

Disproportionate Minority Contact

INTRODUCTION

Disproportionate minority contact (DMC) is defined as an overrepresentation of minority youth at any stage within the juvenile justice system (Huizinga et al., 2007). The nine stages within the juvenile justice system where contact occurs are: arrest; referral; diversion; case petitioned; secure detention; delinquency finding; probation; confinement in secure correctional facility; and case transferred, certified, and waived to adult court (OJJDP, 2009A).

In 1974, the US Congress passed the Juvenile Justice and Delinquency Prevention Act (JJDP Act), and named the Office of Juvenile Justice and Delinquency (OJJDP) the overseers of the act's Formula Grants program under Title II, Part B (OJJDP, 2009B). In 1988, the JJDP Act was amended requiring all States participating in the grant program to address the issues surrounding DMC in order to receive all grant funds under the JJDP Act due to them.

There are four DMC core requirements OJJDP requires States to address (OJJDP, 2009B):

1. Identify the extent to which DMC exists within their jurisdictions
2. Assess the reasons for DMC, if it exists
3. Develop and implement intervention strategies if DMC exists
4. Evaluate and monitor the effectiveness of the chosen intervention strategies

If a participating state is considered non-compliant in addressing any of the four DMC core requirements, OJJDP has the right to withhold 20 percent of their annual formula grant funding.

DMC IN THE UNITED STATES

Currently, all 50 states, the District of Columbia, and 5 U.S. territories are actively addressing DMC issues in

their jurisdictions (OJJDP, 2009B). In a review of DMC in 43 States and the District of Columbia, Leiber (2002) found minorities were over represented in all areas of the juvenile justice system by 2 to 2.5 times their representation in the total at-risk population. African Americans and Latinos were overrepresented at every stage of the juvenile justice system, with African Americans being the greatest overrepresented minority group. The Leiber (2002) review also reported that the stage at which the greatest overrepresentation occurred varied from state to state suggesting that states differ in their DMC issues. Numerous studies have shown that the greatest disparity in minority contact occurs in the initial stages of the justice system, accumulating as juveniles proceed through the justice system (OJJDP, 1999).

REASONS DMC EXISTS

OJJDP (2009A) lists the 4 stages to assessing why DMC exists:

Stage 1: Generate possible explanations

Stage 2: Identify the types of data and the patterns of results needed

Stage 3: Obtain the data

Stage 4: Analyze the data and identify the most likely mechanism(s) creating DMC in this jurisdiction.

Hoytt et al. (2002) lists the possible causes for the existence of DMC:

- Individual police practices and policies may make it more likely that minority youth are arrested (e.g., targeting patrols in low-income neighborhoods or in racial or ethnic minority neighborhoods).
- Where offenses happen greatly influences the potential for arrests (e.g., targeting street corners in cities is easier than targeting homes in the suburbs).

- Differential reactions of victims to offenses committed by white and minority youth (e.g., white victims disproportionately perceive offenders to be minorities).
- Youth exhibit different behaviors (e.g., youth of color may commit certain crimes more frequently).
- System personnel show overt racial bias.

Assessments to determine why DMC exists can be conducted by: surveying arrest data to see if there are differences in crime being committed by different races and ethnicities (Bellas, 2006); for equal crimes across races and ethnicities surveying dismissals, deferments, and convictions can produce results showing if biases are present; examining police policy and procedures on which neighborhoods are being targeted and why they are being targeted can show why a difference in arrests exists; and surveying the public to see if less weight is attributed to offenses committed by whites than other races and ethnicities.

STRATEGIES FOR REDUCING DMC

Through the implementation of best practice models for reducing DMC, juvenile justice systems have the best possible chance for reducing DMC in their jurisdiction. Best practice models are those that have been subject to rigorous evaluation, and have successfully demonstrated the effectiveness of their practices. A variety of strategies for reducing DMC are producing encouraging results (OJJDP, 2009A). Unfortunately, due to the diversity of DMC specific issues each jurisdiction experiences, best practice “blueprint” for reducing DMC currently do not exist (OJJDP, 2009A). OJJDP (2010) provides a DMC best practice database that allows users to search for the best possible strategy for reducing jurisdiction specific DMC causing issues by the following 10 specific criteria:

- 1) Juvenile Justice System Contact point(s) addressed
- 2) Strategies
- 3) Contributing Mechanism(s)
- 4) Race/Ethnicity
- 5) Gender
- 6) Age
- 7) Settings
- 8) Program Origination
- 9) Multi/Single Component
- 10) State or County Level

By setting the DMC best practice database search criteria to a broad spectrum across all 9 points of contact within the juvenile justice system, from ages 6 to 18 years of age, and not limited to any other criteria, 17 best practice strategies were found. Each strategy is listed below with their goal, appropriate age of implementation and applicable point of contact(s). Full descriptions are provided in Appendix A.

- *Across Ages*: Goal: Prevention; Age: 10-12; Points of contact best utilized at: Arrest and Diversion
- *Aggression Replacement Training® (ART®)*: Goal: Early Intervention; Age: 12-17; Points of contact best utilized at: Arrest and Referral
- *Career Academy*: Goal: Early Intervention; Prevention; Age: 13-18; Points of contact best utilized at: Arrest, Referral, and Diversion
- *Coping Power Program*: Goal: Prevention; Age: 9-11; Points of contact best utilized at: Arrest and Diversion
- *Gang Resistance Education and Training (G.R.E.A.T.)*: Goal: Prevention; Age: 9-14; Points of contact best utilized at: Arrest and Diversion
- *Intensive Probation Supervision (IPS)*: Goal: Advocacy; Age: 14-18; Points of contact best utilized at: Delinquent findings, Probation, and Confinement in secure correctional facilities
- *Intensive Supervision Juvenile Probation Program (also known as the Peoria [Ill.] Antigang and Drug Abuse Unit)*: Goal: Alternative to secure corrections; Age: 12-18; Points of contact best utilized at: Probation and Confinement in secure correctional facilities
- *Maine Juvenile Drug Treatment Court*: Goal: Early Intervention; Age: 13-18; Points of contact best utilized at: Arrest, Referral and Diversion
- *Mendota Juvenile Treatment Center (MJTC)*: Goal: Alternatives to secure detention; Age: 15-18; Point of contact best utilized at: Confinement in secure correctional facilities
- *Multisystemic Therapy (MST)*: Goal: Alternatives to secure corrections; Age: 12-17; Points of contact best utilized at: Delinquent findings, Probation, and Confinement in secure correctional facilities
- *Phoenix House Academy*: Goal: Alternatives to secure corrections; Age: 13-17; Points of contact best utilized at: Arrest, and Confinement in secure correctional facilities
- *Residential Student Assistance Program (RSAP)*: Goal: Alternatives to secure corrections; Age: 14-17; Point of contact best utilized at: Confinement in secure correctional facilities

- *San Diego County (Calif.) Breaking Cycles*: Goal: Prevention; Age: 12-17; Points of contact best utilized at: Arrest, and Diversion
- *Supporting Adolescents with Guidance and Employment (SAGE)*: Goal: Prevention; Age: 12-16; Points of contact best utilized at: Prevention
- *Washington, DC, Restitution Program*: Goal: Early intervention; Age: 12-18; Points of contact best utilized at: Arrest, Referral, and Probation
- *Wayne County Intensive Probation Program (IPP)*: Goal: Early intervention; Age: 12-17; Points of contact best utilized at: Arrest, Referral, and Diversion
- *Wraparound Milwaukee*: Goal: Early intervention; Age: 13-17; Points of contact best utilized at: Arrest, Referral, and Diversion

Effective strategies states are using to reduce DMC specific issues in their jurisdiction include (full descriptions are listed in Appendix B):

- Remove decision-making subjectivity through standardized screenings and protocols
- Decision-point mapping and data review
- Cultural competency training
- Reduce barriers to family involvement
- Enhance law enforcement officers' understanding of detention admission policies to reduce arbitrary detentions
- Improve the relationships between youth and police officers by integrating officers in at-risk communities in non-law enforcement roles such as athletic, recreational, and service-learning programs
- Implement programs aimed at the prevention of future delinquent behaviors
- Focus on education in the detention setting
- Provide funding for evening reporting centers
- Establish alternatives to secure confinement
- Create a statewide web-based electronic management database to track and evaluate DMC statistics

OJJDP asserts that preparation at the local level is crucial (Soler & Garry, 2009). As previously discussed, specific issues surrounding DMC are often jurisdiction specific. In order to understand and address these jurisdiction specific issues local steering committees should be established. The steering committee should include juvenile advocates, and top senior and chief officials who have a stake in juvenile justice cases such

as the chief judge, chief probation officer, chief or lieutenant police officer, senior prosecutor, and senior public defender (Soler & Garry, 2009). Once established with strong leadership, the steering committee may be charged with tasks that include:

- Articulating local goals and objectives
- Defining success through attainable goals
- Prioritizing DMC reduction goals
- Mediating discussions that arise due to differing opinions of which DMC goals take precedence
- Keeping DMC in the forefront of juvenile justice activities
- Moving ahead with intervention and prevention strategies

EVALUATE AND MONITOR DMC

To prove the effectiveness of strategies and programs designed to reduce DMC they must be evaluated and monitored (OJJDP, 2009A). The use of a relative rate index (RRI) allows for comparisons of contacts by race/ethnicity within the juvenile justice system at all 9 points of contact. Through monitoring the change in RRI levels annually, measurements can be made of specific program's progress in reducing DMC at specific contact points. Evaluating and monitoring programs' progress also holds grantees accountable to the care they provide, and allows for intervention at specific points of contact if necessary (Bellas, 2006). Evaluation and monitoring of DMC information can be streamlined through the creation and implementation of a statewide web-based electronic management database. Such databases are already being established in Illinois and in Arizona (NMSU, 2010).

DMC IN NEW MEXICO

According to 2009 population statistics gathered by New Mexico's Children Youth and Family Department (CYFD), minority youth represent 67% of the total youth population in New Mexico. Minority youth are 1.7 times more likely than white youth to be arrested for an offense, and 20% less likely than white youth to have their case diverted from the court system. Table 1 in Appendix C compares percentages and relative rate indexes of races and ethnicities in New Mexico. State statistics present a broad picture of DMC in the juvenile justice system; however, every jurisdiction has their specific issues regarding DMC, and DMC issues should be addressed accordingly. CYFD also provides juvenile population statistics at

the county level, which are beyond the scope of this literature review and so are not discussed here.

New Mexico is actively addressing issues of DMC. New Mexico has established a steering committee named the DMC Blue Ribbon Panel. The panel has set and established goals to identify, assess, intervene, evaluate, and monitor DMC in New Mexico. The goals of the panel are to collaborate with higher educational institutions for continued research and evaluation of DMC, enhance public awareness and education regarding DMC, implement prevention and early intervention tactics for at-risk youth, monitor and identify data trends, and enhance the cultural competence of law enforcement officers (DMC Blue Ribbon Panel, 2006).

CONCLUSION

In conclusion, DMC exists throughout the nation including New Mexico. In the pursuit of a greater understanding of the causes of and solutions to DMC in New Mexico, the Children, Youth and Families Department has contracted with the New Mexico Sentencing Commission (NMSC). The purpose of the contract is to contribute to the understanding of law enforcement and juvenile justice system factors that perpetuate DMC in New Mexico. To that end, NMSC staff has been working with CYFD's data systems to lay the groundwork for research and evaluation, including assessments of possible causes for racial and ethnic disparities at decision points in the juvenile justice system. ■

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APPENDIX A.

Descriptions are taken directly from OJJDP (2010).

Across Ages: Across Ages is a research-based mentoring initiative designed to increase the resiliency and protective factors of at-risk youths through a comprehensive intergenerational approach. The basic concept of the program is to pair older adult volunteers (55 and older) with students (10 to 13 years old) to create a special bonding relationship. The project also uses community service activities, provides a classroom-based life-skills curriculum, and offers parent-training workshops. Older mentors, by acting as advocates, challengers, nurturers, role models, and friends, help

children develop the awareness, self-confidence, and skills they need to resist drugs and overcome overwhelming obstacles.

Goal: Prevention; Age: 10-12; Points of contact best utilized at: Arrest and Diversion

Aggression Replacement Training® (ART®):

Aggression Replacement Training® (ART®) is a multimodal psychoeducational intervention designed to alter the behavior of chronically aggressive adolescents and young children. The goal of ART® is to improve social skill competence, anger control, and moral reasoning. The program incorporates three specific interventions: skill-streaming, anger-control training, and training in moral reasoning. *Skill-streaming* uses modeling, role-playing, performance feedback, and transfer training to teach prosocial skills. In *anger-control training*, participating youths must bring to each session one or more descriptions of recent anger-arousing experiences (hassles), and over the duration of the program they are trained in how to respond to their hassles. *Training in moral reasoning* is designed to enhance youths' sense of fairness and justice regarding the needs and rights of others and to train youths to imagine the perspectives of others when they confront various moral problem situations. The program consists of a 10-week, 30-hour intervention administered to groups of 8 to 12 juvenile offenders thrice weekly. The 10-week sequence is the "core" curriculum, though the ART® curriculum has been offered in a variety of lengths. During these 10 weeks, participating youths typically attend three 1-hour sessions per week, one session each of skill-streaming, anger-control training, and training in moral reasoning. The program relies on repetitive learning techniques to teach participants to control impulsiveness and anger and use more appropriate behaviors. In addition, guided group discussion is used to correct antisocial thinking. The ART® training manual presents program procedures and the curriculum in detail and is available in both English and Spanish editions. ART® has been implemented in school, delinquency, and mental health settings. Goal: Early Intervention; Age: 12-17; Points of contact best utilized at: Arrest and Referral

Career Academy: Career Academies are schools within schools that link students with peers, teachers, and community partners in a disciplined environment, fostering academic success and mental and emotional health. Originally created to help inner-city students stay in school and obtain meaningful occupational experience, Career Academies and similar programs have evolved into a multifaceted, integrated approach to reducing delinquent behavior and enhancing

protective factors among at-risk youths. These academies enable youths who may have trouble fitting into the larger school environment to belong to a smaller educational community and connect what they learn in school with their career aspirations and goals. The Career Academy approach is distinguished by three core features that offer direct responses to several problems that have been identified in high schools, particularly in those schools serving low-income communities and students at risk of school failure. First, a Career Academy is organized as a school within a school in which students stay with a group of teachers over the 3 or 4 years of high school. Such arrangements are often referred to as "small learning communities." The aim is to create a more personalized and supportive learning environment for students and teachers. Students also attend some regular classes within the high school. Second, a Career Academy offers students a combination of academic and vocational curricula and uses a career theme to integrate the two. Third, a Career Academy establishes partnerships with local employers in an effort to build connections between school and work and to provide students with a range of career development and work-based learning opportunities. These include field trips designed to expose students to various work environments, job shadowing, and mentoring programs with adults who can provide career guidance. Students are also given the opportunity to work for employers who are connected to the school. Goal: Early Intervention; Prevention; Age: 13-18; Points of contact best utilized at: Arrest, Referral, and Diversion

Coping Power Program: The Coping Power Program is a multicomponent preventive intervention for aggressive children that uses the contextual sociocognitive model as its conceptual framework. The sociocognitive model concentrates on the contextual parenting processes and on children's sequential cognitive processing. Intervention covers 15 months (the 2nd half of 1 academic year and all of the next). The child component includes eight intervention sessions in the 1st intervention year and 25 in the 2nd intervention year. Each group session lasts 40–60 minutes. The sessions include four to six boys and are co-led by a program specialist with a master's or doctoral degree in psychology or social work and by a school guidance counselor. The Coping Power child component sessions emphasize the following: behavioral and personal goal-setting, awareness of feelings and associated physiological arousal, use of coping self-statements, distraction techniques and relaxation methods when provoked and made angry, organizational and study skills, perspective taking and attribution retraining, social problem-solving skills, and dealing with peer

pressure and neighborhood-based problems by using refusal skills. The parent component consists of 16 group sessions over the same 15-month intervention period. It is delivered in groups of four to six single parents or couples led by two staff persons. Assertive attempts are made to promote parent attendance and to include both mothers and fathers in parent groups. Parents learn skills for identifying prosocial and disruptive behavioral targets in their children, rewarding appropriate child behaviors, giving effective instructions, establishing age-appropriate rules and expectations for children, applying effective consequences to negative child behavior, and establishing ongoing family communication through weekly family meetings. In addition, parents learn to support the sociocognitive skills that children learn in the Coping Power child component and to use stress-management skills to remain calm and in control during stressful or irritating disciplinary interactions with their children.

Goal: Prevention; Age: 9-11; Points of contact best utilized at: Arrest and Diversion

Gang Resistance Education and Training

(G.R.E.A.T.): The Gang Resistance Education and Training (G.R.E.A.T.) program is intended to provide life skills that empower adolescents with the ability to resist peer pressure to join gangs. The strategy is a cognitive approach that seeks to produce attitudinal and behavioral change through instruction, discussion, and role-playing. The objectives of the G.R.E.A.T. program are to reduce gang activity, teach students about the negative consequences of gang involvement, and develop positive relations between students and law enforcement officials. The intervention consists of a 13-lesson curriculum, taught over 9 weeks by uniformed law enforcement officers, which introduces students to conflict-resolution skills, cultural sensitivity, and the negative aspects of gang life. The G.R.E.A.T. middle school curriculum consists of thirteen 45- to 60-minute lessons designed to be taught in sequential order. Modified curricula have been developed for fifth/sixth graders and third/fourth graders.

Goal: Prevention; Age: 9-14; Points of contact best utilized at: Arrest and Diversion

Intensive Probation Supervision (IPS): The Cuyahoga County (Ohio) Intensive Probation Supervision (IPS) program provides intensive supervision and treatment services to serious felony juvenile offenders. The supervision components consist of 1) a 30-day period of house arrest, 2) strict curfews, 3) hourly school reports on attendance and behavior, and 4) compliance with all program rules. The basic treatment service

model is provided through service brokerage, whereby community resources are used to treat youth. In addition, the program uses a team structure approach for the supervision and treatment of each youth. Each team consists of three surveillance officers, one senior probation counselor, and one probation manager. The senior probation counselor plays a critical role, providing administrative supervision of the team members and coordinating the services the client receives. A comprehensive needs assessment instrument determines the services provided to each probationer. Both the probation officer and the youth develop a behavioral contract that stipulates the objectives to be accomplished during the probation period. This contract is signed by the officer, the youth, and (if possible) the youth's parent or guardian. Youths remain in IPS anywhere from 8 to 14½ months. The program is divided into three phases. With each successive phase, intensity of supervision and surveillance decreases. The phases culminate in the formation of an aftercare support group and discharge.

Phase 1 (3 to 4 months) consists of

- A probation agreement (behavior contract)
- Three weekly contacts (at random) by the surveillance officer
- A counseling session every 2 weeks by a probation counselor
- Team assessment—by the probation officer, the probation counselor, and the surveillance officer—using risk and needs assessment
- Service delivery that addresses treatment needs

Phase 2 (2 to 3 months) consists of

- Two weekly random contacts by the surveillance officer
- Service delivery that addresses treatment needs
- Increased parental responsibility

Phase 3 (1 to 2 months) consists of

- Weekly random contacts by the surveillance officer
- Complete formation of a support group (parents and significant others)
- Discharge

Goal: Advocacy; Age: 14-18; Points of contact best utilized at: Delinquent findings, Probation, and Confinement in secure correctional facilities

Intensive Supervision Juvenile Probation Program (also known as the Peoria [Ill.] Antigang and Drug Abuse Unit): The Intensive Supervision Juvenile Probation Program is a four-phase intensive supervision juvenile probation program that targets juvenile offenders placed on probation for known gang-related behavior or substance abuse offenses. All program participants have

extensive criminal histories or are at risk of incarceration or residential placement. The program addresses juvenile probationer treatment needs while controlling behaviors through surveillance and intensive supervision. It consists of many essential elements for probation, including small caseloads, distinct graduated phases to structure movement through the program, substance abuse assessments, and behavioral controls, such as electronic monitoring, curfews, home confinement, and random drug testing.

- *Phase 1—Planning and Movement*— is designed to stabilize participants through intensive monitoring and movement control while allowing time to assess their treatment needs. During this phase, youths are assessed for substance abuse and mental health treatment needs.
- *Phase 2—Counseling, Treatment, and Programming*— occurs within 1 week of phase 1. Youths begin outpatient, intensive outpatient, residential substance abuse treatment, or some combination of these three. Intensive Supervision Juvenile Probation Program officers attend group sessions as frequently as possible. Youths are referred to aftercare following completion of a treatment program. Bridges, an antigang program, is also offered at this time.
- *Phase 3—Community Outreach*— requires the completion of a community service project or the youth must write a report describing his or her experience in treatment and present it to one of the aftercare groups.
- *Phase 4—Reassignment*— gradually reduces the frequency of contacts with the Intensive Supervision Juvenile Probation Program officers, to prepare youths for the transition to regular probation or probation termination. Throughout the first three phases, program officers make frequent contacts with program participants and their families, schools, and treatment providers. Parents are kept up to date with everything going on in their children's probation and are required to sign all case plans.

Goal: Alternative to secure corrections; Age: 12-18; Points of contact best utilized at: Probation and Confinement in secure correctional facilities

Maine Juvenile Drug Treatment Court: Maine, one of the few States to successfully implement a statewide system of juvenile drug courts, currently operates six such courts, which serve seven counties. The program provides comprehensive community-based services to juvenile offenders and their families (post plea, but

pre-final disposition). It runs about 50 weeks and is in four phases, each with distinct treatment goals and specified completion times. Participants are required to attend drug treatment, weekly court appearances, and meetings with a drug treatment court manager. To advance to the next phase, participants must have a specified number of weeks of clean alcohol and drug tests and no unexcused absences from treatment or court appearances. In addition to treatment for substance abuse, the program offers a variety of other services, such as educational programming, job training, mental health services, and recreational planning. The program functions through a collaboration between the Maine District Court, the Maine Department of Behavioral and Developmental Services/Office of Substance Abuse, and the Maine Department of Corrections/Juvenile Services. Goal: Early Intervention; Age: 13-18; Points of contact best utilized at: Arrest, Referral and Diversion

Mendota Juvenile Treatment Center (MJTC): The Wisconsin Department of Health and Family Services Mendota Juvenile Treatment Center (MJTC) is a unique residential facility that specializes in providing mental health treatment to extremely “hard cases” within the juvenile justice system. The program was established by the Wisconsin State Legislature in 1995 specifically to meet the needs of youths who were too disturbed, unruly, or “treatment refractory” to be housed in the State’s traditional correctional centers. The Center seeks to control and rehabilitate such youths by combining the security consciousness of a traditional correctional institution with the strong mental health focus of a private psychiatric facility. The overarching goal of the program is to replace the antagonistic responses and feelings created by traditional correctional institutions with more conventional bonds and roles, which can encourage positive social development. The treatment is based on the notion that defiant behavior can become cyclic when the defiant response to a sanction is itself sanctioned, resulting in more defiance and increasing sanctions. With each reiteration the young offender is further disenfranchised from conventional goals and values, and is increasingly “compressed” into a defiant behavior pattern. The MJTC uses a decompression model that attempts to erode the antagonistic bond with conventional roles and expectations and with authority figures and other potential sanctioning agents. The Center’s emphasis on mental health treatment is evident in its setting. Unlike most secure, State-funded correctional facilities, MJTC is housed on the grounds of a State mental health center. The staff is composed of experienced mental health professionals (including a fulltime psychologist, fulltime psychiatric social worker, and a fulltime psychiatric nurse manager) rather than security guards or

corrections officers. In addition, residents in the program are housed in single bedrooms within small inpatient units (with about 15 youths per unit). Within this private, clinical setting, youths undergo intensive individualized therapy designed to treat their underlying emotional problems and to “break the cycle of defiance” triggered by normal institutional settings. Whenever youths in treatment act out or become unruly, they receive additional therapy as well as enhanced security.

Goal: Alternatives to secure detention; Age: 15-18;
Point of contact best utilized at: Confinement in secure correctional facilities

Multisystemic Therapy (MST): Multisystemic Therapy (MST) typically uses a home-based model of service delivery to reduce barriers that keep families from accessing services. Therapists have small caseloads of four to six families; work as a team; are available 24 hours a day, 7 days a week; and provide services at times convenient to the family. The average treatment involves about 60 hours of contact during a 4-month period. MST therapists concentrate on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g., extended family, neighbors, friends, church members) and removing barriers (e.g., parental substance abuse, high stress, poor relationships between partners). Specific treatment techniques used to facilitate these gains are integrated from those therapies that have the most empirical support, including behavioral, cognitive-behavioral, and the pragmatic family therapies. This family–therapist collaboration allows the family to take the lead in setting treatment goals as the therapist helps them to accomplish their goals.

Goal: Alternatives to secure corrections; Age: 12-17;
Points of contact best utilized at: Delinquent findings, Probation, and Confinement in secure correctional facilities

Phoenix House Academy: The Phoenix House Academy is a 150-bed, residential therapeutic community for adolescents ages 13–17 with histories of problem behaviors and substance abuse. The Phoenix Academy treatment model has been implemented in 11 programs in seven States. It uses an enhanced therapeutic community (TC) treatment approach to treat youths who have substance abuse problems. All adolescents are eligible for admission. For the vast majority of clients entering the academy, marijuana and alcohol-used in combination-are the primary drugs of choice. The ethnic and racial mix of academy residents is varied. The academy serves young men and young women both. The primary

referral sources are probation departments. Other referring agencies include child welfare agencies, mental health agencies, and the courts. Nongovernment referrals come from health maintenance organizations, employee assistance programs, family members and friends, and a variety of community-based sources such as schools, churches, social service agencies, and health care providers. The major programmatic principle of the TC philosophy is mutual self-help. All activities are designed to help youths address their alcohol or other drug abuse issues and learn to act in their own best interests, as well as in the best interests of their peers and families. During what is planned as a 9- to 12-month treatment, residents’ progress through three phases (orientation, stabilization, and primary treatment) of residential treatment. This system is based on the understanding that behaviors required for lasting recovery from substance abuse are best learned in increments that build on progress made in earlier phases of treatment. The beginning of the program is designed to foster bonding with program staff and peers while minimizing negative self-images and expectations. Later phases stress the importance of independent decision-making and responsibility to self, family, and community. As participants integrate and learn to apply the TC lessons and positive messages, they earn increased responsibility and autonomy. Typical days in the facility are highly structured, with most waking hours spent in the on-site school. Activities include peer support groups, family services, didactic sessions and workshops, house meetings, and recreation. All program elements are guided by a core set of beliefs about addiction, recovery, and “right living” common to most TC treatments. Professional program staff include: psychiatrists, psychologists, social workers, and counselors. Many staff members are themselves in recovery. Upon completion of the residential portion the program; youths participate in the nonresidential aftercare program for up to 1 year to support their reintegration and readjustment into society. After successful completion of this year of services (in increments of decreasing frequency managed by their counselors), clients are eligible for formal graduation from the program.

Goal: Alternatives to secure corrections; Age: 13-17;
Points of contact best utilized at: Arrest, and Confinement in secure correctional facilities

Residential Student Assistance Program (RSAP): The Residential Student Assistance Program (RSAP) is a substance abuse intervention program developed for high-risk adolescents (14 to 17 years old) living in residential facilities. The program is based on employee assistance programs that were used by industry to identify and aid employees whose work performance

and lives had been adversely affected by substance abuse. It places highly trained professionals in residential facilities to provide residents with a full range of substance abuse intervention services. RSAP counselors work with adolescents individually and in small groups to help residents decrease their risk factors for substance abuse and increase their overall resiliency. The specific program components include:

- *The Prevention Education Series.* RSAP counselors conduct this eight-session substance use education program.
- *Assessment.* Residents are seen individually to determine their level of substance use, family substance abuse, and need for additional services.
- *Individual and group counseling.* RSAP counselors conduct a series of 8 to 12 group counseling sessions. Groups are differentiated by developmental differences, substance use patterns, and family history of substance abuse. Individual sessions are scheduled as needed.
- *Referral and consultation.* RSAP counselors refer residents who require assistance to treatment, more intensive counseling, or 12-step groups.

Goal: Alternatives to secure corrections; Age: 14-17; Point of contact best utilized at: Confinement in secure correctional facilities

San Diego County Breaking Cycles: San Diego County (Calif.) Breaking Cycles has components of both prevention and graduated sanctions. The prevention component targets youths who are not yet involved in the juvenile justice system but who exhibit problem behavior such as disobeying their parents, violating curfew, repeated truancy, running away from home, or experimenting with drugs or alcohol. Youths can also self-refer if they experience parental neglect or abuse or they have other problems at home. Community Assessment Teams (CATs)—consisting of a coordinator, case managers, probation officers, and other experts—assess the needs of the youth and his or her family and then provide direct services or referrals to resources in the community to reduce the high-risk behaviors. CATs speak many different languages to communicate directly with their clients. Whenever possible, services are brought directly to the client and family. The graduated sanctions component tries to prevent further involvement in delinquency by combining sanctions with treatment. A juvenile who is at risk of an out-of-home placement can be referred to Breaking Cycles through a Juvenile Court Order, then a screening committee determines whether the juvenile will enter the program by examining his or her current offense, prior criminal history, and other personal, social, and family characteristics. A youth is

brought to Breaking Cycles, put into Juvenile Hall, and begins a 10- to 14- day evaluation of educational performance, mental health needs, drug/alcohol dependencies, self and family resiliency, institutional adjustment, and strengths and future goals. A case plan is developed for each youth by a multidisciplinary team, with the family's input. A youth can be placed in a community-based institution or a home. Many youths start in a highly structured environment and, through goal attainment, step down to a lower level of commitment. Reassessments are performed weekly on the basis of public safety, the youth's rehabilitation, and subsequent compliance with the program's case plan developed in the assessment plan.

Goal: Prevention; Age: 12-17; Points of contact best utilized at: Arrest, and Diversion

Supporting Adolescents with Guidance and Employment (SAGE): Supporting Adolescents with Guidance and Employment (SAGE) is a violence-prevention program developed specifically for African-American adolescents. The program consists of three main components, namely a Rites of Passages (ROP) program, a summer jobs training and placement (JTP) program, and an entrepreneurial experience that uses the Junior Achievement (JA) model. The purpose of the first component, ROP, is to develop a strong sense of African-American cultural pride and ethnic identity in the participants and instill a sense of responsibility in their community, their peers, and themselves. In seminars held every other week over 8 months, the program curriculum (developed in 1993 by the Durham, N.C., Business and Professional Chain) also promotes self-esteem, positive attitudes, and the avoidance of a range of risky behaviors. Instructors cover topics such as conflict resolution, African-American history, male sexuality, and manhood training. Mentors from the community provide outreach experiences and tutoring. The second component, the JTP experience, places youths in summer jobs at desirable worksites such as dentist offices, local museums, and recreational centers. Site supervisors are encouraged to provide structure. Youths are trained in appropriate business behavior and dress. Job counselors work with the youths to resolve issues such as transportation. The third component, JA, teaches how to develop and implement a small business. With the guidance of volunteer advisers from the local business community, youths form a legal corporation, develop a business plan, elect officers, and sell stock to family and friends. They also market and sell a product (e.g., T-shirts, caps). The overall approach of SAGE is based on the theory that positive gains in personal and social responsibility, educational aspirations, and academic achievement—in tandem with employment training and opportunities fostered by community

mentors—will make a positive impact on reducing violence among the participants.

Goal: Prevention; Age: 12-16; Points of contact best utilized at: Prevention

Washington, DC, Restitution Program: The Washington, DC, Restitution Program is a post-adjudication restitution program for juvenile offenders. Its premise is that restitution is effective only if a juvenile accepts responsibility for his or her offenses and is committed to the principle of making amends to the victim. The program is initiated after a presentence investigation when a probation officer recommends the youth either for incarceration or for probation. Those recommended for probation may also be placed into the restitution program. Participation is entirely voluntary. The program accepts only youths with at least one felony conviction.

Goal: Early intervention; Age: 12-18; Points of contact best utilized at: Arrest, Referral, and Probation

Wayne County Intensive Probation Program (IPP): The Wayne County Intensive Probation Program (IPP) in Detroit, Mich., is administered by the juvenile court and operated by the court probation department and two private, nonprofit agencies under contract with the court. The IPP target population is adjudicated delinquents ages 12 to 17 who have been committed to the State Department of Social Services. Youth referred to IPP are placed in one of three programs for services and supervision: (1) the Intensive Probation Unit (IPU), (2) the In-Home Care Program (IHC), or (3) the State Ward Diversion (SWD). The last two programs are operated by private agencies. The IPU program uses the traditional intensive supervision model. It is characterized by low caseloads (a maximum of 10 youths per probation officer) and frequent probation officer contacts and surveillance activities. It operates through a system of four phases, with diminishing levels of supervision as the juvenile demonstrates more appropriate behavior. Probation officers must have two to three weekly face-to-face contacts with youths during the first phase and at least one face-to-face contact per week during the subsequent phases. In addition, telephone contacts to check school attendance, curfew adherence, and home behavior are made regularly. Youths remain in the program for 7 to 11 months. The two private programs have different approaches. The IHC employs a family-oriented services and treatment approach based on the philosophy that comprehensive family treatment using community resources is needed to alleviate the causes of delinquent behavior. It provides comprehensive

services, including supervision; individual, family, and group counseling; educational planning; recreational activities; and comprehensive employment training and placement activities. The maximum caseload ratio is one family worker to every eight juveniles. Family counselors meet with the juveniles and their families three to five times a week during the early stages of the program and a minimum of once a week as youths demonstrate progress in the program. The length of the program is 9 to 12 months. The SWD is a day treatment program actively involved in several key areas of a youth's life: home, family, school, employment, and community. An onsite alternative education program offers classes every weekday for 5 hours, 12 months per year. In addition, the program provides ongoing individual and group counseling, youth information groups, group parenting sessions, psychological evaluations, pre-employment preparation for older youth, family outings, and structured group activities. Finally, the probation counselor not only sees the youth onsite every weekday but also meets with the youth and parents at least once a week. Program enrollment is for a minimum of 11 months and generally does not exceed 15 months.

Goal: Early intervention; Age: 12-17; Points of contact best utilized at: Arrest, Referral, and Diversion

Wraparound Milwaukee: Wraparound Milwaukee is a system of care for children with serious emotional, behavioral, and mental health needs, and for their families. Its approach emphasizes developing services and delivering them to families who are strength based, highly individualized, and community oriented. Managed through the Child and Adolescent Services Branch of the Milwaukee County Mental Health Division in Wisconsin, Wraparound Milwaukee attempts to meet the mental health, substance abuse, social service, and other supportive needs of the most complex youths in the Milwaukee community. In 1994, the Milwaukee County was awarded a 5-year Federal grant from the Center of Mental Health Services to initiate a coordinated system of community-based care for families of children with severe emotional, behavioral, and mental health needs. This wraparound approach is based on an identification of the services families really need to care for a child with special needs. It identifies the personal, community, and professional resources to meet those needs, and it wraps those services around the child and family. Youths are referred to the program by probation officers or child welfare workers. The program targets children who meet the following criteria:

- They have a current mental health problem identified through an assessment tool.

- They are involved in two or more service systems including mental health, child welfare, or juvenile justice.
- They have been identified for out-of-home placements in a residential treatment center.
- They could be returned sooner from such a facility with the availability of a wraparound plan and services.

If Wraparound Milwaukee determines that enrollment is appropriate, the youths are court-ordered through the dispositional process or delinquency orders. The components include care coordination, a child and family team (CFT), a mobile crisis team, and a provider network. The care coordinators are the cornerstones of the system. They perform strength-based assessments, assemble the CFT, conduct plan-of-care meetings, help determine needs and resources with the youth and family, assist the team in identifying services to meet those needs, arrange for community agencies to provide specific services, and monitor the implementation of the case plan. Care coordinators in Wraparound Milwaukee typically work with small caseloads (a ratio of one worker to eight families). The CFT is a system of support that includes the family's natural supports (such as relatives, church members, and friends) and systems people (including probation or child welfare workers). The mobile crisis is a 24-hour crisis intervention service that is available to meet the needs of youths and families when a care coordinator is unavailable. The team consists of psychologists and social workers trained in intervening in family crisis situations that might otherwise result in the removal of youths from their homes, schools, or communities. Youths participating in Wraparound Milwaukee are automatically enrolled in this crisis service, and their care plans include a crisis safety plan that the team can immediately access.

Goal: Early intervention; Age: 13-17; Points of contact best utilized at: Arrest, Referral, and Diversion

APPENDIX B.

Remove decision-making subjectivity through standardized screenings and protocols. Wording in assessment tools can directly influence the assessor's decision of whether to detain or release a juvenile in custody. In Multnomah County, OR the wording of the risk assessment used was changed to become more culturally unbiased. For example: Changing the wording from 'Do both your parents live at home' was changed to 'Do you have two responsible adults living at home,' 'Good family structure' was replaced with 'Do you have a responsible adult willing to ensure your attendance to court,' and 'productive activity'

was replaced with 'school attendance' (Cabaniss et al., 2007). These simple changes decreased the amount of minorities being detained.

Decision-point mapping and data review. In Santa Cruz County, CA data was collected on a quarterly basis on who was being arrested, detained and placed into a program. By reviewing this data, disparities of minority contacts occurring within the juvenile justice system were able to be mapped to specific branches of the juvenile justice system (Cabaniss et al., 2007). The State of Connecticut has implemented the 'Identification of Disproportionate Incident Reporting Tool' which is a program in Microsoft Excel that allows facilitators in residential facilities to see DMC statistics within their own facility, and distinguish where in the facility DMC is occurring which allows for potential resolution (NMSU, 2010).

Cultural competency training. In Sacramento County, CA 1000 surveys were administered to various legal entities involved in the juvenile justice system to gather information on how culturally aware the personnel were. The results of the survey showed where cultural awareness was lacking and helped to construct the layout for the cultural competency training sessions (Hoytt et al., 2002). To ensure every department was trained in cultural competency in Cook County, IL, the heads of each department related to juvenile justice were trained by an outside consultant to train their personnel. This was called the "Train the Trainer Model" (Hoytt et al., 2002).

Reduce barriers to family involvement. Attending court proceedings for a juvenile can be an intimidating, frustrating and daunting experience for them and their family. Many families do not know what to expect their first time in court. Paralegals on behalf of the public defenders' office can take some of the unknown and stress away by coaching the juvenile on what to expect, how to present themselves in court, and how to express their ties to the community (Cabaniss et al., 2007). Paralegals can also talk to the guardians of the youth to express the importance of being present in court with their child. In Santa Cruz County, CA a great disparity was found between the number of court Spanish speaking court intake and caseworkers, and the number of Spanish speaking juveniles in the detention center (Cabaniss et al., 2007). The court system made it an attainable goal to employ a proportional number of Spanish speaking staff to the number of Spanish speaking juveniles in the detention center. This resolution provided Spanish speaking family members with a greater understanding of what was occurring with their youth, and ultimately increased the number of

Spanish speaking youth being diverted from detention to diversion programs.

Enhance law enforcement officers' understanding of detention admission policies to reduce arbitrary detentions. In Sacramento County, CA, a one page assessment tool is to be used by police to assess whether a juvenile needs to be taken to detention or released to a responsible adult. In Seattle, WA police officers must call the detention center prior to taking the juvenile to the detention center to see if the juvenile meets the criteria for being detained or released (Cabaniss et al., 2007).

Improve the relationships between youth and police officers by integrating officers in at-risk communities in non-law enforcement roles such as athletic, recreational, and service-learning programs. The New York City Police Department strives accomplish this goal through multiple programs including: Law Enforcement Explores - Educates youth about law enforcement practices; Summer Youth Police Academy - Provides law enforcement classes, lectures, role-plays, demonstrations, military drills, and field trips to police facilities for youths; Police Athletic League (P.A.L.) - Designed to provide communities lacking in summer and after school programs with athletic and educational activities for youth; Police-Youth Dialogue - Allows for at-risk high school students and officer to hold a "no-risk" interaction and dialogue, with the aim of building trust and open communication; Summer Youth Employment Program - Offers youth paid summer work in various departments within the police department; and Gang Resistance Education and Training (GREAT) - A program designed to teach youth the facts and fiction about gangs and violence, refusal skill practice, anger management tips, and conflict resolution (NYPD, 2009).

Implement programs aimed at the prevention of future delinquent behaviors. In the State of Louisiana many programs aimed at the prevention of future delinquent behavior are being implemented such as: Diversion programs, Violence Prevention programs, Curfew Centers, Family Strengthening Treatment, Mentoring programs, and Report/Resource Centers (NMSU, 2010).

Focus on education in the detention setting. It has been observed that youth who receive sufficient educational services while being detained transition easier back into the community and school, thereby reducing the recidivism rate (NMSU, 2010).

Provide funding for evening reporting centers in order to reduce the number of youth detained due to reporting centers being closed. In Cook County, IL the implementation of Evening Reporting Centers in high-referral neighborhoods, ran by non-profits during the high crime rate hours between 3pm and 9pm during the weekdays and Saturdays, helped to reduce the crime rate and DMC, and helped to ensure youth appeared for their court dates without having to be detained in secure detention, thereby allowing the youth to remain at home and attending school (Hoytt et al., 2002).

Establish alternatives to secure confinement such as: Electronic Monitoring, Home Detention, Emergency/ Holdover Shelters, Community Service, and teen courts. In Bernalillo County, NM a radical overhaul of the juvenile justice system has occurred during the past decade. Instead of detaining the majority of youth brought into the juvenile justice system, as was the norm of the past, juveniles are now being diverted to halfway houses, youth reporting centers, and home confinement (Mendel, D., 2003). The staff that worked as detention officer in the secure facilities are now running the diversion programs, and checking in on the home confined youth to make sure they are appealing the stipulations of their sentences. In Wayne County, MI a similar approach to Bernalillo County has been established. Youth in Wayne County are placed in home confinement, low to moderate security group homes, or residential treatment centers (Cabaniss et al., 2007). Detention centers in these two counties have not been completely done away with as there are some juvenile offenders that pose too great a risk to the community to not be detained in a secure facility.

Create a statewide web-based electronic management database to track and evaluate DMC statistics. In the State of Arizona the 'Juvenile On-line Tracking System' (JOLTS) is being established to track DMC data throughout the state (NMSU, 2010). A similar statewide database named the electronic Juvenile Management Information System (eJMIS) is being established in Illinois.

APPENDIX C.

	Total youth	White			Black or African-American			Hispanic or Latino			Asian			American Indian or Alaska Native			All Minorities		
		Count	Percent from total	RRI	Count	Percent from total	RRI	Count	Percent from total	RRI	Count	Percent from total	RRI	Count	Percent from total	RRI	Count	Percent from total	RRI
Youthful population (age 10 through 17)	231,218	75,763	33%		5,455	2%		119,011	51%		2,615	1%		28,374	12%		155,455	67%	
Juvenile arrests	23,915	5,380	22%	1.0	740	3%	1.9	15,697	66%	1.9	35	0%	0.2	1,536	6%	0.8	18,535	78%	1.7
Referred to juvenile court	10,177	2,049	20%	1.0	420	4%	1.5	6,843	67%	1.1	15	0%	1.1	603	6%	1.0	8,128	80%	1.2
Cases diverted	14,282	3,496	24%	1.0	347	2%	0.5	9,197	64%	0.8	26	0%	*	950	7%	1.0	10,786	76%	0.8
Cases involving secure detention	4,806	919	19%	1.0	190	4%	1.0	3,102	65%	1.0	2	0%	*	245	5%	1.0	3,887	81%	1.1
Cases petitioned	6,655	1,334	20%	1.0	335	5%	1.2	4,448	67%	1.0	10	0%	*	376	6%	1.0	5,321	80%	1.0
Cases resulting in delinquent findings	4,251	821	19%	1.0	177	4%	0.9	2,888	68%	1.1	3	0%	*	277	7%	1.2	3,430	81%	1.1
Cases resulting in probation	3,718	731	20%	1.0	150	4%	1.0	2,540	68%	1.0	2	0%	*	220	6%	0.9	2,987	80%	1.0
Cases resulting in confinement in secure correctional facilities	269	42	16%	1.0	16	6%	1.8	188	70%	1.3	0	0%	*	20	7%	1.4	227	84%	1.3
Cases transferred to adult court	21	3	14%	1.0	0	0%	*	16	76%	*	0	0%	*	2	10%	*	18	86%	*