

The Intersection of the Criminal Justice, Education, and Mental Healthcare Systems and Its Influence on Boys and Young Men of Color

PREPARED FOR



RESEARCH | INTEGRATION | STRATEGIES | EVALUATION

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RISE for Boys and Men of Color is a field advancement effort that aims to better understand and strategically improve the lives, experiences, and outcomes of boys and men of color in the United States.

Support for this study was provided by a grant funded by The Atlantic Philanthropies, The Annie E. Casey Foundation, Marguerite Casey Foundation, WK Kellogg Foundation, and members of the Executives' Alliance to Expand Opportunities for Boys and Men of Color. The conclusions and opinions expressed in this study are of the author(s) alone and do not necessarily represent the views of RISE for Boys and Men of Color or its funders.

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Background

Racial and ethnic minorities comprise approximately 32 percent of the US youth population, however, they account for more than 60 percent of individuals within the juvenile justice system (Snyder & Sickmund 2006). They are more than eight times as likely as their white counterparts to be housed in a juvenile detention center (Wordes & Jones 1998). Meanwhile, 65 percent of young people in the juvenile justice system are diagnosed with a psychiatric or substance use disorder (Desai et al. 2006; Shufelt & Coccozza 2006). Youth with emerging mental illness can have difficulty regulating behavior and affect, so small conflicts can escalate into violent altercations, which can then lead to police involvement and subsequent legal charges. Racial/ethnic minorities are consistently more likely to harbor negative perceptions of policing in their communities, influenced by personal experiences or those of friends and family, as well as media coverage and neighborhood conditions (Weitzer & Tuch 2004). Consequently, both racial/ethnic minority youth and youth diagnosed with mental illness are more likely to come into contact with the police and subsequently be involved in the juvenile justice system. As one would expect from the statistics, youth of color who are also diagnosed with a mental illness experience a form of “double jeopardy” when it comes to risk for incarceration (*see case study on page 3*).

Youth of color begin to experience the effects of punitive expansion as early as elementary school (Christle, Jolivet, & Nelson 2005; Gregory, Skiba, & Noguera 2010; Nicholson-Crotty, Birchmeier, & Valentine 2009). Many schools teaching youth of color rely heavily on exclusion practices to discipline students. These practices may contribute to the racial gaps in academic achievement, in addition to the unequal and inadequate education opportunities offered to children and adolescents of color (Gregory et al. 2010). Suspensions tend to interfere with academic achievement, making it difficult for students of color to build on their academic skills and maintain appropriate school behavior. The strong associations among academic failure, exclusionary discipline practices, dropouts, and delinquency greatly contribute to the school-to-prison pipeline (Christle et al. 2005). The lifetime risk of being incarcerated is 58.9 percent among African American males without a high school diploma (Massoglia 2008).

Negative outcomes like involvement with the justice system are more likely for low-income minority youth in urban areas than for youth in resource-rich environments. However, these negative outcomes can potentially be mitigated via the integration of law enforcement, education, and mental health services. Models such as crisis intervention team (CIT) trainings appear to improve officers’ knowledge in handling such cases (Compton et al. 2006), yet evidence for the impact of CIT trainings on reducing incarceration or improving officer safety is mixed (Taheri 2016). In part, success may be limited because of the challenges in translating knowledge to action, and the scarce resources and poor coordination linking at-risk youth with psychiatric needs with appropriate care (Compton et al. 2010). Little is known about how cross-sector collaborations across the criminal justice, mental health, and education systems address emerging mental health needs, despite the fact that at-risk youth are often identified as needing services in schools, and that police departments are often the first and only point of contact between at-risk youth and the social service system.

In this report, we conduct a scan of the academic and grey literature on the intersection of the criminal justice, mental health, and education systems, and how it influences the lives of at-risk racial/ethnic minority youth (boys and young men of color). First, we identify a set of public health and social science studies that examine the associations between the systems named above and outcomes for at-risk youth, using the social ecological model as an organizing framework to elucidate the multilevel determinants of advantage and disadvantage among at-risk youth. Second, we identify interventions that aim to improve outcomes for racial/ethnic minority at-risk youth at the intersection of these three structural systems.



A CASE STUDY OF HOW THE CRIMINAL JUSTICE, EDUCATION, AND MENTAL HEALTHCARE SYSTEMS INTERSECT TO INFLUENCE A YOUNG MAN'S SOCIAL TRAJECTORY AND WELL-BEING

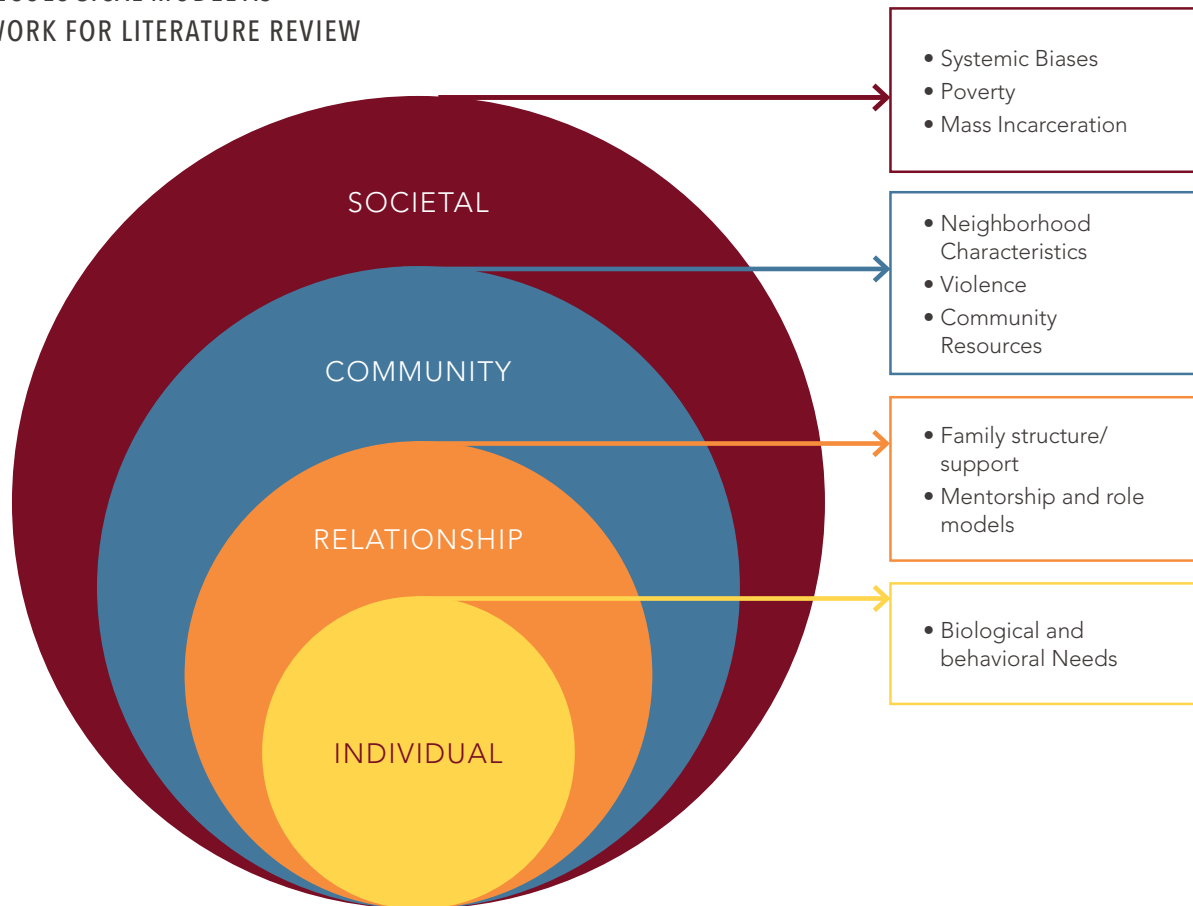
Tyler is a 14-year-old African American boy who has just been charged with stealing a bicycle worth approximately \$600.00 out of a garage. The theft occurred in July while Tyler was with a friend from his neighborhood. Tyler is being considered for a juvenile diversion program rather than being charged with trespassing and larceny over \$250.00. The juvenile court clinician is completing an intake on Tyler and finds out the following:

Tyler lives at home in Massachusetts with his mother and younger sister, Tamara, who is 10 years old. Tyler's father lives out of state and was incarcerated for distributing drugs when Tyler was young. Tyler's father moved after he was released from prison a year ago, and Tyler has not been in contact with him since the move. Tyler's mother works as an aide at a local home for the elderly. They live in one of their city's housing developments known for a high rate of crime; a young man was killed in a drive-by shooting a month before Tyler was caught stealing the bike. Tyler is about to enter into high school after barely passing the eighth grade. Tyler had historically been a student who earned Bs and Cs until eighth grade when he started to miss days of school and rarely turned in his homework. He was suspended twice this past year, once for swearing at another classmate in the halls and once for truancy. He missed a total of eight school days due to suspension. Tyler's mother mentioned that over the course of this year, he began to associate with a group of older boys from the neighborhood who frequently smoke marijuana and skip school. Tyler endorses that he smokes marijuana regularly but denies other drug use. Tyler also stopped attending the neighborhood youth center where he used to spend his time in the summer, opting instead to hang out with friends in the neighborhood. Tyler's mother said that she would like him to be involved in more organized activities but that she works during the day and cannot make him go. Tyler has a documented history of impulsivity. He saw a therapist briefly when he was 10 years old but stopped going because it was "boring" and "all [they] did was play games."

Tyler represents so many of the young people who present to the juvenile courts or police. He is a young man just entering into adolescence and he is at a critical time in his development. If he continues to disengage from school and community supports and persists in delinquent activity, he will be at significant risk for long-term involvement in the adult criminal justice system. Understanding what could potentially help Tyler requires understanding the dynamic interaction between not just the individual factors impacting his recent troubles but also the systems (e.g., school, courts, healthcare) in which he is involved and the societal and cultural forces impacting his development. Accordingly, interventions that fail to impact these multiple domains are far less likely to be effective in promoting positive outcomes for Tyler.

FIGURE 1

**SOCIAL ECOLOGICAL MODEL AS
FRAMEWORK FOR LITERATURE REVIEW**



CONCEPTUAL MODEL

For the proposed project, we employ the social ecological model to structure the review of the published literature. The social ecological model (*Figure 1*) situates health behavior within a nested and interconnected set of individual, relationship (peer and family), community (including neighborhoods), and societal (including policy) influences. In the framework, social ecological interventions are differentiated from individual-level behavioral interventions through a multilevel approach that identifies risk and protective factors at multiple levels (e.g., cultural, physical environment, and organizational) and to identify “leverage points” in the social environment that may result in broad societal improvements in health and well-being. We will utilize a similar approach in conducting the proposed literature review, interpretation of findings, and policy recommendations.

The social ecological model framework hypothesizes that individual-level responses to interventions or risk factors among individuals—in this case, boys and men of color—are shaped by environmental stressors such as poverty, which exert an effect on social or cultural norms. Accordingly, public health outcomes are not the result of a single factor but rather a combination of many individual and environmental components and the result of the overall impact from these stressors. This framework suggests that to fully understand the mechanism of a public health outcome, researchers must assess the “biological, behavioral, and socio-cultural needs and the environmental resources available to them” (Stokols 1996, 246). To effectively intervene, programs must be designed to influence system change from the individual to the community level.

Methods

Our scan provides an overview of the prior studies and intervention related to issues of importance at the intersection of criminal justice, mental health, and education. The scan is organized into two parts:



In order to focus our scan on issues that are relevant to the population of boys and young men of color, we gathered an advisory group of stakeholders who have been involved with the Safety Net Collaborative intervention, a diversion intervention focused on ending the school-to-prison pipeline for boys and young men of color in the City of Cambridge, Massachusetts. On May 4, 2016, we convened the advisory group to introduce the objectives of the scan and to elicit recommendations for themes that should be considered during the scan. The advisory group consists of the recently retired Cambridge Police Commissioner Robert Haas, Director of Outreach and Community Programs Jacquelyn Rose, Chief of Pediatrics Dr. Greg Hagan, child psychiatrist Dr. Nicholas Carson from Cambridge Health Alliance (CHA), the Chief Public Health Officer from the Cambridge Public Health Department (CPHD) Mr. Claude-Alix Jacob, the Co-Director of Agenda for Children (a coalition of afterschool programs) Mr. Khari Milner, and the Assistant City Manager for the City of Cambridge Ms. Ellen Semonoff. The goal of the meeting was to solicit input and advice on the themes that we should pursue in the scan and, more broadly, the strengths and weaknesses of the current intervention efforts in place to break the school-to-prison pipeline. Their professional expertise and experience with the Safety Net Collaborative served as a starting point and provided guidance for this literature scan.

¹ Behavioral/mental health” refers to both mental health and substance use. For simplicity, we will use mental health from here forward unless more specificity is required.

PART

1

REVIEW AND SUMMARY OF THE LITERATURE DRAWING CONNECTIONS BETWEEN MENTAL HEALTH, CRIMINAL JUSTICE, AND EDUCATION

To launch the first part of the scan, we asked the advisory group to respond to the following question: “Based on your experience, what do you see as the underlying reasons for youth being derailed from school and headed toward problems with law enforcement?” Responses were summarized into the following themes:

- Adverse childhood experiences
 - Parents' substance use
 - Mental illness among the parents, e.g., maternal depression
 - Domestic violence
- Expulsion of misbehaving students, as early as preschool
- Negative peer group influence in the absence of school, family, and community support
- Early psychosis symptoms
- Low expectations from the family and the community
- Lack of input and agency, especially in relation to school disciplinary actions
- “It’s not just this one kid”: a need to identify system-level risk factors (e.g., in the classroom, black students can be excluded/mistreated by teachers and other students)
- Systems do not share information about youth who they are separately worried about
- A lack of service providers to fill in the interstices; service providers who can navigate between/across the social service systems.

Keeping in mind the social ecological model as an organizing framework, these themes were used as a starting point for the literature scan and assisted us in the interpretation of the results. We used a combination of the following search terms to identify peer-reviewed background literature:

- “Hispanic or Latino”, “black or African American”, “Asian American”, “Native American”, “male”, “criminal justice”, “education”, “men and boys of color”, “risk factors”, and “mental health”.

PART

2

REVIEW AND SUMMARY OF INTERVENTIONS AT THE INTERSECTION OF MENTAL HEALTH, CRIMINAL JUSTICE, AND EDUCATION

In the second section of the scan, we focus specifically on interventions that target boys and young men at the intersection of mental health, criminal justice, and education systems. Programs and peer-reviewed articles were identified from four different search engines: PubMed, Blueprints for Healthy Youth Development, Youth.gov, and the Office of Juvenile Justice and Delinquency Prevention (OJJDP). With the exception of PubMed, each website has a database of interventions and a grade for efficacy of the intervention. For Youth.gov, the keywords of “mental health”, “criminal justice” or “juvenile justice”, and “education” were used as filters. For the OJJDP database, “mental health”, “criminal justice”, “academic”, and “delinquency prevention” were used to identify relevant programs. From the Blueprints database, all programs related to delinquency or illicit behavior were downloaded. From PubMed, the following keywords were used: (criminal justice OR juvenile justice OR diversion) AND (education OR school OR academic) AND (mental health) AND (youth OR boys OR adolescent). Each program and article was then reviewed for relevance to each of the major topics (mental health, juvenile justice involvement, and education) and all interventions were identified and summarized.

To identify a wider range of interventions, we also searched the grey literature for successful interventions, casting a wider net to identify interventions that have focused, specifically on boys and men of color at the intersection of the criminal justice, mental health, and education systems. Guided by our advisory board, the search began with the identification of juvenile justice diversion programs. This led to websites of organizations such as the Vera Institute, Status Offense Reform Center, Models for Change, and Strategies for Youth that collected and evaluated interventions. Search terms in Google and other search engines were broadened to include “status offense”, “disproportionate minority contact”, “juvenile justice reform”, and “school-based diversion.” Utilizing these broader search terms was an attempt to identify local- and state-level programs or reforms specifically addressing the overrepresentation of boys and young men of color in the criminal justice system.

To parallel the identification of linkages across service sectors, and adhering to the socio-ecological model, we organized the identified interventions at the individual, family, community, and system/society levels.

Results

PART

1

IDENTIFYING THE MULTILEVEL DETERMINANTS IMPORTANT TO UNDERSTANDING LINKAGES BETWEEN MENTAL ILLNESS, CRIMINAL JUSTICE, AND EDUCATIONAL OUTCOMES



INDIVIDUAL LEVEL FACTORS

Adverse Childhood Experiences

Childhood adversity, such as exposure to domestic violence, caregiver mental illness, or addiction and loss are known risk factors for adverse physical and mental health problems, as well as interactions with the criminal justice system and poor educational outcomes (Porche, Costello, & Rosen-Reynoso 2016; Baker & Jaffe 2003). In other examples identified in the literature, exposure to domestic violence and other forms of family violence were associated with related and seemingly unrelated charges in youth offenders (Shaffer and Ruback 2002; Liberman & Fontaine 2015). Adverse childhood experiences, such as maltreatment, witnessing violence, and growing up with absent, addicted, or mentally ill caregivers influence adult physical and psychological well-being (Bowles, DeHart, & Webb 2012). Having a history of maltreatment or abuse increases the risk for violence in youth who experience abuse and neglect (Borum 2000). Adverse childhood experiences have also been linked to numerous chronic conditions associated with premature mortality, such as depression, smoking, and substance abuse (Brent & Silverstein 2013).

The Disadvantages of Minority Status and Living with Mental Illness in Schools

School-aged boys of color living with mental illness or addiction face a wide variety of challenges in school settings. African Americans who are diagnosed with ADHD before the age of 13 are more likely to receive school disciplinary actions such as exclusionary practices, and experience a greater chance of juvenile arrest (Behnken et al. 2014). Students of color living with mental illness face a dual disadvantage when competing with their peers, as discrimination itself can be detrimental to mental health (Williams & Williams-Morris 2000). While school-based, culturally tailored mental health services may be helpful in ameliorating the effect of trauma (Stein et al. 2003; Kataoka et al. 2003), the quality and availability of mental health services at school varies significantly by region, size of school, and urbanicity (Slade 2003).

Exposure to violent crime is a significant predictor of emotional and mental health problems, including post-traumatic stress disorder (PTSD), depression, distress, aggression, and externalizing behavior (Kilpatrick & Acierno 2003; Buka, Stichick, & Birdthistle et al. 2001). And yet there is little to no recognition in the design of interventions and policy reforms that boys and young men of color are disproportionately victims of both crime and violence in their communities (Sered 2014). Though many services directed toward survivors of domestic violence and assault have been established over the past 30 years—such as financial assistance, legal services, and advocacy for victims' rights—there is still a great unmet need for these services for boys and young men of color who are victims of crime and violence (Sered 2014; Cheatham, Barksdale, & Rodgers 2008; Harrell 2007).



FAMILY (RELATIONSHIP) LEVEL FACTORS

Parental Mental Illness and Addiction

Parental mental illness and substance abuse significantly increases the risk of negative mental health and substance use outcomes for children (Schaeffer et al. 2013; Yule et al. 2013), as well as limited academic achievement and the perpetuation of social inequality (Roos et al. 2016). Children whose parents have a mental illness are at a significantly higher risk of developing numerous internalizing and externalizing problems such as anxiety or depression, or aggressive behavior (Van Loon et al. 2015; Slominski 2010). Parents with mental illness have higher divorce rates than the general population and may face problems with parent-child attachment due to repeated separations or family instability (Van Loon et al. 2015). For example, if parents are depressed, they may become less emotionally involved and invested in their children's daily lives (Beardslee, Versage, & Gladstone 1998). The children of parents suffering from mental illness often take on adult responsibilities in caring for their parents and subsequently experience uncertainty, anger, shame, sadness, and fear (Sherman 2007). In addition, people of color with mental health problems have a greater risk of experiencing social and economic disadvantages, such as homelessness, unemployment, and poverty (Greene, Pugh, & Roberts 2008), which can have a profound effect on children. Therefore, parental mental health problems more severely impact children who must also contend with poverty, racial discrimination, and the stigma associated with having parents with a mental illness (Reupert & Maybery 2007). All of these risk factors place the child at increased risk for developing future mental illness and committing serious criminal offenses (Shelton 2001).

Parental Incarceration and Parental Attachment

A growing number of studies suggest that parental incarceration is associated with negative social, economic, and health outcomes for children as well (Lee, Fang, & Luo 2013). Children with incarcerated parents usually experience disadvantages and instability that increase risk for behaviors potentially leading to criminal justice system involvement (Lee et al. 2013). Paternal but not maternal incarceration increased the likelihood of child homelessness with effects concentrated among African American children. The relationship can be explained in part from a subsequent increase in familial economic difficulties and decrease in access to institutional support (Wildeman 2014). Young men and boys have a greater risk of being arrested in adulthood and are more likely to be incarcerated if their biological father has spent time in prison (Roettger & Swisher 2011). In conjunction, a meta-analysis conducted by Hoeve et al. (2012) revealed a correlation between poor attachment to parents and delinquency in youth. Conversely, higher parental attachment is associated with less violent behavior, regardless of family structure among Latino youth (Walker, Maxson, & Newcomb 2007).



COMMUNITY LEVEL FACTORS

Exposure to Neighborhood Violence

In violent or high-crime environments, young people may utilize "confrontive" or more aggressive coping strategies to increase perceived safety (Rasmussen, Aber, & Bhana 2004), inadvertently increasing the risk of contact with police or perceived delinquency. After experiencing violence, young men and boys often engage in activities that may perpetuate interpersonal violence, further increasing the risk of victimization (Rich & Grey 2005). When victimized, boys and men of color are often mistakenly suspected by law enforcement officials as being perpetrators of crime and do not receive adequate assistance (Sered 2014). Witnessing or exposure to community violence can cause psychological stress that contributes to higher PTSD risk and may manifest in externalizing behavior during adolescence (Fowler et al. 2009). Exposure to violence is also associated with aggressive behavior at an older age (Guerra, Huesmann, & Spindler 2003). Therefore, it may be unsurprising that victims of violence are significantly more likely to commit a violent offense (Shaffer & Ruback 2002), thereby perpetuating community violence and victimization of others.

Peer Expectation and Influence

For boys and young men of color in neighborhoods of high rates of violence, navigating through interpersonal relationships with peers can be challenging and require coping strategies that may lead to risky behaviors. The influence of relationships with deviant neighbors in violent neighborhoods (e.g., gang members, drug dealers) can create conflicting behavioral expectations across the domains of school, street, and home life, leading to negative outcomes such as reduced educational engagement (Patton & Roth 2016). When victimization is based on neighborhood identity, adolescents tend to align with older peers for protection or guidance as a coping strategy. Association with peers in age groups more prone to criminal activity (late teens and early 20s) may perpetuate normalizing of violent, risky behaviors for adolescents (Harding 2009). At the same time, resistance to peer pressure is most likely to increase and develop during middle adolescence, between the ages of 14 and 18. In other words, middle adolescence may be a critical opportunity to develop the capacity to resist peer pressure (Steinberg & Monahan 2007).

School and Neighborhood Expectations

Family and community members' expectations about educational attainment influence the outcomes of young men and boys of color. Mello and Swanson (2007) found that African American adolescent males who rated their neighborhoods higher in quality also reported higher personal and educational aspirations, compared to those who reported a lower neighborhood quality rating. Community engagement and resource utilization positively influence African American adolescent males' educational expectations (Nichols et al. 2010). In addition to residential surroundings, cultural and social context influences the expectations of young men and boys of color. For example, Irving and Hudley (2008) found that African American boys who report feeling discrimination stemming from distrust in institutional, personal, or social contexts tend to value education less and perceive fewer benefits from education. Expectations of educational attainment, specifically the expectation of life expectancy and attending college, were strong negative predictors of delinquency among young African American males (Caldwell, Wiebe, & Cleveland 2006).

Expectations from teachers and parents also influence academic attainment and engagement. In their 2002 study, Cheng and Starks found that Asian, Hispanic, and African American parents tend to hold higher educational aspirations for their children than white parents. However, Asian and Hispanic mothers and African American fathers have relatively less influence on educational expectations than white parents (Cheng & Starks 2002). Similarly, Hines and Holcomb McCoy (2013) revealed that for African American males, the father's education level and a two-parent family structure were positive predictors of GPA. However, an unexpected result that the authors found difficult to explain was that a father's expectations are a negative predictor of GPA (Hines & Holcomb-McCoy 2013). While research shows that parents influence their children's educational expectations, more work needs to be done to understand the mechanisms by which both the mother and father influence expectations, particularly with young men and boys of color.

Teachers act as a direct connection between student and educational attainment and affect the expectations of their students. In their 2007 study, Tenenbaum and Ruck found that teachers had the highest expectations for Asian American students and held more positive aspirations for European American (white) students than Latino or African American students. Similarly, teachers gave more positive and fewer negative referrals, and more praise for European American students than Latinos or African American students (Tenenbaum & Ruck 2007). Non-black high school teachers hold significantly lower expectations for black male students, and place lower value on being personally involved with these students, providing protective guidance, and understanding their students' family and community than black teachers (Gershenson, Holt, & Papageorge 2015; Bacon et al. 2007). At the same time, African American male students are more likely to be labeled as intellectually or cognitively low functioning than any other racial/ethnic group (Cokley et al. 2014). Taken on the surface, the low performance may be used to reinforce "negative perceptions of black potential" rather than examine the historical context of the achievement gap (Howard, Flennaugh, & Terry Sr. 2012). These differential expectations from teachers may affect students' willingness to remain engaged in school and even result in biased treatment of students.



SOCIETAL LEVEL FACTORS

Over-Representation of Boys and Young Men of Color in the Juvenile Justice System

Although the rate of violent crimes nationally has decreased since the early 1990s, violence remains a major concern for many communities, especially communities of color (Zimring 2006). Racial minority youth are more likely to come into contact with the juvenile justice system and therefore more likely to be overrepresented as juvenile offenders and victims in both the juvenile and criminal justice system (Lieberman & Fontaine 2015; Shaffer & Ruback 2002). Disproportionate minority contact or DMC has been well documented in the literature (Development Services Group Inc. 2014; Nicholson-Crotty et al. 2009). DMC has largely been characterized as the result of either differential rates of offending or differential treatment within the criminal justice system (Bishop 2005). *Differential offending* could be caused by a combination of environmental factors, such as economic hardship, exposure to violence, poor academic engagement, etc. Meanwhile, *differential treatment* is when a young offender's race affects others' decision-making process. In other words, boys and young men of color experience harsher punishment compared to their white peers because the system treats them differently (Development Services Group Inc. 2014). An example of a policy that directly contributes to DMC is the "Becca Bill" in Washington State. It was originally intended to keep young people safe and "off the streets". However, the law created undue burden on already precarious situations, where non-violent children and families often do not have the resources to navigate the court system (Ague & Lippk 2015). While identifying the driving forces of DMC may be challenging, racial disparities exist across the juvenile justice continuum, and race and ethnicity of the individual youth affects the decision-making at nearly all levels of the criminal justice system (Leiber 2003).

Discrimination in Schools

Boys of color face a greater likelihood of being suspended or expelled than their white counterparts. Early experiences with the education system are also predictive of criminal justice involvement later in life. Almost 60 percent of black males who drop out of high school will experience imprisonment by age 30. Black male students are less likely to believe their teachers support and care about their success and more likely to believe that their teachers perceive them as "animals," "inmates," or "killers" than their white counterparts (Hirschfield 2008). That some teachers may associate blacks with "animals" or "killers" corroborate laboratory-based social psychological studies on race and implicit cognition: one study found that subconscious priming of a black male face significantly increased the ability of study participants to identify an incomplete image of an ape (Goff et al. 2008), while another study found similar effects on identifying degraded images of crime-relevant objects such as a gun or knife (Eberhardt et al. 2004). School disciplinary measures such as zero-tolerance policies show no significant influence on school safety, but are related to racial disparities, increased suspensions and expulsions, higher rates of dropouts, and more legal problems (Heitzeg 2009).

Young men and boys of color are uniquely vulnerable to a disparate disciplinary system in schools throughout the United States. Children of color are especially likely to be suspended during secondary school or middle school; for African American students, they are three times more likely to be suspended than white students in middle school (Losen & Martinez 2013). Similarly, while respectively consisting of 9 percent and 10 percent of all students, African American and Latino boys comprise 27 percent and 17 percent of all expulsions (Bird & Bryant 2014). American Indian males are twice as likely to receive out-of-school suspension as their white counterparts, and African Americans are three times as likely (Bird & Bryant 2014). This disproportionate rate of suspension begins to affect young boys of color as young as preschool (Smith & Harper 2015). Approximately 42 percent of African American preschool students were suspended at least once, and 48 percent were suspended multiple times (Smith & Harper 2015). Black preschoolers are three to five times more likely to be expelled and penalized for more subjective forms of misbehavior than their Asian American, Latino, and white peers (Cokley et al. 2014). In addition, American Indians are more likely to receive office disciplinary referrals (such as suspension and expulsion) than white students (Whitford 2014).

Poor academic engagement and support may contribute to disproportionate dropout rates among ethnic/racial minority students. Male students of color between the ages of 16 to 24 have a higher dropout rate than the national average; compared to their white counterparts, Latino, black, and American Indian males have higher dropout rates (Bird & Bryant 2014). Overall, young men and boys of color face inequity in a number of school-related factors that can influence educational attainment and interaction with the criminal justice system.

Perceived Discrimination and Racial Identity

In addition to school-based discrimination, an individual's *perception* of discrimination, whether from systemic or personal sources, holds negative consequences. African American adolescents with high levels of perceived discrimination experience more anger and less self-control, which can lead to increased substance use or thoughts about substance use (Gibbons et al. 2012). Additionally, young adult African American men with high urban stress were more likely to report a history of marijuana use, history of ecstasy, and loss of memory from drinking the night before, compared to those who felt low urban stress (Seth et al. 2013). Boys and young men of color reported that social support and self-esteem also influenced their mental health. African American adolescent males who perceived more social support through their racial identity had less internalization of depressive symptoms (Gaylord-Harden et al. 2007). Similarly, Mandara and colleagues (2009) revealed that developing positive feelings about one's race can reduce mental health problems such as depression and anxiety.

Victimization, Reentry after Incarceration, and Employment

Currently, there is no single system in place to help boys and young men of color navigate the return to school or access employment and training after either being crime/violence victims or first-time offenders (Bryant, Harris, & Bird 2016). For example, 92 percent of all Black victims of robbery and 91 percent of Black victims of assault receive no known assistance after being the victim of crime (Harrell 2007). As a result of these limitations in support services, boys and young men of color are less likely to recover after being victimized, which may negatively affect their future education, health, employment, and safety (Sered 2014). For example, those who are not in school have limited or no access to mentors, educators, or advocates to help procure a job, and those who are in school often encounter educators and healthcare practitioners who lack the appropriate cultural competency to work with them (Bryant et al. 2016). Instead of aiding these youths, they are often faced with punishment from these existing systems, which fail to acknowledge the traumas that underlie many of their actions (Sered 2014).

PART 2

IDENTIFYING INTERVENTIONS TARGETING THE MULTILEVEL DETERMINANTS FOR AT-RISK YOUTH

The above-mentioned themes suggest the need for multilevel interventions that address individual-level mental illness and addiction, parenting and parents' mental illness and addiction, improving the positive influence of peer groups, improving school and social group expectations, and eliminating structural racism and discrimination in schools and health and social service systems. Interventions identified in the literature match some, but not all, of these mechanisms. The majority of the articles focus on individual- and family-level interventions diverting youth from formal involvement in the juvenile justice system. A total of 78-peer reviewed articles were identified from peer-reviewed publications. Of these articles, 25 interventions addressed all three elements of mental health, criminal justice, and education and are the focus of results in this section (*see Appendix*).

The interventions can be categorized by their entry points into the lives of at-risk youth:

- After committing a status offense (e.g., repeated truancy, underage smoking, or drinking) but before adjudication/court trial (eight **pre-trial diversion** interventions reviewed)
- After-trial diversion to intervention instead of juvenile detention or prison (one **post-trial diversion** intervention reviewed)
- **Reentry programs** for offenders leaving prison (one literature review of 88 federally funded reentry interventions reviewed)
- **Substance use treatment program for youth** with substance use problems (five interventions reviewed)
- **Prevention programs for youth with parents with substance dependence** (two interventions reviewed)
- **Criminal behavior/violence prevention** (five interventions reviewed)
- **School-based prevention** interventions (three interventions reviewed)

The interventions can also be categorized by the content of the components of the interventions and how they represent different levels of the socio-ecological model:



INDIVIDUAL LEVEL (e.g., skills training, "character education," cognitive behavioral therapy, case management)



FAMILY LEVEL (e.g., family commitment, investment, parenting, and family communication skills training)



COMMUNITY (e.g., partnership with police; temporary youth shelters; referrals to mental health service sites; working with courts, schools, client advocates for youth within existing services)



SOCIETAL (e.g., changing existing services to better serve youth, reducing mass incarceration through diversion, improving attitudes, and reducing discrimination in the police force)

Approximately three-quarters of the identified interventions can be best described as having intervention components that operate at the individual and family level and not the community or societal level.

TREATMENT INTERVENTIONS THAT HAVE DEMONSTRATED EFFECTIVENESS FOR AT-RISK YOUTH (AND BY EXTENSION THE POSSIBILITY OF EFFECTIVENESS FOR BOYS AND YOUNG MEN OF COLOR)

Multisystemic Therapy (MST)

The intervention with the greatest evidence base in supporting at-risk youth is **Multisystemic Therapy (MST)** (e.g., Henggeller et al. 1992; Henggeller et al. 1997). MST is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact at-risk youth. MST is comprehensive and impacts all four areas described in the socio-ecological model (individual, family (relationships), community, and systems). Clinicians work in teams and are on call to the families with whom they work. The clinical teams work directly with the schools and courts as needed, and with any other systems that impact youth and families (e.g., afterschool programs, social services). MST is not clinic-based therapy; the clinicians meet with the youth and family in the setting that works best for the client.

Underlying the success of MST is its commitment to meeting the family in a setting that works for them instead of mandating them to come to a clinic at a certain date and time. The clinicians are also available by pager outside of “normal” business hours so that they can be maximally responsive to the family’s needs. MST also recognizes the critical importance of the systems involved in the lives of the youth and family, the necessity of engaging these systems, and advocating for the youth within the systems. MST is also designed to work over three to five months, so it is a time-limited, intensive intervention that encompasses the “whole child.” Barriers to successful implementation of MST are that these programs are not readily available in some states. Implementing MST can be costly in terms of resources, time, clinician salaries, and training costs. It is also not clear to what extent the clinicians within MST work to act as a change agent within the systems and address the inequities at a systemic level that impact the lives of their clients and their families.

Functional Family Therapy (FFT)

FFT is a short-term intervention for youth who have been referred for behavioral or emotional problems by the juvenile justice, mental health, school, or child welfare systems (Alexander and Robbins 2011). Services are conducted in clinic, home, or community settings. It is a manualized treatment that has demonstrated success with youth, including with boys of color (e.g., Sexton and Turner 2010). Underlying the success of FFT is that the model is very specific in the way it maps out treatment for the family. FFT has five phases: engagement, motivation, relational assessment, behavior change, and generalization. The clinician works to first make sure to join with the family and assess their motivation to change rather than jump prematurely into a treatment. The clinician then works on the relationship patterns within the family and moves to changing potentially problematic behaviors. The goal of the generalization phase is to increase the family’s capacity to adequately use community resources so that the progress is sustained. In terms of barriers to success, the FFT intervention is focused primarily on the family. Although the clinicians collaborate with systems, and the goal of the final phase of treatment is engagement with community supports, there is less emphasis on changing the systems. Also, in FFT, and similar to MST, the clinicians do need specific training and supervision to deliver the intervention, which necessitates sufficient resources to acquire the training and supervision. While evidence of the effectiveness of FFT exists, there is a concern that selection bias exists, as it is unclear how many instances of FFT implementation occurred but were not reported because of a lack of significant results.

INTERVENTIONS WITH PROMISE (UNDERDEVELOPED INTERVENTIONS FOR BOYS AND MEN OF COLOR OR INTERVENTIONS THAT WORK FOR THE GENERAL POPULATION WITH PROMISE FOR ADAPTATION)

Certain Interventions that Divert Youth from Formal Contact with the Juvenile Justice System

Diversion from the juvenile justice system is a common approach to improving the lives of at-risk youth (and by extension boys and young men of color). Diversion programs vary widely, and it is important to clearly define the specific components of each program when determining effectiveness of these programs. An example of a promising intervention focused on diversion from the juvenile justice system is the Adolescent Diversion Program (Michigan State), a strengths-based, advocacy-oriented program that diverts arrested youth from formal processing in the juvenile justice system and provides them community-based services. The ADP has demonstrated effectiveness in helping youth avoid the first contact with the courts, thereby avoiding the inequities of the juvenile justice system.

One of the major issues currently with diversion is that there is no standard program for diversion. Further, diversion programs that are not fully developed or do not have sufficient screening measures run the risk of “net-widening” and potentially involving low-risk youth in programs with more delinquent youth, which can lead to peer contagion. It is also important to note that diversion in and of itself is a way to prevent involvement with the juvenile justice system but is not a treatment in and of itself. Accordingly, diversion without a conceptually robust and evidence-based treatment component is unlikely to address the underlying factors that contribute to a young person coming to the attention of law enforcement in the first place.

Multidimensional Family Therapy (MFT)

MFT is a manualized family-based treatment and substance abuse prevention program developed for adolescents with drug and behavior problems. Similar to Multisystems Therapy (described above), clinicians in the MFT model work with the family to reduce conflict, enhance problem solving, and improve communication and negotiation. The clinicians partner with relevant supports in the community to develop competencies in the youth. One important caveat to the primary study demonstrating the efficacy of MFT is that, while the study involved 182 eligible participants, including 51 percent white, 18 percent black, 15 percent Hispanic, 6 percent Asian, and 10 percent other, 30 participants (16 percent) of the sample refused treatment. Of the remaining 152 participants, another 57 participants did not complete treatment. Unfortunately, the race/ethnicity of the total of 87 participants (48 percent) who did not complete the study was unknown, making it unclear how many boys and young men of color fully participated in the intervention.

Becoming a Man (BAM)

Becoming a Man (BAM) is a school-based intervention that aims to reduce risk behaviors and improve academic performance in boys of color. BAM is made up of 27 one-hour weekly sessions in which adolescents are taught to recognize and reduce problematic behaviors and beliefs. A premise of the intervention is that automatic responses that may be appropriate “on the street” may not translate into success in the classroom, and vice versa. BAM attempts to help youth slow down their thinking, recognize their automatic responses, and consider whether those responses are contextually appropriate. In two randomized control trial (RCT) studies, participation in the BAM program reduced total arrests by 28–35 percent, reduced violent-crime arrests by 45–50 percent, and improved school engagement. In the first study, high school graduation rates increased by 12–19 percent (Heller et al. 2015). A third RCT tested a program with partially overlapping components carried out in the Cook County Juvenile Temporary Detention Center (JTDC), and found 21 percent lower readmission rates to the detention center among those in the treatment arm (Heller et al. 2015).

Concerns related to the individual-level focus of BAM have been raised among academics and community members working in communities where BAM is being implemented that there is too heavy a focus on cognitively reshaping young racial/ethnic minority boys and men of color, and not enough emphasis on addressing the structural barriers to education and employment and other positive health and social outcomes. Older, academic criticisms of “self-evaluation” interventions are similar in nature, as they describe interventions in this realm as “processes through which stratified social orders are legitimated” (Della Fave 1986). These criticisms deserve mention and reduce this intervention’s rating from “what works” to “promising,” despite the abundant evidence from RCTs of the success of BAM.

A core of the criticism of this type of treatment is that there is insufficient attention paid to the systemic inequities that are leading to emotional distress and thus may lead individuals to adjust to unfair or oppressive systems. For example, CBT may help a young person manage the anger that arises due to systemic oppression, for example, an unfair disciplinary practice at school. Decades of sociological research on emotion and social movements have revealed the indispensable role that emotions like anger play in developing both an “injustice frame” as well as mobilization for collective action and social movement activity (Goodwin & Jasper 2006). The young person learning these skills will benefit from not letting his anger cause him to act in a manner that could lead to further problems for him. The problem, according to its critics, is that by not addressing systemic inequalities—in this example, the school’s unfair disciplinary practice—the intervention ends up being shortsighted and may be encouraging young people to temper their justifiable anger at systems that are unfair. Taken too far, the denial of discrimination and acceptance of unfair treatment may also have a deleterious effect on the cardiovascular health of black men, particularly those from working class backgrounds (Krieger & Sidney 1996).

INTERVENTIONS THAT DO NOT WORK

Scared Straight Interventions

Scared straight interventions have been shown to be ineffective in helping youth avoid detention. Scared straight initiatives often involve bringing young people to jail to have inmates talk to them about prison life with the hope that the youth will avoid behavior that could lead to prison. The National Institute of Justice cites studies by Petrosino, Turpin-Petrosino, and Finckenauer (2000) and Klenowski, Bell, and Dodson (2010) as demonstrating that these programs are ineffective in preventing juvenile crime. Indeed, fear-based strategies with young people are rarely effective and do little to address the inequities inherent in the justice system itself.

Zero-Tolerance Policies

Zero-tolerance policies were developed as a deterrent policy to prevent unsafe behavior in schools. The idea was that if students knew they would be expelled for behaviors such as bringing a weapon to school that it would serve as an effective deterrent. As a result of these policies, boys of color are often unfairly targeted, suspended, or expelled, and the policies did not serve as an effective deterrent (Insley 2001). Just like scared straight, interventions like zero tolerance that take a “hard line” approach to prevention with no consideration of context or challenging inequitable systems are highly unlikely to be effective. The Serious and Violent Offender Reentry Initiative implemented in 88 sites around the country also had a component that developed sanctions on ex-offenders during reentry. In a comprehensive evaluation of these sites, these interventions were deemed to be ineffective (Lattimore & Fishner 2009).

Stand-Alone Group Treatment Interventions

Group interventions, such as moral reasoning and anger management, that fail to address the context of lived experiences of boys and men of color are also limited in their effectiveness. Some of these groups may teach skills that can be valuable but just like with individual therapy interventions, groups alone do not address the systemic inequities that lead to the problems that cause a young person to be referred to group treatment. For example, anger management groups that do not address the “Code of the Street” (Anderson 2000), a code that mandates that young men respond to threats with aggression or otherwise risk being “punked,” is unlikely to be effective. Likewise, a moral reasoning group that does not address how systemic racism and inequality contributes to overrepresentation of boys and men of color in the justice system is unlikely to be viewed as helpful.

ADDITIONAL INTERVENTIONS IDENTIFIED IN THE GREY LITERATURE ADDRESSING SCHOOL-TO-PRISON PIPELINE AND THE JUVENILE JUSTICE SYSTEM

States and county jurisdictions and local communities have come up with innovative ways to address the school-to-prison pipeline. The scope and nature of these reforms and interventions are diverse. However, they share a common characteristic that involves multifaceted collaboration between a combination of school, family, police, community centers, and mental health services resources.

A number of jurisdictions in the United States have developed programs to intervene with youth who have committed status offenses, such as skipping school, running away, drinking underage, etc. (Tamis 2016). Data collected from schools (attendance, graduation, or grades) and criminal justice systems (police or court records) have demonstrated preliminary success in Clayton County, Georgia, and Spokane, Washington. These two county-wide initiatives were created to address minor offenses such as simple battery, criminal trespassing, and disorderly conduct. The criminal justice system, school, and family work together to address any behavioral or socioeconomic needs and connect youth and families to other social or health service agencies in the community. The School Referral Reduction Protocol in Clayton County, Georgia, has reduced juvenile court referrals from schools by more than 50 percent, decreased the number of youth of color referred to court 60 percent, and increased high school graduation rate by 20 percent in Clayton County (Teske 2011). Other promising interventions include the West Valley Community Truancy Board in Spokane, Washington, that saw a 41 percent drop in the number of truancy petitions that reached contempt status between 2010 and 2012, and 94 percent of its truancy cases without further court involvement (Status Offense Reform Center 2013). West Valley School District truant students were more likely to graduate (52 percent graduation rate) than truant students in the contract-based education (26 percent) and comparison district groups (27 percent) (Johnson, Wright, & Strand 2012).

Adopting the Juvenile Detention Alternatives Initiative model, Calcasieu Parish, Louisiana, has implemented a diversion program to reform the parish’s juvenile justice system. The Multi-Agency Resource Center (MARC) “links youth facing potential status of offense or low-level delinquency charges and their families to services in the community that can most directly address their needs and facilitate timely access to those services.” An evaluation found that, while the MARC can improve on matching the assessment instrument and the actual service provided, the MARC successfully reduced rates of recidivism and case processing time, and reduced the number of cases that enter the system (Velazquez et al. 2014).

Modeled after the Milwaukee WrapAround model, the School-Based Diversion Initiative in Connecticut (Bracey et al. 2013) and the Responder Program from Ohio (Teodosi & Kannel 2011) are school-based programs intending to reduce arrests and prevent unnecessary involvement with the juvenile court system. In both cases, the programs show promise, linking youth and families with community-based services, such as mental healthcare, substance abuse treatment, mentoring, tutoring, and a range of social services (Weiss & Skowrya 2013). These programs have not yet been formally evaluated but have begun collaborations with academic institutions to assess the impact and outcomes of the programs. It is worth noting that none of these identified local, jurisdiction-based initiatives have a component that focuses specifically on the needs and assets of communities of color.

Examples of collaborative initiatives and state-level initiatives aiming to reform juvenile justice system are documented in the National Center for Mental Health and Juvenile Justice's report. Sponsored by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Policy Academy and the John D. and Catherine T. MacArthur Foundation, these programs work to improve diversion program and policies and better address unmet mental health and substance abuse disorders outside of the juvenile justice system. The participating states include the following: Arkansas, Kentucky, Michigan, Minnesota, Mississippi, New York, South Carolina, and Virginia. Given the high prevalence of mental illness among youth who are involved in the juvenile justice system, building in capacity to address mental health issues within the system is imperative (National Center for Mental Health and Juvenile Justice 2013).

Discussion

IDENTIFYING THE MULTILEVEL DETERMINANTS IMPORTANT TO UNDERSTANDING LINKAGES BETWEEN MENTAL ILLNESS, CRIMINAL JUSTICE, AND EDUCATIONAL OUTCOMES

I see myself in these young people... I grew up without a father. There were times when I made poor choices, times where I was adrift. The only difference between me and a lot of other young men is that I grew up in a forgiving environment.

—FORMER PRESIDENT BARACK OBAMA
(Liptak 2016, emphasis ours)

gies that require them to engage in risky behaviors, often resulting in the development of peer norms that place youth at risk and result in the intimidation or victimization of others. While attention increases surrounding disproportionate involvement of young men of color in the criminal justice system as *perpetrators*, the discussion of young men as disproportionate *victims* of crime and violence is generally underrepresented. As suggested in the literature, exposure to violence and victimization are both associated with increased likelihood of engaging in violence. Therefore, the examination of shame and isolation associated with exposure to violence and diminished economic opportunity and access is ever more important in addressing juvenile justice reform and crime reduction (*The Atlantic* 2015).

Third, we identified a rich evidence base pointing to the parallel of discriminatory practices in both the education and juvenile justice systems. These studies document the differential treatment and disproportionate use of exclusionary discipline among students of color in school settings as early as preschool. Combined with the lack of readily accessible, culturally appropriate, and trauma-informed counseling services in school systems for racial/ethnic minorities with mental health problems, students of color are less likely to stay engaged and graduate from high school, putting them at higher risk for future criminal justice involvement. At the same time, other studies have shown that youth race/ethnicity is associated with differential decision-making by school and law enforcement officials. Disproportionate minority contact (DMC) in the juvenile justice system describes racial/ethnic differences in disciplinary action within educational settings and the disproportionate contact of racial/ethnic minorities with the juvenile justice system.

Fourth, an underlying theme that pervades the underlying determinants of the school-to-prison pipeline is socioeconomic instability and hardship. Lack of access to resources such as mental health services, residence in unsafe neighborhoods, and poor academic support are the result of societal inequity and historical discrimination. The intersection of race and socioeconomic status is rooted in a deep history of systematic disenfranchisement and marginalization of people of color.

Under the socio-ecological model, the empirical literature describing racial disparities in the juvenile justice, education, and mental healthcare systems and the understanding of the school-to-prison pipeline can be categorized into four major themes:

First, exposure to adverse childhood experiences and associated mental health problems of at-risk youth often are unaddressed due to difficulty in accessing mental health services. Often, children and youth are exposed to trauma associated with family instability such as parental substance abuse, domestic violence, criminal justice involvement, and mental illness. Unmet behavioral health needs among youth and their family members have been identified as a major contributor to poor educational outcomes and juvenile justice involvement.

Second, peer expectations and victimization have an important role in how adolescents cope with living in high-risk or violent environments. To feel safe, adolescents and young men are likely to develop strate-

IDENTIFYING INTERVENTIONS TARGETING THE MULTILEVEL DETERMINANTS OF AT-RISK YOUTH

Moving from describing the problem to intervening on the problem, we see that there are numerous efforts, particularly by non-profit organizations, to offer resources and guidance to initiate systemic change on both the local and state levels. There is a strong emphasis on evidence-based programs in the juvenile justice field, particularly in regard to substance use treatment for youth and their parents, and programs that divert youth with truancy or status offenses away from formal processing in the juvenile justice system (*see return to case study below*).



A CASE STUDY OF HOW THE CRIMINAL JUSTICE, EDUCATION, AND MENTAL HEALTHCARE SYSTEMS INTERSECT TO INFLUENCE A YOUNG MAN'S SOCIAL TRAJECTORY AND WELL-BEING

If we return to the case of Tyler and view his case in the context of the findings from this review, we can begin to conceptualize what the most effective supports may look like for him. First, if the community where Tyler lives has a juvenile diversion program, the court clinician could work with the police to divert the case before Tyler has to be formally processed by the courts, thereby avoiding that first contact with the juvenile justice system that frequently leads to deeper involvement in the system. If the diversion program is robust, Tyler could be offered a comprehensive treatment service such as Multisystemic Therapy (MST). The clinical team within MST could first meet Tyler at home or in the community so their work with him is more dynamic and not restricted to the office. The MST team could demonstrate their utility to Tyler and his family by advocating on his behalf. For example, they could work with the police to ensure there is some form of restitution or restorative process with the victim whose bicycle was stolen so that Tyler understands the impact his actions had on another person and is accountable for them.

The clinical team could then partner with the school support team to address the issue of truancy and school behavior. Perhaps Tyler is in need of enhanced supports in school such as access to counseling resources or a plan for him to access support when frustrated before he reaches the threshold of verbally lashing out. The MST team could also help connect Tyler with afterschool programming, which serves to enhance his sense of agency in an activity, increases his connection with prosocial peers and adults, and decreases unstructured time out in the street. In this model, the first offense that Tyler committed in stealing the bicycle can be used as an opportunity to address the underlying issues with the individual school and community that may have contributed to him making a poor choice and hopefully help him from committing any further infractions.

However, there are important shortcomings that we identified in the literature related to interventions that address the intersection of education, criminal justice, mental health, and race/ethnicity. First, peer-reviewed evaluation of specific programs targeting boys and young men of color is scant and disconnected from recommendations and resources for government or nonprofit organizations intervening with youth in these domains. While elements of the interventions that do not target racial/ethnic communities are likely to be successful within these communities, there is currently a lack of focus on developing interventions that specifically target racial/ethnic disparities in juvenile justice involvement, truancy, and incarceration. Tailoring prevention and diversion programs to address issues of discrimination, and the racist attitudes and behaviors of law enforcement and social service providers, is needed to ensure that these programs are relevant and sensitive to the daily and cultural context of families of color (National Council of La Raza 2008).

Second, many evidence-based programs are expensive to implement and not likely to be available or feasible in underserved areas. As an example, the Multisystemic Therapy (MST) requires time and resource-intensive training for all personnel involved in the intervention. Providing subsidies or lowering program costs for community agencies in neighborhoods with a large population of low-income families of color is needed.

Third, across the nation, there are independent programs designed to divert, rehabilitate, and support at-risk youth on the local and state level. However, there is relatively little replication or scaling-up of proven programs. This is likely due to the difficulty of sustainable funding to scale up and effectively evaluate these resource-intensive programs.

Fourth, there are few resources for training police and educators on best practices to reduce juvenile arrest and school discipline. The training time for educators and police are stretched thin, and many departments do not see it as a priority. For example, many police officers see their role as enforcing the law and do not want to take on the duties of a social worker. Similarly, many teachers feel their job is to educate, and they cannot intervene in matters outside of the classroom.

Fifth, one of the major barriers that emerged from this review was the lack of interventions that impact the individual, relationship, community, and systemic levels. Interventions that focus on the individual alone (e.g., skills training, cognitive-behavioral therapy) may help the individual develop positive coping skills but do nothing to address the systemic inequities that are contributing to that person's distress. At best, these treatments may help make the individual more resilient; at worst, they may cause the individual to feel invalidated or provide legitimacy to structural inequalities in the criminal justice, mental health, and education systems.

This last barrier highlights one of the potential advancements of incorporating the social ecological model as a guiding evaluative framework to assess approaches to addressing interventions to eliminate the school-to-prison pipeline for boys and young men of color: its explicit recognition of the significant role that societal factors may play, over and above cognitions, values, and behaviors operating at the individual level. Former U.S. President Barack Obama expressed eloquently this more keenly nuanced appreciation for the environmental challenges facing boys and men of color, as his comments before participants of the My Brother's Keeper initiative, which open our discussion above, illustrate. Among the many initiatives we have reviewed, the critical involvement of extra-individual, societal factors (e.g., community stakeholders) in constructing a more *forgiving environment* for boys and men of color has been unambiguous, if not absolutely necessary. Take, for example, Clayton County, Georgia's collaborative effort to reduce school referrals to court for status offenses and delinquency (Notes from the Field 2016). Only after the involvement of multiple community agencies working together, including the public school system, family and child services, behavioral health services, juvenile justice, temporary youth housing shelters, the District Attorney's office, various youth service agencies, etc., did Clayton County witness a 60 percent decrease in school referrals of youth of color to juvenile court. In effect, Clayton County, Georgia, led by the pioneering efforts of Judge Steven Teske, mobilized societal level factors to produce a halt to the observed 2000 percent increase in school referrals to juvenile court by creating for boys and men of color what President Obama might call a forgiving environment.

Recommendations

After scanning the literature, five recommendations arise:

First, diversion programs (either pre-trial diversion from a court hearing or post-trial diversion from detention) that focus on multilevel, multisystem solutions should be sustained and enhanced. Programs that move juvenile corrections out of prison settings and into community rehabilitation settings hold great potential for preventing youth with minor status offenses from long-term involvement with the juvenile justice system (Mental Health and Juvenile Justice Collaborative for Change, Robert F. Kennedy National Resource Center for Juvenile Justice, & Status Offense Reform Center 2014; Schiraldi, Western, & Bradner 2015). Successful diversion programs require a multipronged approach to overcome a complex set of factors that contribute to the school-to-prison pipeline for boys and young men of color, while at the same time incorporate the multiplicity of assets available to these youth. These multisystem interventions require buy-in from the court system, police department, schools, youth development programs, and relevant social service agencies. Programs that have been successful focus on skills building for the youth (reframing the benefits of a drug-using lifestyle) and parents (facilitating parental commitment, communication, parenting practices). Importantly, these successful programs also work in the community to build protective factors such as peer supports, access to health and mental health services, and school-based prevention programs. These programs also create structural changes such as a focus on recognizing and reducing disproportionate minority contact with the criminal justice system (SOS Project 2014), and promoting alternatives to incarceration among police and the courts.

Second, more interventions are needed that specifically focus on addressing the needs of boys and young men of color. We only identified one intervention, BAM, that specifically focused on the issues relevant to racial/ethnic minority populations (in the case of RISE, African American boys and young men of color). BAM has been criticized for its lack of focus on structural issues and emphasis on cognitive reframing for young minority youth. There remain some reasons to temper enthusiasm for its purported causal mechanism. BAM's academic advocates propose a mechanism revolving around reduction of automaticity, or the automatic responses that individuals have developed in adaptation to particular situations (Heller et al. 2015). The test of the effectiveness of the automaticity hypothesis involves completion of dictator games. However, the observed slower, more deliberative activity observed among BAM participants *in this game* need not necessarily be an intervention against the same automaticity that increases risk of violence or crime in the street, and other mechanisms besides automaticity are likely involved. However, the intervention with its multiple components has proven to be effective using the most rigorous of research designs in reducing truancy, improving grades, and reducing incarceration and recidivism. There is a need for testing each of BAM's multiple components (e.g., older positive peer mentors, the hours that at-risk youth are taken off the street as well as automaticity) before cognitive reframing is determined as the definitive mechanism of change. Adding systemic interventions to these interpersonal coping strategies could help to further reduce risk behaviors and improve academic performance, while addressing larger issues such as structural barriers to care, disproportionate minority contact in juvenile justice and school exclusion, and discrimination and negative attitudes from police and social service staff that are relevant for boys and men of color.

Third, there is a need to develop comprehensive data sources and rigorous evaluation studies to identify the components of diversion programs that are successful in interrupting the school-to-prison pipeline. Diversion interventions are often inadequately described and contain a host of intervention components. Better description of these interventions is needed. Relatedly, better data collection would help to identify the most successful diversion components (Listenbee et al. 2012; Davis 2014). Service-oriented organization should consider collaborating with academic institutions to designing a data collection system that aligns with actual service needs in the community context (Childs 2013). Furthermore, local data are not the only measures of success for evidence-based programs. Robust data (on the national and state level) are required to begin to extrapolate driving forces of DMC and the school-to-prison pipeline. Since it is a multifaceted problem, a well-connected and cross-system database is necessary. Further evidence is needed to understand underlying reasons for minor offenses and status offenses (Amin 2015), as

well as successful interventions. Likewise, the pathways by which these interventions will impact at-risk youth are poorly described. Improving self-efficacy, self-improvement, and reducing environmental exposures, are just a few pathways that underlie the success or failure of these interventions. These pathways should be better understood, and conceptually driven interventions defined that specifically address these pathways.

Fourth, more information is needed about how both study dropout and sample pooling may bias the perceived effectiveness of interventions targeted toward boys and men of color. Researchers have already identified disparities in psychiatric treatment dropout among ethnic and racial minorities in the United States (Fortuna, Alegria, & Gao 2010). Factors such as cultural mistrust and stereotypes have been identified as barriers to mental health treatment (Atdjian & Vega 2005). These factors should be weighed when considering the effectiveness of interventions that have substantial participant dropout, particularly when the ethnic and racial makeup of dropouts is unreported. For example, in one of the “interventions with promise” reviewed above (Multidimensional Family Therapy/MFT), it is unclear how many of the 48 percent of the study participants who dropped out before completing treatments were boys and men of color, given that 49 percent of eligible participants, those eligible prior to randomized treatment assignment, were nonwhite (Liddle et al. 2001). A related issue of some concern, as a response to a small sample size of ethnic and racial minority groups, and subsequently low power, is the practice of sample pooling for initial prevention and intervention treatments and their follow-up evaluations. Extra attention should be taken to ensure that mixed group samples that include majority or privileged groups do not overestimate actual treatment effects for ethnic and racial minority or particular geographic (e.g., suburban versus urban) subsamples.

Fifth, funding is needed to support multilevel interventions such as MST in the communities that can most benefit from them. Currently, the process to get certified in MST is expensive and requires a large investment from agencies in terms of time and clinician resources. Funding sources need to be identified in terms of how the transition from juvenile prisons to community-based treatment can occur. This transition will require a significant outlay of resources and will likely have to occur in phases.

Acknowledgments

The authors would like to thank Ms. Brianna Cochran and Ms. Kathy Nguyen for their work at the HER Lab as undergraduate summer interns. They conducted much of the background research. We are grateful for their contributions. Dr. Aasha Abdill’s thoughtful comments have helped us develop and focus the field scan. Finally, we would like to thank all of the advisory group members for taking time to share their perspectives on this complex issue. Their guidance is the foundation of this report.

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APPENDIX

NAME OF INTERVENTION	DESCRIPTION	RATING	CATEGORY OF INTERVENTION
ACHIEVEMENT MENTORING	School-based mentoring program that primarily utilizes teachers as mentors to create a points-based system awarding students for engaging in normative school behaviors (attendance, punctuality, school discipline, etc.). Mentoring involves weekly 40-minute small group sessions and/or weekly 20-minute individual sessions. Targets: Academic Performance, Delinquency and Criminal Behavior, Employment, Illicit Drug Use, Truancy - School Attendance	Promising	School-based prevention
Adolescent Community Reinforcement Approach (A-CRA)	Replacing alcohol and drug use with positive behaviors; change the settings in which individuals conduct everyday activities or change the way individuals respond to influences from that particular setting. A-CRA aims to remove youth from negative environments, such as living on the street or associating with substance using peers, and place them in positive settings that promote a healthy lifestyle and safe behavior.	Effective	Youth Substance Use Treatment
Adolescent Diversion Project (Michigan State University)	A strengths-based, advocacy oriented program that diverts arrested youth from formal processing in the juvenile justice system and provides them community-based services.	Effective	Pre-trial diversion
AMIkids Community-Based Day Treatment Services	A day treatment program that provides community-based interventions while allowing youth to reside at home as they attend daily services. AMIkids' service delivery is targeted at eight integrated components: education, challenge experiences, cognitive-behavioral therapy, strengths-based case management, behavior modification, family partnership, problem-solving and social skills development, and community service.	Promising	Youth Substance Use Treatment
Becoming a Man (BAM)	Becoming a Man (BAM) is a school-based intervention that aims to reduce risk behaviors and improve academic performance in boys of color. The in-school version is made up of 27 1-hour weekly sessions in which adolescents are taught to recognize and reduce problematic behaviors and beliefs. BAM is a relatively new program however initial research on effectiveness in reducing violence and risky behaviors in boys of color is promising. BAM also explicitly addresses the social inequities that can contribute to violence and risk behavior in boys and young men of color within its curriculum. BAM is more of a psychoeducational	Promising	School-based prevention

NAME OF INTERVENTION	DESCRIPTION	RATING	CATEGORY OF INTERVENTION
Calcasieu Parish, LA	Staff work as a team to respond with services to families in crisis in a timely manner in a centralized point of intake (the MARC). Staff develop a service plan which may recommend counseling, functional family therapy, after-school or other programs. Then transferred to a juvenile justice program for monitoring. Less than four percent of MARC participants resulted in a court petition. The time between seeking help and receiving help has dropped dramatically, from 50 days or more to roughly two hours.	Promising	Pre-trial diversion
Campbell County, KY	A collaborative case management approach to preventing court involvement for youth with status offenses. The Site Review Team reviews the individual cases of high-need children in Campbell County's status offense system and suggests additional resources and services. The Change Agent Team is comprised of high-level policy officials and social service executives who review aggregate status offense data and address larger issues in the status offense system, such as funding shortages or service gaps (similar to Reclaiming Futures, a case management model that has proven successful in connecting youth in Kentucky's juvenile delinquency system with substance abuse and mental health services.	Promising	Pre-trial diversion
Clark County, Washington	Truancy reform initiative in Clark County, WA. Students identified as being truant are asked to appear at a Truancy Project-run workshop staffed by school officials, Truancy Project staff, and interpreters. Students receive information about the "Becca Bill" as well as the long-term career and financial consequences of not attending school. Students are asked to sign a stay of proceedings, which places the truancy petition on hold for up to one year, along with a disclosure agreement that allows for communication about the student's case between court and school officials. If a student's attendance problems improve after the workshop, the petition and resulting stay will be dismissed in one year; if not, he or she may be referred to the Truancy Project, where they receive a Massachusetts Youth Screening Instrument-2 (MAYSI-2) screening, which helps identify mental health issues. Also are assigned a case manager who conducts a series of home and school visits; youth are also asked to participate in a variety of skill building activities and service projects linking them to the community.	Promising	Pre-trial diversion

NAME OF INTERVENTION	DESCRIPTION	RATING	CATEGORY OF INTERVENTION
Clayton County, GA	The Clayton County Collaborative Child Study Team (Quad-C ST) connects youth and families to services in the community so that status offenses can be effectively addressed out of court. First step: referrals to "community-based services." Second step: intervention by Quad-C ST (Public school system, Dept of Family & Child Services, Center for Behavioral Health Services, Dept of Juvenile Justice, Rainbow House (temp youth shelter), District Attorney, various youth service agencies, etc.) Quad C-ST develops a treatment plan which may include life skills training, mental health treatment, mentoring, counseling, educational coaching ,etc. Treatment plans generally last 1-2 months. Outcome analysis finds school referrals decreased by 73%, Youth of color court referrals decreased by 60%, and HS graduation increased by more than 24%.	Promising	Pre-trial diversion
Connections	A juvenile court-based program designed to address the needs of offenders on probation who have emotional and behavioral disorders and the needs of their families.	Promising	Post-court diversion
Front-End Diversion Initiative	A preadjudication diversion program designed to divert juveniles with mental health needs away from the juvenile justice system through specialized supervision and case management. Program components include small caseloads, specialized trained officers, internal and external service coordination, and active problem solving. Juvenile probation officers were trained in motivational interviewing, family engagement, crisis intervention, and behavioral health management.	Promising	Pre-trial diversion
Gang Reduction Program (Richmond, VA)	Richmond Gang Reduction Program (GRP) leadership included a multidisciplinary intervention team and street outreach worker. The intervention team led by the Richmond GRP Program Coordinator consisted of representatives from probation, law enforcement, social services, schools, and other services providers. Together the team and outreach worker implemented outreach activities to promote public awareness, referred youths and families to GRP services, conducted risk assessments and developed intervention plans, and provided case management.	No Effects	Criminal behavior / violence prevention
GUIDING GOOD CHOICES	Intervention for parents that includes instruction on: (a) identification of risk factors for adolescent substance abuse and a strategy to enhance protective family processes; (b) development of effective parenting practices, particularly regarding substance use issues; (c) family conflict management; and (d) use of family meetings as a vehicle for improving family management and positive child involvement.	Promising	Criminal behavior / violence prevention

NAME OF INTERVENTION	DESCRIPTION	RATING	CATEGORY OF INTERVENTION
Jackson County (Ore.) Community Family Court	A family drug court program for parents with admitted substance abuse allegations whose children are wards of the state and in the custody of the Department of Human Services.	Effective	Family Substance Use Treatment
LIFESKILLS TRAINING (LST)	Program focused on Personal Self Management Skills and Social Skills to foster participants' competence in resisting social pressures to engage in substance use. A third component, Resistance Skills, is also mentioned. Listed goal is to decrease normative expectations for substance use and violence by emphasizing refusal skills. Pedagogy includes demonstration, practice, feedback, and reinforcement. Outcomes target Alcohol, Delinquency and Criminal Behavior, Illicit Drug Use, Sexual Risk Behaviors, STIs, Tobacco, Violence. "Booster" session are offered at year 2 and 3 to reinforce curriculum.		Criminal behavior / violence prevention
Little Village Gang Violence Reduction Project (Comprehensive Gang Model)	<p>A comprehensive, community-wide program designed to reduce serious violence in Chicago's Little Village neighborhood, a community with a high level of gang activity.</p> <p>Targeted youth were provided with economic and social opportunities for employment and referrals to social interventions. Suppression component (i.e., socialized suppression) was implemented through information gathering, gang member monitoring, and criminal activity arrests.</p>	Promising	Criminal behavior / violence prevention
Multidimensional Family Therapy	A manualized family-based treatment and substance abuse prevention program developed for adolescents with drug and behavior problems. Works with adolescent to transform a drug-using lifestyle. Works with parent to facilitate parental commitment and investment, day-to-day communication, and parenting practices. Works with the family to reduce conflict, problem solving, improve communication and negotiation. Works with the community to build protective factors in external systems of influence, such as neighborhood, school, health, mental health, social services, and peer supports, and to reduce risk factors that may include deepening involvement with juvenile justice and negative peers, as well as school failure.	Effective	Youth Substance Use Treatment
OLWEUS BULLYING PREVENTION PROGRAM	School level components assess nature and prevalence of bullying in the school, form a prevention committee, and develop a system ensuring adult supervision of students outside of the classroom. Classroom level defines and enforces rules against bullying. Individual components intervene with students with a history of bullying and/or victimization.	Promising	School-based prevention

NAME OF INTERVENTION	DESCRIPTION	RATING	CATEGORY OF INTERVENTION
Responding to the mental health and substance abuse needs of youth in the juvenile justice system: Ohio's Behavioral Health/Juvenile Justice Initiative	Ohio program responding to the mental health and substance abuse needs of youth in the juvenile justice system by establishing Ohio's Behavioral Health / Juvenile Justice Initiative. The local juvenile court, the Alcohol, Drug Addiction, and Mental Health Board (ADAMH), and participating treatment and service providers collaborate to provide probation supervision, counseling, mentoring, tutoring and other services for the youth and their families. Services are provided in the least restrictive setting possible.	Effective but components vary across sites	Youth Substance Use Treatment
Rural Educational Achievement Project (REAP)	Character education and problem behavior prevention program for 4th graders and program designed to strengthen academic and social competencies and self-esteem for 5th graders. Improved school bonding.	Promising	Criminal behavior / violence prevention
Safety Net: A collaborative community approach to impacting juvenile arrests in Cambridge, MA	A multiagency integrated model of preventive services for at-risk youth involving mental health providers, police officers, schools, and the department of youth and families. Community arrests have decreased by more than 50% since implementing this model. The results also show positive trends in mental health referrals after implementation of this collaborative model of preventive services.	Promising	Pre-trial diversion
Serious and Violent Offender Reentry Initiative (SVORI)	88 Government-funded state and community reentry interventions evaluated by RTI: Diagnostic and risk assessments; Individual reentry plans; Transition teams; Community resources; Graduated levels of supervision and sanctions	No effects	Re-entry
Spokane County, WA	Community Truancy Boards (CTBs), a combination of school officials, community service providers, and juvenile court staff meet with referred youth and their families and ask open-ended, non-judgmental questions about why the student is not attending school, and seek to identify community resources such as counseling or substance abuse treatment if necessary. They also explain what may happen in court should the youth continue to exhibit truant behavior. The parent and youth sign a document agreeing to the CTB's recommendations, and a designated CTB member monitors the student's attendance after the meeting. There was a 41 percent drop in the number of truancy petitions that reached contempt status (i.e. resulted in a court order that a student then violated).	Promising	Pre-trial diversion

NAME OF INTERVENTION	DESCRIPTION	RATING	CATEGORY OF INTERVENTION
Strengthening Families Program	Developed to prevent drug abuse in children whose parents are in treatment for abusing drugs. Designed to increase family strengths and resilience and reduce risk factors for problem behaviors in high-risk children. Improves family relationships, parenting skills, and the children's social and life skills. Focuses on parenting skills and supervision/monitoring, behavior management techniques, child skills training, and family skills enhancements, including organization and positive communication to increase family cohesion and harmony.	Effective	Family Substance Use Treatment
Strengthening Families Program: For Parents and Youth 10-14	This is an adaptation of the Strengthening Families Program. It aims to reduce substance use and behavior problems using improved skills in nurturing and child management by parents and improved interpersonal and personal ones among youths.	Effective	Youth Substance Use Treatment

ABOUT THE AUTHORS



Dr. Benjamin Cook

Dr. Benjamin Cook is a Vietnamese-American born in the U.S. that attended Swarthmore College majoring in Psychology, University of North Carolina Chapel Hill for a Master's degree in Public Health (Health Behavior and Health Education), and Harvard University for a Ph.D. degree in Health Policy. Trained as a health services researcher and public health practitioner, Dr. Cook is primarily interested in improving methods for measuring disparities, identifying policies that reduce mental health care and substance use treatment disparities, geographic differences in substance use and mental health service use disparities, incorporating patient perspectives in health care research, and developing cost-effective interventions to reduce the disproportional burden of illness faced by racial/ethnic minorities living with mental health and substance use. Raised in a diverse part of Northern Virginia in a biracial family, Dr. Cook was raised to see discrimination and systemic racism through the eyes of his mother, a social worker and director of the Vietnamese Resettlement Association, and her Southeast Asian refugee clients, family and friends, as well as the eyes of his father who grew up with privilege as a Caucasian American, and who promoted resiliency and strength in response to slights to his mixed race family. As an Assistant Professor at one of the top medical schools in the U.S., Dr. Cook realizes that his publications are conferred with a legitimacy that may not be given to scholars at other institutions, and therefore feels a responsibility to earnestly engage in scholarly work that reflects the voices of community members.



Dr. James Barrett

Dr. James Barrett graduated from the College of the Holy Cross majoring in Psychology and received his Master's and Doctorate in Counseling Psychology from Boston College. Dr. Barrett's clinical and research focus has been on juvenile diversion and attending to the mental health needs of at-risk youth. As an Irish American male, Dr. Barrett recognizes the privilege that has been afforded to him and that many of the systems that have served him do not do the same for ethnic and racial minorities, particularly boys and men of color. Dr. Barrett recognizes that in working with boys and young men of color involved in the juvenile justice system, he does not have the same lived experience of discrimination and racism that they do. However, he has been committed to working to enact change in these systems with the goal of supporting more fair and equitable schools, juvenile courts and treatment systems.

Dr. Frank Samson

Dr. Frank Samson is a Filipino-American who hails from a predominantly working-class Hispanic suburb of Los Angeles: Huntington Park. Huntington Park was declared by RAND in 1982 to be one of 14 U.S. socioeconomic “disaster areas.” Frank began his education (K-2) at Miles Avenue Elementary, a school that was 99% Hispanic, 94% on free or reduced-price lunch, and ranked in the lowest statewide decile in academic performance. He later attended a vocational-tech high school to learn a skilled trade like his father, who worked as a civilian maintenance electrician at a local Armed Forces base. His occupational trajectory into a skilled trade was interrupted when he exceeded academic expectations on mandatory state high school tests during his junior year of high school and was subsequently encouraged to apply to college. He was fortunate enough to be accepted to UCLA, where he majored in an interdisciplinary science program tailored to pre-medical students. During his time at UCLA, anti-immigrant and anti-affirmative action sentiments peaked, decisively shifting his focus from pre-med preparation to understanding the dynamics of immigration and race-related inequalities. He would later continue to pursue his interests in social inequality by completing a Master of Theological Studies degree at Harvard University, studying liberation theologies and philosophies under his advisor Cornel West, a noted African American philosopher of religion and public intellectual. During his time at Harvard, Samson was

also introduced to the urban poverty literature and debates as a student of the pre-eminent sociologist, William Julius Wilson. Samson would later earn a Ph.D. in Sociology at Stanford University, where he was trained by one of the nation’s leading experts in the social psychology of prejudice, Dr. Lawrence D. Bobo, now chair of African and African American Studies at Harvard University. Dr. Samson’s training with Cornel West and Lawrence D. Bobo involved a close and in-depth examination of the intersections between history and social inequality in the United States, ranging from critical examinations of ideologies such as manifest destiny and programs such as Americanization schools for indigenous populations, to critical considerations of debates around the “tangle of pathology” and stigmatization of the black family provoked by the Moynihan report. Dr. Samson brings these socio-historical lenses to his examination of the prevention and intervention literature, with a deep appreciation for theoretical mechanisms and empirical evidence, yet with a critical skepticism for any underlying assumptions or mechanisms that may reproduce the historical and contemporary relations of social inequality between ethnic and racial groups. Turning his attention to addressing health disparities under the mentorship of Dr. Margarita Alegria, Dr. Samson is now pursuing an M.D. degree and is in the middle of his first year as a medical student.



Ms. Sherry Hou

Ms. Sherry Hou received her Bachelor’s degree majoring in International Relations and master’s degree in Public Health concentrating in epidemiology and biostatistics from Tufts University. Her main research focus is in mental health and health equity. From a family with a long history of migration, she is a Taiwanese immigrant to the United States. Her educational and socioeconomic privileges have largely protected her from some of the systemic and historical discriminations that other racial and ethnic minorities living in the United States often experience. She aspires to be a part of the connective tissue between systemic change and direct service in public health.

All four of the authors' academic background is both an advantage and disadvantage to the literature scan. Since the publication of the "Moynihan Report," the academic world has the tendency to explain and extrapolate racial disparities by focusing on the pathologizing of the individuals and family units. This is partly because of the historical and continued biases against people of color, placing an undue burden on family structures rather than systemic dysfunction on the societal level. The authors of this literature scan are aware of this preconception and therefore attempt to structure the literature scan using the socio-ecological model and rely on the expertise of the Advisory Group while acknowledging the inherent partiality of the landscape of the literature.

At the same time, the authors' diverse academic background is an advantage to the literature scan. Dr. Cook's expertise in research methodology helps identify literature with robust data to support the theoretical framework and allows him to assess the quality of the interventions and impact of policies. Dr. Barrett's clinical experiences ground the literature scan in actual clinical practice, direct service, and cross-system collaboration. Dr. Samson provides a sociological and historical lens to examining the intersection of race and the criminal justice system. Ms. Hou's training in epidemiology and biostatistics supports the project in the review of quantitative studies.

The Advisory Group, consisting of a diverse group of clinicians, researchers, and policy makers from Cambridge Police Department, Cambridge Health Alliance, Cambridge Public Health Department, Agenda for Children, and the City of Cambridge, informed the foundation of our literature scan. The group is diverse in culture, experience, discipline, and profession. We had the opportunity to hear from representatives, and they were instrumental in the development of the search terms used, the analysis and the generation of the themes of the literature scan.

RISE is a joint initiative co-led by Equal Measure and
Penn GSE Center for the Study of Race and Equity in Education.



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