Pro-Equity Policy Framework

for Racial and Ethnic Disparities in Utah's Juvenile Justice System 2020

EEU

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Introduction

Understanding Racial and Ethnic Disparities in Utah

Disparities in the juvenile justice system are a function of more far-reaching societal disparities extending to the socio-ecological environment minority youth uniquely face. This disparity in juvenile justice can only be comprehensively addressed if also addressed in other systems of care for youth and their community at large

The latest system reforms (HB 239) to Utah's juvenile system has fostered a less punitive environment as seen in the latest decline in official youth involvement in the system. However, disparities among racial and ethnic minority youth continue to persist as illustrated in the latest report Striving for Equity in Utah's Juvenile Justice System, 2020 Disparities Update across the juvenile system. This reflects a similar national trend where despite the decline in the number of youth entering the justice system over the past twenty years, racial and ethnic disparities (RED) remain a persistent issue (Gase, L. et al. 2016).[1] While recent policy efforts already taken into place are meaningful and achieving substantial improvements for youth overall, its reach in reducing disparities among minority youth is impartial and incomplete across Utah.

In order to fully understand the breadth and complexity of RED, the boundary of analysis needs to expand beyond the traditional single-issue framework of differential involvement, differential selection and processing towards a broader contextual and ecological understanding of how, where, and why these disparities persist. Research under the traditional framework has demonstrated that over the past two decades racial disparities in police contact continue to persist even after controlling for differences in offenses (Huizinga et al. 2007). Even for minority youth, they are more likely to be involved in the justice system controlling for criminal behaviors, substances abuse, and mental health issues (Godette et al. 2011). Then what could be contributing to the persistence of this disparity? Under the 'differential selection and processing' framework, experimental psychological research suggests that implicit bias against minority youth plays a significant role in their disproportionate outcomes in the

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1 Arrest rates among white youths, for example, have been decreasing at a faster pace than arrest rates for black youths (Stevens and Morash 2015).

system (Graham and Lowery 2004)[2]. This disparity is further exacerbated given the unequal access minority youth have to fair legal counsel, pre-trial services and drug treatment (Gase et al., 2016). Yet, these analysis of differential offending and differential selection/processing are impartial to understanding the scope of RED without an active consideration that disparities in the juvenile justice system are a manifestation of more far-reaching societal disparities extending to the socio-ecological environment[3] minority youth uniquely face over their childhood and adolescence. This disparity can only be comprehensively addressed in juvenile justice if also addressed in other systems of care for youth and their community at large.

Underlying the challenge of addressing RED in the juvenile justice system requires a careful understanding of the context in which the disproportionalities among youth occur beyond the front-end contact with the system. In doing so, this creates an intersectional framework for understanding how inequality proliferates across youth outcomes particularly that of racial and ethnic minority youth across multiple dimensions in physical, behavioral, and mental health, education, and risks factors for delinquency. Across the empirical literature addressed in this report there is a strong indication that youth delinquency and behavioral issues are manifestations of the inequalities often set at birth and exacerbated across childhood and adolescent development (Gase et al., 2016; Manduca & Sampson, 2019; Sampson et al., 1997). This includes the inequality minority youth face in circumstances of maternal health, socio-economic status, family health, access to care, public spaces, education, neighborhoods and much more. As disproportionate amounts of racial and ethnic minority communities face neighborhoods with worse conditions in health, safety, education, economic opportunity, and resources—so do the youth. As a result, minority youth are at a higher risk of facing toxic and punishing environments for their developmental needs which disproportionately influences their contact with the juvenile system (Manduca & Sampson, 2019). This can occur both indirectly by having adverse impacts on their development (i.e. concentrated disadvantages/poverty, adverse childhood effects) and directly through greater proximal risk of unsafe neighborhoods and the associated higher presence of proactive policing in these communities (Gase et al., 2016).

Hence, it is no surprise that RED persists in the juvenile system given the entrenched structural and environmental conditions that prevent minority youth from accessing and experiencing the same opportunities in society as others. Minority youth face a higher likelihood to come into contact with the system with greater proximal risk factors such as poverty, poor health, stress, trauma, and the alienation and discrimination minority youth routinely experience. Hence, in order to address RED systemically in addition to existing single-issue efforts (i.e. race-neutral risk assessments), the policy objective needs to expand with an intersectional consideration for inclusion and racial equity by ameliorating the social environmental conditions that foster disproportionate contact among minority youth. This will be a dual challenge to comprehensively and explicitly address: 1) The disproportionate amount of proximal risks minority youth

2 Graham and Lowery (2004) demonstrated the impact of racial priming on police and probation officer reports of negative traits, culpability, expected recidivism, and in endorsing harsher rates of punishment.
3 Including environments pertaining to socio-economic, cultural, physical and psychological conditions.

face in their disadvantaged neighborhoods across their childhood and adolescence requires a multi-systemic, culturally-responsive, trauma-informed and place-based response. And 2) approaches to policing in these communities which are prone to "broken windows"[4] practices and re-stigmatization needs to be re-evaluated with community-based approaches and reinvestments in these targeted communities. This approach is necessary in order to achieve a more systemic reduction in RED with a holistic approach that is preventative, structural, intersectional and far more cost-effective in the long-run.

Although single-issue efforts of tracking data on RED remains as pertinent and non-judicial diversion efforts continue to be meaningful, they will not be substantial enough to address the source of where the disparities arise when minority youth are trapped in environments with disproportionate amounts of structural barriers that foster risk factors such as poor mental health across their development. In response to a broader contextual understanding of RED, making progress in reducing disparities in the system will equally require structural policy interventions for minority youth beyond the front-end of the juvenile justice system. While reversing these inequalities at birth for minority youth are near impossible (and beyond the scope of the juvenile system), what is concretely possible is reorienting current policy to invest in empirically driven policy interventions that create social buffers/protective factors for youth, their families, and communities as early as possible to buffer against the adverse effects social inequities has already had on them (or more ideally, prevent these adverse effects as early as possible).

Additionally, there are important policy adjustments for each stakeholder in the system to integrate in order to ensure that disparities are not exacerbated at any particular decision point.

These policy interventions which act as social buffers are supported by empirical studies across socio-ecological levels which have significantly reduced youth's risk toward delinquency and improved their behavioral health resulting in improved outcomes across adolescence and adulthood. Policy interventions that are holistic, culturally-responsive and multisystemic must center on the understanding that a youth's experience is not only within the family and school but also critically situated within their neighborhood and community. By taking this structural and intersectional approach Utah's policy approach will be able to center on making progress towards equity for all minority youth and empower the social structures and processes in communities for all youth to thrive in.

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4 Broken windows policing is a proactive policing model that focuses on targeting areas where there is more disorder as it is likely more associated to generating more serious crime (Wilson and Kelling 1982).

Section #1

WHO—Unique challenges among Utah's youth

I. Young and Diverse

Utah is a young and increasingly diverse state which currently presents unique opportunities to address existing disparities across the state to foster a more equitable, nurturing, healthy, and safe environment for a diverse and young population to thrive in. Policy interventions taken today to prevent the widening of disparities and most importantly a reversal of disparities faced by the youth population is a critical and urgent investment for Utah's future outcomes in social welfare, health and human capital development. According to the latest Census Bureau population estimates, Utah is one of the youngest states in the nation (a median age of 31.3 year in 2019) with a 29 per cent share of the total population under 18 years of age ranking it the second largest age demographic behind the senior age group (65 or older). Since the 2010, the youth population grew by 6.9 per cent suggesting increasing demands to the particular needs of youth today and tomorrow. Moreover, Utah's minority population has also grown by 3.3 per cent from 2018 to 2019 bringing the minority population to 22 per cent in 2019 (US Census Bureau 2019). Although one in five adults identify as a racial minority or as being of Hispanic or Latino origin, this proportion increases to over one in four (27 per cent) for the population under

age 18. Among the minority population, over one third is under 18 where two thirds of minority youth are Hispanic.[5] This demographic snapshot illustrates the rising need to respond to a diversely growing youth population with an inclusive lens towards more culturally appropriate and developmentally oriented policy to meet the unique needs of Utah's population.

II. High Needs Youth: Mental Health

A. Depression & Suicide

A young demographic inherently also includes the unique demands of childhood and adolescence that can encounter unique challenges over the course of their development. Specific to UT, the youth face a particularly high need in mental health. [6] According to the latest Student Health and Risk Prevention (SHARP) survey in Utah, the percentage of students reporting moderate depressive symptoms remains relatively high and increases across grade levels reaching up to 69.3 per cent. Specifically, youth in Utah face increasing levels of 'feeling sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months' across the span of 2011 to 2019. This elevated indicator of mental health and stress is further exacerbated

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5 Additionally, almost half of Two or More Races, the second fastest-growing racial minority in the state, is under the age of 18. And the non-Hispanic Two or More Races population and the Hispanic or Latino population have the largest shares of children under 5, at 14.8% and 10.2%, respectively.
6 Mental Health Treatment Needs: high treatment needs percentage remains relatively unchanged since 2017, but moderate treatment needs percentage point shows slight increase since 2019 in 19-31% range across grade levels.
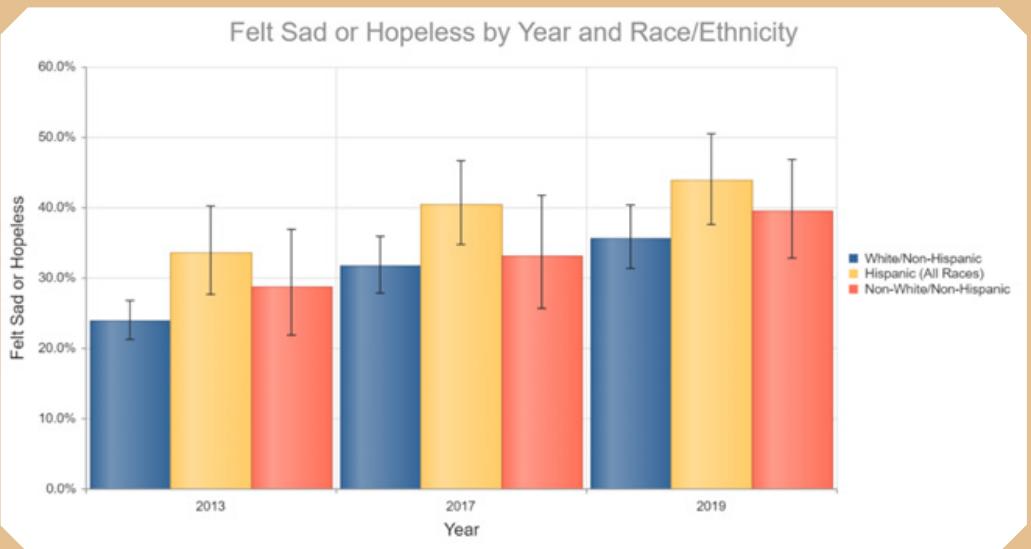
Figure 1: Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.
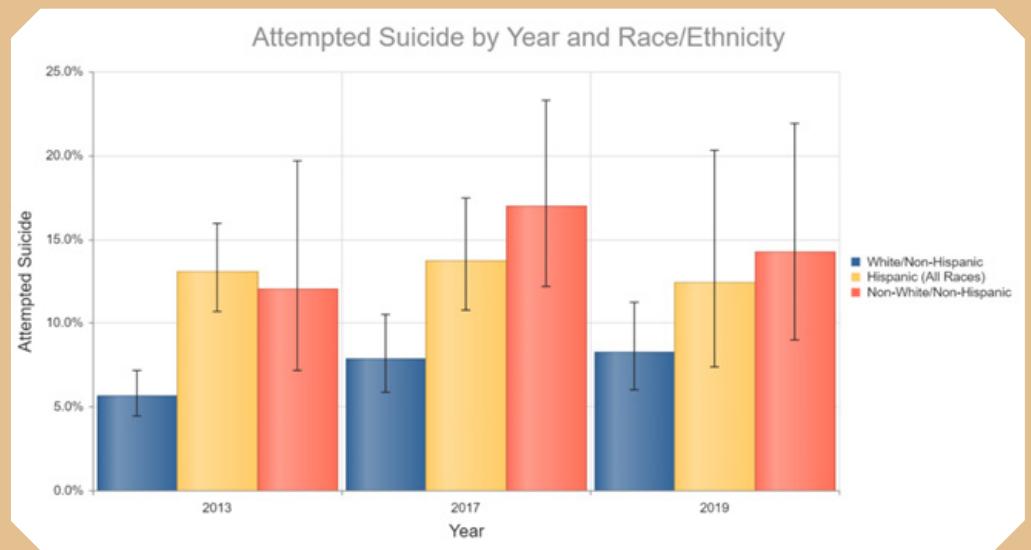
Figure 2: Percentage of students who actually attempted suicide one or more times during the past 12 months

when disaggregated by race and ethnicity. As illustrated in Figure 1, Hispanic youth (yellow) face the highest level and Non-White/Non-Hispanic youth (red) face the second highest level relative to the White/Non-Hispanic (blue) group.

Unsurprisingly, these disparities in attempted suicide (Figure 2) continue to persist across the years for racial and ethnic minority youth in Utah. Overall suicide among youth in UT remains high in ranking among the top-15 states for suicide for over a decade (Gray et al., 2011). This gravely suggests that there is not only a high need in addressing mental health for
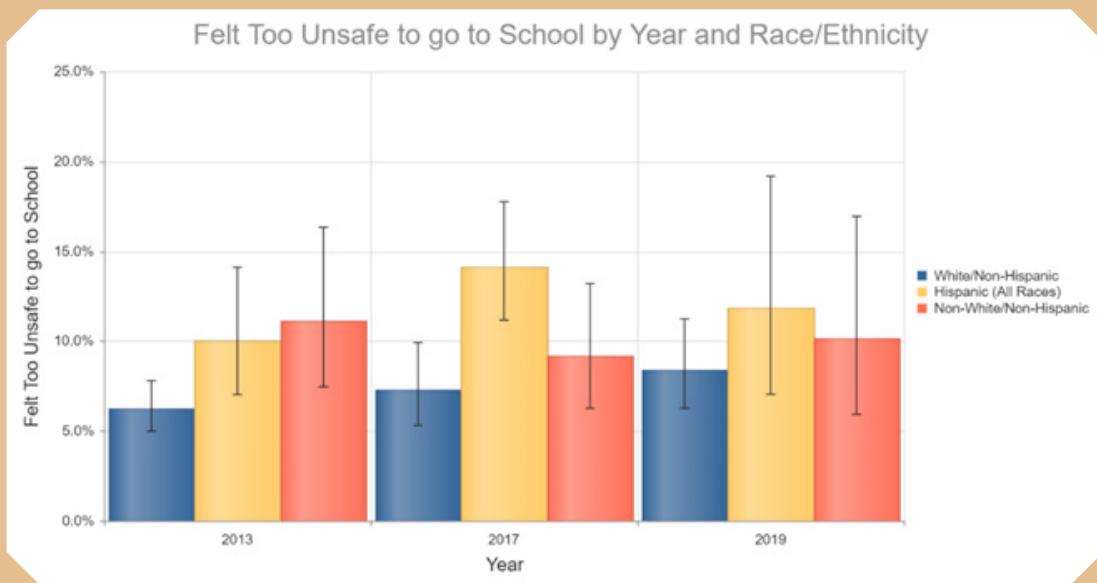
Figure 3: Percentage of students who did not go to school because they felt unsafe at school or on their way to or from school on one or more of the past 30 days

the youth population in UT, but particularly so for Hispanic and Non-White youth who disproportionately shoulder mental health risks which are often tied to risk factors for delinquency. A study on youth suicide in Utah found that 63 per cent of suicide victims had contact with the juvenile courts which raises deep concern regarding the interwoven nature of mental health status and juvenile justice (Gray et al., 2011).

In addition to these mental health concerns and the underlying disparities, the SHARP survey also illustrates how students across all grade levels (except 6) have felt increasingly (>3% points) felt unsafe travelling to school. For grade 10 and 12, the percentage of students feeling unsafe remains higher than the state-level in 2019. As illustrated in Figure 3, the disparities (albeit reduced from 2017) continues to persist as more Hispanic and Non-White/ Non-Hispanic youth felt unsafe going to

school. This indicates that the environments in which youth are asked to learn and socialize in are disproportionately unsafe for minority youth. This has serious psychological consequences as feeling fear in unsafe environments is detrimental to the learning experience. In fact, high levels of stress adversely affects the neurological process in which learning and memory occurs due high levels of cortisol (stress hormone) which is disproportionately affecting minority youth (Wirth et al., 2011). While these factors are not immediately visible, understanding the context in which minority youth are disproportionately asked to learn and thrive in could help those involved in all systems of care for youth to understand the disproportionate psychological burden these youth face. Relatedly, perceived reasons for bullying has particularly increased across the years and most grade levels for reasons of 'My size', 'My accent or the country I (or my

family) was born in', 'How much money my family has or does not have', 'My gender', and 'My social standing or for being unpopular'.

Given these trends, the earlier mental health interventions and culturally competent support systems take into place (with a particular focus on high-needs underserved minority populations) the higher the likelihood is to prevent adverse outcomes in youth's behavioral health and risks for delinquency as advocated widely across the medical and public health literature (Farrington 2007). Early prevention interventions during childhood are widely seen as sustainable long-term solutions to increase the protective factors and reduce the risk factors for adverse outcomes for youth in education, health, and delinquency.

Section #2

WHY—Socio-ecology of RED

I. Socio-Ecological Framework of RED:
An ecology of risks

While many studies on DMC/RED (Disproportionate Minority Contact / Racial Ethnic Disparities) in juvenile justice focus primarily on disparities at arrest and various points of contact in the system, the actual disparities do not begin at these points but rather at the "starting gate". The starting gate is the unequal social contexts in which many racial and ethnic minority youth are born into and expected to thrive in. This social context can be further conceptualized under the socio-ecological system theory which integrates the interlinked and interdependent nature of interactions at the personal, relational and collective levels that shape human development (Henderson & Baffour, 2015). For example, a minority youth can often face a multitude of barriers starting from the individual at the microsystem level where they live in a challenging family environment with mental health issues or poverty which then can be further exacerbated at the mesosystem level where they have limited access to mental health services, live in resource-deprived neighborhoods, or face punitive environments in their school systems as seen in figure 4. Then these challenges can further accumulate at the exosystem level where the minority youth frequently has to face areas of high policing due to the biased representation of their minority-majority neighborhood or perceived negative stereotypes regarding their racial identity such as associations or remarks by their peers regarding their culture. Given the highly interdependent nature across the micro and macro level factors that contribute to DMC/RED, the socio-ecological systems theory depicted in Figure 4 below serves as a useful analytical tool to understand the multisystemic and intersectional nature of RED.

This illustrates how the socio-ecological system theory can be applied to better understand RED contextually for youth and shape discussions around appropriate policy responses which will require a multisystemic approach of collaborative interventions that target the wide-ranging ways in which RED manifests across systems putting minority youth at a significant disadvantage at the "starting gate".

II. Youth's Ecology of Risks: Concentrated Disadvantages and Adverse Childhood Experiences

A. Concentrated Disadvantages

While all youth are situated within a social ecology depicted in Figure 4, how that ecology shapes a youth's well-being and outcomes in life are embedded in their unique development across each system. For instance, a youth's development within each system will vary widely depending on the types of social buffers and vulnerabilities they are exposed to such as socio-economic status (SES) or adverse childhood experiences (ACEs). Additionally, to what extent youth are affected (the

Society →

Community →

Community →

Individual & Family →

Macrosystem: Belief systems about minority populations and neighborhoods

Exosystem: zero tolerance policies, media representation of minority populations and neighborhoods

Mesosystem: discretionary practices in school and the court system, **high-crime neighborhoods**

Microsystem: single parent households, low levels of parental involvement, mental disorder, **poverty**
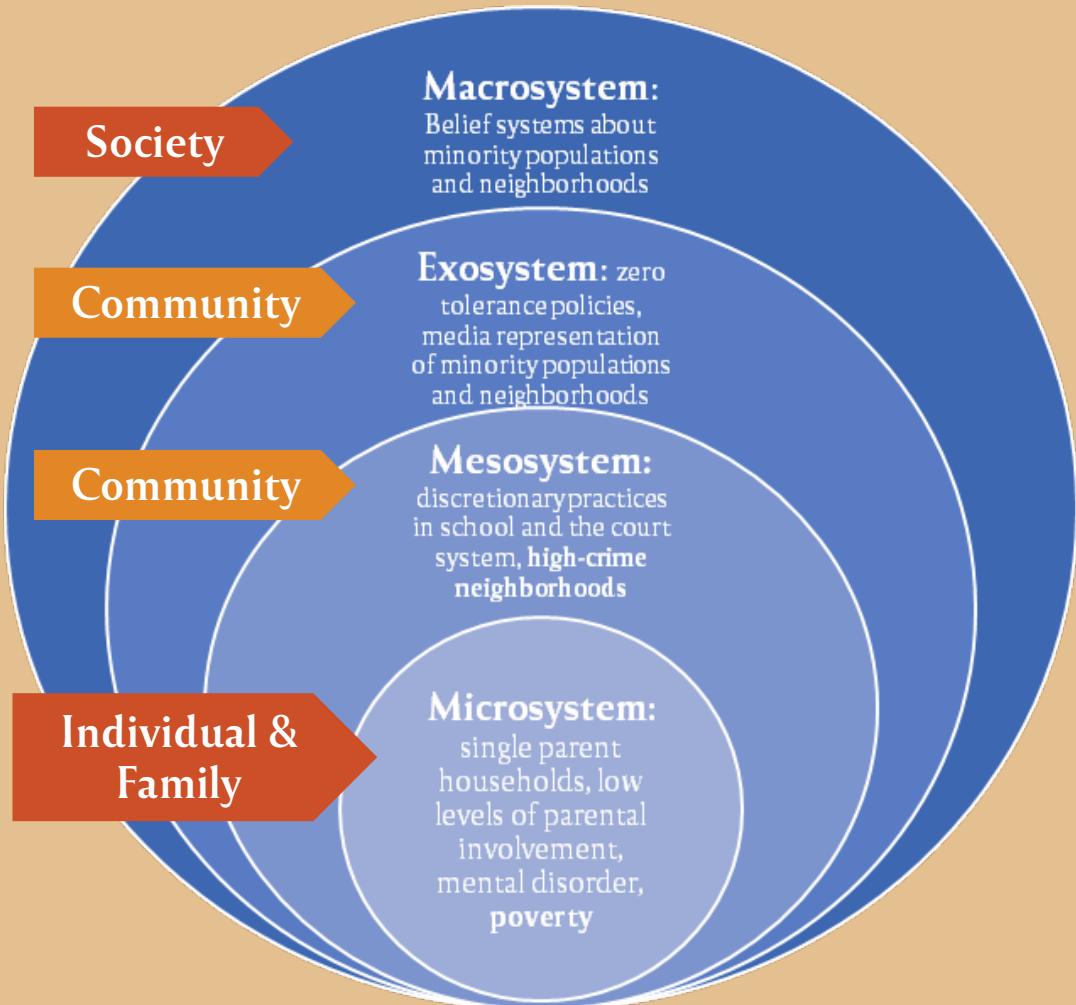
magnitude) within each system will vary depending on the intersections of their race and ethnicity, gender, age, LGBTQ+ status, and disability status which are important identifying factors that uniquely position each youth in society.

These socio-ecological factors are well researched under the health, sociological, and economics literature as concentrated disadvantages which conceptualizes how the social ecology a youth interacts with significantly shapes their outcomes in health, social integration, and protective risk factors against delinquency. Specifically, the concept of "concentrated disadvantage" is directly linked to regional poverty, economic segregation, and other measures of community well-being throughout the lifespan of an individual. Living in an area of high concentrated disadvantage is associated with poor birth outcomes, poor education outcomes, child maltreatment, teen pregnancy, high rates of violent crime, and lack of access to healthy foods and recreation areas

(Braveman & Gottlieb, 2014; Dankwa-Mullan & Pérez-Stable, 2016; Hughes et al., 2017).

Concentrated disadvantage is present in communities and neighborhoods where structural barriers such as adverse economic and physical conditions negatively affect the quality of life for residents and result in societal costs.[1] Some examples of concentrated disadvantages that youth may face are: social segregation, high unemployment, gang presence, lack of community resources (i.e. fewer recreational areas and care services), high rates of single-parent families, greater pollution, food deserts, increased alcohol outlets, poor quality education, discrimination and high rates of poverty. Empirical studies have demonstrated how living in neighborhoods of concentrated disadvantages have social costs for the welfare, health, and development of youth. In a health study by (Kravitz-Wirtz 2016), youth who had prolonged exposure to disadvantaged neighborhoods throughout their childhood and adolescence were significantly more likely to experience poorer health outcomes into adulthood. Prolonged residence in disadvantaged neighborhoods have also been empirically found to detrimentally affect the development of a child's verbal cognitive ability similar to the effect of missing one to two years of school (Sampson et. al 2007) and reduce youth's high school graduation rate by up to 70 to 90 per cent (Wodke, et al. 2011). These effects not only affect a youth in the moment of residence but continue to linger on into a child's development even after their departure from a disadvantaged neighborhood (Sampson et. al 2007). Taking these impacts together, concentrated disadvantages has been disproportionately linked to youth

who come into contact with the juvenile system which suggests where youth face significant structural socio-ecological barriers increases their risk to come into contact with the system (Wolff et al., 2017). This conceptualization of concentrated disadvantages critically falls under the socio-ecological system theory by further contextualizing the daily lives high-needs youth face. In fact, prolonged exposure to neighborhood disadvantage throughout childhood and adolescence is strikingly more common among nonwhite versus white youth (Rodriguez 2013). Hence, for many minority youths their daily lives are not only met with the challenge of racial-ethnic barriers across all system levels (Figure 2) but also concentrated disadvantages which manifests in adverse outcomes such as disparities in mental health as outlined in Section #1.

B. Adverse Childhood Experiences: Opportunity for Early Intervention

Prevention is almost always much more effective and cost-effective than treatment.

Health research on concentrated disadvantages also suggest that the intersection of various social status positions (SES, race/ethnicity, gender, age) of a child is a critical factor that develops or under-develops a child's welfare by shaping their opportunities, differential access to resources and exposure to concentrated disadvantages over multiple domains (or system levels) across their life course. concentrated disadvantages can be characterized as a continuous and persistent hardship(s) (i.e. economic strain,

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1 Sampson et al (1997) defined "concentrated disadvantage" in Chicago neighborhoods as the cumulative effects of the number of residents below the poverty line, on public assistance, unemployed, under 18, Black, and with female-headed families. Essentially, the disadvantageous factors that influence a specific neighborhood, community, or geographic space.

trauma) that affects a child's sensitivity to cope to exogenous shocks and lead to toxic and chronic stress. Youth who are faced with chronic stressors such as poverty or violence for example, are far less capable of absorbing future shocks in their family or environments thus elevating their risk factors. Moreover, psycho-social elements of resilience/reserve capacity, negative affect, lack of control, negative expectations and perceived discrimination are fundamental determinants of chronic stress and youth behavioral health (Adler & Stewart, 2010). These stressors can be cumulative with a series of hardships that create a cascading sequence of stress proliferation over a child's development. Underlying this stress proliferation are adverse childhood experiences (ACEs). ACEs are traumatic events that occur before the age of 18 when a youth faces abusive and neglectful experiences in the family such as, mental illness, substance abuse, divorce, incarceration and domestic violence.[2] These are events that cause toxic stress among youth that leaves lasting negative imprints on their physical health, mental health, and behavioral health across their life course.

Related to the previously outlined (Section #1) concern for mental health for youth in Utah, the percentage of youth living with households with mental illness, suicidal or severely depressed remains at an elevated rate of 11.6 per cent which is above the national average of 7.4 per cent. This is an elevated component of adverse childhood experiences (ACEs) that remains particularly high in Utah which raises additional concern. Moreover, the racial-ethnic disparities in youth mental health is undoubtedly linked to the same disparities

seen in their ACEs. In the US, 61 per cent of black children and 51 per cent of Hispanic children have experienced at least one ACE, compared to 40 per cent of white children (ACEs and Minorities - Center for Child Counseling, 2018). This disproportionate experience of ACEs among minority youth is attributed to the persistent inequality in the access to important services and opportunities in their neighborhoods which is formally understood as the social determinants of health which broadly captures concentrated disadvantages. The World Health Organization (WHO) describes the social determinants of health as "the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources" (WHO | About Social Determinants of Health, 2017). As a result, inequitable access to important social and economic services, results in the disparities in social and health outcomes seen across different neighborhoods. Furthermore, for minorities or marginalized individuals, their adverse experiences are further exacerbated by stigma, prejudice, and discrimination at individual and institutional levels which have strong effects on their health outcomes (Kessler, Mickelson, & Williams, 1999; Williams, 1999). In fact, perceived discrimination is considered to be an acute stressor, a repeated strain, or simply as an anticipated adverse experience for minority youth. This is inherently tied to RED in the juvenile justice system as the social determinants of health is considered to be a driving factor in producing concentrated disadvantages and resulting in higher risk factors and unequal outcomes for minority youth.

ACEs are highly interlinked among youth

2 Adverse childhood experiences (ACEs) refer to the following 10 childhood experiences researchers have identified as risk factors for chronic disease in adulthood: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, violent treatment towards mother, household substance abuse, household mental illness, parental separation or divorce, and having an incarcerated household member (Baglivio & Epps, 2016).

in contact with the juvenile justice system who often experience multiple types of adverse experiences. ACEs not only increase the chances of involvement in the juvenile justice system, but increase the risk of re-offense (Baglivio & Epps, 2016). For these reasons, a focus on early interventions for ACEs is considered to be an effective strategy to improve the conditions in which youth are expected to thrive in and prevent future contact with the system which would be cost-reducing in the long-run.[3] While most child welfare policies are considered secondary and not primary preventative, a critical primary prevention policy that is easily remediated today is by increasing awareness of ACEs uniformly across all law enforcement agencies in order to foster an empathetic understanding of a youth's behavior. This would increase the opportunity for law enforcement and the system to understand that maladaptive or antisocial behaviors are often a response to cope with high stress in their environments (Baglivio & Epps, 2016). Thus, the appropriate response is often not detention but targeted social and behavioral health services for youth experiencing high levels of chronic and/or toxic stress in their homes and environments. This importantly integrates Trauma-Informed Care (TIC) by using the science of ACEs by asking "What has happened to this youth? What structural barriers in their home and neighborhood has exacerbated their trauma?" instead of "What is wrong with you?" which closes off the opportunity from understanding the structural barriers minority youth disproportionately face. As a result, juvenile justice systems should actively integrate TIC training for all staff who have contact with youth in order have

a scientifically driven understanding of how trauma from ACEs manifests in behavior and leads to posttraumatic reactions and stress responses (Griffin, Germain, & Wilkerson, 2012).

This will also require ramping up primary prevention of ACEs through collaborative engagement and effective communication across systems of care in health, education, and community programs. Systems of care for youth in conjunction with the juvenile justice system will need to proactively implement strategies to prevent, recognize and heal the trauma and toxic/chronic stress that can result from ACEs (Baglivio & Epps, 2016). Reducing exposure to ACEs over time is empirically documented to build resilience and reduce the risks for youth to come into contact with the criminal justice system.[4] In order to do so, this will require cross-cutting structures and social and cultural factors affecting the promotion of nurturing qualities in family relationships and environments essential to promote positive health behaviors (Baglivio & Epps, 2016). Widespread agreement is also emerging in the health literature that individual and family skills to regulate stress and emotions are now a matter of clinical care quality, health care cost reduction, population well-being, and public policy.

While the task of prevention may seem beyond the scope of the juvenile justice system, early detection, intervention and treatment is considered more cost-effective in educational, health, and justice systems. Successful childhood interventions are considered to have multiplying cost savings as it has the potential to stop the intergenerational

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3 Most policies on child welfare are considered as secondary prevention instead of primary prevention. Primary prevention efforts include parental education efforts on early childhood development during child checkups, screening for ACEs at periodic levels by healthcare professionals, and in-school programs on bullying.
4 By the time youth reach the juvenile justice system they are past the point of primary prevention and have entered the realm of secondary prevention.

risks of ACEs. Early childhood intervention programs addressing ACEs have demonstrated significant benefit–cost ratios. For example, an early childhood intervention program displayed a return of $5.70 for every dollar spent by the time a child reached age 27, $8.70 in life-cost savings, and notable cost savings in crime reduction (Larkin & Records, 2007). In response to these empirical studies on ACEs, the state of Washington transformed public policy to address the interlinked nature between ACEs, health risks, and criminal involvement. The potential savings and improvement in productivity led Washington state legislators to pass an ACE reduction law (SHB 1965, 2011) which is an innovative example of a bold and dramatic shift in policy approach for legislators and policymakers (Kagi and Regala, 2012). Washington is the first state to recognize ACEs such as child abuse and neglect, parental substance abuse, and witnessing domestic violence as a "powerful common determinant of a child's ability to be successful at school and, as an adult, to be successful at work, to avoid behavioral and chronic physical health conditions, and to build healthy relationships" (SHB 1965, C32, L11, E2, Sec. 1, 2011). Preventing and appropriately addressing ACEs for all youth in UT will not only result in a multitude of benefits to society beyond economic savings, but also help target the disproportionate burden of ACEs minority youth often face. By lifting up the bottom floor of health (including mental health) and welfare across all socio-ecological levels for youth, it would effectively create an environment where youth are able to thrive and significantly reduce the exacerbation of inequalities. This, at the end of the day would push Utah towards strengthening a growingly diverse state with thriving individuals, families, and communities. Moreover, prevention is almost always much more effective and cost-effective than treatment.

HOW—Centering Racial-Ethnic Equity in Policy Design

I. Where You Live Matters for RED: Opportunity for Place-Based Interventions

"Intervening at the community-level is not only feasible but more cost-effective in the long run than targeting individuals. Policies need to start with the social context, where inequalities at birth are already well in place."

(Sampson, 2012)

Exposure to adverse experiences are also uniquely situated within a local environment from the zip code to the local neighborhood. An extensive study by Robert Sampson in 'Great American City: Chicago and the Enduring Neighborhood Effect' illustrates that community level patterns of racial inequality leads to a particular concentration of disadvantages in specific neighborhoods which inevitably gives rise to structural barriers and a neighborhood culture that undermines social cohesion[5], collective efficacy[6]

and crime reduction. His study reveals that race is not a credible cause of maladaptive behavior or delinquency, but that it is a signifier of the multitude of social disadvantages and unequal resources that racial-ethnic minority communities face in American society. More specifically, this study spanning across 20 years emphasizes how the relationship between race and individual outcomes are systematically confounded once the community contexts are considered.

The locality, specifically the neighborhood, in which many racial-ethnic minority youths are expected to thrive in are fraught with significant structural barriers that reflect the true "starting gate" in which RED begins and often where disproportionate amounts of contact/judicial bias is targeted. The environmental and socio-economic context where youth live in make their positive developments all the more challenging when met with concentrated disadvantages, but it may also uniquely attract judicial attention/bias wherein which their toxic environments become self-

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5 Social cohesion describes how residents think and feel about their neighborhood, whether residents care for each other's welfare which is the binding glue that holds a community together. Neighborhoods with social cohesion have features such as long-term residents, good schools, and the use of public amenities (libraries, parks, recreation centers). (Higgins & Hunt, 2016)
6 Collective efficacy is the willingness to intervene and the capacity for informal social control. In neighborhoods with collective efficacy, neighbors agree on what is acceptable behavior and reinforce it in each other. (Higgins & Hunt, 2016)

reinforcingly punitive. Especially for minority youth, they are more likely to live in disorganized neighborhoods which puts them at a greater risk for contact with the juvenile justice system. Studies on juvenile contact in Arizona, demonstrate how neighborhood characteristics have become a key conduit in which minorities are differentially selected into the justice system (Rodriguez, 2013). More specifically, (Rodriguez (2007, 2010, 2013) illustrates how economic inequality creates contextual effects within courts where court officials use zip codes to respond to community conditions where the youth resides. Another study reveals that "financial resources and social connections" is often the indirect mechanism that pushes poor youth more deeper into the system by conflating high-needs and high-risk (Sullivan et al., 2016). Racial inequality within a county has also been found to be a leading factor in increasing the odds of formal petitioning after isolating the impacts of racial inequality and poverty on juvenile petitioning at the county-level in a study by Sampson and Laub (1993). Concentrated disadvantages in zip codes also elevates the probability of a youth receiving confinement as a sanction (Rodriguez, 2013). These studies reveal that inherent to proactive policing practices in disadvantaged neighborhoods is the stigmatization and implicit bias it carries which puts more minority youth at risk.

However, the solution to this issue is not simply more implicit bias training to reverse stigmatization but also localized policy interventions that need to start at the social context where many inequalities at birth are already well in place. Ramping up implicit bias training alone would not make substantial progress towards equity if the structural barriers that create racial-ethnic disparities at the "starting gate" are not reversed appropriately with targeted interventions to serve the unique socio-cultural and economic needs of minority youth. The core challenge in achieving true racial-ethnic equity is centering on removing the disproportionate structural barriers minority youth face which forces them into higher risk factors in mental health, concentrated disadvantages, exposure to adverse experiences, and stigmatization. Localized policy interventions, specifically place-based interventions are a comprehensive solution that has been well-utilized in public health public policy to address racial disparities in health. Place-based interventions include a range of interventions such as community health intervention, collective impact programs, neighborhood revitalization initiatives, but most importantly these interventions emphasize the participatory process of developing policy by requiring meaningful collaborations across agencies and community organizations to address the contextual/socio-ecological factors driving disparities within a defined geographic location (Dankwa-Mullan & Pérez-Stable, 2016). Place-

based interventions focus on removing disparities and improving outcomes in a specific geographic location that is commonly aligned across important members of the location including community members, businesses, local organizations, and relevant stakeholders. The geographic location of interventions is not limited to only a neighborhood but can also include schools and other institutions of care for youth. Some of the key factors that support successful and equitable place-based interventions are outlined below from the National Institute on Minority Health and Health Disparities (Dankwa-Mullan & Pérez-Stable, 2016).

While the table below (pg. 18-19) is designed for disparities in health outcomes specifically, the equitable policy approach carries over the same use and applicability for RED in the juvenile justice system as it can be very easily approached as a concern for public health. These "drivers for change" are later revisited in a similar table in the following section with more specificity on how to achieve racial equity in the juvenile justice system.

Underlying the "drivers for change" is an emerging place-based intervention model of collective efficacy, which has been widely cited as a critical mechanism for large-scale systematic change (Dankwa-Mullan & Perez-Stable, 2016; Sampson, 2012). The model of collective efficacy emphasizes cross-sector collaboration and shared initiatives to address complex issues in

the community with public and private partnerships. Collective efficacy centers on improving the ability of communities, advocates, and residents of a localized region to tap into existing and new resources to ameliorate the disparities in their communities.

One relevant example this can be readily applied to is the issue of proactive policing or "broken windows" policing. This type of policing on public incivilities reinforces stigmatization of communities which further exacerbates the disadvantages in these communities including poverty, reduced civic engagement and outmigration as a result of high policing in these "hot spot" areas (Sampson, 2012). Despite its intentions, this surface level policing does not effectively prevent crime in these communities at risk. As a result, this becomes a costly and harmful practice by reinforcing existing inequalities and structural barriers in disadvantaged communities. A way in which this issue can be resolved through the collective efficacy model, as a place-based intervention, is by transforming community policing by integrating informal networks of social control, trust, and community engagement. For instance, in the case study of reducing crime in Chicago neighborhoods by (Sampson, 2012), a successful mechanism to community policing was by hosting regular meetings between police and residents on neutral turf (school or church) where both sides were able to identify the location of the problems

in their community and design place-based interventions together. This approach highlights efforts to address public safety interventions with more non-crime policies that target the disparities and the lack of resources for local community organizations that binds a community together.

Collective efficacy, defined by (Sampson, 2012) is the linkage of cohesion and mutual trust among residents with shared expectations for intervening in support of neighborhood social control which is the critical inhibitor of both disorder and crime. Improving collective efficacy paired with the appropriate socioeconomic resources is seen as disempowering the forces that produce both disorder and crime. Moreover, underlying the success of collective efficacy and collective civic action is the density of organizations in communities which is empirically found to be a strong predictor (Sampson, 2012). In other words, the institutional infrastructure and support is a critical component in building a foundation in which communities can thrive safely and equitably. Community-based organizations are strategic sites for place-based interventions which include organizations such as community newspapers, neighborhood watch, block group association/community council, crime prevention program, alcohol/drug treatment program, family planning clinic, mental health center, youth center, afterschool recreational programs for youth, counseling or mentoring services

(i.e. Big Brother), crisis intervention centers, and mental health clinics for children. Through the course of (Sampson, 2012) study of evolving at-risk Chicago neighborhoods into thriving neighborhoods, structural interventions through the fostering of collective efficacy, partnerships among public and private agencies, and place-based interventions and investments were seen as critical components of wide-spread lasting change. As a result, interventions that are place-based at the community level is seen as more cost-effective in the long run than targeting individuals by addressing the disparities in the social context where for minority youth is their "starting gate". This holistic approach would cascade across each socio-ecological system improving the physical, social, and psychological conditions wherein which the youth and their families reside.

Equitable Approaches	Key Elements and Drivers for Change
1. **Establishing an inclusive participatory community-based strategy as the basis for action, planning, and implementation**	• A shared sense of urgency for improved health and well-being • Interventions and resources that are aligned toward common goals • Shared goals and clear long-term vision • Establishment of clear governance structure and responsibilities • Engagement of a wide range of stakeholders that includes influential champions, community advocates, and strong leadership • Engaging institutional, civic, and natural leaders that reflect the demographic diversity of the community • Community empowerment and building local community capacity for engagement
2. **Developing and implementing a plan of action that includes ecological multilevel approaches to address conditions that influence health and health disparities**	• Approaches that incorporates the context and culture, community strengths, resources, and strategies tailored to local circumstances and needs • An integration of geospatial data that provide a rich level of detail about the physical environment of a defined geographical area • Multilevel interventions that consider the inclusion of some universal sets of health, social, and related services and supports needed to improve families, with consideration for members with special needs

3. **Creating a framework for evaluation of health outcomes, program effectiveness, and continuous improvement**	• Clearly defined and shared outcomes, measurement, and tracking systems of value to the community • Individual data that survey community members on self-reported health status, substance use prevalence, physical activity, and other health behaviors; use of administrative data collected for other reasons that ascertain rates of chronic disease (e.g., asthma), prevalence of diseases (e.g., sexually transmitted infections), hospitalizations, violence-related events, injuries, and area mortality, can be used to evaluate the health of a neighborhood • Realistic evaluation methodologies such as time series to take advantage of external events such as implementation of health reform
4. **Adopting a plan for continuous, responsive, and meaningful communication between community and stakeholders**	• More effective communication to ensure that service providers and service systems can be more attuned to the concerns and more responsive to the needs of communities • Continuous learning and establishment of cycles of continuous improvement for maximum effectiveness

II. Revising existing policy interventions to address the socio-ecological risks of RED

A study funded by Office of Juvenile Justice and Delinquency Prevention (OJJDP) found that jurisdictions that successfully reduced disparities in their systems used the following eight strategies (Spinney et al. 2014):

1. Focus on data collection and utilization.
2. Increase collaboration with other state and local agencies, police, judges, and the community.
3. Shift the institutional culture from a punitive or procedural focus toward a focus on what was best for the youths and the community.
4. Affiliate with national juvenile justice reform initiatives.
5. Create alternatives to secure detention, secure confinement, and formal system involvement.
6. Focus intentionally on DMC reduction (and not just on general system improvement) while using a non-accusatory tone.
7. Maintain leadership at the local level, the state level, or both
8. Make DMC reduction a long-term priority

These 8 strategies are also reflected in the OJJDP checklist in Table 2 below with updates on UT's progress on each category. While these interventions broadly highlight methods to reduce disproportionality at point of contact and in the system, they do not substantially address the critical factors of RED related to the interlinking socio-ecological risks youth face (concentrated disadvantages and ACEs) and the stigmas associated with the neighborhoods in which they live in. When these referrals are predominantly made on a community basis, then the community must become the center for place-based interventions to address implicit bias within these communities and to strengthen the social infrastructure of these communities to build a trusting and thriving community for youth. In order to strive for true racial-ethnic equity and systemic reductions in RED in the juvenile justice system, the framework for policy needs to be multi-systemic with the consideration of the Determinants of Equity framework illustrated in Figure 5 and the Empower Action Model illustrated in Figure 6 below. These two policy frameworks provide a guideline for how to develop pro-equity policy at all socio-ecological levels over the life-course of youth through multi-systemic and cross-cutting collaborations to build the resilience of youth and in the communities they live in.

Table 2 (pg.21): O JJDP Checklist Key:

√　Completed

◆　In Progress

☐　Incomplete

OJJDP Checklist	Progress	Notes
Developing the DMC section of the 3-Year Plan	√	• 2019 Utah Compliance Plan
State Advisory Group Training	?	
Reviewing and analyze Relative Rate Index (RRI) data	√	
Developing a plan for collecting data	√	
Designing a DMC Assessment Study	√	
Understanding how to use assessment study findings to design interventions	♦	
Developing a curriculum agenda with local juvenile justice councils	☐	
Customizing DMC matrix and RRI calculation tool	☐	
Fully implementing the DMC–reduction model	☐	
Creating and sustaining DMC–reduction efforts at the local level	☐	
Probation officer training	☐	
School Resource Officer training	♦	
Creating local governance structure to address local DMC issues	☐	
Stakeholder training on how to move from a difficult DMC discussion to practical change	☐	

III. Determinants of Equity Framework

The Determinants of Equity Framework (below in Figure 5) helps visually illustrate how disparities at the "starting gate" can be further exacerbated across socio-ecological levels when pro-equity policy design is absent. This framework has been extensively used in King County, WA as a theory for change across their strategic plans to design a pro-equity county across all social measures. This pro-equity effort across the county has also been uniquely applied in their juvenile justice system to reduce RED systematically with a community-based intervention model. Arising from their "Road Map to Zero Youth Detention" (see Appendix I, #2), their community-intervention model includes three components: community-based mentors, responsive programming, and access to services. Their specific core model is outlined below:

THE **"UNHEALTHY STREAM"** CREATES INEQUITIES

POLICIES, PRACTICES & SYSTEMS– Policies, structures and systems – including those in government – have sustained and even contributed to inequities

OUTCOMES– Government programs historically have tended to react to problems and treat poor individual and family-level outcomes

CONDITIONS– Past policies, systems and practices have resulted in adverse social, physical and economic conditions

- structural racism and discrimination
- class and gender bias
- lack of access to resources and decision-making
- cross-generational inequities

- dilapidated housing
- poor quality schools
- unemployment & low wage work
- food insecurity
- limited & unsafe parks
- pollution & toxic exposures
- absence of community economic development
- unsafe neighborhoods
- disproportionality in justice system
- no insurance or quality healthcare

- incarceration
- obesity
- homelessness
- health problems
- untreated mental illness
- low birth weight
- unemployed and underemployed

THE **"HEALTHY STREAM"** CREATES EQUITY

PRO-EQUITY POLICIES, PRACTICES & SYSTEMS– For greatest and most effective impact, King County is **focusing "upstream"** to address root causes and be pro-equity

CONDITIONS– Pro-equity systems and policies result in improved community conditions, also known as "determinants of equity"

OUTCOMES– Individuals and families thrive regardless of race and place

- pro-equity policies, practices and values such as:
- inclusion
- racial justice

- affordable & safe housing
- living wage jobs & job training
- quality education & early learning
- healthy food & food systems
- equitable justice system
- healthy built & natural environments
- community economic development
- transportation
- health care
- safe & supportive neighborhoods
- information & technology

- good health
- high quality of life
- healthy years lived
- happiness & satisfaction
- educational success
- civic engagement
- economic well-being

Community-based Intervention	Description
Community-based Mentors	Every youth will be connected with community-based mentors available to support them 24/7. These mentors are credible messengers—they're community-based; share similar racial, cultural, and socio-economic backgrounds with our youth; and have lived experience with the justice system. They build strong relationships with their youth and support youth as they develop strong, positive relationships with their family, peers, and community. They work with youth to set and accomplish goals, from finding a job to graduating to engaging with their community. They also leverage their credible messenger status to foster an empowering sense of personal and cultural identity within each youth, which is essential to overcoming personal and race-based trauma.
Responsive programming	Youth will meet regularly for programming through which youth address their trauma, affirm their value, and develop the skills they need to be successful on the path they take. Each workshop will begin with healing—using healing circles to address the trauma our youth carry with them. They also include asset development, cultural history, and building the life and leadership skills necessary to thrive in social, educational, community, and professional settings. This programming is designed to be a shared experience, allowing youth to build personal assets while simultaneously establishing a supportive peer network. The approach of these sessions is informed by the research on utilizing restorative justice and positive youth development in the criminal justice setting.
Access to services	In addition to strengthening our youth's sense of worth, hope, purpose, and connection, this program will also connect them to a wide range of services that meet their basic needs and goals. These services may include housing, job training, substance abuse, mental health, educational support, and much more depending on the needs of each youth.

This community-based core model is one of many useful templates for Utah to adopt, revise, and implement to achieve a pro-equity policy framework for juvenile justice. Moreover, this model is available for youth at every stage of involvement in King County. For instance:

Stage of Justice Involvement	Description
Prevention	At the prevention phase, it will be available as both school and community-based program targeting high need youth. It will focus on personal healing, building a strong, supportive community, and amplifying the life, leadership, and academic skills necessary to thrive in and beyond school. This will be implemented in partnership with willing schools. By reaching youth before involvement with the justice system, we can reduce the arrests that lead to detention.
Diversion	At the filing phase, it will be available as a diversion program for offenses up to the felony-level. To graduate from the program, youth must meet graduation criteria designed to build the support network and personal assets they need to thrive in the community. Youth will remain in the program until they graduate, for a minimum of three and a maximum of twelve months, though they can continue receiving services as appropriate. By giving prosecutors a powerful alternative to prosecution, we can reduce the number of youths sentenced to detention.
Probation	In collaboration with probation officers, we will implement an opportunity-based probation model. In this model, the youth, probation officer, and a Community Ambassador will meet to discuss the terms of the probation. The terms will include positive, meaningful goals for the youth to meet. In the same manner as the diversion program, this opportunity-based probation model is designed to build the personal assets youth need to thrive in the community. By empowering probation officers to design a probation plan that helps youth build assets to avoid future justice involvement, we can reduce the number of probation violations and, thus, the number of youths in detention.

Detention

At the detention phase, the model has a short and medium-term objective. Short term, it will support youth currently in detention to reduce length of stay and prepare them for successful reentry. Medium term, it will expand alternatives to detention for youth with urgent needs. Preparing youth for reentry will involve addressing the personal healing, life skills, and leadership opportunities necessary for them to thrive once released. In establishing alternatives to detention, we also need options that (1) address the critical needs of each youth (e.g. mental health), (2) keep the youth safe, (3) keep the public safe, and (4) prepare youth for long-term success.

King County's core model demonstrates how effective services need to be culturally competent and delivered by community members well-versed in the cultural, linguistic, and ethnic differences. The model also demonstrates the important role for youth to be actively engaged in designing their own strength-based service plan based on their unique cultural needs. Cultural competency, however, needs to extend beyond surface-level services such as translated documents and services in a native language but also require an institutionalization of cultural knowledge across an organization. This means having more than just one advocate/staff member with the knowledge and skill to work with a particular group. Hence, cultural competency, should be defined as the ability of systems, agencies, and organizations to have the appropriate attitudes, behaviors, policies, practices, procedures, and fiscal and personnel resources that enable organizations to work effectively in cross-cultural contexts (Arya et al., 2009). In a policy brief on reducing disparities among Latino youth, (Arya et al., 2009) provides clear recommendations on how cultural competency can be implemented in the juvenile justice system and across relevant agencies by the following:

- Providing training to juvenile justice personnel in how cultural beliefs influence their approach to serving their clients, and

- Providing culturally appropriate services that incorporate cultural values and traditions.

- Culturally competent staffing practices include the hiring, promotion, and retention at all levels of qualified, competent personnel who belong to the racial and ethnic groups that the agency serves. These may also include creating an assessment tool to decide whether an organization's staff truly reflects the community it serves.

Figure 6: Empower Action Model—A Framework for Preventing Adverse Childhood Experiences by Promoting Health, Equity, and Well-Being Across the Life Span

IV. Empower Action Model: Framework for pro-equity prevention

King County's pro-equity policy framework for juvenile justice offers a glimpse into how Utah's own pro-equity policy framework could look like. A key driver in reducing racial-ethnic disparities is by using effective, culturally appropriate, neighborhood-based programming that primarily serves communities of color and improves the conditions in which they live in (Arya et al., 2009). Ultimately, the core outcome of a pro-equity policy framework is to enable all youth to reach their potential by removing any disproportionate barriers they face in society from the "starting gate" by dismantling the systems of institutionalized bias with pro-equity interventions and practices across all system levels. Expanding on King County's core model of community-based interventions, one particular area that can be further developed is in the area of prevention in which this report has previously addressed its significance in reducing RED in the juvenile justice system in Section #2. Developing creative and culturally-responsive place-based interventions in high-needs

communities will be an innovative and critical opportunity to address RED more systematically starting with prevention.

The Empower Action Model (EAM) above in Figure 6 serves as a useful model to integrate into pro-equity preventative policy design. This model reinforces the significance of promoting resilience among youth by building protective factors at multiple levels while promoting equity to meet the needs of underserved communities. The EAM was created to focus on the root cause of disproportionate adverse health outcomes among youth by addressing ACEs with an upstream approach (similar to Figure 5) in order to transform the contexts in which youth are asked to thrive in (Srivastav et al., 2020). Specifically, the model strives to provide tangible steps to prevent childhood adversity by "implementing protective factors to build resilience and health equity across multiple levels and the life span". This model integrates five-cross cutting protective factors into the socio-ecological model (middle circle of colors in Figure 6) in order to buffer the effects of childhood adversity:

1. Build resilience through learning skills needed to manage stress and nurture children
2. Create positive environments for social and emotional well-being
3. Grow positive outcomes by promoting individual development
4. Share resources that allow individuals and families to meet their basic needs
5. Support individuals and families through positive relationships

These five cross cutting protective factors were developed from the top research driven protective factor frameworks with a cross-systems approach. Each protective factor requires multi-level cross-cutting collaboration to prevent ACEs and should be guided by the three tenets of race equity and inclusion which are depicted in the outermost circle in Figure 6 (Inclusive Environments for all families, Strong cultural identity for all families, Race equity and inclusion in all policies and practices). More specifically, these three tenets include: "recognizing the need to create an inclusive environment for all families, encouraging a strong cultural identity for all families through the adoption of practices that honor their culture, and recognizing that disparities exist by demonstrating a commitment to equity and inclusion in all policies and practices". These pro-equity tenets were developed through community-based work on racial equity by Annie E. Casey Foundation's Race Equity and Inclusion Action Guide (AECF, 2014).

This model can be applied across all system levels (from organizations to coalitions to community-based organizations to schools) to develop a tangible plan of action for each strategic site of intervention with cross-disciplinary collaboration. Table #3 in Appendix #1 from (Srivastav et al., 2020) illustrates how each cross-cutting protective factor can be addressed with a plan of action across system levels from the organization to the level of public policy.

While this policy framework and guidelines are designed for achieving health equity,

they are readily transferrable for shaping a pro-equity policy for racial and ethnic equity in the juvenile justice system. For instance, for the protective factors of "Create positive environments for social and emotional well-being" and "Share resources that allow individuals and families to meet their basic needs" the corresponding public policy and community actions for reducing RED in the juvenile justice system would be to ameliorate the particular socio-economic inequalities minority youth face in their communities with specific place-based interventions that are culturally responsive. One example of an existing place-based intervention that has revitalized distressed communities is the Harlem's Children's Zone which has improved the lives of New York's poor children with a 97-block community service project including charter schools, social services, parenting classes and after-school programs (Dankwa-Mullan & Pérez-Stable, 2016). A culturally-responsive example is Chicanos Por La Causa, a nonprofit in Tucson, Arizona, which developed a community-based support group for pre-adjudicated youth (The Aguila Support Group) that was modeled on the foundation that Latino male youth have the capacity to make good decisions, foster positive interactions, and experience healthy relationships (Arya et al., 2009). Another previously mentioned community-level action that can support the protective factors of creating positive environments, is by strengthening the collective efficacy within a community with the engagement of important community-based organizations and local stakeholders.

V. Realignment and Reinvestment Strategies

Recently in the justice field, many reforms have moved towards adopting more developmentally appropriate policy for youth while balancing budgets towards more cost-effective alternative community programs (National Research Council, 2013). Through realignment and reinvestment strategies, it has demonstrated to reduce youth commitments in the system and result in cost savings to fund alternative community programs for youth who would have been committed otherwise in many states and counties nationwide (National Research Council, 2013). Realignment and reinvestment strategies are a necessary process to feasibly fund alternative community-based policy interventions to systematically address RED in the juvenile justice system.

First off, realignment is a necessary process of making organizational and structural modifications to evolve systems and institutions to better address systemic barriers faced by the community. In the realm of addressing RED in the juvenile justice system, this will require incorporating explicitly a pro-equity and inclusion lens in not only the policy design but also reflected in budget allocation. This will inevitably lead to reinvestment which will create new financial incentives for pro-equity system practices by diverting

funds that would have been used for confinement towards community-based and evidence-based alternatives. In Ohio for example, RECLAIM (Reasoned and Equitable Community and Local Alternatives to the Incarceration of Minors) relied on reinvestment reform strategies to put funding emphasis on prevention and early intervention activities (National Research Council, 2013). This was achieved by acting as a funding initiative where local juvenile courts were encouraged to develop or contract a range of community-sanction options. Moreover, the program supported counties with a funding allocation based on the number of youths adjucated in the past 4 years and rebated the cost-savings of diversion to the counties to develop community-based programs for youth adjucated delinquent but who were not committed. Similarly, Redeploy Illinois is another program that used reinvestment strategies to fund grants in counties to create a network of community-based treatment alternatives for high needs youth. Another example of a realignment and reinvestment strategy would be to invest in more mental health counselors, services, and outreach at schools while reducing investments made in employing School Resource Officers. Many of these reinvestment and realignment strategies have already demonstrated to decrease youth system involvement and recidivism by bolstering community-based programs that serve as more developmentally appropriate and sustainable alternatives (Butts and Evans, 2011).

VI. Policy Matrix

The JDAI (Juvenile Detention Alternatives Initiative) Framework is the latest existing system change policy framework with a detailed policy matrix to reduce juvenile detention. The 8 core strategies of JDAI include the following: collaboration, reliance on data, objective detention admissions screening, development of alternatives to detention, expediting case processing, addressing "special" detention cases, conditions of confinement, and strategies to reduce racial disparities (Building Blocks for Youth 2005).

The policy matrix (pg. 32-42) developed for each core strategy raises key questions and critical issues for assessment and evaluation. For this report, the selected core strategies of: strategies to reduce racial disparities, culturally and racially competent alternatives to detention, reliance on data, collaboration, and eliminating bias in detention admission screening is included as relevant policy matrix tools that fall under the pro-equity policy framework of this report (Building Blocks for Youth 2005). The intended objective is that these matrices can serve as important tools to guide policy discussion on tangibly reducing RED in Utah's juvenile justice system aligned with the pro-equity framework outlined in the report. While eliminating RED requires a multifaceted system-wide approach, there are important policy adjustments every "participant" can make to make sure disparities do not grow larger at their particular decision point.

While these policy matrices are extensive, some additional policy strategies should be integrated for a holistic pro-equity framework adapted to the needs of youth in Utah with the following:

1. Prioritize Child and Family Mental health:

As outlined in Section 1, there is a high need for mental health services in the state of UT. Expanding the access of mental health services, particularly for disadvantaged and minority youth and their families will be critical area for reinvestment for not only treatment but also prevention of the inter-generational impacts of ACEs. This will require cross-system collaboration across public institutions of care (schools, healthcare) and community-based organizations to not only increase the availability of mental health care services but also reduce the stigma associated with receiving treatment. Outreach programs encouraging discussions and awareness on common mental health issues among youth regarding anxiety, depression, isolation and suicide will be an important policy intervention particularly for high-needs communities.

a) Integrate mental health programs for youth particularly

in under resourced schools and where there are high levels of student offenses.

2. *Integrate geospatial data to capture the hyper-local physical environment of high needs communities*

a) This is a data driven approach to better target place-based interventions based on the characteristics of a community that captures their level of collective efficacy, density of social services, environmental barriers, access to public transportation, public safety, health indicators, concentrated disadvantages and much more.

3. *Expand the Density of Community Organizations in High-Needs Communities:*

a) Allocate funding for nonprofits/orgs. serving underserved populations particularly where youth overrepresented in the system are geographically from.

b) What is the density of local services for these youth? And what is the extent of their access? Are their transportation barriers?

4. *Unified Communications Strategy:*

a) Design a unified communications strategy to disseminate theories around trauma-informed care, ACEs and implementation strategies. Actively engage with LEAs to build buy-in and commitment to strategy purpose.

b) Centralize all resources, communication, and implementation plan in an accessible platform online.

5. *Engage and Empower Champions:*

a) Proactive efforts are needed to foster and support efforts of champions at every level of youth care, from system leaders, family leaders, students, trainees, and community partners to advocate, educate, innovate, and document learning in the field.

b) Empower community-based services and resource brokers (e.g., early childhood programs like Head Start, Help Me Grow, Healthy Start, Healthy Steps, school health, youth, and after school programs).

c) Create and evaluate the effects of "through any door" models for educating and engaging parents, youth, and families, and leveraging existing and emergent community-based services and resources related to trauma, healing, and resilience. Innovate around effective methods to educate and engage families as partners.

Specific Strategies to Reduce Racial Disparities

Thematic Challenges	Questions/Recommendations to Drive Assessment and Goals
Formulate a vision and goals	• Determined leadership: No specific strategy seems more important than the tangible commitment of system leaders to racial justice. System leaders make reduction of racial disparities in detention their priority and use both their formal and informal authority to focus agency strategies to reduce DMC. System leaders engaging staff in the development of a vision establishing the reduction of racial disparities fundamental work. • Establishing measurable objectives that are within the control of each partner's respective system/discipline.
Establish formal structures to keep eyes on the prize	• Intentionality! Keeping all eyes on the prize requires intentionality. • Ensure that technical changes are transformed to—adaptive changes. Establish the organizational infrastructure to sustain system changes. For example: developing and implementing a RAI is a technical change. However, if the infrastructure (e.g., training, protocols, monitoring the data, quality control, etc.) is not developed, addressed, and adhered to, then the change has not been—adapted; the change will slip into the status quo.
Build ties to communities of color	• Successful efforts to reduce racial disparities and DMC/RED include communities of color at the table. This isn't an issue that white people are going to solve on their own without the unique perspectives of people of color who are impacted by the policies and practices. • Relinquishing power to meaningfully engage and promote the unique perspectives and lens brought by people of color. • Promoting system accountability and transparency. • Building allies with communities of color to effectively reduce racial disparities and DMC/RED.

Diversify system workforce	• Establish measurable goals to establish a workforce reflecting the demographics of the jurisdiction's children and families. • A multicultural workforce of men and women whose values reflect the principles of detention reform and the reduction of racial disparities and DMC/RED. • Key positions have bi/multilingual staff.
Conduct cultural and relevant racial competency training	• Ongoing system training to develop staff cultural and relevant racial competencies. • Implementation of cultural and racial competence standards by all of the juvenile justice departments.
Create new or utilize current capacities in key neighborhoods	• Engaging nontraditional partners/community-based organizations (CBOs) who are already working with youth of color and families in their neighborhoods. • Commitment to, and assisting in, developing the capacities of CBOs to partner in efforts to reduce unnecessary and inappropriate detention, including disproportionality. • Informed by the quantitative and qualitative data developed relative to assessing ATD, create ATD in key neighborhoods where kids of color and their families reside.
Improve defender services	• Recognition by defenders of their role in policy reform, exposing abusive practices in detention, the overuse of detention, overcrowding, DMC/RED, and disparities in case processing and outcomes for kids of color. • Ongoing training in defense advocacy of juveniles
Include communities of color in decision making	• It's not enough to build ties with communities of color; they must be included in, and have an equal voice in the decisions necessary to foster change. • Communities of color are at the table providing their unique perspectives in the decision-making process.

Develop objective tools for key decision points	• Key decisions, not just the decision to detain, are supported by objective tools. • These decision points should be identified from the mapping of the decision points of all system partners;—peeling the onion at each point to determine how the decision impacts kids of color. • Tools defined by solutions to the disparities uncovered at any decision point. Examples of objective tools include: detention criteria developed in partnership with law enforcement; customer surveys that identify service barriers; criteria without racial bias for assignment to intensive caseloads; criteria for removal from intensive caseloads; partnering with culturally and racially relevant CBOs to improve success rates of kids in pre-and post-adjudication services; multilingual/cultural/racial intake officers to facilitate the youth's release from detention.
Stop —dumping of youth from other systems	• School administrators/ decisionmakers and key mental health personnel must be at the table and actively participate in reaching a consensus as to the use of detention and the implementation of JDAI strategies. • Reach a common understanding that it is harmful to children, and inappropriate, to detain kids in order to provide for their health and mental health needs. • Develop a system of care to leverage resources and provide comprehensive services to children outside of detention. • Minimize school as the entry point into detention by stopping the criminalization of school-based behaviors. • Eliminate responsibilities that have been transferred from schools to the juvenile justice system. • STOP opening the front door to detention so readily.
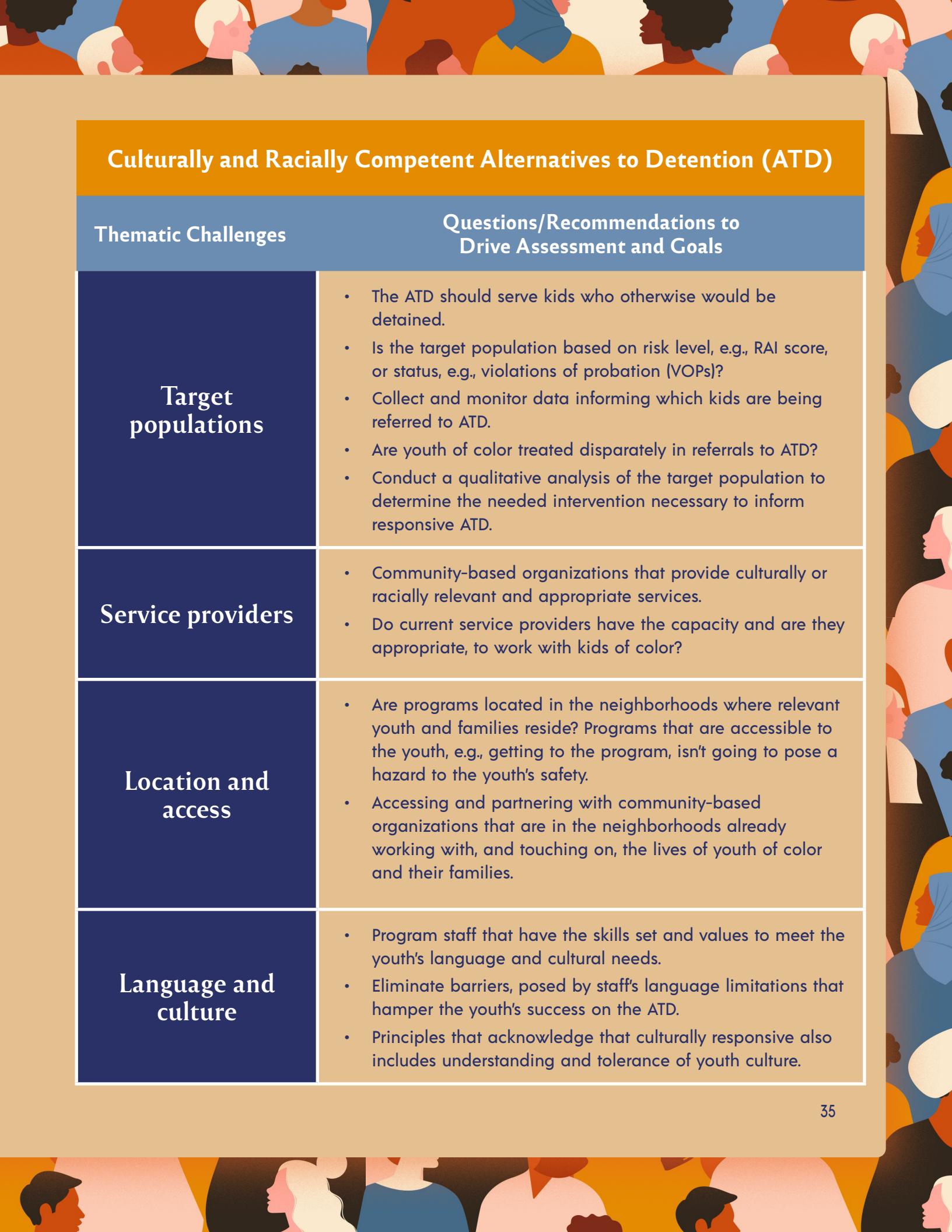
Culturally and Racially Competent Alternatives to Detention (ATD)	
Thematic Challenges	**Questions/Recommendations to Drive Assessment and Goals**
Target populations	• The ATD should serve kids who otherwise would be detained. • Is the target population based on risk level, e.g., RAI score, or status, e.g., violations of probation (VOPs)? • Collect and monitor data informing which kids are being referred to ATD. • Are youth of color treated disparately in referrals to ATD? • Conduct a qualitative analysis of the target population to determine the needed intervention necessary to inform responsive ATD.
Service providers	• Community-based organizations that provide culturally or racially relevant and appropriate services. • Do current service providers have the capacity and are they appropriate, to work with kids of color?
Location and access	• Are programs located in the neighborhoods where relevant youth and families reside? Programs that are accessible to the youth, e.g., getting to the program, isn't going to pose a hazard to the youth's safety. • Accessing and partnering with community-based organizations that are in the neighborhoods already working with, and touching on, the lives of youth of color and their families.
Language and culture	• Program staff that have the skills set and values to meet the youth's language and cultural needs. • Eliminate barriers, posed by staff's language limitations that hamper the youth's success on the ATD. • Principles that acknowledge that culturally responsive also includes understanding and tolerance of youth culture.

Program design

- Programs that respond to the needs and circumstances of youth of color.
- Good ATD programs are relationship based, not technology based. Successful ATD programs include partnerships with community-based organizations to provide the appropriate culturally and racially relevant and responsive interventions.
- Pre-adjudication ATD programs are intended to ensure court appearance and minimize re-arrest risk. Post-adjudication programs will typically feature more treatment interventions (e.g., counseling) and sanctions.
- The ATD is limited in duration of purpose—don't create a purgatory that will set kids up for failure. Does supervision include face-to-face contact? Is the level of supervision based on risk? ATD that offer more than one level of alternative? Collect data on entry to and exits from the programs.
- Collect data on the rate of referrals by RAI scores to Electronic Monitoring Programs (EMP). Is there an overreliance on the use of EMP with kids of color?
- Collect data to monitor terminations/failures. Is there a high failure rate of kids of color by a particular program?
- Conduct a qualitative analysis to determine reasons for failure to inform needed program changes or enhancement and development of ATD. Does the program have a —no reject policy?

Reliance on Data	
Thematic Challenges	**Questions/Recommendations to Drive Assessment and Goals**
Disaggregating data by race and ethnicity	• Baseline data of youth ages 10– 17, disaggregated by race, ethnicity, gender, and geography, should be collected by the foundation to identify the disproportionality and to commence the discussion. • Has the collaborative compared the percentage of youth of color in the juvenile justice system with the percentage of minorities in the general youth population? All ensuing data collection— e.g., admissions by reason, risk assessment instrument (RAI) screening, RAI overrides, length of stay (LOS), average daily population, use of alternatives to detention (ADP)—should be disaggregated by race/ethnicity/ gender/ geography. • Routine management reports present basic utilization statistics by race/ethnicity/ gender to enable stakeholders to identify disparities and to assess trends and change policies and practices.
Detention utilization study	• One of the first steps in planning for reform is to document how detention is currently used through careful data collection and analysis. A thorough description of recent trends and current practices in detention utilization provides the foundation for the problem identification and analysis, as well as the subsequent development of change strategies. The detention utilization study should provide the collaborative with a quantitative picture of how detention use varies for different categories of youth.

Geocoding and community mapping	• Identify the target area(s), that is the geographic area(s) contributing the highest number of kids in detention. Map the community assets, including community-based organizations currently providing services to youth and their families in the target neighborhoods. Identifying the target neighborhoods and mapping community-based services will assist in informing strategies for effective and efficient alternatives to detention.
Qualitative analysis	• Digging deeper generally leads to going—"behind the data" to look at individual policies and practices to clarify reasons behind the statistics. • What are the practices or policies contributing to the statistical disproportionality?
Comprehensive annual analysis of racial disparities	• Is the community informed of the state of racial disparities/ RED on an annual basis in your jurisdiction? • Annual reports developed by the system partners help keep eyes on the prize and promote accountability and transparency

Collaboration	
Thematic Challenges	**Questions/Recommendations to Drive Assessment and Goals**
Authority	• Is there an official imprimatur that reducing racial disparities is an explicit responsibility of the JDAI collaborative?
Composition	• Does the collaborative reflect the diversity of the kids and families involved in your juvenile justice system? • Do we have the decisionmakers sitting at the table with the appropriate community representatives? Does the collaborative effort include representatives of the impacted neighborhoods of color? • Are civil rights advocates at the table? • Are community-based service providers at the table?
Organizing the work	• The intentionality and infusion of the racial lens needs to be driven in unison with decisionmakers and communities of color: • Is the current configuration, e.g., work group, ad hoc committee, working? • Is each subcommittee held accountable for contributions to reducing racial disparities? • *Common challenges are—"working groups" working in a silo, which are expected to "fix" the problem.
Creating a safe place	• Are discussions regarding disproportionality undertaken with respect and tolerance? • Are the discussions mainly finger-pointing sessions? • Are deliberations based on facts and supported by data or impressions? • Have efforts been made to ensure equal and full participation in the discussions and deliberations?

Eliminating Bias in Detention Admission Screening

Thematic Challenges	Questions/Recommendations to Drive Assessment and Goals
Objective criteria and instruments	• Collaborative development of a race- and gender-neutral objective detention admission screening instrument based on risk. • The admission screening instrument should be scrutinized to ensure it is eliminating opportunities for disparate decisions. We're looking to control the front gates in an objective and equitable manner.
Bias in statutory criteria	• Examine your jurisdiction's statutory detention criteria for any bias and determine whether the criteria are mandatory or discretionary. This examination should include which factors must be taken into consideration to detain and consider collaborative efforts for developing local detention criteria to reduce the number of kids of color brought to the front gate.
Testing for unintended bias from screening tools	• Assess the admission screening instruments' impact on kids of color. The screening scores should be consistently monitored for disparate application and nuances that can reveal unintended biases. • The risk-based detention screening instrument should not add unfair risk points for kids of color. For example: points for being a "gang associate" tend to penalize kids for living in the disinvested neighborhoods where youth of color and their families have long been segregated; limiting release to parent(s) only and not considering extended family members or a responsible adult.

Multilingual, multicultural intake staff	• Eliminating barriers to returning a youth home. • Intake staff that speak and understand the language spoken by the youth and families to facilitate the release of youth in a timelier fashion. • Implementing intake procedures 24/7. Intake staff who value, recognize, and appreciate an individual's race/culture and its significance and role in the lives of youth and families.
Quality controls	• The development of protocols for the implementation of the admission screening instrument. • Leadership providing swift and consistent oversight for compliance with the protocols and with the application and scoring of the admissions screening instrument, as well as monitoring overrides. • Monitoring for consistency and equity in the application of the admission screening instrument by intake staff
Use of overrides	• Collecting data to determine if kids of color are being overridden in a disparate manner. • What are the override criteria? • What are the reasons for the overrides? • Do patterns emerge in the criteria invoked for the override relative to youth of color? For instance, criteria that allow for an override if—parent, guardian or responsible relative refuses to take custody. Collecting this information will assist in informing strategies for changes in policies and practices relative to the particular override criteria. • Monitoring for consistency and equity in the application of the admission screening instrument by intake staff. If one worker, for example, is overriding the RAI at a significantly higher rate than other workers or at a significantly higher rate for kids of color, the pattern should be identified and addressed immediately.
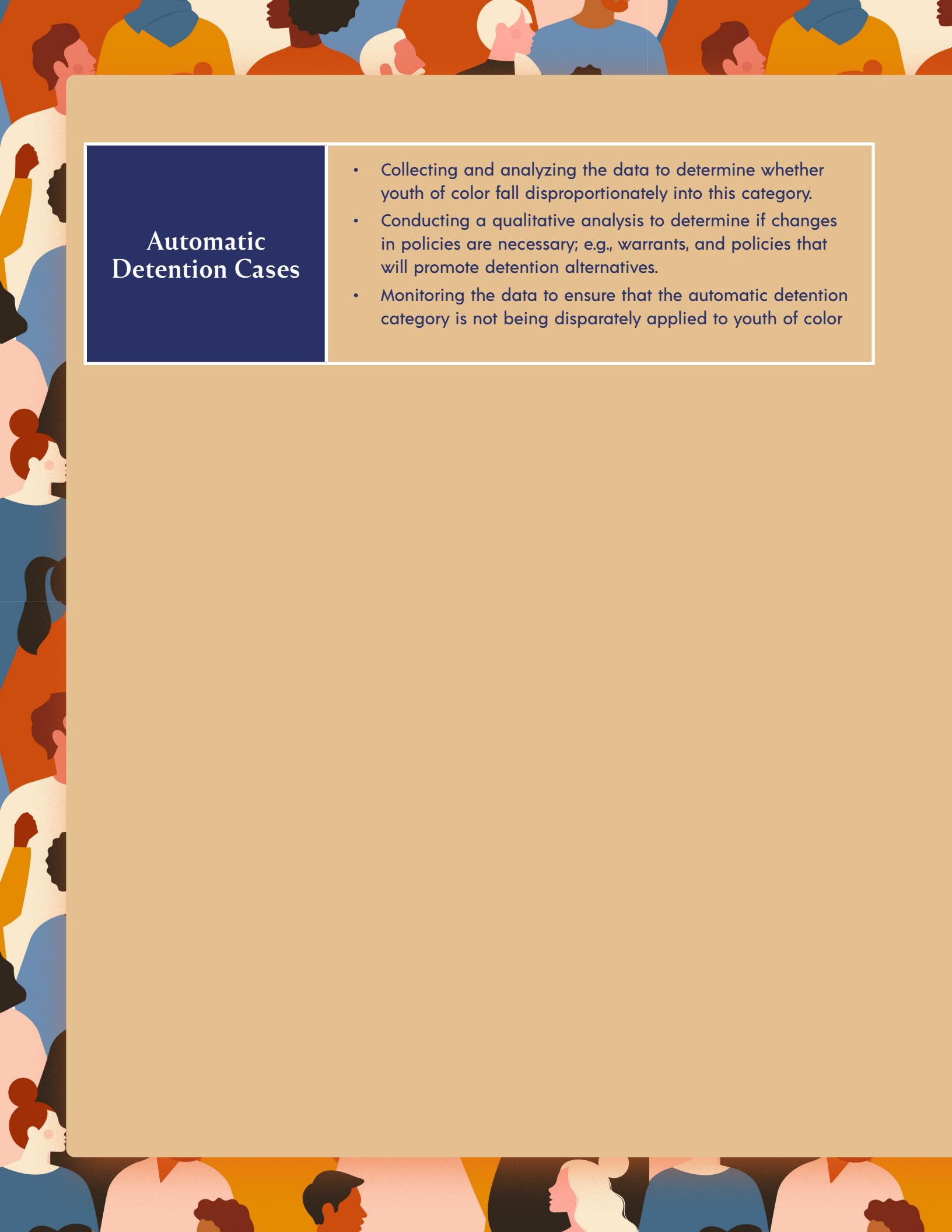
Automatic Detention Cases

- Collecting and analyzing the data to determine whether youth of color fall disproportionately into this category.
- Conducting a qualitative analysis to determine if changes in policies are necessary; e.g., warrants, and policies that will promote detention alternatives.
- Monitoring the data to ensure that the automatic detention category is not being disparately applied to youth of color

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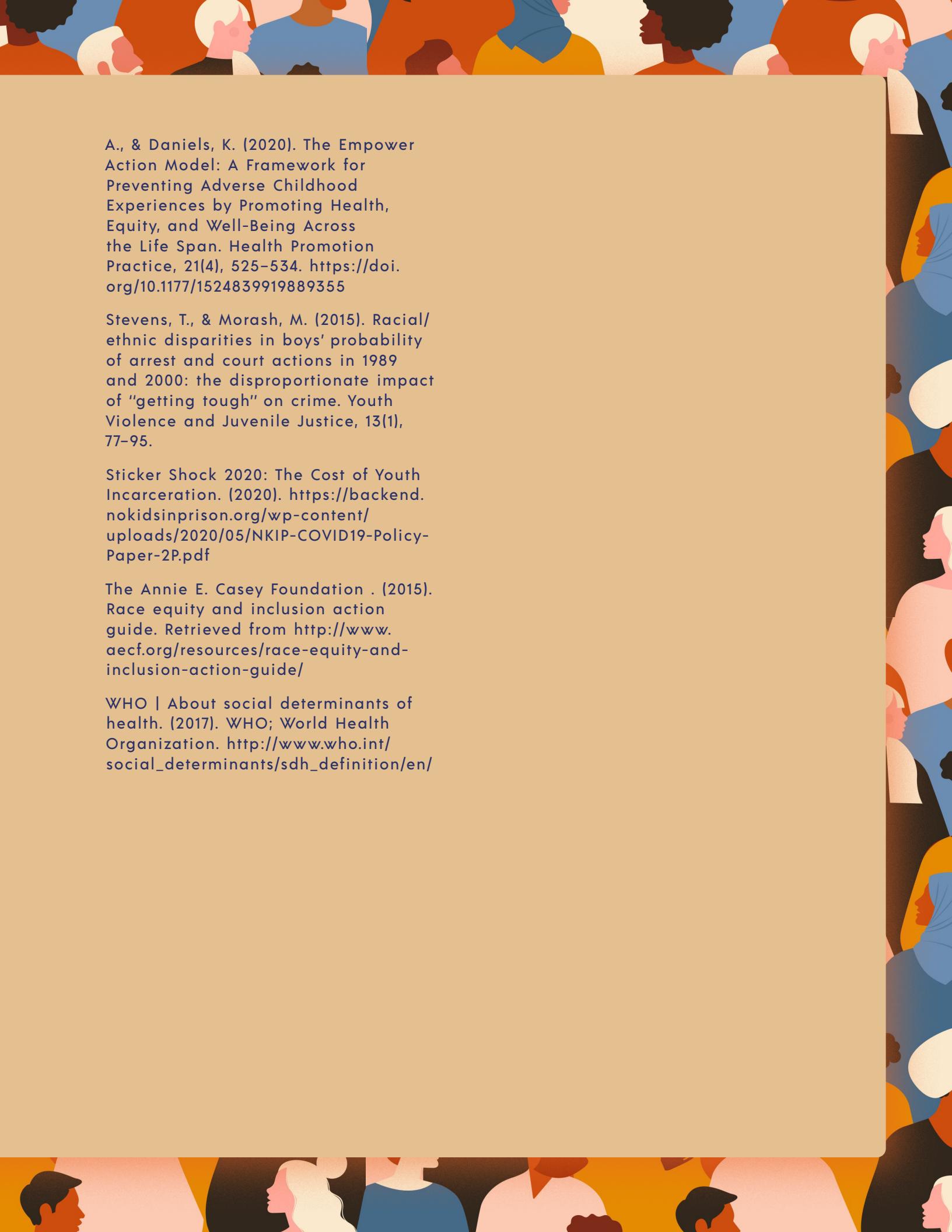
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TABLE 2
The Empower Action Model Protective Factors and Actions

Protective Factor	Individual Child	Interpersonal Family	Organizations	Community	Public Policy
Build resilience through learning skills needed to manage stress and nurture children	Possess inner strength to positively meet challenges and overcome adversity	Manage stress and buffer its' effects on family during tough times	Establish a system that values individual contributions, perspectives, differences, and strengths	Demonstrate that individuals are valued, honored, and supported by the community	Advocate for policies that build resilience including policies that create positive environments and provide services for health and well-being
Create positive environments for social and emotional well-being	Manage emotions, and relate positively to others	Foster children's social-emotional development	Create an environment that values the importance of positive environments for social-emotional well-being	Understand the importance of positive environments for children and their social-emotional well-being	Adopt policies that promote safe, stable, and nurturing environments
Grow positive outcomes by promoting individual development	Understand personal growth and development	Engage in developmentally appropriate interactions with children	Assess individual contexts, development, and needs when setting expectations and career planning or training	Demonstrate importance of community involvement in individual health and well-being through the development of programs focused on prevention	Promote the notion that we are all responsible for the health and well-being of children through policies and programs that promote healthy development
Share resources that allow individuals and families to meet their basic needs	Identify, find, and receive support to meet basic needs	Have skills and tools to identify needs and connect to supports that strengthen your family	Create an atmosphere where employees can access resources in times of need and for self-care	Provide information and connection to services in the community to promote resilience	Promote policies that create access to resources for all
Support individuals and families through positive relationships	Engage with trusting, caring relationships with competent adults	Build mutual trust and support with children	Foster positive relationships within the organization and promote engagement with family and community	Promote opportunities that build healthy relationships and support for parents while empowering parents to be leaders and decision makers	Fund and endorse policies and programs that provide individuals and families with connection and support within their communities
Race equity and inclusion tenets	Individuals have positive cultural identity by honoring family history, race, and ethnicity		Organizational policies and practices are racially and culturally inclusive and recognize the importance of diversity in workforce and leadership	Community efforts eliminate messages that reinforce "otherness" of health outcomes while creating programs that are culturally competent and promote equity	Policy efforts work to dismantle systemic racial inequity

Appendix #2: Road Map to Zero Youth Detention for King County, WA. Source: (King County, 2018)
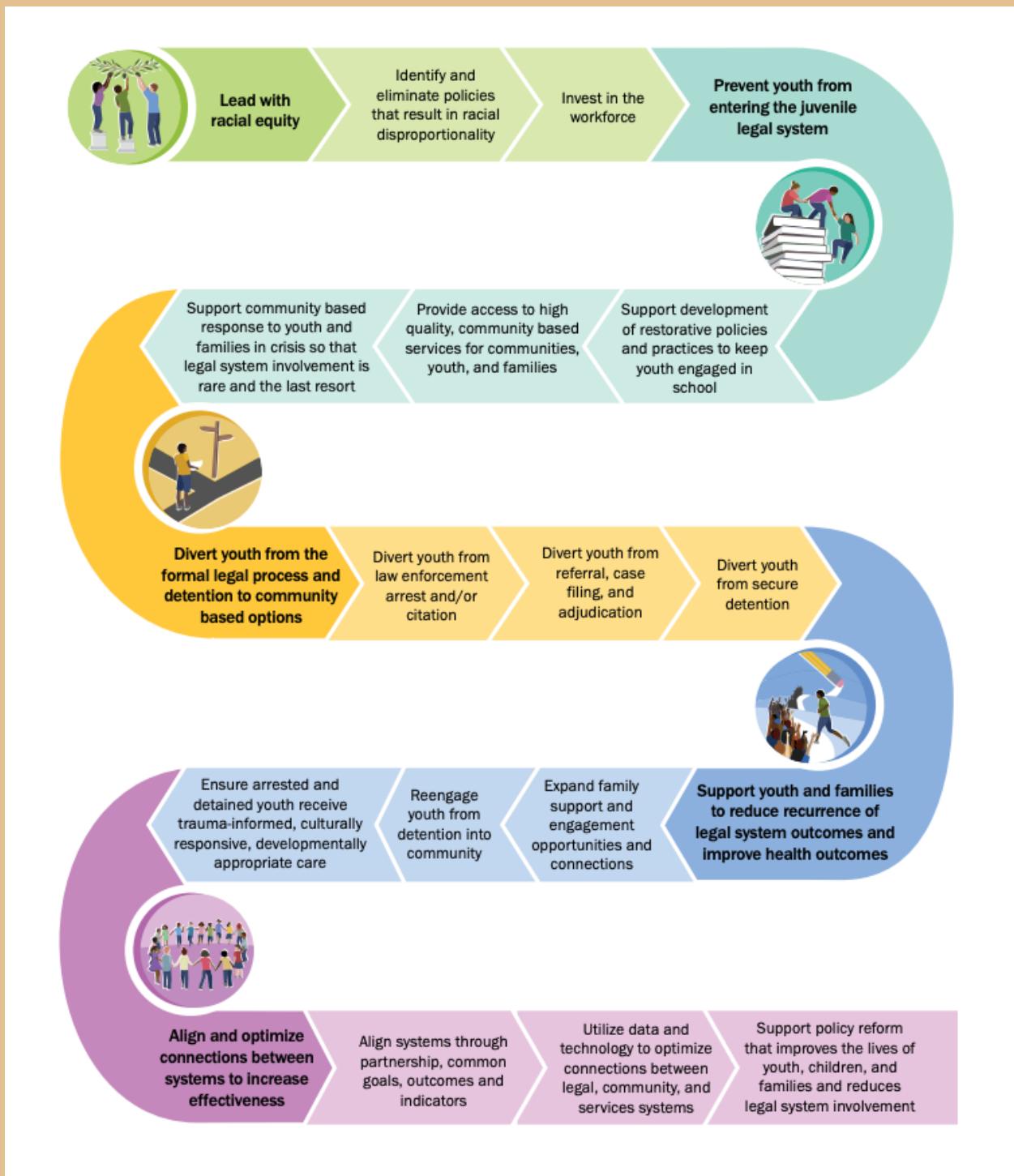
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