



Minority Youth Violence Prevention II: Integrating Social Determinants of Health and Community Policing Approaches

Needs Assessment Report

4/15/19



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OFFICE OF MINORITY HEALTH**Minority Youth Violence Prevention II: Integrating Social Determinants of Health and
Community Policing Approaches****Needs Assessment Report**

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Part II: Narrative

Section 1: Geographical Area and Target Population

Miami-Dade County Public Schools (M-DCPS)

M-DCPS is the fourth largest school system in the nation, and is located at the southern end of the Florida peninsula. The school district is quite diverse, as it encompasses more than 2,000 square miles of rural, suburban and urban cities and municipalities (M-DCPS, 2018). M-DCPS comprises 392 schools, and has 354,172 students, most of whom are Hispanic – the racial/ethnic composition is 71% Hispanic, 20% Black Non-Hispanic, 7% White Non-Hispanic, and 2% “Other” (M-DCPS, 2018). Since most students are Hispanic, is it not surprising that 53% of students report Spanish as their primary language at home; moreover, 35% of students are enrolled in Spanish for Spanish Speakers bilingual programs, and 19% of students are enrolled in English for Speakers of Other Languages Programs (M-DCPS, 2018). Additionally, many students are a socio-economically “high needs” population, as over 66% of students district-wide receive free or reduced-price lunch (M-DCPS, 2018). Superintendent Alberto M. Carvalho, who was selected by the American Association of School Administrators (AASA) as the 2013-2014 Superintendent of the Year, leads M-DCPS. Since last year, M-DCPS’s high school graduation rate has risen 4.7% to 85.4% (Wright, 2018). During the 2014-2015 school year, Superintendent Carvalho successfully launched his digital convergence plan, focusing on bringing computer tablets, laptops, and wi-fi to all schools. Students are being encouraged to “Bring Your Own Device” (BYOD) for the first time, in order to help them transition into the digital learning environment using their own electronic device (Schuster, 2013). Dr. Carvalho’s success with innovative youth interventions and his dedication to public service provides a unique opportunity to employ state-of-the-science minority violence prevention services. In 2016, Dr. Carvalho publicly endorsed the *Together for Children* initiative to gather data on 20 zip codes where the bulk of violent crimes occur, with the aim of identifying children at-risk (Gurney & Teproff, 2016). Section 2 of this paper will discuss these findings in further detail. Now that target areas have been identified, the question of an efficacious violence intervention/prevention program within the scope of Miami’s unique cultural demographic still remains.

In a statement released by Dr. Carvalho, who emphasized the issue of gun violence, he expressed the following: “With one school year behind us and a new one well in view, I am compelled to pause and reflect on the triumphant and determined spirit of the M-DCPS family - people like Aaron Willis, a student paralyzed as a result of gun violence, but who persevered and graduated in June and will attend college in the fall...” (Carvalho, 2017, para. 22). The idea is to not only prevent further incidents of gun violence, but to also promote the resilient qualities that Mr. Carvalho speaks of in the case of Aaron Willis.

Gang Alternative’s Minority Youth Violence Prevention project 88 (MVP-88) project seeks to address Miami’s youth gun violence epidemic in M-DCPS, one of the nation’s already highest-performing urban school systems (Office of the Superintendent, 2017). The primary aim of MVP-88 is to reduce violence and other problematic behaviors as well as improve protective

factors for minority youth, ages 14-18. The target groups live in the Little Haiti, Liberty City, Pinewood, Westgate, Westview and Biscayne Park neighborhoods of Miami, Florida. Main zip codes of the catchment area includes 33127, 33137 33142, 33147 and 33150. The student sample will be recruited from Miami Edison Senior High School and Miami Northwestern Senior High School.

Based on the 2016 estimates from the American Community Survey and 2018 MDCPS demographic data; the following statistics define the target area demographics:

- Race/Ethnicity:
 - 10,733 youth age 15-19 live in these zip codes, with an overall racial/ethnic breakdown of 53% Black, 40% White (primarily Hispanic), and the remaining 7% from other or mixed races.
 - 2,235 students attend the two Title I target MDCPS high schools, with an overall racial/ethnic breakdown of 86% Black, 0.3% White, 13% Hispanic, and the remaining 0.7% Mixed/Other.
- Gender: 44% male and 56% female.
- Haitian and Caribbean Blacks are the primary ethnic sub-group in the student population at the target high schools, with more than 40% of Black students identifying as one of these ethnicities.
- The majority of the student population is bilingual, speaking both English and Kreyol with some monolingual Kreyol speakers. Approximately 12% of the students served will be Hispanic or Spanish.

Miami Northwestern Senior High

As noted by former Miami Northwestern Senior High School principal, Dr. George M. Koonce Jr. (1977-1987), the School opened its doors in the fall of 1955, as the first new high school for Miami Blacks in a generation (Koonce, n.d.). Originally, “the land on which Northwestern High School was built was purchased by Dade County to serve as a buffer zone between Black and White communities” (Koonce, n.d., para. 1). Ensuing court-ordered desegregation in 1970, Miami Northwestern remained predominantly Black due to its geographical location, Liberty City, which housed mostly Black residents (Koonce, n.d.). Until this day, Northwestern remains a predominantly African American secondary school, with over 85% of its students Black or African American.

Northwestern faces many challenges, particularly in the form of community violence. Recent articles appearing in both the local and national news have highlighted numerous gun-related incidents and deaths involving Northwestern students. In 2015, a national news outlet reported a 15-year-old freshman at Northwestern Senior High was shot and killed while walking home from school. This incident was preceded by four shootings (three of which were also fatal) of Northwestern students in the short five-month span of May to September of 2015 (Schuppe, 2015). Northwestern students are additionally cited in the news as being the perpetrators of acts involving a gun. As recently as November of 2017, a Northwestern student was charged with bringing a loaded gun to school (Batchelor & Morejon, 2017).

Although crime in Miami has declined over the last 20 years, high rates of violence persist in Liberty City (Schuppe, 2015). According to the Florida Institute for Health Innovation, from 2009 to 2013, roughly “a third of shooting victims between the ages of 15 and 24 across all of Miami-Dade County were hit in Liberty City” (Schuppe, 2015, para.13). Experts indicate that much of the violence stems from gang-related activity with tension usually arising at schools and youth “resolving petty disputes with gunfire” (Schuppe, 2015, para. 14). Close to half of Miami Northwestern students report feeling unsafe on their way to and from school (Schuppe, 2015). Historically, due to high levels of distrust between civilians and law enforcement, there has been a lack of cooperation, which is “partly driven by the low arrest rates for killings in the neighborhood” (Schuppe, 2015, para. 31). Thus, it is believed that many individuals have chosen to take matters of justice into their own hands (Schuppe, 2015).

Most recently, on March 9th, 2019, Liberty City men have gone on a hunger strike in frustration of the ongoing gun violence taking place in their communities (Margol, 2019). Anthony Blackman, a member of “The Hunger 9,” reported, “We have voluntarily decided to stop eating because we're tired of the killing that's going on in our community, and we wanted to make a clear statement by doing so” (Margol, 2019, para. 5).

- As per M-DCPS demographic data, Northwestern population for 2018-2019 is 1446 at 62.24% capacity – 378 freshmen, 385 sophomores, 296 juniors and 387 seniors.
 - 61.2% Female, 38.8% Male
 - 0.4% White, 88% Black, 10.7% Hispanic, 0.3% Asian
 - 87.9% free/reduced price lunch
 - 3.9%. enrolled in English for Speakers of Other Languages

Miami Edison Senior High

Established in 1931, Miami Edison Senior High School, a low-income school currently located in Little Haiti, has quite the history working with minority youth. In 1961, Principal William B. Duncan became “the first North American to be awarded the ‘Alfonso Ugarte’ medal for inter-cultural friendship” (“Our School’s History,” n.d., para. 7). In collaboration with the Miami Herald, Mr. Duncan initiated the “Operation Amigo” program, which accepted Peruvian-renovated façade students (“Our School’s History,” n.d.). Over the last several decades, Edison has undergone many changes in demographic zone shifts, transitioning from a primarily White student group in the early 1960s to a mainly African-American one by 1979 (“Our School’s History,” n.d.; “Miami Edison Senior High,” n.d.). By the 1980s, with the arrival of Haitian immigrants, there was an additional demographic shift, leading to the current student body remaining largely Haitian-American (“Our School’s History,” n.d.; “Miami Edison Senior High,” n.d.). Like Northwestern, the issue of gun violence has also plagued Edison. In July of 2017, a news report revealed that a 17-year-old male student from Edison was shot and killed near campus grounds, which was, up until that point, the fifth case of gun violence and second death in half a year (Shore, 2017). As indicated below, the school population size is relatively small, which allows for more intimate, better quality interactions between faculty/staff and students.

- As per M-DCPS demographic data, Edison population for 2018-2019 school year is 737 at 45.43% capacity – 179 freshmen, 180 sophomores, 188 juniors and 190 seniors.
 - 43.7% female and 56.3% male
 - 0.1% White, 83.3% Black, 15.1% Hispanic, 0.1% Asian
 - 88.10% free/reduced price lunch
 - 24.4% enrolled in English for Speakers of Other Languages

Section 2: Epidemiological Indicator Data

Magnitude of Violence and Crime

The target areas represent some of Miami's most impoverished and dangerous neighborhoods. From 2014-2017, 88 teens in the target areas died due to intentional gun violence (Torres, 2017). Just three weeks into the 2016 school year, a fourth grader and two teenagers had already been killed by gun violence. While playing at their doorsteps, eight-year old Jada Page (Liberty City) and 6-year old King Carter (Northwest Miami) were just two of Miami's six children under the age of 10 killed by gun violence since 2015 (Torres, 2017). Census and crime data also show that the leading cause of death for Black children in these target areas is gun violence (Hanks, 2016).

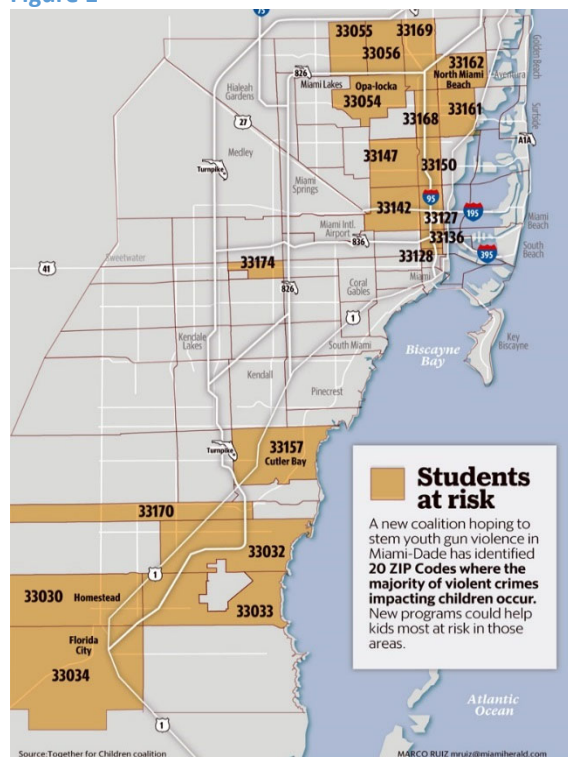
According to the Uniform Crime Report (UCR) (FBI, 2016), the Miami-Dade and City of Miami Police Departments reported 84 and 55 total murders, respectively. In 2016, there were 3,574 juvenile arrests in Miami-Dade County and 627 weapons violations (FBI, 2016). In 2011, 4,708 (7.3 per 100,000) American youth aged 10–24 years were victims of homicide (David-Ferdon & Simon, 2014). Violent offenses among Miami juveniles have been escalating over the last three years and homicide was the third cause of death among teens in 2015 (David-Ferdon & Simon, 2014). Additionally, as per the Miami-Dade Medical Examiner's office, of the 94 gun homicide victims under the age of 18, 80 of them (85%) were Black males (Torres, 2017). Nationwide, Blacks are more than twice as likely to die from gun violence than Whites – in Miami-Dade that ratio climbs to almost three times as likely (Kalesan et al., 2010). Since 2010, almost 70% of homicide victims under the age of 20 were Black, though Black residents make up only 20% of the Miami-Dade County demographic (Hanks, 2016). The ethnic disparities do not only end with victims, but extend to perpetrators as well. Florida Department of Juvenile Justice (DJJ, 2015) reports that 74% of murders committed by juveniles in Miami-Dade were by Black male youth and 28% of murders by juveniles in Florida were committed in Miami-Dade, with that ratio increasing at an alarming rate. This figure was up 15% from years 2014-15 to 2015-16, but increased 288% from 2013-14, in addition to attempted murder/manslaughter being up 133% from 2014-2015 (DJJ, 2015).

To further highlight this disparity, a 2016 Miami-Herald poll conducted by Bendixen & Amadi International revealed that 76% of Black residents felt that "youth gun violence" was a top concern while only 5% of White residents agreed, citing "traffic" as their greatest concern – "a measure of how gun violence can be a daily fear in some neighborhoods and only a remote possibility in others" (Hanks, 2016, para. 2). Additionally, 82% of respondents were dissatisfied

with how county leaders are handling youth gun violence (Hanks, 2016). The community is, therefore, pleading for a solution.

Miami's minority youth are also being arrested at a disproportionate rate. According to Florida Department of Juvenile Justice [DJJ] (2016) records, Black youth account for 52% of arrests, but only 20% of the general population. They are also more likely to be charged as adults, with Black males making up 76% of all youth transferred to adult justice systems (DJJ, 2016). Miami-Dade ranks number one in state juvenile justice rankings for the greatest Relative Rate Index (RRI), a measure used by the DJJ Disproportionate Minority Contact Office to assess the level of disproportionate minority contact in a given area. Florida's RRI is 3.2 and Miami-Dade's RRI is more than double, at 7.8, which means that for every non-minority juvenile justice encounter in the county, 7.8 minority juvenile justice encounters occur (DJJ, 2016). This alarming data indicates that there may be implicit bias by Miami law enforcement which could be a significant contributing factor fueling these disparities. For this reason, Project MVP-88 seeks to involve Miami PD officers in the delivery of the selected evidence-based practices (EBP's) – Aggression Replacement Training (ART) and Botvin Lifeskills Training (LST) – to the target population, as well as offer "Fair and Impartial Policing" training by Community Oriented Policing Services (COPS), to address this concern.

Figure 1



As previously mentioned, Miami's Together for Children coalition was organized in 2016 around the idea that neighborhood action plans could be formulated to address the root causes of youth violence and identified several risk factors: poor school attendance, behavioral issues, low standardized test scores and below-grade level performance (Gurney & Teproff, 2016). Four of the five zip codes (33127, 33142, 33147 and 33150) for the MVP 88 Project have been identified as high risk by Together for Children and as among the 20 zip codes where most of violent crimes occur (see Figure 1 to the left). This data confirms information gathered in the 2015 Little Haiti Needs Assessment (The Children's Trust, 2015), which cites census-level data of disparate socioeconomic characteristics of the catchment population higher than the county at-large, including poor educational performance, high unemployment, poverty, extremely poor neighborhood safety ratings and high rates of

domestic abuse. Youth living in these zip codes are clearly experiencing disparate risk factors in several domains and the MVP-88 Project can significantly improve their chances of reaching adulthood safely. In addition, the placement of the MVP-88 Project in the midst of this "violence incubator" will leverage local violence reduction/disparity efforts and provide an ideal test ground to gauge the impact of innovative violence prevention programming. This data analysis

establishes the fact that Miami-Dade secondary school students are already at extremely high risk for violence by virtue of their community, family and school risk factors alone. Youth Risk Behavioral Survey (2015) data indicates their individual domain risk factors are further compounded by the fact that more than 23% of middle school students admit to carrying a weapon on school property in the last 30 days (CDC, 2015).

Use of Weapons Among Miami-Dade County High School Youth (CDC, 2017)

- 9.7% of high school students reported carrying a weapon
 - 13.7% male, 5.0% female
- 5.9% reported carrying a gun
 - 9.2% male, 1.9% female
- 2.4% of high school students reported carrying a weapon on school property
 - 2.7% male, 1.6% female
- 7.1% reported being threatened or injured with a weapon on school property
 - 8.0% male, 5.3% female

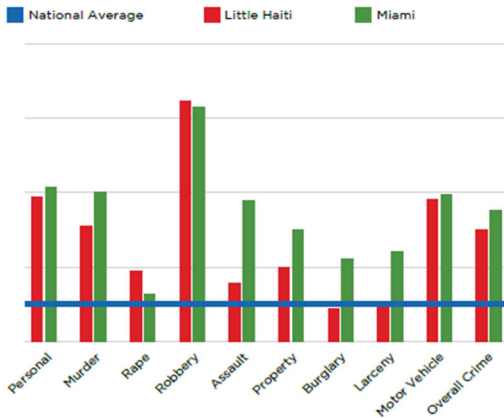
Physical Fights Among Miami-Dade County High School Youth (CDC, 2017)

- 19.6% of high school students reported they were in a physical fight
 - 24.3% male, 14.5% female
- 7.2% of high school students who reported being in a physical fight on school property
 - 8.9% male, 5.2% female
- 9.7% did not go to school due to safety concerns
 - 8.8% male, 9.8% female

The graph below depicts a representation of the crime index for Little Haiti in comparison to the national average and to Miami as a whole. Little Haiti is beyond the nation's average in each classification and has similar rates to Miami concerning personal crime, murder, and motor vehicle theft, however, has a higher robbery crime rate. Overall, as mentioned in the report, when comparing to the national average, these rates are quite high (The Children's Trust, 2015).

Figure 2 – Crime Statistics for Little Haiti Area of Miami-Dade County in 2014

Crime Index for Little Haiti



Crime Rates	National Average	Little Haiti	Miami
Personal	100	384	438
Murder	100	327	403
Rape	100	184	128
Robbery	100	661	639
Assault	100	160	363
Property	100	198	302
Burglary	100	90	240
Larceny	100	109	259
Motor Vehicle	100	375	388

(The Children's Trust, 2015)

Table 1 below also lists juvenile charges in the zip codes 33127, 33137, 33138 and 33150 in all of 2014. In 2014, there were a total of 529 juvenile charges, 441 arrest charges and 88 civil citation charges, with most common charges being for aggravated assault, misdemeanor destruction of justice and petit larceny (The Children's Trust, 2015).

Table 1 – Frequency of Crimes by Type

Crime Type	Arrest Charges	Civil Citation Charges
Aggravated Assault and-or Battery	41	0
Misd Obstruction of Justice	33	7
Petit Larceny	32	30
Unclassified	32	1
Assault and-or Battery (not aggravated)	29	16
Burglary	24	0
Obstruct Justice w-o violence	22	0
Auto Theft	22	0
Armed Robbery	22	0
Fel Drug Laws	21	0
Misd Viol Drug Laws	21	8
Trespassing	19	8
Grand Larceny (excluding auto theft)	18	0
Weapon or Firearm Offences	18	0
Other Robbery	16	0
Loitering and Prowling	11	5
Vandalism	10	1
Disorderly Conduct	8	9
Fel Other	8	0
Obstruct Justice with violence	8	0
Misd Weapon-Firearm Offence	7	1
Fel Vandalism	6	0
Sexual Battery	6	0
Murder Manslaughter	2	0
Other Fel Sex Offences	2	0
Escape from TrSchl, SecDet, or Res Prog	1	0
Forgery-Counterfeiting	1	0
Stolen Property	1	0
Misd Other	0	2

(The Children's Trust, 2015)

Magnitude of Substance Abuse

Miami-Dade lies at the center of one of 28 federally designated “High Intensity Drug Trafficking Areas;” it is one of the primary access points into the United States for cocaine, heroin, and marijuana. Additionally, diverted pharmaceutical medications are illegally distributed in Florida, which is also a major domestic producer of indoor-grown, hydroponic marijuana, second only to California in the amount of marijuana produced. The region is also commonly referred to as the “the pill mill capital” of the nation due to the increasingly widespread illegal distribution of opioid prescription drugs (United States Department of Justice, 2014).

Miami-Dade has a reputation for having a wild nightlife and is consistently voted as the #2 party city in the U.S. (“Best Nightlife Scenes in the USA,” n.d.). Additionally, there are several events and internationally known festivals (e.g. Ultra, the Miami Beach hip-hop weekend, the White party) promote substance use and hedonistic behavior. Recent drug use trends in South Florida indicate that the use of cathinone (“bath salts”) and methylene (“Molly”) along with other synthetic hallucinogens is greatly increasing throughout the region, particularly among the young adult population (Hall, 2014). The growing popularity of these synthetic drugs presents

numerous risks as they are frequently diluted with other unknown substances or harmful chemicals (James, 2015; Smiley, 2015). Data from the Community Epidemiology Work Group (CEWG) also indicates an increase in the injection drug use of prescription opioids, heroin and methamphetamines among the young adult population in South Florida (Hall, 2013). The growing prevalence of opiate use compounded by rising rates of IDU in the local community not only increases young adults' susceptibility to overdose but also substantially increases their risk of HIV and HCV infection.

According to a needs assessment report conducted by Professional Research Consultants, Inc. (2018), 43.1 % of Miami-Dade county children are prescribed stimulants or pain medications. More than half of parents (55.5%) are unaware of community substance abuse resources available for children. Compared to other counties in South Florida, Miami-Dade has higher rates of high school students using prescription drugs not prescribed to them and a higher use of cocaine. Since 2015, there has been an increase in high school students who have ever used cocaine, steroids, methamphetamines, heroin, and injection drugs. In the Miami Metro area, there has been an increase in parents reporting someone smoking in their home. The trend has nearly doubled between 2015 and 2018.

Underage Alcohol Use

National and State data reveal that there has been a downward trend in both alcohol use and binge drinking among youth aged 12-20 (see Exhibits 1 and 2).

Exhibit 1 Any Alcohol Use in Past 30-Days Among Youth Aged 12-20 years in the USA and Florida: 2002 - 2012

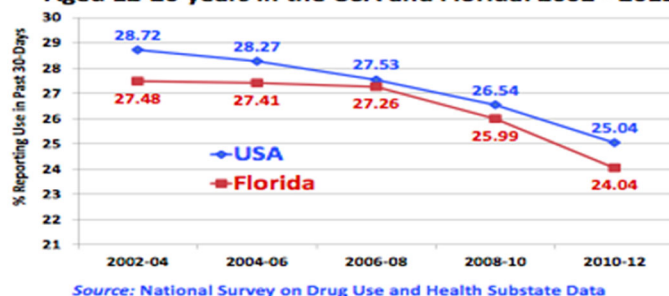
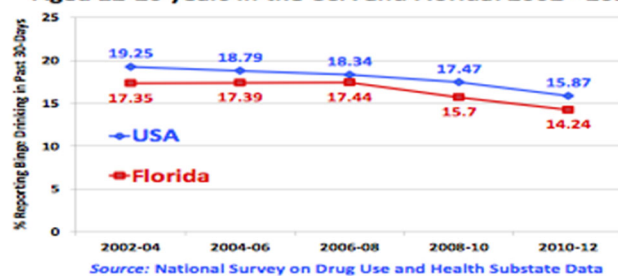


Exhibit 2 Binge Alcohol Use in Past 30-Days Among Youth Aged 12-20 years in the USA and Florida: 2002 - 2012



Data recently released from SAMHSA reveal that from 2013-2014, past month binge alcohol use among 12-20 year olds was 11.8% in Florida and 14.0% in the United States (SAMHSA, 2015).

Regional data, obtained from the most recent NSDUH (2010-2012) reveal that among 12-20 year old's living in Southeastern Florida (i.e., Miami-Dade and Monroe counties):

- 22.08% consumed alcohol in the past month, (95% CI: 19.61 – 24.76)
- 11.75% consumed five or more drinks on one occasion within the past month, (95% CI: 9.91 -13.87)

Primary Treatment Admissions for Alcohol Use Problems among Florida Youth

Table 2 below depicts the number of primary treatment admissions for alcohol use problems among youth and young adults in Florida. “Southern” encompasses Miami-Dade and Monroe (i.e., the Florida Keys) counties.

Table 2 – Treatment Admissions in Florida

	Age 17 and Under	Age 18-25	Total
Northwest	32	393	425
Northeast	26	283	309
Central	18	155	173
Suncoast	188	432	620
Southeast	12	160	172
Broward	6	86	92
Southern	16	191	207
All Florida	298	1700	1998

Source: Department for Children and Families from July 2014- July 2015

Alcohol-Use among Miami-Dade County High School Youth (YRBS, 2017)

- 64.8% of high school students reported ever drinking alcohol
 - 63% male, 66.3% female
- 18.9% reported they drank alcohol for the first time before age 13 years
 - 22.8% male, 14.7% female
- 28.7% of high school students report currently drank alcohol
 - 24.9% male, 31.8% female
- 36.3% reported usually obtaining alcohol by someone else giving it to them
 - 30.0% male, 41.6% female
- 8.3% of high school students reported drinking > five drinks of alcohol in a row
 - 6.3% male, 10.1% female
- 2.1% reported drinking 10 or more
 - 2.4% male, 1.7% female

Substance-Use among Miami-Dade County High School Youth (YRBS, 2017)

- 34.3% of high school students reported ever using marijuana
 - 33.1% male, 35% female
- 6.4% reported trying marijuana for the first time before age 13 years
 - 8.3% male, 4.1% female
- 19.2 % reported currently using marijuana
 - 19.4% male, 18.6% female
- 7.6% of high school students reported using synthetic marijuana
 - 9.2% male, 5.1% female

- 7.3% of high school students reported ever using cocaine
 - 8.9% male, 4.8% female
- 5.2% reported ever using ecstasy
 - 6.5% male, 2.9% female
- 4.3% of high school students reported ever using heroin
 - 5.9% male, 1.7% female
- 4.2% reported ever using methamphetamines
 - 5.8% male, 1.9% female
- 13.6% reported ever taking prescription drugs without a doctor's prescription
 - 14.7% male, 11.8% female
- 6.4% of high school students reported ever using inhalants
 - 7.6% male, 4.7% female
- 30.5% reported they were offered, sold, or given an illegal drug on school property
 - 30.5% male, 30.4% female

Recent national and state data released by SAMHSA reveal that past 30-day illicit drug-use among 12-17 year old's in both the United States and Florida was 9.1% (SAMHSA, 2015).

Data from the National Drug Early Warning System (NDEWS) Sentinel Community Site Profile 2015 regarding drug treatment admissions among youth under age 18 in Southeastern Florida reveal that marijuana is by far the primary substance of abuse (55.7%), followed by methamphetamine (3.9%) (see Table 3 below).

Table 3 – Primary Drug of Choice for Youth Southeastern FL

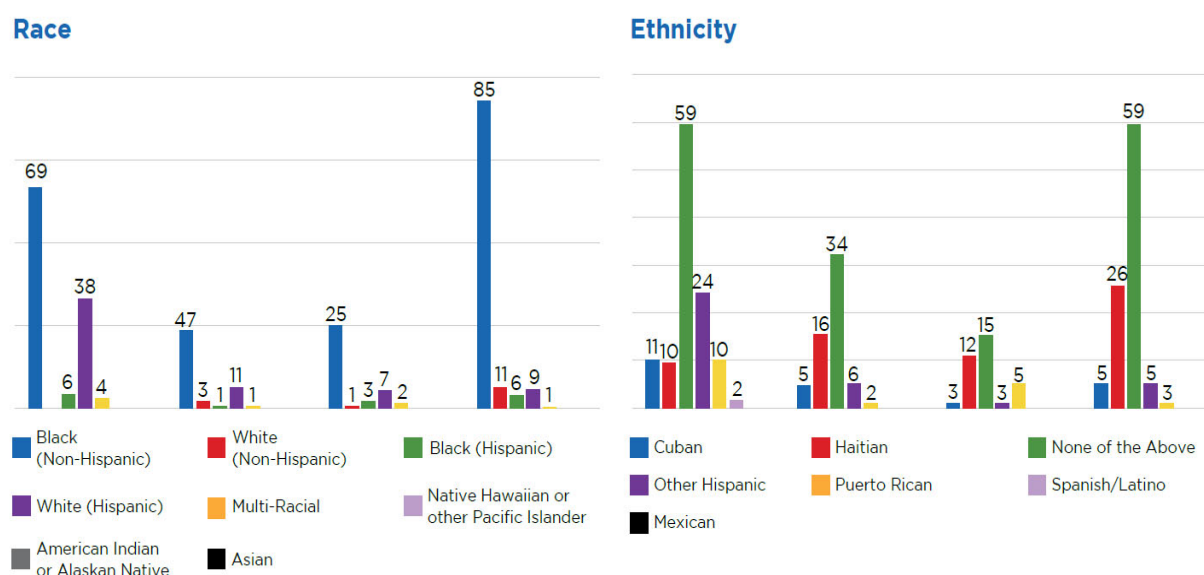
Primary Abuse*	Substance	of Under 18 Age Group (%)
Marijuana		55.7%
Methamphetamine		3.9%
Prescription Opioids		<1%
Heroin		<1%
Cocaine/Crack		<1%
Alcohol		1.8%

Note: Southeastern Florida includes Broward, Miami-Dade, and Palm Beach Counties.

* Of 5,006 admissions

Figure 3 below illustrates two graph analyses by race/ethnicity of children who received substance abuse services through South Florida Behavioral Health Network (SFBHN) during the 2013-14 fiscal year (The Children's Trust, 2015). The Black, non-Hispanic population is the key target group provided with services for substance abuse in the SFBHN network. The data also "indicated that consumers with substance abuse issues report the most criminal justice involvement in all zip codes" (p. 34).

Figure 3 – Youth Who Received Substance-abuse Services within SFBHN Network



(The Children's Trust, 2015)

Youth who engage in substance misuse are less likely to exercise prudence and judge risk appropriately when it comes to violence, and avoid escalating situations. Based on a community needs assessment in 2015 and a current review of prevalence and YRBS data from 2015, significant substance abuse prevalence exists in the target population which is a risk-factor for increased risk of violence among youth (The Children's Trust, 2015 & CDC, 2015).

Section 3: Risk and Protective Factors

M-DCPS receives funding from the CDC's Division of Adolescent and School Health to collect Youth Risk Behavior Survey (YRBS) (CDC, 2015). Therefore, risk and protective factors subsequently discussed in this section are derived from the YRBS, in addition to the Florida Youth Substance Abuse Survey (FYSAS) (CDC, 2015 & Florida Department of Children & Families [FDCF], 2016). These data sets, along with others, were used to compile the needs assessment.

Risk Factors

According to the CDC (2017), research indicates the following risk factors associated with youth violence:

Individual Risk Factors

- History of violent victimization
- Attention deficits, hyperactivity or learning disorder
- History of early aggressive behavior
- Involvement with drugs, alcohol or tobacco
- Low IQ

- Poor behavioral control
- Deficits in social cognitive or information-processing abilities
- High emotional distress
- History of treatment for emotional problems
- Antisocial beliefs and attitudes
- Exposure to violence and conflict in the family

Family Risk Factors

- Authoritarian childrearing attitudes
- Harsh, lax or inconsistent disciplinary practices
- Low parental involvement
- Low emotional attachment to parents or caregivers
- Low parental education and income
- Parental substance abuse or criminality
- Poor family functioning
- Poor monitoring and supervision of children

Peer and Social Risk Factors

- Association with delinquent peers
- Involvement in gangs
- Social rejection by peers
- Lack of involvement in conventional activities
- Poor academic performance
- Low commitment to school and school failure

Community Risk Factors

- Diminished economic opportunities
- High concentrations of poor residents
- High level of transiency
- High level of family disruption
- Low levels of community participation
- Socially disorganized neighborhoods

Prevalence of Identified Risk Factors

The Florida Youth Substance Abuse Survey (FYSAS) is a collaborative effort between the Florida departments of Health, Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control. It is based on the "Communities That Care" survey, assessing risk and protective factors for substance abuse, in addition to substance abuse prevalence. The survey was first administered to Florida's middle and high school students during the 1999-2000 school year, and is repeated in the spring, annually. The 2016 FYSAS provides estimates of Miami-Dade County High School students' perceptions of harm, personal disapproval, parental disapproval, and peer/friend disapproval of alcohol and other drug use. Table 4 below illustrates the major demographic characteristics of Miami-Dade students surveyed.

Table 4: Major demographic characteristics of surveyed Miami-Dade and Florida Statewide, 2018

	Miami-Dade			Florida Statewide	
	N	%		N	%
Sex					
Female	577	51.8		26,340	48.2
Male	519	46.6		27,468	50.3
Race/Ethnic group					
African American	143	12.8		12,088	22.1
American Indian	9	0.8		555	1.0
Asian	11	1.0		659	1.2
Hispanic/Latino	638	57.3		11,242	20.6
Native Hawaiian/Pacific Islander	2	0.2		79	0.1
Other/Multiple	232	20.8		6,899	12.6
White, non-Hispanic	73	6.6		22,618	41.4
Age					
10	1	0.1		50	0.1
11	92	8.3		3,339	6.1
12	203	18.2		7,363	13.5
13	221	19.9		7,738	14.2
14	174	15.6		7,864	14.4
15	110	9.9		7,982	14.6
16	133	11.9		7,926	14.5
17	130	11.7		7,725	14.1
18	43	3.9		3,990	7.3
19 or older	4	0.4		495	0.9
Grade					
6th	217	19.5		8,050	14.7
7th	217	19.5		7,706	14.1
8th	223	20.0		7,715	14.1
9th	94	8.4		8,024	14.7
10th	116	10.4		7,925	14.5
11th	159	14.3		7,775	14.2
12th	87	7.8		7,417	13.6
Overall Middle School	657	59.0		23,470	43.0
Overall High School	456	41.0		31,141	57.0
Total	1,113	100.0		54,611	100.0

(FDCF, 2018)

As per the 2086 FYSAS, in Table 5 below represent the prevalence rates of students possessing risk factors in Miami-Dade County high schools from 2008-2018.

Table 5: Risk factor prevalence rate trends among high school students for Miami-Dade, 2008-2018

Domain	Scale	Miami-Dade					
		2008	2010	2012	2014	2016	2018
Community	Community Disorganization	49	51	50	44	47	39
	Transitions and Mobility	57	61	62	60	56	58
	Laws and Norms Favorable to Drug Use	26	33	33	31	26	29
	Perceived Availability of Drugs	33	31	31	25	27	21
	Perceived Availability of Handguns	29	31	27	26	29	27
Family	Poor Family Management	50	50	44	38	39	36
	Family Conflict	34	38	34	31	31	35
School	Poor Academic Performance	45	52	48	50	52	47
	Lack of Commitment to School	39	45	42	50	47	51
Peer and Individual	Favorable Attitudes toward Antisocial Behavior	39	36	31	32	29	29
	Favorable Attitudes toward ATOD Use	36	36	38	36	32	32
	Early Initiation of Drug Use	29	27	28	23	21	18
Average Prevalence Rate		36	39	38	37	36	35

(FDCF, 2018)

Table 6: % of Miami-Dade youth who reported using various drugs during their lifetime, 2018

	Miami-Dade						
	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>
Alcohol	20.0	47.7	41.8	30.4	21.2	51.2	36.1
Blacking Out	--	12.7	16.0	9.5	--	12.6	--
Cigarettes	5.0	14.7	11.7	9.6	5.7	14.6	10.6
Vaporizer / E-Cigarette	16.9	36.0	28.2	27.8	19.1	37.8	27.9
Marijuana or Hashish	5.7	28.3	18.9	17.9	7.1	28.8	18.6
Synthetic Marijuana	--	4.8	5.3	4.2	--	5.3	--
Inhalants	9.0	3.3	5.0	6.6	8.5	3.1	5.7
Flakka	--	0.9	0.2	0.9	--	1.0	--
Club Drugs	0.7	0.6	0.5	0.8	0.5	0.6	0.6
LSD, PCP or Mushrooms	1.1	4.2	2.0	3.9	1.1	3.4	2.9
Methamphetamine	0.9	1.0	1.4	0.5	1.0	0.8	0.9
Cocaine or Crack Cocaine	1.3	1.3	0.8	1.8	1.0	1.3	1.3
Heroin	0.7	0.2	0.2	0.7	0.7	0.2	0.4
Prescription Depressants	2.2	3.7	2.2	4.0	2.3	3.4	3.1
Prescription Pain Relievers	3.2	3.1	3.3	2.5	2.7	3.5	3.1
Prescription Amphetamines	1.7	3.8	3.4	2.5	1.9	3.3	2.9
Steroids (without a doctor's order)	0.7	0.1	0.3	0.5	0.6	0.2	0.4
Over-the-Counter Drugs	2.9	2.9	2.8	3.1	2.8	3.0	2.9
Needle to Inject Illegal Drugs	--	0.0	0.0	0.0	--	0.0	--
Any illicit drug	16.6	32.0	26.9	23.7	16.8	33.0	25.5
Any illicit drug other than marijuana	14.3	14.6	14.1	14.7	13.7	14.6	14.4
Alcohol only	11.2	21.3	20.1	14.6	11.8	23.9	17.1
Alcohol or any illicit drug	27.4	53.3	46.8	38.0	28.3	56.9	42.3
Any illicit drug, but no alcohol	7.6	5.9	5.2	8.1	7.2	6.3	6.6

(FDCF, 2018)

Table 7: % of Miami-Dade youth who reported using various drugs in past 30 days, 2018

	Miami-Dade						
	<i>Middle School</i>	<i>High School</i>	<i>Female</i>	<i>Male</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>
Alcohol	6.5	22.2	18.2	12.7	6.6	23.9	15.5
Binge Drinking	3.5	12.6	10.4	6.7	3.9	13.6	8.8
Cigarettes	1.0	3.1	2.7	1.9	1.1	3.0	2.2
Vaporizer / E-Cigarette	6.0	17.7	12.3	13.1	7.9	17.7	12.7
Marijuana or Hashish	1.5	16.7	10.5	9.6	1.7	17.9	10.3
Synthetic Marijuana	--	2.5	3.3	1.5	--	3.1	--
Inhalants	4.0	0.2	2.0	1.6	3.3	0.4	1.8
Flakka	--	0.6	0.0	0.4	--	0.8	--
Club Drugs	0.4	0.2	0.4	0.3	0.3	0.4	0.3
LSD, PCP or Mushrooms	0.9	1.3	0.9	1.3	0.6	0.7	1.1
Methamphetamine	1.0	0.0	0.6	0.3	0.8	0.1	0.4
Cocaine or Crack Cocaine	0.9	0.0	0.2	0.5	0.6	0.1	0.4
Heroin	0.2	0.0	0.0	0.1	0.1	0.0	0.1
Prescription Depressants	0.8	0.4	0.5	0.7	0.7	0.0	0.6
Prescription Pain Relievers	1.5	0.6	1.3	0.7	1.4	0.5	1.0
Prescription Amphetamines	0.6	1.2	1.3	0.7	0.5	1.1	1.0
Steroids (without a doctor's order)	0.1	0.2	0.2	0.1	0.1	0.2	0.2
Over-the-Counter Drugs	0.9	0.9	1.0	0.9	0.8	1.2	0.9
Any illicit drug	7.6	19.3	16.1	12.2	7.0	20.9	14.3
Any illicit drug other than marijuana	6.9	4.5	6.4	4.3	5.9	4.0	5.5
Alcohol only	4.0	12.3	10.6	7.2	4.5	13.1	8.8
Alcohol or any illicit drug	11.5	31.1	26.2	19.3	11.4	33.3	22.8
Any illicit drug, but no alcohol	5.1	9.4	8.1	7.2	4.9	9.9	7.6

(FDCF, 2018)

Perceptions of Substance Use

Table 8: % of Miami-Dade Youth who reported early ATOD use, perceived risk of harm, personal, parental and peer disapproval, 2018

	Miami-Dade						
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total
Early ATOD use							
More than a sip of alcohol	--	17.9	19.2	17.2	--	18.0	--
Drinking at least once a month	--	3.6	5.5	1.7	--	3.5	--
Smoke cigarettes	--	5.3	5.3	5.1	--	5.4	--
Smoke marijuana	--	8.1	10.8	5.8	--	7.0	--
Great risk of harm							
1 or 2 drinks nearly every day	51.5	49.2	53.0	47.1	50.7	49.1	50.1
5+ drinks once or twice a week	64.2	58.0	63.0	57.9	62.8	57.4	60.7
1+ packs of cigarettes per day	64.7	67.2	65.5	66.5	63.5	69.5	66.1
Marijuana once or twice a week	55.0	24.2	37.3	37.4	51.5	21.3	37.3
Try marijuana once or twice	33.4	19.9	25.1	26.1	31.7	18.0	25.6
Use prescription drugs	67.5	69.5	69.3	67.7	66.5	70.8	68.7
Think it would be wrong to...							
Smoke cigarettes	96.4	89.7	93.0	91.8	95.8	90.4	92.5
Drink alcohol regularly	88.1	66.2	72.4	79.0	87.1	64.2	75.5
Smoke marijuana	91.9	64.1	75.8	76.9	89.7	62.5	75.8
Smoke synthetic marijuana	93.2	88.9	89.7	91.8	92.8	87.6	90.7
Use other illicit drugs	98.0	94.6	94.9	97.4	97.6	94.1	96.1
Parents think it would be wrong to...							
1 or 2 drinks nearly every day	97.3	94.3	94.7	96.6	97.4	93.2	95.6
Smoke cigarettes	98.9	98.0	97.6	99.2	99.0	97.6	98.4
Smoke marijuana	98.4	92.3	94.8	95.2	98.3	92.1	94.9
Use prescription drugs	98.1	96.8	96.7	97.9	98.1	97.1	97.4
Friends think it would be wrong to...							
1 or 2 drinks nearly every day	90.4	80.2	86.2	82.7	90.8	77.8	84.5
Smoke tobacco	94.8	91.5	92.9	92.7	94.3	91.9	92.9
Smoke marijuana	90.1	58.9	72.9	71.4	88.3	55.1	72.0
Use prescription drugs	96.5	93.5	93.8	95.9	95.8	93.8	94.8

(FDCF, 2018)

Table 9: Among high schoolers, # of drinks per day on days drank within 30 days, Miami-Dade, 2018

	Miami-Dade						Total
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	
1	--	30.9	40.1	14.1	--	26.7	--
2	--	15.9	9.9	23.2	--	18.7	--
3	--	19.0	15.8	26.6	--	19.0	--
4	--	9.8	11.5	6.8	--	11.0	--
5 or more	--	24.4	22.7	29.3	--	24.6	--

(FDCF, 2018)

Table 10: % of Miami-Dade youth who reported using drugs to get high before school, 2018

	Miami-Dade						Total
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	
Drinking alcohol	3.6	6.3	6.4	3.9	3.3	7.6	5.1
Smoking marijuana	2.5	16.3	9.9	10.7	2.9	16.9	10.4
Used another drug to get high	2.7	4.2	3.0	3.9	2.7	5.1	3.5

(FDCF, 2018)

Table 11: % of Miami-Dade youth who reported engaging in delinquent behaviors within 12 months, 2018

	Miami-Dade						Total
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	
Carrying a handgun	4.1	6.1	3.1	7.4	4.3	6.9	5.2
Selling drugs	0.9	4.5	2.1	4.0	1.0	5.4	3.0
Attempting to steal a vehicle	0.6	1.7	1.8	0.7	0.7	2.0	1.2
Being arrested	0.9	3.0	2.4	1.8	0.8	3.0	2.1
Taking a handgun to school	0.2	0.8	0.5	0.6	0.1	1.0	0.5
Getting suspended	5.9	4.0	5.1	4.0	5.8	3.3	4.8
Attacking someone with intent to harm	5.7	4.4	5.7	4.4	4.8	5.3	5.0

(FDCF, 2018)

Table 12: Trends in Delinquent Behaviors for Miami-Dade, 2008-2018

	2008			2010			2012			2014			2016			2018		
	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total	Middle School	High School	Total
Carrying a handgun	3.3	4.1	3.8	3.8	4.1	4.0	3.9	3.3	3.6	3.9	3.2	3.5	4.6	4.0	4.3	4.1	6.1	5.2
Selling drugs	2.1	5.8	4.2	4.0	5.7	5.0	1.9	5.5	3.9	1.6	4.9	3.5	1.8	3.6	2.8	0.9	4.5	3.0
Attempting to steal a vehicle	2.1	1.9	2.0	3.0	1.9	2.4	1.8	1.7	1.7	0.9	1.8	1.4	1.4	1.7	1.6	0.6	1.7	1.2
Being arrested	3.2	3.2	3.2	4.3	4.6	4.4	1.7	2.8	2.3	2.1	2.9	2.5	1.1	2.2	1.8	0.9	3.0	2.1
Taking a handgun to school	0.9	0.7	0.8	1.3	1.2	1.2	1.1	0.9	1.0	0.6	0.8	0.7	0.5	1.3	1.0	0.2	0.8	0.5
Getting suspended	13.2	9.9	11.3	15.2	12.6	13.8	12.1	8.9	10.3	9.9	6.0	7.7	9.0	6.5	7.5	5.9	4.0	4.8
Attacking someone with intent to harm	9.0	8.9	9.0	10.3	7.4	8.7	6.4	6.5	6.4	6.9	6.4	6.6	5.9	4.6	5.1	5.7	4.4	5.0

(FDCF, 2018)

Table 13 demonstrates the proportion of bullying behaviors, which can increase the potential for other forms of youth violence, such as weapon carrying and physical fighting.

Table 13: % of Miami-Dade youth who reported bullying behavior, 2018

	Miami-Dade						
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total
Skipped school because of bullying	5.2	4.4	7.1	2.6	4.6	5.4	4.7
Was ever kicked or shoved	32.6	18.6	22.9	25.9	30.1	22.1	24.5
Was ever taunted or teased	60.1	48.4	55.4	51.1	56.4	53.4	53.3
Was ever a victim of cyber bullying	20.7	25.1	30.4	15.7	19.5	27.1	23.2
Ever physically bullied others	16.0	11.6	10.5	16.6	14.5	14.1	13.5
Ever verbally bullied others	29.6	22.6	26.3	24.6	27.9	24.7	25.6
Ever cyber bullied others	9.4	10.1	11.2	8.6	8.5	10.3	9.8

(FDCF, 2018)

Table 14: % of Miami-Dade and FL Statewide youth who reported gang membership, 2018

	Miami-Dade							Florida Statewide						
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total
Have you ever belonged to a gang?	3.9	2.2	1.7	4.3	3.5	2.9	3.0	3.8	3.7	2.4	5.0	3.6	3.8	3.7
Did that gang have a name?	25.5	9.3	9.3	18.1	19.0	14.7	14.3	25.5	16.2	14.4	23.1	24.0	17.0	19.4
Are you a gang member now?	--	1.6	0.9	2.4	--	1.8	--	--	2.3	1.4	3.3	--	2.3	--

(FDCF, 2018)

Protective Factors

According to the CDC (2017), research indicates the following protective factors associated with youth violence:

Individual Protective Factors

- Intolerant attitude toward deviance
- High IQ
- High grade point average (as an indicator of high academic achievement)
- High educational aspirations
- Positive social orientation
- Popularity acknowledged by peers
- Highly developed social skills/competencies
- Highly developed skills for realistic planning
- Religiosity

Family Protective Factors

- Connectedness to family or adults outside the family
- Ability to discuss problems with parents
- Perceived parental expectations about school performance are high
- Frequent shared activities with parents
- Consistent presence of parent during at least one of the following: when awakening, when arriving home from school, at evening mealtime or going to bed
- Involvement in social activities
- Parental / family use of constructive strategies for coping with problems (provision of models of constructive coping)

Peer and Social Protective Factors

- Possession of affective relationships with those at school that are strong, close, and pro-socially oriented
- Commitment to school (an investment in school and in doing well at school)
- Close relationships with non-deviant peers
- Membership in peer groups that do not condone antisocial behavior
- Involvement in prosocial activities
- Exposure to school climates that characterized by:
 - Intensive supervision
 - Clear behavior rules
 - Consistent negative reinforcement of aggression
 - Engagement of parents and teachers

Participation in Extracurricular Activities

Below is Table 17, taken from the 2016 FYSAS, which represents the proportion of Miami-Dade County high school students participating in extracurricular activities.

Table 15: % of Miami-Dade and FL Statewide youth who reported participation in in extracurriculars, 2018

	Miami-Dade							Florida Statewide						
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total
School Sports	39.8	34.5	32.4	41.1	39.7	32.6	36.7	36.0	39.7	34.7	41.4	36.8	40.0	38.1
Organized Sports Outside of School	36.7	21.0	22.6	32.8	34.7	21.8	27.7	38.6	19.8	25.7	30.1	37.2	19.7	27.9
School Band	13.4	6.0	6.6	11.5	12.0	6.1	9.1	17.3	8.1	12.5	11.6	16.6	8.0	12.0
School Club(s)	21.0	33.9	36.4	21.0	19.3	37.4	28.4	22.2	30.2	34.6	19.4	22.8	30.4	26.8
Community Club(s)	7.8	13.2	14.1	8.0	7.2	15.1	10.9	8.5	11.7	13.3	7.5	8.4	11.6	10.3

(FYSAS, 2018)

Prevalence of Identified Protective Factors

Table 16 below reveals the proportion of Miami-Dade County high school students possessing protective factors.

Table 16: Protective factor prevalence rate trends among high school students for Miami-Dade, 2008-2018

Domain		Scale		Miami-Dade			
		2008	2010	2012	2014	2016	2018
Family	Family Opportunities for Prosocial Involvement	57	53	58	58	61	58
	Family Rewards for Prosocial Involvement	56	52	53	58	59	49
School	School Opportunities for Prosocial Involvement	58	64	60	59	61	64
	School Rewards for Prosocial Involvement	59	59	61	60	59	60
Peer and Individual	Religiosity	55	53	52	51	46	45
Average Prevalence Rate		57	56	57	57	57	55

(FYSAS, 2018)

Section 4: Inventory of Services and Resources

Current Services-Miami-Dade County

With over 2.6 million residents, Miami-Dade is the most populous county in Florida and comprises one of the most diverse metropolitan regions in the country, with nearly 65% of the population identifying as Hispanic. The county has a wide array of health centers and community-based agencies that provide access to a multitude of culturally competent social services, including substance abuse and HIV testing and treatment. Under the local non-profit agency, Jewish Community Services of South Florida, Inc. (JCS), exists the Switchboard 211, which offers a 24-hr, trilingual contact center/hotline (in English, Spanish & Haitian Creole) 365 days a year to provide crisis counseling as well as to assist residents with information and referrals to various service agencies within the South Florida region (JCS, 2018).

Table 18 below provides a list of partnerships and resources established by Gang Alternative, Inc.

TABLE 18	Stakeholders	Resource Provided to MVP 88	Linkage Partner/Referral Partner*
	Gang Alternative (APPLICANT)	Youth Prevention Programming, Afterschool Programming, Emergency Assistance, Insurance & Benefits Assistance Enrollment, Family Case Management, Parenting Programs, Recreational & Character Education Programs, Summer Camp Programs. Provides Care Coordination, EBP's and facilitates all service delivery described in Project Work Plan.	<u>Applicant Agency</u> Primary Service Provider and Linkage Hub for all service referrals
	Urban Partnership for a Drug Free Community (UPDFCC)	UPDFCC - Youth Prevention Programming, Environmental & Media Campaigns, SA Needs Assessments, Youth Leadership Development, Annual HS Mock DUI Events at high schools	<u>Founded/Run by Applicant Agency</u> Key Partner
	Edison High School	Service Site Location and key partner – half of all project participants will be recruited as FSA Level I & II students at this site	Key Partner
	Miami Northwestern SHS	Service Site Location and key partner – half of all project participants will be recruited as FSA Level I & II students at this site	Key Partner
	Miami-Dade Department of Health	Key data partner for epidemiological data to inform project needs assessment and ongoing quarterly evaluation data points	Key Partner
	Miami-Dade Police Department	Key data partner for crime/justice encounter data to inform project needs assessment and ongoing quarterly evaluation data points and provide coordinated community policing activities proposed. Organizes and provides Fair and Impartial Policing training activities for project.	Key Partner
	Borinquen Health Care Center (RW)	Comprehensive Health Services for participants, inclusive of Ryan White services, Medical Case Management, Oral Health Care, Outpatient Medical Care, Transportation Vouchers	Linkage & Referral Partner
	The Village South (RW)	Medical Case Management, <u>Substance Abuse Treatment–Outpatient</u> , Substance Abuse Treatment–Residential, Transportation Vouchers	Linkage & Referral Partner

UM Jackson Child & Adolescent Med. Ctr. and Center for Behavioral Med.(CBM)	Comprehensive psychiatric/psychological diagnosis and treatment; Individual, group, and family psychotherapy; Medication evaluation and management; Psychological diagnostic testing; Dialectical Behavior Therapy for Adolescents (DBT-A) Program (therapy for 12-18 to handle stress, improve relationships/manage emotions); The CBM provides evidence-based interventions to address the multifactorial aspects of mental disorders associated with HIV disease and related illnesses.	Linkage & Referral Partner
Care Resource	ADAP Pre-Screening*, Medical Case Management, <u>Mental Health Therapy</u> , Oral Health Care, Outpatient Medical Care, <u>Outreach Services</u> , <u>SA Treatment–Outpatient</u> , Transportation Vouchers	Linkage & Referral Partner
Community Health of S. Florida	<u>ADAP Pharmacy*</u> , ADAP Pre-Screening*, Medical Case Management, Oral Health Care, Outpatient Medical Care, <u>Prescription Drugs (Ryan White Program)</u> , Transportation Vouchers	Linkage & Referral Partner
Better Way of Miami	Substance Abuse Treatment–Outpatient, Substance Abuse Treatment–Residential	Linkage & Referral Partner
Jackson Community Mental Health Center-Miami Gardens	<u>Comprehensive behavioral and substance-related healthcare services</u> for adults, children and <u>adolescents in the north</u> and northwestern sections - Adolescent Outpatient Services at this site.	Linkage & Referral Partner
FIU Health Disparities Initiative	\$9.5M NIH Health Disparities grant recipient for HIV research - collaboration and capacity building for at-risk youth in Miami	*Capacity Building Partner
MOSAIC	Martial Arts Provider	Martial Arts – CAPOEIRA
GEAR-UP	Transportation Provider	Transportation provider for summer events
UM School of Law – Street Law Program	Teaches risk mitigation for juvenile justice audiences	Understanding their rights and how to mitigate risk of law enforcement engagement
OCR Youth League – Focus Movement Academy	Obstacle course training and leadership development provider	Team ECHO – working with Focus Movement Academy and Education Effect – providing training

		in obstacle course training and competitions
Footsteps to our Future Program of Miami Police Department	Female officer mentoring of MVP-88 female students	Mentoring partner

Current Violence and Substance-Abuse Prevention Services in M-DCPS:

Currently, M-DCPS substance abuse prevention falls under the umbrella of the Office of Physical Education and Health Literacy. With regard to alcohol, tobacco, and other drug prevention, the substance abuse prevention program offers:

1. Substance abuse prevention links <http://pe.dadeschools.net/substanceabuselinks.asp>
2. PowerPoints and NIDA fact sheets <http://pe.dadeschools.net/substanceabuseprevention.asp>.

Direct prevention efforts once were provided through M-DCPS's TRUST (To Reach Ultimate Success Together) Program. While the program historically was effective and successful (e.g., the Department of Education, in 1987-88, identified TRUST as an exemplary drug prevention program), its curriculum and approach are no longer state of the science. Moreover, it is no longer active, in part because of M-DCPS funding cutbacks (M-DCPS, n.d.).

In terms of violence prevention, M-DCPS has an established 37-year-long partnership with The Youth Crime Watch (YCW) of Miami-Dade County (Youth Crime Watch, n.d.). YCW provides students and faculty a multitude of crime prevention materials and "educates students on safety skills, which in turn, the youth apply in their schools to promote safe, school environments, educate their peers on youth crime prevention, and curb school crime" (YCW, n.d., para. 2). YCW delivers tools, guidance and self-confidence to deter crime, violence and drug abuse, while trusting in the value of good citizenship, where youth are empowered to take an active role and become a part of the solution (YCW, 2014).

Given that crime is broad in scope, YCW does attempt to hone in on violence prevention by hosting a "Stop the Violence" Blue Ribbon Week Campaign, which provides weeklong preventative activities, such as presentations, rallies, contests and action plans (M-DCPS, n.d.).

The Florida Coalition Against Domestic Violence (FCADV) has also partnered up with member-certified domestic violence centers and the Florida Department of Education (FLDOE) to offer free courses to address teen dating violence in grades 7 through 12 in order to satisfy the Florida law statutory requirements (M-DCPS, n.d.).

M-DCPS Prevention Service Gaps:

Currently, M-DCPS violence and substance-abuse prevention is limited to providing informational material and presentations; comprehensive, state of science/evidence-based, culturally tailored, violence prevention programming currently is not being delivered to M-DCPS students – a service gap, in a minority majority public school system.

Section 5: Gaps in Services

The Miami Edison Senior High School target area is primarily an immigrant community, consisting of mostly Haitian and other Caribbean residents, most members being 1st or 2nd generation transplants to the US. The language barrier is most prevalent being that Haitian-Kreyol is still the primary language spoken in the home. Based on anecdotal experience working with this community at Gang Alternative, another barrier is a lack of trust in governmental systems. Trust must be engendered among service providers before most families are willing engage in services. Fear of deportation due to illegal immigration status is a growing fear, which affects their willingness to document and enroll in services, including seeking prevention, substance abuse treatment healthcare or social support services, testing for HIV/Venereal Hepatitis, etc., and these factors have significantly limited this sub-groups access to public health care. The Haitian community still appears to be a closed system to outsiders and there exists some reluctance to accept care from non-Haitian or acculturated care providers. Therefore, the majority of Gang Alternative (GA) will maintain high cultural competence to address barriers by sharing ethnicity, language, while also living and working in the community served.

GA has had great success providing Aggression Replacement Training (ART) and Botvin Life Skills Training (LST) to target area at-risk youth over a 4 year period, serving more than 600 youth annually and achieving all program outcomes on SFBHN/DCF contracts for these intervention services. GA also has experience implementing college readiness programming and access services resulting in highly successful results (800 at-risk youth accepted to the college of their choice during 8 year period with the target community) and significantly reduced dropout rates at Miami Edison High School. During Year 2, CRAMS was replaced with Academic Hustle, which offers college transition services to participant youth, inclusive of parent workshops to address FAFSA prep, scholarship applications and ACT/SAT standardized testing strategies. Students found this approach to be more interesting and pragmatic. Most importantly, there has been widespread acceptance with these models. The group discussion and role-playing nature of the proposed intervention has appeal to the culture, especially when delivered by native Kreyol/Spanish speaking staff who live and work in the community. In addition, MVP 88 has chosen to embed the community policing approach within the ART EBP delivery because its discussion/role play based format is most likely to engender trust and role modeling relationships between participant youth and police officers providing program delivery. In past implementations, ART co-leaders have developed long-term mentoring relationships with participants because of the intensive, transparent and frank discussions the role-play activities in ART tend to catalyze, and it is GA's expectation that using police officers as co-leaders will result in increased role model influence and trust among target youth.

Due to previous success of ART, LST and Academic Hustle, several middle and high schools have requested services, but unfortunately, funding needs preclude GA from serving all sites that require such EBP interventions.

Focus Groups

To augment the information for this needs assessment report, focus groups were conducted by project staff. Dr. Donnie Hale, FIU's Education Effect and Ms. Eugenia Cole-Russell, Gang Alternative MVP-88 Program Manager facilitated two focus groups with 50 students (25 students in each group) ages 14-17 years old. Students were from a variety of schools in the target area including Edison, Miami Northwestern, Turner Tech, Central and North Miami High Schools. Focus group participants were asked to provide their opinions on a variety of information regarding their school and home environments as well home attitudes about possible MVP 88 training opportunities. The primary take away points from the focus groups are as follows:

- Students do not feel connected to their schools and that there is very little school spirit
- Many students and parents think that Edison High School is not safe and that it is very weak academically. However, they stated that some of the teachers are good.
- They were not aware of any academic support resources through their schools except for Saturday sessions which are only offered to prepare them for the annual standardized testing.
- Many of the students in the target area know that they live in "tough neighborhoods" but they don't see that as out of the ordinary.
- Many reported having to work in addition to going to school and that having a job is an important part of what keeps them motivated to stay in and do well in school
- They reported having very little support at home and that they had to be self-sufficient at home.
- They responded positively to the idea of having opportunities to participate in more school related activities and having access to more services.
- They seemed motivated to participate in activities that would help them learn and succeed in school.

Section 8: Conclusions and Recommendations

The analysis of this revised data continues to confirm the need for a comprehensive strategy and a combined approach of public health and public safety (e.g., community policing and wrap-around preventative/intervention services). Based on the information from this revised needs assessment report, the Gang Alternative MVP-88 program intends to continue to directly target many of the underling risk factors of youth violence, namely, lack of support across multiple domains including home and school, lack of access to resources that can guide them towards greater academic success. The Gang Alternative MVP-88 program also intends on strengthening protective factors by focusing on substance-abuse prevention and intervention as needed, aggression-replacement training, facilitating opportunities for summer employment, family engagement, creating a sense of belonging in their communities and schools, facilitating peer acceptance and opportunities for prosocial recreational involvement. As such, the MVP 88 will proceed with implementing the following proposed programming:

- Violence prevention with the evidence-based practice of Aggression Replacement Training® (ART) which includes training in Social Skills, Anger Control and Moral Reasoning.
- MVP-88 will facilitate placing their participants in a paid summer youth employment internship program jointly sponsored by Miami Dade and M-DCPS.
- For MVP-88 participants who are not placed in the summer employment internship (as noted above), the GA team will provide summer camp programming. MVP-88 Summer Camp occurs annually from June to August (6 weeks within that window dependent on site scheduling and school) from 9am to 3pm daily for a duration of 6 hours per day on all weekdays except for July 4th. Summer camp schedule will consist of college readiness ACT/SAT/FSA prep/tutoring using Academic Hustle for up to 4 hours weekly, up to 5 hours of Botvin LifeSkills weekly and up to 8 hours of sports/physical activity and recreation weekly, with remainder of time spent in arts and crafts activities, field trips, computer-based learning and job skills training and workshops designed to increase student engagement.
- During Summer Camp, the program will also provide parents with ART supplementary material of Family Ties - a group program designed for family members or significant others of youth enrolled in ART training and focuses on promoting family engagement. We will not be implementing the family ties over the summer. This is the new information we included in the continuation application: From August to May (academic year), parents of participants will be offered participation in the EBP Family Ties (a supplement to ART curricula), consisting of 6 evening sessions to occur during at least 10 parent monthly engagement activities annually.
 - Due to challenges with engaging parents for baseline data collection (e.g. busy work schedules and not being culturally assimilated to attending such meetings), MVP-88 will be utilizing a combination of approaches to help socialize parents: 1) Monthly parent meetings supported by various GA programs where food, prevention information, presentations on topics of interest (e.g. bullying, sex trafficking, school policies) and other incentives may be provided to attract parent participation and support ART Family Ties EBP delivery; and 2) Home visits to assess parent needs. As of March 2019, MVP-88 initiated ongoing parent engagement meetings.
- Police officers trained in ART programming will continue to co-facilitate the ART program during the school year as well as the summer camp activities. This will provide opportunities for prosocial connections between student and law enforcement officials.
- Substance abuse prevention sessions using the evidence-based practice of Botvin LifeSkills – a highly interactive, skills-based program designed to promote positive health and personal development for high school youth
- A programmatic decision was made to replace CRAMS with Academic Hustle© an innovative college readiness training program consisting of 9 sessions. Participants have found this new curriculum, Academic Hustle, to be much more interesting and are able to benefit more directly from this practical approach to everyday problem solving.
- Ongoing care coordination/case management with individualized Youth Service Plans (YSPs) and the SBIRT-CRAFFT to direct wraparound service provision for improved

health status, education, public safety, access to public services, and individual behavioral health and/or substance abuse treatment needs.

- When attendance issues arise, SC's will collaborate with the Attendance Coordinators of each school to make phone calls, complete home visits, assess the households and make referrals, as needed.
- Administration of more culturally appropriate and clinically relevant surveys for the target population (i.e. BASC-3).

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