which screening and assessment could be improved within the JAC. The following are the major findings in this area.

- The screening and assessment protocol was not administered to all youth or in a uniform fashion.
- Youth who scored high on screens did not necessarily receive a follow-up assessment. Duplication of screening and assessment functions existed among various agencies and staff working within the JAC.
- Some instruments being used were not research based or did not have known strong psychometric properties.

- Staff did not receive training on the administration of the screening and assessment instruments and, therefore, a wide variation of methods and styles of administration existed.

*Recommendations.* As a result of these findings, recommendations for improvement were given to the JAC administrators. The research team made specific suggestions of research-based need and risk assessment instruments for use within the JAC, along with training on the administration, scoring and interpretation of the results produced by those instruments. These instruments included the MAYSI-2 (Grisso & Barnum, 2000), the Comprehensive Adolescent Severity Inventory (CASI) (Meyers et al., 1999), and the Youth Level Of Service/Case Management Inventory (YCS/CMI) (Hoge & Andrews, 2002).

In addition to recommending the utilization of scientifically sound instruments and tools, the research team recommended a redesigned protocol to better integrate the screening, assessment and treatment planning processes. This recommendation responded to the need to reduce duplication of effort, improve efficiency and better link the screening process to the assessment process to ensure that assessments are completed on youth who score highest on the screen. Essential to this recommendation was the concept that all youth entering the JAC receive uniform screening, followed by targeted assessment in those areas flagged by the screens. Finally, the screening and assessment information should follow the youth into the treatment-planning phase to help guide treatment decisions. Further, with the piloting of the new instruments and protocol, improved data collection could result in a capacity to evaluate specific outcomes, and provide more information on youth service needs, future resource allocation, and the ability to inform the juvenile justice field.

#### *Gender-Specific Supervision and Intervention*

*Background and Significance.* In 2001, 22 percent of all juveniles arrested in Miami-Dade County were girls. This group now represents a substantial minority and research has demonstrated that girls differ significantly from boys in psychosocial development, health and mental health status, substance use and life experiences (Dembo et al., 1993; Dembo, Pacheco et al., 1998). These differences require justice institutions to respond in a gender-specific manner.

The contemporary juvenile female offender is both similar to and different from her male counterpart. Like her male counterpart, she is

likely to be a member of a minority group, to be a resident in a high crime neighborhood and to be economically disadvantaged (Green et al., 1998; Steffensmeier and Allan, 1996). Similar to justice-involved male youth, girls in contact with the juvenile justice system are likely to abuse drugs or alcohol (American Correctional Association, 1990; Girls Inc., 1996; Myers et al., 1990), to be easily influenced by peers (American Correctional Association, 1990), to come from families characterized by fragmentation and dysfunction (Dembo, Pacheco et al., 1998) and to have academic difficulties (Acoca, 2000; Acoca and Dedel, 1998; American Correctional Association, 1990; Prescott, 1997).

In contrast to male justice-involved youth, female juvenile offenders are likely to be at the lower end of the adolescent age range (Bergsmann, 1994). They are more likely than justice-involved male youth to have run away from home (Chesney-Lind, 1989), to have attempted suicide (Miller, 1994), and to have been a victim of physical or sexual childhood abuse (Russell, 1986; Walter McDonald and Associates Inc., 1995).

*Findings.* The evaluation component of this project reviewed JAC procedures, PAD services and community resources needed to support justice-involved girls either through the diversion program or routine juvenile justice processing. Specific findings included:

- Training of JAC staff on the supervision, interviewing and management of justice involved girls does not exist currently.
- The current screening and assessment tools are not designed for use with girls, including the method of interviewing and the content, scoring, and interpretation of the results produced by the instruments.
- Information collected at booking, during assessments, and at follow-up with PAD participants is not integrated and is not always available within gender categories.
- Few resources exist for girls in the community. In residential programs, in particular, experts noted that few slots were dedicated to girls and those were not sufficient to serve the number of girls in need of services. Services that are used by both male and female adolescents reportedly are provided in the same way to boys and girls (i.e., not gender-specific).

*Recommendations.* As a result of these findings, the following recommendations for improvement were made. First, security personnel, JAC/PAD interviewers and other staff who interact with girls should receive training on typical life experiences of girls, developmental processes,

common consequences of traumatic events, the presentation of common mental health problems, and the gendered patterns of delinquent and/or criminal behavior and substance use, as well as practical techniques for physical custody procedures and interpersonal communication.

Second, all screening and assessment procedures should be adapted in order to gather valid and reliable information from justice-involved girls. This includes training staff in gender-sensitive interviewing techniques, and adapting the content and interpretation of screens and assessments.

Third, data collection and data retrieval capacities should be reviewed to ensure the ability to report characteristics and outcomes by gender across all JAC programs and initiatives. Research indicates that there are gender differences in delinquency patterns, motivations, and recidivism rates, making it critical for the JAC to analyze and report information by gender at key decision points (e.g., decisions to release, detain, review for PAD, treatment and referral planning).

Fourth, the capacity of existing justice and provider agencies should be expanded and improved to respond to the needs of justice-involved girls. Further, all generic services can be improved by providing care that is sensitive to girls' experiences, styles of communication, need for empowering relationships, and common presenting problems.

### ***The SHOCAP Sibling***

#### *Project Background and Significance<sup>2</sup>*

“SHOCAP” is an acronym for the “Serious Habitual Offender Comprehensive Action Program,” which was established in 1983 by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in the U.S. Department of Justice. As the name implies, the Serious Habitual Offender Community Action Program (SHOCAP) initiative encouraged communities to develop coordinated and integrated plans for serving, monitoring, and sanctioning youth who had penetrated deeply into the juvenile justice system and were at risk to become career criminals as adults. Although no universal criteria were established for determining when a youth had achieved SHO status, most communities established explicit criteria based on a combination of frequency and severity of offending.<sup>3</sup>

In Miami-Dade County, the profile of a typical youth meeting SHO criteria revealed substantial risk factors that have been associated with continuing delinquent activity:

- an average of 14 prior arrests;
- comes from a dysfunctional family, often with only a single parent (mother) present in the home;
- has previously been the victim of sexual or physical abuse;
- poor social adjustment in school and/or employment settings.

Limited family and neighborhood resources, along with frequent association with delinquent peers further characterizes many youth who become persistent adolescent offenders.

Relevant agencies in Miami-Dade entered into a working agreement to coordinate information sharing, monitoring, and supervision activities as part of the “community action plan” response to risks posed by SHO youth. Cooperating agencies included the Dade County School Board, the Metro-Dade Police Department, the State Attorney’s Office for the 11th Judicial Circuit, the District XI office of the Department of Health and Rehabilitative Services, the District XI office of the Department of Juvenile Justice, and the Dade County Association of Chiefs of Police. The efforts of this alliance of agencies targeted the SHO youth themselves, with a focus on tertiary prevention-detering SHO youth from further criminal activity.

#### *Objectives of the SHOCAP Siblings Project*

In contrast to the “back end” objectives of SHOCAP initiatives, *this component of the National Demonstration Project focused on the development of a true, front end, primary prevention model.* The main objective was to create a manual for services, based on current best practices, that offered the promise of preventing the non-offending, younger siblings of SHO youth from engaging in delinquent and criminal activities.

The choice of SHO siblings as a high-risk, target population for prevention services seems intuitively clear. These siblings will be exposed to most, if not all, of the same risk factors that may have contributed to delinquent behavior of the SHO youth (see, generally, Lykken, 1995). Many, perhaps most, will have the same biological parents and thus be at risk for whatever genetic factors, such as deficits in temperament, may render them more resistant to the normal forces of socialization. They will have been raised in the same or similar households where mature male models are often absent, abusive incidents may have occurred, and single mothers may be overburdened by the demands of working multiple jobs in order to make financial ends meet—sometimes at the cost of being able to provide adequate supervision of the child’s

activities. Younger siblings will be at risk to model the negative behaviors of the older SHO youth and his (or her) antisocial peers, and difficulties in school or neighborhood may result in the siblings' gravitation to antisocial youth in their own peer age group.

At the same time, however, it is recognized that even with no intervention, many siblings of delinquent youth will not necessarily become delinquent themselves. Some siblings will be resilient to risk factors and develop prosocial values and behaviors in the face of circumstances that would lead others to act out in a delinquent fashion; others may have only one or two relatively minor encounters with the criminal justice system but still not embark on a delinquency "career." Consequently, in developing a prevention model, our project staff were mindful of the concern that services of different types and intensities would be needed, depending on the varying strengths and vulnerabilities of younger siblings and their families.

It is beyond the scope of this chapter to describe in great detail the mechanisms through which our model, the Family Associates Program (FAP), was developed. A core team consisting of two senior consultants (Dr. Paul J. Frick, University of New Orleans, and Dr. Gary B. Melton, Clemson University) and two junior associates (Dr. Phillip Lyons, San Houston State University, and Dr. Andrea Vazzana, New York University), was charged with conducting literature reviews, convening expert panels, interviewing relevant stakeholders in the Miami-Dade community, and developing the model and a manual for its implementation. Further input to the model development was provided by additional project consultants with experience and expertise in child, family, and juvenile justice issues.<sup>4</sup> We provide here a brief description of the Family Associates Program.

#### *Overview of the Family Associates Program*

*Eligibility.* Services are designed to be offered on a voluntary basis to eligible families—i.e., those in which there is an older sibling who has met SHO criteria and one or more younger siblings living in the same household who have not yet been arrested for criminal acts. Given the diversity of family structures, we include as eligible younger "siblings" any youth—including half-siblings, cousins, etc.—who may be living in the same household. Because the types of potential services would differ substantially for siblings of varying ages, the FAP was written to target siblings in the 9-15 age range. Services are provided by an experienced bachelor's level counselor whose title is Family Associ-

ate. The title is significant in that, although the primary goal of the intervention is to prevent delinquent behavior by siblings, the primary point of intervention is the family, which is regarded as potentially the most important and influential change agent within the conceptual framework that drives services (see below). ("Family" is construed broadly, to include extended family (where appropriate) and individuals who may function in family member roles even if they are not biologically related to target siblings.)

*Type and Scope of Services.* Because of differences in family needs, siblings' resilience and vulnerability, and the array of potential outcomes that may befall a SHO youth, FAP services may vary widely in type, intensity, and duration across families. Two broad categories of services include *support* activities and *change* services. The point of entry for offering a family FAP services is the arrest of the older sibling who is deemed to meet SHO criteria. The arrest and prosecution of SHO youth can result in considerable stress on families, and initially support services are offered to help the family with the emotional stress (e.g., worrying about the SHO youth's future) and the practical problems (e.g., meaningful engagement with the public defender; arranging time to attend court hearings) associated with the adjudicatory process. Depending on the outcome for the SHO youth, support services may be offered continuously (e.g., if case disposition is that the SHO youth will remain in the community and live at home) or intermittently (e.g., support services diminish when a SHO youth is placed in long term residential treatment, but intensify again upon return to the home and community at the end of sentence).

*Change* services, on the other hand, are designed to help reduce a younger sibling's exposure to risk factors (e.g., reduce contact with antisocial peers; reduce school truancy) and to enhance his or her prosocial adjustment when indications arise suggesting increase in risk for delinquency. Again, change services may be minimal or extensive, prolonged or intermittent, depending on the degree of need and responsiveness of the family. Consequently, the duration of FAP services will vary considerably across families depending on need, responsiveness, and disposition of the SHO youth's case.

*Multi-Systemic Therapy as a Conceptual Model.* The FAP model envisions that change services will be based on the principles of Multi-Systemic Therapy (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998). The MST model stands in contrast to the more traditional clinical or medical model, which frames problems in terms of



symptoms (e.g., the youth has a problem with anger) and diagnoses (e.g., the youth has Oppositional Defiant Disorder) and often responds with pre-packaged treatments (e.g., the youth needs 12 anger management classes) which are provided in office settings (e.g., individual or group sessions at a mental health center) that are often far removed from the social context in which the problem behavior arises. With MST, issues are framed more in terms of the youth's social ecology and problems in relationships with peers, family members, and in the community at large (e.g., school, neighborhood) than in terms of intra-personal factors. Consequently the Family Associate's job is to evaluate the broad social context in which a youth's problem behaviors manifest themselves, and to work with the available individuals, rewards, and punishments in that system to shape behavior and move the youth toward a more positive, pro-social adjustment.

The FAP targets younger siblings who have thus far not been arrested for criminal or delinquent behavior. Of course, some younger siblings may be engaging in delinquent activities and simply have not been caught at it. On the other hand, as noted above, some younger siblings will be true "non offenders" and resilient to many of the factors that can contribute to antisocial activity. However, given the eligibility parameters for the FAP it seems likely that few, if any, younger siblings will require full-blown MST as it has been applied with seriously delinquent youth (Henggeler et al., 1998), and some may need no change intervention at all. However, when change services are indicated the principles that underlie MST will be used to govern the development of "treatment plans" that will be implemented in the appropriate family/school/neighborhood context and revised as needed based on proximate outcomes. Thus, the program of services is highly individualized, home/neighborhood (rather than "clinic") based, and may involve support and/or change services depending on the changing circumstances of the family and adjustment of the target siblings.

### *Future Plans*

Plans have been developed for a clinical trial of the Family Associate Program to be conducted in the Miami-Dade area. The study design calls for Family Associates to be placed in community agencies in three geographic locations around the Miami area where, historically, there have been relatively high densities of families with a SHO youth. Groundwork for the study involves identifying potential host agencies

that have a commitment to, and history of providing services to, at-risk populations in geographic areas with substantial minority populations. In the Miami-Dade area, SHO youth are predominately male (92%) and disproportionately from minority communities including African-American (66%) and Latino (30%) families.

Families that enroll in the clinical trial will be randomly assigned to receive FAP services or to a no treatment control group, and an array of intermediate outcomes (e.g., changes in peer and family relations; school adjustment) and policy related outcomes (e.g., sibling arrest or involvement with illicit substance use) will be assessed. We also anticipate a cost analysis that will compare the financial cost of providing FAP services (or not) with the differential justice costs (e.g., those associated with arrest, detention, and adjudication) and other service utilization for the two groups. This clinical trial will provide the first empirical test of an innovative prevention model that is an outgrowth of the National Demonstration Project.

### *Haitian Juvenile Arrestee Project*

The purposes of this project were to identify the service needs and service usage of the Miami-Dade Haitian community, and to determine key elements of culturally specific and relevant interventions for at-risk Haitian youth. At a very early point, the research team learned that relatively little research had been conducted on Haitian immigrants to Miami; even less was known about the problems facing Haitian youth and their parents. Hence, the project team first completed an historical overview of the Haitian community, including its immigration patterns and poverty rates.

#### *The Haitian Community and Its Immigration Patterns*

Data from the 2000 Census indicate that 97,793 people of Haitian ancestry live in Miami-Dade County. Although Haitians account for four percent of the overall Miami-Dade population, Haitian community leaders believe far more Haitians live in the county. Since the U.S. census does not have a separate category for Haitians on its enumeration forms, many Haitians may have been counted as “other” or as “African-American,” rather than writing in “Haitian” or “Haitian American.” There is general agreement that Haitians concentrate in the Miami-Dade neighborhoods of Little Haiti, North Miami and Homestead.

Haitian immigrants began arriving to Miami and other parts of the United States in the late 1950s. Many in the first wave were professionals who fled Haiti to escape political and economic oppression. As the 1960s approached, U.S. cities such as Miami and New York began receiving the second wave of Haitian immigrants. Unlike the first wave, the second wave was composed mostly of skilled laborers from middle to lower middle class families. The third wave's arrival, from the late 1970s to the present, has been referred to as *la migration indésirable* (undesirable migration) in French or "boat people" in English. Most of the immigrants in this group represent unskilled laborers with higher levels of illiteracy and poverty than existed in the two preceding waves. These immigrants reportedly left Haiti for economic, political, and personal safety reasons.

#### *Service Needs of this Distressed Community*

Low socioeconomic status and a low degree of skills applicable to the American economy have contributed to a high rate of poverty and crime in the Haitian community. Anecdotal reports from Haitian organizations (e.g., the Haitian American Foundation, the Center for Haitian Studies) suggest that up to 50 percent of Haitian families in the Miami-Dade area may be living below the poverty level. This would place the poverty rate for Haitians in Miami-Dade County among the highest in the nation, and much higher than the poverty rate of 21 percent reported in general population in Miami-Dade (U.S. Census, 2000).

Haitian youth appear to be overrepresented in rates of TB/AIDS, drug abuse, dropout rates and in the juvenile justice system in Miami-Dade. For example, data from the Miami-Dade County AIDS surveillance network found that Haitians accounted for 73 percent of all the TB/AIDS cases in Dade County (Lovera, 1999). Eleven percent of all juveniles processed at the Miami-Dade Juvenile Assessment Center are of Haitian descent. A random sample of the records of Haitian youth processed at the JAC indicated that more than 60 percent had dropped out of high school. There are no accurate statistics to indicate the rate of substance abuse among Haitian youth.

#### *Service Issues and Experiences*

Interviews with service providers determined that few social service agencies provide education programs to Haitian youth at risk of dropping

out of school, using drugs, or involved in delinquency. Prevention services from such agencies ranged from after school care programs to mentorship programs. However, no data are available on the effectiveness of these programs.

A comprehensive assessment of service utilization is difficult, since there are little data on Haitian representation in the service logs of organizations outside Little Haiti, and no data on how many Haitians leave their community to seek services. Even service organizations in the Little Haiti area do not necessarily target their services specifically to the Haitian population.

Some service organizations in the Little Haiti area appear to have adapted services needed by Haitian immigrants to the more traditional help-seeking patterns of their patrons, and have developed a "one stop" service delivery approach: one location where Haitians can get help with problems ranging from child learning difficulties, to financial aid, to spiritual needs, from the same trusted source. The Haitian Catholic Center, for example, offers (1) Emergency Assistance, (2) an after school tutorial program, (3) Creole literacy, (4) ESL, (5) micro-lending, (6) economic development, (7) refugee employment services, (8) WAGES, (9) a summer youth program and (10) a program for elderly refugees. In addition, the parent agency sponsoring these programs allows a broad array of other service providers (sponsoring programs from neighborhood development to help filling out tax forms) to rent adjacent space. All services are for Haitians and are available in Creole. The Sant La Haitian Neighborhood Association, discussed in more detail later, also provides multiple services to the Haitian community.

Another adaptive strategy has been to take a fluid approach to service development and delivery. This characterizes two prominent Haitian "owned and operated" organizations: The Haitian American Foundation (HAFI) and the Haitian American Community Association of Dade (HACAD). Both organizations have operated a variety of programs over time, in an attempt to serve the most pressing needs of the community. However, the overall focus of their services has shifted as the needs of the community have changed, and as new funding has become available. Such organizations have the advantage of high levels of cultural compatibility with the population they serve. Being a member of the population being served is often an important qualification for employment. Unfortunately, such organizations often experience difficulties in maintaining funding and stability over time (Perlmutter, 1988).

*Help Seeking Behavior*

Little is known about help-seeking behavior among Haitians in the United States. The few studies that do exist tend to emphasize the uneasy relationship between the service providers and the Haitian community (Stepick, Stepick et al., 2001). The dissonance between child-rearing norms, stereotypes about Haitian parenting (particularly with regard to severe corporal punishment), and conceptions (sometimes exaggerated) held by many parents about what may be considered child abuse in the U.S., have conspired to make many Haitian parents reluctant to seek help from formal providers. Parents may be confused about how to keep their child from engaging in delinquency, while at the same time maintaining a low profile with social service, school and police officials whom they see as hostile to their interests (Stepick, Stepick et al., 2001, pp. 245-247).

Help-seeking behavior may also be shaped by experiences in Haiti. Many have witnessed Haitian-on-Haitian violence, and there is reason to think that those responsible for such violence may also have immigrated to the U.S. Haitians may be reluctant to seek help from members of their own community—particularly if they are not from a familiar family or religious circle (Stepick, 1998, pp. 85-92). While it is unlikely that Haitians fear extreme levels of oppression from American institutions, Stepick (1998, p. 77) notes that radio hosts on Haitian radio have sometimes drawn a parallel between Haitian organizations that have been sponsored by outside sources of income (as virtually all services are), and corrupt military governments in Haiti that were also supported by outside funding sources. Hence, there may be great challenges in serving this community whether by “insiders” or by “outsiders.”

Haitians traditionally do not seek mental health services which they do not see as a concrete approach to solving problems, and due to common beliefs that mental health problems are the result of something outside themselves that has invaded their lives (Hermantin, 2002). Many Haitians have had bad experiences with psycho-social programs. Haitian families are often referred to child protective services after being identified as having poor parenting practices, even when their practices are well within their cultural norms (Bibb & Casimir, 1996). For example, most Haitian parents view corporal punishment as a necessary component of child rearing. Haitians often do not agree or understand when others in the U.S. label corporal punishment as abuse, much less the need for mental health services to address such child abuse. In rare cases where Haitian parents seek help, these services often do not provide

them with concrete alternatives for controlling and obtaining obedience from their children, as their cultural norms suggest they should. Traditional counseling and educational approaches often seem irrelevant or even at odds with traditional approaches and awaited outcomes.

Although somewhat informative, these key informant interviews with Haitian community and service agency leaders were disappointing in that they provided limited insight into the dynamics leading to delinquency among Haitian youth. After consultation with the Miami-Dade JAC leadership, the research team ceased this work, and focused attention on Haitian juvenile offenders and their families.

### *Haitian Youth and Family Relationships and Issues*

An extensive search of the literature on delinquency and substance abuse and prevention-intervention programs revealed a virtually complete dearth of information on Haitian youth and programs specifically targeted to them. The results were discussed in a report: *The Haitian Community in Miami Dade County and a Review of the Literature on Juvenile Delinquency Among Haitian Youth* (De La Rosa et al., 2002).

### *Interview Substudy*

Since so little was known about Haitian youth, the research team engaged in primary research. Two interview forms, one for use with youth and one for use with their parents, were developed based on an extensive review of the literature, a theoretical model developed by one of the authors (De La Rosa, 2002), and conversations with community leaders and members of the juvenile justice system.

A sample of 100 parent-child pairs was randomly selected from a list of first time juvenile offenders kept at the Miami-Dade JAC. A previous investigation of JAC records indicated that most Haitian youth spoke English as their primary language, while most of their parents spoke Haitian Creole. Therefore, an interview form of 204 closed ended and short answer questions was developed in English for youth; a shorter (77 item) closed ended and short answer interview form was developed in Creole and English for parents.

All but one of the interviewers were fluent in Creole and English. The interviewer not fluent in Creole interviewed only respondents whose primary language was English. Before any interviews were conducted, research staff received a computer-based training program on working with human subjects developed by the National Institutes of Health, and

received certificates of completion. The interviewers also received training from Drs. De La Rosa and Beaulaurier on issues regarding the administration of the interview forms. In addition, both Drs. De La Rosa and Beaulaurier were available to discuss any issues that came up during data collection activities. Interviews were conducted in the homes of respondents. Interviewers went to the respondents' homes in pairs so that the youth and their parents could be interviewed at the same time. Each interview took approximately one and one-half hours to complete.

Arranging interviews proved to be difficult. Parents were often mistrustful and reluctant to make arrangements to meet or be interviewed over the telephone, in spite of the offer of \$50 for each completed interview. With persistence, however, 21 pairs of youth-parent interviews were completed. However, budget constraints necessitated that the interviews end after the 21 pairs of interviews had been conducted.

#### *Recommendations for Future Directions*

Given the level of prejudice and anxiety about service providers experienced by members of the Haitian community, providers may need greater training and sensitivity to the cultural and ethnic norms prevalent in this community. Moreover, providers need to be well versed in the fears and apprehensions with which many Haitian immigrants view school, the justice system and social service bureaucracies and their representatives.

Further, there is a great need for epidemiological research to be conducted with this population to get a better understanding of: (a) the size of this population, (b) the nature of their problems both from a public health and safety perspective, and from the perspective of Haitian Americans, and (c) the prevalence of their various problems.

In addition, there is a need to continue funding the Sant La Haitian Neighborhood Association. Sant La provides an important bridge between the Miami-Dade JAC and the Haitian community. In particular, Sant La has implemented a Family Advocacy Program whereby efforts are made to involve in needed services the families of youth who have been arrested and processed at the JAC. This has been an ongoing effort, which has proved challenging. The youths' parents are often difficult to locate, many holding two jobs, and returning home late in the evenings. These factors appear responsible for only 10 percent of parents being contacted (Sant La, 2002).

Sant La also has an Advisory Group of professionals who work with Haitian-American youth and their families. The group has held numerous discussions on the challenges facing Haitian parents' of at-risk youth. Sections of a recent report prepared by Sant La reflect the difficulties in providing services to these parents, many of whom are low-income, low-skilled immigrants who entered Florida in large numbers during the 1980s (Sant La, 2002:7-8) (The remaining text in this section was taken, with permission, from a recent progress report submitted by Sant La to the Miami-Dade JAC):

In addition to bringing with them a cultural baggage, which may be in conflict with local attitudes, those parents' lack of literacy and English language skills render them vulnerable to raising children who may potentially become ungovernable. These parents are stuck in low paying jobs and sometimes work two or three jobs to make ends meet. The necessity to work does not give them the opportunity to spend time with their children. The lack of quality time with their children exacerbates pre-existing attitudes and cultural constructs about parenting roles as well as the responsibility of schools and teachers vis-à-vis their children. Parents expect the school and more specifically the teacher to both educate and discipline their children. They are in general, minimally involved with the school that is with their children's teachers and counselors. Active engagement with the school usually means time taken away from work. Many parents fear that frequent calls from their children's school may result in loss of employment.

In the past, when youngsters developed problem behaviors, parents felt that they could send them to Haiti. Haiti's situation has deteriorated to the point where parents no longer consider this option a viable alternative. Parents are now looking for local solutions. Very few are interested in parenting programs, in their opinions, they are powerless and only the "system" can exert control on their children. Generally, when asked about support or assistance, they will request that their children be sent away to structured programs or boot camp. They have been known to jeopardize their children's chance of rehabilitation, hoping that they will be sent away to an institution which will isolate them from the negative "environmental" forces which made them go "bad" in the first place. In his description of these children's condition, Frantz Jean-Louis describes them as the "thrown-away" children.



## ***Parent and Youth Focus Groups***

### ***Parent Focus Group***

A survey of parents contacted through the JAC gauging their levels of interaction with their children's schools strongly supports the findings of Sant La Advisory Group. Most of the parents surveyed knew very little about the resources available to them and to their children through the school even though all children had exhibited problem behaviors at school.

### ***Youth Focus Group***

Sant La conducted focus group sessions with two groups of youth. One group was considered a group of successful teens and the other group involved at-risk youths from an after school program. The successful teens were asked specific questions about their relationships to their schools and to their parents, while the at-risk group was asked what they would do to improve their community. Although the questions were different, both groups, surprisingly, arrived at the same conclusions with regards to their relationships with their parents and with the teaching and counseling staff at their respective schools. Each group expressed frustrations with their parents' lack of interest or involvement in their lives and what they perceive as deliberate neglect from teachers and counselors.

### ***Preliminary Recommendations***

The Sant La Advisory Group to the JAC has made preliminary recommendations on the need for parenting skills, and parent education programs in which:

- Culture and home language is acknowledged and respected.
- Families receive services responsive to their needs and issues.
- Knowledge and skill development is provided to parents.
- Services are intensive, comprehensive and flexible.
- Parents are taught appropriate and culturally sensitive discipline techniques and behaviors.
- Parents receive help in building support networks.

The JAC advisory group has also identified three parent education programs, which have not yet been tested for effectiveness, but are regarded by experts as promising.

*“Los Ninos Bien Educados”* Program offered through the Center for Improvement of Child Caring in Studio City, California. The program offers the following key features: (1) Program built around the values of raising children to be well behaved in a social and personal sense, (2) Developed especially for Spanish-speaking and Hispanic origin parents with a focus on building parent skills that are respectful of the unique traditions and customs of Hispanic families and sensitive to the variety of adjustments that are made to acculturate to life in the United States, (3) Based on child-rearing research with Hispanic families and recommendations from Hispanic educators and mental health professionals, and (4) Skills are taught with “dichos” or Spanish sayings to help put them in a familiar context.

*Crime and Victimization Program* offered by Miami-based organization, Jobs for Miami. Limited to eligible refugees, the program targets at-risk youth and involves the following key activities: (1) Integration of prevention strategies geared toward helping parents become more involved in their children’s lives, (2) Educational and vocational support for at-risk youth enrolled in the program (tutoring services and support to re-enter school system for dropouts), and (3) Direct support and assistance to parents in helping them interact with the school system.

*Strengthening Multi-Ethnic Families and Communities* is a program operated in Los Angeles, California, which offers the following features: (1) Integration of various prevention and intervention strategies geared toward reducing violence against self, the family and community, (2) Target population is ethnic and culturally diverse parents with children 3-18 who are interested in raising their children to lead a violence-free lifestyle, (3) Short-term objectives are to increase parent sense of competence, positive parent child interactions, child social competency skills and more parental involvement in community activities, (4) The program’s curriculum includes five components: (a) cultural/spiritual focus, (b) rite of passage, (c) positive discipline, (d) enhancing relationships and (e) community involvement and (5) The program helps with child-rearing challenges, encourages family bonding and reduces life-threatening risks to children.

### ***The Information Resource Center***

The collection of comprehensive information on juveniles involved with the justice system remains a critical issue. Many youths entering the juvenile justice system are experiencing diverse problems including: physical abuse, sexual victimization, emotional/psychological functioning difficulties, educational problems, and alcohol and other drug use. These

youths' difficulties can often be traced to family alcohol/other drug use, mental health, or crime when the youths were in their formative years (Dembo, Williams et al., 1992; Dembo & Schmeidler, 2002). Hence, it is critical that comprehensive information be collected on these youths to inform decision making about them, including their placement in needed services.

Unfortunately, the lack of sufficient screening and assessment resources in many jurisdictions prevents identification of troubled youths entering the justice system, often resulting in their not receiving needed services, or receiving inappropriate services. It is essential that quality psychosocial functioning information be collected on these youths, so that decision making about them, including their placement in needed services, can be informed. Further, information on youths' arrest rates and patterns of offenses can assist in identifying sociodemographic and environmental features of high risk youths, and assist in targeting strategically intervention services in areas most needing them. In addition, information on the processing of youths at the JAC, such as day of the week and time of day, will permit workload analyses to improve the allocation of staff for various processing functions (e.g., booking, screening). These were among the major purposes underlying the development of the IRC. The IRC embraces the recommendations of the OJJDP sponsored focus group on Juvenile Integrated Information Sharing held in August 2001 in Denver, Colorado.

The IRC consists of two components: (1) a JAC in-house management information system, the Rite Track XP database, a highly sophisticated case management software program, which stores client-PAD program transactions, as well as serves as a repository for processed youths' screening, psychosocial assessment, and level of risk for recidivism data; and (2) a "Data Warehouse," an IBM developed software program that extracts user designated information from diverse juvenile justice related databases or management information systems, and presents summary statistical reports of this information. Prior to the development of the IRC, the JAC relied on fragmented information from various state and local databases, which differed in their completeness and quality.

### *Activities Completed*

During Phase 1 of the NDP, important steps were taken to realize the vision of the IRC. Among these was: (1) contracting with Handel Information Technologies in Laramie, Wyoming, to install and support Rite Track XP at the JAC, (2) holding numerous meetings with state and local agency representatives, Miami-Dade Police Department System

Development Bureau staff, and IBM programmers to establish a network of information sharing among the JAC and these other entities, and (3) informing MDPD System Development Bureau staff and IRM programmers about the information and access needs that would have to be addressed by the IRC. Meetings were also held with Miami-Dade Schools officials, service providers, and JAC Partnership (a JAC Advisory group consisting of representatives of key agencies related to the JAC [e.g., State Attorney]) Agencies, and Miami-Dade Juvenile Judges to involve them in the IRC process.

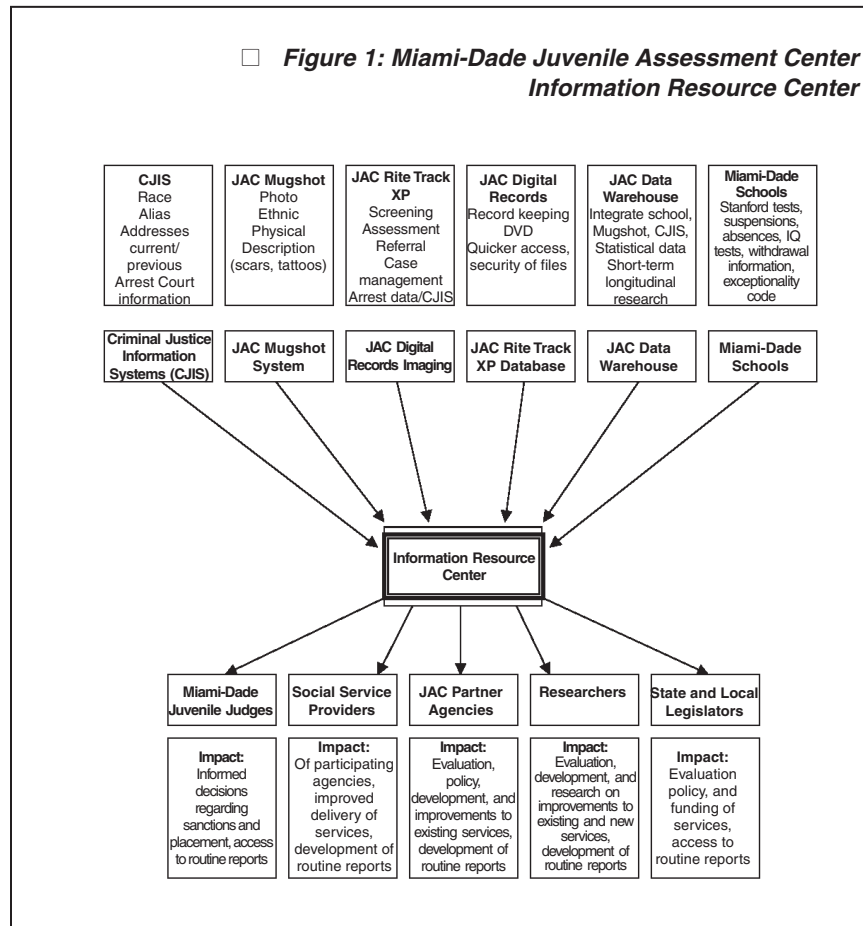
### *Accomplishments*

By end of Phase 1 of the NDP, the Rite Track XP MIS was being installed at the JAC. The Data Warehouse, providing information access to county Criminal Justice Information System (CJIS) data and the “Mug Shot” information system at the JAC, involving booking data on arrested youths (including positive identification by digital fingerprint clearance), was put in place and being Beta tested. Serious efforts were underway to include the Miami-Dade Schools in the Data Warehouse, integrate a digital records imaging component, and to plan for juvenile judges and service providers to access legally permitted, strategic information from the IRC to better inform decision making regarding case dispositions and treatment/intervention planning.

### *Challenges*

As can be gleaned, the present state of development of the IRC represents the beginning step in the fulfillment of a larger vision, shown in Figure 1.

Associated with the achievement of the ambitious vision of the IRC are challenges in buy-ins of key stakeholders, and creating and continually strengthening the infrastructure of the IRC by: (1) improving interface with participant agency databases, as well as effectively linking the JAC on-site screening, assessment and case management (Rite Track XP) system, JAC Mug Shot system, and Digital Records Imaging systems to the IRC and (2) installing PCs in the courtrooms of juvenile judges and selected social service providers permitting them access to specific data sectors of the IRC, programming summary screens of this information for their review, and providing them with training on accessing these summary screens. Relatedly, there is a continuing need for quality control of information that is put into the IRC, and ongoing training of existing staff, as well as training of new staff, in accessing the IRC.



## DISCUSSION

The National Demonstration Project today has grown from what is was in the beginning. An enormous amount of energy and intelligence has been devoted to helping operationalize the vision of the project. At the same time, as its research goals respond to the realities of service delivery, and collecting data in the real world with a difficult population, some of its objectives and time lines have been refined and elaborated. Much good has resulted from the very existence of the JAC. Given the great improvements in the processing of youthful offenders and the new

capacity, through the IRC, to compile data allowing for a broader knowledge base regarding juvenile crime in the county, the Miami-Dade JAC has become a significant partner among juvenile justice agencies in the county—that is here to stay.

### *Phase 2 Activities, 2002-2003*

Based on the work completed during Phase 1 of the National Demonstration Project, a careful review of the recommendations of the various projects, and determination of funds that were available to implement Phase 2 projects and activities, the Miami-Dade JAC leadership decided to support the following:

1. Implement a comprehensive training component to improve the ability of the JAC to effectively respond to referred youth. The three types of training were provided:
  - a. General training sessions for JAC staff on such key topics as motivational interviewing, family engagement, cultural sensitivity, and gender-specific needs.
  - b. Community workshop training for key community stakeholders, judges, service providers and others to inform the community of JAC activities and provide community training on key topics, such as the gender-specific needs of girls and the clinical needs of JAC involved youths.
  - c. Booster training for JAC staff to refresh them on the new policies, procedures, processes, and instruments that are being implemented. Topics for this training included:
    1. administration and scoring of the MAYSI-2 (Grisso & Barnum, 2000), Comprehensive Adolescent Severity Inventory (CASI) (Meyers et al., 1999) and Youth Level of Service/Case Management Inventory (YLS/CMI) (Hoge & Andrews, 2002), and
    2. review of the PAD procedural guidelines, and training on gender-specific needs of girls.
2. Complete a process evaluation of the PAD program.
3. Design a Research and Dissemination Plan focusing on three areas of activity:
  - a. Providing information and data to allow the JAC to continuously assess and improve its activities, and be provided with regular feedback to strengthen its operations.

- b. Providing periodic updates and reports on JAC activities to the greater Miami-Dade community, including law enforcement, the judiciary and key community and service groups and stakeholders. These updates and reports could include newsletters, and specialized brief reports on key topics of interest to the community.
  - c. Collecting and analyzing information to inform the larger, national field of Miami-Dade JAC programs, activities, strategies and progress. These reports could involve the preparation of research articles of importance to the field, which would be presented at national meetings or conferences, or published in professional journals.
4. Under Congressional earmark funding, through the Office of Juvenile Justice and Delinquency Prevention, strengthen the Information Resource Center, by:
    - a. Integrating Miami-Dade school system data on JAC processed youth into the IRC;
    - b. Strengthening the infrastructure of the IRC by:
      1. improving the interface between participating agency databases; and
      2. linking the JAC on-site screening, assessment and case management MIS (Rite Track XP), JAC Mugshot and planned JAC Digital Record Imaging system to the IRC.
  5. Continue funding Sant La, a major Haitian organization with close ties to the Haitian community, to serve as a liaison between the Miami-Dade JAC, Haitian service organizations, other Haitian institutions, and community residents.
  6. Seek funding to implement the SHOSIB intervention project.

### ***Phase 3 Activities, 2003-2004***

We recently learned that the National Demonstration Project had been awarded another Congressional earmark to continue its work. A number of projects are under consideration for Phase 3 support:

1. Support for the research component of the SHOSIB intervention project, with service funds to be provided by a local funding agency.
2. Implementation of a medical component at the JAC.
3. Implementation of routine drug testing at the JAC.

4. Retraining community service providers so their programs respond effectively to the psychosocial needs and risk for recidivism identified by the JAC's new screening and assessment protocol.
5. Addressing the issue of over representation of minority youths among arrested youth processed at the JAC.
6. A project to develop state-of-the-art screening, assessment, and intervention services for arrested children between 7 and 11 years of age.
7. Continued strengthening of the new screening-assessment-and-service-referral protocol to include, among other things, programming the CASI to produce summary severity level scores on the psychosocial functioning modules used by JAC staff.

The JAC provides an important opportunity to implement a continuum of care that is visionary, based on state-of-the-art knowledge, and committed to improve the quality of life in Miami-Dade County in a cost effective manner. In particular, the new JAC decision-tree screening-assessment and service referral protocol promises to become a national model, and be replicated in other jurisdictions.

## NOTES

1. In Miami-Dade, the countywide police department serves as the sheriff's department. Miami-Dade does not have an elected sheriff. This department is not to be confused with the City of Miami Police Department, which is a municipal department serving a population of 2.2 million.

2. Much of the background information provided here is drawn from "SHOCAP: Program Implementation, Organizational Development, & Management," a working document drafted by Sergeant Robert D. Riker, Project Coordinator of the Dade County SHOCAP Initiative (1996).

3. For example, Florida Statute 39.0585 identified six formulae, meeting any one of which would warrant the SHO label being applied to an adjudicated delinquent: (a) is arrested for a capital, life, or first degree felony offense or sexual battery; (b) has 5 or more arrests, at least 3 of which are for felony offenses; 3 of such arrests must have occurred in the preceding 12-month period; (c) has 10 or more arrests, at least 2 of which are felony offenses; 3 of such arrests must have occurred in the preceding 12-month period; (d) has 4 or more arrests, at least 1 of which is a felony offense and occurred in the preceding 12-month period; (e) has 10 or more arrests, at least 8 of which are for petit theft, misdemeanor assault, possession of a controlled substance, weapon or firearm violation, or substance abuse (4 such arrests must have occurred within the preceding 12-month period); or (f) meets at least one of the criteria for youth and street gang membership.



4. We acknowledge the contributions of David Altschuler, PhD, Institute for Policy Studies at the Johns Hopkins University; Thomas Grisso, PhD, Department of Psychiatry, University of Massachusetts Medical School; Jean Ann Linney, PhD, Professor of Psychology at the University of South Carolina; Edward P. Mulvey, PhD, Department of Psychiatry, Western Psychiatric Institute and Clinics at the University of Pittsburgh.

## REFERENCES

- Acoca, L. (2000). *Educate or incarcerate: Girls in the Florida and Duval County juvenile justice systems*. National Council on Crime and Delinquency.
- Acoca, L. & Dedel, K. (1998). *No place to hide: Understanding and meeting the needs of girls in the California juvenile justice system*. San Francisco, CA: National Council on Crime and Delinquency.
- Altschuler, D. M. & Armstrong, T.L. (1991). *Intensive Community-Based Aftercare Prototype: Policies and Procedures*. (Report prepared for the Office of Juvenile Justice and Delinquency Prevention, U.S., Department of Justice). Johns Hopkins University, Institute for Policy Studies, Baltimore.
- American Correctional Association. (1990). *The female offender: What does the future hold?* Laurel, MD: Author.
- Bergsmann, I.R. (1994). *Establishing a foundation: Just the facts*. American Correctional Association, Office of Juvenile Justice and Delinquency Prevention, 1994 National Juvenile Female Offenders Conference: "A Time for Change." Laurel, MD: American Correctional Association.
- Bibb & Casimir (1996). Haitian Families. In McGoldrick, M Giordino & Pierce, J (Eds); *Ethnicity and Family Therapy*, (pp. 151-175), Guilford Press.
- Bukstein, O.G., Brent, D.A., & Kaminer, Y. (1989). Comorbidity of substance abuse and other psychiatric disorders in adolescents. *American Journal of Psychiatry*, 146, 1131-1141.
- Butts, J.A. & Harrell, A.V. (1998). *Delinquents or Criminals: Policy Options for Young Offenders*. Washington, DC: The Urban League.
- Butts, J.A. & Mears, D.P. (2001). Reviving juvenile justice in a get-tough era. *Youth & Society*, 33(2), 169-198.
- Capaldi, D.M. (1992) Co-occurrence of conduct problems and depressive symptoms in early adolescent boys: II. A 2-year follow-up at Grade 8. *Development and Psychopathology*, 4, 125-144.
- Chesney-Lind, M. (1989). Girl's Crime and Women's Place: Towards a Feminist Model of Female Delinquency. *Crime and Delinquency*, 33: 5-29.
- De La Rosa, M. (2002). Acculturation and Latino adolescence substance Abuse: A research Agenda. *Journal of Substance Use and Misuse*, 37, 4, 429-456.
- De La Rosa, Beaulaurier & Albertini (2002). The Haitian community in Miami-Dade County and a review of the literature on juvenile delinquency among Haitian youth. Unpublished Report to the Juvenile Assessment Center of Miami Dade County. April 2002.

- Dembo, R., Pacheco, K., Schmeidler, J., Ramirez-Garnica, G., Guida, J. & Rahman, A. (1998). A further study of gender differences in service needs among youths entering a juvenile assessment center. *Journal of Child and Adolescent Substance Abuse*, 7, 49-77.
- Dembo, R. & Schmeidler, J. (2002). *Family Empowerment Intervention: An Innovative Service for High-Risk Youths and Their Families*. Binghamton, N.Y.: Haworth.
- Dembo, R., Williams, L., & Schmeidler, J. (1993). Gender differences in mental health service needs among youths entering a juvenile detention center. *Journal of Prison and Jail Health*, 12(2), 73-11.
- Dembo, R., Williams, L., Wothke, W., Schmeidler, J. & Brown, C.H. (1992). Examining a structural model of the role of family factors, physical abuse and sexual victimization experiences in a sample of high risk youths' alcohol/other drug use and delinquency/crime over time. *Violence and Victims*, 7, 245-266.
- Dunford, F.W., Osgood, D.W. & Weichselbaum, H.F. (1982). *National Evaluation of Diversion Projects*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Girls Incorporated. (1996). *Prevention and parity: Girls in juvenile justice report*. Girls Incorporated National Resource Center and Office of Juvenile Justice and Delinquency Prevention, Indianapolis, IN.
- Greene, Peters, & Associates. (1998). *Guiding principles for promising female programming: An inventory of best practices*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Greenwood, P.W. & Zimring, F. (1985). *One More Chance: The Pursuit of Promising Intervention Strategies for Chronic Juvenile Offenders*. Santa Monica, CA: RAND, R-3214-OJJDP.
- Grisso, T. & Barnum, R. (2000). Massachusetts Youth Screening Instrument (2nd version) B MAYSI-2: *User's Manual and Technical Report*. Worcester, MA: University of Massachusetts Medical School.
- Henggeler, S.W., Schoenwald, S.K., Borduin, C.M., Rowland, M.D., & Cunningham, P.B. (1998). *Multisystemic Treatment of Antisocial Behavior in Children and Adolescents*. New York: Guilford.
- Hermantin, Leonie. (2002, Haitian Neighborhood Association Sant La). Personal Communication.
- Hoge, R.D. & Andrews, D.A. (2002). *Youth Level of Service/Case Management Inventory*. Toronto, Canada: Multi-Health Systems, Inc.
- Kaminer, S.K., & Frances, R.J. (1991). Inpatient treatment of adolescents with psychiatric and substance abuse disorders. *Hospital and Community Psychiatry*, 42, 894-896.
- Lovera, E. (1999). The Impact of Tuberculosis in the Epidemiology and Clinical Presentation of HIV Disease. 1999 National Prevention Conference, Miami, Florida.
- Lykken, D. (1995). *The Antisocial Personalities*. Hillsdale, NJ: Lawrence Erlbaum Publishers.
- Miami-Dade HIV Health Services Planning Council. (1998, May). HIV/AIDS Threatens Miami's Youth. Miami, Florida: Williams, Stern and Associates.

- McCord, J. (1999). Interventions: Punishment, diversion, and alternative routes to crime prevention. In A. Hess & I. Weiner (Eds.), *The handbook of forensic psychology* (2nd ed.), NY: John Wiley & Sons, Inc.
- Meyers, K. Hagan, T.A., Zanis, D., Webb, A., Frantz, J., Ring-Kurtz, S., Rutherford, M., & McLellan, A.T. (1999). Critical issues in adolescent substance use assignment. *Drug and Alcohol Dependence*, 55, 235-246.
- Miller, D. (1994). Exploring gender differences in suicidal behavior among adolescent offenders: Findings and implications. *Journal of Correctional Education*, 45(3), 134-138.
- Myers, W.C., Burket, R.C., Lyles, W.B., Stone, L., & Kempf, J.P. (1990). DSM-III diagnoses and offenses in committed female juvenile delinquents. *Bulletin of the American Academy of Psychiatry Law*, 18(1), 47-53.
- Perlmutter, F. D. (1988). Administering alternative social agencies: Educational implications. In F. D. Perlmutter (Ed.), *Alternative Social Agencies: Administrative Strategies* (pp. 109-118). New York: Haworth Press.
- Prescott, L. (1997). *Adolescent girls with co-occurring disorders in the juvenile justice system*. GAINS Center, Delmar, NY: Policy Research, Inc.
- Puzzanchera, C., Stahl, A., Finnegan, T., Snyder, H., Poole, R., & Tierney, N. (2000). *Juvenile Court Statistics 1997* (NCJ 180864). Washington, D.C.: Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Russell, D.E. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.
- Sant La Haitian Neighborhood Center (2002). *Third Quarterly Report*. Miami: Haitian Neighborhood Center.
- Shelden, R.G. (1999). *Detention diversion advocacy: An evaluation*. Juvenile Justice Bulletin. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Snyder, H.N. & Sickmund, M. (1999). *Juvenile Offenders and Victims: 1999 National Report* (NCJ 178257). Washington, D.C.: Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Steffensmeier, D., & Allan, E. (1996). Gender and Crime: Toward a Gendered Theory of Female Offending. *Annual Review of Sociology*, 22, 459-487.
- Stepick, A. (1998). *Pride Against Prejudice*. Boston, MA: Allyn and Bacon.
- Stepick, A., Stepick, C. D., Eugene, E., Teed, D., & Labissiere, Y. (2001). Shifting identities and intergenerational conflict. In R. G. Rumbaut & A. Portes (Eds.), *Ethnicities* (pp. 229-266). Berkeley, CA: University of California Press.
- Timmons-Mitchell, J., Brown, C., Schulz, S.C., Webster, S.E., Underwood, L.A., & Semple, W.E. (1997). *Final Report: Results of a three-year collaborative effort to assess and address the mental health needs of youth in the juvenile justice system in Ohio*. Unpublished manuscript.
- Underwood, L.A., Walter, C.L., & Mullan, W.C. (1997). We built them and they came: New insights for managing Ohio's aggressive juvenile offenders with mental illness. *Corrections Management Quarterly*, 1(4), 19-27.
- U.S. Census Bureau. (2000). Overview of Race and Hispanic Origin. Washington, D.C.: U.S. Department of Commerce.

- Villani, S. (1999). Responding to the challenges of violence. *The New Psychiatric Preview*, 2(1), 2-4.
- Walter Mc Donald Associates, Inc. (1995). *Child maltreatment 1995: Reports from the states to the national child abuse and neglect data system*. Rockville, MD: Department of Health and Human Services.
- Whitehead, J.T. & Lab, S.P. (2001). *Juvenile Justice: An Introduction*. Cincinnati, OH: Anderson Publication Co.
- Zimring, F. & Hawkins, G. (1995). *Incapacitation: Penal Confinement and the Restriction of Crime*. New York: Oxford University Press.
- Zoccolillo, M. (1992). Co-occurrence of conduct disorder and its adult outcomes with depressive and anxiety disorders: A review. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 547-556.

#### AUTHORS' NOTES

Wansley Walters, BA, is Director of the Miami-Dade Juvenile Assessment Center, 275 N. W. 2nd Street, Miami, FL 33128. Among other things, she is the visionary behind the Miami-Dade Juvenile Assessment Center National Demonstration Project. She has a long-term interest in developing new, innovative services to meet the needs of troubled children and youth.

Richard Dembo, PhD, is Professor of Criminology, Criminology Department, University of South Florida, 4202 E. Fowler Avenue, Tampa, FL 33620. He is also Principal Investigator of the Miami-Dade Juvenile Assessment Center National Demonstration Project. He has a long-term interest in developing, implementing and evaluating intervention programs involving high risk youths.

Richard Beaulaurier, PhD, is Associate Professor at the Florida International University School of Social Work. Among other things, his work has focused on the migration experiences and urban adjustment of various cultural groups, and their service utilization.

Joseph Coccozza, PhD, is Vice President for Research at Policy Research Associates, Inc., and Director of the National Center for Mental Health and Juvenile Justice. He has a long-term interest in mental health issues relating to juveniles and adults in the justice system.

Mario De la Rosa, PhD, is Professor at the Florida International University School of Social Work. Among other things, his work has focused on the migration experiences and urban adjustment of various cultural groups, their service utilization, and HIV risk among Latino/a youths and adults.

Norman Poythress, PhD, is Professor in the Department of Mental Health Law and Policy, University of South Florida, Louis de la Parte, Florida Mental Health Institute. His recent work has focused on the issue of psychopathy among adult and juvenile offenders.

Kathy Skowrya, BA, is Associate Director of the Center for Mental Health and Juvenile Justice at Policy Research Associates, Inc. She has a long-term interest in mental health issues among adult and juvenile offenders.

Bonita M. Veysey, PhD, is Associate Dean at the Rutgers University School of Criminal Justice. Her recent work has focused on the gender specific needs of female, adolescent offenders, and on women involved in jail reentry programs.

Deborah Chapin, MA, a Research Assistant affiliated with Policy Research Associates, Inc., also contributed to sections of this article relating to the work of Policy Research Associates, Inc. on the Miami-Dade Juvenile Assessment Center, National Demonstration Project.

Preparation of this manuscript was made possible by funding from the Miami-Dade Police Department Juvenile Assessment Center, National Demonstration Project awarded by the U.S. Department of Justice Community Oriented Policing Services, Contract #2000-CKW0092. The authors are grateful for their support. However, the research results reported and the views expressed in the paper do not necessarily imply any policy or research endorsement by their funding agency.

Co-authors are listed alphabetically. Dr. De la Rosa was primary, and Dr. Beaulaurier secondary, author of the Haitian project section. All other listed co-authors were equal contributors to this paper.



**For FACULTY/PROFESSIONALS with journal subscription recommendation authority for their institutional library . . .**

If you have read a reprint or photocopy of this article, would you like to make sure that your library also subscribes to this journal? If you have the authority to recommend subscriptions to your library, we will send you a free complete (print edition) sample copy for review with your librarian.

1. Fill out the form below and make sure that you type or write out clearly both the name of the journal and your own name and address. Or send your request via e-mail to docdelivery@haworthpress.com including in the subject line "Sample Copy Request" and the title of this journal.
2. Make sure to include your name and complete postal mailing address as well as your institutional/agency library name in the text of your e-mail.

[Please note: we cannot mail specific journal samples, such as the issue in which a specific article appears. Sample issues are provided with the hope that you might review a possible subscription/e-subscription with your institution's librarian. There is no charge for an institution/campus-wide electronic subscription concurrent with the archival print edition subscription.]

**YES!** Please send me a complimentary sample of this journal:

\_\_\_\_\_ (please write complete journal title here—do not leave blank)

I will show this journal to our institutional or agency library for a possible subscription.

Institution/Agency Library: \_\_\_\_\_

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Return to: Sample Copy Department, The Haworth Press, Inc.,  
10 Alice Street, Binghamton, NY 13904-1580