

King County Juvenile Drug Court with Modification

ES 9a Juvenile Drug Court with Modification

Existing MIDD Program/Strategy Review, MIDD I Strategy 9a (Attach MIDD I pages)

New Concept (Attach New Concept Form)

Type of category: Existing Program/Category MODIFICATION

SUMMARY: Existing strategy 9A, King County Juvenile Drug Court (JDC) is a therapeutic court that provides services to juvenile charged with criminal offenses and identified as having a SUD diagnosis. This briefing paper explains the base existing MIDD funds for 9a and also requests support for evidence-based enhancements that that are funded by an expiring grant (September 2017) through the Office of Juvenile Justice and Delinquency Prevention (OJJDP). The grant supports improved outcomes for JDC youth with co-occurring disorders and increase family engagement.

Collaborators:

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Department: MHCADSD

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization
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The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?

Existing strategy 9A, King County Juvenile Drug Court (JDC) is a therapeutic court that provides services to juvenile charged with criminal offenses and identified as having a SUD diagnosis. This briefing paper explains the base existing MIDD funds for 9a and also requests support for evidence-based enhancements that that are funded by an expiring grant (September 2017) through the Office of Juvenile Justice and Delinquency Prevention (OJJDP). The grant supports improved outcomes for JDC youth with co-occurring disorders and increase family engagement.

Current JDC is is comprised of:

- FTE Program Manager
- 4.0 FTE Juvenile Probation Counselors (JPC)
- .20 FTE Bailiff
- .20 Judicial Officer

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Additional MIDD II funds to replace the lost OJJDP grant provides:

- FTE Multi-systemic Therapy (MST) Therapist
- 2.0 FTE Family Integration Transitions (FIT) Therapist
- .20 FTE Child /Adolescent Psychiatrist
- 1.0 FTE Family Engagement Specialist

The Juvenile Drug Court (JDC) was implemented in July, 1999. This court is an alternative to regular juvenile criminal court and is designed to improve the safety and well-being of youth and families involved in the juvenile justice system by providing the juvenile offender access to SUD treatment, judicial monitoring of their sobriety and individualized services to support the entire family ¹(NCJFCJ, 2013).

Juvenile justice-involved youth voluntarily enter the program and agree to increased court participation, SUD treatment, co-occurring mental health treatment if necessary and intensive case management in order to have their charges dismissed. Case review hearings initially occur every week and then become less frequent as the youth progresses through the program. Incentives are awarded to recognize the youths' achievements and graduated sanctions are used when a youth violate program rules. Youth typically spend between 12 and 18 months in the program.

Through a collaborative, non-adversarial approach, the Juvenile Drug Court integrates SUD, co-occurring mental health treatment and increased accountability into the process. Each youth has a JDC team and a comprehensive service team that reviews his or her participation and recommends services. This interdisciplinary team is cross-trained and works collaboratively to resolve issues.

2. Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area (Select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Crisis Diversion | <input type="checkbox"/> Prevention and Early Intervention |
| <input checked="" type="checkbox"/> Recovery and Re-entry | <input checked="" type="checkbox"/> System Improvements |

Please describe the basis for the determination(s).

The JDC program is effective at reducing recidivism and keeping youth engaged in the treatment process. (Bolan, 2007) King County JDC outcome studies have documented significant reductions in recidivism among program participants. Juvenile justice has increasingly become the service delivery point for adolescents with SUD and co-occurring problems who lack resources for other assistance. The JDC model provides improved, expanded, yet cost-effective adolescent SUD treatment in a coordinated system of care. The model of care in King County challenges systemic inequities and facilitates dialogue among justice and treatment professionals, families, and the youth themselves. JDC includes services designed for youth with SUD diagnoses and co-occurring Mental Health issues. All service areas of the JDC program have shown overtime to increase protective factors for youth involved in the program and strengthen the participant's transition to participating in pro-social behaviors and activities.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

¹ Seen, Heard and Engaged: A process Evaluation for Children in Court Programs (NCJFCJ, p. 2013)

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- 1. Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

The percentage of juveniles charged with drug-related crimes and referred for Substance Use Disorder (SUD) services continues to increase annually. An estimated 80 percent of the youth annually placed on probation and who are assessed as moderate or high risk to re-offend using the (The Justice Research Center, 2012) ²Positive Achievement Change Tool (PACT) are assessed with a SUD and of those, 70 percent also have a co-occurring Mental Health Disorder assessed by the Practical Adolescent Dual Diagnostic Interview (PADDI-5.)³ In addition, juveniles referred to juvenile court who are first, second or third time offenders who commit offenses such as shoplifting, malicious mischief, or drug or alcohol related offenses may be eligible for an alternative to formal court processing known as "diversion" and receive services through the JDC Program.

In 2014, Mental Health Chemical Abuse and Dependency Services Division(MHCADSD) identified the unmet needs of youth participating in the King County Juvenile Drug Court program through the data captured through the Global Appraisal of Individual Needs (GAIN) assessment. This data not only clarified the co-occurring mental health concerns, but also revealed additional complexity of the youth served in this therapeutic court (See Table 1). Without existing General County, state and MIDD operating funds, the JDC program could not address the growing complexity of the needs of these youth.

Table 1: GAIN Demographics of King County JDC Target Population CY 2011-13 N=810

Race/Ethnicity:	19.8% Caucasian, 27.1% African American/Black, 3.4% Asian/Pacific Islander, 2.5% American Indian, 26.5% multiple race,14.4% Hispanic, 6.3% Other
Age:	18.6% <15 years, 74.3% 15-17 years, 7.1% 18-20 years
Gender	29.5% female, 70.5% male
Education	59.4% are behind more than one grade in school, 33% did not attend school in the past 90 days
HIV Risk	66.4% are high or moderate risk for HIV exposure
Homelessness	15.8% have been homeless during past 12 months
Family	21.3% experienced 13 or more days of family problems during the past 90 days, 17.2% indicated weekly alcohol use in the home, 16.9% indicated weekly drug use in the home
Recovery Environment	71.4% indicated a low level of general social support from family, friends, school or church
Mental Health needs:	18.7% expressed suicidal thoughts or actions 61.6% symptoms of Major Depressive Disorder, 46.5% high levels of anxiety
Victimization:	41.8% indicated moderate or high levels of victimization
Substance Use	65.3% diagnosed as dependent, 53% indicate daily use

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History:	primary drug – 15.3% alcohol, 1% cocaine, 2.3% heroin & other opiates, 66.3% marijuana, 8.8% amphetamine
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MHCADSD in collaboration with the JDC program applied for and received a time limited OJJDP federal grant to enhance activities, which included the implementation of a specialized “Co-Occurring” track within the JDC docket. This grant provided several enhancements including the implementation of the Juvenile Drug Court 16 strategies recommended by the National Council of Family and Juvenile Court Judges (NCFJCJ).⁴

This grant included a dedicated Multi-Systemic Therapy (MST) therapist, Family Integrated Transitions (FIT) Therapist, 20 percent of a Psychiatrist FTE for consultation/medication management and a Family Engagement Specialist (FES) to serve as part of the JDC team. These services are family centered, community based and focus on interactions between participants and their environments.

King County entered into partnerships with Therapeutic Health Services to provide the FES and MST services and the University of Washington to provide the FIT and Psychiatric services. These services enhance and provide evidence based interventions that have demonstrated efficacy for youth with co-occurring disorders. Augmenting these modalities with a FES allows the JDC program to focus on increasing the rate of opt-ins through family engagement strategies; improve program adherence, attendance, provide services to South King County communities, and allows the program to assist with ancillary issues that may impact program participation and treatment success.

The original 2009 MIDD JDC proposal did not include resources for the current infrastructure that supports the current level of services provided to youth and families participating in the JDC. Additional funding is required to sustain the current JDC model supported with existing grant funds as these funds expire in 2017. Therapeutic Courts are not subject to the statutory supplantation limitations.

There are three different service tracks in the JDC program. The standard intervention model is described above and serves the largest number of youth. Track 2 is designed for youth with co-occurring mental health and substance use issues, and the intervention is intended to provide additional family engagement, psychological and psychiatric services to these youth. There are some differences in the phase requirements in Track 2, and the focus is on the development of individualized plans and goals. Track 2 was implemented as originally designed through a federal grant secured in 2014.

Track 3 is associated with a Stipulated Order of Continuance (SOC) and is intended for youth who might benefit from a shorter and less intensive intervention. In Track 3 the youth typically work directly with a single Juvenile Probation Counselor who connects them with needed resources, have less direct contact with the Court and Judge, and have the ability to graduate the youth upon completion of individualized goals within four to six months.

In 2015 (June 2015 – December 2015), 35 youth have been served in Tracks 1 and 2 of the JDC program. An additional 54 youth have been served in Track 3 of the program. Forty-five youth served in 2014 carried over to the JDC program into 2015. Over 65 percent of the JDC program participants are youth

⁴ National Drug Court Institute and the National Council of Juvenile and Family Court Judges. Preparation of this report was supported by grant number 2000–DC–VX–K007 awarded by the Office of Justice Programs, U.S. Department of Justice.

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of color. A 2014 Washington State Institute for Public Policy report (WSIPP, 2015)⁵ cited that juvenile justice drug courts as a whole save citizens \$4,159 for each participant served.

King County Juvenile Drug Court was created for individuals charged with juvenile offenses and identified as struggling with significant SUD issues. To date 586 youth have participated in the JDC. The (Bolan, 2007)⁶ evaluation documented recidivism rates for youth enrolled in King County JDC were significantly reduced, including minority youth who had substantially lower recidivism rates than their counterparts in the comparison group.

2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

The King County Juvenile Drug Court (JDC) is designed to improve the safety and wellbeing of youth and families involved in the juvenile justice system by providing the youth in the juvenile justice system access to SUD treatment, evidence based/best practice holistic family intervention services, and judicial monitoring of their recovery. The baseline funding for the JDC has produced beneficial outcomes to youth and families and the county; adding the enhancements will increase positive outcomes for youth and families with additional mental health challenges, including those experiencing trauma. Funding and sustaining the current model will assist the JDC to maintain evidence based family interventions, and provide adequate funding for staff support to fully sustain the enhanced model which address co-occurring mental health needs of the JDC youth (in section B. 1) through the OJJDP grant which ends in 2017.

3. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.

The JDC program has conducted two outcome evaluations (2002 and 2007) that have demonstrated its effectiveness.⁷ Based on recommendations from the 2007 evaluation, a process evaluation is underway and is scheduled to be completed in April 2016.

The 2007 findings showed the following:

- The average number of criminal referrals, felony referrals and filings at 18 months were significantly lower for the Drug Court participant youth in contrast with the comparison youth.
- Participants had significantly lower recidivism rates than non-participants at both the 18 and 24 month follow-up periods.
- Felony filings for participant youth were significantly lower than those observed among comparison youth.
- Participant youth showed that graduating from the program is highly correlated with lower recidivism rates.

⁵ What Works and What Does Not? Benefit-Cost Findings from WSIPP (2015)

⁶ King County Juvenile Drug Court Program –Program Evaluation (Bolan, 2007)

⁷ Organization Research Services, (2002) and Bolan (2007).

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- Minority youth performed substantially better than the comparison group, particularly on the measures of referrals, felony referrals and filings at 18 and 24 months.

4. Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Best Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.

King County Juvenile Drug Court has had two evaluations (Bolan, 2007) revealing lower recidivism rates and a cost benefit to the county and state. See above outcomes for the basis of this determination.

King County Juvenile Drug Court primary goals:

- Reduce recidivism of youth involved in the juvenile justice system;
- Enhance community safety;
- Reduce substance use;
- Increase access to SUD and mental health services;
- Increase access to therapeutic family interventions;
- Increase in youth and family engagement;
- Reduce the impact of drug cases on the criminal justice system;
- Enable drug court participants to become responsible, productive members of the community and;
- Restore restitution.

Outcomes measured pre/post intervention include treatment attendance and completion; increased education/work attendance, decreases in family problems, decreased substance use and mental health symptoms, a strengthened recovery environment and decreased recidivism and time spent in detention.

5. What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?

King County Juvenile Drug Court has had two evaluations showing statistically significant decreases in recidivism and cost off sets to the county and state. The data sources used to measure outcomes include: Juvenile Information Management Systems (JIMS), the ⁸Positive Achievement Change Tool (PACT), King County Case Management System (KCMS) and evaluation related reports required through the MIDD. These positive outcomes would be expected to continue.

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program: (Select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All children/youth 18 or under | <input checked="" type="checkbox"/> Racial-Ethnic minority (any) |
| <input type="checkbox"/> Children 0-5 | <input checked="" type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Children 6-12 | <input checked="" type="checkbox"/> Hispanic/Latino |
| <input checked="" type="checkbox"/> Teens 13-18 | <input checked="" type="checkbox"/> Asian/Pacific Islander |
| <input checked="" type="checkbox"/> Transition age youth 18-25 | <input checked="" type="checkbox"/> First Nations/American Indian/Native American |

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- | | |
|---|---|
| <input type="checkbox"/> Adults | <input checked="" type="checkbox"/> Immigrant/Refugee |
| <input type="checkbox"/> Older Adults | <input type="checkbox"/> Veteran/US Military |
| <input checked="" type="checkbox"/> Families | <input checked="" type="checkbox"/> Homeless |
| <input type="checkbox"/> Anyone | <input checked="" type="checkbox"/> GLBT |
| <input checked="" type="checkbox"/> Offenders/Ex-offenders/Justice-involved | <input checked="" type="checkbox"/> Women |
| <input type="checkbox"/> Other – Please Specify: | |

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

JDC includes services designed for youth with co-occurring mental health and SUD needs and the intervention is intended to provide additional family engagement, psychological and psychiatric services to these youth. In 2014, MHCADSD identified the unmet needs of youth participating in the JDC program through the data captured through the Global Appraisal of Individual Needs (GAIN) assessment. This data indicated that 21.3 percent of drug court clients experienced 13 or more days of family problems during the past 90 days, 17.2 percent indicated weekly alcohol use in the home, 16.9 percent indicated weekly drug use in the home. In addition, 71.4 percent indicated a low level of general social support from family, friends, school or church. A December 2015 review of the current drug court caseload indicated that over 43 percent of the clients currently in the program self-reported that there is history of drug or alcohol abuse by one or both parents. Juvenile Drug Court provides the resources for both youth and families to address these issues in an environment that offers therapeutic, relational, and mentoring support.

- 2. Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection:**
County-wide :

King County JDC currently serves the entire county and over 65 percent of JDC participants are youth of color. The gentrification of Central King County has increased the service need for youth of color in South King County. This proposal would continue to support SUD and mental health services for youth in King County. In addition, this concept provides resources to support continued efforts to increase behavioral health services to South King County and provide opportunities for youth to obtain treatment services in their communities that are culturally relevant.

- 3. What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

King County MHCADSD is a crucial partner for connecting clients with specific mental health and SUD treatment services. MHCADSD manages the system of care for publicly funded individuals in King County and is responsible for the delivery of SUD treatment, mental health treatment, co-occurring treatment, prevention and community organizing throughout King County. MHCADSD works in partnership with other departments within the county, (i.e. Public Health, Community and Health Services), the City of

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Seattle, and the Washington State Division of Behavioral Health and Recovery (DBHR) in planning and implementing programs. There are many programs that make up the SUD (and co-occurring) services continuum of care for low income and indigent citizens within the community. Some of the services are county operated programs and others are provided through contract with community based programs and many are evidence-based.

The following agencies provide staff to play a role on the court's internal JDC team: MHCADSD contracted treatment agencies: Therapeutic Health Services (THS); Youth Eastside Services (YES); Consejo Counseling and Referral Services, Navos, Kent Youth and Family Services (KYFS), Center For Human Services and others. In addition, The 4C Coalition, University of Washington, Prosecuting Attorney Office (PAO), Department of Public Defense (DPD), King County Superior Court (KCSC), Juvenile Services, and Seattle Police Department (SPD) are also involved.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

- 1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

The impending implementation of the Behavioral Health Organization (BHO) that will take place on April 1, 2016 will impact SUD and mental health treatment services. It could also have an initial impact on the ability for clients to have timely access to these services due to the system's unfamiliarity with the changing conditions. Ultimately the changes will likely be beneficial to JDC.

- 2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**

There are no currently known barriers to implementation as the King County JDC has been in operation since 1999 and has a solid infrastructure.

- 3. What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

There are no currently known unintended consequences for the JDC to be implemented as this is an already functional strategy.

- 4. What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

The consequences may be a marked increase of youth of color in the King County Detention Center or sentenced to the Washington State Juvenile Justice Rehabilitation Administration (JJRA) institutions. Youth in need of behavioral health services and families in need of supports will not receive these services. This could lead to an increase in the number of adults in the criminal justice as youth age out of juvenile justice.

- 5. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of**

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cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?

There is no known equivalent alternative approach to this problem. It is the only therapeutic court within King County Juvenile Court that provides an incentive of having a criminal case dismissed for attending treatment, and promoting other pro-social supports that contribute to a youth's overall health and recovery. The only alternative process is for youth to receive support through the traditional juvenile justice process that produces less successful outcomes, especially for youth of color.

E. Countywide Policies and Priorities

- 1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

This concept fits with the County's strategic plan goals related to actualizing health and human potential. It fits within the following areas of the County's continuum of care:

Behavioral Health Organization Development:

To deliver integrated mental health and substance use disorder treatment services through managed care contracts by April 1, 2016.

1. Progress toward the goal of "whole person" care.
2. Improved health and social outcomes.
3. Improved coordination of care.
4. Better experience for clients.
5. More flexibility in behavioral health service provision, especially for those with substance use disorders.
6. Increased access to co-occurring disorder treatment.

Best Starts for Kids:

Helping young adults who have had challenges successfully transition to adulthood, and stopping the school to prison pipeline that is closely connected to the Reclaiming Futures Vision, Youth Action Plan and All Home Youth.

Children Family and Justice Center

- Vision: 1) to reduce the proportion of minority youth in the juvenile justice system and 2) meet the needs of growing population for the next 50 years. The specific outcome that relates to JDC is "Design services to address disproportionality and school to prison pipeline, including community services, economic opportunity, and behavioral health care."

County Equity and Social Justice: Apply the King County Strategic Plan principle of "fair and just" intentionally in all King County does in order to achieve equitable opportunities for all people and communities.

Determinants of equity that align with JDC include:

- access to health and human services;
- equitable law and justice system; and

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- equity in County practices.

Health and Human Transformation Plan outcomes:

- Individual/family level: Improve access to person-centered, integrated, culturally competent services when, where, and how people need them.
- Community level: Improve community conditions and features that affect health and well-being.

Recidivism Reduction and Re-entry Strategic Planning:

- Increase public safety while avoiding entry into and reducing recidivism when leaving the criminal justice system via a countywide strategic plan of action that addresses the risks and needs of individuals caught within the revolving door of recidivism and disenfranchisement.
- Apply culturally appropriate interventions that reduce disproportionality in the jail population.
- Establish a countywide learning culture that employs evidence-based and fidelity-adherent practices and continuous quality improvement.

2. How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?

This program is rooted in the principles of recovery and resiliency, supporting young people's recovery by providing education and employment. A basic element of the resilience and recovery process is a person's growth in self-awareness and their capacity to engage in meaningful activities. These qualities may be achieved through participation in formal or informal educational opportunities. Juvenile Court anticipates that many of the young people in need of services have experienced some type of trauma or adverse childhood experience(s). By partnering with certified behavioral health specialists, the concept will also be rooted in the principles of trauma-informed care and help young people begin to address that trauma so that it does not continue to impact their ability to complete their education, gain and maintain employment and become productive members of their communities.

3. How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?

As stated throughout this paper, criminal-justice-involved youth are more likely to be low-income and/or youth of color. The JDC program is serving primarily youth of color and will continue to provide additional services for these populations targeted under the ESJ initiative to receive appropriate treatment in the community instead of being placed in juvenile detention for a SUD and other complicating mental health concerns.

F. Implementation Factors

1. What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program (staff, physical space, training, UA kits, etc.)?

Baseline JDC Costs MIDD 1.0

Sub-total: Juvenile Drug Court Baseline Annual Cost = \$680,579

Co-Occurring MH Enhancement Costs:

1.0 MST Therapist \$ 70,000

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2.0 FIT Therapist \$180,000
.20 Psychiatrist \$ 55,000
1.0 FES \$ 70,000 *

*Cost include: parent support group activities; transportation for the parents and events to keep the parents engaged.

Sub-total: Enhancements: \$375,000

The OJJDP federal grant funds sunset in September 2017 and due to the need of the co-occurring and family engagement enhancement, JDC would propose this to be included within the MIDD 2.0 if funded.

Total: Baseline Cost plus enhancements including expiring grant funds above: \$1,055,570

2. Estimated ANNUAL COST. \$501,000-\$1.5 million Provide unit or other specific costs if known.
See calculation above.

3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.

At this time there are no King County general funds available to fund the JDC, state funds are not available and the federal grant funds are for enhancements only and will expire in September 2017. Other than the following: Community Liaison: \$83,500. \$57,450 funded through a drug court grant from DBHR and \$26,050 paid by the block grant. Through JJRA, the Chemical Dependency Disposition Alternative (CDDA), Block Grant pays \$5,000 for urinalysis testing and \$80,000 for the JDC Administrative Assistant.

4. TIME to implementation: Currently underway

- a. **What are the factors in the time to implementation assessment?** No factors; the JDC is in operation.
- b. **What are the steps needed for implementation?** JDC has been in operation for 16 years and has a few federal grant-funded enhancements that will need to be absorbed after September 2017.
- c. **Does this need an RFP?** Not currently

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

The anticipated result of the expiration of MIDD funds, uncertainty of state funds in 2016, and the expiring OJJDP grant in 2017, creates a sense of urgency for the JDC program to secure funding to sustain and grow its current service delivery model for the youth and families of King County. JDC is committed to working with system partners to continue to provide SUD and mental health services that are effective and provide long term growth for King County youth. Support for this proposal provides the JDC to continue to operate and support youth in a therapeutic environment who suffer with the SUD and complicating co-occurring mental health symptoms.

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Strategy Title: Programs Targeted for Youth

Strategy No: 9a – Expand Juvenile Drug Court

County Policy Goals Addressed:

- Diversion of youth and adults with mental illness and substance use disorder (SUD) from initial or further justice system involvement.
- Explicit linkage with, and furthering of, other council directed efforts including the Adult and Juvenile Justice Operational Master Plans, the Ten-Year Plan to End Homelessness in King County, the Veterans and Human Services Levy Service Improvement Plan and the Recovery Plan for Mental Health Services.

1. Program/Service Description

◇ A. *Problem or Need Addressed by the Strategy*

The number of juveniles charged with drug-related crimes and referred for SUD services continues to increase. An estimated 80 percent of the 1300 youth annually placed on probation and who are assessed as moderate or high risk to reoffend have a SUD. An estimated 325, or 25 percent of these youth, are eligible for and could benefit from juvenile drug court services. There is currently insufficient capacity to increase the number of youth served annually in the King County Juvenile Drug Court (JDC) program. This strategy strengthens the program and increases the number of youth who have access to the JDC.

◇ B. *Reason for Inclusion of the Strategy*

JDC programs are effective at reducing recidivism and keeping youth engaged in the treatment process. Two outcome studies specific to the King County JDC have documented significant reductions in recidivism among program participants. Juvenile justice has increasingly become the service delivery point for adolescents with SUD and co-occurring problems who lack resources for other assistance. The JDC model provides improved, expanded, yet cost-effective adolescent SUD treatment in a coordinated system of care. The model of care in King County challenges systemic inequities and facilitates dialogue among justice and treatment professionals, families, and the youth themselves. The implementation of evidence-based practices and the Reclaiming Futures Project have transformed disconnected laws, programs and professionals into an effective, efficient and successful community of responders, helping youth reclaim their lives while improving public health and public safety.

◇ C. *Service Components/Design*

JDC is organized around the ten key components that define a drug court:

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- 1) integrated systems (SUD treatment services and the court);
- 2) protection and assurance of legal rights, advocacy and confidentiality; 3) early identification and intervention; 4) access to comprehensive services and individualized case planning; 5) frequent case monitoring and drug testing; 6) graduated responses and rewards; 7) increased judicial supervision; 8) deliberate program evaluation and monitoring; 9) a collaborative, non-adversarial, cross-trained team; and 10) partnerships with public agencies and community-based organizations.

◇ *D. Target Population*

JDC serves King County youth involved in the juvenile justice system who are identified as having a SUD.

◇ *E. Program Goal*

Strengthen the JDC program and increase the number of youth who have access to the Juvenile Drug Court.

◇ *F. Outputs/Outcomes*

An additional 36 youth per year will be served and the current capacity will be maintained for a total capacity of 72 youth served annually.

Expected outcomes include: 1) Reduced SUD and delinquent activity among participants, 2) Improved coordination between the court and community agencies, 3) Increased familial involvement in youth's legal and treatment process, and 4) Increased protective factors and decreased risk factors among youth and their families. Long term outcomes include a reduction in recidivism and a decreased use of secure detention and/or state juvenile rehabilitation institutions.

2. Funding Resources Needed and Spending Plan

The expansion of JDC will have an annual cost of \$588,000.

Dates	Activity	Funding
Sept – Dec 2008	Start-up (staff hiring and training)	\$250,000
	Total Funds 2008	\$250,000
Jan – Dec 2009	Phasing in ongoing services	\$588,000
	Total Funds 2009	\$588,000
2010 and onward	Ongoing program expansion costs	\$588,000
Ongoing Annual	Total Funds	\$588,000

3. Provider Resources Needed (number and specialty/type)

- ◇ *A. Number and type of Providers (and where possible FTE capacity added via this strategy)*

Type of Provider:	Proposed additional FTE:	Proposed additional contracted positions:
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King County Juvenile Drug Court with Modification

Treatment Liaison	1.0	
Juvenile Drug Court JPC	2.0	
Case manager		
Public Defender	.25 FTE @ PDIII class	
Prosecutor (.25 FTE @ PDIII)	.25 FTE @ PDIII	
Contracted Mentor Program		3.0 FTE

◇ *B. Staff Resource Development Plan and Timeline (e.g. training needs, etc.)*

Treatment liaison and case management positions will be recruited, hired and trained by KCSC 9/1/08 – 3/31/09. Public defense and prosecutor time assigned to JDC will also be increased during this same time period.

◇ *C. Partnership/Linkages*

Existing partnerships will continue to be fostered and developed between the behavioral health provider community and the juvenile justice system. Linkages will also occur with MIDD strategy 6a.

4. Implementation/Timelines

◇ *A. Project Planning and Overall Implementation Timeline*

Phase:	Timeline:	Strategies:	Target # of children:
Phase I – Build to capacity	08/15/08 –12/31/08	<ul style="list-style-type: none"> • Expand and implement eligibility criteria 	36
Phase II	01/01/09 –12/31/09	<ul style="list-style-type: none"> • Continue expansion under revised criteria • Expand and provide earlier clinical screening and assessments (integrate short GAIN into risk assessment) 	72
Phase III	Jan 2010 onward	<ul style="list-style-type: none"> • Sustained implementation 	72

◇ *B. Procurement of Providers*

Dates:	Activity:
Sept 15 – Dec 2008	Amend existing contracts and add treatment capacity
Sept 15 – Dec 2008	Develop contact for mentoring services

King County Juvenile Drug Court with Modification

January 2009
June 1, 2009

Phase in mentoring services
Fully operating programs

◇ *C. Contracting of Services*

The RFP for contracted mentor services will be issued and awarded 9/15 – 12/31/08 for service provision beginning 1/1/09.

◇ *D. Services Start Date(s)*

Services to clients will increase beginning in September 2008.