



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

Needs Assessment Report

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***Prepared jointly by Gang Alternative, Inc. and
Michael Vasconez, LCSW, Eddy Herrera, BA, and Michelle Hospital, Ph.D. – FIU
CBRI***

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

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Grantee Project Director Name: Michael Nozile

Grantee Project Director Contact Information: tel: 786 391-2375, E:

MNozile@MyGA.org

Grantee Organization Name: Gang Alternative, Inc.

Grantee Organization Address: 6620 N Miami Ave, Miami, FL 33150

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Table of Contents

Section 1: Geographical Area and Target Population.....	4
Section 2: Epidemiological Indicator Data.....	8
Section 3: Risk and Protective Factors	18
Section 4: Impact of the COVID-19 Pandemic on Youth Risk	27
Section 5: Inventory of Services and Resources.....	37
Section 6: MVP-88 Service Provision	41
Section 7: Conclusions and Next Steps	42
References.....	46

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, 2019). M-DCPS comprises 514 schools and has 334,400 students, most of whom are Hispanic – the racial/ethnic composition is 72.64% Hispanic (242,903), 19.17% Black Non-Hispanic (64,115), 6.4% White Non-Hispanic (21,394), and 1.79% “Other” (5,988) (M-DCPS, 2020). Since most students are Hispanic, it is not surprising that 54% (181,839) of students report Spanish as their primary language at home; moreover, 47% (164,018) of students are enrolled in Spanish for Spanish Speakers bilingual programs, and 16.9% (56,497) of students are enrolled in English for Speakers of Other Languages Programs (M-DCPS, 2019). Additionally, many students are a socio-economically “high needs” population, as over 73% (245,583) of students’ district-wide receive free or reduced-price lunch (M-DCPS, 2020).

Superintendent Alberto M. Carvalho has been leading M-DCPS since 2008 and was selected by the American Association of School Administrators (AASA) as the 2013-2014 Superintendent of the Year. Since the 2011-12 school year, the graduation rate has steadily risen from 76% to 89.6% (current graduation rate) (M-DCPS, 2020). There was a notable 4.7% leap from 2016-17 to 2017-18 (M-DCPS, 2019). 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). Superintendent 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, Superintendent 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 remains.

In a statement released by Superintendent 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 promote the resilient qualities that Superintendent Carvalho speaks of in the case of Aaron Willis.

Gang Alternative, Inc.'s Minority Violence Prevention 88 (MVP-88) Project (2017-2021) 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 include 33127, 33137 33142, 33147, and 33150. The student sample was recruited from Miami Edison Senior High School and Miami Northwestern Senior High School.

Based on estimates from the American Community Survey (U.S. Census Bureau, 2019) and M-DCPS (2020) demographic data; the following statistics define the target area demographics:

- Race/Ethnicity:
 - 11,206 youth aged 15-19 live in these zip codes, with an overall racial/ethnic breakdown of 48% Black, 41% White (primarily Hispanic), and the remaining 11% from other or mixed races. 47% of the population identify as Hispanic or Latino.
 - 2,315 students attend the two Title I MDCPS high schools the MVP-88 Project staff are working with (see details about each school below), with an overall student racial/ethnic breakdown of 80.75% Black, 16.1% Hispanic, 0.45% White, and the remaining 2.7% Mixed/Other.
- Gender:
 - Target zip codes: 49.7% male and 50.3% female.
 - Target schools: 46.55% male and 53.45% 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 Haitian Creole with some monolingual Haitian Creole speakers.
 - According to M-DCPS (2020), 52% of students report Spanish as their primary language, followed by 3.4% Haitian Creole.

Miami Northwestern Senior High School

The Miami Northwestern Senior High School (Northwestern) student population for the 2020-2021 school year is 1,593 (68.58% of full capacity) – 453 freshmen, 405 sophomores, 360 juniors and 375 seniors (M-DCPS Demographic data).

- 61.6% female, 38.4% male
- 84.4% Black, 13% Hispanic, 1.8% multiracial, 0.4% White, 0.3% Asian, 0.1% Islander

- 92.2% qualify for free/reduced price lunch
- 4.6% are enrolled in English for Speakers of Other Languages

As noted by the former Northwestern 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.). Till this day, Northwestern remains a predominantly African American secondary school, with 84.4% of its students Black or African American (M-DCPS, 2020)

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. In 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).

On March 9, 2019, Liberty City men went 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). Despite these ongoing challenges, Northwestern has managed to maintain a graduation rate of 85% and a “C” school grade.

Miami Edison Senior High School

The Miami Edison Senior High School (Edison) population size is relatively small compared to other schools in the district. The Edison student population for 2020-2021 school year is 699 (40.89% of full capacity) – 173 freshmen, 162 sophomores, 168 juniors, and 161 seniors.

- 44.3% female and 55.7% male
- 77.7% Black, 18.7% Hispanic, 2.7% multiracial, 0.6% White, 0.3% Asian
- 91.6% qualify for free/reduced price lunch
- 23.5% are enrolled in English for Speakers of Other Languages

Established in 1931, Edison, a High School located in a low-income neighborhood currently referred to as 'Little Haiti', has a long history of 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 a large influx 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).

Due to language barriers, Edison was on the verge of being closed in 2008 after receiving an overall "F" performance grade for 11 straight years (Calloway, 2019). However, subsequent to the appointment of Principal Leon Maycock by M-DCPS Superintendent Alberto Carvalho, the school's focus was shifted to providing a nurturing environment and cultivating school spirit and pride (Calloway, 2019). Calloway (2019) reported, as a result of these changes, Edison has shown improvement – graduation rates have risen to 91% and the school received a "B" rating in the span of one year. One Edison student was quoted as saying, "*Now they've made things a lot better and a lot safer environment for the students...*" (Calloway, 2019).

Section 2: Epidemiological Indicator Data

Magnitude of Violence and Crime

The MVP-88 target areas represent some of Miami's most disadvantaged 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 Florida Department of Law Enforcement (FDLE) 2019 Uniform Crime Report (UCR), the Miami-Dade and City of Miami Police Departments reported 40 and 27 total murders, respectively. The 2020 Semi-Annual Uniform Crime Reports correspondingly revealed 47 and 24 murders. The Florida Department of Juvenile Justice (2020) reported 2,184 juvenile arrests in Miami-Dade County, 6 murders and 101 weapons violations. 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 escalated and homicide became the third cause of death among teens by the year 2015 (David-Ferdon & Simon, 2014). Furthermore, per 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). A study conducted by Zebib, Stoler & Zakrisson (2017) revealed almost 70% of homicide victims were young Black males, though Black residents make up only 20% of the Miami-Dade County demographic. The vast majority of victims were shot in predominantly Black neighborhoods, including Liberty City. The ethnic disparities do not only end with victims but extend to perpetrators as well. Florida Department of Juvenile Justice (DJJ, 2015) reported 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).

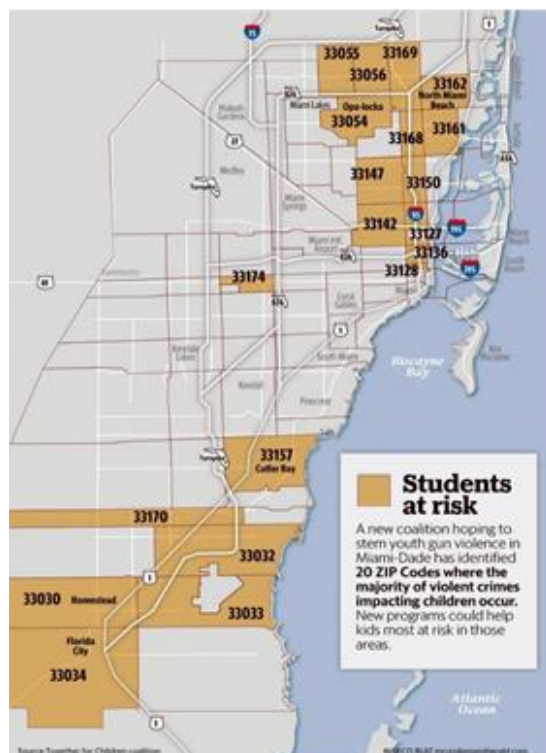
A 2016 Miami-Herald poll conducted by Bendixen & Amandi International revealed that 76% of Black residents felt that "youth gun violence" was a top concern while only 5% of White residents agreed, citing "traffic" as their greatest concern – "a measure of how gun violence can be a daily fear in some 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).

Nonetheless, there appears to be a downward trend. There has been an overall decline (-7.1% and -9.6 % index change) in murders from 2017-2018 reported by the Miami-Dade and City of Miami Police Departments, respectively. Since 2015-16, there has also been a decrease in juvenile arrests (-46%), murders (-74%) and firearm violations (-21%), in addition to a 48% reduction in black youth arrests, particularly, 82% less murders committed by black youth and 37% fewer firearm possessions (FDJJ, 2020). In 2017 and 2018, 100% of youth arrested for murder were Black. However, there was less disparity in 2019 and 2020, as 50% of youth arrested for murder were Black (FDJJ, 2020).

With regard to juvenile arrests, Miami's minority youth are being arrested at a disproportionately high rate. According to Florida Department of Juvenile Justice [FDJJ, 2019) records, Black youth account for 48% of arrests, but only 19% of the general population. They are also more likely to be charged as adults, with Black males making up 62% of all youth transferred to adult justice systems (FDJJ, 2019). Miami-Dade ranks number three in state juvenile justice rankings for the greatest Relative Rate Index (RRI), a measure used by the FDJJ Disproportionate Minority Contact Office to assess the level of disproportionate minority contact in each area. Florida's RRI is 3.1 and Miami-Dade's RRI is more than double, at 9.2, which means that for every non-minority juvenile justice encounter in the county, 9.2 minority juvenile justice encounters occur (FDJJ, 2019). 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, MVP-88 will offer local law enforcement the opportunity to participate in a de-escalation training program entitled, "*Policing in the Aftermath: Interpersonal Policing & Community Engagement*" by No Nonsense Training Solutions, Inc., that also helps officers understand the role of implicit bias.

Figure 1



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 multiple risk factors in several domains. This data analysis establishes the fact that Miami-Dade high school students are at extremely high risk for violence by virtue of their community, family, and school risk factors alone.

Youth Risk Behavioral Surveillance Survey (2017) 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). Below are prevalence rates of weapon use and physical fights among Miami-Dade County School youth from the YRBS (2017). The YRBS is updated bi-annually, however, Miami-Dade County did not participate in the 2019 YRBS¹.

Use of Weapons among Miami-Dade County High School Youth (CDC, 2017)¹

- 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

¹ Miami-Dade County did not participate in the 2019 YRBS:

https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2019/2019_hs_participation_history.pdf

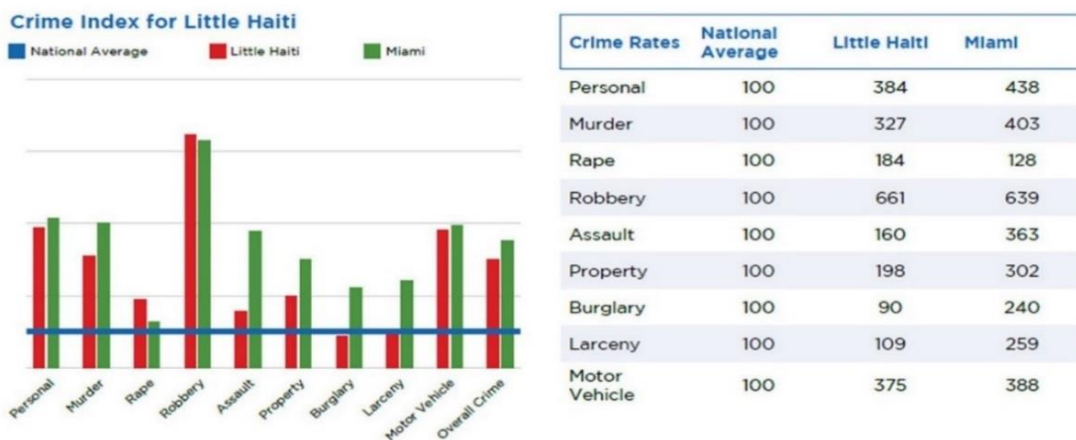
- 2.4% of high school students reported carrying a weapon on school property
 - 2.7% male, 1.6% female
- 7.1% reported being threatened or injured with a weapon on school property
 - 8.0% male, 5.3% female

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

Figure 2 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, it 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



(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)

However, Table 2 shows an overall reduction in youth arrested for crimes in Miami-Dade. According to The Children's Trust report (2019) on Miami-Dade County from **2009-2010 to 2018-2019, there was a 75% reduction in youth arrested aged 10-17.** Compared to state and national level, Miami-Dade is seeing youth arrested at rates that are 56% and 76% lower than the state and national rate, respectively (The Children's Trust, 2019).

Table 2

CHILD WELL-BEING					
	Miami-Dade Previous Value (Year)	Miami-Dade Most Recent Value (Year)	Change Between Years	State of Florida Most Recent Value	National (US) Most Recent Value
CHILDREN BEHAVE APPROPRIATELY IN SCHOOLS, HOME AND COMMUNITIES					
Children who have behavioral/conduct problems ⁷	not available	12% (2018)		not available	5% (2018)
Youth arrested for crimes ⁴ (per 1,000 youth ages 10 to 17 years)	28 (2009-10)	7 (2018-19)	↓	16 (2018-19)	29 (2012)

(The Children's Trust, 2019)

Table 3 below indicates more than 50% of children live with family whose income is 100% of the poverty level or higher. These children have a higher rate of experiencing poor physical and mental health, risky sexual behavior, delinquency, youth violence, and low educational achievement. They are also less likely to have access to quality schools and achieve important milestones, such as graduating from high school and enrolling into college (The Children's Trust, 2019).

Table 3

CROSSCUTTING FACTORS (2018)			
	MIAMI-DADE	FLORIDA	UNITED STATES
FAMILY POVERTY STATUS			
Children in families with income less than 100% poverty level	22%	19%	17%
Children in families with income between 100-199% of poverty level	29%	25%	21%
Children in families with income greater than 200% poverty level	49%	56%	61%

(The Children's Trust, 2019)

Magnitude of Substance Abuse and Misuse

Miami-Dade County 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 methylone ("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 Substance Use

National and state data reveal that there has been a downward trend in alcohol use among youth aged 12-17 in the general population (see Exhibit 1 below), although there has not been a significant change between 2002-2004 and 2017-2019 for marijuana and other illicit drug use (exhibit 2 and 3). However, based on the results of the 2019 National Survey on Drug Use and Health (NSDUH), there have been statistically significant decreases at the national level among African American youth aged 12-17 from 2016 to 2019 in alcohol-use disorder (-0.7%) as well as misuse of opioids (-1.7%) and prescription pain relievers (-1.7%) (SAMHSA, 2020). However, despite much progress, opioid use disorder significantly increased in this population from 2018 to 2019 (+0.4%). There were no significant changes among African Americans for all other forms of substance-use.

Exhibit 1

Changes in Past-Month Alcohol Use among Youth Aged 12–17 in Florida, Region 4, and the United States (Annual Averages, 2002–2004 and 2017–2019)¹

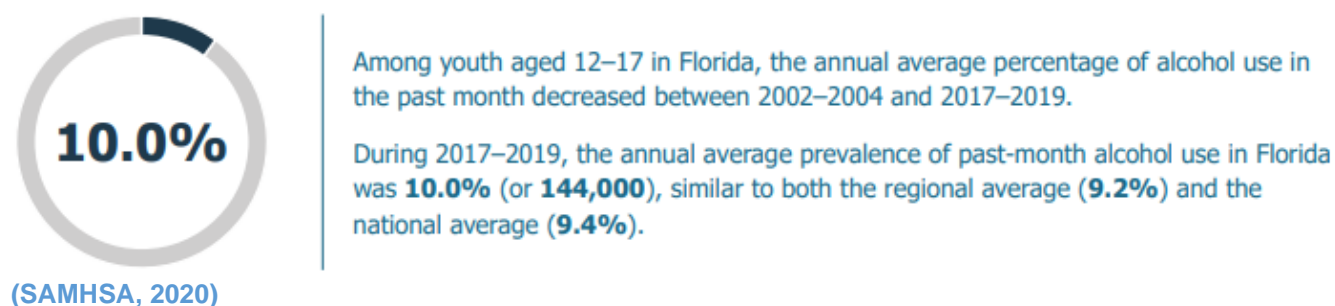
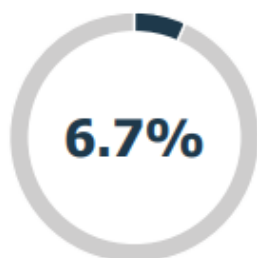
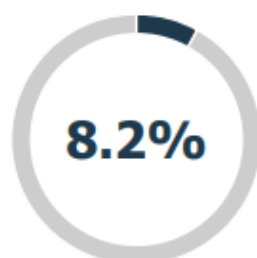


Exhibit 2**Changes in Past-Month Marijuana Use among Youth Aged 12–17 in Florida, Region 4, and the United States (Annual Averages, 2002–2004 and 2017–2019)¹**

(SAMHSA, 2020)

Among youth aged 12–17 in Florida, the annual average percentage of marijuana use in the past month did not significantly change between 2002–2004 and 2017–2019.

During 2017–2019, the annual average prevalence of past-month marijuana use in Florida was **6.7%** (or **95,000**), similar to both the regional average (**6.2%**) and the national average (**6.8%**).

Exhibit 3**Changes in Past-Month Illicit Drug Use among Youth Aged 12–17 in Florida, Region 4, and the United States (Annual Averages, 2015–2017 and 2017–2019)¹**

(SAMHSA, 2020)

Among youth aged 12–17 in Florida, the annual average percentage of illicit drug use in the past month did not significantly change between 2015–2017 and 2017–2019.

During 2017–2019, the annual average prevalence of past-month illicit drug use in Florida was **8.2%** (or **117,000**), similar to both the regional average (**7.5%**) and the national average (**8.2%**).

Regional data, obtained from the NSDUH (2016–2018), reveal that among 12–17-year old's living in South Florida (i.e., Miami-Dade and Monroe counties) there were reductions in risk behaviors such as:

- Reduced alcohol-use (past month) - 9.01% reported alcohol-use in the past month (95%CI: 7.04 - 11.45)
 - From 2012–2014, this was 11.82% (95% CI: 9.88 - 14.08)
- Reduced binge-drinking (past month) - 4.81% reported binge alcohol use in the past month (95% CI: 3.53 - 6.52)
 - From 2012–2014, this was 5.06% (95% CI: 3.85 - 6.62)
- Reduced marijuana-use (past month) - 6.07 % reported marijuana-use in the past month (95% CI: 4.66 - 7.87)
 - From 2012–2014, this was 6.38% (95% CI: 4.96 - 8.16)
- Reduced illicit drug-use (past month) - 6.34% reported illicit drug-use in the past month (95% CI: 4.85 - 8.25)
 - From 2012–2014, this was 8.26% (95% CI: 6.59 - 10.31)
- Reduced illicit drug use other than marijuana (past month) - 2.26% reported illicit drug use other than marijuana in the past month (95% CI: 1.48 - 3.42)

- From 2012-2014, this was 3.23 (95% CI: 2.32 - 4.48)
 - NOTE: “Illicit Drug Use Other Than Marijuana Use includes the misuse of prescription psychotherapeutics or the use of cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs” (SAMHSA, 2020, p. 103).
- Increased perception of binge drinking risk - 50.15% reported perceptions of great risk from having 5 or more drinks of an alcohol once or twice a week (95% CI: 45.76 - 54.54)
 - From 2012-2014, this was 45.07% (95% CI: 41.20 - 49.00)
- Increased perceptions of risk from smoking marijuana - 29.52% reported perceptions of great risk from smoking marijuana once a month (95% CI: 25.71 - 33.65)
 - From 2012-2014, this was 32.43% (95% CI: 28.69 - 36.42)

Alcohol-Use among Miami-Dade County High School Youth (Youth Risk Behavioral Surveillance Survey 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

Data from the National Drug Early Warning System (NDEWS) Sentinel Community Site Profile

(2019) regarding drug treatment admissions among youth under age 18 in Southeastern Florida reveal that marijuana is by far the primary substance of abuse (58.7%), followed by alcohol (3.3%) (See Table 4 below).

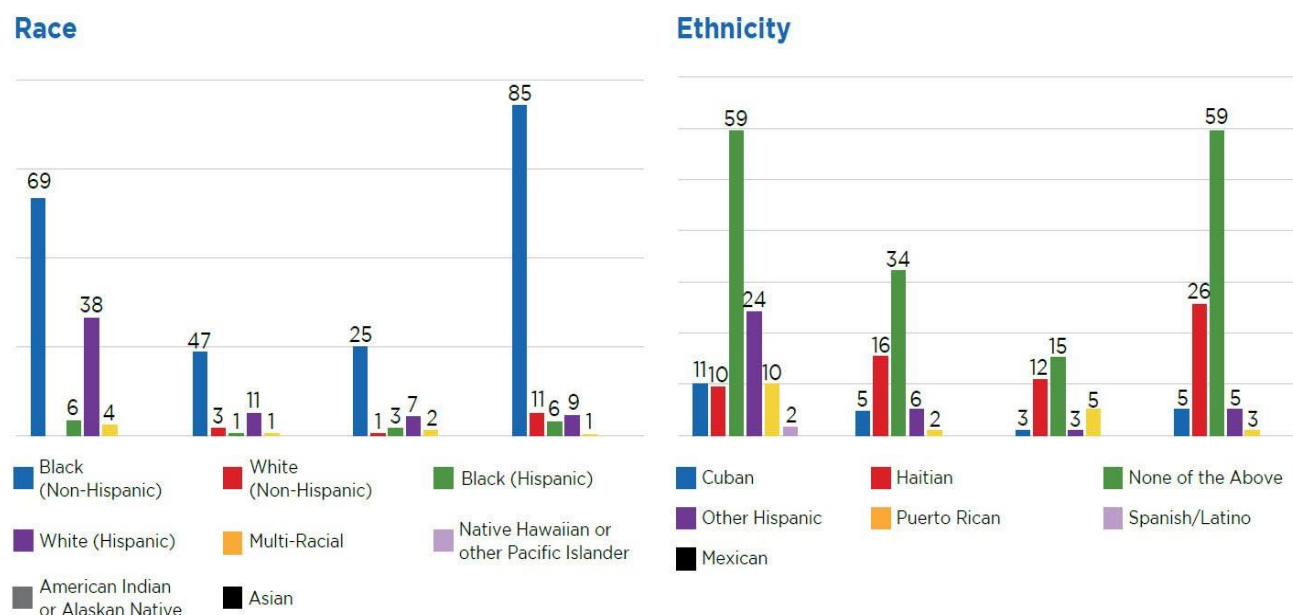
Table 4 – Primary Drug of Choice for Youth in Southeastern FL

Primary Substance of Abuse	Under age 18 (#)	Under age 18 (%)
Marijuana	3,636	58.7%
Alcohol	137	3.3%
Methamphetamine	5	2.0%
Cocaine/crack	13	0.5%
Prescription opioids	6	0.5%
Heroin	3	0.1%

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

Figure 3 below illustrates who received substance abuse services through South Florida Behavioral Health Network (SFBHN) broken down by race and ethnicity respectively 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 engaged in substance misuse, were 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, 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 Surveillance Survey (YRBSS) (CDC, 2017). 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, 2017 & Florida Department of Children & Families [FDCF], 2018). These data sets, along with others, were used to compile the needs assessment. FYSAS regional and county level data are updated every even year.

Risk Factors

According to the CDC (2019), research indicates the following risk factors associated with youth violence:

Individual Risk Factors

- History of violent victimization
- Attention deficits, hyperactivity, or learning disorders
- 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 2020 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 5: Major demographic characteristics of surveyed Miami-Dade and Florida Statewide, 2020

	Miami-Dade County			Florida Statewide	
	N	%		N	%
Sex					
Female	496	54.6		25,191	48.4
Male	408	44.9		26,328	50.5
Race/Ethnic group					
African American	132	14.5		11,284	21.7
American Indian	5	0.6		491	0.9
Asian	8	0.9		671	1.3
Hispanic/Latino	514	56.6		11,091	21.3
Native Hawaiian/Pacific Islander	0	0.0		68	0.1
Other/Multiple	192	21.1		7,227	13.9
White, non-Hispanic	55	6.1		20,904	40.1
Age					
10	1	0.1		44	0.1
11	70	7.7		3,151	6.0
12	175	19.3		7,124	13.7
13	198	21.8		7,698	14.8
14	110	12.1		7,616	14.6
15	64	7.0		7,582	14.6
16	88	9.7		7,502	14.4
17	137	15.1		7,073	13.6
18	58	6.4		3,807	7.3
19 or older	6	0.7		394	0.8
Grade					
6th	161	17.7		7,718	14.8
7th	198	21.8		7,555	14.5
8th	184	20.3		7,632	14.6
9th	58	6.4		7,668	14.7
10th	55	6.1		7,481	14.4
11th	110	12.1		7,117	13.7
12th	142	15.6		6,923	13.3
Overall Middle School	543	59.8		22,904	44.0
Overall High School	365	40.2		29,189	56.0
Total	908	100.0		52,093	100.0

(FDCF, 2020)

Per the 2020 FYSAS, Table 6 below represents the prevalence rates of students possessing risk factors in Miami-Dade County high schools from 2010-2020.

Table 6: Risk factor prevalence rate trends among high school students for Miami-Dade, 2008-2020

	Miami-Dade County						
	<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	22.1	48.9	35.1	39.3	27.2	46.8	37.2
Blacking Out	--	13.7	13.7	13.0	--	14.4	--
Cigarettes	4.3	11.7	8.3	8.1	5.8	11.0	8.5
Vaping Nicotine	13.2	33.2	24.9	24.0	18.2	31.7	24.5
Vaping Marijuana	5.8	20.1	13.8	13.5	7.5	19.8	13.8
Marijuana or Hashish	5.9	25.2	19.0	13.8	7.7	24.9	16.8
Synthetic Marijuana	--	3.6	1.8	5.6	--	3.3	--
Inhalants	9.2	4.1	7.9	4.5	9.9	2.0	6.3
Club Drugs	0.7	0.6	0.2	1.1	0.6	0.8	0.7
LSD, PCP or Mushrooms	1.0	2.9	0.9	3.3	0.9	3.2	2.1
Methamphetamine	0.9	2.0	1.2	1.8	0.8	2.1	1.5
Cocaine or Crack Cocaine	0.8	1.0	0.5	1.3	0.7	1.0	0.9
Heroin	0.3	0.8	0.9	0.3	0.3	0.4	0.6
Prescription Depressants	2.0	2.7	2.8	1.9	1.8	2.8	2.4
Prescription Pain Relievers	2.1	3.7	4.3	1.8	2.6	3.5	3.0
Prescription Amphetamines	1.3	3.7	1.4	3.2	1.9	3.3	2.7
Over-the-Counter Drugs	1.8	4.6	2.9	3.9	2.0	3.7	3.3
Needle to Inject Illegal Drugs	--	0.0	0.0	0.0	--	0.0	--
Any illicit drug	17.0	34.2	28.6	24.2	18.5	33.0	26.7
Any illicit drug other than marijuana	13.0	15.5	13.8	14.2	14.0	13.3	14.4
A	12.3	22.4	15.5	20.8	15.4	21.8	18.0
Alcohol or any illicit drug	29.1	56.5	44.1	44.6	33.7	54.6	44.5
Any illicit drug, but no alcohol	7.1	7.4	9.3	4.9	6.7	7.5	7.2

(FDCF, 2020)

Table 7: % of Miami-Dade youth who reported using various drugs during their lifetime, 2020

Domain	Scale	Miami-Dade County					
		2010	2012	2014	2016	2018	2020
Community	Laws and Norms Favorable to Drug Use	33	33	31	26	29	33
	Perceived Availability of Drugs	31	31	25	27	21	19
	Perceived Availability of Handguns	31	27	26	29	27	22
Family	Poor Family Management	50	44	38	39	36	35
	Family Conflict	38	34	31	31	35	33
School	Poor Academic Performance	52	48	50	52	47	44
	Lack of Commitment to School	45	42	50	47	51	59
Peer and Individual	Favorable Attitudes toward Antisocial Behavior	36	31	32	29	29	34
	Favorable Attitudes toward ATOD Use	36	38	36	32	32	29
	Early Initiation of Drug Use	27	28	23	21	18	18
Average Prevalence Rate		38	36	34	33	33	33

(FDCF, 2020)

Table 8: % of Miami-Dade youth who reported using various drugs in past 30 days, 2020

	Miami-Dade County						Total
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	
Alcohol	9.4	23.0	16.0	18.3	10.0	24.1	17.0
Binge Drinking	4.3	10.2	8.2	7.3	4.7	10.4	7.6
Cigarettes	0.2	3.0	2.7	0.9	1.2	2.5	1.8
Vaping Nicotine	6.4	14.9	12.8	9.0	7.9	15.3	11.1
Vaping Marijuana	3.3	11.2	7.9	7.0	5.2	9.8	7.7
Marijuana or Hashish	3.6	15.6	11.6	8.5	5.3	15.3	10.3
Synthetic Marijuana	--	1.8	0.0	3.8	--	1.8	--
Inhalants	3.6	0.7	2.8	1.2	3.2	0.2	2.0
Club Drugs	0.1	0.5	0.1	0.6	0.1	0.6	0.3
LSD, PCP or Mushrooms	0.5	0.8	0.4	0.9	0.4	1.1	0.7
Methamphetamine	0.5	0.3	0.7	0.2	0.5	0.0	0.4
Cocaine or Crack Cocaine	0.2	0.6	0.4	0.4	0.1	0.7	0.4
Heroin	0.2	0.0	0.0	0.2	0.2	0.0	0.1
Prescription Depressants	0.3	0.9	0.6	0.7	0.3	0.8	0.6
Prescription Pain Relievers	1.2	0.9	2.0	0.1	1.5	0.7	1.1
Prescription Amphetamines	0.1	1.5	0.1	0.9	0.8	1.1	0.9
Over-the-Counter Drugs	0.8	0.9	0.9	0.7	1.1	0.7	0.8
Any illicit drug	7.8	20.3	16.8	12.6	9.4	19.9	14.8
Any illicit drug other than marijuana	5.5	5.7	6.1	4.6	6.1	5.0	5.6
Alcohol only	5.6	12.5	8.3	10.9	5.1	14.4	9.5
Alcohol or any illicit drug	13.4	32.8	25.2	23.2	14.4	34.2	24.3
Any illicit drug, but no alcohol	4.1	9.1	9.4	3.8	4.5	9.2	6.9

(FDCF, 2020)

Perceptions of Substance Use

Table 9: % of Miami-Dade Youth who reported early ATOD use, perceived risk of harm, personal, parental and peer disapproval, 2020

	Miami-Dade County						
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total
Early ATOD use							
More than a sip of alcohol	--	18.0	20.0	15.4	--	16.0	--
Drinking at least once a month	--	3.2	2.1	3.2	--	2.5	--
Smoke cigarettes	--	4.8	5.6	4.2	--	3.9	--
Smoke marijuana	--	5.2	3.8	6.7	--	5.6	--
Great risk of harm							
1 or 2 drinks nearly every day	54.2	47.0	56.9	44.6	53.7	47.8	50.2
5+ drinks once or twice a week	60.5	53.8	65.6	48.9	59.7	54.0	56.7
1+ packs of cigarettes per day	68.6	71.9	72.9	69.0	70.6	70.6	70.5
Vaping nicotine	54.0	44.8	56.6	41.8	52.3	44.0	48.8
Vaping marijuana	55.3	42.3	55.3	41.4	55.9	40.3	48.0
Marijuana once or twice a week	52.0	29.8	45.1	34.9	50.7	28.5	39.5
Try marijuana once or twice	40.4	18.7	29.7	27.4	37.7	18.2	28.2
Use prescription drugs	66.2	63.7	68.3	61.7	68.8	60.8	64.8
Think it would be wrong to...							
Smoke cigarettes	95.6	92.7	92.8	95.1	94.6	93.1	94.0
Drink alcohol regularly	87.0	69.1	75.5	78.4	82.7	73.2	76.9
Smoke marijuana	90.6	71.5	78.1	82.2	89.1	70.9	79.8
Vape nicotine	90.5	83.7	84.4	89.4	88.6	84.8	86.7
Vape marijuana	92.3	81.8	84.2	89.0	90.1	82.8	86.4
Use other illicit drugs	97.1	94.1	95.2	95.6	96.5	95.2	95.4
Friends think it would be wrong to...							
1 or 2 drinks nearly every day	91.1	80.7	85.6	85.0	88.0	83.2	85.3
Smoke tobacco	96.0	90.4	93.5	92.2	92.8	92.8	92.9
Smoke marijuana	90.2	63.0	74.2	76.2	86.5	64.1	75.0
Vape nicotine	88.1	73.9	77.3	82.9	84.5	74.9	80.1
Vape marijuana	91.4	71.4	78.8	82.3	87.0	72.8	80.2
Use prescription drugs	96.2	90.7	91.1	95.4	94.8	91.3	93.1

(FDCF, 2020)

Table 10: Among high schoolers, # of drinks per day on days drank within 30 days, Miami-Dade, 2020

	Miami-Dade County						
	<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>
1	--	36.3	35.8	37.0	--	42.4	--
2	--	29.4	38.4	19.0	--	25.1	--
3	--	17.0	12.5	22.2	--	20.7	--
4	--	6.9	3.1	11.3	--	4.6	--
5 or more	--	10.3	10.2	10.5	--	7.1	--

(FDCF, 2020)

Table 11: % of Miami-Dade youth who reported using drugs to get high before school, 2020

	Miami-Dade County						
	<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>
Drinking alcohol	3.7	6.5	6.3	3.6	5.4	4.6	5.2
Smoking marijuana	4.4	14.5	10.4	9.1	6.2	13.2	10.0
Using another drug to get high	2.8	4.3	3.9	2.7	4.0	3.4	3.6

(FDCF, 2018)

Table 12: % of Miami-Dade youth who reported engaging in delinquent behaviors within 12 months, 2020

	Miami-Dade County						
	<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>
Carrying a handgun	4.9	3.7	3.4	4.4	5.6	3.2	4.2
Selling drugs	1.9	2.4	1.3	3.1	2.7	1.7	2.2
Attempting to steal a vehicle	1.9	0.4	1.4	0.8	2.2	0.0	1.1
Being arrested	2.4	0.9	1.4	1.8	2.6	0.6	1.5
Taking a handgun to school	0.6	0.4	0.5	0.5	1.0	0.0	0.5
Getting suspended	10.6	6.8	7.0	10.1	11.6	4.4	8.5
Attacking someone with intent to harm	7.9	6.1	5.7	8.3	9.0	4.3	6.9

(FDCF, 2020)

Table 13: Trends in Delinquent Behaviors for Miami-Dade, 2010-2020

	2010			2012			2014			2016			2018			2020		
	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	3.8	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	4.9	3.7	4.2
Selling drugs	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	1.9	2.4	2.2
Attempting to steal a vehicle	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	1.9	0.4	1.1
Being arrested	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	2.4	0.9	1.5
Taking a handgun to school	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	0.6	0.4	0.5
Getting suspended	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	10.6	6.8	8.5
Attacking someone with intent to harm	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	7.9	6.1	6.9

(FDCF, 2020)

Table 14 demonstrates the percentage of bullying behaviors, which can increase the potential for other forms of youth violence, such as weapon carrying and physical fighting.

Table 14: % of Miami-Dade youth who reported bullying behavior, 2020

	Miami-Dade County						
	Middle School	High School	Female	Male	Ages 10-14	Ages 15-17	Total
Skipped school because of bullying	4.7	6.8	8.3	3.2	5.4	6.6	5.9
Was ever kicked or shoved	33.8	21.5	28.4	25.3	35.9	19.9	26.9
Was ever taunted or teased	54.6	52.7	58.4	49.0	56.3	53.7	53.5
Was ever a victim of cyber bullying	22.6	27.0	30.7	20.2	23.9	26.8	25.1
Ever physically bullied others	22.7	8.7	13.1	16.1	21.6	8.3	14.8
Ever verbally bullied others	31.7	24.6	23.4	32.2	30.6	25.8	27.7
Ever cyber bullied others	10.7	13.4	8.2	16.4	11.4	14.0	12.2

(FDCF, 2020)

Table 15: % of Miami-Dade and FL Statewide youth who reported gang membership, 2018 (Data set not included in the 2020 FDCF YSAS report)

	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)

The MVP-88 Project's activities provide opportunities to offset these risk factors with the goal of improving their participants' chances of reaching adulthood safely. In addition, the placement of the MVP-88 Project in the midst of this "violence incubator" leverages local violence reduction/disparity efforts and provides an ideal test ground to gauge the impact of innovative violence prevention programming.

Protective Factors

According to the CDC (2019), 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
- Religious beliefs

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 when 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 with the following characteristics:
 - Intensive supervision
 - Clear behavior rules
 - Firm disciplinary methods
 - Engagement of parents and teachers

Participation in Extracurricular Activities

Below is Table 16, taken from the 2020 FYSAS, which represents the percentage of M-DCPS students participating in extracurricular activities.

Table 16: % of Miami-Dade and FL Statewide youth who reported participation in extracurriculars, 2020

	Miami-Dade County							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	40.9	29.6	30.1	39.0	37.3	29.4	34.5	36.6	38.4	34.5	40.8	37.0	38.7	37.6
Organized Sports Outside of School	35.3	18.3	24.8	27.3	33.9	18.7	25.8	39.4	22.7	27.9	32.4	38.1	23.1	30.1
School Band	6.8	7.3	6.2	8.2	7.3	7.4	7.1	15.6	7.8	11.1	11.3	14.9	7.6	11.2
School Club(s)	24.1	44.2	42.9	27.5	24.0	45.5	35.4	22.7	31.5	35.3	20.2	23.0	31.8	27.6
Community Club(s)	7.5	21.2	18.7	12.1	9.4	19.6	15.2	8.6	12.8	13.8	8.3	8.7	12.5	11.0

(FDCF, 2020)

Prevalence of Identified Protective Factors

Table 17 below reveals the percentage of protective factors associated with M-DCPS High School aged youth.

Table 17: Protective factor prevalence rate trends among high school students for Miami-Dade, 2010-2020

Domain	Scale	Miami-Dade County					
		2010	2012	2014	2016	2018	2020
Family	Family Opportunities for Prosocial Involvement	53	58	58	61	58	55
	Family Rewards for Prosocial Involvement	52	53	58	59	49	54
School	School Opportunities for Prosocial Involvement	64	60	59	61	64	60
	School Rewards for Prosocial Involvement	59	61	60	59	60	61
Peer and Individual	Religiosity	53	52	51	46	45	41
Average Prevalence Rate		56	57	57	57	55	54

(FDCF, 2020)

Section 4: Impact of the COVID-19 Pandemic on Youth Risk

The novel Coronavirus Disease (COVID-19) certainly had an amplifying effect on the aforementioned risk factors and placed a strain on protective factors. COVID-19 was first reported in December of 2019 in Wuhan, China and by January 31, 2020, the World Health Organization declared the outbreak a public health emergency of international concern (WHO, 2020). As of February 17, 2021, there were approximately 27.6 million COVID-19 cases and deaths surpassed 486,000 in the United States (U.S.) (CDC, 2021). As of March 2, 2021, total positive COVID-19 cases in the state of Florida reached 1,910,921 and 30,999 deaths (Florida Department of Health, 2021). Since the advent of the COVID-19 pandemic in the U.S., the persistent and systemic negative repercussions have been evident on multiple levels including biological, psychological, socioeconomic, political, and environmental domains. Initially, the negative impacts and cascading effects of COVID-19 were only reported by mass media outlets based on anecdotal evidence. However, as the pandemic continued to worsen over the course of

2020 and 2021, there has been mounting empirical evidence supporting these broad reaching negative effects. The section below will provide an overview of the impact of COVID-19 in the U.S. at the national, state, and local level with a particular focus on how the pandemic has impacted the MVP-88 target demographic and a discussion about potential community-based solutions at the conclusion this section.

Students enrolled in the MVP-88 Project attend Miami Northwestern and Miami Edison Senior high schools. These two schools are located in predominantly Black/African American and/or Hispanic communities in Miami-Dade County that are at disproportionately higher risk of COVID-19 infection and death. According to the CDC (2020), COVID-19 cases are 2.6 times higher for Blacks / African Americans in the U.S. Furthermore, the hospitalization and the death rates for Blacks /African Americans are 4.7 and 2.1 times greater than Whites, respectively (CDC, 2020). Although this continues to be a problem, as of February 18, 2021, the disparity in cases, hospitalizations and death rates for Blacks /African Americans have dropped to 1.2, 2.9 and 1.9 respectively (CDC, 2021).

Among adolescents and young adults in persons below the age of 18, the majority of COVID-19 cases nationally appear to be asymptomatic or mild (Kim, et al., 2020). Although hospitalization rates among children (8.0 per 100,000 population) are low compared to that of adults (164.5 per 100,000), 1 in 3 hospitalized children (<18) were admitted into an intensive care unit during the first half of 2020 (Kim, et al., 2020). From February 12 to July 31, 2020, 70% of associated deaths among persons < 21 years old were between the ages of 10-20. Of these, 45% were Hispanic, 29% were non-Hispanic Black (Black) persons, and 4% were non-Hispanic American Indian or Alaska Native persons (AI/ANs) (Bixler, et al., 2020). Further complicating the situation was that in 75% of these cases, there was an underlying medical condition (Bixler, et al., 2020) . Bixler, et al. (2020) found a disproportionate percentage among Hispanics, Blacks, AI/ANs, and persons with underlying medical conditions (Bixler, et al., 2020).

To assess mental health, substance use, and suicidal ideation during the pandemic, Czeisler et al. (2020) conducted representative on-line panel surveys with 5,470 adults aged 18 years and older in the U.S. from June 24-30, 2020. Results were stratified by gender, age, race/ethnicity, employment status, essential worker status, unpaid adult caregiver status, household income, and education, among other factors. Half (50.9%) of participants were female and a majority (70%) were between the ages of 25-64 years old. The racial/ethnic breakdown was 63.1% White, 16.2% Hispanic, 12.1% Black, 4.7% Asian and 3% as other or multiple races. According to Czeisler et al. (2020), “40.9% of respondents reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder or depressive disorder (30.9%), symptoms of a trauma- and stressor-related disorder (TSRD) related to the pandemic (26.3%), and having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%) (p. 1049).” The study found that participants who reported having

seriously considered suicide in the 30 days prior to completing the survey was 10.7%, which was significantly higher among respondents aged 18-24 years (25.5%), minority racial/ethnic groups (Hispanic respondents [18.6%], non-Hispanic black [black] respondents [15.1%]), self-reported unpaid caregivers for adults (30.7%), and essential workers (21.7%). Furthermore, Black interviewees reported increased substance use more frequently than White and Asian participants (Czeisler et al., 2020).

COVID-19 related stress and the ensuing sudden disruptions to daily life also exacerbated mental health problems among children and adolescents. To assess the impact of COVID-19 on mental health, Leeb et al. (2020) evaluated changes in mental health related emergency visits among U.S. children aged <18 years. The researchers reviewed data from CDC's National Syndromic Surveillance Program (NSSP) from January 1 through October 17, 2020 and compared it with data collected during the same period in 2019. Leeb et al. (2020) computed weekly numbers and proportions of mental health-related visits (per 100,000) overall and stratified by age group (0–4, 5–11, and 12–17 years) and sex, and then compared these data to corresponding 2019 weekly numbers and proportions (race/ethnicity was not reported). Leeb et al. (2020) found an increase in the proportion of mental health related emergency visits and these rates remained elevated from April 2020 to October 2020. Adolescents aged 12-17 years accounted for the largest proportion of emergency visits during 2019 and 2020, which increased by approximately 31%. The overall proportion (per 100,000 ED Visits) was higher among females than males (Leeb et al., 2020). The authors expressed concern about the situation on a macro level. They noted that prior to the pandemic, the majority of emergency departments lacked adequate resources to treat mental health conditions, and therefore COVID-19 is straining an already overly taxed system. Due to the short and long-term costs, these findings reaffirm the ongoing need for mental health care for adolescents, especially during the pandemic, and emphasizes the significance of ensuring access to appropriate mental health services and expansion via telehealth, among other technological remedies (Leeb et al., 2020).

The CDC (2020) highlighted several additional challenges as a result of COVID-19. The pandemic has caused massive changes across the nation in daily routines, disruption in continuity of learning and health care, missed significant life events, and loss of security and safety. The sudden need for access to virtual learning, which requires hardware (e.g., computers in the home equipped with cameras, etc.), software (e.g., access to and knowledge of specific virtual learning tool software platforms) and internet connectivity (e.g., secure and stable Wi-Fi access), brought to light significant inequities in access to these essential resources. Additionally, for youth with special needs, school closures have resulted in limited access to crucial services such as occupational, behavioral, or speech therapy. Even for youth who did have access, many have experienced fatigue from online video conferencing – commonly referred to as “zoom fatigue” or “screen burnout.” Certain students might suffer from anxiety related to returning to school in-person or virtually. The pandemic has also caused extended

interruptions to afterschool programming resulting in disruptions in the development of athletic abilities, hands-on vocational skills, which could have negative longer-term consequences in terms of pursuing higher education and professional prospects.

Due to COVID-19 related heightened stress, school closures, loss of income, and social isolation, the risk for child abuse and neglect have increased (Swedo et al., 2020). These stressful conditions may cause violence in families where it did not previously exist and/or exacerbate tensions in high-risk homes (SAMHSA, 2020). Swedo et al. (2020) studied emergency department (ED) visits associated with suspected or confirmed child abuse and neglect among children and adolescents before and during the COVID-19 pandemic. Data for U.S. ED visits among children and adolescents were obtained from NSSP's BioSense Platform, a collaboration among CDC's Division of Violence Prevention, federal partners, local, and state health departments, as well as academic and private sector partners to support electronic health data collection and analysis of EDs (i.e., urgent and ambulatory care centers, inpatient health care facilities and laboratories) (Swedo et al., 2020). As of March 31, 2020, information was extracted from approximately 73% (3,310 EDs in 47 states) of all ED visits in the U.S. (Swedo et al., 2020). Subsequently, the researchers analyzed data from January 6, 2019 to September 6, 2020, the period before and during the U.S. COVID-19 pandemic, to examine national trends in ED visits for suspected or confirmed child abuse and neglect. Weekly numbers, percentages and proportions of these visits (per 100,000) were computed overall and stratified by age group (0-4, 5-11, 12-17 years). They examined the mean difference in total ED visits between the two 4-week periods in 2019 and 2020 and found a statistically significant increase in the proportion of emergency visits related to child abuse and neglect resulting in hospitalization among adolescents aged 12-17 years (1.6% in 2019 versus 2.2% in 2020; $p = 0.002$). This is particularly alarming given that child abuse reports to child protection agencies have declined across the U.S. by 20%-70%, a likely result of less in-person contact between minors and mandated reporters (e.g., teachers, social workers, and physicians) (as cited in Swedo et al., 2020).

Additionally, Musser, Riopelle and Latham (2021), analyzed almost two decades worth of data on children in the Florida foster care system. They found that rates of youths placed into the foster care system decreased during the COVID-19 pandemic. A sharp decline occurred in April, 2020, during the Safer-at-Home Order (24 % less in 2020 than 2019); however, there was a 3.34% increase of youth removed and placed in foster care due to substantiated maltreatment during the "Safer-At-Home" order in April of 2020 when compared to April of 2019 (Musser, Riopelle & Latham, 2021). The COVID-19 pandemic also disproportionately affected the placement of Black youth in the foster care system, as a larger percentage of youth placed were White (67.58 % vs. 72.31 % in 2019 and 2020, respectively), while a smaller percentage of the youth placed were Black (36.47 % vs. 31.12 % in 2019 and 2020, respectively) (Musser, Riopelle & Latham, 2021). According to Pooja Jain, president and founder of No More Tears

Miami, a nonprofit which helps domestic violence victims, reported that the number of cases has tripled since the onset of COVID-19 and the call volume average also increased from 20 to about 50 per day (“It’s Been Just Nonstop,” 2020).

Concurrent with the COVID-19 pandemic, during the summer of 2020 large scale protests in reaction to police brutality targeting Black and Hispanic communities broke out around the nation triggered by the police killing of George Floyd (Long & McCarthy, 2020). Similar large-scale protests occurred in multiple locations across South Florida (Miami-Dade and Broward County) and reignited painful memories of other local high-profile cases of racialized violence such as the killing of Trayvon Martin (“Protesters in Miami seek racial justice, police support,” 2020). This increasing awareness and involvement in social justice concerns further contributed to the overall allostatic load on youth who were already dealing with a large magnitude of stressors as a result of the COVID-19 pandemic.

The increase in biopsychosocial stressors has undoubtedly left its mark on the school system as well. More specifically, Singer (2020) wrote a periodical piece about teachers facing broad and unsustainable challenges and fatigue as a result of the COVID-19 pandemic (e.g., staff shortages, doubling of workloads and greater conflict with parents). The author highlighted, “many teachers said they had also become impromptu social workers for their students, directing them to food banks, acting as grief counselors for those who had family members die of COVID-19, and helping pupils work through their feelings of anxiety, depression and isolation” (Singer, 2020, para. 9). Additionally, Singer noted that concern for their students often came at the cost of poor self-care and teacher burnout and that experts and teachers’ unions are cautioning of an imminent burnout crisis among educators, leading to a possible surge in retirements (Singer, 2020).

A survey by the National Education Association (NEA), the country’s largest teachers’ union, revealed 28% of educators reported coronavirus made them more inclined to leave teaching or retire early, with 43% of Black teachers concurring. (Flannery, 2020). Among the respondents, 55% of veteran teachers with more than 30 years of experience, as well as 20% of teachers with less than 10 years’ experience, stated they were now considering leaving the profession (Flannery, 2020). Singer (2020) reported “a collective cry for help, with demoralized teachers saying they felt ‘defeated,’ ‘overloaded,’ ‘terrified,’ ‘ignored and frustrated’ and on the brink of quitting.” Some teachers even disclosed suicidal ideation (Marco, Treviño & Bakeman, 2020). However, there appears to be mounting support and appreciation for educators during these unprecedented times of struggle, as another NEA survey revealed 88% of parents approve of how their teachers are handling the coronavirus pandemic – a higher approval rating compared to government officials (71-73%) (Walker, 2020). Parents also reported in the survey concerns about the health and educational impact of the pandemic, more so with Latino and African American parents, and requested additional

resources and training on distance learning. Parents also ranked lack of socialization with their peers (55%) and missing their teachers' in-person (45%) as their top two issues (Walker, 2020).

Despite the numerous challenges, many students are thriving in a remote setting due to the flexibility of being able to work at their own pace and not dealing with social pressures (Maiers, 2020). According to a poll (N=1300, ages 13-18) released by The National PTA and NEA (2020) more than half students (56%) reported doing "ok" with some even utilizing the pandemic to reconnect with their families, take on hobbies, exercise and reconsider career goals. Nonetheless, 4 in 10 students report significant economic stress in their family, higher among Black students, and as many have had a family member contract COVID-19. As a result, 58% of students stated they were doing well academically before the virus compared to only 32% believing they are currently doing well. Of the students polled, 65% reported that more interaction with teachers would be helpful with 38% preferring full-time, in-person learning and 27% preferring some hybrid of online and in-person learning. In response to these findings, the National PTA and NEA (2020) recommend providing students with additional instructional and social-emotional learning supports while school districts are in a full-time, virtual or hybrid teaching model.

Another negative consequence of the COVID-19 pandemic on education is related to reduced state funding for school districts due to decline in enrollment (Marco, Treviño & Bakeman, 2020). Comprehensive national data on changes in school enrollment are not yet available. However, Marco, Treviño & Bakeman (2020) noted that numerous media outlets have reporting a drop in student enrollment in dozens of school districts across 20 states in contrast to previous trends reported by the U.S. Education Department showing gradual annual increases in public school enrollment over the past 15 years. Locally, M-DCPS overall reported 16,000 less students during the 2020-21 school year compared to 2019-20 last year (Marco, Treviño & Bakeman, 2020). However, according to M-DCPS (2021) data, enrollment numbers did not appear to drastically impact that the MVP-88 Project target schools. From October 2020 to February 2021, the enrollment for Miami Northwestern decreased from 1616 to 1593. Edison's enrollment also decreased from 699 to 664. However, from October 2019 to February 2021 there was a net increase (+100) for total enrollment at Miami Northwestern and a net decrease (-23) in enrollment at Edison.

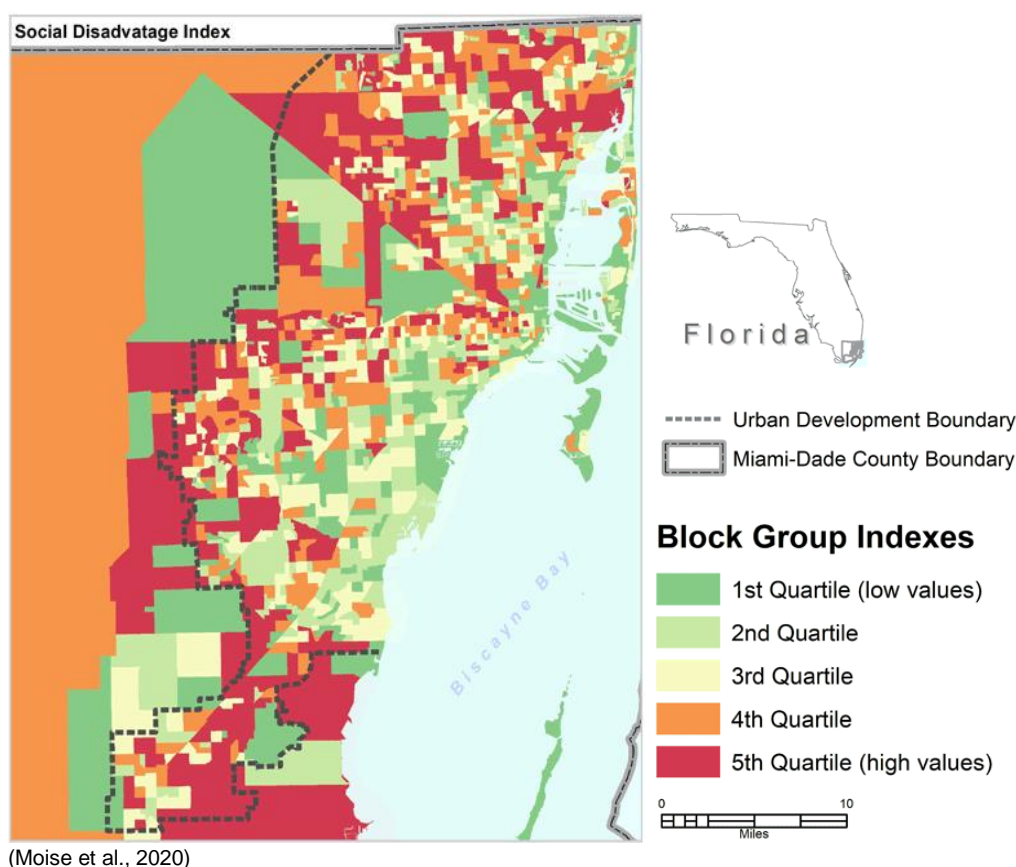
The data presented thus far clearly indicates that racial/ethnic minority populations are being disproportionately negatively affected by the COVID-19 pandemic. Moore et al. (2020) argued that COVID-19 disparities among underrepresented racial/ethnic groups are likely the outcome of many precipitating factors that increase risk of COVID-19 exposure including structural aspects, such as economic and housing policies, the built environment and social characteristics: "essential worker employment status requiring in-person work (e.g., meatpacking, agriculture, service, and health care), residence in

multigenerational and multifamily households, and overrepresentation in congregate living environments with an increased risk for transmission” (p. 1123). Additionally, deeply rooted discrimination and social inequities are other possible contributing factors “that increase risk for severe disease and death, such as limited access to health care, underlying medical conditions, and higher levels of exposure to pollution and environmental hazards” (Moore et al., 2020, para. 6).

To explore racial ethnic disparities in COVID-19 by county, Moore et al. (2020) examined cumulative county-level data reported to the CDC by jurisdictions from February to June 2020. Case counts from the CDC or extracted from state and county websites were cross-referenced with the U.S. Department of Health and Human Services (HHS) Protect database (<https://protect-public.hhs.gov/external> icon). The proportion of the population for each county by race/ethnicity was then calculated using data acquired from CDC WONDER (an online public health database). The authors identified COVID-19 hotspots in 205 counties across 33 states (for the time frame of June 5-18, 2020) with a combined total population of 93.5 million persons, and approximately 535,000 cumulative probable and confirmed COVID-19 cases. Disparities in cases were identified among underrepresented racial/ethnic groups in 96.2% (76/79) of the analyzed counties that reported information regarding race and or ethnicity. Disparities among Hispanic populations were identified in 75% of hotspot counties with an estimated 3.5 million Hispanic residents. Approximately 2.0 million Black persons reside in 28% of the hotspot counties where Black residents were disproportionately affected by COVID-19. Roughly 61,000 American Indian/Alaska Natives, 36,000 Asian persons and 31,000 Native Hawaiian/other Pacific Islanders lived in 4%, 5% and 24% of hotspot counties, respectively, where these populations were also disproportionately affected by COVID-19.

According to Healthy People 2030, social determinants of health (SDOH; e.g., poverty, unequal access to health care, lack of education, and social conditions) impacts a broad array of health, functioning, and quality of life outcomes (ODPHP, 2020). Moise et al. (2020) investigated the variation in risk of COVID-19 infection and predictors of SDOH in Miami-Dade County. The consequence in vulnerable populations, such as racial/ethnic minorities and people with chronic disease, and its relation to SDOH, is of specific concern (as cited in Moise, 2020). Therefore, Moise et al. (2020) sought “to quantify different SDOH indexes, examine the measures of these indexes on rates of COVID-19 infections, and determine the spatial variation in COVID-19 risk across census block groups in Miami-Dade County.” As of July 21, 2020, the researchers gathered data of confirmed cases from the Florida Department of Health COVID-19 Data and Surveillance Dashboard on the (N = 89,556) at the zip code level (N = 91 Miami-Dade County zip codes). The Florida the Department of Health (FLDOH, 2020) reported, as of August 19, 2020, that Miami-Dade County accounted for 25% (148,093) of all new COVID-19 cases (Florida N = 584,047) in the state. Moreover, the investigators obtained census block group level indicators from the US American

Community Survey (ACS) 5-year estimates (2014–2018). In the research study, 15 frequently reported measures of social and community level contributing factors to health outcomes, which are common to several SDOH frameworks, were reduced to the following 3 indexes using a principal components analysis (PCA): socioeconomic status and opportunity index (SESOI), social disadvantage index (SDI), and convergence of vulnerability index (CVI). Findings from the aforementioned study indicated COVID-19 infection rates were negatively affected by the social disadvantage index (SDI), a composite measure of geographic level deprivation. The authors proposed a need for policy-level strategies or social protection systems for these vulnerable social groups, such as single parent households (Moise, 2020). The map below demonstrates Little Haiti and Liberty City as geographic areas identified to be within moderate to high-risk range for COVID-19 infection.



In terms of loss of security and safety, economic insecurity, in particular, “is consistently linked to adverse development, academic achievement, and health outcomes,” which may affect adolescents’ ability to consistently access healthy foods, safe transportation and stable housing and increase risk for exposure to violence (CDC, 2020, para. 6). According to the U.S. Bureau of Labor of Statistics, during the era of COVID-19, Miami-Dade County endured the largest spike in the unemployment rate from March to April (an 8% increase) when a state of emergency was. By July 2020, the unemployment rate

had reached a peak at 14.5%, which was the highest since January 2010 (11.7%). To put these numbers in perspective, there had not been an increase in unemployment of more than 0.6% since January 2010. As of December 2020, the unemployment rate in Miami-Dade County has decreased to 7.3% (preliminary).

Economic and related negative consequences COVID-19 are also having an impact on certain types of criminal activity. For example, in Miami- Dade County, the Miami-Dade Police Department, reported that from 2019 to 2020 homicides increased by roughly 30% and non-violent offenses decreased by approximately 16%, which is a concerning trend in most major U.S. cities. One recent example in the local news occurred on January 3, 2021, when Miami doctors treated 14 victims of two shootings on a Sunday (eight were injured at a basketball court and six injured outside of a nightclub) (Margol & Torres, 2020). Alexis Piquero, criminologist and chair of the sociology department at UM, attributes the recent increases in violence to the many consequences of the COVID-19 pandemic in conjunction with cocaine markets and the gang activity. He stated, “So you add the stress and anxiety of that then you have pent up anger because people want to live their lives the way they want to live their lives, then you add to that an increase in gun sales, gun thefts” (Margol & Torres, 2020, para. 9).

Adolescents in Miami’s neighboring county, Broward, (an area with similar demographics to Miami-Dade County) have also shown signs of resilience. Cohen, Cadima and Castellanos (2020) analyzed survey data collected by United Way of Broward County (UWBC), during the COVID-19 pandemic via an anonymous online survey. The survey included questions pertaining to the mental, emotional, social, and physical well-being as well as coping capacity of adolescents. There were a total of 359 adolescent participants aged 12-21 years (Median = 14 years) – 67% female, 50% Black/African American and 36% Hispanic. This appears to be the first study documenting self-reported feelings and perceptions related to the COVID-19 pandemic of predominantly minority adolescents in the U.S. Despite approximately 50% disclosed feeling lonelier, roughly 60% reported relationships were about the same and about 75% expressed having a good support system. Moreover, although more than a third of these youth reported that they felt the pandemic was very challenging, more than half reported finding beneficial ways to cope and over 75% felt hopeful about the future. Also important to note is that only 4% reported having commenced or increased substance-use during the pandemic. The most common emotion described was “bored.” The authors highlighted that this sample predominantly consisted of adolescents involved in different clubs and programs geared towards enhancing well-being and promoting prosocial behaviors (e.g., community-based groups providing supports); thus, these results may not be reflective of the negative impact of the COVID-19 pandemic on mental health and substance use among the more general adolescent population.

Proposed Solutions for COVID-19 Recovery

The results from the aforementioned research on COVID-19 emphasizes the significance and urgency of facilitating access to community-based supports to help offset the enormous negative impact of the pandemic. Moore et al. (2020) reported that prevailing health inequities aggravated by COVID-19 magnifies the sustained need to invest community resources for people of color with the intent to enhance social determinants of health and systemic racism impacting health beyond this pandemic. Additional sustainable attempts should target underlying societal influences of wide-ranging health disparities impacting communities of color (Moore et al., 2020). To reduce disparities in COVID-19 incidence and consequence, developing culturally relevant, targeted interventions with trusted community partner's remains of paramount importance, as recommended by Moore et al. (2020). MVP-88 seeks to maintain their approach to not only address the OMH core outcomes, but also ameliorate associated risk factors and deprived social conditions compounded by COVID-19 with the potential secondary consequences of higher rates of substance-abuse, mental illness, violence and crime. Violence in the home has many well documented costs to society, such as adverse physical and mental health outcomes, higher risk of chronic disease, injury, death, substance-use, depression, post-traumatic stress disorder, and risky sexual behaviors (SAMHSA, 2020). To help ensure adolescents experience safe, stable, nurturing, healthy relationships and environments, the CDC (2020) provides a technical package for preventing child abuse and neglect based on the best available evidence, such as strengthening families' economic supports, which is of high priority for the MVP-88 program.

In addition to discrimination, occupation, healthcare access/utilization and housing, the CDC (2020) identified educational, income, and wealth gaps as COVID-19 risk factors for racial/ethnic minorities. Thus, to mitigate negative consequences on emotional well-being (e.g., loss of social connectedness and support), the CDC (2020) recommends searching for ways to maintain social connection, which can empower communities to protect themselves, care for others, stay healthy, and better cope with stress. Common sources of social support are attained via shared faith, family, and cultural bonds – the fundamental values of Gang Alternative (GA), Inc., a faith-based organization. In fact, the CDC (2020) emphasized the important role that community and faith-based organizations, among other entities, play in promoting fair access to health. Furthermore, “to prevent the spread of COVID-19, we must work together to ensure that people have resources to maintain and manage their physical and mental health, including easy access to information, affordable testing, medical and mental health care with programs tailored to the communities where racial/minorities “live, learn, work, play, and worship” (CDC, 2020, para. 11). MVP-88 will remain a vital a safety net for the at-risk targeted communities and aid the overtaxed school system in preventing teacher burnout. MVP-88 will also continue to buffer social and economic strain, especially

considering recovery from the COVID-19 pandemic and its side-effects could potentially take many years.

Section 5: Inventory of Services and Resources

Current Services in 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/Latinx. Miami-Dade 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. Switchboard 211 is managed by the local non-profit agency, Jewish Community Services of South Florida, Inc. (JCS), and funded by the Children's Trust. Switchboard 211 offers a 24-hr, trilingual contact center/hotline (in English, Spanish, and 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. To support MVP-88's objectives.

Stakeholders	Resource Provided to MVP 88	Linkage Partner/Referral Partner*
Gang Alternative, Inc. (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>ApplicantAgency</u> Primary Service Provider and Linkage Hub for all service referrals
Urban Partnership for a Drug Free Community Coalition (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 ApplicantAgency</u> Key Partner
HIV STEP-UP (Screening, Testing, Education, and Prevention Urban Partnership)	HIV testing and immunization services, outreach, prevention education and/or risk-reduction strategies, as well as linkages to appropriate social and medical services needed to ensure risk reduction.	<u>Founded/Run by ApplicantAgency</u> Key Partner

Miami Edison Senior 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 Senior 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-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
100 Black Men of South Florida, Inc.	Mentoring program for MVP-88 youth to address social, emotional, and cultural needs.	Mentoring 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, Substance Abuse Treatment–Outpatient, 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, Mental Health Therapy, Oral Health Care, Outpatient Medical Care, Outreach Services, SA Treatment–Outpatient, Transportation Vouchers	Linkage & Referral Partner

Community Health of S. Florida	ADAPPharmacy*, ADAP Pre-Screening*, Medical Case Management, Oral Health Care, Outpatient Medical Care, Prescription Drugs (RyanWhiteProgram), Transportation Vouchers	Linkage & Referral Partner
Better Way of Miami	Substance Abuse Treatment–Outpatient, Substance Abuse Treatment–	Linkage & Referral Partner
Jackson Community Mental Health Center-Miami Gardens	Comprehensivebehavioralandsubstance-relatedhealthcareservices for adults, children and adolescentsinthenorth 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 Miami	Martial arts provider	Enrichment services
The Motivational Edge	Arts and music provider	Enrichment services
Strategic Ideas, Inc.	Art provider	Enrichment services
GEAR-UP	Transportation Provider	Transportation provider for summer
UM School of Law – Street Law Program	Teaches risk mitigation for juvenile justice audiences	Understanding their rights & how to mitigate risk of law enforcement
Footsteps to our Future Program of Miami Police Department	Female officer mentoring of MVP-88 female students	Mentoring partner
OCR Youth League – Focus Movement Academy	Obstacle course training and leadership development provider	Team ECHO – working with Focus Movement Academy and

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

Prevention efforts are currently being provided through M-DCPS's TRUST (To Reach Ultimate Success Together) Program:

<http://studentservices.dadeschools.net/#!/fullWidth/3688>

Additionally, “district-created curriculum and resources are provided to teachers on the topic of substance use and abuse health education. This curriculum is created using CATCH MY BREATH -E-Cigarette and JUUL Prevention Program evidence-based

program (EBP) that has been shown to substantially reduce students' likelihood of vaping in the year following program implementation" (FLDOE, 2020, p. 3). As of July 2018, to fully implement Miami-Dade County Public Schools' (M-DCPS) Mental Health Assistance Allocation Plan, Florida Statue Section 1011.62 (16), the District founded the Department of Mental Health Services to expand services and collaborate with District offices. (FDLOE, 2021). The department facilitates the coordination of evidence-based mental health services for co-occurring mental health or substance abuse diagnoses and students at high risk of such diagnoses (FLDOE, 2021, p. 1). To address behavioral health of students, M-DCPS provides a Multi-Tiered System of Support (MTSS), which aims to apply an evidenced-based, problem solving approach to evaluate the efficacy of interventions and ensure successful educational outcomes. The MTSS is used for the early detection of substance abuse disorders in students who exhibit poor behavioral indicators (absences, disciplinary referrals, etc.) and delivery of intensive support for students with co-occurring mental health or substance abuse diagnoses in partnership with local agencies, such as Nicklaus Children's Hospital, Citrus Health Network, Borinquen Medical Center, Jessie Trice Community Health Center and University of Miami where EBPs are implemented (FDLOE, 2021).

In terms of violence prevention, M-DCPS has had a longstanding partnership (over 3 decades) 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). YWC delivers tools, guidance and self-confidence building curriculum to deter crime, violence and drug abuse, while also focusing on the value of good citizenship, where youth are empowered to take an active role and become a part of the solution (YCW, 2014). YCW also attempts to focus 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

It appears that M-DCPS violence and substance-abuse prevention services are currently limited. They mostly provide informational material and linkages to community resources. Comprehensive, evidence-based, culturally tailored violence and substance-abuse prevention programming is currently not being delivered by M-DCPS to the students – a potential service gap in a minority majority public school system.

Section 6: MVP-88 Service Provision

MVP-88's target area represents some of Miami's poorest, dangerous, and most underserved neighborhoods. As discussed, students and their families across both schools lack comprehensive violence prevention programming and face challenges accessing services. These challenges are compounded due to language barriers; lack of trust in governmental and other large institutional systems; fear of deportation due to illegal immigration status; violence; and poverty. MVP-88 seeks to reduce the prevalence and impact of violence in these communities by employing approaches that are innovative and culturally competent.

As part of MVP-88's project design, a closed cohort of students, who were enrolled during their freshman year of high school and followed for 4 years, are provided with programming aimed at building coping skills to improve resiliency behaviors associated with youth violence, while being surrounded with services to address the physical, emotional, and educational well-being of the student. This programming relies on a mixture of evidence-based curricula (Aggression Replacement Training and Botvin LifeSkills), college readiness programs (Academic Hustle), enrichment activities (art, music, and sports), substance abuse and HIV prevention education, mentoring, as well as care coordination and individualized case management. Gang Alternative, Inc. (GA) has had great success through numerous programs in providing Aggression Replacement Training (ART) and Botvin LifeSkills (LST) to youth in the target area, serving more than 600 youth annually. GA also has experience implementing college readiness programming, improving access to services, and providing care coordination services to the target community for almost ten years.

As part of its culturally competent approach, MVP-88 tailors its interventions to address the changing needs of the participants. For example, in addition to ART and LST being nationally recognized EBPs for at-risk youth, the MVP-88 Project has seen widespread acceptance with these models by students based on their interactive natures and applicability. More specifically, the group discussion and role-playing nature of these interventions appeal to students across both schools, especially when delivered by native Haitian Creole/Spanish speaking staff who live and work in the community. MVP-88 also employed the Academic Hustle curriculum in Years 2 and 3 which offers college transition services to 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. Additionally, as students begin to enter into their final year of high school, the MVP-88 Project's activities have also shifted to include more academic and job readiness support to prepare them for graduation and the transition out of high school and into college or the job market. These initiatives include incorporating more career development workshops, guest speakers, and financial literacy training into MVP-88's programming.

In order to enhance student engagement with the project and maximize the ongoing alignment of programming with student needs, MVP-88 Project staff conducted a series of focus groups with students during Years 1 and 3 of the project. Focus group participants were asked to provide their opinions on a variety of topics regarding the MVP-88 programming, ideas for future program curricula, and barriers to program attendance. They also provided insight into their school and home environments. Information gathered from these focus groups were used to adapt implementation protocols program activities to address student concerns.

Additionally, to maximize the alignment of project services with individual student needs, MVP-88 project staff developed individualized Youth Service Plans (YSPs), which were informed by reports from student's responses to the BASC-3 SRP-A (Behavior Assessment System for Children, 3rd Edition), the CRAFFT screening tool and other relevant questionnaires. MVP-88 staff held one on one meetings with MVP-88 students to review individual reports and develop an individualized YSP for linkage to address student's service needs.

To expand the Project's effect to the community level, MVP-88 also engages with the community through parent engagement activities, a community policing approach, and community coordination and support through an Advisory Council (MVPAC). Furthermore, MVP-88 also links MVPAC members to resources aimed at improving community capacity to address cultural competency and disparities in access to public health for those serving at-risk youth in Miami. MVP-88 engages parents in the community through monthly parent meetings sponsored by GA. During these meetings, parents discuss topics such as violence prevention, college readiness, substance abuse prevention, academic and developmental support, and receive assistance with navigating the school system and accessing services. Additionally, MVP-88 will offer local law enforcement the opportunity to participate in a de-escalation training program entitled, "*Policing in the Aftermath: Interpersonal Policing & Community Engagement*" by No Nonsense Training Solutions, Inc., that also helps officers understand the role of implicit bias

Section 7: Conclusions and Next Steps

The analysis of this revised data of ongoing risk factors faced by MVP-88 students compounded by the COVID-19 pandemic confirms the ongoing 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, Inc. MVP-88 Project intends to continue to directly target many of the underlying risk factors of youth violence, namely, lack of access and support across multiple domains including home, school and financial resources that can guide them towards greater

academic success and job readiness. During the remaining months of the Gang Alternative MVP-88 Project, the staff intend on continuing to strengthen protective factors, particularly those relevant to the students at this stage of the program, such as academic assistance towards high school graduation, college readiness, facilitating opportunities for employment, opportunities for positive family engagement, access to positive role models for prosocial recreational involvement. Based on this, the MVP-88 project staff will continue to offer their programming for the remainder of the project period with the following opportunities for students:

- Facilitate in-person programming when possible. For example, beginning in the fall of 2020-21 school year, to address academic needs resulting from the COVID-19 pandemic, GA created an academic hub office space that was centrally located near both MVP-88 project schools. To address the previously noted challenges with the shift to virtual learning (e.g., poor internet connection or lack thereof, difficulty with comprehension in an online format), the GA academic hub provided a learning and workspace for MVP-88 students. This space, which complied with local, state and national guidelines for COVID-19 safety, facilitated in-person interactions between MVP-88 site coordinators and students. MVP-88 site coordinators were available to help manage virtual courses and provide 1 on 1 in-person support and will continue to do so for the remainder of the program period. Anecdotal reports collected from students, thus far, indicated that being in this supportive environment and having opportunities for socializing was beneficial to their academic progression and mental health.
- As part of the ongoing collaboration between Gang Alternative, Inc. and the MVP 88 schools, project staff attempted to establish contact with truant students, subsequent to the onset of the COVID-19 pandemic. According to school administrators (to date), at least five seniors have been withdrawn every week due attendance concerns and lack of progress. In accordance with MDCPS's truancy policy, seniors with chronic attendance issues will be subjected to the 10/20 Rule (10 absences/20 tardies will receive a "No Credit"). Additionally, students with five or more unexcused absences in a semester could have their report cards withheld. As a result, MVP-88 Project staff began conducting phone and at-home visits to address this challenge. To facilitate communal recovery from the effects of the pandemic, further check-ins will be conducted via telephone, video conferencing and home visits in attempt to reach students who have either lost contact with the school and/or the program throughout the course of the pandemic or have been negatively impacted and have scarce resources.
- To ensure access to food and other basic necessities during the COVID-19 pandemic, MVP-88 Project staff began linking families to food banks and distribution centers for supplies and will continue to do so, as needed, among other resources. Additionally, since maintaining certain benefits (e.g., SNAP) are based on school truancy data, many families whose children have lost contact with school, have been withdrawn from their SNAP and other benefits. Ongoing

MVP-88 staff check-ins with families are also designed to address lingering fears and reassure families about their safety and wellness to help them understand the importance of their children continuing to attend school.

- Ongoing care coordination/case management with individualized Youth Service Plans (YSPs) and the Screening, Brief Intervention and Referral to Treatment (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.
- Ongoing administration of culturally appropriate and clinically relevant surveys for the target population (i.e., BASC-3 SRP-A).
- As a result of the economic strain, students felt the pressure to support their families, which reinforced ongoing project efforts to help secure employment and prepare for college. To support these efforts MVP-88 staff will continue to implement relevant activities including ACT/SAT prep, virtual college tours and guest speakers, such as TRIO (link: <https://www.mdc.edu/north/trio/>), assisting with resume building, job applications, mock interviews and integrating didactic approaches (e.g., shark tank challenge). To date, numerous MVP-88 students have already received over 60 college acceptance letters combined.
- Continue to implement a flexible hybrid service delivery of virtual and in-person program contact to suit the needs of each community and MVP-88 participant; thus, potentially reducing barriers to social support and resources. The virtual format was preferred among the majority of MNW students, whereas more personal contact has been the predominant approach at Edison. ZOOM fatigue continues to be a challenge among students who spend most of their school day in virtual learning formats. As such, the MVP-88 program staff will continue to explore ways to keep ZOOM sessions interesting and engaging (e.g., inviting virtual guest speakers).
- Expand links for tutoring resources. FIU Upward Bound has been established as a resource to provide flexible tutoring services via Skype. Teachers will also be hosting tutoring sessions after school.
- Booster sessions, as needed, for Academic Hustle© and other college-readiness curricula.
- Based on interest and feedback provided by local law enforcement, the MVP-88 Project will offer local police officers the “*Policing in the Aftermath: Interpersonal Policing & Community Engagement*” by No Nonsense Training Solutions, Inc.,

which encompasses broad topics including de-escalation strategies, implicit bias, community perceptions of law enforcement, professionalism, interpersonal policing and community engagement

(<https://www.nononsensetrainingsolutions.com/>). This intervention is expected to be delivered by the end of the 2020-2021 school year.

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