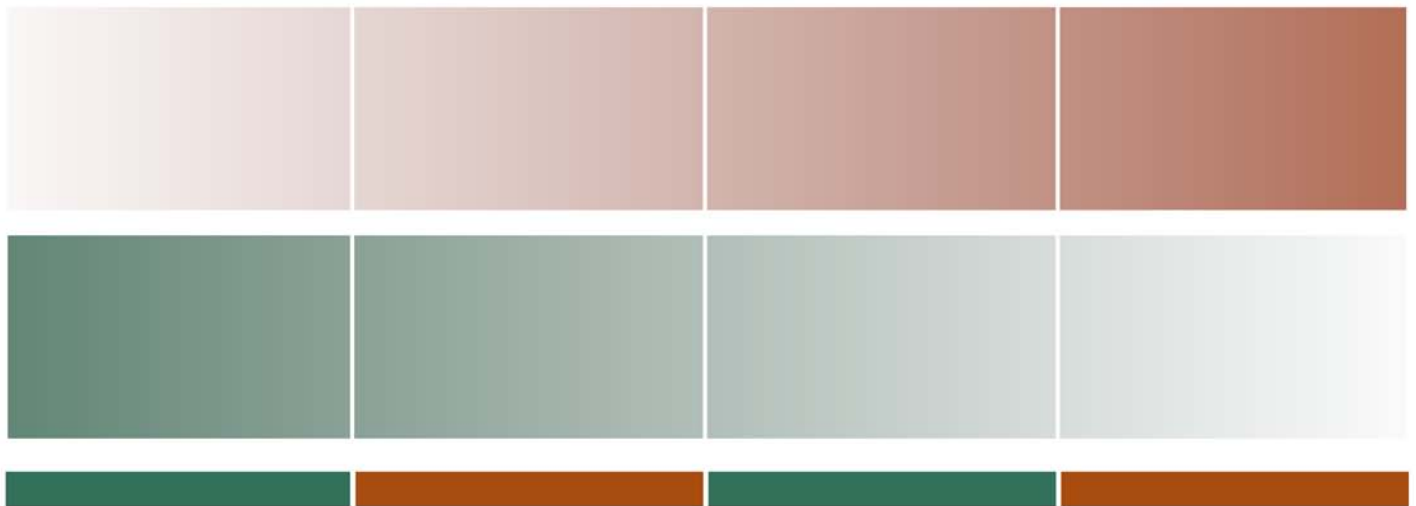




***Disproportionate Minority Contact for African
American and Hispanic Youth: The Story Behind
the Numbers and the Path to Action***



September 2012

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Members of the Institutional Analysis team included:

- Raiza Barraza (Health Department)
 - Jeff Begley (Juvenile and Domestic Relations District Court Services Unit CSU)
 - Sophia Dutton (Neighborhood and Community Services)
 - Jesse Ellis (Neighborhood and Community Services and Office of the County Executive)
 - Laly Goodmote (Office for Women & Domestic and Sexual Violence Services)
 - Mike Kline (Police Department)
 - Ann Knefel (Juvenile and Domestic Relations District Court Services Unit and Department of Family Services)
 - Jonathan Melendez (Neighborhood and Community Services)
 - Sarah Morrison (CSSP)
 - Sarah Navarro (CSSP)
 - Gayle Samuels (CSSP)
 - Sandy Slappey (Department of Family Services)
 - Karen Shaban (Office of the County Executive and Neighborhood and Community Services)
 - Kristen Weber (CSSP)
 - Sarah White (Neighborhood and Community Services)
 - Katherine Williams (Juvenile and Domestic Relations District Court Services Unit)
 - Luz Zuleta (Community Services Board)
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This report is a product of CSSP. We acknowledge that the findings and conclusions presented are those of the authors alone and do not necessarily reflect the opinions of Fairfax County. Primary authors of the CSSP report are: Kristen Weber and Sarah Morrison.

Incorporated in this report is a description, written by Fairfax County, of the work that was previously done on addressing the issue of disproportionate minority contact in the County and their action plan moving forward. Primary contact for Fairfax County regarding this report is Karen Shaban.

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I. Executive Summary

For over two decades, Fairfax County Human Services agencies have been concerned with the disproportionate presence and disparate outcomes for different racial and ethnic populations in their social service systems. These concerns prompted county leadership to examine data, educate the various public services workforces about these issues, and work to identify and address policies and practices that contribute to disparate outcomes. While disproportionality and disparity are present in many service areas, this particular report is focused on the juvenile justice system within Fairfax County.

Despite national and local efforts and rhetorically “race-neutral” policies, Disproportionate Minority Contact (DMC) with the juvenile justice system remains a relevant and growing problem.¹ Since 1988, federal law² has required that states make efforts to address DMC. However, nationally, the proportion of detained youth of color has increased markedly. In 1985, 43 percent of youth detained were youth of color. A decade later, this figure increased to 56 percent and by 2003, to 65 percent.³ In 2006, African Americans were six times more likely to be detained than whites, and Hispanic⁴ youth were incarcerated twice as long for drug offenses and were one-and-a-half times more likely to be sentenced to an adult prison than white youth.⁵

In Fairfax County, according to fiscal year 2011 data from the Virginia Department of Criminal Justice Services, African American youth comprise 10 percent of the youth population between ages 10 and 17, yet they represent 27 percent of referrals to juvenile court and 37 percent of detention center placements. Similarly, Hispanic youth comprise 17 percent of this youth population but make up 27 percent of referrals to juvenile court and 36 percent of secure detention placements.⁶

The Fairfax County Court Services Unit (CSU) was one of the first localities in Virginia to conduct a study on the extent of DMC at the local level, with funding provided by the Virginia Department of Criminal Justice Services. Following an initial report in 1993, the CSU has continued to monitor the issue and to address DMC at decision points within the local juvenile justice system. The CSU has put in place many practices and programs currently recognized as effective tools for addressing the issue, including:

¹ Disproportionate Minority Contact (DMC), formerly Disproportionate Minority Confinement, was codified into federal law as part of the 1988 Amendments to the Juvenile Justice and Delinquency Prevention Act of 1974 (JJDP). The amendment recognized the disproportionate representation of minority youth (defined to include African Americans, Hispanics/ Latinos, American Indians or Alaskan Natives, Asians and Pacific Islanders or Native Hawaiians) in juvenile justice confinement, as compared to their proportion in the general population. Further amendments, in 1992 and 2002, expanded the scope and clout of DMC.

² The federal law noted is an Amendment to the Juvenile Justice and Delinquency Prevention Act of 1974.

³ The Annie E. Casey Foundation (2012). *About the Juvenile Detention Alternatives Initiative*. Retrieved from <http://www.aecf.org/MajorInitiatives/JuvenileDetentionAlternativesInitiative/AboutJDAI.aspx>.

⁴ Throughout this report, Hispanic rather than Latino is used to describe the ethnicity of youth and families. Hispanic is used because youth, parents and providers most frequently used this identification.

⁵ W. Haywood Burns Institute. *Fact Sheet: Disproportionate Minority Contact*. Retrieved from <http://www.burnsinstitute.org/downloads/BI%20DMC%20Fact%20Sheet.pdf>. W. Haywood Burns Institute. *What is DMC*. Retrieved from <http://www.burnsinstitute.org/article.php?id=59>.

⁶ Data provided by Fairfax County, referencing Virginia Department of Criminal Justice Services FY2011 RRI report.

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- Continuous monitoring of the extent of DMC.
 - Diversion hearing and monitored diversion programs.
 - Outreach detention and electronic monitoring.
 - An evening reporting center.
 - A 12-bed shelter care facility.
 - Two in-community probation programs that serve as alternatives to Department of Juvenile Justice placements.
 - Use of structured decision-making tools in as many decision points as possible.

Despite these efforts, challenges related to DMC continue, especially at Juvenile and Domestic Relations District Court (JDRDC) intake—the “front door”⁷ of the system. Recognizing these challenges, Fairfax County made a strategic decision to seek out and work with the Center for the Study of Social Policy to conduct an Institutional Analysis to further examine cross-system contributors to DMC.

The Institutional Analysis

The Institutional Analysis (IA) is not intended to uncover all sources of DMC but strives to explain a significant piece of a bigger puzzle and, more importantly, the piece local agencies and communities have the most power to change. The IA is a diagnostic process used to understand how systems contribute to, or exacerbate, poor outcomes for particular populations. The focus is on the policies and practices implemented by institutions and their unintended consequences on families *not* on the behaviors of individuals such as judges, police and probation officers or social workers. By examining *how* something comes about, rather than looking at individuals involved in the work, the IA process aims to reveal systemic problems and produce recommendations for systemic change.

The IA in Fairfax County involved examining quantitative data by race; forming and training an investigation team; consulting with internal and community-based “thinking partners;” mapping key decision points during case processing in the juvenile court system; mapping decision points in the most common pathways experienced by youth referred to the juvenile justice “front door;” reviewing policies as applied in cases; and collecting and analyzing data. There were two distinct phases of data collection and analysis—the initial phase focused on the experiences of African American youth and families with the juvenile justice system and its partners, and the second phase focused on these experiences for Hispanic youth and families in order to discern any nuances with respect to these populations. Data collection and analysis for the IA covered multiple years. During this time, changes throughout the system were happening – some prompted by preliminary findings from the IA and others emerging from ongoing system improvement initiatives independently prompted.⁸

⁷ This term is being used to describe the initial involvement of a youth with Juvenile and Domestic Relations District Court. It encompasses both how the youth was referred to the courts (through the police, schools etc.) and then what occurs at the interface with intake.

⁸ For example, JDRDC modified the language in their standard parent notification letter regarding child diversion hearings based on discoveries made during the first phase of data analysis. Before this report was compiled, leadership with Fairfax County Public Schools independently began a process of identifying changes necessary in the student disciplinary process based on their reform efforts.

Summary of Findings

While the findings below may very well apply to all youth, they are based on the experiences of African American and Hispanic youth encountered in this study. Some findings may be generally applicable to youth at-risk for juvenile justice interventions in Fairfax County, stressing the importance of overall access to preventive services to support families and promote positive youth development. Other findings are more specific to African American and Hispanic youth. Findings are based on the experience of a limited number of children and families as examined in case record reviews, interviews, observations and case studies. Therefore, results of this IA should be considered a beginning point of the analysis, not an exhaustive investigation. Finally, the issues in juvenile justice decision-making are complex and attempts to reduce DMC necessitate involving systems beyond the juvenile justice system.

The Institutional Analysis (IA) found a number of common themes that appeared throughout the investigation and interviews. The first several findings were found to be similarly applicable for both African American and Hispanic populations:

- Publicly available preventive services do not consistently meet the broad range of needs of African American and Hispanic youth and families.
- Youth who become involved with the courts frequently have mental health, substance abuse and special education needs, and earlier interventions to address these needs have either not occurred or not been sufficient.
- A common, cross-system vision promoting the well-being of youth and families and emphasizing collaborative work with families has not been fully developed and implemented. As a result, families experience team, assessment and case planning processes that are not coordinated.
- Approaches to working with families are often based on operational requirements of the system—that is, the system privileges its need for efficiency over the individual needs of families.
- Most youth involved with juvenile court are also struggling in school. System interventions do not consistently support youth in remaining connected to and completing school.

The IA also identified a few challenges that appeared to be uniquely experienced by Hispanic youth and families,⁹ including:

- County-supported prevention services are not always known, accessible and/or relevant for Hispanic families. The mixed documentation status of many Hispanic households compromises access to those services that are available.
- School truancy is often a warning sign of significant needs of Hispanic youth and their families. Interventions focused on school truancy issues of Hispanic youth are not always adequate and do not necessarily meet the underlying needs of youth.
- Interventions do not take into account the language barriers and cultural dynamics experienced by Hispanic families newer to the United States.

⁹ The IA did not find unique findings for the African American population.



Fairfax County: Moving Forward

Fairfax County continues its efforts to address disproportionality and eliminate disparities and to do so in a way that acknowledges the complexities within and across institutions. While this IA focused its look on the front door of the juvenile justice system, the pathways to that front door intersect with multiple other systems.

The IA highlights many practices within the county that are already working well, and which may provide insights into possible action steps. Some of these include:

- The newly implemented JDRDC assessment tool called the Youth Assessment Screening Instrument (YASI), which identifies protective as well as risk factors and uses that information to determine levels of supervision and treatment needs for each youth.
- The *Opportunity Neighborhood (ON)* pilot, a place-based collaborative model designed to ensure that all children growing up in Fairfax County have access to effective schools and strong systems of family and community support to prepare them to attain an excellent education and successfully transition to college and career. Within the ON, the community and school are linked in such a way to simplify and improve a family's access to an array of supports and services.
- A Systems of Care (SOC) reform initiative started by Fairfax County Government, the Public Schools and the provider community to improve service coordination and delivery by engaging families and youth in a culturally sensitive manner to identify how best to meet their needs.
- The Positive Behavioral Interventions and Supports (PBIS) team-based process focused on a school's ability to teach and support positive behavior for all students by using systemic problem solving, planning and evaluation.

Fairfax County's action plan encompasses work larger than the areas examined by the IA and is led by the Successful Children and Youth Policy Team (SCYPT), a strategic leadership group whose membership includes representatives from the community, youth, human services programs, police, and schools. The SCYPT will serve to integrate and amplify the impact of the work that each group is doing to ensure all youth succeed.

Operationally, the plan will be implemented through two connected processes and supported by the Disproportionality and Disparity Prevention and Elimination Team (DDPET):

- The *Dialogue with Directors* series will allow individual organizations to better integrate their targeted efforts to address disparities as they drill down the applicable IA findings to begin identifying potential remedies (e.g., changing administrative protocols and policies, improving cross-system linkages, improving systems of accountability). Each month, a Dialogue with Directors program will pair organizations/divisions/programs to address a common task with the assistance of a DDPET subteam.

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- The ***Regional Change Team*** will apply a model such as the Plan-Do-Study-Adjust (PDSA) rapid improvement cycle to quickly test and measure the impact of incremental changes. A regional team will be comprised of providers from human services, schools, police, faith-based, nonprofits and other stakeholders in a given region, and these teams will pilot incremental changes to address needs in their areas. Results from these PDSA pilots will be incorporated into the Dialogue with Directors series.

The full report describes the history of work conducted in Fairfax County to address disproportionality within the juvenile justice system, provides a description of the diagnostic tool used to examine system contributors to disproportionality, discusses the findings and implications of institutional changes and concludes with Fairfax County's actions in planning or already underway to address these and other system contributors to DMC.

Based on the data collected and analyzed, this report offers some ideas of ways the various institutions in Fairfax County can adjust to better serve the needs of African American and Hispanic youth and their families. As is apparent, there is no one specific intervention or change that will solve DMC. Instead, the county must continue to work together with its community partners to prioritize the most critical and feasible changes that can be made, and track and continue to share progress.



II. The Fairfax County Journey

Fairfax County is the largest jurisdiction in Virginia and home to 52 percent of the youth population in the Northern Virginia Region and 14.5 percent of the youth population in the state. Almost half of the youth between the ages of 10 and 17 in the county are minority. For more than two decades in Fairfax County, individual organizations—juvenile justice, child welfare, education and health—have grappled to understand and to resolve why African American, and in more recent years, Hispanic youth, are not faring as well in certain measures related to white or Asian peers (i.e., representation in the juvenile justice and child welfare systems, school readiness and achievement). Locally, Fairfax recognizes that no one entity can make and sustain a significant difference on its own. Furthermore, preventing and eliminating disparities requires all stakeholders—community, faith, nonprofits, business, public systems and others—to work together.

Youth Population Comparisons: Northern Virginia Localities and Statewide FY2011

	Total Youth Ages 10 - 17	White	African American	Hispanic	Asian	Other
Northern Virginia						
Arlington County	11,762	5,969 (51%)	1,348 (11%)	2,815 (24%)	1,042 (9%)	588 (5%)
Fairfax County	119,287	60,641 (51%)	11,942 (10%)	20,280 (17%)	20,319 (17%)	6,105 (3%)
Loudoun County	39,189	24,539 (63%)	2,968 (8%)	5,197 (13%)	4,576 (12%)	1,909 (5%)
Alexandria City	7,698	2,719 (35%)	2,373 (31%)	1,853 (24%)	419 (5%)	334 (4%)
Prince William County	50,319	21,321 (42%)	10,872 (22%)	11,663 (23%)	3,386 (7%)	3,077 (6%)
Statewide	832,148	490,434 (59%)	182,987 (22%)	79,415 (10%)	42,840 (5%)	36,472 (4%)

Source: Data provided by Virginia Department of Criminal Justice Services

The community and public sector strategies to address this issue have advanced at different paces and at times, have intertwined. The account of this journey begins at one point in time with the full recognition that, while not intentional, steps along the way may not all be captured here.

A Decade of Community Activity

In 2004, a community collaborative called Together We're the Answer (TWA) was formed to engage families, faith-based organizations, businesses, advocacy groups, fraternal organizations, professional associations and the public sector to achieve its mission: *To prevent and reduce the disproportionate presence of African American children in Fairfax County's child welfare and juvenile justice systems, and to increase school readiness and academic achievement through community collaboration.* (See Appendix B) This group sponsored stakeholder meetings to better understand the local issues around disproportionality, and to mobilize around the issue. The belief remains firm today that through working together, we can and will make a positive difference.

Moving from dialogue to action shifted the work from a county-wide approach to neighborhood level engagement. In 2008, a TWA neighborhood coalition in the Mount Vernon region organized and remains active. In 2009, a community dialogue between Hispanic community leaders and Fairfax human services was initiated to also focus on disparities and disproportional outcomes. The organized drive towards actions occurred through smaller initiatives, different than the TWA model. Instead, a neighborhood-based approach jointly initiated by the Fairfax County Police Department (FCPD) and Neighborhood and Community Services (NCS) emerged in the Annandale area. Known as the Annandale Dialogue on Diversity series, several meetings brought together Annandale stakeholders (people who live, work and worship in Annandale) representing both immigrant and non-immigrant communities to share personal stories and experiences, honestly express perspectives, clarify viewpoints and develop solutions to community concerns.

The Annandale Dialogue on Diversity series identified four key community issues—safety, code compliance, community norms and youth development. Civic engagement was the identified key to solutions. In 2012, NCS and the FCPD established the Annandale Roundtable to help develop a civic engagement initiative in Annandale. The Annandale Roundtable includes county residents and employees, religious leaders and representatives from the nonprofit sector. Annandale Roundtable members are currently working to identify key Annandale stakeholders (for example, businesses, chamber of commerce, boards, clubs, etc.) to expand its membership, as well as to assist Annandale High School in its efforts to establish itself as a community school.

Simultaneously, within the public sector systems, the tactic to understand and address disproportionality and disparities took on a cross-systems, collaborative approach. In 2007 and again in 2008, “Disproportionality: The Leadership Challenge” day-long sessions for leaders across human services, police and schools provided a foundation to understand some of the root causes of disproportionality and disparities and begin to share data openly across organizations. A video tool, “Race: The Power of An Illusion” was also used to prompt dialogue and provide a foundation for understanding some of the root causes. Sharing data disaggregated by race was a milestone in the county’s journey as it demonstrated a necessary level of trust and commitment to working collaboratively to achieve better outcomes for all.

Continuing Efforts to address Disproportionate Minority Contact

Predating this collaborative approach, the juvenile justice system’s work to address disparities in juvenile justice began in the 1990s led by the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) under the banner of “Disproportionate Minority Contact” or DMC. The locally operated Court Services Unit (CSU) offers comprehensive probation and residential services for delinquent youth under the legal age of 18 who live in Fairfax County, the City of Fairfax and the towns of Herndon, Vienna and Clifton. The CSU has over 250 juvenile and adult probation staff that provide a continuum of services in five field probation offices, juvenile and adult intake offices, supervised release services, a secure detention center, a shelter and two in-community residential treatment facilities for youth. In FY 2011, the CSU processed 5,686 delinquency and status complaints, or 8.7 percent of the total processed in the state, of which 23 percent of these complaints were resolved or diverted at the intake level. Felony offenses accounted for 18 percent of complaints, class 1 misdemeanors for 37 percent, status offenses for 9 percent and technical violations for 15 percent. The average active monthly juvenile probation caseload is over 600 youth.

The CSU has worked diligently to incorporate promising and evidence-based practice into its day-to-day operations. Juvenile probation and residential staff have been trained in the use of Motivational Interviewing. Probation staff use the Youth Assessment and Screening Instrument (YASI) to guide probation case planning based on the risk and needs of individual youth. Structured decision making tools and the availability of detention alternatives have helped to lower the average daily population in secure detention by 44 percent, from 79 in FY2007 to 44 in FY2011. The 12-month reconviction rate for youth released from probation was only 16.1 percent in FY2011. The CSU has post-dispositional residential treatment programs for males and females to keep youth in the local community for services rather than sending them out of community to state-operated facilities. In FY2011, the 12-month recidivism rates for these facilities (34.8 percent for Foundations and 34.4 percent for Boys Probation House) were considerably lower than the 42.6 percent for state VJCCA¹⁰—funded group homes and the 46 percent for youth released from state Juvenile Correctional Centers.

While the CSU has experienced considerable success in improving services to youth and families, the agency remains concerned with racial and ethnic disproportionality¹¹ in their system. With the help of funding from the Virginia Department of Criminal Justice Services, the CSU was one of the first localities in Virginia to conduct a study on the extent of DMC at the local level. Following an initial report in 1993, the CSU has continued to monitor and address the issue at decision points within the local juvenile justice system. The CSU has put in place many of the practices and programs recognized as effective tools for addressing DMC, including:

- Continuous monitoring of the extent of DMC;
- Diversion Hearing and Monitored Diversion programs;
- Outreach detention and electronic monitoring and intake detention alternatives such as the Intensive Supervision Program;
- An Evening Reporting Center;
- A twelve-bed shelter care facility;
- Two in-community residential treatment facilities that serve as alternatives to Department of Juvenile Justice placements; and
- Structured decision making tools implemented for as many decision points as possible.

What the data reveal

Despite efforts, challenges related to DMC continue, especially at JDRDC intake, or the “front door”¹² of the system. Seizing a federal Title II grant opportunity and fueled by the knowledge that Fairfax County was already engaging community leaders and had established an interagency staff group to address disproportionality, timing was right to take the bold step of inviting an independent examination of the institutional features of the local system that may unintentionally be contributing to DMC. The Institutional Analysis was conducted in other localities to examine

¹⁰ VJCCA refers to the Virginia Juvenile Community Crime Control Act.

¹¹ In this context, disproportionality is the over or under-representation of certain racial/ethnic groups in the service populations of a public agency relative to the group’s proportion in the general population. *Definition adapted from <http://www.ppcwg.org/disparity-definition.html>.*

¹² This term is being used to describe the initial involvement of a youth with Juvenile and Domestic Relations Court. It encompasses both how the youth was referred to the courts (through the police, schools etc.) and then what occurs at the interface with intake.

their child welfare systems but was deemed a viable tool for a closer look at the juvenile justice system as well. An effective examination would require cooperation by three primary institutions—juvenile court, police and schools. The decision to go forward was possible because the journey and commitment to work collaboratively to eliminate disparities was well underway. This first Institutional Analysis was an important step to examine one key decision point in the system—and discover cross-system contributors to DMC.

Decision Stages by Race/Ethnicity FY2011

	Total #	White	African American	Hispanic	Asian	Other
Youth Population (age 10 – 17)	119,287	51%	10%	17%	17%	5%
Refer to Juvenile Court	4,106	37%	27%	27%	5%	4%
Cases diverted	1,154	46%	22%	21%	5%	6%
Cases involving secure Detention	468	20%	37%	36%	4%	2%
Cases petitioned to court	2,512	30%	31%	30%	5%	4%
Cases with delinquent findings	902	24%	33%	36%	4%	3%
Cases put on probation	578	31%	25%	34%	6%	4%

Source: Virginia Department of Criminal Justice Services FY2011 RRI report.

One needs only to drill down into the details of the data to be compelled to embark on the IA work. According to DMC data provided by the Virginia Department of Criminal Justice Services (DCJS) for FY2011, youth between ages 10 and 17 have the following racial/ethnic distribution: 51 percent white, 10 percent African American, 17 percent Hispanic, 17 percent Asian, and 5 percent other. Although African American youth represent 10 percent of the youth population, they represent 27 percent of referrals to JDRDC, 37 percent of detention center placements, 31 percent of cases petitioned for formal court processing and 33 percent of cases with delinquency findings. Similarly, Hispanic youth represent 17 percent of the youth population but 27 percent of youth referred to JDRDC, 36 percent of secure detention placements, 30 percent of cases sent to court and 36 percent of cases with delinquency findings.

OJJDP has identified nine decision points to be tracked on a regular basis: arrest, referral to juvenile court, diversion, secure detention, petitions/charges filed, delinquency findings, probation, confinement in secure correctional facilities and transfer to adult court. Fairfax County reports on seven of these nine. Data on juvenile arrests is not reported because it is not available to DCJS. Thus, it is not currently possible to analyze disproportionality of juvenile arrests. Data on transfers to adult court is not reported because there are so few cases of this type that the analysis cannot be conducted. In FY2011, for example, no cases were reported as transferred to adult court.

The table below provides the relative rate index (RRI)¹³ data for three points in time: FY2004, FY2008 and FY2011. If there were no disproportionality, all the rates would be 1.0. Rates higher or lower than 1 indicates disproportionality.

Fairfax County Relative Rate Index Comparisons

	African American			Hispanic		
	FY2004	FY2008	FY2011	FY2004	FY2008	FY2011
Juvenile Arrests	NA	NA	NA	NA	NA	NA
Referred to JDRDC	2.45*	3.10*	3.78*	1.17*	1.93*	2.22*
Diversion	0.80*	0.67*	0.64*	0.76*	0.75*	0.60*
Secure Detention	1.28*	1.64*	2.45*	1.61*	1.41*	2.37*
Petitioned to Court	1.06*	1.19*	1.39*	1.08*	1.11*	1.35*
Adjudicated Delinquent	NA	1.19*	1.32*	NA	1.36*	1.49*
Probation	1.05	0.82*	0.59*	1.00	0.72*	0.75*
Committed	1.95	2.90*	**	1.48	1.91	**
Transfer to Adult Court	**	**	**	**	**	**

*Statistically significant results

**Insufficient number of cases for analysis

NA – Not Available

The unsettling message from this table is that disproportionality has been increasing for both African American and Hispanic youth at almost every decision-making stage in the juvenile court system. Disproportionality is most marked at the initial stage of referral to JDRDC and is most dramatic for African American youth. In FY2004, African American youth were 2.45 times more likely to be referred to JDRDC than white youth; by FY2011, they were 3.78 times more likely to be referred than white youth, a 54 percent increase. While the rate of disproportionality for Hispanic youth is lower than that of African American youth, the rate of increase is higher. In FY2004, Hispanic youth were close to parity with white youth in referrals to JDRDC (RRI 1.17). In FY2011, they were more than twice as likely to be referred to the court system as white youth, a 90 percent increase. In addition, both Hispanic and African American youth are less likely than white youth to be diverted from formal court processing. The likelihood has decreased over the time measured. Both groups are also more likely to be placed in secure detention and to have their charges petitioned for formal court processing than white youth.

To step back and look from a regional and statewide perspective, the table below presents RRI scores for referrals, diversion and secure detention for five Northern Virginia localities and the

¹³ OJJDP recommends using the Relative Rate Index (RRI) calculation to identify those decision points within the juvenile justice system where disproportionality is most predominant. This method involves comparing the relative volume (rate) of activity for each major stage of the juvenile justice system for minority youth with the volume of that activity for white (majority) youth. The RRI provides a single index number that indicates the extent to which the volume of that form of contact or activity differs for minority youth and white youth. In its simplest form, the RRI is simply the rate of activity involving minority youth divided by the rate of activity involving majority youth. DCJS provides this information to Fairfax County on an annual basis.

state. Aside from Arlington County, Fairfax County has the highest rate for African American referrals to juvenile court. For every one white youth referred in Fairfax County, there are 3.78 African American youth referred. In contrast, in Prince William County the rate is 2.41 to 1. Except for Loudoun County, Fairfax County has the lowest diversion rates for both African American and Hispanic youth. While it is clear that disproportionality also exists in the neighboring localities and in the state, the large number of youth and families who are affected make this a critical issue for the county to continue to address.

Relative Rate Index Comparisons: Northern Virginia Localities and Statewide FY2011

	Refer to Juvenile Court ¹		Diversion		Secure Detention	
	African American	Hispanic	African American	Hispanic	African American	Hispanic
Northern Virginia						
Arlington County	10.90*	2.42*	0.75	1.76*	2.93*	3.70*
Fairfax County	3.78*	2.22*	0.64*	0.60*	2.45*	2.37*
Loudoun County	3.36*	1.70*	0.61*	.097	2.71*	1.76*
Alexandria City	2.95*	2.67*	0.92	0.99	4.39*	3.45*
Prince William County	2.41*	1.05	0.74*	0.69*	1.55*	1.55*
Statewide	2.59*	1.03	0.91	0.81*	1.79*	1.50*

Data provided by Virginia Department of Criminal Justice Services.

¹Data from intakes. Arrest data is not available.

*Statistically significant results.

The action plan found later in this report outlines a process to move forward to build upon what’s currently working well in the local systems and infuses a culture to embrace incremental improvements informed by this focused examination of the African American or Hispanic lived experience. We believe any targeted improvements will result in better outcomes for *all* populations.

III. Purpose of the Institutional Analysis and Methodology

Guiding Assumptions

Developed by Dr. Ellen Pence, the Institutional Analysis is grounded in a form of sociology known as institutional ethnography. Institutional ethnography produces “accounts of institutional practices that can explain how workers are organized and coordinated to talk about and act on cases.”¹⁴ In juvenile justice, “cases” are actually individual youth. The ethnographic methods used in an IA uncover the experience of individuals as they encounter institutions and provide an understanding of how the organization of institutions and the way they process people as “cases” contributes to problematic outcomes.

The Institutional Analysis, as applied to the examination of racial and ethnic disproportionality and disparities, in juvenile justice systems is grounded in several assumptions:

- ***Institutional changes can improve outcomes for youth and families.***

The institution, rather than individual workers or specific practices, is a productive focus for change. Multiple disciplines, such as management and financial auditing, program evaluation and organizational development, have demonstrated that analyses of institutional and organizational features identify areas for improved performance that are practical and can be far-reaching. As described by one author, “*The management audit ...focuses on results, evaluating the effectiveness and suitability of controls by challenging underlying rules, procedures and methods ... they are potentially the most useful of the evaluation methods, because they result in change.*”¹⁵

- ***Institutions are designed to ensure consistency among staff and limit the influence of idiosyncratic worker behavior.***

Regardless of the idiosyncratic beliefs of an individual worker, institutions coordinate and organize individual practitioner actions by employing certain standard practices to produce institutionally authorized results or outcomes. Staff members are guided to do their jobs within the context of the forms, policies, philosophy and routine work practices of the institution in which they work. Therefore, when case management practices produce consistently poor results for an identified group of children and parents, a part of the problem must lie in the way workers are organized to manage cases.

¹⁴ Pence, Ellen, Ph.D. and Smith, Dorothy, Ph.D. (unpublished). *The Institutional Analysis: Matching what institutions do with what people need.*

¹⁵ Arter, Dennis R. *Management Auditing*. Retrieved from <http://www.qualitydiagest.com/april00/html/managment.html>; see also the work of Charles Glisson and his colleagues at the University of Tennessee for their studies of organizational factors that influence direct practice with families and children.

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- ***The institutional view of clients can be a biased view.***

The same institutional rules, policies, forms and manuals that are designed to establish consistency and neutralize individual worker bias can still produce biased pictures of clients. While the service entry point is the same for all, not everyone entering is the same. Each entrant brings his or her own cultural assets and baggage. Yet, the institutional response is more likely to deny the differences in an effort to be consistent, unbiased and/or “color blind.” Individual information —strengths, needs, fears, aspirations —is filtered through the practice standardizing mechanisms employed by the institution. As a result, the unique aspects of individuals disappear and well-intentioned interventions may be misguided.¹⁶

- ***Population-specific studies produce valid insights for institutional reform.***

Concentrating on a specific subgroup of the population served by juvenile justice systems and its partners—children and families of color—rather than a comparative assessment across all subgroups is valid. Population specific studies are commonly accepted practice in the field of Public Health.¹⁷ It is acknowledged that different portions of the population experience different health outcomes. As a result of the population-specific studies, greater understanding has been achieved as to the contributors to the outcomes achieved. Often qualitative case studies of small, non-randomly selected populations triggered by a curious observer can lead to new hypotheses for exploration.¹⁸

The Institutional Analysis Framework as Applied to Disproportionate Minority Contact

The body of work supporting the Institutional Analysis suggests there are at least eight primary, or core standardizing methods¹⁹ of juvenile justice systems that organize how workers get to know families, work with them and have the capacity to act in a way that supports positive outcomes for youth, their families and the community at large.²⁰ Any one or combination of these features can interfere with achieving the desired outcomes equitably. The core standardizing methods used by public agencies to direct, influence and control how workers act on cases include the following:

- ***Policies*** in the form of laws, rules, regulations and policy manuals.
- ***Administrative procedures and protocols***, such as forms, screening tools, report-writing formats, matrices and assessments tools.

¹⁶ Campbell, Marie and Gregor, Frances. (2002). *Mapping the social: A primer in doing institutional ethnography*. Aurora, On: Garamond Press, p 37-39.

¹⁷ Agency for Healthcare Research and Quality Policy on the Inclusion of Priority Populations in Research (2003, February). Retrieved from <http://grants.nih.gov/grants/guide/notice-files/NOT-HS-03-010.html>

¹⁸ Mayes, Nicholas and Pope, Katherine (1995). *Observational methods in health care settings*, BMJ 311:182-184 (15 July).

¹⁹ Pence, E and Sandusky, J. (2005) *The Praxis Safety and Accountability Audit Tool Kit*, Praxis International, Inc.

²⁰ This includes the overall systems capacity to act as well as how workers were afforded the proper resources and authority to act.

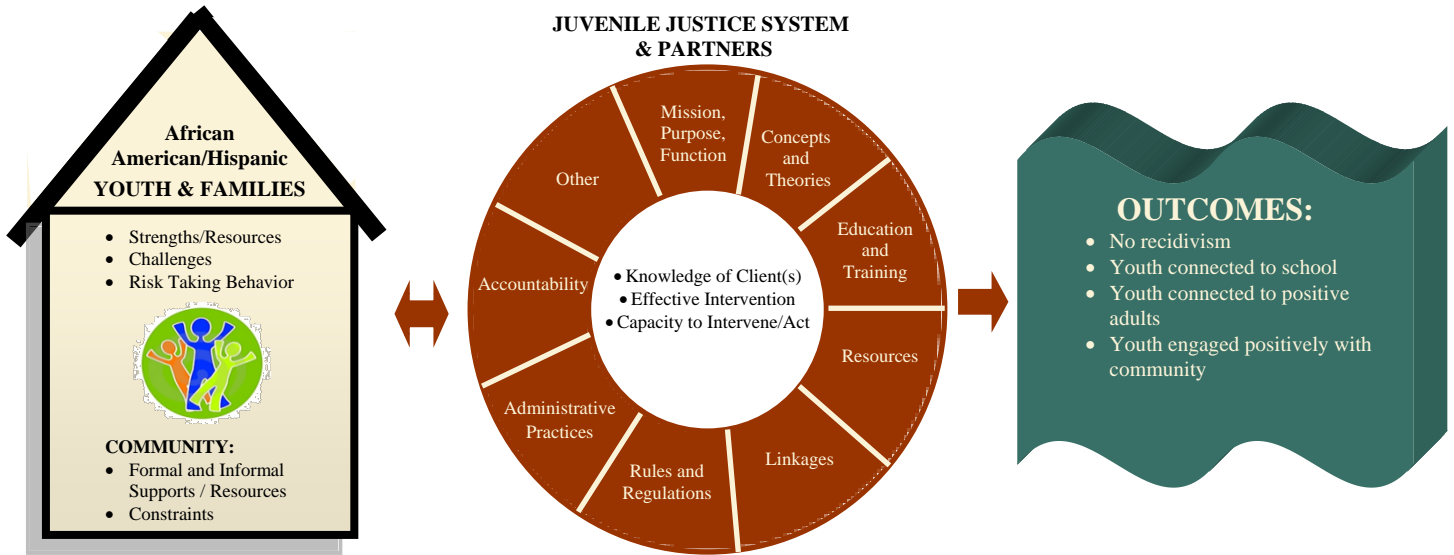
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- The allocation (or absence) of **resources**, such as prevention and diversion programs, visits from workers, mental health and substance abuse treatment and staff time (caseloads).
 - **Systems of accountability** to clients, other practitioners, and other intervening agencies, to the intent of policies and directives and to the goals of intervention. Examples include supervisory case plan approval, integrity of case documents, family involvement in case planning, court review of placements, the use of lawsuits and grievance procedures.
 - **Job descriptions, agency missions** and specifically **assigned tasks** at various points of intervention inform a worker of his or her role and duties and set a boundary around what a worker is and is not expected to do on a case.
 - **Education, training and skill development** in the form of training for workers and supervisors, educational requirements, exposure to professional discourse, mentoring opportunities and participation in local, state and/or national forums.
 - Organized **linkages** that connect a worker operating at a given point of intervention to other practitioners with prior or subsequent involvement in the case. For example, a juvenile intake officer's actions are in part determined by information received by the police officer, parent or other complainant and in part determined by the information required by the prosecutor and judge.
 - **Concepts and theories** that are embedded in the discourse of the field as well as in policy and administrative régimes. Policies and administrative practices are connected to broader assumptions, theories, values and concepts regardless of the individual values of the practitioner who will carry them out.
 - Other methods may be particular to a specific location and will be discovered by the IA investigation team. For example, in jurisdictions where a particularly egregious or fatal event involving a youth or the result of a youth's action occurs, the political atmosphere may pressure judges or administrators to move toward detaining subsequent youth when he/she might otherwise be able to remain safely at home with monitoring in place.

The analytical framework is designed to capture and consider the interaction of families with public systems by understanding the context of their lives and communities. (see figure below) Additionally, the framework assumes that patterns of institutional racism exist in the United States society at large and that these patterns are also present in institutional practice. The patterns are often subtle and so embedded in daily practice that they are not fully visible to the observer.²¹ The analytical framework of the Institutional Analysis therefore scrutinizes the eight core features of the juvenile justice system for their effect on African American and Hispanic

²¹ This framework can be, and has been, applied to other racial/ethnic groups and other populations such as victims of domestic violence. The selection of the population depends on the quantitative data (how we know something does not appear to be working) and desired outcomes of the jurisdiction.

families,²² illuminating problematic policies and practices at the agency, local, state and federal levels.

Institutional Analysis Framework



Approach

To examine the effect of these core standardizing methods, the IA employs ethnographic methods of data collection (observation, interviews, text and data analyses) focusing on producing a clear detailed description of how managerial processes have been put together to organize and coordinate the actions of the many workers who have a role in cases.²³ Using these data collection methods the IA explored how the juvenile court system and some of its partners, as they are institutionally organized in Fairfax County, may contribute to poor outcomes for African American and Hispanic youth in the juvenile court system. The focus of the IA was not on identifying the shortcomings or failures of individual caseworkers, judges or lawyers. Instead, the IA sought to identify and examine problematic institutional assumptions, policies, protocols, information gathering and sharing, and decision making processes that organize or drive practitioner action. Specifically, the lens of inquiry is on what might be contributing to the observed disproportionate minority contact which in turn can lead to institutional remedies (policies, programs, administrative protocols, etc.) that can be crafted to improve results for youth and families.²⁴ This IA is not intended to uncover all sources of disproportionate minority contact but strives to explain a significant piece of a bigger puzzle and, more importantly, the piece local agencies and communities have the most power to change.

²² As an ethnographic study, the IA examines the needs of and system response to a particular population but does not exclude application of findings to other populations. Further, this methodology can be adapted for use in understanding the experiences of other populations.

²³ The field of institutional ethnography is often attributed to the thinking and work of Dorothy Smith. See Smith, D.E. (2005). *Institutional Ethnography: Sociology for People* (Toronto: AltaMira Press).

²⁴ Further, as a case study, the IA is valuable in pointing to possible new directions for research and hypothesis testing in the field at large.

Through an examination of quantitative data and multiple “big picture” interviews, reviewers determined that the “front door” or referrals to JDRDC were the decision point to be examined through this IA process. Thirty-seven “big picture” interviews were conducted with leaders from human services, schools and police to provide a broad context to include missions and directives, funding streams, organizational structures, their relationship with JDRDC, the local political structure, etc. Leaders including the deputy county executive for human services, the chief of police, an assistant superintendent of schools, judges, agency directors and program managers were among those interviewed.

A more specific focus of inquiry, framed in the question below, was developed. The question was intended to guide the investigative team to look at the various pathways by which young people come to the attention of the courts as well as the decision making that subsequently occurs at intake.

“How does it come about that African American and Hispanic youth are less likely to be diverted upon intake and more likely to be detained?”

Phase I of the review focused on the experience of African American youth and Phase II focused on the experience of Hispanic youth. This qualitative methodology uses multiple data gathering activities with the result of each activity informing the next. While limitations of this method are acknowledged, the insights gained through this method are valuable. The number and type of data gathering methods are described below and detailed in Appendix A.

A case-based analysis used a specific protocol to capture the youth and family’s experiences with public systems. Parental and youth consent were obtained to participate in this analysis. A total of eight youth and his/her families (4 African American males, 3 Hispanic males and 1 Hispanic female) participated. Investigative team members met with the youth, parents and other family members; and with the professionals involved in each case prior to and during JDRDC involvement. These case professionals included teachers, principals, attendance officers, social workers, guidance counselors, and safety and security specialists from schools; patrol officers, detectives and school resource officers from police; and probation officers and intake officers from the juvenile courts.

An additional five individual interviews and six distinct focus groups with youth and parents were conducted. These activities sought a range of perspectives on how the system worked for “clients” and to better understand what was happening in their lives as they proceeded through various points of case processing.

Each phase of the IA also involved a two week “system analysis” where investigative team members conducted work practice interviews to understand case processing and how each person’s job functions and what tools are used to carry out their work. A total of 71 individual work practice interviews and four group interviews with practitioners occurred; examples of those interviewed include parent liaisons, social workers, attendance officers, and safety and security specialists from schools; nonprofit and faith community providers; Community Services Board mental health therapists and substance abuse counselors; judges, probation officers, intake officers, family counselors and volunteer interpreters from the courts; public defenders; the

commonwealth attorney; detectives, school resource officers and patrol officers from police; and social workers, court liaisons and prevention specialists from the Fairfax County Department of Family Services.

There were 23 observations of JDRC intakes, diversion hearings, court hearings, case planning team meetings, police ride-alongs, after-school programs, parent support groups and diversion programs. These observations served to see practitioners of different experience and skill level performing the tasks and duties and responsibilities discussed in work-practice interviews and flesh out why and when practitioners may deviate from stated work practices and to provide a better understanding of the work conditions, time pressures, interactions among interveners and availability of resources.

Also, a guided review of case files and specific forms including the Detention Assessment Instrument and the intake narratives was completed to learn how staff came to know the family, how forms and narratives were used, how interactions with families and service providers were documented and what knowledge was gained about the family. In total, 70 cases were reviewed.

Data Analysis and Safeguards to Bias

Data analysis occurred concurrent with data collection. Each new insight or piece of information was considered in light of previous information gathered, starting with the original analysis of Fairfax County's quantitative data on juvenile court complaints by race and ethnicity. The on-site data collection team debriefed as a whole periodically. The team also met with Fairfax County leadership at various points in the process and provided an overview of the preliminary findings, asking for feedback and clarification. Each finding that is included in this report had to be supported by multiple data sources to be considered valid. Observations that did not meet the multiple source test were rejected. A draft of the report was shared with Fairfax County to obtain further feedback on findings. Although specific case examples are used to illustrate particular findings, the data presented are common occurrences, not rare events.

Limitations of the IA

Led by the data and the concern of Fairfax County leadership, this IA focused only on the experiences of African American and Hispanic families and findings are based on the experience of a limited number of children and families. As a result, this study should be considered a beginning point of the analysis, not an exhaustive investigation.

The IA recognizes that other racial and ethnic groups may also experience disparate treatment and/or poor outcomes after system interventions. The findings identified in this study may also apply to other populations of youth and families.

IV. Building Blocks for Improvement

The IA process is designed to look for problematic practices in a jurisdiction and does not have a dedicated focus on system strengths. However, during the review in Fairfax County, the investigative team found several examples of developing practice that hold promise for achieving better outcomes for youth and families. Highlighted below are just a few of these practices, both in place now or emerging. As agency and community partners in Fairfax County work to make improvements in how they work with families, it will be helpful to examine these efforts and build upon them.

- The JDRDC probation assessment process has been reformulated and a new tool called the Youth Assessment Screening Instrument (YASI) is now used. The YASI focuses on protective, as well as risk factors and helps determine levels of supervision and treatment needs for each youth.
- JDRDC staff has been trained in the technique of motivational interviewing, a client-centered, goal-directed method for enhancing a youth's internal motivation to change behavior.
- The police run (formal and informal) diversion programming in certain parts of the county.
- A Systems of Care (SOC) Reform initiative began in November 2008 by Fairfax County Government, the public schools, and the provider community to improve service coordination and delivery by engaging families and youth in a culturally sensitive manner to identify how best to meet their needs. Specific recommendations have been developed, and are in various stages of implementation, regarding service design, services for individuals with developmental disabilities, and family and youth advocacy and engagement.
- Work is underway across the human services system to use the Results Based Accountability (RBA) framework to identify shared indicators and outcomes of neighborhood and family success.²⁵
- Within a cluster of Mount Vernon area schools, joint planning among the schools, the county and the community for an *Opportunity Neighborhood* pilot is underway.
- In the *Opportunity Neighborhood* pilot area, a Community School-linked Services model was launched in fall 2011 to simplify and improve a family's access to an array of supports and services.
- School parent liaisons who are bicultural and/or bilingual are viewed as helpful by both parents and school personnel.
- Fairfax County Public Schools have many initiatives to positively support Hispanic and African American youth including Closing the Achievement Gap, Graduation Task Force, and the Best Practices Initiative.
- Schools have intensified interventions for students to decrease instances of multiple absences and to reduce time missed due to suspensions.
- Schools are implementing Positive Behavioral Interventions and Supports (PBIS)—a team-based process (focused on a school's ability to teach and support positive behavior for all students) using systemic problem solving, planning and evaluation.

²⁵ Briefly, Results Based Accountability is a planning and monitoring methodology used to help leadership groups identify common results (life outcomes) for a population and understand the data and what activities need to be done to track and improve results for the specific population.

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- Culmore Center, located in a predominantly Hispanic community, has relevant and regularly used prevention programming, including domestic violence support groups, ESOL classes, medical clinics and assistance with food stamp applications.

V. Findings

The Institutional Analysis (IA) in Fairfax County primarily focused on ways in which the juvenile justice system and all of its partners are organized to support (or not support) successful outcomes for African American and Hispanic youth and their families. The IA examined the experiences of these youth and families through interviews, observations and case record reviews. While the findings below may very well apply to all youth, they are based on the experiences of African American and Hispanic youth encountered in this study. Some findings may be generally applicable to youth at-risk for juvenile justice interventions in Fairfax County, stressing the importance of overall access to preventive services to support families and promote positive youth development. Other findings are more specific to African American and Hispanic youth. Finally, the issue of who gets detained and who does not is complex and attempts to reduce DMC necessitate involving systems beyond the juvenile justice system.

In general, the Institutional Analysis found that many African American and Hispanic youth referred to juvenile court:

- Lacked access to sufficient prevention services before becoming involved with juvenile court services.
- Had significant mental health and/or substance abuse problems and were not receiving adequate services and that their behaviors stemming from these problems resulted in juvenile court contact.
- Were (or became) disconnected from schools and other opportunities for positive activities.
- Lacked general coordination/support/advocacy for themselves and their families when they were experiencing stress and engaging in risky behaviors.

Further, the Institutional Analysis team found that many of the African American and Hispanic youth whose cases were reviewed had been detained by juvenile court because they had violated the conditions of their probation or had run away from their home or placement.²⁶

The following more specifically describes the common findings for both the African American and Hispanic populations and findings unique to the Hispanic population. Specific examples illustrate each finding. However, it is important to emphasize that, although individual examples are presented, findings detailed in this report are based on multiple sources and were identified multiple times.

²⁶ Local practice is to override the Detention Alternative Instrument and place youth who run away in shelter care or secure detention, based on their court status. The Court Services Unit should consider analyzing quantitatively how many of youth are detained solely based on a violation of probation or because they had run away from home/placement.

Theme 1: *Publicly available preventive services do not consistently meet the broad range of needs of African American and Hispanic youth and families.*

Although Fairfax County has a broad range of services available to young people, some African American and Hispanic youth and families do not experience these services as engaging, accessible or individualized. Many programs and services tend to be designed with a universal youth in mind—specifically a youth with parents who have the ability to pay for sports fees, have insurance to get physicals and networks to help with carpooling. Providers reported that Fairfax County has many prevention programs, including sports leagues or teen centers, but that there were few programs available that target specific populations and issues. Parents, youth and providers all reported the financial challenge associated with participation on school teams and other extracurricular activities. For example, one parent liaison stated, *“We try to get kids involved in sports, but they’ve implemented a fee. And now there’s a mandatory concussion training that all parents have to take and it’s online and only in English.”* In truth, fees can be waived and the concussion training is available in many languages, yet this information was unknown by the liaison—which demonstrates that there are communication gaps within the larger system.

The location of some preventive services was also described as a challenge. For some youth, the distance of the service and lack of transportation prevented their participation. Some youth reported wanting to participate in after-school activities and sports but that late buses were not available on a daily basis so it would be hard to get home. Other youth reported that they did not participate in programs located in government buildings because there was a stigma associated with the building as a place that serves “troubled youth.” In another example, several Hispanic girls reported that they did not attend the community-based teen center because they felt the programming was for boys and that it was not safe to walk to the center. Further, some Hispanic youth and families who are undocumented viewed attending programs in government buildings as unsafe because they risk deportation. The county has located several prevention programs in community centers in the Culmore and Springfield areas with large Hispanic populations, but the IA team found little organized efforts to overcome other barriers associated with lack of transportation or the perception that programming was only for “troubled youth.”

Providers, youth and family members also reported a lack of meaningful supports for older youth (16-21) that would help them remain positively connected to school and community. One African American youth interviewed while in detention described having positive experiences at a teen center when he was younger, but said as teens get older, *“You grow out of it. You stop doing all of the things you thought were cool.”* Another African American youth reminisced about a county internship program he enjoyed participating in when he was younger that he found to be very valuable. He posited, *“Maybe if I had more positive programs I wouldn’t have gotten into trouble so much.”*

Finally, specialized preventive services such as support groups for lesbian, gay, bisexual, transgendered and questioning (LGBTQ) youth were largely unavailable in Fairfax County. One African American youth described having a difficult time “coming out” to his mother and that his family was not accepting of his sexuality. He also expressed feeling rejected by his peers and teased at school for being gay. He was referred to SMYLE, a program in Washington, D.C., however transportation assistance or additional supports were not provided. The majority of providers

interviewed in Fairfax County did not identify this gap in service as a major concern because they believed it applied to a very small group of youth. However, research indicates that often professionals are in fact working with LGBTQ youth but they are not aware of the youth's sexual orientation or sexual identity concerns.²⁷

Theme 2: *Youth who become involved with the courts frequently have mental health, substance abuse and special education needs, and earlier interventions to address these needs have either not occurred or not been sufficient.*

Prior to court involvement, the Institutional Analysis team found that a youth's parent must often navigate alone through the complex social service system in Fairfax County and act as the case manager in order to get treatment and/or accommodations. One Hispanic mother talked about her deep concerns for her son's mental health and school performance. After reaching out to both the school administration and her son's primary care physician she "got nowhere." It was not until her son was charged with a crime that he began to have access to the educational and mental health services he needed.

In some cases reviewed, youth and families received services through a Child Specific Team (CST) meeting. CST meetings involve parents, youth, school, mental health and other professionals as needed and through these meetings services are identified and a plan is created. Parents, however, found that no one person was designated to assist the family in ensuring that quality services were received and the plan was adjusted as necessary. The IA found multiple examples of parents unable to access timely mental health services for their children because of the difficulty in navigating the system; not being aware of resources available to their family or sources of assistance; the expense in accessing mental health services; and/or the concern or stigma associated with accessing such treatment.²⁸

A primary resource for coordinating services and a source of funding for behavioral health care services for young people in Fairfax County is managed and distributed through the Comprehensive Services Act (CSA) of Virginia. Specific state resources to serve particular groups of youth are pooled into a single state fund and are then distributed to localities based on a local-state cost formula. The state CSA code categorizes certain youth populations as mandated and other youth populations as non-mandated. Youth in the mandated population are required to receive funding for services identified in their CSA service plan. The mandated population includes youth in foster care, youth eligible for certain special education services and youth at risk of being placed into

²⁷ Emerging studies show that up to 13 percent of the total detained population of youth self identify as LGBTQ. These young people often face discrimination, harassment and rejection. Generally juvenile justice systems are not resourced to work competently with these youth, are often without an understanding of their specific service needs and may be treating them unfairly. Source: Majd, Marksamer and Reyes, *Hidden Injustice: Lesbian, Gay, Bisexual and Transgender Youth in Juvenile Courts*. Fall 2009. Although unknown at the time of the case selection, two of the eight in-depth individual case reviews conducted involved LGBTQ youth, both of whom were struggling with family rejection due to their sexual orientation.

²⁸ Nationally, African Americans are less likely to receive mental health services, experience a poorer quality of care and are underrepresented in mental health research. Some of the barriers to access include racism, stigma, beliefs and preferences, availability of and access to appointments as well as financial burden and insurance coverage issues. See Annelle B. Primm, M.D., MPH, National Center for Children's Mental Health: Technical Assistance Call Series.

foster care. The non-mandated population is comprised of other youth involved with the juvenile courts or youth who have behavioral health needs. In order to access services through the CSA, the youth and family must participate in a defined process. Because the CSA funding for non-mandated populations is limited by the state-local formula, eligible youth are placed on a waiting list when funding is not immediately available for services. There is a team comprised of staff from among several county agencies, the schools and a parent representative that meets to prioritize which youth get access to funding based on their needs and funding availability. Young people who are court-ordered to services usually take priority over those who are seeking services independently. There is a widespread perception that youth should be processed through JDRDC in order to more quickly access mental health or substance abuse services through the CSA. African American and Hispanic parents talked about meetings where providers brainstormed ways that they or others could file a court petition on behalf of the youth in order to access services through the juvenile court. Providers also confirmed that they encourage parents to file juvenile court petitions so that youth can access services.

In addition, several African American parents interviewed by the IA team discussed the culture of their community as one that does not want to “*air its dirty laundry*.” Some families had negative experiences with public systems and were not quick to ask for help because of concerns that the intervention may not be useful or may create additional problems for them. Parents reported feeling that the burden to understand and access these services is placed solely on them.

Finally, police and other professionals who interact with youth engaging in risk-taking behaviors are not consistently aware of how to link families with preventive services. For example, police spoke of parents in great distress about how to manage their youth’s behavior and expressed frustration that they could not intervene until the youth had broken the law. In particular cases, youth who appeared to be at risk of becoming involved with a gang were referred to a police-supported prevention program, “Road Dawgs.”

Theme 3: *A common, cross-system vision promoting the well-being of youth and families and emphasizing collaborative work with families has not been fully developed and implemented. As a result, families experience teams, assessments and case planning that are not coordinated.*

Various agencies in Fairfax County each have their own mission, mandates and operating requirements. While it is to be expected that different agencies have different missions, the county lacks an overarching, cohesive vision that emphasizes working in partnership with families, community and other agencies to support youth success and that articulates what youth success should look like. Further, many county agencies lack the ability to share data—e.g., how many youth were involved in both the juvenile justice and foster care systems, how many youth receiving services through a Child Specific Team process enter the juvenile justice system, or what is the current educational status of all youth on probation (by race, gender, age). With inadequate data sharing and a lack of a shared broader vision, systems do not have a complete understanding of which youth they are commonly assisting, the needs of these youth and their families, or how to coordinate effective interventions.

As a result of these often disconnected systems, the IA found that youth and families experience multiple teams each with their own distinct case plans. For example, parents or other caregivers were often included in meetings about their child as part of individual treatment program’s protocols (e.g., substance abuse residential treatment facilities) but parents reported that they were not consistently part of a larger team or planning process with probation, mental health providers or schools all at the table at the same time. In one case reviewed, a Hispanic youth and his mother were part of three different teams—one through probation, one through his treatment program and one through his school. Each team held distinct meetings and each was not always aware of what other assessments had been made of the youth and his mother and what resources each system had brought to bear, or could bring as a unified approach. Each team’s plan had different goals for the youth to fulfill.

In another example, an African American youth was involved with both the Department of Family Services (DFS) and probation. His assessment through probation (conducted before the implementation of the new Youth Assessment Screening Instrument tools) failed to assess his family dynamic and it did not appear that DFS and JDRDC were communicating regularly. While on probation, this youth, who was living at home, was placed in “less secure” detention because his mother had physically assaulted him and DFS could not find another timely placement for him. This youth was detained because of the lack of an available out-of-home placement option and inadequate assessment and planning about issues in his home.

Parents also reported missing critical information pertaining to the well-being of their children. One mother reported that when she did attend meetings about her son it was difficult for her to understand what the providers were talking about and she felt left out. These meetings often take place at times and places that are inconvenient or inaccessible for parents. When parents were unable or unwilling to participate in these meetings, IA team members heard some professionals suggest that these parents did not care about their children.

Finally, some intervening agencies narrowly focused on intervening with the youth who came into contact with the juvenile justice system, but did not adequately assess and intervene with the larger family system. For example, the JDRDC diversion protocol asked two questions about the family (Is there anyone in the home on probation? Did the parent discipline the child?). The IA team found multiple case examples of larger family dynamics that impacted the ability of youth to successfully complete diversion, including parental alcoholism, domestic violence and significant parent-child conflict.

Theme 4: *Approaches to working with families are often based on operational requirements of the system—that is, the system privileges its need for efficiency over the individual needs of families.*

It is important for agencies to find operating efficiencies in order to function smoothly and serve large numbers of families. However, some of the ways in which intervening institutions operate are problematic for African American and Hispanic families in Fairfax County. Families are often confused by the processes the systems employ, such as communication that is paper or email based rather than phone or face-to-face conversations, and timelines that do not work with the realities of families’ lives. For example, if a young person is brought to intake by a police officer and is scored

low on the Detention Alternative Instrument, he/she is eligible to be released to a family member. However, as the system is currently organized, it is neither the police officer's nor the intake officer's role to supervise the youth until a family member can arrive. They also do not have the time allotted in their schedule to do so. In some instances, parents were unable to arrive at intake in time and the youth was detained. In one instance, an African American youth's parents were both working evening shifts and could not reach him in a timely manner. The youth was unable to be placed in the "less secure" facility because the beds were full, so he spent the night in secure detention.

Institutions in Fairfax County also place responsibility on parents for completing certain tasks and fault the family when a task is not completed. For example, one African American mother was asked to bring her son to multiple psycho-neurological evaluation appointments that were located across the county. The case file indicated that she did not comply with the request, and ultimately the youth did not receive this important service. The mother talked to the IA team about how she was uncomfortable driving and often gets lost when travelling to places she does not know. The family therapist confirmed that the mother had significant cognitive limitations that affect her ability to navigate around the county and that this task had caused her great anxiety. However, the probation officer involved in the case did not have this critical piece of information and made the assumption that she was not invested in her son's well-being. No transportation services were offered to the family. The probation officer had fulfilled her responsibility to make the referral but was not directed through policies and practices to work with the family to ensure that the referral could be followed through on or to analyze what barriers might be affecting the family's ability to comply with services.

In addition, for many good reasons, the county emphasizes quality, evidence-based programming. However, providers report that some of these evidence-based programs are not based on African American/Hispanic populations and families cannot always comply with the requirements of the program. Specifically, one provider stated that because parents were not able to travel consistently to an evidence-based parenting class (which requires parents to attend 16 of the 18 classes), parents without reliable transportation were "weeded out" of the program.

The IA also found that when the services available in Fairfax are unable to meet the specific needs of a young person, the youth may be discharged from the program with indication that he/she has reached "maximum benefit." By discharging a youth in this way, there are no negative consequences for his/her probation status. However, these youth are discharged and still in need of treatment and categorizing youth in this way may not assist the county overall in understanding what array of mental health services are truly needed. One African American youth who was struggling with multiple mental health and addiction issues was discharged as reaching "maximum benefit" from three different treatment programs. This youth had been hospitalized several times for suicide attempts, had co-occurring substance abuse issues and was nearing the age of 18. He had an extreme need for intensive mental health interventions, but program administrators reported that he was disruptive to the treatment milieu. This youth was released back to his family with minimal mental health and substance abuse treatment. He immediately acted out in such a way that he returned to the juvenile justice system. Many programs contracted with the county to meet the extreme mental health needs of youth determine whether to accept and/or retain youth in their programs. For youth with significant and complicated mental health needs, this can ultimately result in a youth being left with no options for treatment (as in this example).

Finally, many providers, juvenile court staff and family members reported concerns with the quality of legal representation available to youth. Because of the urgency to “move the court calendar” and requirements to determine quickly if a youth must be released or detained, attorneys often meet clients for the first time immediately preceding a court hearing. Attorneys discussed the difficulty of establishing trust with their clients and determining the best course of action on the case in such a short time period. Further, due to the time constraints, many professionals reported that there is less preparation and investigation time on the part of attorneys. Last, the IA team observed public defenders regularly covering cases for each other, and even judges occasionally substituting on a case with which they were not familiar. The team observed delays as a result of these substitutions. In one court observation, because there was a substitute judge who did not know the case and was concerned about the complexity of the presenting issues, the case was continued to be put on the calendar of the original judge and the African American youth was sent back to detention.

Theme 5: *Most youth involved with juvenile court are also struggling in school. System interventions do not consistently support youth in remaining connected to and completing school.*

In interviews, focus groups and case reviews, the IA team found a linkage between contact with the juvenile court and struggles with school. Many youth struggled with regularly attending school and/or performing on grade level. As discussed previously, the lack of cross-system data sharing impedes the county from understanding the extent to which youth struggling with school attendance and performance also come into contact with the juvenile court. Not surprisingly, the IA team found that youth participated in events that resulted in contact with the juvenile justice system while they were truant from school. For example, a 15-year-old Hispanic girl had 15 unexcused absences. She had signed a contract with the school attendance officer indicating that she would attend school, but continued to miss days. Police subsequently found her intoxicated during school hours at a party with adult men. In another incident, an African American youth, with over 24 unexcused absences, set several fires with friends in a local park while skipping school. Both these youth were also struggling with performing at grade level.

Once a youth reaches his/her later teenage years and becomes involved with the juvenile court system, the IA found youth were not consistently supported by the schools and courts in remaining connected to their education. A school attendance officer reported to the IA team that juvenile court officers do not routinely “push” cases of truant 17-year-old children as truancy caseloads are so high and these cases are not viewed as a priority. In probation cases reviewed and in interviews with court personnel, the team found that school attendance is not emphasized in conversations and case plans for youth who are 14 or 15 years old and who are disconnected from schools. The emphasis for these youth is more on completing the required programs/services of probation, particularly getting mental health and/or substance abuse treatment services and refraining from additional criminal activity.

Finally, schools can reassign or expel youth who are charged with committing crimes. In accordance with law, the school superintendent is made aware of all students who are accused of committing certain crimes in the community.²⁹ He/she then has the discretion to pass this

²⁹ See Virginia Code Section 16.1-260 (G).

information along to the principal who may choose to exclude the student from the school based on these allegations alone. One parent described her son spending several weeks in a “special room” out of his usual classroom environment while waiting to be reassigned schools as a result of a charge relating to a fight he allegedly had in the community. Nearly four weeks later, the charge was dismissed and the youth could return to his original classes. Many African American and Hispanic youth encountered in this IA were placed into an alternative school environment after the filing of a juvenile court petition and many youth reported experiencing significant time out of school (three weeks or more) while waiting to enroll in other school settings.

A broad range of alternative educational options exist for youth. In several cases reviewed, youth liked the alternative classroom environment. As one youth stated, “*School at the shelter is much better because we have a small group. I can ask questions and teachers listen and pay attention. I used to not work at high school. I cannot concentrate being with a lot of people.*” In other cases, youth were upset that they did not have access to the activities (sports teams, clubs, prom) at their home school and stopped attending school altogether.

Findings specific to Hispanic youth and families

The following findings are based on the reported and observed experiences of Hispanic families. Not surprisingly, the team learned that those individuals who identify, or are identified, as Hispanic come from diverse backgrounds. Fairfax County has a large population of families whose origins are from El Salvador, Honduras, Guatemala, Colombia, Venezuela and other countries in South America.³⁰ Quantitative data regarding the country of origin for youth involved in the juvenile justice system is currently not collected, but most youth and families encountered in this study were from El Salvador, Honduras or Guatemala.

When undertaking this work, the IA team had difficulty learning from the county the individuals considered to be the leaders within the Hispanic communities—a very different experience than previous work looking at African American youth. Thus, the team was not able to formally engage with and inform the Hispanic communities about this work.

In general, the findings listed below are specific to Hispanic youth and families and relate to the mixed documentation status of many families and cultural and language challenges experienced by families newer to the United States. The IA did not reveal any findings that solely applied to African American youth and families.

Theme 6: *The mixed documentation status of many Hispanic households creates unique needs for this population and often compromises a family’s ability to access prevention services.*

Parents, youth and providers reported that many youth live in families where one or more members is not a legal resident of the United States. As a result, families were frequently moving, living in overcrowded conditions and working multiple “under the table” jobs. Several youth interviewed or whose cases were reviewed had immediate family members deported.

³⁰ Quantitative data regarding Country of origin is not currently collected by the juvenile justice system.

The IA found many Hispanic families were struggling to survive economically in Fairfax County; and for undocumented families, the struggle was even more significant. Interviews, focus groups and case file documentation reflect that the adults in Hispanic households are working two or more jobs, with many working six days a week. As one worker stated, “*We have clients who do not have sustainable jobs...a significant percent of cases (maybe 70 percent) experience homelessness.*” The jobs available to this population pay very little and are usually part-time with no benefits. As a result, parents are described as exhausted and youth are frequently left unattended and in caregiving roles for younger siblings. Work schedules constrain parents’ ability to participate in services. For example, one mother interviewed said she had great difficulty getting an appointment with her son’s counselor that accommodated her work schedule. This mother works six days a week, leaves home at 5 a.m. and returns between 6 p.m. and 7 p.m. In addition, families double and triple-up in housing or take in borders to help pay the rent. The IA found that several youth were struggling in their relationships with or had been hurt by other adults living in the home. Oftentimes, moving is not an option for families. Currently, the head of a household must be documented in order to apply for subsidized housing. Affordable housing waitlists are very long (a housing official reported to the team that people who came on the list in 2007 are just now finding housing).

Data also showed that many times parents entered the United States and left their very young children (even infants) in their home country with relatives. Several of the youth interviewed (and those whose files were reviewed) had reunited with their parents as teenagers, having been separated for nearly their entire life. Parents spoke of the difficulty of connecting to the child from whom they had been separated and, in particular, understanding how to parent a teenager. Parenting classes in the county are mostly provided in English, and no parenting classes that specifically focus on raising adolescents are provided in Spanish. Additionally, youth describe feeling “*left behind*” or abandoned by their parents and, when reunified with their parents, unable to fit in with a “*new family.*” Parents also struggled in their relationship with each other. In particular, domestic violence was cited as a growing concern by parents and providers.

Case files also documented difficulty many youth experienced with border crossing. One youth described walking at night without adequate food and water, while being chased by police and dogs. Others described rapes, physical brutality and fear when separated from family members after being caught crossing the border. While these experiences were documented in case files or known to providers, there was little evidence of interventions specific to support youth in addressing traumas.

Finally, schools and providers describe families as constantly on the move, changing phone numbers and disconnected from supports because of the fear of deportation. One case note read, “*There is no social support network for Josie’s³¹ family.*” The real threat of deportation prevents many families from feeling safe in engaging with prevention services. Several cases reviewed involved youth whose families were split apart by deportation. Youth worried about ICE³² deporting their parents or siblings in the middle of the night. In one case examined, a father left the family or was deported, two brothers had been deported and a third was detained with immigration. The youth was left only with his mother and a sister. The IA team saw families separated by deportation but no supporting services for the family members left behind.

³¹ Name changed to protect confidentiality.

³² U.S. Immigration and Customs Enforcement.

Theme 7: *School truancy is often a warning sign of significant needs of the youth and family. Interventions around school truancy issues of Hispanic youth do not necessarily account for and meet the underlying needs of youth and are therefore unsuccessful, resulting in youth becoming more involved in the juvenile court system.*

In cases reviewed by the IA team, Hispanic youth struggled with regularly attending school. In one of the high schools the IA team visited, the school population was approximately 35 percent Hispanic, but the school attendance officer (SAO) stated that on that day his list of truant youth was 85 percent Hispanic. While some youth and parents are unaware of the legal requirements to attend school (despite school efforts) or do not call in to properly report an excused absence (e.g., youth is sick), other youth are purposefully and regularly missing school. SAOs have high caseloads and consistently reported to the IA team that they must triage cases.³³ For example, one of the SAOs interviewed stated that he is more likely to intervene when it is “a girl who may be at risk for hanging out with the wrong guys, then if it is a boy who is home smoking pot.”

The SAOs are directed to work with parents and school officials to develop appropriate intervention plans (e.g., visits to the home, morning wake up calls, purchase of alarm clock, etc.) and only take cases to court where interventions have failed to resolve issues. However, intervention plans with youth who are chronically truant varies by schools, suggesting no uniform assessments or protocols. In some cases, SAOs met with youth and their parents and contract with youth to attend school as soon as the youth has five or more unexcused absences. In other cases, youth with excessive absences do not receive intervention supports until they have missed an excessive (15 or more) number of days. In one interview a Hispanic youth described the differences in how two schools reacted to her unexcused absences. In one middle school, she described her parents and school officials as not noticing her absences (she had reportedly missed over 10 days of school). When she changed schools, the new SAO and school administrators were “on me immediately when I missed school” and they convened meetings with her and her parents.

The IA found that many youth had a long and early history of truancy before contact with the juvenile justice system and that, for some, truancy interventions do not adequately support their underlying needs. Several youth had significant mental health or substance abuse needs that went unaddressed until there was court involvement. Youth interviewed described coming to school high on marijuana or other drugs—some youth said they slept through class, while others reported they felt they functioned better at school while high. In other cases, youth described feeling depressed. One 17-year-old Hispanic girl gained 65 pounds over the summer, her mother was concerned about how her daughter hoarded food and isolated herself, and several providers were concerned that this youth might hurt herself. She had been consistently truant from school and, after several failed contracts with the SAO promising to attend school, a truancy CHINS³⁴ petition was filed. While this youth is participating in therapy as part of her probation requirements, she had received no assessment or intervention around a possible eating disorder or a comprehensive psychological evaluation. Because she is 17 years old, the probation officer felt that the court would not likely order a costly psychological evaluation. Her mother reports she does not know what to do to get her daughter to school and that the threat of court intervention has no effect on her daughter. The focus

³³ The IA found that there are 15 SAOs for nearly 170,000 students in Fairfax. SAOs reported caseloads in the 400s (a student with five or more un-excused absences qualifies for their caseload).

³⁴ Child in Need of Supervision/Services

of this girl’s case plan was to attend individual therapy, attend school and complete her community service hours. Missing from the case plan was any attempt to assess her possible eating disorder, sudden weight gain and sudden isolation. Additionally, youth and providers spoke of the lack of meaningful and consistent consequences to help youth who regularly missed school. For example, one probation officer noted: *“In June, when placed on probation for CHINS/Truancy, Juan³⁵ was excused the last 10 days of school by [redacted] Middle School under the premise of avoiding further disciplinary consequences that could result in an official out-of-school suspension or recommendation for expulsion. This coupled with his progress into the ninth grade, despite his accrued unexcused absences, has led Juan to believe that he does not need to attend school, submit assignments or even follow probation rules, since he progressed as if he had gone to school.”*

Multiple sources and case studies pointed to the need to support Hispanic youth and their parents with school transitions from elementary to middle school and from middle to high school. In reviewing case files, many youth became truant upon a school transition. In these cases, truancy appeared to be related not only to the youth’s ability to do school work, but also to difficulty with connecting to peers. Finally, some Hispanic parents did not understand and, in many instances, did not have the time to do the “work” that is expected of parents (e.g., checking homework, reviewing information about school assignments, student progress and assignments online, etc.). The IA team did find evidence of schools helping parents to understand how to support youth with their homework and attendance but these events were not always well attended or adjusted to the literacy level of some Hispanic parents.

Theme 8: *Interventions do not take into account the language barriers and cultural barriers experienced by some Hispanic families who were newer to the United States.*

Many Hispanic parents interviewed or encountered in this data collection did not speak English. While throughout the county various forms of interpretation are available, parents reported that they were not sure about the quality of interpretation and many providers discussed that the low literacy level of many parents rendered printed materials irrelevant. In the juvenile court setting, Spanish-speaking parents require more support in understanding and participating in court proceedings than court interpreters are allowed to provide. Court interpreters must interpret “meaning-for-meaning” all court proceedings and conversations with attorneys.³⁶ However, they are not able to go beyond interpreting. Interpreters and parents stated that parents have questions about forms, what happened at court and what they should do next. The interpreter cannot help explain or advise and must direct them to their attorney, if they have one. As one interpreter stated, *“A judge might say go to window 301 to fill out paperwork but an interpreter cannot go with them and the clerk at 301 does not speak Spanish.”*

In other contexts, parents and providers said that necessary information was not translated for English-speaking providers. For example, in counseling sessions with Spanish-speaking parents and youth, the parents and children exchanged profane insults, yet the interpreter did not translate this for the counselor. In another case, a youth cursed out his counselor, but the interpreter did not

³⁵ Name changed to protect confidentiality.

³⁶ Virginia Code of Professional Responsibility for Interpreters Serving in Virginia Courts.

provide that information to the counselor. Counselors reported this constrains their ability to effectively engage and intervene with youth and families. Other interpreters spoke of the need to help providers not just with language interpretation, but with cultural interpretation. For example, an interpreter relayed that for some Hispanic families, the father is considered the head of the household and in order to get a mother and youth to talk about their family dynamics, the father needs to be out of the room. In her experience, this dynamic was not recognized by providers.

Data also revealed concerns about the quality of translation affecting a youth's case. For example, an attorney described the case of a youth charged with sexual battery; specifically that he touched the breast of a girl. The youth in a police interview denied touching the breast of a girl, but admitted touching her upper chest. Because the Spanish word for breast and chest are similar in pronunciation, the youth was arrested. Ultimately, charges were dropped but not until after the written transcripts of the interview were translated correctly.

Many providers and police officers expressed concerns that youth and parents are not aware of the laws applicable and rights available to all persons. In particular, providers were concerned that Hispanic young men new to the United States are not aware of laws around drinking and driving and statutory rape. Others described undocumented youth and parents as not understanding the justice system in the United States and that this lack of understanding, combined with a fear of police based on their experiences in their home countries, results in some Hispanic youth pleading to crimes in lieu of a trial so that they (and their parents) can minimize any further involvement and exposure to the police and courts.

Finally, the IA team heard repeatedly that parents and youth felt discriminated against because they did not speak English. Parents and youth cited multiple examples of providers and court personnel describing monolingual Spanish speakers as lacking intelligence.

VI. Opportunities for Improvement

The information assembled by the Institutional Analysis not only provides greater insight about what could be contributing to the stark outcomes represented in the quantitative data; it also provides guidance for action steps and ideas for what it will take to do better. Ultimately, a countywide partnership of schools, courts, law enforcement, child welfare and mental health all have roles to play in improving outcomes for these youth. This partnership, with guidance from youth and families, should initiate more detailed practical actions.

Additional analysis is needed to further explore and understand the questions raised by the findings. To support additional analyses, the county should develop an agenda that will provide greater understanding of youth and families served by multiple systems. Further, overall, the county needs to decide and promote a shared vision for working with youth and families and agree on a set of positive youth outcomes that all agencies should be supporting.

There are multiple opportunities for improving how the various systems and services can better support African American and Hispanic youth, some of which are identified below. Some opportunities and action steps can be seized more immediately, others will take longer. The opportunities are grounded in the previously described methods used to organize how county practitioners come to know youth and their families and the capacity they have to intervene with the youth.

Additional Analysis

- Map the current array of prevention programs and work with African American and Hispanic youth to determine their relevance, accessibility and unintended barriers to participation with the goal of making them more effective for the populations at greatest risk.
- Evaluate the availability, accessibility and flexibility of CSA supported services for the non-mandated population.
- Work collaboratively with the schools to evaluate the consequences of different timeframes for the legal and school discipline processes; examine alternative interventions and models for working with youth who are chronically truant; and assess if the number of student attendance officers is feasible for the number of youth in need and what alternative models may exist to assist with school truancy.
- Assess across the system the number of Spanish-speaking clients served and the number of bilingual/bicultural providers for purposes of determining adequate capacity. Available technology is not adequate. (While Fairfax County has a telephone-based translation service for use by any provider, most described relying on such a service as very challenging. In particular, counselors described using a language line in sessions as very difficult when attempting to build trust and rapport with clients.)
- Work with providers to examine the effects of evidence-based programming for African American and Hispanic families (including how many are enrolled in programs, how many complete the program, results after completion, etc.).

Improving Data Capabilities

- Improve cross-system data, including data regarding how many youth are involved with both the foster care and juvenile justice systems; how many youth received mental health or

substance abuse treatment services before coming into contact with the juvenile courts; how many youth who are chronically truant have contact with the juvenile court system; how many youth are reassigned or expelled from school based on reports from juvenile intake; how often youth in alternative schools return to their home school; how often youth complete the requirements of probation; etc.

Changing the Way County Institutions are Organized

- **Aligning Partner Missions and Functions to Overarching County Goals**
 - ❖ Identify countywide outcomes for youth as part of the county’s efforts to build a results-based accountability system.
 - ❖ Implement strategies to ensure that each partner agency is more proactively reaching out to families in need, and working collaboratively with community partners to support access to services for families of color.

- **Revising Administrative Procedures and Protocols**
 - ❖ Promote a model of intervention that is inclusive of families and promotes cross-system, comprehensive assessments and case planning of youth in the context of their families. Consider using shared assessment tools and care plans.
 - ❖ Create protocols that support youth returning home from intake if they are eligible to go home. That is, consider ways that the system can support someone waiting with the youth at intake until a parent/caregiver can arrive.
 - ❖ Work with judges to consistently question the use of overrides on the Detention Assessment Instrument that result in a youth being detained.
 - ❖ Consider modifying contracts with treatment providers to incorporate “no-eject/reject” provisions.

- **Expanding and Tailoring Resources**
 - ❖ Identify ways to support all youth—through relevant mental health services, supports with family dynamics and positive youth development experiences.
 - ❖ Make available case managers/advocates for youth and their families receiving services, but who are not formally involved with the courts.
 - ❖ Consider increasing the number of parent liaisons to support families where a youth is truant.
 - ❖ Create supports that are accessible and relevant to Spanish-speaking parents, such as:
 - A support group for monolingual Spanish parents reuniting with and parenting adolescents.
 - Cultural navigators/language interpreters/parent advocates for court and other environments that can support parents beyond court interpretations (e.g., someone who can explain not only what happened in court, but help them fill out necessary paperwork, etc.).
 - Court orders and other written documentation that is in Spanish. Currently, written court orders and documents are not translated into Spanish, so when families leave court they must remember what was translated and/or find someone to translate written orders.
 - Venues for parents to gain an understanding of the relevant laws of Virginia and the United States and implications for their parenting and the behavior of their children.

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- ❖ Develop relevant and accessible programming that can support youth who identify as lesbian, gay, bisexual, transgendered and questioning.
 - ❖ Create a pilot program to advocate for connection to appropriate services for youth at risk of juvenile court involvement who have serious mental health or substance abuse needs.
 - **Strengthening Systems of Accountability**
 - ❖ Ensure attorneys are able to meet with clients in a timely manner prior to court appearances and that they are prepared at all relevant court hearings.
 - ❖ Create a mechanism for consumer feedback/customer satisfaction because, across the county, there is uneven data collection and use of qualitative data to determine from youth and parents the quality and relevance of programs to inform service delivery.
 - **Expanding Knowledge and Skills**
 - ❖ Educate those with significant connections to youth about how best to link families in distress with relevant prevention/early intervention services. Assess how well police and other early interveners are able to connect families to these services.
 - **Enhancing Partnerships and Linkages**
 - ❖ Consider ways to partner with community providers that are considered to be welcoming and safe for undocumented/mixed documented families.
 - ❖ Develop a cross-systems approach to effectively intervene with youth of all ages who become disconnected from school.

Conclusion

Disproportionate Minority Contact is not solely caused by juvenile court interventions and does not solely rest on this agency to address. Based on the data collected and analyzed, this report offers some ideas of ways the various institutions in Fairfax County can adjust to better serve the needs of the African American and Hispanic populations. As is apparent, there is no one specific intervention or change that will solve DMC. Instead, the County must continue to work together with its community partners to prioritize the most critical and feasible changes that can be made, and track and continue to share progress.



VII. Fairfax County Action Plan

A Collaborative Approach: Community and Public Sector

Fairfax County public sector leaders across human services, schools and police realize that strategies to address disproportionality and disparities must continue to be woven throughout initiatives and programs and also have a deliberate focused approach. To help achieve this, an interagency team, the Disproportionality and Disparity Prevention and Elimination Team (DDPET), comprised of human service agencies, schools and the police was established in January, 2009 to target deliberate strategies towards reducing disparate outcomes.

To organize, prioritize and measure the impact of DDPET and organizational led initiatives, a framework for change was adopted.

Influence Policy & Legislation	<ul style="list-style-type: none"> ✧ Engage Champions ✧ Assess and utilize political capital
Change Organizational Practices	<ul style="list-style-type: none"> ✧ Increase transparency <ul style="list-style-type: none"> ▪ Data collection & data sharing ▪ Communication ▪ Vision ✧ Establish shared commitment and accountability ✧ Reexamine existing mission, philosophy and practices as they relate to disparate treatment and disproportionality
Foster Coalitions & Networks	<ul style="list-style-type: none"> ✧ Expand partnerships to include additional systems and sectors (education, behavioral health, public safety, direct service providers, etc.) ✧ Convene new groups and individuals for broader goals and greater impact ✧ Develop community based and community driven resources
Educate Providers	<ul style="list-style-type: none"> ✧ Develop workforce skills and competencies to affect organizational practices ✧ Influence workforce attitudes and values with the goal of shaping organizational culture
Promote Community Education	<ul style="list-style-type: none"> ✧ Reach groups of people with information and resources to promote equity ✧ Encourage the voice of children and families most impacted by disproportionality and disparities
Strengthen Individual Knowledge & Skills	<ul style="list-style-type: none"> ✧ Address the social determinants that lead to disparate outcomes ✧ Identify and strengthen community supports for children & families

The initial priority action for DDPET was in the area of *Educate Providers*—raising awareness and developing workforce skills and competencies to affect organizational practices. A strong foundation of awareness better positions the county to develop and implement improvements and actions to eliminate disparities.

Milestones and tools used to raise awareness have included:

- **June 2010:** “Race: The Power of An Illusion” was utilized with an interagency audience of nearly 250 staff from 12 different county agencies including police, human services and schools. “Courageous conversations” where race was a part of the facilitated dialogue took place. Following this session, a network of “ambassadors” self-identified themselves to join the DDPET in their work to raise awareness.
- **October 2010-May 2012:** An initial “train the trainer” session for the ambassadors to build internal capacity to facilitate dialogues prompted by segments of the video series, “Unnatural Causes, Is Inequality Making Us Sick?” took place. Since then, ambassadors and DDPET members have launched a lunchtime video/dialogue series using two segments—“Place Matters” and “Becoming American.” To date, about 375 staff has participated in these dialogues. There was a recognized gap that those who work in a school are unable to get away from their job duties to participate in a lunchtime dialogue, so a special session was jointly planned for September.
- **September 2011:** “Unnatural Causes: Make a Difference—One Neighborhood at a Time!” The audience of over 260 staff was comprised mainly of school social workers, school resource officers (police), school health nurses and other human services staff including members from the Community Services Board prevention team, the Department of Family Services, the Office for Children, and Neighborhood and Community Services. Fourteen break-out sessions organized by school clusters followed to engage in a dialogue that considered the specific challenges and strengths of the neighborhoods where they work.
- **December 2011:** A “Leadership Challenge: Collaboration for Change” session attended by schools, human service and police leaders. The session introduced *Opportunity Neighborhoods* as a framework and sought to answer the essential question, “How can we work together more effectively to achieve better results for *all* children and families in Fairfax County?”
- **May 2012:** Ambassadors and DDPET engaged with the Early Intervention Strategy Team (EIST) in a confidential facilitated dialogue to gain new insights into the African American culture to assist in DDPET’s work with African American families. EIST was established in 1996 by the Fairfax-Falls Church Community Policy and Management Team and charged with identifying reasons for the disproportionate representation of African American children in the child welfare system and developing individual, family, school and community early intervention strategies for working with at-risk African American children and their families.

In September 2012, Camara Phyllis Jones, MD, MPH, PhD will engage stakeholders across the community and public sectors in sessions entitled, Leadership Challenge: Health Begins Where You Live, Learn, Work and Play. Dr. Jones conducts research on social determinants of health and equity in the Epidemiology and Analysis Program Office at the Centers for Disease Control and Prevention. She is a family physician and epidemiologist whose work focuses on the social determinants of health, including poverty, and the social determinants of equity including racism.

The work to ***Foster Coalitions and Networks*** at the neighborhood level includes the community collaborative, Together We're the Answer (TWA), as they work to strengthen their collective impact and seek common ground with community leaders representing Hispanic children and families and other groups such as the West African Coalition. Recognizing their organized presence as a community asset, a planning grant proposal was submitted in 2010 to the Department of Education to develop a *Promise Neighborhood* in the Mount Vernon cluster. Although funding from the DOE was not awarded, a business partner, Capital One, provided some planning funds to move forward with a local version of the model called *Opportunity Neighborhoods* (ON). Additionally, a Title II grant from Virginia Department of Criminal Justice Services supports technical assistance for the ON namely in positioning our collective systems improvements in response to data, to include these IA findings as one data source.

In another neighborhood, the Annandale Roundtable is preparing a set of outcomes to involve new stakeholders (and/or potential sponsors and partners) in the planning and implementation of a civic engagement initiative targeting youth and immigrant communities in Annandale.

This foundational work positions Fairfax County to effectively ***Change Organizational Practices and Influence Policy and Legislation*** via the lens of eliminating disparities. The local action plan encompasses connecting strategic initiatives and transformative work that is aimed to ensure that children and youth succeed. At the helm, the Strategic Children and Youth Policy Team (SCYPT) comprised of community, youth, human services, police and school leadership has been established. SCYPT will provide the cross-organizational leadership and capacity to address policy issues, prioritize actions and instill accountability for results.

Operationally, DDPET will serve as an organizing and support mechanism to the SCYPT and in response to the IA findings, will support two distinct, connected processes aimed to launch deliberate improvement strategies. Establishing mechanisms for cross-system longitudinal data sharing is a priority and will develop in the Opportunity Neighborhood site.

A ***Dialogue with Directors*** series will serve to connect the cross-system organization-led work already underway, better integrating these targeted efforts to address disparities and drill down the applicable IA findings to begin identifying potential remedies (e.g., policies, linkages).

A regular monthly Dialogue with Directors pairs organizations/divisions/programs based upon common work linkages and will take place with a sub-team of DDPET. For example, Juvenile Court Intake and Police Patrol and Youth Crime Prevention divisions will be paired. Regional Change team members from the organizations engaged in the dialogue will also attend to strengthen the connections of these two processes.

Answers to common prompting questions will be prepared in advance and relevant data—including delving into the IA findings—will be a part of the dialogue. The pairing of related organizations is intentional to examine opportunities to improve linkages. All improvement strategies will be fed forward to the Regional Change team for piloting.

A ***Regional Change Team*** will apply a model such as the Plan-Do-Study-Adjust (PDSA) rapid improvement cycle to more rapidly pilot and measure the effects of incremental changes. This process will start initially within the Opportunity Neighborhood.

The existing South County Cross-Agency team will serve as one regional change team. Membership on this team includes public sector agencies and organizations as well as faith-based groups and nonprofits serving the community. Applying a deliberate change model, such as the PDSA rapid improvement cycle creates a shift in how agencies embrace change and supports moving into a mode of action.

The PDSA model allows ideas to be piloted in small increments with less time spent on abstract planning and more time spent learning from real practice in action. Unlike traditional planning processes, consensus is not needed for someone to pilot an idea. In many instances, piloting an idea without spending a lot of time discussing it first generates consensus in the long run, because the results from the pilot speak for themselves. Not building consensus prior to piloting an idea allows more than one idea to be tried at once and less time spent trying to resolve opposing viewpoints. Measuring both point-in-time, as well as changes over time, will be used to determine effectiveness of changes. Data results will be incorporated into the Dialogue with Directors series and shared with the Youth Strategic Leadership Group.

Currently, across the system, there are initiatives with a specific aim to improve results for African American and/or Hispanic populations that the DDPET has included in a working inventory. Appendix C represents a point-in-time inventory of these initiatives, organized by the Change Framework that will continue to evolve. These may spark ideas or provide building blocks for the Regional Change team.

The Journey Continues

Fairfax County pauses just a moment to recognize the important milestone this report represents, realizing this is just a single step along this important journey. The commitment by all of our public systems—human services, police and schools—to work together and with our community is steadfast. We continue to work collaboratively to rid our systems of contributors to disproportionate minority contact so that life opportunities look brighter for all of the young people growing up in our community.



Appendix A: IA Data Collection Activities

Activity Phase I and Timing	Activity Phase II and Timing	Purpose
<p>September 2009 - October 2010:</p> <p>Big Picture Interviews (29)</p>	<p>September – November 2011:</p> <p>Big Picture Interviews (8)</p>	<p>Interviews with human service leadership and agency leadership from courts, police, education, child welfare, and health provided a better understanding of issues such as funding streams, local political structure, court structure, local data, missions and directives of the court services unit and its partners.</p> <p>59% (22) with human service system leaders 19% (7) with FCPS leaders 11% (4) with Police leaders 11% (4) with Judges</p>
<p>June 2010:</p> <p>Case-Based Analysis</p> <p>4 African American male Cases</p>	<p>September – October 2011:</p> <p>Case-Based Analysis</p> <p>3 Hispanic male Cases 1 Latina female case</p>	<p>Using a specific protocol, case-based analysis obtained an in-depth examination of the effectiveness and quality of interventions with children and their families.</p> <p>To examine all 8 cases, 71 interviews were conducted.</p> <p>35% (25) with Juvenile and Domestic Relations Court staff 25% (18) with youth, parents, other family members 20% (14) with FCPS staff (teachers, principals, social workers, guidance counselors, safety and security specialists, attendance officers) 10% (7) with Police (detectives, patrol officers, school resource officers)</p>
<p>November 2010:</p> <p>Individual Interviews with 27 staff from the courts, schools, police, Public Defender office, Commonwealth Attorney and other county agencies</p>	<p>October/ November 2011:</p> <p>Individual Interviews with 44 staff from the courts, schools, police, Public Defender office, other county agencies (Family Services, Community Services Board, Housing and Community Development), Non-profit and Faith community providers</p>	<p>The interviews were designed to understand the everyday case processing and managing routines of staff from the court services unit, schools and police. Interview participants were selected to gain perspectives from the provider community, system partners, and staff who were currently processing cases as frontline staffs and who were considered by the agency to be competent staff.</p> <p>Across both phases of the study, the distribution of the 71 interviews was: 39% (28) with FCPS staff 28% (20) with JDRC staff 13% (9) with Police 13% (9) with other human service agencies (DFS, CSB, HCD) 3% (2) with non-profit and faith community providers Plus two interviews with the Public Defender’s office and one with the Commonwealth Attorney’s office</p>

Activity Phase I and Timing	Activity Phase II and Timing	Purpose
<p>November 2010:</p> <p>11 Observations Included JDRC intake, diversion hearings, court hearings, diversion programs, parent support/education groups, Case planning team meetings, police “ride-alongs”</p>	<p>October/ November 2011:</p> <p>12 Observations intake, diversion hearings, court hearings, diversion programs, after-school programs, parent support/education groups, case planning team meetings, police “ride-alongs”</p>	<p>Observations provided the opportunity to see practitioners of different experience and skill level performing the tasks and duties and responsibilities discussed in work practice interviews. Observations served to flesh out the interviews by identifying when and why practitioners may deviate from stated work practices and to provide a better understanding of the work conditions, time pressures, interactions among interveners, and availability of resources.</p>
<p>January-April 2010:</p> <p>Interviews with parents and youth</p> <p>1 Parent focus group 1 youth focus group 3 youth interviews</p>	<p>October/ November 2011:</p> <p>Interviews with parents and youth</p> <p>3 youth focus groups 2 youth interviews 1 Parent focus group</p>	<p>These group sessions were designed to seek a range of perspectives on how the system worked for “clients” and to gain understanding about what was happening in their lives as they proceeded through various points of case processing.</p>
<p>November 2010:</p> <p>2 Group Interviews: School Resource Officers School Security Team</p>	<p>October/ November 2011:</p> <p>2 group interviews: FCPS psychologists Volunteer Interpreters for JDRC</p>	<p>These groups were composed of individuals who perform the same function or are involved in the same process. The interviews were designed to obtain reflections and observations of the work and to prompt exchanges about the intent of the processes, the institutional organization of the process, the relationship of various players in managing a case through specific parts of an overall process and the eight core standardizing methods (regulations; resource allocation; administrative tools; lines of accountability; training; linkages to each other and others; institutional assumptions, concepts and operating theories, etc.)</p>
<p>November 2010:</p> <p>Guided Review of Detention Assessment Instruments, Intake narratives for delinquency cases and intake narratives for CHINS cases (34 total cases)</p>	<p>October/ November 2011:</p> <p>Guided Review of Diversion Case files and Intake narratives for delinquency cases and for CHINS cases (36 total cases)</p>	<p>Data collection from case files was intended to learn how the case staff came to know the family, how forms and narratives were used, how interaction with families and service providers were documented and what knowledge was gained about the family. All cases reviewed involved African American or Hispanic youth.</p>

Appendix B:

TOGETHER We're the Answer



Chartering Our Work – Adopted March 1, 2007

Adopted Mission of the Community Collaborative on Disproportionality: *Together, We're the Answer*

To prevent and reduce the disproportionate presence of African American children in our County's foster care and juvenile justice systems, and to increase school readiness and academic achievement through community collaboration.

General Background

In 2004, a group of African American community leaders met with Fairfax County human service staff to examine why in Fairfax County, African American children were over-represented in the foster care system. In their examination, Fairfax County results were found to be comparable to other localities across the United States and similar rates of disproportionality were present in the juvenile justice system. Furthermore, they found significant disparities for African American children related to academic achievement.

The reasons behind these results are complex. However, one thing is certain. No one entity can make a significant difference on its own. It requires community and government working together to solve community problems. As a result, a Community Collaborative on Disproportionality has been formed: *Together We're the Answer*. To inspire, lead and engage families, faith-based organizations, businesses, advocacy groups, fraternal organizations, professional associations and the public sector, there is a Call to Action **Steering Committee** with representatives from each sector of these community stakeholders. By building on the strengths of the African-American family, the Community Collaborative will strive to end these disparities.

Guiding Principles

- We believe that children thrive best in healthy and strong families.
- We will build upon the existing strengths of families.
- We will engage the parents, caregivers and children.
- We will support families in nurturing their children while creating opportunities for optimum achievement.
- We will work conscientiously to help individual groups, faith-based and community based organizations thrive so that together, we can achieve our mission.
- We will focus on measurable results.
- We will ensure that the services, programs, policies and partnerships that we engage in are culturally sensitive and appropriate.
- We will nurture, grow and involve African American leadership.

Roles of the Steering Committee

1. Build an infrastructure for collaboration among organizations that work with African American children and families.
2. Improve access to and awareness of neighborhood, community and public services for African American children and families.
 - a. Parents can better access job training, top quality child care, primary health care and parental support systems
 - b. Children have access to safe neighborhood resources
 - c. Families have access to people in the community – including mentors, resource families and resource organizations—they can turn to for support
3. Identify and recommend system, policy and/or legislative changes that will better serve the best interest of African American children.
4. Galvanize resources and energy to have the greatest positive outcomes.
5. Measure progress.
6. Develop specific strategies to involve, nurture, grow and recognize African American leadership.



Appendix C:

Inventory of Initiatives focused on African American &/or Hispanic Populations DDPET initiated 9/27/2010 – last edit 4/10/2012

Initiative	Lead Agency	Staff Point of Contact
Influencing Policy & Legislation		
Lines of Service Review	DFS	Carol Frecker
ISP – Champions for influencing policy	FCPS	Peter Noonan / Kim Dockery
CLAS Standards (1994-2011 version)	CSB	
Policy changes – pending Institutional Analysis findings	Police	
Change Organizational Practice		
Human Service Results Focus Areas / RBA	HS	
Community Data system across the health system	Health	
Partners in Prevention Model – CBO’s leading programs with staff who are closer to needs of population	NCS / CBOs	
Opportunity Neighborhoods	FCPS / HS	
Family Engagement	DFS	Jo Rutledge
Increased use of website – translation & interpretation	DFS	
More targeted outreach	DFS	
Lines of Service	DFS	Carol Frecker
Healing Racism	DFS	
Fatherhood Initiative	DFS	Champana Bernard
IA Tracking System – stops, arrests & searches – requirement to document all stops and searches	Police	
IA works all racial profiling cases	Police	
Data collection – schools	FCPS	Laura Robinson
CLC committee to identify and address disparities in treatment delivery system and promote staff awareness of various cultures served	CSB	
Special Education disproportionality issues	FCPS	Kim Dockery
Healthy Families – South County team targets African American families	Health/DFS	
Targeted services located in region to increase specific population access: Herndon Resource Center – WIC; Women’s Health Clinic – CHCN	Health	
Closing the Achievement Gap Report	FCPS	
Volunteer Court Interpreters	JDRDC	
Document translation	JDRDC	
Court consultation in Spanish	OFWDSVS	
24 hour domestic abuse hotline with translation services	OFWDSVS	
Flexible program planning and implementation at community centers – moving away from only evidence based models	NCS	
Foster Coalitions and Networks		
Community Dialogues – Annandale Dialogue on Diversity; Springfield Community Dialogues	NCS / Police	Norma Lopez
Leadership Institutes – Springfield Latino Leadership Institute	NCS	Norma Lopez
Community Planning Groups – Latino Leaders Group; Hispanic Parent Summit; Culmore Community Planning Group	NCS	
The Program Center	Housing	Elisa Johnson
Joint meetings – Patrol Bureau and Human Services	Police / HS	
Health Access Navigators – to facilitate access to services	Health	Chris Stevens
MAPP convening coalition for Healthier Fairfax	Health / CSB	Marie Custode

Initiative	Lead Agency	Staff Point of Contact
System of Care – School Linked Services	DFS	Keesha Edwards
Multicultural Advisory Council – targets at-risk populations, specifically subpopulations (i.e. HIV, Community Immunity/flu)	Health	Dr. Gloria Addo-Ayensu
Together We're the Answer	NCS	Lloyd Tucker
West African Community Collaborative	NCS	Lloyd Tucker
Mount Vernon Youth Task Force and GSCC	NCS	Lloyd Tucker
County-wide Interfaith Network	NCS	Sandy Chisolm
0 – 5 Task Force	Health	
Educate Providers		
Regional Cross Agency Meeting – monthly	NCS	
Technical Assistance to nonprofits / faith-based (e.g. Moroccan American community organization)	NCS	
Early Intervention Strategy Team – EIST	Human services	Emma Marshall
Race: The Power of an Illusion	ALL	June, 2010 session – sponsored by DDPET
Priority Schools initiative	FCPS	
Biased based police training – DCJS 4 hour cultural diversity training	Police	
Educate staff and provide trainings	CSB	
Opportunity Neighborhoods: Mount Vernon	FCPS – HS agencies	Karla Bruce, Mary Ann Panarelli,
Healing Racism	DFS	Carol Frecker
Unnatural Causes: Is Inequality Making Us Sick? video dialogue series	All – DDPET/ Ambassadors	Karen Shaban
Saving Babies Campaign (target infant mortality/low birth weight)	Health	
Mental Health First Aid Training	CSB	
Leadership Days of Learning	HS, Police, FCPS	
Promote Community Education		
Citizen's Police Academy	Police	
Road DAWG Camps	Police/NCS	
Ride Along Program	Police	
Neighborhood Colleges – quarterly	NCS	
Youth Summit – Annandale	NCS	
VITA Program - Financial Education	DFS	Aimee Brobst
Public Assistance & HAAT Outreach	DFS	
Meals on Wheels – ethnic appropriate meals	DFS – AAA	
Division of Community Health & Preparedness Outreach Team African American and Hispanic focus	Health	Tehani Mundy Maria Leonard
Education to non-English speaking parents and adults	OFWDSVS	
Community Outreach to Hispanic Community	OFWDSVS	
Strengthen Individual Knowledge & Skills		
Parenting Education – for Latino families	DFS/NCS	
Peer Support Specialists	CSB – L&AA	
Batterer Intervention Program (offered 4-5 times per year in Spanish)	OFWDSVS	
Compassion Training for couples (offered 1-2 times per year in Spanish)	OFWDSVS	
Individual Counseling in Spanish (offered year round)	OFWDSVS	
Group Counseling in Spanish (offered 2 times per year)	OFWDSVS	
Children's Group – translator among facilitators for non-English speaking group members	OFWDSVS	
Individual and Group Counseling in English/Spanish at Artemis House	OFWDSVS	