

RESEARCH REPORT

The Effectiveness of Service Integration: Studying the Crossover Youth Practice Model

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Abstract

Crossover youth includes any youth who has experienced maltreatment and also has engaged in delinquent activity. Prior studies indicate that crossover youth have higher rates of reoffending than delinquent youth without a history of child welfare involvement. The higher rates of reoffending among crossover youth are of concern given the exorbitant cost of providing services within the juvenile justice system. Moreover, having more juvenile arrests is associated with a greater risk of continuing delinquent or criminal behaviors into the future. Little is known, however, about which interventions could effectively direct crossover youth from continuous involvement in the justice system. The Crossover Youth Practice Model (CYPM) is the only existing practice model for serving crossover youth. The CYPM was developed by the Center for Juvenile Justice Reform at Georgetown University.

This study evaluated CYPM using a quasi-experimental design with group assignment at the county level. Miami-Dade County (MDC) was selected as the experimental county and Palm Beach County (PBC) as the control county. This study used a mixed-methods approach. Both qualitative and quantitative data were collected in both counties. Qualitative data were collected to understand and compare their procedures of processing crossover youth in the two counties. Quantitative data was collected to compare the recidivism outcomes between crossover youth from the two counties.

In the qualitative section, data were collected through interviews, focus group meetings, observations, and reviewing procedures. In MDC, CYPM has been mainly implemented through the multidisciplinary team (MDT) meetings, in which crossover youth, their invited family members, and professionals from the child welfare, the juvenile justice, and the juvenile court systems participate. Overall, the implementation of CYPM in MDC showed several deviations from the guidelines. Suggestions were provided for further improvement. In PBC, although the administration never adopted CYPM, in 2012 all parties involved in serving crossover youth worked together to develop a procedure manual titled *15th Judicial Circuit Crossover Case Management (CCM)*. Their crossover hearing is similar to the MDT meetings in MDC. Upon reviewing the manual, the authors found that the CCM provides more structured and specific guidelines for the participants to prepare for the crossover hearing as compared with the MDT meetings.

In the quantitative section, data was collected from administrative data from Department of Juvenile Justice, Our Kids, and ChildNet. The study sample included 86 crossover youth from Our Kids in MDC and 87 crossover youth from ChildNet in PBC. The authors first identified confounding variables through comparing the two groups of crossover youth on their demographics, previous delinquency history, and receipt of dental and medical services. Comparing their demographics and previous delinquency history, the results showed three statistically significant differences: 1) the crossover youth from ChildNet were older than the youth from Our Kids; 2) ChildNet had a greater percentage of White youth and a smaller percentage of Hispanic youth than Our Kids; and 3) a greater proportion of ChildNet's crossover youth had prior DJJ referrals than the youth from Our Kids. Comparing their receipt of dental and medical services after their arrest, the results showed, as compared to their peers at ChildNet, the youth from Our Kids received their first medical services sooner after their MDT meeting.

Results show that crossover youth from Our Kids are associated with a lower risk of re-offending within a year than their peers from ChildNet, after controlling the confounding variables of demographics and their prior offenses. This difference was not mediated by juvenile justice processing but mediated by receiving dental and medical services referred by the child welfare agencies. Since the sample is all crossover youth from Our Kids served by the CYPM, the results indicate that the CYPM can have an effect on reducing the risk of juvenile recidivism.

Project Description

The definition of crossover youth includes any youth who has experienced maltreatment and also engaged in delinquent activity. This is the broadest definition because it refers to youth with these experiences regardless of whether the maltreatment and/or delinquency have come to the attention of the child welfare and/or delinquency systems. Dually involved youth represent a subgroup of crossover youth who are simultaneously receiving services, at any level, from both the child welfare and juvenile justice systems. Finally, dually adjudicated youth constitute a subgroup of dually involved youth, encompassing only those youth who are concurrently adjudicated by both the child welfare and juvenile justice systems. Prior studies indicate that crossover youth have higher rates of reoffending than delinquent youth without a history of child welfare involvement.¹ Comparing the proportions of crossover youth in first time and repeat offender samples, studies indicate that the proportion of crossover youth who are repeat offenders is higher than that of first time offenders. A recent study of administrative data in Florida compared juvenile recidivism between three groups of juvenile offenders: delinquent only, dually-adjudicated youth, and dually-involved youth.² They limited their sample to deep-end juvenile offenders (youth who have been adjudicated delinquent by the court and placed in juvenile justice residential programs). The authors reported that delinquent only (59.7%) and dually-adjudicated youth (59.8%) reoffended at nearly the same rate, while dually-involved youth (68.1%) were more likely to reoffend during the one-year follow-up period. The results from their structural equation model indicate that adverse childhood experiences fail to exert a direct effect on recidivism, but do exhibit a significant indirect effect on recidivism through child welfare involvement, which is itself associated with recidivism. The authors suggested that earlier child welfare involvement is more detrimental than concurrent child welfare system involvement for White and Hispanic youth.

The higher rates of reoffending among crossover youth are of concern given the exorbitant cost of providing services within the juvenile justice system. In Florida, a typical stay in a juvenile corrections facility costs \$152 per day, which amounts to \$55,407 per year, per youth.³

The number of prior juvenile arrests is positively associated with future arrest, a finding that holds true for future arrests during both adolescence and adulthood. A study of juvenile recidivism used 433 court involved youth from two counties and reported that the number of prior arrests is associated with a higher risk of juvenile recidivism.⁴ Another study also found that individuals (ages 10-17) who offended several times in the past were relatively more likely to offend in the future.⁵ In their study of juvenile recidivism, Cottle, Lee, and Heilbrun conducted a meta-analysis of 23 published studies representing 15,265 juveniles, and reported that the number of prior arrests is associated with a higher risk of juvenile recidivism.⁶

Little is known, however, about which interventions could effectively direct crossover youth from continuous involvement in the justice system. The Crossover Youth Practice Model (CYPM) is the only existing practice model for serving crossover youth.⁷

The CYPM was developed by the Center for Juvenile Justice Reform at Georgetown University.⁸ Since 2010 until now, the CYPM has been implemented in 96 counties in 21 states.⁹

As an innovative model for service integration, the CYPM shows how child welfare and juvenile justice systems can collaborate with each other. It provides a conceptual map and organizational ideology regarding how staff in the juvenile justice system can partner with families, service providers, and other stakeholders in the delivery of services to achieve positive outcomes for crossover youth and their families.¹⁰ The model includes three phases: Phase I focuses on arrest, identification of crossover youth, and decisions regarding detention and charges; Phase II focuses on dual-system case assessment and planning after a youth is formally involved in both systems; and Phase III involves on-going case management and planning for case closure.

Previous evaluations of the CYPM have studied only a limited number of jurisdictions.^{11,12,13} A quasi-experimental design with group assignment at the county level was used for this study. Miami-Dade County (MDC) was selected as the experimental county and Palm Beach County (PBC) as the control county. MDC was selected as the experimental county as the CYPM has been implemented there since 2010. PBC was selected as the control county, as the CYPM is not used there. Both qualitative and quantitative data were collected in both counties. Qualitative data were collected to understand and compare procedures of processing crossover youth in the two counties. Quantitative data were collected to compare recidivism outcomes between crossover youth from the two counties.

Study Sites

The CYPM has been operating since 2010 in Miami-Dade County. Ms. Frances P. Allegra, the former CEO of Our Kids, Inc.—the CBC lead agency in Miami-Dade and Monroe Counties, reported that the CYPM resulted in enhanced data sharing between the child welfare and juvenile justice systems.¹⁴ More specifically, Our Kids started sharing child welfare data with the juvenile justice system at the intake of a juvenile's arrest and was able to identify crossover youth in their own system. Between July 2010 and April 2011, Our Kids identified 93 percent of crossover youth at the time of arrest. Palm Beach County, which did not adopt the CYPM, was chosen as the control site.

Miami-Dade and Palm Beach Counties are similar in terms of the percentage of children and youth in the population and child welfare statistics. Such similarities allow conclusions to be drawn on the impacts of CYPM on outcomes. Six percent of Miami-Dade County's population are under the age of 5, and 21 percent are under age 18; similarly, Palm Beach County has 5 percent of its population under the age of 5, and 20 percent are under age 18 (US Census, 2015). The DCF statistics for October 2016 show that in Miami-Dade County (MDC), 1,299 cases received in-home services and 1,838 received out-of-home services, and in Palm Beach County (PBC), 708 cases received in-home services and 1,074 received out-of-home services. Therefore, the two counties had similar percentages of children in out-of-home care: 59 percent in MDC and 60 percent in PBC.

Miami-Dade and Palm Beach Counties have sizable populations for this study. First, both counties have a high rate of juvenile arrests. During FY 2013-2014, there were 5,097 arrests in Miami-Dade County involving 3,086 individual youth, and 4,277 arrests in Palm Beach County involving 2,440 individual youth (Florida Department of Juvenile Justice, 2015). Both counties are ranked high with regard to the number of arrests and involved

youth among all counties in Florida. Second, both counties have a large number of child welfare cases. As mentioned earlier, The DCF statistics for October 2016 show that in Miami-Dade County (MDC), 1,299 cases received in-home services and 1,838 received out-of-home services, and in Palm Beach County (PBC), 708 cases received in-home services and 1,074 received out-of-home services.

More importantly, Our Kids and ChildNet, the community-based care (CBC) lead agencies in Miami-Dade County and Palm Beach County respectively, share similarities regarding their administrative framework. Both CBCs subcontract with other agencies for case management. In Miami-Dade County, Our Kids subcontracts with four full case management agencies (FCMAs): Center for Family and Child Enrichment, Children’s Home Society of Florida, Family Resource Center of South Florida, and Wesley House Family Services. These FCMAs provide both case management and direct care, such as foster care, residential group care, adoptions, reunification, counseling and therapy services, and family and community support programs. In Palm Beach County, ChildNet subcontracts with Children’s Home Society of Florida for their dependency case management; while for direct care, ChildNet subcontracts with four agencies for family preservation and prevention, one agency for family reunification and strengthening; and twenty agencies for residential services, including foster home, residential group care, shelter and respite, transitional independent living services, and others.

Qualitative Section
Research Questions

Qualitative data was collected to understand and compare their procedures for processing crossover youth in the two counties, which serves as the implementation evaluation of the study. Three additional research questions were answered in the qualitative section:

- 1) How is the CYPM implemented in the Miami-Dade County?
- 2) What is the procedure for serving crossover youth in the Palm Beach County?
- 3) What are the similarities and differences between the two counties?

Methods

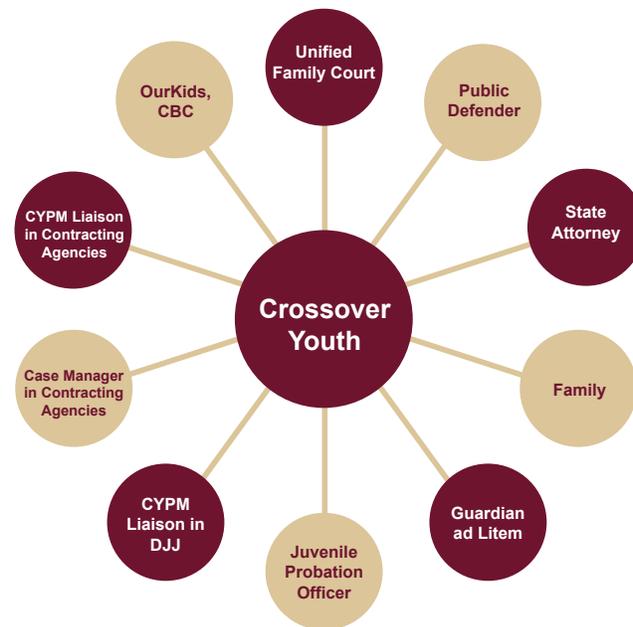
Participants

Miami-Dade County

Participants in this study were important informants who serve crossover youth as either practitioners or administrators. In both counties, participants are from child welfare and juvenile justice agencies and the juvenile court. All parties involved in the CYPM participate in multidisciplinary team meetings, which is the key component of their CYPM implementation. Participants were identified through observing multiple meetings.

Participants are depicted in Figure 1.

Figure 1: Multidisciplinary Team Participants in Miami-Dade County

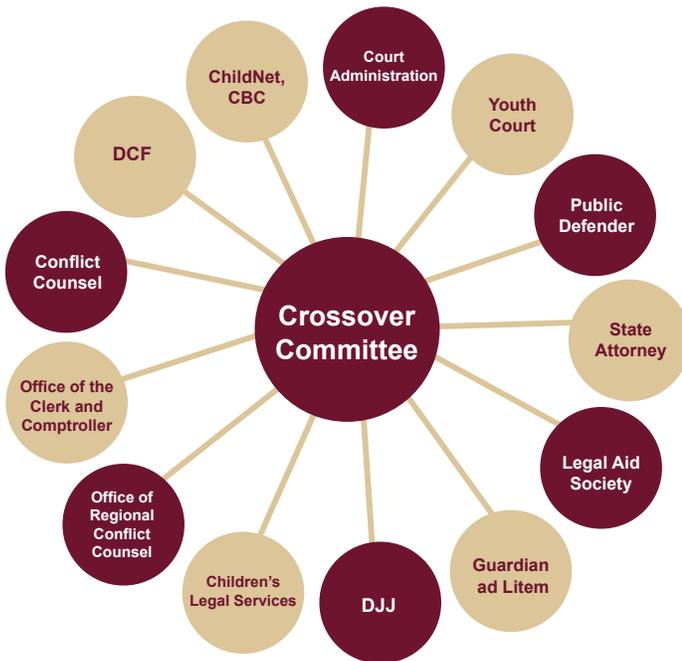


All of the informants participated in the observation part of the data collection, while only some members from the child welfare agencies and juvenile court participated in the interview and focus group meetings. In the child welfare agencies, the CYPM point of contact for Our Kids and three point of contacts from three different FCMAs participated in either the interview or the focus group meeting. The Our Kids point of contact has been involved in the CYPM implementation since 2011 and coordinates communication between the child welfare and the juvenile justice systems for serving crossover youth. Participants’ length of involvement in the CYPM varies. Among three points of contact from FCMAs, two of them have been the points of contact for over five years since the initiation of CYPM, while the third one did not become the point of contact until June 2016. The least experienced point of contact was involved in the CYPM as a case manager. In the juvenile court, the public defender, the juvenile court judge, and the forensic psychologist participated in either the interview or the focus group meeting. The juvenile court judge interviewed serves as the administrative judge of the 11th Judicial Circuit Juvenile Division. In 2009, the judge was the primary facilitator to adopt the CYPM and contributed to the establishment of the first local interagency agreement between Our Kids, Department of Juvenile Justice (DJJ), and the juvenile court. He was also involved in the implementation of CYPM from 2010 until 2015. When the Unified Family Court started in the 11th Judicial Circuit, he delegated this role to the judges in the Unified Family Court. The forensic psychologist has been providing services to the juvenile court for over ten years, and has a good understanding of the juvenile justice procedures. This provides him a unique perspective of observing the impact of CYPM on crossover youth. The forensic psychologist became involved in the CYPM in March 2016 and continues to participate in the weekly multidisciplinary team meetings.

Palm Beach County

In 2010, the need to work more collaboratively to address the needs of the crossover youth in Palm Beach County was apparent. All parties involved in serving crossover youth worked together to develop the procedure manual titled *15th Judicial Circuit Crossover Case Management (CCM)* in 2012. Participants are shown in Figure 2. The chief probation officer and the executive director of ChildNet Palm Beach County have a substantial amount of knowledge and experience serving crossover youth. The chief probation officer has over 30 years of experience working in juvenile justice in Palm Beach County and has an in-depth understanding of developing and utilizing their crossover case management procedures. The executive director of ChildNet in Palm Beach also has many years of experience working in child welfare. The director has a good understanding of the CYPM as he was the primary facilitator of implementing the model in Broward County^a for several years prior to becoming the director of ChildNet in Palm Beach County. The director is also the Chair of the Florida Coalition for Children - Florida Department of Children and Families Crossover Youth Workgroup and a member of the 15th Judicial Circuit's Crossover Committee.

Figure 2: Crossover Committee Members in Palm Beach County



Data Collection

In Miami-Dade County, focus group meetings, interviews, and observations of court proceedings were utilized. No written procedures on the CYPM were available. The point of contact at Our Kids assisted with recruiting participants for the study and provided contact information for the multidisciplinary team participants and coordinated times and locations for a focus group meeting. Three individuals - the Our Kids point of contact, a FCMA point of contact, and the forensic psychologist participated

in the focus group meeting. Four other participants (i.e. two FCMA point of contacts, the public defender, and the juvenile court judge) who were not available for the focus group meeting participated in individual interviews with the principal investigator. In addition, the PI observed three multidisciplinary team meetings, each of which focused on a different crossover youth.

For both interviews and focus group meetings, structured guidelines were used (Appendix 1). The guidelines cover four areas of questions for the participants. Their 1) perception of crossover youth; 2) perception of the identification and notification mechanism of crossover youth; 3) understanding of the procedures used in serving crossover youth in their county, especially interagency communication; and 4) perception of family engagement in the procedure.

The focus group meeting with the three participants in Miami-Dade County lasted for two hours. Most of the interviews lasted for one hour, except for the interview with the chief probation officer in Palm Beach County, which lasted for two hours. The PI of this study conducted all the interviews, observations, and the focus group meeting. All interviews and the focus group meeting were recorded and the PI took detailed notes from observations.

In Palm Beach County, qualitative data were collected through interviews and review of the written procedures. In Palm Beach County, the executive director of ChildNet helped recruit the chief probation officer for the study. The principal investigator (PI) conducted an individual interview with each of them and obtained the *15th Judicial Circuit Crossover Case Management* manual.¹⁵

Data Analysis

The focus group meetings and interviews were transcribed verbatim. The PI and one doctoral student research assistant (RA) transcribed the records. A conventional thematic content analysis was used to analyze the data. Each transcription was coded by both the PI and the RA. Discrepancies occurred only occasionally. To resolve discrepancies, the PI and the RA reviewed the related transcription and decided collectively. At the end of the coding stage, the research team met to merge similar themes to best summarize common themes.

Results

To measure the accuracy of implementation, the MDC implementation activities were compared to the Georgetown guidelines. Since no written procedures for the Miami-Dade County CYPM implementation are available, the findings from interviews and a focus group meeting are reported, as well as the findings on areas for improvement. Secondly, findings on the procedures for serving crossover youth in Palm Beach County, which is the control site, are presented. The findings from interviews and the review of their written procedures are presented as are their procedures in comparison with the CYPM implementation in Miami-Dade County.

^a ChildNet is currently the CBC for both Palm Beach and Broward Counties. ChildNet has been the CBC for Broward County since April 2003, and did not become the CBC for PBC until October 2012. The executive director worked at ChildNet in Broward County prior to working in their Palm Beach County location.

Crossover Youth Practice Model in Miami-Dade County

Definition of Crossover Youth and Identification in Miami-Dade County

The MDC CYPM's definition of crossover youth includes only those who cross over from dependency to delinquency. When asked about their exclusion of "Lockout Abandonment" cases from the definition, the MDC juvenile court administrative judge stated that the MDC juvenile court uses an alternative approach to serve these cases. Instead of placing them into the dependency system, the MDC juvenile court refers the "Lockout Abandonment" cases and their families to intensive family support services. The judge believes that the "Lockout Abandonment" indicates that the family is in crisis, and therefore refers the entire family to services. The judge reported that the alternative approaches work better for these cases.

In MDC, youth who have contact with law enforcement due to their delinquent behavior are first processed in the county Juvenile Services Department (JSD), which was formerly known as Juvenile Assessment Center (JAC). The name change reflected their addition of social services. The JSD conducts a risk assessment and provides social services to the youth brought by law enforcement. In April 2007, JSD adopted the civil citation program, which assigns youth who commit minor crimes to community service or intervention programs, rather than arresting them. The purpose of civil citation is to prevent these youth from further involvement in the justice system. Youth receiving civil citations are considered pre-arrest rather than arrest, and are not placed in detention. Between 1998 and 2012, the number of juvenile arrests declined 67 percent in MDC. Since the inception of civil citations in April 2007 until April 2013, JSD issued 13,000 citations. In MDC, child welfare cases in both the civil citation and delinquency systems were considered eligible for CYPM.¹⁶

Steps of the Crossover Youth Practice Model Implementation

At Step 1, the JSD is responsible for identifying crossover youth and notifying the child welfare agencies and juvenile court. To identify crossover youth, the JSD uses the Department of Children and Families' (DCF) Florida Safe Families Network (FSFN) database. Entering personal identifiers, the JSD staff can determine whether the youth has a history with the DCF. Upon locating the FSFN ID of a youth, JSD sends immediate notifications to Our Kids and the juvenile court. Both the Our Kids' point of contact and the public defender reported that they receive the notification within 24 hours following the JSD's assessment and consider the identification and notification process as efficient.

At Step 2, the Our Kids' point of contact conducts a follow-up screening to determine whether the youth has an open or closed case. For the open cases, he identifies the FCMA for the particular case and schedules a lawyer protocol staffing for the following Tuesday. The lawyer protocol staffing is one of the CYPM components, and lasts approximately ten minutes for each case. Most meetings are held via telephone conference. The purpose of the meeting is to introduce all the professionals who serve crossover youth in various capacities to each other so that they understand each other's roles and exchange contact information. Professionals depicted in Figure 1 participate in the lawyer protocol staffing, but neither the crossover youth nor their family members participate.

At Step 3, the FCMA's point of contact coordinates the multidisciplinary team (MDT) meeting and submits meeting reports to the juvenile court. These meetings last an hour for each crossover youth and are scheduled for Thursdays. They are in-person meetings held in the DJJ conference room in the Children's Court House in downtown Miami. Each Thursday is for a different FCMA. Four FCMA's have a fixed sequence for hosting the MDT meetings. However, data from our observations and interviews showed that the representative from the State Attorney's office always participates in the MDT meetings by telephone. All individuals in Figure 1 participate in the MDT meeting, including professionals, crossover youth, and their invited family members. All of our study participants indicated the MDT meeting is the most important component of their CYPM implementation.

According to the Georgetown CYPM guidelines,¹⁷ the MDT should use coordinated case planning to guide and document the progress and to reduce safety threats and risks, increase parental protective capacities, and increase the youth's decision-making and self-monitoring behavior. After case planning, the multidisciplinary team should coordinate case management and ongoing assessments of progress. At the end, the team should jointly plan for youth permanency, transition, and case closure.

The CYPM implementation in MDC showed several deviations from the guidelines. First, family engagement is challenging to initiate and sustain, especially for youth living in substitute care for a long time. The forensic psychologist reported that only half of the cases have family members or adult mentors present at the MDT meeting. As compared with in-home cases, the cases in substitute care are less likely to achieve family engagement. The CYPM uses a broad definition of family engagement, which actually includes both family members and adult mentors who they consider as committed adults in the youth's life. Some examples are school teachers, sport coaches, pastors, and therapists. The family members are usually biological or adoptive parents as foster parents rarely participate in the MDT meetings. The crossover youth are encouraged to invite their family members and/or adult mentors to the MDT meeting. The FCMA point of contact is responsible for family engagement. Calendar invitations are sent to these identified family members and/or adult mentors for the MDT meeting. Among the three observations, the principal investigator observed family engagement happened in only one case where the biological father participated in the MDT meeting. The father was an active advocate for his child. At the time of observation, this case had the permanency goal of reunifying with his biological father. The father shared that he engaged the child in family activities during his visits, and he prepared the child's siblings for a smooth family reunification. In the following interview with the FCMA point of contact involved in this case, the point of contact thought that the father's engagement showed his commitment in supporting his child, which enhanced her confidence for the youth's safety after reunification.

Most of our study participants valued family engagement. They reported that family members and adult members contribute to the MDT meeting in two ways. First, they share information on the historical background of the case, such as the youth's past experience of trauma and their involvement in other services.

Such information informs the court's decision on ordering treatment and intervention to meet the particular youth's needs. Second, they help to engage the youth in the MDT meeting in a productive way, especially for youth who feel anxious to participate. For example, a youth had difficulty with regulating her emotions. When she came to the MDT meeting with her mentor, she was able to practice self-soothing techniques with her mentor's guidance and engaged in the meeting.

The second deviation from the guidelines is that most crossover youth have only one meeting and no follow-up meeting for their ongoing assessment. More importantly, the timing of the MDT meeting is problematic. Most meetings are held prior to the adjudication hearing. At that time, the adjudication decision is unknown, and the DJJ representatives in the MDT meeting do not know which disposition the youth will receive and whether the youth will have to report to a probation officer. In general, services provided by the juvenile justice agency are in response to the disposition. It is likely that the timing of the MDT meeting limits how much the DJJ representatives can contribute. Two FCMA point of contacts reported that participants from the Department of Juvenile Justice make limited contributions to the MDT meeting. A FCMA point of contact expressed her concern about the limited input from the DJJ professional:

For the most part I really do feel that dependency provides information but we don't get other information from delinquency. We really don't know what the process on the delinquency side is like. It seems that they only provide offense history and court dates, but we can definitely pull information online ourselves. I think it would be beneficial if they tell us about their procedure and their services. That way we don't double up services and we don't overwhelm the child.

I don't even think when the JPO (i.e., juvenile probation officer) meets with the child to discuss what the terms of the probation are. I don't even know if the case manager is there. The case manager should be there just because now they are sort of like the legal guardian of this child. I don't know if the caregiver is there. I don't know if the foster parent is there. They might know that the youth has curfew. What I usually see is a contract that the case manager would take to the foster parent and say ok "he has 7 o'clock curfew." But that dialogue between the actual JPO and caregiver, I don't think really takes place. This is what I believe.

The timing also makes it unlikely for the MDT meeting participants to plan for the youth's permanency, transition, and case closure, which the Georgetown CYPM guidelines require. Since the MDT meeting is prior to the adjudication hearing, none of the participants are certain about whether the youth will be placed in a juvenile justice facility, and if so, for how long. Therefore, they do not have a time frame to assist with planning. Observing three MDT meetings, the PI also found that the juvenile probation officer (JPO) does not actively participate in the meetings. The forensic psychologist once invited a JPO to introduce his supervisory role to the youth. The JPO provided only a brief introduction, which did not clearly indicate his supervision of the youth. Meanwhile, the DJJ point of contact clarified that without knowing the adjudication decision, it is uncertain whether the JPO will work with the youth.

Third, participants share limited information in the MDT meeting. As stated earlier, most information is provided by the dependency professionals. At the beginning of the MDT meeting, the FCMA

point of contact and the DJJ point of contact distribute a case summary. Most FCMA reports cover information on the youth's history of receiving child welfare services, their current living arrangement, permanency goals, mental and medical diagnoses, use of psychotropic medications, and their current school involvement. However, the thoroughness of the FCMA report varies significantly between FCMA's. Some reports are 2-3 pages long, while others are only one page with little text. For example, some FCMA reports do not contain information on past history of maltreatment allegations and findings from a CPS investigation. Having a detailed FCMA report is informative for the meeting, since the details offer the attendees a better understanding of how the youth's delinquent behaviors might have developed in response to their environment (e.g., domestic violence). This understanding can further guide the intervention.

In comparison, the DJJ report for a youth contained much less information — offense and placement history as well as the intake and discharge dates at juvenile detention. The DJJ representative did not include assessment findings in the report. In Florida, DJJ uses the Positive Achievement Change Tool (PACT) to assess juvenile offenders with regard to their risk, needs, and strengths.¹⁸ The purpose of using PACT is to provide DJJ staff with data necessary to make informed intervention decisions. PACT measures 12 domains of an offender's life, including records of delinquency referrals, gender, school status, use of free time, employment, relationships, living arrangement, alcohol and drug use, mental health, attitudes/behaviors, aggression, and skills. However, the DJJ representative did not include the PACT results in their report to the multidisciplinary team meeting. All the FCMA point of contacts reported that they were not aware of the PACT. They stated that being able to review and interpret the PACT results in the meeting and could be valuable and benefit their decision making. For example, in one observation, a case's PACT results were shared in the meeting by the public defender. The forensic psychologist reviewed the PACT results and reported that the youth showed three types of PTSD symptoms: relive, avoid, and hypervigilance. Learning about his PTSD symptoms, all participants reported having a better understanding of the youth's behavioral problems. The FCMA point of contacts are also concerned that DJJ shares limited information about the youth's access to service providers such as transitional services for discharged youth.

In spite of its limitations, all study participants still highly value the MDT meeting. More specifically, they value the input from youths' case managers, who share updates on the youths' emotions, behaviors, school involvement, their relationship with substitute care providers and family members, and their involvement in any type of treatment. In one observation, the PI found that the youth's case manager was very knowledgeable of various aspects of the youth's life. He reported increased paternal involvement, and shared that the youth's aunt recently visited the youth. He was aware of the progress toward achieving reunification with the youth's grandmother. When asked, he was able to provide contact information of the youth's father, aunt, and grandmother. In the following interview, the public defender also praised this case manager for his knowledge of the youth's current marijuana use. Based on this information, the public defender planned to advocate to process the youth in the juvenile drug court, which provides more intensive supervision to address substance use.

Areas for Improvement

The participants identified two areas for improving the MDT meeting. First, the dependency professionals requested that the delinquency representative provide more information on the youths' assessments, service providers, and case planning information. The information on assessments and service providers can be provided to the MDT at the current time, which is prior to the adjudication hearing. However, the delinquency side will not be able to share their case planning until after the adjudication hearing. Therefore, the PI suggests adding follow-up MDT meetings. The first following-up meeting should be scheduled within one week after the adjudication hearing. At that time, the delinquency representative can update the MDT participants on the proposed case planning and request feedback. If the youth is placed on probation, the delinquency representative can introduce the JPO, discuss their supervision contract with the youth, and explain how the service providers can address the youth's needs. At this meeting, it is particularly important to have the JPO share their supervision contract with the youth, which allows the youth to learn about the JPO's expectations to comply with the contract. In addition to the meeting soon after the adjudication hearing, additional follow-up meetings should be held to monitor ongoing or additional assessments, prior to discharge from a juvenile correctional facility or finishing the probation term. Since the delinquency team focuses their case planning according to the adjudication decision, the DJJ point of contact, instead of the FCMA point of contact, should coordinate follow-up meetings.

Second, all of the study participants desire to have the forensic psychologist continue participating in the MDT meetings. As mentioned earlier, the forensic psychologist initially conducted psychological assessments of several youth in his professional role. He is currently participating in the MDT meetings as a volunteer to research strategies to better serve crossover youth. The PI observed that the forensic psychologist contributes to the meeting in three ways: first, he helps participants better understand the relationship between youths' experience of trauma and their behaviors. This orients the participants from juvenile court to look beyond the youth's behaviors, and prepares them to advocate for the youth. Second, he uses his clinical skills to engage youth in the meetings by asking questions about their thoughts and needs. The forensic psychologist also reminds other professionals to communicate at a level to match with the youths' developmental stage. For example, he asked the FCMA point of contact to explain to the youth what dependency means. In an interview with the PI, the FCMA point of contact expressed positive reflections about this conversation. She shared that:

I thought he was great because he gave us a different view of what was happening so I think it was really good that he was there. I think a lot of the time, he (psychologist) deescalated some things, like if the youth was upset, he was able to say "what I hear you saying" that kind of deescalated the mood. He was able to break it down (to the youth). It also makes sense of what I am saying with all these words. So, in that sense, it helps as well. Not sure if he was able to access records before. It would be better if has the mental health report of the child so he knows already some diagnosis, behaviors and he can kind of delve a little bit more into those when we are having the meeting.

Lastly, the forensic psychologist offers participants an overarching view of the juvenile justice procedures. He shares his knowledge from his years of working with the juvenile court, and points out which information shared in the meeting can be used to inform court decisions. The PI suggests that the child welfare and juvenile justice agencies and juvenile court work together to secure funding to keep the forensic psychologist as a permanent position on the team.

Crossover Case Management in Palm Beach County

Never adopting CYPM, agencies in Palm Beach County (PBC) developed their own procedures for serving crossover youth. The chief juvenile probation officer (Chief) in PBC described the Crossover Case Management (CCM) procedural manual as a working document, which was first developed in January 2012 and revised in May 2013. In 2015, they published their procedural manual *15th Judicial Circuit Crossover Case Management* online.¹⁹ The Chief recalled that CCM was first developed in 2010 from the undocumented practice of collaboration between the child welfare and juvenile justice systems, when the Juvenile Assessment Center (JAC) used their access to FSN to identify crossover youth and notify child welfare agencies and juvenile court. The Chief attributed its initiation to their practice wisdom that interagency collaboration helped with their case and discharge planning. To formally develop the procedures, the Crossover Case Management committee was created January 2012 at the request of Children's Services Council of PBC. As shown in Figure 2, the committee members are from child welfare and juvenile justice agencies and the juvenile court. These members also serve as point of contacts of their agencies for the CCM implementation.

Definition of Crossover Youth and Identification in Palm Beach County

Compared to Miami-Dade County, the Palm Beach County CCM procedures specify a broader definition of crossover youth. The CCM definition includes special cases who do not meet the traditional definition of a crossover youth but would benefit from the procedure. For example, youth who receive services from ChildNet, but are not open cases, are eligible to be considered as special cases. Second, the PBC definition includes crossover youth who become dually involved from both directions, including those who cross over from dependency to delinquency, and the ones who cross over from delinquency to dependency. The Chief reported that 77.5 percent of their crossover youth crossed over from dependency to delinquency, while 22.5 percent crossed over from delinquency to dependency. The smaller group of youth are usually abandoned by their parents who find it difficult to manage the youth. They are called "Lockout Abandonment" cases, and are placed in the dependency system in Palm Beach County. The Chief also coordinates meetings involving the "Lockout Abandonment" cases and their family members. In the meetings, the Chief discusses parenting strategies to help caregivers to cope with the youth's behavior problems. However, it is unclear whether the families receive services other than at the meetings.

The PBC CCM procedure lays out two separate timelines for identifying crossover youth: one for the youth who cross over from dependency to delinquency, and the other for the youth who cross over from delinquency to dependency. For the youth who cross over from dependency to delinquency, the CCM procedural manual specifies nine time points for identifying crossover youth by the DJJ juvenile probation officer, juvenile case managers, or the DCF child protective investigators. For the youth who cross over from delinquency to dependency, the CCM procedure lists four time points for identifying them as crossover youth by the DCF Child Protective Investigators, the CBC point of contacts, or the DJJ JPO.

Crossover Hearing

The crossover hearing in PBC is similar to the multidisciplinary team meeting in MDC. All participants in the crossover committee are required to send their representatives to attend crossover hearings. In addition, the PBC school district, which is not a member of the crossover committee, is also required to participate. The school district provides the youth's educational information to participants at the hearing, assists with educational issues, and provides guidance relative to available school services. The crossover hearings are held in the Unified Family Court Division and are scheduled for Wednesdays. Attendance by all attorneys and parties is mandatory. The participants are invited to the hearing by receiving an Order Setting Crossover Mandatory Case Conference generated by the juvenile justice case manager. The hearing entails learning about:

- the status of all pending matters
- the possibility of mediation and settlement
- discovery related issues
- the scheduling of hearings and/or trials
- case management related issues
- all issues related to the safety, health, and welfare of the crossover youth

The CCM procedures also specify each participant's tasks in preparation for the hearing. For example, the procedure manual states "The assigned Assistant State Attorney shall be prepared to report on pending delinquency charges, and or past delinquency charges", and "Intake/field JPO shall make contact with the parent, or dependency worker to verify information, confirm demographics and receive a current report on the youth's living arrangements, displayed behaviors, current mental health or substance abuse treatment and status, any known medication management and current school attendance and court dates – all information shall be documented in Juvenile Justice Information System." Based on the information, the hearing officer produces a checklist for the participants to review and asks the related parties to sign on the action steps in the checklist:

- demographics
- status
- current placement
- contact information of all parties
- education
- treatment
- family needs
- sanctions/tasks to be completed
- future goals
- other issues/concerns
- action steps

Comparing the Palm Beach County CCM preparation requirements for crossover hearings with the MDT meetings in Miami-Dade County, the CCM provides more structured and specific guidelines for the participants to follow.

Cross-system Training

The Palm Beach County CCM includes a unique component of cross-system training. Every quarter, the representatives from each system provide a training to the other—a representative from the child welfare agency provides a training to all the JPOs and the Chief provides a training regarding the delinquency activities to all the dependency staff. The Chief reported that cross-system training helps both sides to better understand each other's responsibilities, gain a more complete view of the youth, and collaborate.

Because it used to be that if a kid was in licensed care and was on probation, when that kid ran away from the foster home, the dependency case manager would be like they need to be locked up. They need to be put in a boys' home.

Now, their thing was to lock him up and you don't have to worry about him... But now they understand that these kids have come with an array of issues that are unresolved and they are going to be a lot more resistant to therapy and conforming to certain rules that you may set in place. And they come with challenges that require you to really be good at what you do. That is one of the differences. When we call and talk we'll talk about options, possibilities, resources and what can we do to put our heads together - stuff that will bring this kid to a different point.

Quantitative Section

Research Questions

The primary research goal is to examine the effectiveness of the CYPM. Since only Miami-Dade County's Our Kids has been implementing the CYPM, the question is essentially whether crossover youth from Our Kids had a lower risk of re-offending than their peers from ChildNet. To ensure internal validity of the study, eight research questions were answered. Questions 1-6 focused on identifying confounding variables by comparing the two groups of crossover youth on their demographics, past delinquency history, experiences with juvenile justice processing, and experiences with dental and medical services referred by child welfare agencies. Question 7 compared re-offending rates between the two groups in bivariate analyses. Question 8 focused on re-offending in multivariate analysis, after controlling for confounding variables identified in questions 1-6. Specifically, the eight questions are as follows:

- 1) Were the two groups of crossover youth different on demographics?
- 2) Did the two groups of crossover youth have a different delinquency onset?
- 3) Were the two groups of crossover youth different on their current and historical involvement in felony offenses and the count of their prior DJJ referrals?
- 4) Did the two groups of crossover youth receive different adjudication and disposition outcomes?

- 5) Did the two groups of crossover youth receive different detention and intervention outcomes?
- 6) Did the two groups of crossover youth have different rates of receiving dental and medical services within six months after their CYPM enrollment for Our Kids' crossover youth or the first DJJ referral in 2013 for ChildNet's crossover youth?
- 7) Did the two groups of crossover youth have different re-offending rates within one year after their CYPM enrollment for Our Kids' crossover youth or the first DJJ referral in 2013 for ChildNet's crossover youth?
- 8) After controlling for confounding variables, was the CYPM associated with the risk of re-offending within one year after their CYPM enrollment for Our Kids' crossover youth or the first DJJ referral in 2013 for ChildNet's crossover youth?

Methods

Sample Selection

To select the sample, we worked closely with data managers at ChildNet, Our Kids, and the Department of Juvenile Justice (DJJ). Different strategies were used to select samples from each county. The coordinator of the CYPM maintains a list of clients served. In MDC, Crossover youth in Miami-Dade County were selected by obtaining the list of the clients who actually participated in the CYPM and received services as appropriate. This ensured the fidelity of intervention implementation, thus allowing evaluation of the effects of the CYPM. At the time of the request, the list contained 86 youth who had DJJ arrest dates between March 12, 2012 and October 26, 2013.

In Palm Beach County, the DJJ research office matched their cases with the ChildNet cases to identify crossover youth. The ChildNet data manager extracted their data for the Calendar Year (CY) 2013, including dental, medical, educational, permanency, and re-entry for 1,757 unique clients (i.e., unique FSFN IDs) and sent the data to the DJJ research office. The DJJ research office matched both sets of clients on individual identifiers: name, date of birth, race, and gender. Among the 1,757 ChildNet clients, 201 of them matched with at least one of the DJJ cases. However, only 87 had DJJ referral dates within the CY 2013, and therefore, only the 87 youth were included in the analysis.

Measures

Demographics. DJJ administrative data provide information on race and gender. Our Kids and ChildNet data provide information on date of birth, which was used to compute two ages for each youth: first, to compute youth's age at the time of CYPM enrollment for Our Kids' crossover youth or the first DJJ referral in 2013 for ChildNet's crossover youth; second, to compute each youth's age at their first DJJ referrals. The two ages can be different, since some youth had DJJ referrals prior to the particular DJJ referral related to CYPM enrollment or the first DJJ referral in 2013 for ChildNet's crossover youth.

Juvenile Justice Processing. DJJ administrative data contain information on the DJJ referral date, offense category, adjudication, detention, and disposition. To compare the DJJ referral dates in reference to the particular DJJ referral related to CYPM enrollment for Our Kids' crossover youth or for ChildNet's crossover youth, the data were separated into three files. The first one is for the particular DJJ referral related to CYPM enrollment for Our Kids' crossover youth or for ChildNet's crossover youth. The second file is for the DJJ referrals prior to the particular referral. The third file is for new DJJ referrals that occurred subsequent to the particular referral. In the first file, juvenile justice processing information was extracted for the particular DJJ referral: offense category, adjudication, detention, and disposition. In the second file, prior DJJ referrals were used to extract information on their onset of delinquency (age at first DJJ referral, offense category), their current and historical involvement in felony offenses, and the count of their prior DJJ referrals. The third file containing new DJJ referrals was used to indicate re-offending, which is the outcome variable of this study.

Services Referred by Child Welfare Agencies. Two agencies provided administrative data of different information captured in different time frames. Our Kids provided three data files: external services (medical, dental, and mental), placement, and maltreatment. Our Kids' data contain all records for their crossover youth from their initial involvement with Our Kids to May 2016. ChildNet provided five data files: medical services, dental services, educational services, permanency, and re-entry. ChildNet's data were extracted for the CY 2013. The overlapping data between the two agencies are medical and dental services. Therefore, we extracted information on these two services within six months after the particular DJJ referral related to CYPM enrollment for Our Kids' crossover youth or for ChildNet's crossover youth. It is important to note that since ChildNet provided data through the end of CY 2013, only their crossover youth who offended prior to June 30, 2013 had a six-month window for us to track their records on receiving dental and medical services. Among the 87 crossover youth in ChildNet, 70 of them offended prior to June 30, 2013. Therefore, these 70 crossover youth from ChildNet, and the 86 crossover youth from Our Kids were included in the analysis of service experiences and new offending.

Analytic Strategies

A bivariate analysis was used to examine the two groups' differences on their demographics, past delinquency history, experiences with juvenile justice processing, and experiences with dental and medical services. Chi-square statistics for categorical variables and t-tests for numerical variables were used. The variables showing statistically significant differences were considered confounding variables, and were included in the later multivariate analysis.

A life table was used to describe and display the time to re-offending. We focused specifically on the number of days between the date of CYPM enrollment for Our Kids' crossover youth or the first DJJ referral in 2013 for ChildNet's crossover youth and the newest DJJ referral date. The life table used in this study was divided into 30-day intervals. For each interval, the number and proportion of cases that entered the respective interval (risk set), the number of cases that experienced the event of interest (re-offending), and the number of cases that were censored in the respective interval were calculated. Since their re-offending was followed for one year, right-hand censoring was used. Cases are censored if re-offending did not occur within a year.

For a multivariate analysis, Cox Regression was used to address the last research question of whether the CYPM is associated with the risk of having new DJJ referrals within one year, after controlling for confounding variables. Cox Regression is a method for modeling time-to-event data in the presence of censored cases, and allows for including predictor variables (covariates) in the model, allowing one to assess the impact of multiple covariates in the same model. The study tested four models to examine the risk of re-offending within a year.

Results

In this section, the results for each of the eight research questions are reported.

As shown in Table 1, the demographics between crossover youth from both agencies were compared. The results showed two statistically significant differences: the crossover youth from ChildNet were at older age than the youth from Our Kids (16.34 vs. 15.02, $p < .001$); ChildNet had a greater percentage of White youth and a smaller percentage of Hispanic youth than Our Kids ($p < .001$).

Table 1: Demographics

	ChildNet (n = 87)		Our Kids (n = 86)	
	Mean	SD	Mean	SD
<i>Age at the time of the particular DJJ referral related to CYPM enrollment for Our Kids' crossover youth or the first DJJ referral in 2013 for ChildNet's crossover youth ***</i>	16.34	1.29	15.02	1.64
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Gender				
Male	49	56	42	49
Female	38	44	44	51
Race ***				
White	19	22	2	2
Hispanic	8	9	23	27
Black	60	69	61	71

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 2 depicts the comparison of the two groups of crossover youth on their circumstances at the time of their first DJJ referral. First, regarding their age at their first DJJ referral, the two groups show no significant difference. That is, the two groups of crossover youth began committing juvenile offenses at similar ages of nearly 14 years old. Second, similar percentages of the youth committed felony offenses for their first DJJ referral (46% for ChildNet and 52% for Our Kids).

Table 2: Delinquency Onset

	ChildNet (n = 87)		Our Kids (n = 86)	
	Mean	SD	Mean	SD
<i>Age at first DJJ referral</i>	13.89	2.06	13.80	1.72
<i>Felony as the most serious offense at onset</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
No	47	54	41	48
Yes	40	46	45	52

As shown in Table 3, we compared the severity of Our Kids' crossover youths' offenses to the ChildNet's crossover youth. The results showed that a greater proportion of Our Kids' crossover youth had felony offenses than the ones from ChildNet (44% vs. 23%, $p < .01$). However, as we compared the severity of their offenses in the past, a greater proportion of ChildNet's crossover youth had prior felony offenses than the ones from Our Kids (63% vs. 41%, $p < .01$). Cumulatively, combining their past offenses and the offense at time of CYPM enrollment for Our Kids' crossover youth or their first DJJ referral in 2013 for ChildNet's crossover youth, we found that similar proportions of them had felony offenses (70% for ChildNet and 67% for Our Kids).

Also, we compared the number of past DJJ referrals. The results show that a greater proportion of ChildNet's crossover youth had prior DJJ referrals than the youth from Our Kids (85% vs. 62%, $p < .001$). In other words, a greater proportion of Our Kids' crossover youth were first time offenders. Specifically, over half of ChildNet's crossover youth had already received three or more prior DJJ referrals, which is more than the youth from Our Kids (55% vs. 36%). The differences are statistically significant ($p < .01$).

In summary, the comparison of DJJ referrals show that crossover youth from the two agencies have similar proportions of felony offenses. However, a greater proportion of Our Kids' crossover youth were first time offenders.

Table 3: Involvement in Felony Offense and Prior DJJ Referrals

	ChildNet (n = 87)		Our Kids (n = 86)	
<i>Felony as the most serious offense related to the particular DJJ referral related to CYPM enrollment for Our Kids' crossover youth or the first DJJ referral in 2013 for ChildNet's crossover youth **</i>				
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
No	67	77	48	56
Yes	20	23	38	44
<i>Felony as the most serious offense prior to CYPM enrollment for Our Kids' crossover youth or the first DJJ referral in 2013 for ChildNet's crossover youth **</i>				
No	32	37	51	59
Yes	55	63	35	41
<i>Felony as the most serious offense up until for Our Kids' crossover youth or the first DJJ referral in 2013 for ChildNet's crossover youth</i>				
No	26	30	28	33
Yes	61	70	58	67
<i>Had prior DJJ referrals ***</i>				
No	13	15	33	38
Yes	74	85	53	62
<i>Count of prior DJJ referrals **</i>				
0	13	15	33	38
1	14	16	10	12
2	12	14	12	14
3+	48	55	31	36

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 4 shows the comparison of the adjudication and disposition outcomes related to their offense at CYPM enrollment for Our Kids' crossover youth or the first DJJ referral in 2013 for ChildNet's crossover youth. The results found that a greater proportion of ChildNet's crossover youth were adjudicated than the ones from Our Kids (14% vs. 4%, $p < .05$). However, the two groups did not show a statistically significant difference on disposition outcomes of probation and direct file to adult court.

Table 4: Adjudication and Disposition Outcomes

	ChildNet (n = 87)		Our Kids (n = 86)	
<i>Adjudicated at CYPM enrollment or the first DJJ referral in 2013 *</i>				
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
No	75	86	83	97
Yes	12	14	3	4
<i>Disposition</i>				
<i>Probation</i>				
No	64	74	67	78
Yes	23	26	19	22
<i>Direct file to adult court</i>				
No	84	97	86	100
Yes	3	3	0	0
<i>Commitment to DJJ Program</i>				
No	80	92	84	98
Yes	7	8	2	2

* $p < .05$, ** $p < .01$, *** $p < .001$

As shown in Table 5, we compared the detention and intervention services for their offense related to CYPM enrollment for Our Kids' crossover youth or the first DJJ referral in 2013 for ChildNet's crossover youth. The results show no significant differences in the rate of being detained, the length of time in detention, and the length of time in intervention.

Table 5: Detention and Intervention Outcomes

	ChildNet (n = 87)		Our Kids (n = 86)	
<i>Detention at CYPM enrollment or the first DJJ referral in 2013</i>				
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
No	66	76	61	71
Yes	21	24	25	29
	Mean	SD	Mean	SD
Length of time in detention in days	2.74	8.27	3.19	7.69
Length of time in intervention in days	142.89	227.10	151.10	234.54

As shown in Table 6, we compared the receipt of dental and medical services within six months following their offense related to CYPM enrollment for Our Kids' crossover youth or the first DJJ referral in 2013 for ChildNet's crossover youth. As mentioned in Methods section, among the 87 crossover youth from ChildNet, only 70 of them had referral dates prior to June 30, 2013, which allowed for the follow-up timeframe of 6 months. Therefore, the analysis used to create this table and subsequent tables use the sample of 70 ChildNet's crossover youth and 86 Our Kids' crossover youth. The results show no significant differences in the rates of receiving dental and medical services and timeliness to receive dental services. However, as compared to their peers at ChildNet, the youth from Our Kids received their first medical services sooner after their CYPM enrollment (70 days vs. 110 days, $p < .01$).

Table 6: Receiving Dental and Medical Services within Six Months

	ChildNet (n = 70)		Our Kids (n = 86)		
	n	%	n	%	
<i>Dental Services within 6 months after CYPM enrollment or the first DJJ referral in 2013</i>					
No	32	46	38	44	
Yes	38	54	48	56	
<i>Medical Services within 6 months after CYPM enrollment or the first DJJ referral in 2013</i>					
No	28	40	42	49	
Yes	42	60	44	51	
		ChildNet (n = 38)		Our Kids (n = 48)	
		Mean	SD	Mean	SD
<i>Days to dental services within 6 months</i>		73	59	84	50
		ChildNet (n = 42)		Our Kids (n = 44)	
		Mean	SD	Mean	SD
<i>Days to medical services within 6 months**</i>		110	78	70	58

* $p < .05$, ** $p < .01$, *** $p < .001$

The two groups of crossover youth with new DJJ referrals within one year after CYPM enrollment or the first DJJ referral in 2013 were compared (see Table 7). The results showed that 76 percent of ChildNet's and 64 percent of Our Kids' crossover youth had new DJJ referrals within one year. The difference on the new referral rates is not statistically significant. However, when the counts of new referrals within a year were compared, a greater proportion of ChildNet's crossover youth had three or more new referrals within a year than the youth from Our Kids (57% vs. 27%, $p < .01$). Among the youth with new DJJ referrals within one year, we compared the length of time to get their new DJJ referrals between crossover youth from the two agencies. On average, the ChildNet's crossover youth took 77 days (SD = 65), and the Our Kids' crossover youth took 67 days (SD = 91) to get referred. The difference was not statistically significant.

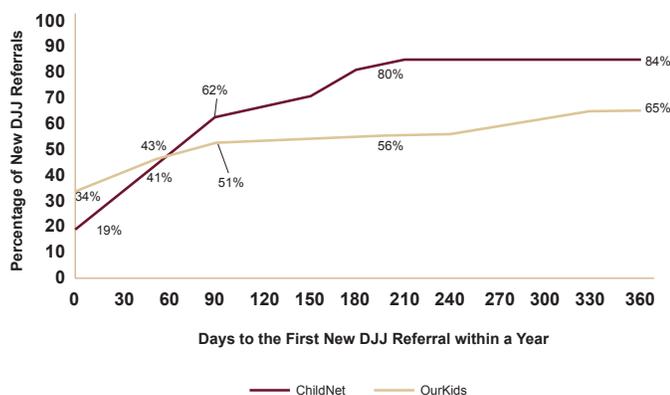
Table 7: Re-offending within One Year

	ChildNet (n = 70)		Our Kids (n = 86)		
	n	%	n	%	
<i>New DJJ referrals within one year after CYPM enrollment or the first DJJ referral in 2013</i>					
No	17	24	31	36	
Yes	53	76	55	64	
<i>Count of DJJ referrals within one year after CYPM enrollment or the first DJJ referral in 2013 **</i>					
0	17	24	31	36	
1	8	11	21	24	
2	5	7	11	13	
3+	40	57	23	27	
		ChildNet (n = 53)		Our Kids (n = 55)	
		Mean	SD	Mean	SD
<i>Days to new DJJ referral within one year</i>		77	65	67	91

* $p < .05$, ** $p < .01$, *** $p < .001$

A life table was constructed to better illustrate the timing of re-offending within a year for both crossover groups. The life table is descriptive and shows the cumulative percentages of re-offending over time. For the youth who aged out juvenile justice system during the one year of follow-up, they were not included for computing the cumulative percentages since the date of their aging out. Within the first month, 34 percent of Our Kids' crossover youth and 19 percent of ChildNet's crossover youth had new DJJ referrals. Two groups had similar cumulative proportions in the second month (41% for ChildNet and 43% for Our Kids). From the third until the twelfth month, Our Kids' crossover youth had lower cumulative re-offending rates than ChildNet's crossover youth. From these bivariate analyses, it appears that the two groups of crossover youth had a different pace to re-offend. To test this relationship, more sophisticated methods were used to determine if such patterns continued once other important variables are held constant.

Table 8: Life Table



The results from the Cox Regression are displayed in Table 9. The regression model focuses on the rates of re-offending (i.e., having new DJJ referrals) within a year. The $Exp(B)$ represents the hazard ratio of re-offending within a year. A hazard ratio greater than 1 indicates a higher likelihood of re-offending within a year, whereas a hazard ratio less than 1 indicates a lower likelihood of re-offending within a year.

Four different models were used. In Model 1, demographics (race, gender, age at the time of the particular DJJ referral related to CYPM enrollment for Our Kids' crossover youth or the first DJJ referral in 2013 for ChildNet's crossover youth) and the agency were used. None of the variables were statistically significant. In Model 2, we added the count of prior DJJ referrals. Three variables were statistically significant in this model: 1) as compared with their White peers, Hispanic crossover youth are associated with an increased risk of re-offending within one year ($Exp(\beta) = 2.59, p < .05$); 2) as compared with the crossover youth from ChildNet, the crossover youth from Our Kids are associated with lower risk of re-offending within one year ($Exp(\beta) = 0.65, p < .05$);

and 3) as compared with the crossover youth with no prior DJJ referrals (i.e., first time offenders), the youth with three or more prior DJJ referrals are associated with an increased risk of having new DJJ referrals within one year ($Exp(\beta) = 1.86, p < .05$). In Model 3, two DJJ processing variables were added: 1) adjudication outcome and 2) detention experience. Neither were statistically significant, but the previous three variables were still statistically significant in this model. In Model 4, two variables were added related to the services referred by child welfare agencies: dental and medical services rendered within six months. Neither variable was statistically significant. Only the variable of race is still statistically significant in this model. That is, as compared with their White peers, Hispanic crossover youth are associated with an increased risk of re-offending within one year ($Exp(\beta) = 2.60, p < .05$). The variable of agency is no longer statistically significant. Comparing the results between Models 3 and 4, the effects of agency is no longer statistically significant in Model 4.

Table 9: Cox Regression: Predicting the Rate of New DJJ Referrals within a Year (n = 156)

	Model 1			Model 2			Model 3			Model 4		
	B	SD	Exp (β)									
Race (reference: White)												
Hispanic	0.62	0.4	1.86	0.95*	0.41	2.59	0.96*	0.41	2.61	0.96*	0.42	2.60
Black	0.15	0.34	1.17	0.33	0.34	1.40	0.28	0.35	1.32	0.29	0.35	1.35
Female	-0.16	0.20	0.85	0.02	0.20	1.02	0.03	0.21	1.03	-0.01	0.21	0.99
Age at the time of CYPM enrollment or the first DJJ referral in 2013												
0		0.07	1	-0.04	0.07	0.96	-0.04	0.07	0.96	-0.01	0.07	0.99
Our Kids (reference: ChildNet)												
-0.39	0.22	0.68	-0.43*	0.23	0.65	-0.46*	0.23	0.63	-0.43	0.23	0.65	
Count of Prior DJJ Referrals (Reference: 0, i.e. first time offenders)												
One				-0.28	0.35	0.76	-0.27	0.35	0.76	-0.30	0.36	0.74
Two				0.09	0.34	1.09	0.08	0.34	1.09	0.05	0.35	1.06
Three +				0.62*	0.26	1.86	0.61*	0.27	1.85	0.49	0.29	1.62
DJJ Processing												
Adjudicated							-0.06	0.35	0.95	0.02	0.36	1.02
Detention							0.32	0.22	1.37	0.34	0.22	1.40
Services Referred by Child Welfare												
Dental Services										-0.14	0.22	0.87
Medical Services										0.41	0.23	1.51

* $p < .05$, ** $p < .01$, *** $p < .001$

Discussion

Results show that crossover youth from Our Kids are associated with a lower risk of re-offending within a year than their peers from ChildNet, after controlling the confounding variables of demographics and their prior offenses. This difference was not mediated by juvenile justice processing but mediated by receiving dental and medical services referred by the child welfare agencies. Since the sample is all crossover youth from Our Kids served by the CYPM, the results indicate that the CYPM can have an effect on reducing the risk of juvenile recidivism.

Our finding is consistent with previous evaluations of the CYPM in other jurisdictions.^{20,21,22} Studying crossover youth in King County, Washington, Herz and Fontaine compared two randomly selected groups: the control group ($n = 20$) entered the juvenile justice system prior to the implementation of the CYPM; the intervention group ($n = 20$) entered the juvenile justice system after the implementation of the CYPM.²³ The authors reported that nearly all crossover youth in the intervention group received some type of service within the one-year follow-up period. Moreover, within the first six months of follow-up, youth in the intervention group showed much lower recidivism rates than the control group (39% vs. 70%). Haight and colleagues conducted both a qualitative study and a quantitative study on the CYPM. In their qualitative study, the authors conducted a two-year long ethnographic inquiry into professionals' experiences of the CYPM in five diverse counties in a Midwestern state.²⁴ The authors reported that participants described positive structural and psychosocial changes. But participants, especially among front line workers, also reported implementation challenges. As compared with team leaders, front line workers were more likely to report inadequate support and training. Participants also reported challenges in distinguishing core features of the CYPM, and engaging families and key community stakeholders. In their quantitative study, the authors reported that youth receiving the CYPM services were less likely to recidivate (32% vs. 48%) than propensity score matched youth receiving "services as usual" even when controlling for location, time, and other key covariates.²⁵

To understand our finding, we proposed that the CYPM facilitates access to services for crossover youth, which helps to reduce their risk of recidivism. Specifically, in Miami-Dade County, the most important component of the CYPM is multidisciplinary team (MDT) meetings. The attendants include professionals, crossover youth, and their invited family members. The professionals are from child welfare agencies, juvenile probation, and juvenile court. At the MDT meetings, they discuss services needed by the crossover youth. Both the child welfare and the juvenile justice systems share information on external services agencies, to which they can make referrals. It is likely that such information sharing can prompt timely access to the needed services.

The results show that Our Kids' crossover youth received their first medical services sooner than their peers from ChildNet. Also, in the last Cox Regression model, the results show that the experiences of receiving dental and medical services within six months mediate the protective effects of the CYPM on recidivism.

Two other variables were statistically significant in at least two models: race and prior DJJ referrals. In Models 2-4, Hispanic crossover youth are associated with a higher risk of re-offending within a year than their White peers. This finding is consistent with the finding from the recent study using administrative data from Florida.²⁶ The authors reported that, as compared with White juvenile offenders, Black and Hispanic juvenile offenders are associated with a higher risk of juvenile recidivism. Moreover, the authors showed that dual-adjudication has large detrimental effects on Hispanic youth. Within Hispanic juvenile offenders, the odds of recidivism for those with dual-adjudication is nearly three times their delinquent only peers. The author also reported that the detrimental effects are even larger on Hispanic females. Within Hispanic female juvenile offenders, the odds of recidivism for the ones with dual-adjudication is 11 times their delinquent only peers. The authors did not provide theories for why Hispanic youth, especially the females, experience large detrimental effects of dual adjudication. From a theoretical perspective, we suspect that, in general, Hispanic youth greatly benefit from the protective effects of their family cohesion and interdependence. In comparison, those removed from home and dually adjudicated are less protected by their family cohesion and interdependence, and experience a higher risk of involvement in the justice system.

In Models 2 and 3, a greater count of prior DJJ referrals is associated with a higher risk of re-offending within a year. This finding is consistent with previous literature that reported that the number of prior juvenile arrests is positively associated with future arrest, a finding that holds true for future arrests during both adolescence and adulthood.^{27,28} Several mechanisms might explain this relationship. First, youth with multiple prior arrests are likely to socialize with mostly delinquent peers, who continue involving them in future delinquent or criminal behaviors. Second, youth with multiple prior arrests are likely to experience difficulties in becoming involved in prosocial activities, such as school and employment. Such difficulties can discourage them from prosocial activities, and instead, keep them on the delinquency path. Third, youth with multiple prior arrests are likely to be from disadvantaged backgrounds, such as impoverished families and neighborhoods. The disadvantaged background can still be a barrier for them to transition out of their delinquency path. However, in Model 4, after adding two variables related to the services referred by child welfare agencies, the count of prior DJJ referrals is no longer statistically significant. This finding might indicate that when repeated juvenile offenders receive dental and medical services as needed, they are less likely to commit new offenses.

Policy Recommendations

This study showed that to reduce juvenile recidivism among crossover youth, it can be effective to increase collaboration between the juvenile justice and the child welfare systems through the Crossover Youth Practice Model. The key mechanism is that crossover youth involved in the CYPM receive more timely medical (physical and mental health) and dental service referrals. At both the local and state levels, the juvenile justice and the child welfare systems can work together to enhance their relationships with their network of treatment providers. Through those relationships, they would better understand the Managed Medical Assistance (MMA) plans. For example, the two systems might collaborate to provide training to mental health and medical care treatment providers about crossover youth and their needs. The goal is for the providers to understand the common childhood trauma experiences among crossover youth, the common diagnoses, their physical and behavioral health problems, and more importantly, the consequence of not addressing their needs. Other practical issues to cover in the training include the Medicaid coverage and billing procedures for the crossover youth. Additionally, as new providers with expertise in treating adolescents with trauma become available in communities, the DJJ or DCF administrators could assist with recommending that they apply to become a provider for the MMA.

In addition, working with crossover youth, administrators and practitioners in both systems may consider adopting the valuable elements of the Crossover Youth Practice Model: family engagement and information sharing with the child welfare system. The CYPM uses a broad definition of family engagement, which actually includes both family members and adult mentors who they consider as committed adults in the youth's life. Information sharing from the child welfare system includes both the written report prepared before the MDT meeting and the verbal report from the case managers during the meeting. Knowing the information, especially the permanency goal and progress achieved towards the goal, both systems can develop shared goals together and plan for services accordingly.

The CYPM in Miami-Dade County still has areas for improvement. Should other jurisdictions adopt the CYPM, administrators and practitioners in both systems may consider incorporating the recommendations offered in the Areas for Improvement section of this report.

Appendix 1

Interview Guidelines for MDC

1. How would you describe a typical crossover youth that you or your agency worked with?
2. What do you think about the current identification mechanism for identifying crossover youth? Do you think the Juvenile Justice System has been able to identify crossover youth soon after their arrest?
3. In your experience, how soon does the Juvenile Justice System contact the child welfare agency after arresting a crossover youth?
4. In your observation, which stakeholders participate in the Multi-Disciplinary Team (MDT) meeting? Who else do you think should participate?
5. What things do you discuss in MDT?
6. In MDT, do you review the clients' answers on the Florida DJJ Positive Achievement Change Tool (PACT) or any other assessments?
7. Do you think the MDT approach works for serving crossover youth? Why or why not?
8. Would you like to engage families in MDT? Why or why not?
9. For families previously engaged in MDT, what roles did they play? What roles do you think they should play?
10. In your experience, is permanency planning part of MDT? Where do crossover youth usually stay during their justice processing? Where do they stay after completing their justice requirements?
11. How would you describe the communication between MDT and the judges in the delinquency and dependency courts?
12. How do stakeholders communicate with each other outside of the MDT meetings?
13. What do you think about using diversion protocols among crossover youth?
14. Which intervention models do your agency use for working with crossover youth (e.g. Multidimensional Family Therapy)?
15. Do you think the child welfare system and the juvenile justice systems work more closely together since Miami Dade County adopted the Crossover Youth Practice Model (i.e. Georgetown Model)? Why or why not?
16. 16. What do you think are the strengths and weaknesses of the current implementation of the Crossover Youth Practice Model (i.e. Georgetown Model)?

Interview Guidelines for PBC

1. How would you describe a typical crossover youth that you or your agency worked with?
2. What do you think about the current identification mechanism for identifying crossover youth? Do you think the Juvenile Justice System has been able to identify crossover youth soon after their arrest?
3. In your experience, how soon does the Juvenile Justice System contact the child welfare agency after arresting a crossover youth?
4. In your observation, which stakeholders participate in case planning and progress review meetings for crossover youth? Who else do you think should participate?
5. What things do you discuss in case planning and progress review meetings?
6. In case planning, do you review the clients' answers on the Florida DJJ Positive Achievement Change Tool (PACT) or any other assessments?
7. Do you think your current approach works for serving crossover youth? Why or why not?
8. Would you like to engage families in case planning and progress review meetings? Why or why not?
9. For families previously engaged in case planning and progress review meetings, what roles did they play? What roles do you think they should play?
10. In your experience, is permanency planning part of case planning and progress review meetings? Where do crossover youth usually stay during their justice processing? Where do they stay after completing their justice requirements?
11. How would you describe the communication between caseworkers, the Juvenile Justice staff, and the judges in the delinquency and dependency courts?
12. How do stakeholders communicate with each other outside of case planning and progress review meetings?
13. What do you think about using diversion protocols among crossover youth?
14. Which intervention models do your agency use for working with crossover youth (e.g. Multidimensional Family Therapy)?
15. Do you think the child welfare system and the juvenile justice systems will work more closely together if the Palm Beach County adopts the Crossover Youth Practice Model (i.e. Georgetown Model)? Why or why not?
16. 16. What do you think are the strengths and weaknesses of the Crossover Youth Practice Model (i.e. Georgetown Model)?

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