

Developmental Disabilities and Juvenile Justice Partnership

BP 99 Developmental Disabilities and Juvenile Justice Partnership

Existing MIDD Program/Strategy Review MIDD I Strategy Number _____ (Attach MIDD I pages)
New Concept x (Attach New Concept Form)

Type of category: New Concept

SUMMARY: Youth with intellectual and developmental disabilities (I&DD) that engage the juvenile justice (JJ) system have special needs, and benefit most from appropriate behavioral health interventions that address their unique needs. This concept proposes to increase resources to the JJ system to ensure youth with I&DD, receive appropriate behavioral health treatment and support services. This new concept, named the DD/JJ Partnership (Partnership), has two areas of service and support. First, supports and services will be put in place to increase the identification of youth with I&DD and support them and their families with appropriate behavioral health, substance abuse, and support services. I/DD related services and supports are currently lacking from the current JJ system.

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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. Describe the concept. Please be specific, and describe new or expanded mental health or substance abuse-related services specifically?

Youth with intellectual and developmental disabilities (I&DD) that engage the juvenile justice (JJ) system have special needs, and benefit most from appropriate behavioral health interventions that address their unique needs. This concept proposes to increase resources to the JJ system to ensure youth with I&DD, receive appropriate behavioral health treatment and support services. This new concept, named the DD/JJ Partnership (Partnership), has two areas of service and support. First, supports and services will be put in place to increase the identification of youth with I&DD and support them and their families with appropriate behavioral health, substance abuse, and support services. I/DD related services and supports are currently lacking from the current JJ system.

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Individuals with an I/DD or I/ DD dual diagnosis are a seldom-recognized population also described as dually diagnosed and posing significant challenges for professionals. These individuals have co-occurring intellectual and developmental disabilities (IDD), formerly called mental retardation, and a mental illness. Surprisingly, few professionals are trained in this specialty or are aware of how frequently the two conditions coexist.

The statistics are concerning and reflect the fact that people with IDD are at a significantly higher risk of mental illness. The prevalence is conservatively estimated at 33 percent, with some sources reporting much higher rates. This population's susceptibility is increased by biological and social factors.

Additionally, people with I/DD are often ostracized and have few, if any, social networks of support. Even with mainstream options in public school, children with I/DD are often treated differently and excluded from social activities. As young adults, this isolation becomes more pronounced when students graduate without work prospects or established social circles. Social isolation and exclusion with no hope of change, combined with already-existing brain differences, set the stage for mental illness or behavioral health issues.

As with a need to fit-in and a history of trauma, mental health problems are also implicated in increased risk for problematic substance use in the I/DD population. People with ID have higher rates of mental health problems than the general population (Brunette, 2004), and an association between mental health problems and substance use disorders is well established (Wu, Ringwalt, & Williams, 2003).

Medicaid claims for individuals aged 12–99 from 49 states in 1999 showed that 54 percent (n=5,099) of I/DD persons with a code for substance related treatment (e.g., abuse, alcohol poisoning) also had a code for: schizophrenia, effective psychosis, paranoid states, nonorganic psychosis, or child onset psychosis (Slayter, 2010c).

Frequently overlooked, criminal activity is a repeatedly identified correlate of substance use for people with I/DD (Chaplin et al., 2011; Didden et al., 2009; McGillvray & Moore, 2001; Kinsler et al., 2004; Krishef, 1986). This suggests that there may be a disproportionate number of individuals with I/DD and a substance use disorder in the criminal justice system (Kinsler et al., 2004; Ruf, 1999). Once an I/DD substance abuser is in the criminal justice system, he/she can have a difficult time navigating court procedures and requirements, which can exacerbate consequences for even minor offenses (Kinsler et al, 2004). Therefore, the prevalence of problematic substance use and associated treatment needs among ID substance abusers in prison deserves research.

Second, it provides specialized technical assistance and information to law enforcement, the courts, detention, and probation, about the characteristics and behavior of youth with I&DD and methods to effectively manage their interactions. These services and technical assistance are described in detail in Question B3 below.

The Partnership concept would decrease the use of secure detention, court involvement, probation, ineffective interventions and the cycling of youth with I&DD through the JJ system. It would increase the availability of diversion, alternatives to secure detention, appropriate treatment, and linkage to community supports for approximately 200 youth with I&DD a year in King County.

- 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):**

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- Crisis Diversion
- Recovery and Re-entry
- Prevention and Early Intervention
- System Improvements

Please describe the basis for the determination(s).

The Partnership concept leverages existing community infrastructure funded by KCDDD and the State Disabilities Administration (DDA) for information and referral, training and technical assistance, outreach, systems navigation, peer support, and behavioral interventions to ensure youth with I&DD get the help they need. In this approach the Partnership concept aligns with the MIDD II Strategy Areas of **Crisis Diversion** and **Recovery and Re-entry**.

The Partnership concept also seeks to strengthen data collection, training and technical assistance, and information sharing on I&DD with law enforcement, courts, behavioral health and substance abuse systems, and community efforts and initiatives focusing on prevention, early intervention, and equity and social justice. This approach aligns with the MIDD II strategy areas of **Prevention and Early Intervention** and **System Improvements**.

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

- 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.**

As background to why youth with I/DD may present in the JJ system with behavioral issues, traumatic experiences in childhood and adolescence seem to predispose an individual to severe mental pathologies in adulthood (O'Connell et al., 2009). Traumatic exposure disrupts the development of the self-regulatory process, which results in chronic poor behavioral regulation, destructive behavior toward self and others, learning disabilities, dissociative problems, somatization, and distortions in self concept and understanding others (Fletcher et al., 2007). The younger the child is at the time of trauma, the more self-directed the aggression. Children with developmental disabilities are at an increased risk for abuse and neglect (Ammerman, Hersen, Van Hasselt, Lubetsky, & Sieck, 1994, and Dykens, 2000). Given the vulnerabilities for mental, emotional, and behavioral disabilities, it is likely that that these adverse childhood experiences (ACES) could have a very serious impact on mental well-being with persons with intellectual disabilities. There are a disproportionate number of children in the welfare system with developmental delays and intellectual disabilities. Studies reported by Cohen and Youcha (2004) show that young children five years and below who have experienced physical abuse have lower social competencies, have problems accurately recognizing emotions in others, have a reduced level of empathy, have higher rates of aggression, and show insecure attachment to caregivers.

These factors place these children at very high risk for serious mental, emotional, and behavioral disorders (Shonkoff & Phillips, 2000). Sevin, Bowers-Stephens, & Crafton (2003) found that 63 percent of children and youth with developmental disabilities admitted to psychiatric inpatient services had been victims of physical or sexual abuse. In 2006, state data showed that 70 percent of children and youth admitted to the Florida Statewide Inpatient Psychiatric Program (SIPP) were

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from the child welfare system with likely histories of abuse and neglect. As the ACE study suggests, family functioning and previous parental mental health are associated with psychopathology in children with intellectual disabilities (Wallander, Dekker, & Koot, 2006). These issues may be found in I/DD and i/DD dual diagnosed youth in the JJ system and may well be factors in the actions and behavior that resulted in their engagement with the JJ system.¹

The pool of need for I/DD centered services in the juvenile justice system is difficult to quantify due to lack of data on prevalence rates of I/DD within the JJ system and a lack of a shared definition by youth serving systems of what constitutes an I/DD. The lack of understanding about what constitutes an I/DD or the prevalence of I/DD is evident when reviewing County, State and national literature on juvenile justice. While data is kept on race, ethnicity, mental health, substance abuse, and involvement in the child welfare system, data identifying information by I/DD is lacking. Information that exists indicate that the prevalence rate for individuals with I&DD is one to two percent in the general population, but four to ten percent in prisons and jails, and incarceration does not appear to be an effective way of changing problematic behavior in this population.²

Other information suggests that youth with disabilities may account for as much as two-thirds or more of the total number of youth in the juvenile justice system, but they only account for ten-twelve percent of the general population in public schools. There is a range of possible explanations for this over-representation. Youth with disabilities, particularly learning disabilities, emotional or behavioral disturbances, or developmental disabilities, tend to demonstrate less impulse control, greater susceptibility to peer pressure, and more significant challenges with appropriate social skills than their non-disabled peers (Garfinkel, 2001).

While it does not specifically call out I/DD, the Washington State Juvenile Rehabilitation Administration system indicated that in 2011, 47 percent of youth in residential programs had a cognitive impairment. (JRA 2011 Report on Service Needs). Individuals with I&DD also present with substantially higher rates of mental disorders that might elicit law enforcement contact, resulting in a disproportionate rate of incarceration.³ The literature conservatively estimates the percentage of people with an intellectual disability and a co-morbid mental health disorder could be around twenty percent.⁴

Another source of data, the Office of Superintendent of Public Instruction IDEA data from 2014, indicates that approximately seventeen percent of youth with special education needs have Autism, developmental delays or severe emotional/behavioral disabilities. In discussion with Uniting for Youth staff, data about youth with I&DD in the King County juvenile justice system seems to not be readily accessible, and it appears that it may not be available to the courts for use in determining alternatives to secure detention or to inform probation. Staff estimate that approximately half of youth engaged in the King County juvenile justice system may have an Individual Education Plan (IEP) in support of their

¹ Guidelines for Understanding and Serving People with Intellectual Disabilities and Mental, Emotional, and Behavioral Disabilities (Putnam 2009).

² Petersilia, J. (2000). Doing Justice? Criminal Offenders with Developmental Disabilities. California Policy Research Center, Vol. 12, No. 4, pp. 1-4.

³ Cooper, SA et al (2007). Mental-ill health in adults with developmental disabilities: prevalence and associated factors. British Journal of Psychiatry, 190, 27-35.

⁴ McNelis, T., Do We Need to Revisit our Concepts of Community Supports? NADD U.S. Policy Update, NADD Bulletin, Vol. XII, No. 1.

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special education needs. Taking all sources into account, it appears that 10 -20 percent of youth engaging the JJ system may have an I/DD, or I/DD dual diagnosis.

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

Juvenile justice involved youth with I&DD, will have their needs met through a portfolio of services and supports that prevent, divert, and reduce the recycling of youth with I&DD through the juvenile justice system. MIDD Partnership concept funding will be used to support the following service strategies:

1. Educational materials and trainings about youth with I&DD for King County police departments and other first responders. The goal of this strategy is to raise the awareness of appropriate community resources and available community diversion services when engaging youth with I&DD. This strategy currently is being used by Uniting for Youth in the education of public safety first responders engaging youth with mental health and substance abuse issues. I&DD informational materials and training will also be made available to detention, court, and probation staff to increase their capacity to identify and manage their interactions with youth with I&DD.
2. Information sharing and coordination between detention, courts, DDA, schools, and other juvenile justice stakeholders to identify youth entering the justice system with I&DD. Data sharing agreements currently exist between many of these entities through Uniting for Youth. MIDD funding would support a staff member to proactively gather information on a youth's Individualized Education Plan (IEP) from schools and other relevant information from the Developmental Disabilities Administration (DDA) Mental Health, Substance abuse, Juvenile Rehabilitation Administration (JRA), child welfare and other stakeholders that would inform the prompt delivery of meaningful services to youth with I&DD described in Sections 3-5(below). It is anticipated that a large percentage of youth with an IEP will not meet the threshold for I&DD diagnosis, which would make them eligible for DDA or KCDDD services. In these cases, IEP information would provide a valuable source of information to courts and other intervention services in determining appropriate interventions for the youth.
3. Access to on-call, technical assistance and consultation services from I&DD behavioral support experts by detention, court, probation, mental health, and substance abuse providers engaged with justice involved youth with I&DD. These experts will be made available to assess the behavioral needs of I&DD diagnosed youth and assist in creating a person centered plan to effectively meet the needs of the youth and the justice system.
4. Access to culturally and linguistically appropriate and trusted community guides. Youth with I&DD and their families engaged in the JJ system will be provided access to I&DD community guides trained to navigate the juvenile justice system and skilled in conveying information to I&DD youth and their families. Upon release from detention, community guides will work to help youth and families to carry out court recommendations, re-engage youth in school, explore eligibility for vocational services, and facilitate access to behavioral health services. Community guides will also help youth and families connect with peer support, youth development and connection to the larger community. Community guides would be matched with youth with I&DD and their families to ensure culturally and linguistically appropriate services and have experience and training in navigating the special educational system, engaging youth in vocational training, linking youth development and empowerment activities, and

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providing peer support and parent/caregiver support.

5. Access to intensive, in-home, behavioral support, comprehensive services. This service strategy will provide youth and families 10 to 12 weeks of intensive behavioral support and tailored services in their homes. It is anticipated that this service may qualify as an alternative to secure detention or diversion. This service strategy is based on a current I&DD service model that has been in operation over ten years and is currently housed at NAVOS. It serves a diverse population of I&DD youth and families by intervening and helping I&DD children, youth and parents/caregivers in managing DD specific behavioral health issues.

The Partnership concept described above supports systems integration and transformation efforts that will benefit youth with I&DD by reducing their involvement with the juvenile justice system through meaningful services that address their behavioral health issues and supports that provide culturally appropriate, person centered services to connect youth to their communities and reduce the likelihood of continued involvement with the JJ system.

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.

Many factors impact juvenile justice outcomes. One factor all too infrequently addressed is disability, which can place youth at great risk for contact with the juvenile justice system, as well as for poor outcomes once they have come into contact with the juvenile justice system. National studies show that a minimum of thirty to fifty percent of youth involved in juvenile crimes also has special needs.⁵ Unfortunately, many service providers within the juvenile justice system are not sufficiently aware, not trained, or lack the resources to respond appropriately to children and youth with cognitive, emotional, and behavioral disabilities. These disabilities place them at greater risk than their peers for school suspension, school dropout, substance abuse, arrest, restrictive placement, and recidivism.⁶

The Partnership concept directly addresses the JJ system's lack of resources and capacity to address the needs of JJ involved youth with I/DD. It provides information, training, technical assistance and I/DD specific interventions to the JJ system, as well as expanding community capacity to provide culturally and linguistically relevant support to I/DD youth in navigating the JJ system, I/DD systems, educational systems, vocational system, and other community supports and services designed to create a web of support.

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

⁵ Rutherford, Bullis, Anderson, & Griller-Clark, 2002

⁶ DeMilio, 1989; Lexcen & Redding, 1999; Prescott, 1998

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The Partnership concept is an emerging practice. This approach makes fiscal and resource utilization sense, and helps to ensure that youth with I&DD engaging the JJ system are identified and receive appropriate services that divert or reduce youth's involvement in the JJ system and time spent incarcerated. The Partnership concept ensures staff in the juvenile justice system (e.g., law enforcement personnel, probation officers, judges, correctional educators, correctional custody and treatment personnel, and youth guidance counselors) receive support in understanding the cognitive and behavioral problems of youth with disabilities resulting in their ability to better manage services and support for youth with I/DD.

Direct savings to the County and taxpayers will occur as costs for serving youth with I&DD in the juvenile justice system decrease and demand for later stage adult crisis services such as adult detention, mental health and substance abuse services are avoided.

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?

Implementation of the Partnership concept will result in the identification of approximately 100 to 200 youth with an I&DD diagnosis a year in the King County juvenile justice system. Most of the Partnership concept outcomes listed below are not being measured or evaluated but could be as Partnership services are implemented. Measurable outcomes may include:

- Increased dissemination of information on I&DD community supports and diversion services to law enforcement and the justice system;
- Increased identification of youth with a I&DD, experiencing behavioral health issues, in the justice system;
- Increased expert technical assistance and consultation to the justice system on effective person centered supports and planning;
- Increased options to courts in accessing I&DD behavioral supports as alternatives to secure detention;
- Reduced use of secure detention;
- Reduced disproportionate representation of youth of color in the juvenile justice system;
- Improved coordination of care for youth with I&DD and their families experiencing behavioral health issues;
- Increased utilization of I&DD appropriate behavioral services and community supports;
- Increased access to culturally and linguistically appropriate community guides to help I&DD youth and their families in navigating the justice, social service, education, and vocational systems;
- Increased availability of peer services for youth with a I&DD, their parents or caregivers;
- Increased geographic availability of culturally and linguistically appropriate services to areas \ of the county that have disproportionate rates of youth in the juvenile justice system; and
- Increased use of evidence based practices and innovative approaches to serving youth with \ I&DD.

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 type="checkbox"/> Black/African-American |

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- | | |
|---|--|
| <input type="checkbox"/> Children 6-12 | <input type="checkbox"/> Hispanic/Latino |
| <input checked="" type="checkbox"/> Teens 13-18 | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Transition age youth 18-25 | <input type="checkbox"/> First Nations/American Indian/Native American |
| <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 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.

Youth with disabilities are over-represented in the juvenile justice system. Common disabilities in this population include attention deficit hyperactivity disorder (ADHD), learning disabilities (LD), intellectual/developmental disabilities (DD), depression, conduct disorder, post-traumatic stress disorder (PTSD), and anxiety. These youth benefit most when appropriate interventions are available for their specific disability.

Research demonstrates that a high proportion of youth in the corrections system have never been identified as having a disability or have been misidentified (EDJJ, 1999). Consequently, many youth and their families have not had the necessary assessments, or the academic, social, or psychological interventions that could have resulted in positive family interaction and change. The Partnership concept is designed to meet the disability needs of youth with I/DD. It is anticipated that youth with disabilities other than I/DD will be identified for the first-time, increasing the JJ systems ability to meet the needs of these unserved youth

- 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 County-wide need. Please provide additional that discusses the basis for the selection:**

Behavioral intervention services and supports will be provided to youth and families in their home and local communities, while training and technical assistance will be provided at the County's Juvenile Justice Center and at the law enforcement training academy.

- 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.**

Several organizations and partnerships are necessary for the Partnership concept to be successful. KCDDD joining the Uniting for Youth partnership, adopting its practices and building relationships with its members which include:

- King County Superior Court Services, Juvenile Services;

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- Department of Children’s Administration;
- Department of Community and Human Services;
- Puget Sound ESD;
- Department of Adult and Juvenile Detention;
- Casey Family Programs;
- King County Office of Performance, Strategy, and Budget;’
- King County Prosecuting Attorney’s Office;
- Developmental Disabilities Administration;
- Law Enforcement;
- Community Advisory board; and
- Community human service agencies.

The above partners are current members of the Uniting for Youth charter.

Key direct service providers with the expertise and capacity to effectively provide services to justice involved youth with I/DD will be necessary for the success of the Partnership. These include, but are not limited to the ARC of King County, Open Doors for Multicultural Families, NAVOS, Washington Initiative for Supported Employment, O’Neill and Associates.

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 feasibility of the Partnership concept should be supported by the implementation of Best Starts for Kids strategies that seek to re-engage disconnected youth to their communities and stop the school to prison pipeline. Youth with I/DD have been called out as priority populations in BSK implementation plans. BSK services should intersect and create increased capacity of community supports available to JJ involved youth in the community.

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?

Multiple studies and interviews with informants indicate that it is challenging for law enforcement to identify when they are encountering an individual with an I&DD, and often these individuals are not identified as such during the court processes or when incarcerated. In order to overcome this barrier, the Partnership concept will seek to quickly identify I/DD youth entering the JJ system, and bring support around them, as well as providing information, education and technical assistance to law enforcement, detention, the courts and probation to effectively manage the behavior of youth with I/DD in carrying out their roles.

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?

Literature indicates that many schools are not providing legally required services to youth with disabilities. The needs/services gap appears to be even greater in the juvenile justice system, where the

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primary focus is on sanctioning youth for their delinquent behavior, not on providing services. Some research and anecdotal evidence suggests that as schools have become more restrictive and punitive they have increasingly pushed greater numbers of youth with disabilities into the juvenile justice system. Many observers speculate that the failure of many schools to fully and consistently implement federal law, especially the Individuals with Disabilities Education Act, has contributed to this process.

The Partnership concept may identify gaps and policy issues related to how the educational and juvenile justice system serve youth with I&DD. This could be politically sensitive. Political and social pressure to change policy and practice to meet the needs and rights of youth with an I/DD could result.

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?

King County will continue to incarcerate youth with I&DD at a disproportionate rate. There is nothing to be gained by incarcerating these individuals for low level criminal offenses and, once detained; these individuals are often victimized by other inmates. Due to their cognitive limitations, they are likely to have a difficult time understanding detention rules and may spend inordinate amounts of time in restricted settings in detention.

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 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?

The Partnership concept builds largely on I&DD supports, practice, and existing community infrastructure as well as existing JJ system structure. The Partnership seeks to expand, enhance, and target efforts to engage JJ system and I&DD system in a partnership to share knowledge, information, and coordinate effective behavioral interventions and community supports that best meet the specialized need of I&DD youth and families.

Existing elements of the Partnership concept could be promoted individually or enhanced without the need for a full scale partnership.

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?

The Partnership concept most closely aligns with behavioral health integration efforts as well as the Health and Human Services Transformation initiatives. The Partnership concept enables opportunities for diversion and alternatives to secure detention, better informed decision making by the criminal justice system, and the provision of culturally competent and relevant support to I&DD youth and families navigating the juvenile justice, special education, I&DD and social service systems. The Partnership concept promotes improved health and social outcomes through improvements in care coordination and a reduction in poor social and health outcomes associated with criminal justice system

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involvement. It aligns well with the prevention and early intervention approach of Best Start for Kids (BSK) and should benefit with BSK's approach to end the school to prison pipeline, reconnect youth at-risk to their communities, and promote family support activities that help parents access support when faced with parenting challenges.

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

Providing immediate linkage to services, supervision and support for individuals with I&DDs who encounter the justice system via the commitment of a low level criminal offense is a practice rooted in principles of recovery and can prevent further trauma from occurring in their lives. These individuals, given the nature of their disabilities, often have limited impulse control and the skills necessary to mediate in stressful situations.

The Partnership concept will lead to provision of appropriate interventions, support, supervision, and treatment for individuals with I&DDs who have encountered law enforcement. Services are tailored to their IEP, consistent with recovery practices. The goal is to prevent them from being booked into jail and charged with low level criminal offenses, processes which often result in an individual experiencing further trauma.

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

The Partnership concept aligns well with the MIDD II Objectives of improving health, social, and justice outcomes and with MIDD I, 5a strategy: to successfully reduce future involvement in the justice system, the behavioral health issues of youth entering the juvenile justice system need to be effectively and assertively assessed and treated. The Partnership concept focuses efforts on a group of youth experiencing disparity related to health, education, social and justice outcomes. The Partnership concept is to engage youth with I&DD in a strengths-based, multifaceted approach, and to create positive change in the community at the individual, family, program, and systems level.

The fact that individuals with I&DDs are incarcerated at approximately four times the rate (given prevalence numbers) is unjust. Once incarcerated, these individuals are vulnerable and are at risk of being victimized by other inmates. The ability to provide supervision, treatment and support to these individuals is key to preventing recidivism and is a better solution for them (and the public) than involvement in the criminal justice system and incarceration. Individuals having difficulties with impulse control and frustration tolerance due to I&DDs should not be held legally culpable for low level crimes. These individuals do not have the cognitive capacity to assist in their own defense or understand the judicial system. Often, these individuals are not identified as having an I&DD upon encountering law enforcement or the criminal courts and jails.

Since most youth with I&DD in the juvenile justice system are people of color, live in low income households, and reside in South Seattle and South King County, youth and families facing barriers to the determinants of equity and social justice will be the primary beneficiaries of services.

F. Implementation Factors

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

The concept will require the King County Developmental Disabilities Division to become an active member of Uniting for Youth to work with the initiative members to build working relationships that would facilitate a JJ/DD partnership and administer its many services and supports.

The Partnership concept will require staff to work in detention and will need the time, input, and cooperation of law enforcement, court, detention and probation staff to be effectively implemented. Partnership service providers will need to have access to youth in detention as well as clear and open lines of communication between Partnership I&DD service providers and JJ system partners such as law enforcement, detention, courts and probation to ensure services and supports are accessible, effective and utilized.

The Partnership concept will also require the time, commitment and funding of Partnership I&DD providers to expand and enhance their current capacities in support of a more targeted approach to serving youth with I&DD and their families. This will require hiring and training of new and existing staff to understand the JJ system and how to best adapt practice to support the Partnership concept.

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

Service Strategy	MIDD Dollars	@50 I/DD youth served	@100 I/DD youth served	@200 I/DD youth served
1. Development of I&DD material and training specifically for JJ stakeholders	\$20,000 – static	20,000	20,000	20,000
2. Staff position to identify I&DD youth and ensure care coordination. .33 FTE at 72k per year with benefits	\$32,000 static	32,000	32,000	32,000
3. On-call I&DD TA experts to the JJ system (detention, courts, probation) – 350 hours of consult @100 per hour	\$35,000 per hundred youth and families	17,500	35,000	70,000
4. Eight (8) Community guides @.5FTE paid 25k a year with benefits, carrying a caseload of 12 youth/families.	270,000 per hundred youth and families	135,000	270,000	520,000
5. Behavioral support intervention team for I&DD youth involved in JJ system.	250,000 per hundred youth and families	125,000	250,000	500,000

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6. KCDDD staff to administer program. .5 FTE at scale.	32,000 for Program Admin pilot 48,000 for Program Admin at scale	32,000	48,000	48,000
		361,500	655,000	1,190,000

The Partnership concept is scalable. Current data suggests that there are between 100-200 youth with I&DD that pass through the King County juvenile justice system in a year. This estimate is based on a prevalence rate of 10- 20 percent of 2,000 youth engaged in the JJ system annually being identified with I/DD.

Pilot/Small-Scale Implementation: \$361,500 per year, serving 50 youth and families per year
Partial Implementation: \$655,000 per year, serving 100 youth and families per year
Full Implementation: \$ 1,190,000 per year, serving 200 youth and families per year

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

CDDD and the State DDA currently invest County Millage and State Revenue in community information, outreach, vocational programs, behavioral support wrap around services, and training and technical assistance services for I/DD youth and families in King County. Some of this revenue could possibly be used to provide leverage or support the Partnership concept. Leveraging County Mileage would likely require the recommendation of the KCDDD Board and allocation of State funds would most certainly need buy-in and approval of DDA. Perhaps Best Starts for Kids could be a revenue source. Private and federal funds could be explored to support a pilot program for this vulnerable population youth with justice involvement and I&DD.

4. TIME to implementation: 6 months to a year from award

a. What are the factors in the time to implementation assessment?

Factors in the time to implement assessment include the time for the following:

1. Engaging Partnership stakeholders, the KCDDD board, and the I/DD community in further high level planning to implement and oversee the Partnership.
2. Engaging the JJ system in identifying the detailed logistics and operations of providing services and supports within the JJ system.
3. Creating theories of change, logic models, outcomes, indicators, timelines, performance measures and other tools to help gauge the Partnership’s impact and success.
4. Creating interagency and interdepartmental agreements and MOU’s as well as working within the existing Uniting for Youth framework of collaboration.
5. Hiring KCDDD staff to administer the Partnership, as well as to develop contracts with Partnership service providers, and facilitate relationship management between Partnership service providers and Partnership stakeholders and gatekeepers.
6. Time for Partnership service providers to hire and new train staff, develop data collection and evaluation systems, adapt and scale up current services and supports to meet the needs of I/DD youth and families they will be serving.
7. Time for implementation of Partnership services and supports at a start-up level of programming with ramp-up to full scale.

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b. What are the steps needed for implementation?

Implementation would require following steps 1-7 identified in Section a. above.

c. Does this need an RFP?

Certain bodies of work identified in the concept are already being carried out by current KCDDD contractors. Since the pool of community I/DD contractors specializing in information and referral, training and technical assistance, outreach, case management, and wrap-around services for youth with I&DD is limited, the case to waive standard county procurement procedures may be justified. If found justified, sole source contracts could then be issued with service providers. If Procurement does not find a sole source justification warranted, or if other factors related to transparency and community process are at issue, then an RFP would be needed and/or desirable.

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 Partnership concept would truly require the establishment of a community partnership where all the DD system/and JJ system cooperate and collaborate to create improved outcomes for I/DD youth. This Partnership would break new ground in establishing relationships between two systems and supporting a segment of the JJ population that is underserved.

Also see BP 100 related to I/DD Crisis Diversion Housing and BP 60 Expanded Crisis Responses for Youth (add a component for youth with I/DD).

#99 Working Title of Concept: Developmental Disabilities and Juvenile Justice Partnership

Name of Person Submitting Concept: Denise Rothleutner, Director
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Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.

*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

This concept paper proposes a Developmental Disabilities and Juvenile Justice Partnership (Partnership) between the King County Developmental Disabilities Division (KCDDD) and juvenile justice system stakeholders designed to improve the behavioral health, social, educational, vocational and justice outcomes for youth with developmental disabilities engaged in the juvenile justice system.

Developmental Disabilities and Juvenile Justice Partnership

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

King County youth with developmental disabilities (DD) and their families face inequities in accessing culturally appropriate and accessible systems of supports and services.

These inequities contribute to a 46 percent incarceration rate for youth with cognitive impairments (which includes youth with DD), in the State Juvenile Justice and Rehabilitation Administration system (JRA). King County is the largest feeder of youth to the State JRA system.

Youth with DD also have some of the highest school expulsion rates of any race or class of students in King County, even though they are provided an Individual Education Plan (IEP) to help support their educational needs. It is estimated that half of the youth passing through the King County juvenile justice system have an IEP. According to the Office of Superintendent of Public Instruction data, 17 percent of youth with an IEP have Autism, Developmental Delays or Emotional/Behavioral Disabilities. Nearly 40 percent of youth with IEP's have a learning disability which, research suggests, may include youth with an undiagnosed developmental delay or disability.

In discussion with Uniting for Youth, data about youth with DD in the King County juvenile justice system seems to not be readily accessible, and it appears that it may not be available to the courts for use in determining alternatives to secure detention, the use of secure detention, or conditions for probation. This Partnership concept paper highlights opportunities to align and coordinate care in the DD, juvenile justice and other youth serving systems.

3. How would your concept address the need?

Please be specific.

Juvenile justice involved youth with I&DD, experiencing behavioral health issues, will have their needs met through a portfolio of services and supports that prevent, divert, and reduce the recycling of youth through the juvenile justice system. MIDD funding will be used to support the following service strategies:

1. Educational materials and trainings about youth with I&DD for King County police departments and other first responders. The goal of this strategy is to raise the awareness of appropriate community resources and available community diversion services when engaging youth with I&DD. This strategy currently is being used by Uniting for Youth in the education of public safety first responders engaging youth with mental health and substance abuse issues. I&DD informational materials and training will also be made available to detention, court, and probation staff to increase their capacity to identify and manage their interactions with youth with I&DD.
2. Information sharing and coordination between detention, courts, developmental disabilities, schools, and other juvenile justice stakeholders to screen youth entering the justice system for a I&DD diagnosis. Data sharing agreements currently exist between many of these entities. MIDD funding would support staff to gather information from schools on a youth's IEP status. IEP information would be used to aid in the determination of an I&DD diagnosis. For youth identified with I&DD, MIDD funding would support the following service strategies:
3. Access to on-call, technical assistance and consultation services from I&DD behavioral support experts. These experts will be made available to assess the behavioral needs of I&DD youth involved in the juvenile justice system and recommend supports for them and their families to detention, the courts, and probation, and Partnership providers. KCDDD currently contracts with technical assistance

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consultants who draw on a pool of I&DD behavioral experts to provide person centered supports and planning.

4. Access to culturally and linguistically appropriate and trusted community guides. Youth with I&DD and their families involved in the juvenile justice system will be eligible to access community guides trained to navigate the juvenile justice system and ensure that youth with behavioral health issues and their families are provided information and access to alternatives to secure detention. Upon release from secure detention, community guides will work to help youth and families carry out court recommendations, re-engage youth in school, explore eligibility for KCDDD School to Work employment services, ensure access to behavioral health services, and link youth to other community supports. Community guides will also help youth and families connect with peer support and mentoring opportunities. Infrastructure currently exists through two I&DD community based information and outreach non-profits that provide culturally and linguistically appropriate services using a community guide approach. These organizations have experience in navigating the educational system, engaging youth in the School to Work employment program, and providing peer support and mentoring. Both organizations have expressed interest in supporting this service strategy.

5. Access to intensive, in-home, behavioral support, wrap-around services. This service strategy will provide youth and families 10 to 12 weeks of intensive, behavioral supports and wrap-around services in their home. It is anticipated that this service may qualify as an alternative to secure detention. This service strategy is based on a current I&DD service model offered by a local mental health provider. It effectively serves a diverse population of I&DD youth and families managing behavioral health issues. Altering the model to meet the needs of juvenile justice involved youth appears highly feasible. The current program serves 120 youth and families a year in King County.

4. Who would benefit? Please describe potential program participants.

Since most youth with I&DD in the juvenile justice system are people of color, live in low income households, and reside in South Seattle and South King County, youth and families facing barriers to the determinants of equity and social justice will be the primary beneficiaries of services.

Systems integration and transformation efforts will benefit as youth with I&DD reduce their involvement with the juvenile justice system, are diverted into treatment for their behavioral health issues, re-engage in school and are employed. Justice system reform efforts will benefit as youth with I&DD increase their visibility in the justice system and efforts are focused on effectively meeting their needs. In researching the Partnership concept paper, an effort comparable to the Partnership concept could not be found locally or nationally. King County can become a leader in juvenile justice reform for youth with I&DD.

Direct savings to the County and taxpayers will occur as costs for serving youth with I&DD in the juvenile justice system decrease and demand for later stage adult crisis services such as adult detention, mental health and substance abuse services are avoided.

The degree of public safety, social cohesion, and quality of life will increase for County residents as youth futures are improved through increased access to cultural, behavioral health, social, and justice system services and supports made available through the Partnership.

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Successful implementation of Partnership services will result in the identification of approximately 170-250 youth with an I&DD diagnosis a year in the King County juvenile justice system. Most of the

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Partnership outcomes listed below are not being measured or evaluated but could be as Partnership services are implemented. Measurable outcomes may include:

- Increased dissemination of information on I&DD community supports and diversion services to law enforcement and the justice system;
- Increased identification of youth with a I&DD, experiencing behavioral health issues, in the justice system;
- Increased expert technical assistance and consultation to the justice system on effective person centered supports and planning;
- Increased options to courts in accessing I&DD behavioral supports as alternatives to secure detention;
- Reduced use of secure detention;
- Reduced disproportionate representation of youth of color in the juvenile justice system;
- Improved coordination of care for youth with I&DD and their families experiencing behavioral health issues;
- Increased utilization of I&DD appropriate behavioral services and community supports;
- Increased access to culturally and linguistically appropriate community guides to help I&DD youth and their families in navigating the justice, social service, education, and vocational systems;
- Increased availability of peer services for youth with a I&DD, their parents or caregivers;
- Increased geographic availability of culturally and linguistically appropriate services to areas of the county that have disproportionate rates of youth in the juvenile justice system; and
- Increased use of evidence based practices and innovative approaches to serving youth with I&DD.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

- Prevention and Early Intervention: Keep people healthy by stopping problems before they start and preventing problems from escalating.
- Crisis Diversion: Assist people who are in crisis or at risk of crisis to get the help they need.
- Recovery and Reentry: Empower people to become healthy and safely reintegrate into community after crisis.
- System Improvements: Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

The Partnership concept aligns well with the MIDD II Objectives of improving health, social, and justice outcomes of people with I&DD experiencing behavioral health issues. The Partnership concept focuses efforts on a group of youth experiencing disparity related to health, social and justice outcomes. The Partnership concept is to engage youth with I&DD in a strengths based, multifaceted approach, to create positive change in the community at the individual, family, program, and systems level.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Several organizations and partnerships are necessary for the Partnership concept to be successful. KCDDD joining the Uniting for Youth partnership and building relationships with its members will be important as key law enforcement, justice, and social service partners needed to create change are current members of the Uniting for Youth charter.

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Key direct service providers with the expertise and capacity to effectively provide services to justice involved youth with a I&DD will be necessary for the success of the Partnership. They are identified in the in the services strategies highlighted in Section III. Finally, a close working relationship with MIDD staff and King County departments involved in the implementation of the MIDD will be critical as this work is implemented in the community.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

The Partnership concept is scalable. Current data suggests that there are between 170-250 youth with I&DD, experiencing behavioral health issues that pass through the King County juvenile justice system in a year. This excludes those I&DD youth sent on to the State JRA system. Based on this estimate, and taking into account that:

- not every youth would be an appropriate placement for Partnership services, due to issues of public safety
- utilization of services and supports made available to families, detention, court and probation staff may vary

An assumption is that funds used for Partnership services would engage anywhere between 100 and 200 juvenile justice involved youth with I&DD, experiencing behavioral health issues, and their families a year.

Pilot/Small-Scale Implementation: \$361,500 per year, serving 50 youth and families per year
Partial Implementation: \$655,000 per year, serving 100 youth and families per year
Full Implementation: \$ 1,190,000 per year, serving 200 youth and families per year

Once you have completed whatever information you are able to provide about your concept, please send this form to MIDDConcept@kingcounty.gov, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at MIDDConcept@kingcounty.gov.