

Overcoming Language and Culture Barriers Using Evidence-Based Practices

NCLR

ModelsforChange
Systems Reform in Juvenile Justice

Prepared for Models for Change: Systems Reform in Juvenile Justice by the National Council of La Raza (NCLR).

The preparation of this document was supported by the John D. and Catherine T. MacArthur Foundation.

NCLR – the largest national Hispanic civil rights and advocacy organization in the United States – works to improve opportunities for Hispanic Americans. Through its network of nearly 300 affiliated community-based organizations (CBOs), NCLR reaches millions of Hispanics each year in 41 states, Puerto Rico, and the District of Columbia. To achieve its mission, NCLR conducts applied research, policy analysis, and advocacy, providing a Latino perspective in five key areas – assets/investments, civil rights/immigration, education, employment and economic status, and health. In addition, it provides capacity-building assistance to its Affiliates who work at the state and local level to advance opportunities for individuals and families.

Founded in 1968, NCLR is a private, nonprofit, nonpartisan, tax-exempt organization headquartered in Washington, DC. NCLR serves all Hispanic subgroups in all regions of the country and has operations in Atlanta, Chicago, Los Angeles, New York, Phoenix, Sacramento, San Antonio, and San Juan, Puerto Rico.

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Models for Change

Models for Change is an effort to create successful and replicable models of juvenile justice reform through targeted investments in key states with core support from the John D. and Catherine T. MacArthur Foundation. Models for Change seeks to accelerate progress toward a more effective, fair, and developmentally sound juvenile justice system that holds young people accountable for their actions, provides for their rehabilitation, protects them from harm, increases their life chances, and manages the risk they pose to themselves and to the public. The initiative is underway in Illinois, Pennsylvania, Louisiana, and Washington.

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Foreword

Despite the fact that more than 1,500 published clinical trials have demonstrated positive outcomes of psychotherapies with youth and that more than 50 field trials have demonstrated the effectiveness of community-based services for youth, unmet needs among children and adolescents with severe emotional disorders are as numerous now as they were 20 years ago. This is most evident among minority youth, particularly those who have been in contact with the juvenile justice system.* Mental health services for youth and families continue to suffer from lack of research-based services, poor quality, and a poorly trained workforce with limited capacity to work effectively in diverse cultural settings.†

Policy-makers and advocates, as well as families, have begun to recognize that enough is known about “what works” to begin

demanding action to improve services and outcomes for children, youth, and families in a culturally competent manner. Many states now mandate or recommend the use of evidence-based practices (EBPs) in state-funded Medicaid programs, and lists of EBPs are being updated and maintained by academic, federal, and international agencies. While agencies have slightly different criteria for establishing whether a program is “evidence-based,” the minimum criterion requires that the program have proven effectiveness through scientifically rigorous clinical trials. The American Psychological Association (APA) defines an evidence-based practice as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.”‡ The APA statement describes an ideal for

* R.C. Kessler, W.T. Chiu, O. Demler, and E.E. Walters, “Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication,” *Archives of General Psychiatry* 62 (2005): 617-627.

† E. Trupin, “Evidence-based Treatment for Justice-involved Youth,” in *The Mental Health Needs of Young Offenders: Forging Paths Toward Reintegration and Rehabilitation*, eds. C.L. Kessler and L.J. Kraus, (Cambridge, NY: Cambridge University Press, 2007), 340-367.

‡ R.F. Levant, *Report of the 2005 Presidential Task Force on Evidence-Based Practice*, American Psychological Association (2005).

evidence-based practices in which programs are proven effective through scientific research in terms of their cultural appropriateness. In reality, while some programs have shown considerable effectiveness through clinical trials, much work remains to be done to ensure that they are sensitive to cultural preferences and needs.

More than 60% of juvenile justice-involved youth have mental health and substance use disorders.* Establishing evidence-based practices that improve outcomes for these youth and place them on a productive pathway remains a critical and unmet need. It offers an opportunity for juvenile courts and providers to examine programs that have shown to be effective in other areas of the country and consider their relevance for their jurisdiction. Some of these programs have also been proven to reduce costs, and this information can be used to support grant-writing and leveraging funds to support programming. However, the implementation of an evidence-based practice is complex and is successful to the degree that providers and consumers “buy in” to the

program. Successful implementation also depends on how well a program fits with the culture of the community. Some have raised legitimate concerns about the underrepresentation of minority groups in some clinical trials and the potential mismatch between these programs and targeted ethnic populations.† Establishing effective programs for minority populations is essential, particularly for youth involved in the juvenile justice system where disproportionate minority contact is the rule rather than the exception.

For example, at the time of this writing, of the 57 programs listed in the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidenced-Based Programs and Practices, only two were specifically developed for and tested with Latino populations. Approximately 11 others claimed that their program was appropriate for Latino populations, although very few had included a large enough subsample in their clinical trial to confidently make this claim.

* L.A. Teplin, K.M. Abram, G.M. McClelland, M.K. Dulcan, A.A. Mericle, “Psychiatric Disorders in Youth in Juvenile Detention,” *Archives of General Psychiatry* 59 (2002): 1133-1143.

† G. Bernal and M.R. Scharron-del-Rio, “Are Empirically Supported Treatments Valid for Ethnic Minorities? Toward an Alternative Approach for Treatment Research,” *Cultural Diversity and Ethnic Minority Psychology* 7(4) (2001): 328-342.

The lack of specific research into the cultural appropriateness of EBPs for the Latino population is startling considering that Latinos are the largest and fastest-growing minority group in the U.S. According to 2007 U.S. Census Bureau data, Latinos make up 15% of the population, and between 1990 and 2000 the Hispanic population grew by 57.9% compared to the nationwide growth rate of 13.2%. It is projected that by 2050, the Latino population will make up 24% of the national population.* The need to focus on the Latino population is critical, as a significant proportion live in poverty, have limited health care access and lower educational attainment, and often experience language barriers and acculturation stressors.† Further, research has demonstrated that mental health and substance abuse problems worsen as youth become more acculturated. Another consideration in conducting Latino-specific research is the cultural variation within this community. Health care access, immigration experiences, and country of origin values may

differ significantly from group to group and need to be considered.‡

The good news is that greater attention and resources are being invested in researching ways to successfully engage and treat Latino youth and families. The National Institute of Mental Health has initiated a large-scale epidemiology study with large subsamples of Puerto Rican, Mexican, and Cuban peoples to acquire more accurate statistics of mental health diagnoses for this population. It is also becoming commonplace for organizations and agencies to have standards of cultural competence, although many guidelines for cultural competence still lack empirical support. For example, in a review of commonly recommended guidelines for treating Latino families in marriage therapy, only two of the 11 guidelines had been empirically tested with Cuban families, involving the whole family in therapy and early engagement.§ This does not invalidate the other guidelines, many of which are appealing; it simply highlights the need for more research in this area.

* U.S. Bureau of the Census, *Facts for Features, Hispanic Heritage Month 2007: Sept. 15-Oct. 15*, <http://www.census.gov/Press-Release/www/2007/cb07ff-14.pdf> (accessed November 8, 2007).

† W.A. Vega and S.R. Lopez, "Priority Issues in Latino Mental Health Services Research," *Mental Health Services Research* 3(4) (2001): 189-200.

‡ P.J. Guarnaccia and I. Martinez, *Comprehensive In-Depth Literature Review and Analysis of Hispanic Mental Health Issues*, New Jersey Mental Health Institute, Inc. (2002).

§ R.A. Bean, B.J. Perry, and T.M. Bedell, "Developing culturally competent marriage and family therapists: Guidelines for working with Hispanic families," *Journal of Marital and Family Therapy*, 27(1) (2001): 43-54.

Other clinicians/researchers have begun to adapt existing evidence-based practices to reflect the values of the Latino community. One example is the cultural adaptation of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). The adaptation retains the main focus and structure of the program but introduces words, phrases, and engagement strategies that draw from values in the Latino community.* The adaptation was developed through clinical experience working with Latino families and lessons learned from the literature and through focus groups and interviews. The TF-CBT adaptation incorporates values that are mentioned elsewhere in literature addressing Latino culture, including the concepts of *familismo*, *pesonalismo*, *respeto*, *simpatia*, and spirituality.

Many questions remain to be answered regarding the prevalence of mental health disorders for Latino subgroups, whether incorporating cultural values increases desired outcomes for evidence-based treatment (reduced dropout, stronger engagement, improved youth and family behaviors), and what culturally appropriate strategies will increase mental health service use and reduce

youth problem behaviors. As part of the John D. and Catherine T. MacArthur Foundation's Models for Change initiative to enact system reform in juvenile justice, the Division of Public Behavioral Health and Justice Policy at the University of Washington is involved in examining some of these issues. We are working with Benton/Franklin County in Washington State, which has a sizeable Latino community, to assess the needs and perceptions of this community in regards to evidence-based practices, as well as issues encountered when attempting to access mental health and juvenile justice services. This process will likely proceed in a few phases. First, we plan to assess community needs and perceptions through key informant interviews, focus groups with targeted Latino populations, and a mass community survey. The survey and interviews will particularly focus on what the Latino community's experience has been in accessing various social agencies, including schools, mental health organizations, and the juvenile court. The results of this needs assessment will inform the community's broader efforts to identify gaps in service for Latinos and provide strategies for more successful engagement.

* M. de-Arellano, Trauma Among Hispanic/Latino Populations. Presentation for the National Child Traumatic Stress Network (2007).

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Second, we will provide technical assistance to Benton/Franklin County as they decide whether a culturally appropriate and sustainable evidenced-based practice could fill gaps in service for the Latino community. This may entail selecting an EBP that has existing guidelines for cultural adaptation, or it may include consulting on ways to incorporate Latino values into the program.

Third, if an EBP is selected for the community, we will encourage the use of fidelity and outcome assessments (and possibly assist in constructing these if none are readily available) for gathering information about the program's success. In addition to these proposed activities, we are compiling an exhaustive literature review of cultural competence in the juvenile justice system, including screening and assessment instruments and available

evidenced-based practices. These projects will inform the broader project of identifying key issues in the Latino community regarding the adaptation, implementation, and sustainability of existing EBPs.

There is great promise that evidence-based practice will enhance effective culturally competent services and produce better outcomes for youth and families. Indeed, research has demonstrated that a number of programs do reflect improved mental health and reductions in delinquent behavior and substance use. For evidence-based practices to deliver, however, they must be relevant and adaptable for diverse cultures. We will build upon the important work being done by researchers and practitioners throughout the country to examine how evidence-based practices can best serve the Latino community.

Dr. Eric Trupin, Ph.D.
Professor
Division of Public Behavioral
Health and Justice Policy
School of Medicine
University of Washington

Dr. Sarah Cusworth Walker, Ph.D.
Senior Fellow
Division of Public Behavioral
Health and Justice Policy
School of Medicine
University of Washington

Executive Summary

The National Council of La Raza (NCLR) is committed to educating the Latino* community, policy-makers, juvenile justice systems personnel, and the public about the challenges and needs that Latino youth and their families experience in dealing with law enforcement, courts, detention facilities/jails, and probation. During the 2007 NCLR Annual Conference in Miami, Florida, NCLR convened a workshop entitled “Defeating Language and Culture Barriers Using Evidence-Based Practices.” During this session, several experts discussed the importance and effectiveness of culturally and linguistically competent services for Latino youth who are at risk of becoming involved – or are already involved – with the juvenile justice system and how changes in juvenile justice policies, practices, and programs can ensure fairness and improved outcomes for Latino youth. This workshop shed light on the importance of addressing the cultural and linguistic needs of Latino youth who come into

contact with the juvenile justice system and how this becomes critical when youth become clients and patients of evidence-based practices (EBPs).

The use of EBPs by juvenile justice systems is a growing trend that has the potential to change the lives of youth for the better by helping them with mental health, behavioral, or substance use disorders. There is scientific evidence that EBP interventions can improve outcomes for most youth; however, there is limited evidence of successful outcomes for Latinos. This is due in part to insufficient documentation of the cultural and linguistic modifications and adaptations of EBPs. As a result, many Latino youth and families are inadequately treated and have limited access to such programs. Further research must be conducted, and the data measured and assessed by leaders in the field, to improve the efficacy of EBP interventions for Latinos.

* The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race.

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Furthermore, concerns are mounting regarding the relevance of current EBP treatment for Latino youth and families. Many believe that treatment should move beyond just hiring a bilingual speaker to including thorough competency assessments and reforms throughout policies, practices, and programs.

While these are the current challenges in treating Latino youth, NCLR acknowledges and applauds efforts to incorporate EBPs in a meaningful way by a handful of jurisdictions throughout the U.S. In these locations, responses have focused on incorporating culturally and linguistically appropriate approaches for alternatives to incarceration, evaluations of evidence-based practices, and implementation of balanced and restorative justice models. Foremost among all of these responses are the leadership and participation of Latino community-based organizations in a partnership with law enforcement and juvenile justice systems. In these instances, the critical element is the recognition of Latino-serving community-based organizations' ability to serve as local and state leaders in prevention, intervention, and aftercare services for Latino youth.

The transcript, "Overcoming Language and Culture Barriers Using Evidence-Based Practices" examines the use of EBPs in the juvenile justice system context. The ways of addressing the cultural and linguistic competency needs of limited-English-proficient Latinos are discussed from local, state, and national perspectives. Panelists discussed how

modifications and adaptations of EBPs are critical to ensuring effective treatment and fairness for Latinos. They also addressed the definitions of both cultural and linguistic competency, necessary adaptations, model programs, and the linguistic legal obligations of providers or agencies receiving federal funding.

Wendy Jones, Director, Children and Youth with Special Health Care Needs Project, National Center for Cultural Competence at the Georgetown University Center for Child and Human Development, provided insight into how the definition and continuum of cultural and linguistic competency affects community-based treatment programs; what research has demonstrated; and most importantly, what practitioners in the juvenile justice system need to consider about Latino youth and their families when administering treatment. In her presentation, she acknowledged that cultural and linguistic competency involves the capacity of a system, agency, or organization to have practices and resources that help them work more effectively to meet the specific cultural, language, and contextual needs of clients.

Adrienne Hahn, Staff Attorney, Coordination and Review Section, Civil Rights Division, Department of Justice, provided a legal framework for participants to understand how language access and effective communication for youth in contact with the juvenile justice system are protected rights under Title VI of the Civil Rights Act of 1964 and Executive Order 13166. The information offered participants an understanding of how the law

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provides for people with limited-English-proficiency access to translated information throughout the different stages of the juvenile justice system.

Fernando Giraldo, Assistant Probation Division Director, Santa Cruz County, California presented on the work of the Santa Cruz County Juvenile Probation Department as a model site for detention reform. In his presentation he discussed how its juvenile probation department is addressing racial and ethnic disparities by improving culturally and linguistically competent services that are sensitive to the Latino community. In addition, Mr. Giraldo provided examples of how the department has delivered evidenced-based programming while using culturally and linguistically competent standards and assessment tools.

Adrian Moroles, Program Manager, Sea Mar Community Health Centers, a Latino community-based organization participating in a study on evidence-based practices, discussed his agency's treatment services for system-involved youth in Seattle, Washington. His presentation focused on EBP implementation and program outcomes using Dialectic Behavioral Therapy.

Ultimately, all juvenile justice systems must find effective ways for treating youth in contact with the justice system. To be more effective, they must assess and address whether the responses utilized take into account the cultural and linguistic needs of the population under their care, including policies, practices, and programs. NCLR is committed to building a fair and effective juvenile justice system by leveraging the knowledge and social services of community-based organizations, the community, and interested justice system personnel.

Welcome and Opening Remarks

Cassandra Villanueva: On behalf of the National Council of La Raza, let me welcome you to our 2007 Annual Conference here in Miami, Florida. We are honored to have your presence and support in expanding the dialogue of what justice for Latino youth encompasses from local, state, and national perspectives.

My name is Cassandra Villanueva and I am NCLR's Latino Juvenile Justice Network Coordinator (LJJN).* As the Coordinator of the LJJN, I work on reducing racial and ethnic disparities in the juvenile justice system by

conducting research and policy analysis, while leveraging relationships with policy-makers, Latino community-based organizations, and leaders to promote juvenile justice system reform. NCLR believes that fair, safe, and effective reform must represent the cultural and linguistic needs of Latino youth and families involved in all stages of the process which includes law enforcement, courts, jails, ... probation, [and schools.] With an ultimate goal of reducing overreliance on incarceration, my portfolio to promote safer and stronger communities includes Disproportionate Minority Contact,† adultification/transfer into

* NCLR's Latino Juvenile Justice Network (LJJN) is a long-term, multistate juvenile justice reform effort operating in Pennsylvania, Washington, Louisiana, and Illinois. As a key partner of the John D. and Catherine T. MacArthur Foundation's Model for Change initiative, LJJN makes it possible for NCLR Affiliates and other local Latino community-based organizations to collectively identify issues and approaches for reform through advocacy, media outreach, community education and mobilization, and research and policy analysis. LJJN is a strategic approach for Latino advocates to influence and shape a brighter future for Hispanic youth, their families, and communities. The Models for Change initiative is designed to create successful and replicable models of juvenile justice system reform through targeted investments in key states. With long-term funding and support from the John D. and Catherine T. MacArthur Foundation, Models for Change seeks to accelerate progress toward a more rational, fair, effective, and developmentally appropriate juvenile justice system.

† Disproportionate Minority Contact (DMC) occurs when the number of minority youth at different points in the justice system represents a higher percentage than their representation in the general population. This is not necessarily because they commit more crimes than White youth.

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the adult system,^{*} anti-gang legislation,[†] community-based alternatives to incarceration,[‡] and reentry.[§] One of my main priorities is to identify ways in which NCLR can engage Latino communities [in finding solutions] to address the disparate treatment and disproportionate overrepresentation of Latino youth in the juvenile and criminal justice systems in hopes of ensuring fairness and equity in the system. NCLR's approach to accomplishing this builds upon strategies using research, policy analysis, public education, and advocacy.

To date, we have learned that on any given day, more than 100,000 youth are incarcerated. Of these, 12,000 youth will be confined in adult

jails and prisons.[∞] A closer look at [emerging search from many sources] reveals many problems beginning with inaccurate information of who is really in the system and ... that racial and ethnic disparities are true realities. As we began this work, one of the first things we learned was that Latino youth were (and continue to be) counted as "White," not Hispanic or Latino, which makes them invisible prisoners navigating through the juvenile justice process. In trying to find the reasons for this disparity, we learned that improper and severely inadequate data collection was occurring [at all levels] in the juvenile justice system which included law enforcement, courts, juvenile jails, and probation.

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- * Adultification occurs when a child or youth is tried as an adult (in adult court) and sentenced to confinement in adult facilities. Many Latino youth are disproportionately transferred into adult criminal courts, jails, and prisons. In addition, youth placed in the adult system are shown to be at greater risk of committing suicide, being sexually assaulted, being physically assaulted by staff, or being attacked with a weapon.
- † Over the past few years, there has been a trend in the enactment and implementation of antigang laws across the nation. While gang violence is a serious problem that affects the Latino community directly, laws which purport to secure the community actually harm it by disproportionately targeting Latino youth. Antigang laws increase the use of racial profiling among police and justice system personnel, as they give license to stereotyping Latino youth.
- ‡ Community-based alternatives to incarceration are a smarter and more cost-effective solution to nonviolent youth crime. Research has shown that community-based treatment programs that are culturally and linguistically appropriate reduce recidivism rates among Latino youth. They keep children close to their families and communities while they are supervised, receive treatment, and cultivate life skills.
- § Reentry occurs when a person is released from institutional confinement into the community. Challenges for reentering youth include reenrolling for school, attaining job and life skills, successfully completing treatment, and complying with conditions of release.
- ∞ See, for example, "Incarcerated Youth at Extreme Risk of Sexual Abuse," SPR Fact Sheet, Stop Prisoner Rape, October 2007.

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Soon thereafter, it became evident to us that there was no uniform way or mandate for agencies to collect race and ethnicity data the same way in every jurisdiction. It was surprising for us to learn that while some states and counties collect some data the appropriate way, many others do not. Ultimately for NCLR, researchers, policy-makers, and advocates, the lack of adequate and accurate data blurs the picture of fairness and appropriate responses within the juvenile justice system that can deprive Latino youth opportunities [for] rehabilitation.

While some efforts to address this problem are under way in key states, there [are] some data we can trust as accurate which come from a report released in 2007 from the National Council on Crime and Delinquency titled *And Justice for Some: Differential Treatment of Youth of Color in the Justice System*. In their report, their research demonstrates that Latino youth are increasingly disproportionately represented in several stages of the juvenile justice process. Latino youth are detained at rate of 2.3 times higher than that of their White counterparts, and confined 112 days longer than their White counterparts. Furthermore, for most offense types, Latino youth under age 18 serve time in the adult

prison system at twice the rate of White youth. For NCLR, these statistics are troubling and show that Latino children are treated unfairly and more harshly in the justice system versus White children – even when charged for the same offense.* And while youth of color constitute one-third of youth in the United States, they represent two-thirds of the youth population sitting behind bars. This number does not take into account the 70% of youth in contact with the juvenile justice system who have mental health problems and a significant number who also have a substance use disorder.†

Many people ask how this could be, and there is no single answer. It is impossible to point to one reason, one person, or one stage in the juvenile justice system for the disparities faced by Latino youth. But what we do know is that a lack of culturally and linguistically appropriate services [and responses] throughout the system contributes to the lack of fairness in all levels of the justice system from arrest to detention and, most importantly, upon release. These issues are further compounded when Latino youth and families do not fully understand their most basic rights and do not know how to navigate the judicial process.

* See Francisco A. Villarruel, Nancy Walker, et al., *¿Dónde Está la Justicia? A call to action on behalf of Latino and Latina youth in the U.S. justice system*, July 2002.

† For more, see “MacArthur Action Networks to Address Mental Health and Racial and Ethnic Disparities in Juvenile Justice,” Press Release, John D. and Catherine T. MacArthur Foundation, Chicago, Illinois, June 18, 2007.

Even though the juvenile justice system's founding purpose is to rehabilitate youth who are delinquent, many Latino youth will never have access to or succeed in rehabilitative services/programs primarily because of language and culture barriers encountered in many law enforcement and juvenile justice system responses. As a direct result, many Latino youth unjustly go to jail for longer periods of time when they might be effectively treated if institutional policies, practices, and programs were modified and adapted – taking into account language and cultural differences.

Now that I have provided you some background information on the problem, let us now turn our attention to the topic of how evidence-based practices affect Latino youth in the juvenile justice system. The use of EBPs by juvenile justice systems is a growing trend that has the potential ability to successfully help youth with mental health, behavioral, or substance use disorders. EBPs can change the lives of youth for the better. While most EBPs have scientifically proven their effectiveness through rigorous clinical trials, there is very limited evidence of successful outcomes for Latinos. This is in part due to the insufficient documentation on the cultural and linguistic modifications and adaptations of EBPs. As a result, many Latino youth and families have limited access to such programs until further research is conducted, measured, and assessed by leaders in the field.

In the meantime, concerns arise about the appropriateness of this form of treatment for Latino youth and families. Most recently, these concerns were brought to NCLR's attention through personal interviews of practitioners and trainers from the field. Some of these questions and concerns have included:

- How do you deal with youth or families that don't speak English?
- Can you really expect the child to translate a therapy session for the parents?
- How are you supposed to modify your treatment approaches to fit the child's needs of cultural sensitivity when some EBPs say you cannot change any aspect of the treatment program?
- Do parents have a legal right to request information in their native language?

While these concerns have been ongoing for more than a decade, only a handful of juvenile justice systems have made significant strides to overcome some of these barriers for implementation of the practice. Such strides to address the cultural and linguistic needs of Latino children and youth entering the courts, jails, and probation departments have included some EBP modifications/adaptations and, most importantly, cross-collaboration with Latino CBOs.

Welcome and Opening Remarks

For today's panel, I have invited practitioners from the field to respond to the concerns I just mentioned. I am pleased to have you join me in learning from people who have dedicated their time, resources, and expertise to address cultural competence and linguistic appropriateness in the treatment of Latino youth. It is our greatest hope that today's presentations will open the door for more dialogue to occur. Thus, we intend to publish the transcription of this workshop [which] you can review and use as a tool in your local, state, and national efforts for juvenile justice reform.

I am going to end it here and invite our first speaker, Wendy Jones. Ms. Jones is the Director of the Children and Youth with Special Health Care Needs Project of the National Center for Cultural Competence at Georgetown University's Center for Child and Human Development in Washington, DC. In her presentation today, she will help us understand how the definition of cultural and linguistic competence affects community-based treatment programs, what research has demonstrated, and most importantly what practitioners in the juvenile justice system need to consider about Latino youth and their families when administering treatment. I will now close and invite our first speaker to the podium, Wendy Jones.

Panelist Presentations

Wendy Jones: I am Wendy Jones from the National Center for Cultural Competence. The National Center for Cultural Competence is located at Georgetown University in Washington, DC. We have been around for 14 years and have worked in the areas of children with special health care needs and disabilities, sudden infant death syndrome, and developing curricula and teaching strategies for people entering the workforce to build their skills, awareness, and knowledge as it relates to cultural and linguistic competence across all disciplines.

First, when we talk about cultural competence, it's important to recognize that there are multiple definitions of cultural competence. We base our definition, teaching, training, philosophy, guiding values, and principles on the 1989 seminal work of Terry Cross, Barbara Bazron, Karl Dennis, and Mareassa Isaacs.

When we are talking about cultural competence, we are talking about a system's, agency's, or organization's capacity to have policies, practices, procedures, and fiscal and personnel resources to help them work more effectively cross-culturally with whatever group they encounter.

Cultural competence has five basic elements. The first element is to **value diversity**. What do I mean by valuing diversity? That is to

understand that all of us are different in our thinking, behavior, cultural perspectives, values, and attitudes. Some of us also understand that while each of us is different we also are similar. [Demonstrated research by] the Human Genome Project tells us that we are 99.9% the same, but our cultural values, beliefs, and practices are what really make us who we are and shape us. In fact, it is usually not our commonality that causes confusion or misunderstandings; it is our differences.

A second principle of cultural competence is **self-assessment**, or having the capacity as an individual or agency to examine yourself and/or your organization or agency. This requires self-reflection and reflection upon who the agency is; who you are as an individual that is part of that organization; what are your biases, your beliefs, and your practices; and ultimately, what are the values, beliefs, and practices of the organization. For as much as we all understand, care about, want to participate, and do the best that we can for families and communities, we need to acknowledge that we all have our own little biases and/or thoughts about people who are different from us.

We can acquire knowledge, awareness, and skills about how to work effectively with individuals and communities from diverse cultural groups, but we can truly be culturally

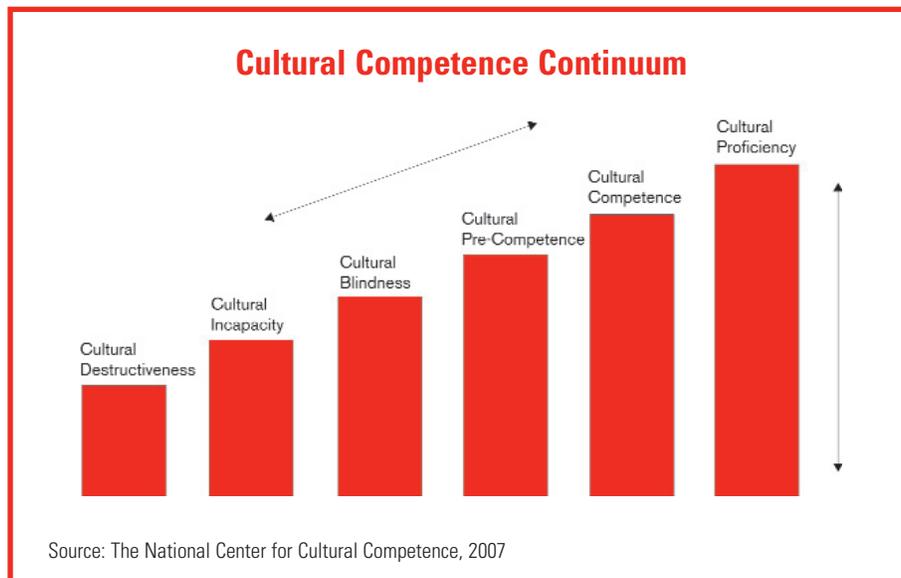
competent about ourselves as individuals. Because of individual differences, we do not always know or understand all of the nuances of every culture or even the group that we represent or identify with. Research tells us that within families, even two people from the same family can view themselves and self-identify very differently in terms of their cultural, ethnic, and racial affiliations. To understand difference, reflect upon yourself and/or [your] agency and then try to make meaningful change. [This] leads us to the third element of cultural competence, which is to **manage the dynamics of difference.**

Managing the dynamics of difference refers to the idea that when people from different backgrounds come together, even if they are of the same ethnic or cultural group, there may be some differences or some little clash where ideas, values, and perspectives don't match. Managing the dynamics of difference is about being prepared with the awareness, knowledge, and skills to assist in smoothing out, negotiating, or navigating those differences. The fourth component of cultural competence is **institutionalizing cultural knowledge.** That is, making sure that not [just] one person in your organization or on your staff has the knowledge or the skill to work with a particular cultural group or community, but ensuring that the organization is aware of this knowledge or skill and making it a part of the organization's knowledge and skill set, so that it really resonates for the whole agency. In organizations where knowledge and skill sets related to diverse communities do not become a part of the fabric of the organization,

the one person who does have the knowledge and skills might leave and then no one else is able to effectively interact with the community in question. Then finally, to **make adaptations to policies, service delivery, structures, attitudes, and behaviors** to address cultural diversity is the final element of cultural competence.

All five of the elements have to be present or manifest themselves across all levels of an organization from the policy-makers and administrators to the managers, front desk staff, administrative assistants, or secretaries. The staff, consumers, families, and communities have to be aware of the organization's commitment to cultural competence, meaning that the organization must demonstrate this commitment in a meaningful way so that everyone knows the intent and not just the words. That is, the organization and the staff are not just speaking the language, but are really making programs effective and culturally and linguistically responsive to the needs and preferences of the families and communities they are serving.

Now that I have shared the elements of cultural competence, let's talk a bit about linguistic competence. There are also multiple definitions of linguistic competence, but I'd like to share the Goode and Jones definition – Goode being my boss's last name (Tawara Goode) and Jones being mine. While we like other definitions, we have found that the majority of linguistic competence definitions focus solely on individuals with limited English proficiency. What sets our definition apart



from the others is that in terms of providing language access or communication access, there are many other people [who] require communication assistance as well. So individuals with low literacy, no literacy, individuals with disabilities, whether it's visual, hearing, physical, or cognitive, everyone should receive whatever communication assistance necessary to address their individual preference and/or need. This definition also establishes the responsibility of organizations and those that work within the organization to advocate for and make information available and accessible to families and communities so that they can receive it, understand it, and make meaningful decisions based upon it. Not just to create and distribute a flyer or pamphlet, but to provide information in varied ways to ensure that it not only reaches the population, but also resonates for them. It is

critical to make information available, accessible, and understandable within the frame or context of the individuals who might use or need your information, service, or support.

Cultural competence exists on an imaginary continuum. This continuum has depth and it has breadth, spanning from cultural destructiveness to cultural proficiency. The idea is that at different times an individual and/or an organization may be at different places along the continuum with regards to awareness, knowledge, and skills about different groups or subgroups like youth or the elderly, families and/or communities, rural, urban, suburban, heterosexual, lesbian, gay, transgender, or two-spirited populations. The expectation is not cultural proficiency about every family, every Latino, or another group of individuals, but the hope is that one will note their position on the continuum at a

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point in time and do what is needed to enhance attitudes and behaviors, acquire cultural knowledge, acquire and/or sharpen cross-cultural communication skills to make movement towards the positive end of the continuum. This is about having the willingness to learn more, to question more, to ask families, consumers, and communities about what works best with and for them.

So let's talk about evidence-based practices and cultural adaptations. As providers and practitioners we have knowledge and skill sets about a range of practices and interventions, both promising and evidence-based, which has been successful with specific population groups. Many children, youth, families, and communities find themselves grappling with multiple stressors and unfortunate situations that lead them into interactions with social services, juvenile justice [systems], and behavioral health systems. When we speak about applying evidenced-based practices to meet the needs of specific communities, we are really talking about modifying practices to meet the specific cultural, language, and contextual realities of clients. Whether we are talking about youth, senior citizens, new arrivals who are documented or undocumented, or people who are fourth, fifth, or sixth generation Hispanic Americans here in the U.S., we must consider the types of adaptations we are willing to make to evidence-based practices so that we can meet the individual needs of clients while maintaining some level of fidelity to the promising intervention or evidence-based practice.

Cassandra provided us with important information about the numbers of children, youth, and families that are entering or dealing with systems such as juvenile justice, social service, and the like. But we need to think about the importance of identifying those cultural factors, beliefs, and practices that may make some families particularly vulnerable. For example, why do some families not seek counseling assistance when they are experiencing pain, trauma, and behavioral problems with family members? Why do some families appear to be more reactive than preventive in their approach to issues of concern? Are we aware of and do we consider the extent to which culture may impact a consumer, family, or community's understanding of prevention? Do we understand those families whose perspective is to handle issues or stressors as they come up? Do we consider that, for some, their current reality is such that stress is a constant state and not perceived as preventable. There are a myriad of reasons as to why families end up entering social service, juvenile justice, and behavioral health systems. Factors to consider include cultural beliefs and practices, language barriers, experiences with racism and bias, mistrust of mental health and behavioral health [systems], and government-based services and supports.

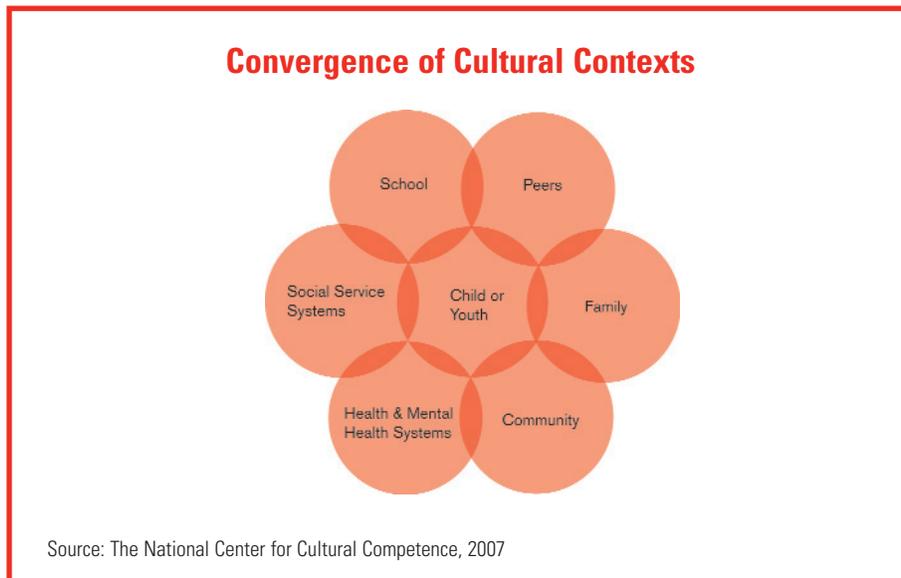
Last year I attended a Systems of Care conference sponsored by the Substance Abuse and Mental Health Services Administration, or SAMHSA, where I spoke about linguistic competence and language access. A participant shared with the audience that he knows of organizations within his community

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that are refusing to translate information about the services provided at their center. Why? They are fully aware of the population groups within their catchment area and are aware of the need, but they don't have bilingual/multilingual interpreters or other staff to respond to the need. So the organization's fear is, "Well, if we translate information about our services, then people may see it, come to seek the services, and we can't really help." The reality is that organizations have a legal obligation to provide meaningful access to services and to make them available in the preferred language of the client. So we have language barriers and related issues that families and providers are being challenged to deal with. If the services are available, but an organization has not put appropriate fiscal and personnel supports in place to meet changing demographics or increases in clients from

certain language groups, then what? What are the implications for using evidence-based practices with families from diverse linguistic and cultural backgrounds?

Last year my boss and colleague, Tawara Goode, and I were asked to write a chapter for a book about the development of children and youth. The chapter explores the cultural influences on child development from five to 13 years of age. Tawara developed this diagram to represent the multiple and at times competing cultural contexts that children and youth deal with and are influenced by in their daily realities. The diagram places the child and youth in the center of a series of intersecting circles representing the family, peers, community, health and mental health systems, social service and juvenile justice systems, and school. The adaptation of any promising evidence-based or



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other practice must consider all of these cultural contexts and subcontexts if they are to truly work for children, families, and the communities in which they live.

If we look at the child and the cultural contexts or realities that influence his or her daily existence, we'd have to consider a range of issues including: a) nationality, b) acculturation, c) assimilation, d) language spoken at home, e) sexual identity or orientation, and e) health, wellness, or disability. Additionally we'd have to look at the impact of school, educational needs, communication ability in Spanish and English, and placement in classes for children learning English as a second language or special education classes including speech and language, occupational, and/or physical therapy. Questions to contemplate would include: What are cultural, familial, and community perceptions of mental health or behavioral health? What relationships, if any, does the family or community have with behavioral health, mental health, juvenile justice, or social services? All of these cultural factors greatly influence the modification or adaptation made to evidence-based practices for use with multicultural families and communities.

If you look at adaptations to evidence-based practices with a focus on provider issues, you often see the adaptation in the form of trying to ensure cultural, racial, and language concordance between the provider and the child, youth, or family. Research tells us that for some families, having a provider who is of the same racial or cultural group is less

important than having a connection to a provider who understands them and is able to communicate. It is important to have a provider who speaks the same language or who has access to interpreters or cultural brokers to assist with not only translation, but [also] conveying cultural meaning and exploring cultural nuances. It's paramount to be aware that language contains embedded cultural messages. Those who are not aware of the cultural nuances of language may experience difficulties in addressing cultural realities and contexts of families and communities.

Unconscious stereotyping or biases are also considerations for providers when working with children, youth, and families. Even if the provider is working with someone from the same background, recognizing that sometimes differences in class, education, socioeconomic status, world view, experience, and countries of origin can make for a less than perfect match when looking for concordance between children, youth, and families from the same population group.

In terms of evidence-based practices, it is important to note that very few have been tested or "normed" on Latino or Hispanic populations. That in itself illustrates the need for adaptation to promising evidence-based practices to ensure their cultural appropriateness for Latinos. So if you think back to that diagram that shows all the different cultural contexts, all of those things need to be taken into consideration when you are seeking to use or adapt a technique or approach that has been labeled as being evidence-based.

[Research informs us] that family and next community are the first sources of support. When there is a problem, individuals usually seek the assistance of family and extended family. Some families may seek assistance from the community such as going to see the priest or pastor or other person connected to a faith-based service, a folk healer, or other traditional practitioner before seeking “Western” support or services.

If families are the primary system of support, then any adaptation to an evidence-based practice has to take family into consideration – the cultural values, beliefs, and practices as well as those of the community. Because if family is the nest for the child, then community is the nest for family. Does that make sense?

[Additional research] reminds us that culturally responsive approaches have to take into consideration not just the culture, but specific life experiences of individuals and families; take into consideration preferred social networks of support. This implies that organizations or agencies need to identify specialized cultural approaches or techniques already in existence that work well within the community. And if there is not a preexisting cultural approach, then review an evidence-based approach and determine what needs to be changed so that it fits the needs of individuals and families within the community.

Research is also telling us that when clinicians use cultural responsive approaches, they are doing two things: 1) They are either taking what they know works from a cultural perspective for a group and mixing it in with

“If families are the primary system of support, then any adaptation to an evidence-based practice has to take family into consideration – the cultural values, beliefs, and practices as well as those of the community.”

what works, what Western rigorous scientific testing tells us works and making it fit; or 2) they take traditional approaches from the cultural or ethnic group and mix that into some innovative things that really meet the needs of the individuals, families, and communities they serve.

So if you’re thinking about using evidence-based practices, what are the things that you need to do? First, you have to keep in mind that there are few evidence-based practices that really have been normed rigorously on Latino populations. With that in mind, there are many authors that say that they have used a certain technique or model and have been successful with communities of color. When you read those articles make sure that they provide very specific data on:

- a) What they did to adapt the practice
- b) Who they were working with (i.e., family members of children and youth, community leaders, or liaisons) to assist with the review of the planned adaptation
- c) The population that the practice was adapted for
- d) Changes or adaptations made to meet education and literacy levels

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- e) Changes made to address socioeconomic status
- f) How language was addressed (i.e., Did they have bilingual/bicultural staff, use bilingual volunteers, hire interpreters, translate written information?)
- g) Provide any staff training on working with interpreters

Be wary if the adaptation does not include staff training or the article does not discuss staff development to bring people on board, up to speed, increase their knowledge or skills about how to work with different communities. Be looking for those kinds of things.

We want you also to be looking for whether or not they are talking about the community factors that are affecting the family: crime, violence, socioeconomics, single-parent households, mixed status families (i.e., some family members are legal, some are undocumented, the children may be U.S. citizens but one or more parents may not be), family constellation, acculturation levels, etc.

Acculturation is a critical issue in itself. Recognizing that people, families, make choices, communities make choices about the extent to which they accept values and beliefs that are U.S.-based and mix them with their traditional cultural beliefs, can have a huge impact on use of services and supports. If you are adapting practices, make sure that your adaptation addresses the full range of community factors and cultural contexts. In reviewing evidence-based practices, please look for information that addresses the

particular needs of lesbian, gay, bisexual, transgender, questioning, or two-spirited youth. If you plan to adapt, consider what adaptations would be needed to meet those needs.

Finally, it is particularly important to understand that each cultural group has its own definition and expression of emotional and behavioral health, as well as perceptions related to the ways in which disturbances are manifested and reported. Is the problem sadness versus melancholy? Is the individual being violent or withdrawing? Does the individual report physical upset or pain rather than talk about feelings and emotions? All can be equally acceptable cultural expressions of upset or imbalance. What kinds of adaptations or modifications would need to be made to address...the problem when the problem can be described in so many ways? When you see studies that talk about ensuring that the provider matched the same ethnic or racial group or cultural group as the family, the client, the community, beware of that, because that's a start, but that approach is not the end all or be all. If the methodology describes providing services within the home, consider the whole set of values, beliefs, and practices associated with such activities.

The take-home message is that understanding cultural values, beliefs, and practices is continuous. It's not a one-shot deal; it's ongoing. And if you think about the whole continuum of cultural competency, it's really centered on the willingness to learn. It's also looking at experiences and a willingness to look at the subtleties. Those things that you

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can't learn just by reading articles, but the nuances that are most important to cultural situations. The real key is that sometimes what seems logical or sensible if seen from our own cultural lenses might seem totally off the wall to someone else. It's always important to look at what you're seeing through a cultural lens that is trying to understand the full context of the situation. Being aware of culture and its impact is critical to the review and selection of evidence-based and promising practices for adaptation to meet the unique preferences and needs of all families.

Cassandra Villanueva: Thank you very much, Wendy Jones, for laying the context for how competence for cultural and linguistic services should be approached and examined. As participants, I hope we can all take this information back home to advocate for system reform and implement this new knowledge as a tool for examining our own programs and the programs of others for competence and appropriateness. Oftentimes, these types of benchmarks and standards are assets that many Latino CBOs already contain. But the challenge is that oftentimes your local juvenile justice system is unaware of these elements and unaware of how to implement or address them. So becoming a resource for your juvenile justice system may be the start of a relationship that could help hundreds of Latino youth succeed after being in contact with the juvenile justice system, because success for many system-involved youth may depend on whether or not the services and treatment they receive from the system adequately addresses

their circumstances. For other CBOs, this sort of knowledge and information that Ms. Jones shared today can be a motivator for developing, implementing, or modifying programs to strengthen our communities.

Now that we have an increased understanding of cultural and linguistic competence, we will now turn our attention to the legal aspect of language access in the juvenile justice system. Our next speaker is Adrienne Hahn who is a staff attorney with the Department of Justice's Civil Rights Division, Coordination and Review Section. Her presentation will provide a legal framework for understanding how language access and effective communication for youth in contact with the juvenile justice system is a civil rights issue.

Adrienne Hahn: Good morning, everyone. Let me begin by asking you all a question. How many of you are familiar with Title VI of the Civil Rights Act of 1964 and what that covers? How about Executive Order 13166? I see we have a couple of hands in here. That's wonderful. I tip my hat to you. Truthfully, there are very few Americans that really understand the breadth of that particular statute, and it's a very important one.

For my presentation today, I am going to tell you about the importance of these particular mandatory legal requirements in terms of the work that you do in relation to improving the lives of children in the juvenile justice system. When I'm trying to frame Title VI of the Civil Rights Act of 1964, the best way for me to explain it is to go back to its original

“...the United States Supreme Court has held that undocumented people are considered persons under equal protection and due process clauses of the Fifth and Fourteenth Amendments.”

underpinning. For this, I'd like to quote President John F. Kennedy in his speech he gave while addressing the United States Congress in explaining to them why this statute was so critical. He said, "Simple justice requires that public funds, to which taxpayers of all races contribute, not be used in any fashion which encourages, entrenches, subsidizes, or results in racial discrimination." This quote speaks volumes in relation to the information that you shared, Cassandra, about the disproportionate number of Latino children in the juvenile justice system and why enforcement of this statute is important.

So you may be asking yourself, "What does Title VI specifically state?" Let me answer that for you. Section 601 of the Civil Rights Act of 1964 states that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance. Next, I will break down every section for you to better understand the definitions.

First, a lot of folks ask me, "What do you mean by federal financial assistance?" Well, let me just tell you how far and deep this runs. If

you're an agency anywhere in the United States, whether you are a nonprofit or the federal government, and you are receiving funds, even if it is one penny, you are subject to compliance under Title VI. Under the Civil Rights Restoration Act, if funding is extended to one of the recipient's programs or activities, all of the recipient's programs or activities are covered by Title VI.

Let me give you an example. In trying to enforce our police departments for compliance under Title VI, the Justice Department has used proof that the funding of one bulletproof vest was enough to bring that police department into compliance. So I am showing you that even one penny brings you under the enforcement of this particular statute. It can be very powerful.

Second, when we say "race, color, and national origin" the United States Supreme Court has held that undocumented people are considered persons under equal protection and due process clauses of the Fifth and Fourteenth Amendments. In light of the recent discussions and debates that have been going on in Washington, DC, what is really important to know about this is that regardless of your legal status here in the United States, this law applies to you. And I think that's very, very important to know because I want folks to understand how very broad this is in terms of its implications.

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Third, “national origin.” When we say “national origin,” we mean your country of origin, not necessarily your country of citizenship.

Fourth, the words “federal financial assistance.” What does that qualify as? Well, that means grants or loans, grant or donation of federal property or interest in the detailed federal personnel, the sale or lease of and the permission of use of federal property at little or no cost, and any other federal agreement, arrangement, or other contract which has, among other purposes, the provision of assistance.

Now let’s turn our attention to understanding how the provisions of Title VI apply to persons who are limited-English-proficient. In the 1972 U.S. Supreme Court case of *Lao versus Nichols*, the court interpreted that the Title VI nondiscrimination provision prohibits conduct that has a disproportionate effect on those who are of limited ability to speak, read, or understand English. So in other words, what they interpreted Title VI to mean is that if you are limited-English-proficient, the term “national origin” applies to you. This is very important, particularly when you look at the makeup of the United States in terms of the number of people who are currently limited-English-proficient.

And I think particularly, as Cassandra put it earlier, in the juvenile justice field and in a legal context, learning a second language is difficult and becomes more complex in terms of trying to understand how to navigate through the legal system. I mean, it takes a lot even for people whose first language is English.

So imagine if you were a young person, even as young as ten years old, trying to explain to your parents the plea bargain that the prosecutor has tried to use with you. Can you imagine how hard that would be? Sadly, 90% of the kids have their cases brought and decided under plea bargains in the juvenile justice context. And too many times it’s the young person themselves that are being forced to actually serve as an interpreter for their parents in the judicial system, and that’s unacceptable. Now that I have covered Title VI, I’m going to shift into the next section.

Well, it’s interesting. Given that Title VI applies to all of us, the general public, it wasn’t until the year 2000 that the federal government actually had to begin applying the Title VI restrictions. It’s interesting, isn’t it? We would automatically assume the feds would be complying, but it wasn’t the case. So that’s very important, because by applying Executive Order 13166, that meant that federally conducted programs and activities, which is 35 federal agencies, had to ensure that their programs and activities were accessible to folks who are limited-English-proficient. This also meant the recipient programs and activities for 80 other federal agencies had to do likewise.

And if you want to get a better sense in terms of how many federal agencies and how they actually make sure that they are in compliance with Executive Order 13166, I would encourage you to go to www.lep.gov and you will actually see the guidance that the agencies had to put into place. The Department of Justice federal guidance serves as the model for other federal

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agencies, and it should also be your model in terms of ensuring that your organization is in compliance with Executive Order 13166. I am really pleased to report that in this document we talk about juvenile detention facilities and what some of these things should look like.

So now let me answer the questions of “What is a limited-English-proficient person? How is that defined?” It is someone who doesn’t speak English as the primary language and has a limited ability to read, write, speak, or understand English. To put it in a nutshell, what Executive Order 13166 basically says is that you have to provide meaningful and reasonable access for folks who are limited-English-proficient.

So what [are] the reasonable steps that you have to take in terms of ensuring there is meaningful access? Well, it’s four factors. The first factor is you have to look at the number or proportion of the population served. There are some communities that we have had challenges with across the country, who have said, “Well, we just have too many languages spoken in our community, and we can’t do this for all of those languages. We have Chinese, Spanish, Mayan, and many others...if we translated every document, we would go under.” Well, that’s not good enough. If you’re getting any federal monies, you have to take a look at the proportional number of populations served. And then you also have to look at the frequency of the contact. Second, the importance of the service or the benefit. Is it a vital service? And then third, you have to look at the issue of the resources available,

including cost. So, when we say the proportional number of LEP persons being served, you need to look at the greater number of the LEP individuals. And finally, the frequency of the contact. What is really important when looking at the resource availability? Before reaching this factor, you really need to do research analysis on the first three. Your starting point should be: How important is it? What is the proportion of the population’s needs? What is the frequency of the contact?

For juvenile justice practitioners, there’s a range of strategies that you can put into place to try and develop a limited-English-proficiency plan, including bilingual staff, staff interpreters, contract interpreters, telephonic interpreter services, and community volunteers. But now I really want to drive down some key points that I would encourage you to think about when you are dealing with the issues of juvenile justice. You need to consider factors about what occurs at the time of arrest. Has the responding police officer determined the English proficiency of the youth or the legal guardian? If language proficiency issues have been identified, have certified interpreters been provided for any youth, legal guardian, victim, or witness?

Other questions to consider related to detention/initial hearing also include: If language proficiency issues have been identified, have certified interpreters been provided for the LEP youth, legal guardian, victim, or witness? Have vital documents been translated for the LEP youth and/or legal

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guardian? If alternatives to detention are being explored, do the alternatives include bilingual staff or telephonic services for the LEP youth and/or legal custodian?

How many of those young children who come into contact with the justice system understand the gravity of the issue, or even [are] able to negotiate or have a discussion with their parent or legal guardian? Could [we] have defused that situation so that the young person didn't have to go into juvenile justice? And I think that's why it's very critical to look at that, given that state studies of juvenile access to counsel indicate that most juvenile cases – often as many as 90% – result in a plea bargain. Finally, questions to consider at trial, disposition hearing, and post-disposition involve reviewing whether or not the court provided certified interpreters for any LEP youth and/or legal custodian throughout the plea bargaining process, so that the family can make an informed choice. And then next, if language proficiency issues have been identified, has the court selected a placement that addresses English proficiency issues on the part of the LEP juvenile and/or legal guardian? Finally, if language proficiency issues have been identified, we also have to ask whether or not vital documents have been translated for the LEP youth, parent, guardian, or custodian so that they are informed about ensuing legal processes and responsibilities (e.g., payment of fines and consequences for failing to comply with court orders).

It is important to make sure you have certified interpreters to deal with the victim or witness. It's difficult to get all the facts right when you don't have interpreters who are explaining to you the nature of the issues.

Cassandra Villanueva: Tell us, Adrienne, do parents have a legal right when they say, "I don't speak English. Can I get an interpreter?"

Adrienne Hahn: Yes, they do. And, in fact, I would really encourage you to look at a book that we have, *Executive Order 13166: Limited English Proficiency Research Document: Tips and Tools from the Field*. And this deals with the courts and what your rights are under the courts. But, yes, you do have the right to an interpreter when you get to trial and disposition. As I said, 90% of these kids – the majority of these are done through plea bargains – and we should not have youth translating the plea bargain in terms of the severity of the punishment. The vital documents in terms of...the rights and responsibilities of the parents should be translated. Many times they don't understand that there's going to be a home study that's going to be done before the youth can come back, if they're going to get them back. So the bottom line is this. The key to compliance is to ensure meaningful access to covered entities, to provide language access that results in the LEP individual receiving accurate, timely, and effective communication at – and this is a key word here, everyone – "no cost to them."

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Too often people say, “Well, we’d love to help you, but if you can bring an interpreter in, bring your own interpreter, bring your best buddy, but we are not paying for it.” Well, I’m sorry. If you’re getting federal monies, you are paying for it if you have an LEP plan and these four factors in terms of providing reasonable access.

In closing, I encourage you all to make use of this information. I’ve left some materials in the back that you can take with you. And if you have any questions – and I say this with utter sincerity – please call or contact me via email. I would be more than willing to try and be a resource to you because I think this is a vital and important issue. Our children are our future.

Cassandra Villanueva: Thank you, Ms. Hahn. Now we know that youth have rights and their parents have rights as well. It’s important to understand that having effective communication that informs decision-making in the juvenile justice context is a basic right. We have to remember that there are legal obligations, protections, and rights that are not a matter of special privilege, but actually one of justice. As an example, let’s look at José Luis – I’ve changed his name – who is a sophomore in high school.

*J*osé Luis, a 16 year old student and his parents are naturalized citizens, originally from Mexico City, Mexico. Both he and his parents don’t speak English well, and his parents are taking English as a second language classes offered at a local Hispanic community center. One day at high school, José Luis gets into a fistfight with another student over a cell phone. Immediately the police are called to the scene, and both students are arrested and taken to the police station.

Even though José Luis speaks English better than his parents, he doesn’t know what is going on, and his parents do not fully understand what has happened because both the police and parents face language barriers with each other and cannot communicate. Throughout the whole process, José Luis’ parents relied on him for translation because legal documents were not available in Spanish, and there were no interpreters to help them navigate the system. Even though José Luis did not understand legal terminology himself, he was left to convey every step of the system to his parents from the moment he had to be picked-up from the police station, to receiving court notification letters, appearing before the judge, signing waivers, and working with their public defender.

José Luis was sentenced to two years at the juvenile detention facility 300 miles away. Upon release, José Luis dropped out of high school and ended up in jail again as an adult. José Luis’ outcome might have been different if he and his parents better understood the judicial process and their rights to receive information in their primary language. If this were the case, they could have advocated for their son to attend anger management sessions at the same Hispanic community center where they attended English classes. And upon completing his treatment, José Luis would have graduated from high school and headed onto college – a dream he always wanted to accomplish.

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Our next speaker is Fernando Giraldo who is the Division Director for the Santa Cruz Juvenile Probation Department. In his tenure, he has been a part of a juvenile justice system that has taken everything we have discussed today and implemented measures of reform to treat youth appropriately and ultimately reduce the number of Latino youth cycling in and out of the system.

Fernando Giraldo: *Buenos días.* Thank you for being here. This discussion will focus on several important aspects of our Probation Department in Santa Cruz County, California. I want to describe the work we have done in the juvenile division to be culturally competent and sensitive to the needs of our Latino clients. Additionally, I will give examples of how we have delivered evidenced-based programming while being culturally and linguistically competent. Perhaps the idea of probation attempting to be culturally competent is a shock to some of you. Some of you may be familiar with probation, and I would guess you may have had both positive and negative experiences. During this presentation I would like to focus on something positive and describe what we are trying to do in Santa Cruz as a model site for juvenile detention reform and initiatives to address Disproportionate Minority Contact. I also hope that the information provided will help give you an idea of how we have done our best to develop racially and culturally responsive programs.

First, I want to tell you a little bit about where Santa Cruz is located and who lives there. We

are located in the Monterey Bay [area], 70 miles south of San Francisco. Our population is 70% Anglo and about 27% Latino. The Latino population that lives in the county is predominately of Mexican origin. Many of these youth and families are recent arrivals to the country as well as first and second generation Mexican Americans. When I speak about people of color in our jurisdiction I am speaking mostly about Latinos, which are mostly of Mexican decent. Hopefully this gives you an idea of where we have been targeting our efforts to be culturally and racially responsive.

I must also mention an important factor about one specific area of our county. Watsonville is in the south end of the county and home to a population that is about 70-75% Latino. While this area is small in comparison to the rest of the county, 50% or more of all cases in the juvenile justice system and in the institution come from Watsonville.

Watsonville is in the Pajaro Valley, one of the most fertile areas in the country. This fertile area is a prime producer of strawberries, blueberries, lettuce, apples – the list goes on. A majority of the people working in the agricultural sector are seasonal workers from Mexico. The agricultural industry is not high-paying and work is unsteady. Many workers go back and forth between the U.S. and Mexico as they look for work. As you might guess, Watsonville is an economically depressed area, and many of the youth and families from here who enter our system have socioeconomic disadvantages when compared to the rest of the county.

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Latinos in Santa Cruz County have a long history of [organizing] which began with the struggle for their rights as farmworkers. The organized labor movement began with the late Cesar Chavez who worked tirelessly to seek better working conditions for the farmworkers throughout the Pajaro Valley. This movement eventually expanded itself to other areas, one of which was an interest in the justice system and issues related to Disproportionate Minority Contact. Our department has been fortunate to have had good relationships with leaders from the Latino community, and we welcomed their interest in looking at the conditions of our institution and reviewing the average daily population of Latino youth that were incarcerated. About 12 years ago, the population of court-aged youth (10-17 years of age) in the county was about 30% Latino. In the juvenile hall Latinos made up about 70% of the population. We quickly began working together with the local Latino leadership to address the obvious issue of DMC. We were fortunate to have an "open" system that allowed community members to take a critical look at all points of entry into the juvenile justice system and begin recommending changes. Instead of shutting our doors and saying, "We will deal with this our own way," We took the opportunity to work together with community members and look for solutions.

I believe [that] cultural and linguistic competency has a lot to do with reducing racial and ethnic disparities in the juvenile hall. It has also helped us to develop a robust continuum of alternatives to detention for youth, who in the past were unnecessarily detained.

Today, youth of color in Santa Cruz County are two times less likely to be held in confinement than they were ten years ago. Through our detention alternative programs and development of an objective risk assessment instrument at the initial juvenile hall booking, we turn away most youth. We are constantly trying to get the message across to our partners, which include law enforcement agencies, that the use of detention alternatives does not jeopardize community safety and should be an option for all youth. Unnecessary confinement is harmful, and efforts should be maximized to serve youth in the community. Much of our work to demonstrate the effectiveness of detention alternatives involves the use of data to show that most youth do not reoffend and make it to most court hearings while on house arrest. We have shown that crime rates have continually declined in Santa Cruz over the past several years despite the fact that we are locking up fewer youth.

Ten years ago our average daily population in juvenile hall was 50. Last year our average daily population was 18.7. This is quite a drop in the number of juveniles detained. This also means that fewer Latinos are being held in secure detention. We haven't built any more juvenile hall beds, even though our youth population is growing. What typically happens when juvenile halls are expanded is that the beds are quickly filled. The jail industry has been profitable for many people and communities. We don't want to go there.

In 1997, 64% of the population in juvenile hall was Latino, while in the general population, court-aged Latino youth made up 34% of the

population. In 2005, 53% of the population in juvenile hall was Latino while their numbers in the general population increased to 41%. The actual population of Latino youth has increased, yet we are detaining fewer of them. Efforts to address racial and ethnic disparities at all points of entry into the juvenile justice system are ongoing. I can't really say if we will ever finish and solve the problem, but I think we are taking this seriously and will continue our commitment. Ten years of work to address disproportionate minority confinement has yielded some positive results, but Latinos continue to be overrepresented. In 1998 our average daily population of Latino youth was 33.6. In 2005 that number dropped to an average daily population of 9.3 Latino youth. So the good news is that the actual number of Latino youth in custody has decreased. I also want to point out that we have reduced our average daily population for all youth, not just for youth of color. We continue to focus on everyone in our system.

In addition to reducing the use of detention, we have also reduced the use of institutional care. As you may know, youth of color are sent to out-of-home placements at far higher rates than Anglo youth once they are adjudicated for similar charges. The highest level of institutional care for youth in California is the Division of Juvenile Justice. This is essentially a prison for youth. In 2005 our county did not send anyone there. We are pleased with those outcomes.

Now that I shared some of the highlights of what we have accomplished in Santa Cruz, I

want to discuss the basic strategies we used in setting the stage for cultural competency in our agency. The foundation of your organization is your staff. Two very important questions to ask yourself are: 1) Who are you serving? and 2) Does your staff reflect that? Once you have the answers to those questions (and several others) you can start planning.

Our probation department staff, which includes support staff, is 44% bilingual and bicultural. Our method of determining who is bicultural and who isn't is not scientific. We are a small enough department where we get to know our staff well, what their backgrounds are, and what their ability is to work with diverse populations. Our line probation officer staff is 42% bilingual and bicultural. As I said earlier, the overall Latino population in Santa Cruz County is 27%. At the moment I can say our department reflects the clients we are serving. Our administration (of which I am part) is now up to 38%. And I am proud to say I was the first Latino in our organization to get into administration. Our probation aides are 66%, reception is 66%, and our institutional staff is 50% bilingual/bicultural.

If you are wondering how your department may go about doing this, you can begin by developing something similar to a tool we use. As a guideline we use the *Standards of Latino Accessibility* document. This tool assesses a number of variables in our department. In each area we look for indicators of accessibility. The tool asks basic questions like, "Does the agency use interventions and strategies that have been developed for Latinos?" The next

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step would be to determine how you would research, identify, and implement effective program models being utilized with Latinos. Lastly, success would be measured by the degree which the agency has incorporated available models within the services structure.

Translation of documents is an important part of being sensitive to the needs of Latino clients. We have gone through several reviews of all our working documents and are constantly making sure they are translated into Spanish. Have you ever had the debate about whether or not it is really necessary to have bilingual staff in certain positions in your agency? I know we have in ours. I bring up the question about the necessity of having bilingual staff because I recall a debate among our own administration as we were discussing the need for a bilingual receptionist. Several people felt that we did not need a bilingual receptionist because the Spanish speakers (our clients and families) with limited English capability seemed to be getting all the information they needed because they never asked follow-up questions. It was assumed that if they didn't ask questions then they understood everything. I almost exploded when I heard this. My response was, "How can they ask questions if they can't speak the language?"

The next assumption was that since clients are quiet after you give them instructions, then they understood everything. That is why they don't ask questions. In my personal experience with family members who were limited-

English-proficient, they nodded their heads and said "Yes" just to be polite even though they hardly understood a single word of the conversation.

I brought my life experiences to the table as a manager. My life experiences told me that clients can't ask questions and are embarrassed to ask for clarification because they don't understand what was said in the first place. Language barriers prevent clients from asking questions. I often wonder what would have happened if I had not been at the table and made a decision to state how important it is to have a bilingual receptionist. We still have these debates, challenges, and struggles, but the importance of having Latinos who are responsible for managing the organization is undeniable. The policy decisions that I am involved in making have a lasting impact on the people we serve.

Translation of forms that clients use is very important. One of the things that can happen if you don't have forms translated is that you will have children translating forms for parents. This is not best practice. We have contracted with someone who does a very good job of translating the forms for us. This person takes into consideration such things as the people who will be reading the forms, their literacy level, and translating court jargon in a way clients can understand. Our program brochures, juvenile hall policies and procedures, and of course our visiting hours for the families are posted in Spanish.

Our department also has a document called a *Guide for Cultural Competency*. We review this annually and audit ourselves to see how we are doing. Another example of something we did to try and reach Latino families was to produce a video that describes the court process, what happens when a child is detained, and basic things related to probation. The video runs continuously in the juvenile court waiting area so that parents can watch and hopefully get more familiar with the process.

Cultural and linguistic competency can go a long way toward helping to reduce unnecessary detention for youth. Just as it is important to have a risk assessment at intake (when a youth is brought into custody) and admission criteria that ensure that detention is used for only the most serious cases, it is equally important to have culturally and linguistically competent staff at the intake level and in the institution that makes decisions regarding detention. There are many accounts of youth who were held in detention because juvenile hall staff did not have Spanish speakers on hand to contact parents and have them pick up their child.

Many parents are also afraid to go to the juvenile hall for fears of what may happen to them on a personal level. They may wonder if their status as an undocumented person will get them into trouble once they walk through the doors of the institution. These are legitimate fears for a parent. Combine these fears with an inability to communicate with “system folks” and you have a situation where parents are reluctant to pick a child up from custody.

“Cultural and linguistic competency can go a long way toward helping to reduce unnecessary detention for youth.”

Cultural bias and misunderstandings can also delay the quick release of a youth to caring adults. There have been numerous occasions where Latino youth living in the U.S. with someone other than a parent have been arrested and brought into custody. These youth lived with an older sister, an aunt or uncle, or some other extended family members. While this may not be as common in the Anglo culture, it is common for many young Latino youth living...near the Mexican border. In some instances an intake worker refused to believe that the youth were not living with the mother or father and assumed that all youth live with a parent or legal guardian.

For example, a youth’s uncle desperately wanted the youth released to his custody, but the intake worker believed he was being manipulated and refused release to the relative caregiver. This intake worker was not familiar with the often unfortunate circumstance of immigration. Youth are sent to the U.S. to live with relatives by parents who hope they are offering their child a better opportunity. In other instances the parents may have been deported and the child left behind. A probation intake worker who lacks awareness and understanding of the experience of migrant workers may dismiss a child’s claim that he does not live with his parents. Instead of

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releasing the youth to the care of his loving uncle, the release is delayed.

Having Spanish-speaking staff in the institution will expedite the release of youth with monolingual Spanish-speaking parents. Staff will call and speak with parents, inform them of the circumstances, and let them know that their child is safe. One of the biggest concerns for parents is that their child will be hurt and mistreated in the institution. While I cannot speak for the rest of California, our institution in Santa Cruz is safe. Our staff knows that parents have these kinds of legitimate fears and can help calm parents down. If parents are unavailable, staff can use their communication skills to track down a responsible adult the youth may be living with. Staff also realize that parents may be at work in the canneries or in the fields. If necessary, staff is expected to drive to the parents' place of work and find the parents or guardian and release the youth.

The next topics I will discuss are evidenced-based practices and how our probation department has attempted to use programs that match the needs of the clients. Before I begin the discussion about how certain program curricula may or may not work for clients, I want to talk about things you should consider before even starting the program. Here is an example of one particular experience in Santa Cruz.

While planning for a six-week course that was called Family Wellness (parent and family education) I had to consider a number of things before even opening up a program manual. The families I was going to deliver the

curriculum to were mostly people who were working in the fields picking strawberries and other fruits and vegetables. This type of work is grueling and the hours are long. Many of the families who I wanted to attend the workshop were seasonal migrant farmworkers. On one particular occasion I was delivering the program in mid-summer which happened to be the peak time of growing season. For me the obvious thing to do was to plan to start my program at 7:00 p.m. and provide a hot meal for the clients. It put me out [of] the normal 8-5 workday zone, but it was not about me anymore. As I said, we have to change how we work. I worked together with some parents who volunteered at the school and knew the best ways to reach the families. Setting the start time for 5:00 was simply not an option, and we had to modify our schedules to accommodate the families. Additionally, we needed to provide child care because many of the families had a number of small children or were caring for other children. Once I figured out the start time of the program and who the families were, I could then start preparing the lessons by reviewing the manual. The point I am trying to make here is that a successful delivery of an evidenced-based program begins before you open up a manual.

One question that often arises when considering the use of curricula that are considered best practice is, "How is this going to work with my clients?" This is an excellent question because not many of the "packaged" curriculums are designed with your clients in mind. In my personal experiences I have found that they are usually geared to the White

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middle-class population. Does this mean you can't use it with your clients? My answer is that most of the time you can use it, as long as you make content/delivery adjustments that do not disrupt fidelity to the model. How you use the curriculum depends on your willingness to adhere to the fidelity of the model while simply tweaking areas that don't deviate from the validated components.

Too often folks see something that may not be relevant to their clients and quickly dismiss the program and put the manual on a shelf to collect dust. I think this is the easy way out. My experience has been that some professionals in the field are having a hard time letting go of the status quo. Their current practice may be based on their training and education and what their gut instinct tells them. Some have not kept up with an evolving field. Evidence-based practices are not based on "gut instinct"; they are based on research. The medical profession is based on advances in research. Why shouldn't mental health professionals and probation staff in juvenile justice also base their practices on research? One of the past failures of the justice system has been its inability to advance by applying evidence-based practices when working with criminal offenders. More recently however, the justice system has started to emerge as a leader [in] realizing that less costly, less time-consuming interventions have practical applications.

When service providers discredit a curriculum because one small aspect of it may not fit their clients, they fall back into their comfort zone

and continue to deliver "services as usual." An example of this may be taking a group of youth on a rope-climbing expedition. While this is a great experience for kids, there is no evidence that services like this target criminogenic factors leading to delinquent behaviors. I will provide a few examples of simple modifications that I have made to curriculums that I used so that they made sense for my clients. These modifications did not deviate from the models they were based on. The principles on which the programs are built are based on the collective experiences of many people, no matter what their background. Many of the evidenced-based programs use curricula that require the facilitator not just to teach, but also to model the skills and techniques they are teaching. After facilitators model the new behaviors, they then coach participants and walk them through difficult situations using the techniques they just learned. One of the most common ways to have people practice new skills is through role plays. Many of the curriculums have numerous suggested role plays that you can use. It was in a review of the role plays where I found examples of program components (not the entire program!) to not necessarily be geared to my clients. I always found that it was the role plays and other exercises that may not have been "culturally competent." Role plays are easy to change. Tweaking and modifying role plays does not mean you are compromising the fidelity of the program model.

Here is an example of how I adjusted a small piece of a curriculum without straying from the intended lesson plan. This adjustment was

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made to the Family Wellness Parent and Family Education Program. Each lesson consisted of a set of suggested role plays to use with families. For instance, if the lesson focuses on communication skills, the role play would require that participants practice communication with a facilitator. The facilitator would take on the role of whomever the participants wanted to communicate something to. The facilitator's role was to coach participants through each scenario and have them try out a new skill. What I found was that scenarios did not really match the participants that attended my program.

The suggested role play in a problem-solving lesson was to have a family come up with a plan to take a trip to Hawaii. "Now I am doing okay, have a good job, etc., but I still have a hard time coming up with the cash to fly to Hawaii." As I alluded to earlier, I knew that the participants were struggling to make ends meet. They were working in the agricultural industry which is a very low-paying sector of the economy. I had to be realistic and know that my clients were not saving up for a trip to Hawaii. In many cases they were supporting their families in the U.S. and also sending money back to Mexico. Unfortunately, they were not planning their next vacation. I could have easily said, "Well I can't use this program. These scenarios don't work." There was no way I could do that. The solution was to be creative and make up another role play. It might be a scenario where the family was trying to figure out how to help out a sick aunt in Mexico, or how to enroll in an adult education program and take a class.

More and more I am seeing that many of the curricula are being translated into Spanish. This is great and very helpful, but just because it is in Spanish doesn't mean you won't have to adapt it to fit the needs of your clients. Don't expect the curriculum to teach you about cultural competency. As a practitioner you have to take what you know from your trainings, your experiences, and incorporate them into the delivery of the program. The facilitator manuals don't start with 100 pages of instructions about how to be culturally competent. Hopefully, in the future we'll have curricula that are racially and culturally responsive to the needs of our many diverse clients. For now I suggest you rely on your professional trainings, journals, and experiences to make the adaptations that will make evidenced-based programs work for your clients.

I want to give you one last example of how we used an evidenced-based program in Santa Cruz and relied heavily on our training and experience to acknowledge issues of discrimination and racism. I had to be quick on my feet on several occasions when the topics in the curriculum brought up intense feelings that probationers had about being singled out by police because they were Latino. One program that I used regularly was a cognitive behavior program called Thinking for a Change. As part of the cognitive restructuring process, participants were asked to begin lessons by describing situations that put them at risk. The exercises were called thinking reports, and clients had to make a brief one- or two-sentence statement about an action they did that caused harm to themselves and/or others.

The sentence had to begin with an “I” statement. For example, participants might report the following, “I ran from the police after they stopped me. I got arrested after that.” They were encouraged to use real-life examples. Very often participants had a very hard [time] getting past the “I” statement because they felt the only reason they got into trouble was because the police stopped them because they were Latino. They ran because they believed that they were going to be harassed for no reason at all.

The lesson plan was not intended to create a dialogue about issues of racism, but it did. The reality was that it did bring up important issues for youth of color, and they needed to be addressed or the whole program would be a failure. If I did not acknowledge the real issues that kids were facing in the city streets, the program would lose credibility, no matter how good it was. So when the discussion deviated from the intended lesson, I would take a little time to talk about how they felt about issues of racial profiling. On many occasions I would ask that we save the discussion for after the lesson ended. The real lesson for a facilitator here is that you have to be quick on your feet and plan for the unexpected when using evidence-based programs.

How do you explain evidence-based practices to families? It may not be the best idea to start talking to any client about validation studies, standard deviation, sample size, and random assignment. With our families, we don’t just jump into explaining all the science, although we may do that down the road. We

gauge where the family is at. We work with probation families who are court ordered to attend some of these programs, and they may be resistant. I want to engage youth and families and not scare them off with technical jargon. So how do I explain the importance of evidence-based practices? It starts with establishing rapport, knowing who your clients are, and being able to explain evidence-based practices in a way that makes sense. Before I even get into explaining the fact that these programs [have] proven to be effective, I begin by letting them know that they will not be charged for these services. That’s a very important point. We know that many of our clients are very concerned over costs associated with court, and the last thing they need is to have to pay more fees.

Efforts to explain what evidenced-based practices are and engage youth and families to participate in these programs are easier when rapport is established. Rapport is based on trust and ability to connect. This is facilitated when clients have a probation officer who looks like them, has similar experiences, and can speak a language that is comfortable to them.

Our department makes every effort to match probationers with probation officers who look like and speak the same language as them. We also try to minimize the use of translators. Our agency is not perfect, and the number of staff that is bilingual and bicultural sometimes fluctuates. There have been numerous occasions when we could not staff all the positions that should have had bilingual probation officers. If you speak Spanish in our

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jurisdiction you are highly sought after, especially if you have a high level of education. It is challenging to retain staff, so we are always recruiting. We do lots of recruiting in the community and at the local community colleges and universities. Many of our staff come from the same community that their clients are coming from. Several of our probation officers worked in community-based agencies before they were hired by us. In many cases they continue to live in the same community as their clients, may have gone to the same schools, and know the same people. Even though we are probation officers, I think we are able to cut across a lot of boundaries because of who we hire and how we train our staff.

I want to give you a good example of an intensive strength-based, family-driven program that probation and mental health have created to serve youth at imminent risk for out-of-home placement. The program is known as the WRAP Program. I was the first probation officer assigned to this program about 12 years ago. This was an interesting assignment for a new probation officer like me. As a new officer I had begun to receive training on officer safety, boundaries, procedures of arrest, etc. As a graduate student in social work at that time, in addition to learning about professional boundaries, I was also learning how to engage families in strength-based ways. Was I a probation officer, a social worker, or a combination of both? As a counselor or a probation officer, you are trained not to accept things from clients, to not disclose much about yourself, and basically to keep a distance.

Our new WRAP Program and the principles it was based on conflicted with this. One of the first things the WRAP team did with the families was to have a *conocimiento* which is a get-to-know-each-other meeting. The expectation was that all of us, including probation, would disclose something about [our]selves, such as personal struggles and tragedies. On my own I had to learn to balance my duties as a probation officer serving the court while developing a relationship with families. This was a great learning experience, and I gradually immersed myself in the work and realized that if you really want to serve families you should be prepared to spend quality time with them and let them know who you are as a person.

In the WRAP Program, you get involved. I like to give the example of food. Food is important for everyone and it is symbolic in many ways. During my regular visits to the homes of probationers I was often offered food. Sometimes mom offered me food, sometimes grandma. Occasionally, I would meet parents at restaurants where they worked. They could not meet at any other times, so I did whatever I could to accommodate them. Occasionally, dad would come out of the kitchen with a plate of food for me. I had not expected to be served food, but it was steaming hot and smelled very good! I had a dilemma. Do I accept the food and cross a boundary, or do I just resist the temptation? The person making the offering seemed so happy to be doing so. I realized that to not accept the food was insulting to the family. This was their gesture, a way of saying you are welcome here and thank you for trying

to help. If I did not accept I could harm the development of a relationship. In the end I decided to accept and eat the delicious foods that were offered. This example shows how I changed and how we, as probation officers, changed how we work. I did not change how the family worked.

The message I am trying to illustrate by using the example of food is that we have to change how we work with the families. The best evidenced-based interventions are not likely to have any effect with your clients if you don't have their buy-in. You can go to great lengths to prepare for the delivery of an excellent new curriculum, but if families don't feel comfortable attending, you have a big problem. In our department we have different expectations for our probation officers. All of us are expected to recognize that the strengths of the clients we serve exist within their cultural traditions, unique experiences, and histories. Our role is to tap into these resources and help youth and families successfully complete terms of probation and move on to live healthy and productive lives.

I hope these examples will give you concrete tools to help you enhance your work in the juvenile justice field and other areas. We value ongoing training in our department as the field is always changing, and we can only stand to benefit from successes that our colleagues in other jurisdictions are having. I want to end it there. Thank you very much.

“Research has demonstrated time and time again that [compared to incarceration alone] community-based programs are less expensive and more effective in helping troubled youth get their lives back on track.”

Cassandra Villanueva: Thank you, Mr. Giraldo, for sharing with us how the Santa Cruz [County] Probation Department has made significant strides to address the cultural and linguistic needs of Latino youth in your policies, practices, and programs. Across the country, other juvenile justice jurisdictions are making several references to your department as a “model” for replication purposes. I want to highlight your reference to partnering with CBOs; I cannot reiterate enough how important the role that CBOs play in addressing the needs of Latino youth and families who become involved with the juvenile justice system. Research has demonstrated time and time again that [compared to incarceration alone] community-based programs are less expensive and more effective in helping troubled youth get their lives back on track. However, working closely with Latino CBOs on prevention, intervention, aftercare, or alternatives to detention/incarceration still remains a tremendous challenge for many justice systems even when they are working with a significant number of Latino youth and families.

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Our next speaker, Adrian Moroles, is from an NCLR Affiliate, Sea Mar Community Health Centers, based in Seattle, Washington. His presentation is an example of a Latino CBO that has built a relationship with their juvenile justice system to provide services for system-involved youth needing treatment and the lessons his agency has learned in implementing EBPs. Adrian is not only Sea Mar's Clinical Manager for their Tacoma Residential Treatment Center, he also serves as NCLR's Latino Juvenile Justice Network Lead Convener in King County, Washington for the Models for Change initiative. We are very happy to have him here today.

Adrian Moroles: *Buenos días.* It's a pleasure to be here with you today on behalf of Sea Mar Community Health Centers and Claudia D'Allegri, our Behavioral Director.

Sea Mar Community Health Centers is a community-based organization founded in 1978 and has been committed to providing quality, comprehensive health and human services to diverse communities, specializing in service to Latinos. Currently, we have 29 centers in ten counties of western Washington and one county in eastern Washington. Our mission is to promote access to prevention and illness care for the underserved and uninsured low-income population in Washington State.

Our mental health outpatient programs are licensed to provide individual child and family mental health; therapeutic, psychiatric evaluation; and medication monitoring. Sea Mar has a huge outpatient program licensed to provide intensive outpatient treatment, aftercare, and ADIAS classes (alcohol, drug intervention, assistance). Services are offered in Bellingham, Mount Vernon, Washington, Monroe, Everett, Tacoma, Seattle, and Olympia. In addition, Sea Mar has four alcohol and drug residential treatment centers which include an adult inpatient program (36 beds) located in Tacoma, an adult recovery house and long-term care program (40 beds) located in Des Moines, a male youth treatment facility called Renacer (18 beds) located in Seattle, and a female youth treatment facility [called Visions (25 beds) with a recovery house (8 beds) located in Bellingham. We have also implemented evidence-based practices such as Dialectic Behavior Therapy [DBT] at two of our treatment centers – Bellingham and Seattle. Both treatment centers deal with youth.

DBT is an empirically validated treatment designed to replace maladaptive emotional and behavioral responses with more effective and skillful responses. Originally developed by Marsha Linehan* to treat Borderline Personality Disorder, it has since been adapted to treat youth with complex mental and

* For more, see *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York: The Guilford Press. Linehan, M.M. (1993).

behavioral health issues in the juvenile justice system.* Clients are taught a series of skills aimed at enhancing capacity to monitor emotional state, control emotional arousal, tolerate distress, and interact with others in a more effective manner.

In terms of outcomes for Visions Treatment Center and their implementation of EBPs, we have been successful in maintaining DBT as a core practice for the staff. Ninety percent of the clinical staff have been working together as a team for the past six years, and they all share the same philosophy of treatment. Ninety percent of the staff at Visions Treatment are Caucasian and 85% of the population served is mainstream.

As for our Renacer Treatment Program, it is fairly new and opened in 2004 through a partnership with the University of Washington and Washington State Division of Alcohol and Substance Abuse. During the implementation process, we trained 100% of the staff on site. Sixty-five percent of the staff hired was Hispanic, 35% was African American, and 5% was Caucasian. However, in the first six months, we experienced a turnover of 60% of the staff because clinicians had difficulties maintaining fidelity to the DBT model. Through this program, 40% of the population served was Hispanic, 35% was African

“...it is absolutely necessary to use a model that has all the elements of cultural competency already within its structure...”

American, and 25% Caucasian, but the staff had clear struggles following the consultant’s clinical advice, and in critical situations supervisors and staff went back to using the clinical tools that were familiar to them, which made the implementation process difficult.

Other challenges during the implementation process were that there was a lack of “buy-in” from Renacer’s supervisors. It has been difficult for staff to understand how the model is culturally competent for the Hispanic community, and staff were not able to utilize the concepts of acculturation, adaptation, and assimilation, which made it even more difficult to engage the families.

Through this process of trying to implement an EBP, we learned that it is absolutely necessary to use a model that has all the elements of cultural competency already within its structure, and there are some models out there that exist. Extensive research on culture and the family has demonstrated that the family and the child are influenced by their cultural contexts. An example of a model that includes

* For more, see *Preliminary Findings for the Juvenile Rehabilitation Administration’s Dialectical Behavior Therapy Program*. Washington State Institute for Public Policy. Barnoski, R. (2002).

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cultural competency in the model is Brief Strategic Family Therapy [BSFT, which] is a brief intervention used to treat adolescent drug use that occurs with other problem behaviors. These co-occurring problem behaviors include conduct problems at home and at school, oppositional behavior, delinquency, associating with antisocial peers, aggressive and violent behavior, and risky sexual behavior. Much of the researchers' work has examined the ways in which minority families' values and behaviors have an impact on the relationship between parents and children and affect adolescents' involvement with drug abuse and its associated problems. Further, several studies have been done specifically with the Hispanic community. For example, in one study, outpatient BSFT was compared to standard outpatient group counseling. Participants included 79 Hispanic families with a 12- to 18-year-old adolescent who was referred to counseling for conduct and antisocial problems by either a school counselor or a parent.

The efficacy of BSFT engagement has been tested in three studies with Hispanic youths for competency as well. The first study included mostly Cuban families with adolescents who had behavior problems and who were suspected of or observed using drugs by their parents or school counselors. Of those engaged, 93% actually reported drug use. Among families assigned to BSFT engagement, 93% of the non-Cuban Hispanics (composed primarily of Nicaraguan, Colombian, Puerto

Rican, Peruvian, and Mexican families) and 64% of the Cuban Hispanics were engaged. These findings have led to further study of the mechanism by which culture/ethnicity and other contextual factors may influence clinical processes related to engagement and strongly support the efficacy of BSFT engagement. Further, the second study with its focus on cultural/ethnic identity supports the widely held belief that therapeutic interactions must be responsive to contextual changes. In closing, my final remark is very simple: Models need to have cultural competency concepts integrated into their design so minority clinicians can adhere to the fidelity of the models. Thank you.

Cassandra Villanueva: Thank you, Mr. Moroles, for your presentation. At this time I'd like to ask for a round of applause for our panelists who spoke today.

Briefly, I'd like to recap on some of the important lessons and information we have shared and learned together today. We began this journey with a context of trying to understand how we can improve juvenile justice system responses for the treatment of Latino youth through EBPs. Given that Latino youth are increasingly overrepresented, we discovered that achieving cultural and linguistic competency is a continuum of treatment and practices that must go beyond law enforcement, courts, detention facilities/jails, and probation. It must be founded upon relationships with community-based providers,

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advocates, leaders, and most importantly adherence to the legal obligations for language appropriateness. Further, the form in which competency must be achieved is through reforming existing policies, practices, and programs that play a major role in contributing to the overrepresentation and disparate treatment of Latino youth. It is the only way that we can ensure a fair and effective response to building safer, stronger communities.

To build upon today's information-sharing, we must continue having these dialogues at the local level to change the trajectory of Latino youth entering and staying in the juvenile and criminal justice systems. NCLR supports a juvenile justice reform movement that is built upon the relationships of Latino communities and system stakeholders to address the needs of Latino youth.

There is no doubt about it – everyone wants a fair and effective system that recognizes the developmental, cultural, linguistic, scholastic, and familial differences every child brings with him or her to the courtroom. I also think that it is everyone's hope that all of these factors are taken into consideration when decisions are made. But without our leadership in addressing these issues, our voices will go unheard and our communities' needs will go unmet. I know some of you here today have

already made substantial changes in your communities. And for the others willing to take on this new responsibility for their community, it's not too late to make change now and start today.

We all know that in our community there is richness of programs and services that can prevent, intervene, and serve youth and families at risk of becoming or are currently involved with the juvenile justice system. It is our responsibility to make sure that these services are recognized and connected to the juvenile justice system in order to increase our existing effectiveness for treating Latino youth. In the work that I have done in communities across the country, I have learned that many jurisdictions are completely unaware that such services or programs even exist! And in many instances when they learn this information, immediate relationships are built, and we are now beginning to see the positive impact of this. But still, as I mentioned before, we have a long road ahead of us, and we cannot do it alone. Thankfully, because of today's speakers, we have new tools and knowledge that can empower us to have a voice and make change now for the betterment and future of the Latino community. With that, I thank you for your time and look forward to seeing you at next year's NCLR Annual Conference in San Diego, California.

Author and Panelist Biographies

Cassandra Villanueva is the Latino Juvenile Justice Network Coordinator at the National Council of La Raza (NCLR) – the largest national Hispanic civil rights and advocacy organization in the United States. She is responsible for juvenile justice policy analysis, advocacy activities, and research impacting Latino youth in the United States.

Ms. Villanueva’s juvenile justice portfolio includes community-based alternatives to incarceration, disproportionate minority contact (DMC), adultification/transfer issues, and gang policy. She is also responsible for monitoring legislative activities, preparing policy papers, and implementing local and state juvenile justice reform advocacy infrastructures through the John D. and Catherine T. MacArthur Foundation’s Models for Change initiative. Ms. Villanueva represents NCLR in both mainstream and Spanish-language media.

Prior to joining NCLR, Ms. Villanueva worked at the Partnership for Safety and Justice, Pineros y Campesinos Unidos del Noroeste, Voz Hispana, and Latinos Unidos Siempre where she was lead organizer for advocacy and policy reform campaigns, public education, and ballot initiatives. Ms. Villanueva also served as the Legislative Assistant to Oregon Senate President Peter Courtney during the 2003 legislative session.

Dr. Eric Trupin is a professor and Vice Chair in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine in Seattle. He is a child psychologist and directed the Division of Child and Adolescent Psychiatry at Children’s Hospital and Regional Medical Center for 12 years.

Dr. Trupin is currently the Director of the Division of Public Behavioral Health and Justice Policy. His research interests are focused on developing empirically supported psychosocial interventions for youth with behavioral health disorders, and analysis and development of mental health public policy and service systems.

Dr. Trupin serves on the Advisory Board for the National Center for Mental Health and Juvenile Justice, funded by the MacArthur Foundation, and serves on the Steering Committee for the Center for the Promotion of Mental Health in Juvenile Justice at Columbia University.

During 1993-94, Dr. Trupin was a Robert Wood Johnson Health Policy Fellow, working for the U.S. Congress House Ways and Means Committee. He has been a consultant to numerous state and federal agencies on issues related to child and adolescent mental health. He currently is the lead consultant to the U.S. Department of Justice, Civil Rights Division on mental health and substance abuse treatment for youth in residential and juvenile justice facilities.

Dr. **Sarah Cusworth Walker** is a senior fellow in the Division of Public Behavioral Health and Justice Policy in the Department of Psychiatry at the University of Washington School of Medicine. Her research interests include juvenile justice program evaluation, cultural competence in evidenced-based practice, risk and recidivism assessment tools, public policy, and statistical analysis. Dr. Walker's recent work has appeared in the *Journal of Personality Assessment*, *Violence and Victims*, and the *Journal of the American Academy of Psychiatry and the Law*.

Wendy Jones is a research instructor in the Department of Pediatrics at the Georgetown University Medical Center in Washington, DC. For the past 12 years, she has served in various capacities at the Georgetown University Center for Child & Human Development (GUCCHD), University Centers of Excellence. She is a bilingual special educator and social worker specializing in advocacy, support, and training for individuals and families with limited English proficiency and families with developmental, educational, and emotional disabilities.

Currently, Ms. Jones directs the Children and Youth with Special Health Care Needs Project of the National Center for Cultural Competence (NCCC). NCCC's mission is to increase the capacity of health care and mental health programs to design, implement, and evaluate culturally and linguistically competent service delivery systems. In this capacity she conducts a range of training, technical assistance, and consultation activities.

Ms. Jones has a bachelor's degree in education and master's degrees in bilingual special education and in social work.

Adrienne Hahn is an attorney with the Coordination and Review Section in the Department of Justice, Civil Rights Division. She mainly works to ensure consistent and effective enforcement of various civil rights laws, including Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972, and to implement the Executive Order related to limited English proficiency. Previously, Ms. Hahn was the Vice President of Public Policy for Casey Family Programs and the Director of Government Relations for Independent Sector. Ms. Hahn is a graduate of Boston College Law School and Colorado College.

Fernando Giraldo is the Assistant Director for the Juvenile Division of the Santa Cruz County Probation Department, which is a nationally recognized model site for juvenile detention reform. Mr. Giraldo is currently the project director for several state and federally funded programs, and specializes in developing, implementing, and managing day treatment programs, evening reporting centers, and innovative collaborative programs involving multiple agencies. He is considered the probation department's expert on evidenced-based programs involving effective adolescent treatment strategies for Latino youth involved in the juvenile justice system and is highly skilled in motivation and cognitive behavioral strategies.

Mr. Giraldo spent two years as the Assistant Superintendent of a juvenile hall where he was responsible for hiring and training facility management and for care of detainees in an institution that houses up to 42 youth. He played a key role in developing and expanding local methods to collect, analyze, and present data reflecting changing trends in disproportionate minority confinement, conditions of confinement, and the impact of detention alternatives on the juvenile hall population.

Mr. Giraldo received a bachelor's degree in Latin American studies from the University of California, Santa Cruz. He has a master's degree in social work from San Jose State University, San Jose, California.

Adrian Moroles has served for 18 years in several capacities at Sea Mar Community Health Centers, a medical/dental and health-related service organization which specializes in service to the Spanish-speaking community. He has been a medical social worker, human resources manager, and treatment program manager at the Sea Mar Adult Inpatient Treatment Facility.

Mr. Moroles is a son of second-generation Spanish-speaking migrant farm workers who learned English as a second language in elementary school in Alamo, Texas. When he graduated from high school he received an appointment to attend the United States Air Force Academy in Colorado Springs, Colorado. After two years he transferred to the University of Washington where he earned a bachelor's degree and a master's degree in educational psychology.

A 2003 candidate for the Seattle School Board, Mr. Moroles now chairs a coalition, Campaña Quetzal, which is dedicated to resolving major educational issues in the public education system of Seattle, Washington.

Acknowledgements

This monograph was produced by the National Council of La Raza (NCLR) who is a member of the National Resource Bank – a network of national organizations that provides technical assistance to states through the Models for Change initiative.

Cassandra Villanueva, Latino Juvenile Justice Network Coordinator, prepared this monograph for publication and drafted several of the sections. Angela Maria Arboleda, Director of Civil Rights and Criminal Justice Policy; Jennifer Kadis, Director of Quality Control; and Nancy Wilberg, Assistant Editor, provided editorial oversight of the document. Ofelia Ardón-Jones, Senior Design Specialist; and Magdalena Lezama-Escalante, Production/Administrative Assistant were responsible for the document's layout and design.

A special thanks goes to the panelists who shared their knowledge, passion, and expertise regarding culturally and linguistically competent research, program implementations/modifications, and legal guidelines. Workshop participants included Wendy Jones, National Center for Cultural Competence, Georgetown University Center for Child and Human Development; Adrian Moroles, Sea Mar Community Health Center; Adrienne Hahn, Civil Rights Division, Department of Justice; Fernando Giraldo, Assistant Probation Division Director, Santa Cruz County, California. We also thank Dr. Eric Trupin and Dr. Sarah Cusworth Walker, Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine, for authoring the foreword of this publication.

This workshop and the production of this monograph were made possible by funding from the John D. and Catherine T. MacArthur Foundation through its support of NCLR's participation in the Models for Change initiative and development of the Latino Juvenile Justice Network.

The content of this document is the sole responsibility of NCLR and does not necessarily represent the views of NCLR funders or contributors. Panelists had an opportunity to review the monograph for clarification but did not alter materially or substantively their comments.

For more information, contact:

Cassandra Villanueva
Latino Juvenile Justice Network Coordinator

National Council of La Raza
Raul Yzaguirre Building
1126 16th Street NW
Washington, DC 20036
(202) 785-1670
www.nclr.org

