



King County

Dow Constantine

King County Executive

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April 2, 2018

Dear County Resident:

In November of last year I issued an Executive Order directing a comprehensive review of the County's juvenile detention services. I am pleased to share the final report with you.

The report confirms that bringing a public health approach to juvenile detention will better serve the developmental needs of youth, while contributing to stronger and safer communities.

The next phases of this important work will occur under the broader umbrella of Zero Youth Detention – the County's collective effort to keep kids out of the justice system, deliver juvenile justice services in a trauma-informed way, and increase supports for youth and families transitioning out of the juvenile justice system.

I want to thank Paul Sherfey, King County Superior Court Chief Administrative Officer and Patty Hayes, Director of Public Health – Seattle and King County, for leading the cross-governmental team that conducted this review and delivered the report.

I also want to thank the community members who provided direct input into the core team's work: Dom Davis, Kendrick Glover, James Williams, Anne Lee, and Sai Samineni – your thoughtful input and insights are helping us move forward with meaningful reform.

I look forward to the work ahead.

Sincerely,

Dow Constantine
King County Executive



King County

EXECUTIVE ORDER REPORT

A Public Health Approach in King County Juvenile
Detention

February 15, 2018

EXECUTIVE SUMMARY

ENVISIONING A RESTRUCTURE OF KING COUNTY JUVENILE DETENTION USING A PUBLIC HEALTH APPROACH

On November 16, 2017, King County Executive, Dow Constantine issued Executive Order JJ-8-2-EO (hereafter referred to as the EO) to establish an interdepartmental team (hereafter referred to as the Core Team) to provide a plan and timeline to restructure juvenile detention under the oversight and direction of Public Health – Seattle & King County (PHSKC), using a therapeutic approach to the delivery of juvenile detention services in King County. In releasing the EO, Executive Constantine articulated his vision:

“... By adopting a public health approach, we limit the traumatization of youth in detention. And we ensure families have access to supports and services in the community...Under a public health model, we will be better able to meet the needs of youth and families where they live, with people they trust. We will be better able to address problems before they escalate...By using a Public Health model, we will be able to do more.”

King County Executive, Dow Constantine
November 16, 2017

While this report focuses on using the lens of public health specifically to restructure Juvenile Detention, the work is also inextricably tied to King County’s broader Roadmap to Zero Youth Detention (ZYD) initiative. Through comprehensive juvenile justice reform and the goal of ZYD, King County’s overarching goals are to:

- Keep kids out of the justice system: supporting families and youth in their communities so that youth do not come into contact with the justice system in the first place.
- Decrease the duration of involvement for those youth who do come into contact with the justice system, with services delivered in a trauma-informed way.
- Provide transitional services and support so that when youth exit the justice system, they and their families will be supported by services in their communities so that they achieve their full potential; so that youth do not return to the justice system; and so that negative impacts to their lives are minimized.

RESPONDING TO THE EXECUTIVE ORDER, AN OVERVIEW OF THE PROCESS

The Core Team was co-chaired by Patty Hayes, Director, Public Health – Seattle & King County and Paul Sherfey, Chief Administrative Officer, King County Superior Court. Caroline Whalen, Director of the Department of Executive Services served as the executive sponsor. The Core Team comprised representatives from PHSKC, Superior Court, the Executive’s Office, Department of Adult and Juvenile Detention (DAJD), Department of Community and Human Services (DCHS), Prosecuting Attorney’s Office (PAO), Department of Public Defense (DPD), King County Sheriff’s Office (KCSO), Performance, Strategy and Budget (PSB), and Office of Labor Relations (OLR).

Core team members mapped the state of practice and organization within Juvenile Detention, as it is currently structured as a division of DAJD, and then worked toward a shared understanding of how aligned departments – PHSKC, DCHS, KCSO, PAO and DPD – relate to Juvenile Detention. Over 70 gaps and opportunities emerged from the initial Core Team meeting, which were organized by themes. These themes, along with the science, the considerable progress in Juvenile Detention over the years, and the tradeoffs of different restructure options informed the recommendations for Juvenile Detention restructure. Over the course of the process, several key tenets became clear:

- A public health approach is appropriate for all children, youth and families, whether they touch the juvenile justice system or not.
- Youth exist within the context of their families, and when a youth has touched the juvenile justice system, both the youth and the family should be supported through the juvenile justice process.
- Detention, while a rare circumstance and a last resort, is but an indication that all systems serving youth and families – schools, courts, mental health, housing, social services and others – must individually, and collectively, be more effective in their earliest “touches” so that youth do not commit the type of serious offenses that require incarceration for the safety of the community. It is highly unusual for a youth to commit a dangerous and serious offense without having prior touches with the courts or school disciplinary systems.

At all times, the Core Team was mindful of the impact of crimes – particularly violent crimes – on victims, and the community as a whole.

A FOUNDATION OF EQUITY

The data on racial disproportionality in Juvenile Detention is clear, in King County and across the nation. In King County, while the past 20 years have seen a steady decline in the number of youth in secure detention – including youth of color – severe disproportionality persists. A meta-analysis of 46 studies (Pope and Feyerherm) found that effects of racial disparities in case-processing decisions (i.e. detention, prosecution) are cumulative. *“Relatively small differences in outcomes at early stages of the process become exacerbated as black and brown youth progressed through the system.”* For lasting change, King County must demonstrate that we value and respect the youth, families and communities most affected by listening and being responsive to their needs. It is King County's obligation to serve all of its residents in responsive and respectful ways.

The equity statement from the Children and Youth Advisory Board (CYAB) became the charge for the Core Team:

- Equity is an arduous journey toward well-being as defined by the affected
- Equity demands sacrifice and redistribution of power and resources in order to break systems of oppression, heal continuing wounds, and realize justice
- To achieve equity and social justice, we must first root out deeply entrenched systems of racism
- Equity proactively builds strong foundations of agency, is vigilant for unintended consequences, and boldly aspires to be restorative
- Equity is disruptive and uncomfortable and not voluntary
- Equity is fundamental to the community we want to build

THE PUBLIC HEALTH APPROACH

Public Health – Seattle & King County applies a public health approach across issues, challenges and

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systems, to systematically protect the region’s health, and promote healthy and equitable outcomes for all.

A public health approach is resilience-based, building on the strengths of families and communities and addressing gaps in the policies and systems that support them. When applied to Juvenile Detention, a public health approach brings a focus on the well-being of youth, families, and communities to drive changes to services, systems, and upstream strategies. Through a public health approach, community and system partners come together to promote the positive development and well-being of all youth, further incorporate the best evidence and promising practices on adolescent development, and ensure that the collective response to youth in crisis seeks to restore them to a path of well-being.

Using a public health approach, PHSKC:

- Emphasizes the health of whole communities or populations
- Seeks to understand and apply the latest evidence and science to policy and systems
- Systematically defines and measures issues.
- Focuses on prevention strategies
- Places equal emphasis on promotion of well-being and the reduction of illness, risks or threats to safety
- Addresses disproportionate impacts
- Tests strategies and disseminates what is working

UNDERSTANDING THE STATE OF PRACTICE IN JUVENILE DETENTION

As directed in the Executive Order, the Core Team sought out the leading science and evidence-based research around a public health approach to juvenile detention. Moving forward in the context of the overall commitment to juvenile justice reform and Zero Youth Detention, King County stands to benefit from promising innovations in other jurisdictions. The examination took a focused view, looking specifically at how a public health approach can limit traumatization of youth in detention, and better meet the needs of youth and families, while keeping public safety in the forefront. The literature review is discussed in the report, and included in the attachments.

ADVANCING BEST PRACTICES IN JUVENILE DETENTION

Since our nation’s earliest years, America has struggled with appropriately serving the needs of offending youth, while responding to the public interest in reduced crime and safe communities. In the early 1990’s, as overreliance on detention was widespread and growing nationwide, the Annie E. Casey Foundation (AECF) developed the [Juvenile Detention Alternatives Initiative](#) (JDAI) to reduce reliance on local confinement of court-involved youth. Over the last 25 years, JDAI has proved effective in safely reducing detention populations. King County’s participation as a JDAI site is discussed in Section III of the report.

Since 2007, the rate at which youth are placed in juvenile detention, correctional and residential facilities has steadily declined — falling 44% nationwide.¹

Annie E. Casey Foundation /
Juvenile Detention Alternatives
Initiative

The report also examines a model presented by the [National Institute of Justice](#), [U.S. Department of Justice](#), and the Malcolm Wiener Center and Program in Criminal Justice Policy and Management at Harvard’s Kennedy

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School, and discussed in [The Future of Youth Justice: A Community-Based Alternative to the Youth Prison Model](#), which sets positive youth development and rehabilitation as the goal for juvenile detention across the nation.

King County continually seeks to learn from the work of others, and staff investigated models focused on trauma-informed care, and best practices, in California, Indiana, Maine, Massachusetts, Minnesota, Missouri, New York, Ohio, Texas, and Washington DC.

While it is clear that other jurisdictions are striving to make game-changing improvements to their juvenile justice systems, King County's decision to consider restructuring Juvenile Detention using the lens of public health would support transformational efforts on behalf of youth, families and communities, and would stand out as an innovative national model. King County is striving toward the gold standard by building on the strengths of youth, communities, and families with science and evidence to shape new and better ways of serving their needs while maintaining vigilance and full responsibility to public safety across King County, consistent with current Washington State and juvenile justice-related law.

KING COUNTY JUVENILE DETENTION

King County consistently has one of the lowest youth detention rates of any urban county in the United States. The County's Juvenile Detention population declined almost 76 percent from an average daily population of 212 in 2002, to 51 in 2016.

In 2004, King County became a JDAI replication site and received grant support for training, planning and coordination to implement the core strategies, as well as technical support and resource materials. In 2013, prompted by revisions to the JDAI detention facility standards, the Juvenile Division completed a full review of its own standards in light of the most recent understanding of adolescent development. Juvenile Detention's renewed vision embraced a full commitment to trauma-informed care. In 2015, the Juvenile Division successfully became a [Prison Rape Elimination Act](#) (PREA) certified organization to prevent, detect and eliminate sexual abuse and sexual harassment of juveniles in detention.

ADOLESCENT NEURODEVELOPMENT

One of the most compelling rationales for restructuring Juvenile Detention through the lens of public health is our knowledge of adolescent neurodevelopment. The Core Team reviewed a comprehensive summary of the research, which is included in the report attachments. At a very high level, a few key points are included here:

- Adolescent behavior is explicable. While it sometimes seems impulsive, foolhardy, or outright dangerous, it is governed by capacities and motivational drives different than those of adults. Understanding these capacities and drives provides opportunities for tailored supports and interventions that support continued healthy development.
- The scientific understanding of the unique characteristics of adolescent neurodevelopment and associated functional implications is rapidly emerging. Thus, while it is overdue to incorporate neurodevelopmental understanding into policies and services that affect youth, mechanisms for adjusting strategies as additional information is generated are warranted in the face of rigorous and continued study.¹

The implementation of strategies based on neurodevelopmental science warrants particularly careful

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consideration because of the lifelong potential of both learning and neuroplasticity, as well as the complex interactions between neurodevelopment and external factors, including the diverse array of relationships, environmental stressors, and supports experienced throughout life.

- Neurodevelopmental lags that occur due to early adversity, developmental delays, life stress, insufficient exposure to developmentally appropriate experiences and relationships, and, potentially, significant psychological distress and substance misuse, can prolong the maturation of the connections between the limbic regions of the brain that generate responses and the executive function regions that regulate responses.

COMMUNITY ENGAGEMENT

King County is committed to engaging community partners in the restructure of Juvenile Detention. Authentic community partnerships are foundational to the county's role as a steward of public funds, and a provider of public services. Over the last few years, several King County initiatives focused on children, youth, families, and communities have relied on input from a broad and diverse range of communities and stakeholders to shape programs and policies.

Community engagement regarding Juvenile Detention overall has been an ongoing process, and continues as an element within the broader work of Zero Youth Detention. Specific to the EO, staff pursued two avenues for better understanding communities' perspectives on the potential of PHSKC's oversight and management of Juvenile Detention:

- Convened discussions with community leaders specific to the EO
- Considered extensive community feedback and recommendations gathered through previous efforts and initiatives

When we speak of **community** we intend it as a term that reflects broad and inclusive engagement of multiple perspectives – racial, ethnic, cultural and geographic, as well as a self-defined term, from any one perspective. Our guide is that the meaning of **community**, is determined by the people within it.

Included among the resources and recommendations reviewed were the [Youth Action Plan](#) (YAP), [Best Starts for Kids](#) (BSK), and the [Juvenile Justice Equity Steering Committee](#) (JJESC) report. Three other documents: (1) the [UW Medicine Report: Working to Reduce the Use of Secure Confinement](#), August, 2017; (2) *A ReDesign for Zero Youth Incarceration*, presented by Treehouse, in collaboration with members of the Children and Youth Advisory Board (CYAB) in April, 2017 and (3) *BIG SHIFT Ideas for Juvenile Justice Reform*, presented by TeamChild in September 2016, provided additional community perspectives relevant to a potential restructure of Juvenile Detention.

OPTIONS FOR JUVENILE DETENTION RESTRUCTURE THROUGH A PUBLIC HEALTH APPROACH

The Core Team took into account research, community input, team members' departmental perspectives, and the considerations generated through multiple discussions, and formulated three options that would integrate a public health approach, in increasing degrees, into Juvenile Detention.

The decision of the Core Team was that the recommendation presented in the report must be the north

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star, and must establish the end state of a public health approach representing what is best for youth and families involved with Juvenile Detention, while fully considering the needs of communities, and the impact on King County staff.

In small group discussions as part of the Core Team, and in working group meetings, the characteristics and considerations charted below for each option had been explored. They were presented to the full Core Team for discussion at the February 8th meeting:

OPTION #1: PHSKC PROVIDES SUPPORT TO JUVENILE DETENTION	
Characteristics	Considerations
<ul style="list-style-type: none"> • No organizational change • PHSKC would provide training, technical assistance, and data/evaluation guidance necessary to instill a public health approach across Juvenile Detention • PHSKC supports would apply to both programs and operations (example: job descriptions) within Juvenile Detention • PHSKC and Juvenile Detention might establish an advisory board 	<ul style="list-style-type: none"> • May not create the environment for the greatest transformation in the long term • Skepticism from community that nothing will change • Least costly and quickest to implement • Least disruption to existing systems, including existing change efforts
Key discussion points among Core Team	
<ul style="list-style-type: none"> • The changes proposed are insufficient. This option proposes changes for the sake of making change, with limited actual impact on a system that needs to work more effectively for youth and families • This is not the time to tinker, this is the time to change. • This option would take the work backwards, particularly in the context of the commitment to ZYD. It would signal to community partners a lack of commitment to real change. 	

In the process of cementing a recommendation, the Core Team quickly moved beyond option #1, to discuss option #2:

OPTION #2: PHSKC PROVIDES OVERSIGHT OF JUVENILE DETENTION PROGRAMMING, SERVICES, AND RELATED POLICIES	
Characteristics	Considerations
<ul style="list-style-type: none"> • No organizational change in terms of direct authority • Dotted-line authority of Public Health would need to be defined, and MOUs across departments would be required • PHSKC would play a formal role in developing and managing programs and services, assuring program fidelity, training staff, defining outcomes, and providing direction on data and evaluation • Some organizational functions, such as security, would remain the same 	<ul style="list-style-type: none"> • Concerns by some that this option would not create the environment for the greatest opportunity for transformation in the long term • Allows for some integration and may minimize risk of losing detention staff expertise • Risk of confusion about lines of authority • Same concerns that this would not meet community expectations
Key discussion points among Core Team	
<ul style="list-style-type: none"> • This option would require substantial changes in how departments work together, not just PHSKC and DAJD, but also DCHS and other county systems. • This option is more bureaucratic than structural, and could likely create confusion and conflict regarding lines of authority. • Conflict is inherent in systems to varying degrees; it is not necessarily all bad, and it needn't stymie departments and teams from working together. • This option would have more implications for staff and require assurances that key functions – transportation and security among them – are fully considered as system requirements and collectively bargained roles. • This option would signal to community partners a lack of commitment to real change. 	

Ultimately, the Core Team’s preference was for **Option #3: PHSKC manages Juvenile Detention with operational support from DAJD**, based on the characteristics, considerations and discussion detailed below:

OPTION #3: PHSKC MANAGES JUVENILE DETENTION WITH OPERATIONAL SUPPORT FROM DAJD	
Characteristics	Considerations
<ul style="list-style-type: none"> Organizational change to PHSKC (or DCHS) with dotted line to DAJD for certain operational supports Detention division staff structure does not change, continuing the work toward a shared vision, within Public Health PHSKC management has most visible and direct role in supporting innovation and adaptations aligned with ideal future state for programs and services to youth and families Allows eventual ability to reinvest funds, in science-informed approaches and community settings 	<ul style="list-style-type: none"> Responsive to community feedback and demonstrative of a commitment to change. May create the environment that best supports long term change emerging out of ZYD The time is now, given the commitment of the Executive and department leaders for innovative change Could provide more career development opportunities for staff Concerns about cost and disruption in the short run Resources and change management will be key This option may have stronger likelihood to bring in philanthropic and private resources
Key discussion points among Core Team	
<ul style="list-style-type: none"> This will require culture and structural changes within Juvenile Detention, and in PHSKC, to truly deliver on a public health approach. This option improves the likelihood that programs and services accessed by youth and families prior to involvement in Juvenile Detention could be sustained more seamlessly during and after detention. Cross-departmental agreements will still be required to provide necessary infrastructure and service delivery. 	

CONSTITUTIONAL AND STATUTORY REQUIREMENTS

Juvenile Detention is highly regulated under the Revised Code of Washington and the United States Code. The new structure must remain compliant with these statutory and administrative mandates. It is the judicial branch of government that ultimately has the responsibility for both release decisions, including booking criteria, and sentencing. Although King County Judges are open to and excited about new ways of looking at juvenile justice issues, it must be noted that at the level of the individual youth, some decisions are reserved to the judicial branch.

LABOR IMPACT AND CONSIDERATIONS

Any movement of a division of many employees from one department to another could have significant impact to the daily working conditions of employees. They may have concerns about their positions in a new organization. In addition to thoughtful consideration of the change management needs associated with a reorganization, the County should be mindful of its legal bargaining obligations resulting from changing represented employees' work and/or implementing new policies.

The Executive will work with labor and the Court to address the questions that will arise if a decision is made to move Juvenile Detention as an intact unit into PHSKC. It will be essential to carefully review and analyze any affected Juvenile Detention job functions, policies, procedures, and protocols, as well as its connections to the work of DAJD. Changes in such job responsibilities would require bargaining with labor groups and the time to complete this bargaining should be taken into account when planning any changes. Additionally, the same may hold true if PHSKC staff assume responsibilities for Juvenile Detention training or program design, as this work is currently done by Juvenile Detention staff. Policies that affect Public Health employees, and practices implemented in a new division in Public Health, do not automatically apply to Juvenile Detention employees, and hence, may need to be bargained.

In any restructure undertaken, communication and a thoughtful approach to change management will be critically important. Engaging employees prior to major changes and seeking their input, will increase the likelihood of employee buy-in and successful transitions. As implementation design begins, we will want to include a cross section of employees in working groups, and assure that we begin the process with sufficient training and education to allay concerns and engender support. Ongoing communications efforts will include input and perspectives of both labor representatives and County staff.

TIMELINE AND BUDGET CONSIDERATIONS

Initial planning toward the goal of restructuring Juvenile Detention will occur under the broader umbrella of ZYD. The budgetary impacts of changes to the structure of Juvenile Detention are unknown at this point. These changes represent a new body of work for PHSKC to support priorities identified by the Core Team. These include community engagement, defining and measuring outcomes, analyzing trends, and using the latest science to develop training based on working across systems to deliver services to youth in detention, and their families. Supporting these needs will likely result in Public Health requesting additional staff and resources in its 2019-2020 Agency Proposed Budget. This request will be considered in the context of the General Fund and Public Health Fund deficits, other competing priorities, and whether there is the possibility of leveraging other programs or identifying other funding sources.

The options outlined in this report would also have different administrative and support implications. Option #3, the preferred option, will require an in-depth analysis of how administrative needs will be met, and the cost implications for PHSKC and DAJD, including whether some administrative and support functions could continue to be provided by DAJD via an MOU during the transition and ongoing implementation phase. Public Health, DAJD, and PSB would address these questions as part of the continued efforts of the Core Team, in time to inform the 2019-2020 budget request.

¹The Adolescent Brain Cognitive Development Study (ABCDStudy.org) is the longest and most comprehensive study of adolescent brain development and youth health in the United States. It aims to study 10,000 youth, beginning at age 9 – 10 years old and following their neurodevelopment and health over the following ten years. This study is being conducted in 21 sites across 17 States. In addition to documenting typical development, it will include investigation into the impact of alcohol and drug use, traumatic brain injuries, mental illness, sports injuries, and common environmental and behavioral influences (e.g. sleep, physical activity, screen time) on neurodevelopment and health. In addition, it will investigate mediators that contribute to health disparities.

Section I – A PUBLIC HEALTH APPROACH TO JUVENILE DETENTION IN KING COUNTY

Included in this section:

- I. The Executive’s vision for restructuring Juvenile Detention
- II. Responding to the Executive Order
- III. Addressing equity
- IV. The public health approach
- V. Themes for the work

I. THE EXECUTIVE’S VISION FOR RESTRUCTURING KING COUNTY JUVENILE DETENTION USING A PUBLIC HEALTH APPROACH

On November 16, 2017, King County Executive, Dow Constantine issued Executive Order JJ-8-2-EO (hereafter referred to as the EO) to establish an interdepartmental team (hereafter referred to as the Core Team) to provide a plan and timeline to restructure juvenile detention under the oversight and direction of Public Health – Seattle & King County (PHSKC), using a therapeutic approach to the delivery of juvenile detention services in King County. In releasing the EO, Executive Constantine articulated his vision:

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King County Executive, Dow Constantine
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While this report focuses on using the lens of public health specifically to restructure Juvenile Detention, it is also inextricably tied to King County’s broader Roadmap to Zero Youth Detention (ZYP) initiative. Through comprehensive juvenile justice reform and the goal of ZYP, King County’s overarching goals are to:

- Keep kids out of the justice system: supporting families and youth in their communities so that youth do not come into contact with the justice system in the first place.
- Decrease the duration of involvement for those youth who do come into contact with the justice system, with services delivered in a trauma-informed way.
- Provide transitional services and support so that when youth exit the justice system, they and their families will be supported by services in their communities so that they achieve their full potential; so that youth do not return to the justice system; and so that negative impacts to their lives are minimized.

Executive Constantine captured these holistic and comprehensive ambitions of ZYP in his EO press release:

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“...This is not just about services for youth while in detention, but changing policies and systems to keep youth from returning to detention, and avoid having contact in the justice system in the first place.”

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November 16, 2017

II. RESPONDING TO THE EXECUTIVE ORDER, AN OVERVIEW OF THE PROCESS

The Core Team was co-chaired by Patty Hayes, Director, Public Health – Seattle & King County and Paul Sherfey, Chief Administrative Officer, King County Superior Court. Caroline Whalen, Director of the Department of Executive Services served as the executive sponsor. The Core Team comprised representatives from PHSKC, Superior Court, the Executive’s Office, Department of Adult and Juvenile Detention (DAJD), Department of Community and Human Services (DCHS), Prosecuting Attorney’s Office (PAO), Department of Public Defense (DPD), King County Sheriff’s Office (KCSO), Performance, Strategy and Budget (PSB), and Office of Labor Relations (OLR).

A smaller *working group* of Core Team members, with representation from many of the above departments, met in addition to the Core Team meetings to gather and review content and research, and to help shape and inform the discussions of the Core Team. A roster of Core Team members is included in the attachments.

During one full-day, and three half-day meetings, Core Team members brought their diverse perspectives, responsibilities, and experience to the table to work across departments toward development of a Juvenile Detention restructure. The process began by Core Team members mapping the state of practice and organization within Juvenile Detention, as it is currently structured as a division of DAJD, and then worked toward a shared understanding of how aligned departments – PHSKC, DCHS, KCSO, PAO and DPD – relate to Juvenile Detention. At the first meeting, the Core Team delved into identifying gaps, opportunities and pressing questions to inform this report. The work group reviewed the 70+ key points raised by the Core Team, and distilled them into those which must be considered as part of Juvenile Detention restructure, and those which must be held to further inform ZYD.

Themes that emerged from the initial Core Team meeting, and which inform the recommendations for Juvenile Detention restructure, are discussed below. As the process progressed, the Core Team analyzed the science, the themes, the considerable progress in Juvenile Detention over the years, and the tradeoffs of different restructure options. While representing varied viewpoints, and charged with varied and even opposing responsibilities, the Core Team achieved a level of rigorous, informed and respectful discussions. Over the course of the process, several key tenets became clear:

“Exploring a public health approach to youth detention was a great idea for us to move in the direction of holistic care. I have been impressed by the process of many department leaders coming together voicing their ideas and concerns in a healthy way to improve the lives of children, youth and families.”

Marcus Stubblefield
Criminal Justice Strategy & Policy Section Manager
King County Executive Office, PSB

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- A public health approach is appropriate for all children, youth and families, whether they touch the juvenile justice system or not.
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- Detention, while a rare circumstance and a last resort, is but an indication that all systems serving youth and families – schools, courts, mental health, housing, social services and others – must individually, and collectively, be more effective in their earliest “touches” so that youth do not commit the type of serious offenses that require incarceration for the safety of the community. It is highly unusual for a youth to commit a dangerous and serious offense without having prior touches with the courts or school disciplinary systems.

At all times, the Core Team was mindful of the impact of crimes – particularly violent crimes – on victims, and the community as a whole.

III. FOUNDATION FOR EQUITY

The data on racial disproportionality in Juvenile Detention is clear, in King County and across the nation. In King County, while the past 20 years have seen a steady decline in the number of youth in secure detention – including youth of color – severe disproportionality persists. For data on disproportionality in King County, see Section III.

A meta-analysis of 46 studies (Pope and Feyerherm) found that effects of racial disparities in case-processing decisions (i.e. detention, prosecution) are cumulative. *“Relatively small differences in outcomes at early stages of the process become exacerbated as black and brown youth progressed through the system.”* For lasting change, King County must demonstrate that we value and respect the youth, families and communities most affected by listening and being responsive to their needs. It is King County’s obligation to serve all of its residents in responsive and respectful ways.

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IV. THE PUBLIC HEALTH APPROACH

Public Health – Seattle & King County applies a public health approach across issues, challenges and systems, to systematically protect the region’s health and promote healthy and equitable outcomes for all. A public health approach is resilience-based, building on the strengths of families and communities and addressing the gaps in policies and systems that support them. When applied to Juvenile Detention, a public health approach brings a focus on the well-being of youth, families, and communities to drive

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changes to services, systems, and upstream strategies. Through a public health approach, community and system partners come together to: promote the positive development and well-being of all youth, further incorporate the best evidence and promising practices on adolescent development, and ensure that the collective response to youth in crisis seeks to restore them to a path of well-being.

Using a public health approach, PHSKC:

- **Emphasizes the health of whole communities or populations.** Prevention of negative health outcomes and understanding the various impacts related to the social determinants of health¹ is core to public health. At PHSKC, this is seen as taking a “balcony view” to survey the scope and scale of public health in King County.
- **Seeks to understand and apply the latest evidence and science to policy and systems.** In the case of juvenile detention restructuring, this requires integrating the latest and ever-changing research on adolescent development.
- **Systematically defines and measures issues.** This includes examining risk and protective factors, overall population data and data hot spotting, and applying metrics to evaluate the effectiveness of interventions, and the resulting population outcomes.
- **Focuses on prevention strategies.** Primary, secondary and tertiary prevention strategies are the work of PHSKC, in authentic partnerships with other organizations, and with the communities most impacted.
- **Places equal emphasis on promotion of well-being and the reduction of illness, risks or threats to safety.** PHSKC’s focus on trauma-informed approaches to serving youth in juvenile detention fits within this element.
- **Addresses disproportionate impacts.** Disproportionality remains pervasive in systems serving youth, and is driven by institutional racism, inequities and other social determinants.
- **Tests strategies and disseminates what is working.** A public health approach calls for a willingness to innovate, and a commitment to implementing evidence-based methods across systems and sectors.

“Health is all about healing. If we are true to the values that we claim to embrace, we must shift the prism through which we view our youth away from incarceration and toward healing. If we have the political and moral will to treat this as a health problem by focusing on healing for our youth, rather than incarceration, our community will reap the natural benefits.”

Elinor Cromwell
Supervising Attorney-Juvenile Offender and Becca
King County Department of Public Defense

V. THEMES FOR THE WORK

The following themes were generated at the initial Core Team meeting as members mapped the current state of the juvenile justice process, focusing on how youth entered, experienced, and exited Juvenile Detention. Considering the public health approach, the team brainstormed 70+ ideas, opportunities, and gaps that will help shape the Juvenile Detention work and also inform the broader work of ZYD. The themes and key points are a summary of these ideas, opportunities and gaps:

A Public Health Approach in Juvenile Detention
Report to the King County Executive

THEME	KEY POINTS
Continuity of care and aligned systems	The largest number of ideas involved ways in which youth-serving systems can be more holistic and better integrated in supporting youth and families while the youth are in detention, and after they leave. Ideas focused on improving cross-department/cross-system understanding; ensuring better hand-offs as youth move through detention and the court process; early and better access to behavioral health services; transportation; and ensuring that residential and other resources are available in communities. Another aspect of this theme is recognizing how the needs of the youth held on adult charges may be different.
Families	Many ideas involved integrating a stronger focus on the families of youth in Juvenile Detention. The intent is to support families in navigating the court process, help youth remain connected to their circles of support, and engage guardians, extended family and siblings in other assistance and services.
Communities	Engaging communities was identified as a critical component. Community partnerships are necessary for continuing success in transforming systems and in supporting the best outcomes for youth who come into contact with these systems.
Equity	Youth of color are disproportionately involved in the juvenile justice system and detention. Within this theme, ideas focused on ensuring staff have a shared understanding of race, equity, and culture and the contexts in which youth live their lives.
Therapeutic/trauma-informed environments	The team generated ideas and questions regarding how to minimize the trauma youth experience in detention and create an environment that supports engaging youth in services and supports. Many ideas involved providing training to the adults who work directly with youth in detention, including detention staff, service partners from community organizations, court staff, and treatment providers.
Alternatives to secure detention and least restrictive environments	Youth who become involved in the juvenile justice system may be assigned to services and monitoring through alternatives to secure detention, which may include electronic home monitoring. These alternatives not only keep youth out of secure detention but also focus on helping youth maintain connections with their support networks, schools, and employment, and assure continued access to community-based services.
Data and measurement	Improving data and measurement is a consistent theme across Juvenile Detention and ZYD, including sharing data, measuring progress, evaluating specific services or changes in practices, and analyzing trends – particularly those that lead to better understanding of root causes and upstream solutions. Data and measurement capacity should also support analyzing system work flows.

Section II – UNDERSTANDING THE STATE OF PRACTICE IN JUVENILE DETENTION

Included in this section:

- I. Overview
- II. Literature review
- III. Advancing best practices

I. OVERVIEW

As directed in the Executive Order, the Core Team sought out science and best practices regarding a public health approach to Juvenile Detention. Research confirms that discussions in the field extend beyond the imperative of science-based, developmentally appropriate practices within Juvenile Detention, to encompass the necessity of comprehensive upstream services and supports for youth and their families, and downstream transition interventions to interrupt cycles of crimes and detentions. This is the larger work of Zero Youth Detention.

II. LITERATURE REVIEW

Examination of research for this report took a focused view, looking specifically at how a public health approach can limit traumatization of youth in detention, and better meet the needs of youth and families, while keeping public safety in the forefront. The full literature review is included in the attachments. A few examples of the topics explored include:

1. Reform approaches and policy recommendations, including:

- Application of adolescent brain science to juvenile justice reform, a summary of adolescent brain development, and an overview of application to juvenile justice reform efforts, with recommended approaches
- Research and advocacy to build capacity of public health agencies to engage in criminal justice reform

2. The school-to-prison pipeline and childhood trauma, including:

- Relationship between childhood maltreatment/child welfare referrals and youth detention
- Prevalence of adverse child experiences (ACEs) among juvenile justice system involved youth

3. Long-term health outcomes associated with youth detention, including:

- A 12-14-year longitudinal study of health disparities and outcomes among youth/young adults after Juvenile Detention, including:
 - Health Disparities in Drug- and Alcohol-Use Disorders: A 12-Year Longitudinal Study of Youths After Detention.
 - Comorbidity and continuity of psychiatric disorders in youth after detention: a prospective longitudinal study

III. **ADVANCING BEST PRACTICES IN JUVENILE DETENTION**

Since our nation’s earliest years, America has struggled with appropriately serving the needs of offending youth, while responding to the public interest in reduced crime and safe communities. We have, in our history, dedicated effort toward tailoring responses to youth crimes differently than those committed by adults, both in the courts and in detention models. Over the years, there have been multiple pendulum swings, inclusive of the efforts of reformers in the late 1800’s seeking rehabilitative responses to youth crime, up to and beyond the stringent approaches employed into the 1990’s, in response to increases in drug offenses across the country.

In the early 1990’s, as overreliance on detention was widespread and growing nationwide, the Annie E. Casey Foundation (AECF) developed the [Juvenile Detention Alternatives Initiative](#) (JDAI) to reduce reliance on local confinement of court-involved youth. Over the last 25 years, JDAI has proved effective in safely reducing detention populations. Based on its success, JDAI has been adopted in hundreds of jurisdictions, and has led to dramatic declines in detention populations. King County’s participation as a JDAI site is discussed in Section III.

Since 2007, the rate at which youth are placed in juvenile detention, correctional and residential facilities has steadily declined — falling 44% nationwide.¹

Annie E. Casey Foundation / Juvenile Detention Alternatives Initiative

In October, 2016, the [National Institute of Justice](#), [U.S. Department of Justice](#), and the Malcolm Wiener Center and Program in Criminal Justice Policy and Management at Harvard’s Kennedy School released [The Future of Youth Justice: A Community-Based Alternative to the Youth Prison Model](#), setting positive youth development and rehabilitation as the goal for juvenile detention across the nation. The study contextualizes the work of JDAI, and promotes guiding principles that may inform the work in Juvenile Detention restructure and ZYD.

King County continually seeks to learn from the work of others. A recent scan by the leadership team at Juvenile Detention identified a few short-term detention facilities that have successfully implemented trauma-informed practices in Indiana, Maine, and Massachusetts². Research specifically into juvenile detention systems at the county level, reveal potential learning partners in Dallas, Texas; Harris County, Texas; Minneapolis, San Francisco and Washington DC. Many of these jurisdictions are JDAI sites. In addition, New York City, Virginia, Missouri, California, Washington DC, and Ohio are all jurisdictions that have embraced the model discussed in the *Future of Youth Justice* study, above.

While it is clear that other jurisdictions are striving to make game-changing improvements to their juvenile justice systems, King County’s decision to consider restructuring Juvenile Detention using the lens of public health would support our transformational efforts on behalf of youth, families and communities, and would stand out as an innovative national model. We are striving toward the gold standard by building on the strengths of youth, communities, and families with science and evidence to shape new and better ways of serving their needs, while maintaining vigilance and full responsibility to public safety across King County, consistent with current Washington State and juvenile justice-related law.

Section III – KING COUNTY JUVENILE DETENTION

Included in this section:

- I. Overview
- II. The youth in Juvenile Detention
- III. Progress and best practices

I. OVERVIEW

Juvenile Detention in King County currently operates as a division of the Department of Adult and Juvenile Detention (DAJD), within county government. DAJD's defines its mission as: "...contributes to the public safety of the citizens of King County and Washington State by operating safe, secure and humane detention facilities and community corrections programs, in an innovative and cost-effective manner."

The Juvenile Detention Director reports to the Director of DAJD. Juvenile Detention has its own mission and vision statements within DAJD that reflect its trauma-informed focus, and best practices:

Mission statement: "...Juvenile Division, is committed to providing quality, innovative, comprehensive services to youth, families, the community, and the juvenile justice system within a quality work environment by professional, caring staff."

Vision statement: "King County Juvenile Detention Services is the nationally recognized model where diversity is embraced and high performance is paramount. Extraordinary results are achieved by consistent delivery of quality services and innovative programs for all stakeholders."

While detained, youth receive medical assessments, and medical or mental health interventions if needed. During the week, the Seattle School District provides regular and special education classes for detained youth. The Juvenile Detention staff and community-based partners provide supplemental programs including recreation, sports and physical fitness; the arts; access to the King County Library resources; peace circles and restorative justice practices; and therapy and support groups.

In addition to secure detention within the facility, Juvenile Detention also manages programs providing alternatives to secure detention for those youth who require monitoring but do not need to be detained in a secure setting. These programs include electronic home monitoring, day reporting and group care.

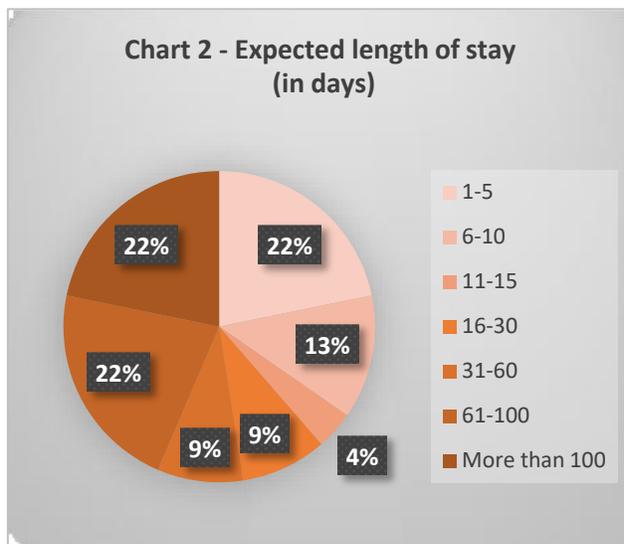
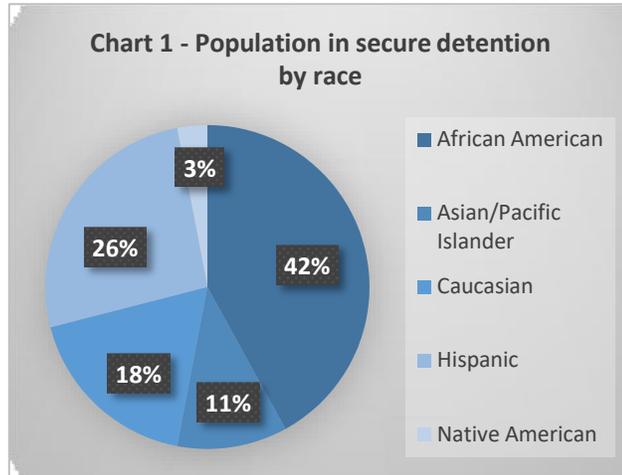
"We would like to acknowledge the Executive and his office, for giving us the opportunity to collaborate with Public Health and share our vision with them. We appreciate working with like-minded people who understand our overall goal of one day of making zero detention a reality."

Pam Jones, Director
Juvenile Division
Department of Adult and Juvenile Detention

II. THE YOUTH IN JUVENILE DETENTION

King County consistently has one of the lowest youth detention rates of any urban county in the United States. The County's Juvenile Detention population declined almost 76 percent from an average daily population of 212 in 2002, to 51 in 2016.

Trend data confirms that as the overall population in secure detention declines, the proportion of youth of color in detention increases even further. Chart 1 details the breakdown of the youth in secure detention by race, in 2017.



Some of the youth held in Juvenile Detention are incarcerated for only a few days, while others are detained for significantly longer. A youth may be detained following an arrest for allegedly committing an offense, or on a warrant; pending trial; as part of a sentence; or as part of an order sanctioning the youth for violating the terms of probation. Non-offenders, also known as status offenders – including truants, at-risk youth, children in need of services, or dependents who violate a court order or are arrested on a warrant – may also be detained. Chart 2 is a data snapshot of the 55 youth incarcerated in Juvenile Detention on February 9, 2018. Of note, one third of these 55 youth were initially charged as adults, and have also spent time in adult detention before being transferred to the Juvenile Detention facility.

“The need to detain youth in a secure facility is a symptom of an unhealthy community where some children do not have the support and opportunities to live healthy and happy lives. A public health approach to Juvenile Detention should just be the start. We need to take a public health approach to all of our systems and institutions that engage with our most vulnerable population.”

Jimmy Hung

Senior Deputy Prosecutor and Chair of the King County Juvenile Unit

III. PROGRESS AND BEST PRACTICES IN KING COUNTY JUVENILE DETENTION

For nearly a quarter century, as new research and evidence have emerged, King County Juvenile Detention has been on the leading edge of best practice. The team adheres to a vision of programs and services informed by adolescent development and committed to trauma-informed care.

Key reforms initiated by King County's Juvenile Justice Operational Master Planning (JJOMP) Committee beginning in the late 1990's included implementing detention intake criteria based on current offense and criminal history to screen youth before they were presented to detention to determine if they were appropriate to detain. In 1998, King County informally began using JDAI strategies from the nationally recognized [Pathways Series](#). These reforms curbed the inappropriate or subjective use of secure detention and contributed to the declining admission rate. In 2004, King County became a JDAI replication site and received grant support for training, planning and coordination to implement the JDAI core strategies, along with technical support and resource materials.

In 2013, prompted by revisions to the JDAI detention facility standards, the Juvenile Division completed a full review of its own standards in light of the most recent understanding of adolescent development. Juvenile Detention's renewed vision embraced a full commitment to trauma-informed care, defined by the National Center for Youth in Custody (NC4YC) as:

- Recognizing that some practices in facilities can be traumatizing
- Helping staff understand the reason and purpose of a youth's behavior: asking the question: "*What has happened to this person?*" rather than "*What is his/her problem?*"
- Focusing on safety and continuing to hold youth accountable through supportive relationships rather than the use of authority.

Beginning in 2014, Juvenile Detention began work toward two key strategies: (1) *Organizational Change for Sustainability*, and (2) *Trauma-Informed Environment for Youth*, with the goal of moving toward the NC4YC trauma-informed vision. Multiple best practices are being implemented, including a change in hiring and training priorities to build a Juvenile Detention workforce with a strong understanding and empathy toward adolescent development and trauma-informed care, and collaboration with community partners to further shape Juvenile Detention's robust and relevant programming and launch a behavior management team to evaluate how existing internal systems align with trauma-informed principles.

In 2015, the Juvenile Division successfully became a [Prison Rape Elimination Act](#) (PREA) certified organization to prevent, detect and eliminate sexual abuse and sexual harassment of juveniles in detention. PREA certification addresses staff training and standards for reporting sexual abuse, and requires criminal background checks for every adult who may have contact with a youth (including volunteers, chaplains, detention officers, administrative staff and vendors).

Section IV – INFORMING THE RESTRUCTURE OF JUVENILE DETENTION

Included in this section:

- I. Adolescent neurodevelopment
- II. Community engagement, including:
 - Discussions with community members regarding the EO
 - Community feedback through earlier efforts, and in alignment with other initiatives

I. ADOLESCENT NEURODEVELOPMENT AND THE IMPLICATIONS FOR A PUBLIC HEALTH APPROACH IN JUVENILE DETENTION

One of the most compelling rationales for examining Juvenile Detention through the lens of public health is our knowledge of adolescent neurodevelopment. Dr. Margaret Cary, (Child Psychiatrist, DCHS) provided a comprehensive summary of the research to the Core Team. (Included in the attachments.) The current state of knowledge offers insights into the functioning of the adolescent brain, and thus informs both our work, and the leading work across the country, as discussed in Section II. At a very high level, a few key points are included here:

- Adolescent behavior is explicable. While it sometimes seems impulsive, foolhardy, or outright dangerous, it is governed by different capacities and motivational drives than those of adults. Understanding these capacities and drives provides opportunities for tailored supports and interventions that support continued healthy development.
- The scientific understanding of the unique characteristics of adolescent neurodevelopment and associated functional implications is rapidly emerging. Thus, while it is overdue to incorporate neurodevelopmental understanding into policies and services that affect youth, mechanisms for adjusting strategies as additional information is generated are warranted in the face of rigorous and continued study.³
- The implementation of strategies based on neurodevelopmental science warrants particularly careful consideration because of the lifelong potential of both learning and neuroplasticity, as well as the complex interactions between neurodevelopment and external factors, including the diverse array of relationships, environmental stressors, and supports experienced throughout life.
- Neurodevelopmental lags that occur due to early adversity, developmental delays, life stress, insufficient exposure to developmentally appropriate experiences and relationships, and, potentially, significant psychological distress and substance misuse, can prolong the maturation of the connections between the limbic regions of the brain that generate responses and the executive function regions that regulate responses.
- The type and timing of adversity and trauma impacts neurodevelopment in different ways. At this time, it is impossible to predict the specific impacts because of the interaction with the inherent resiliency, neuroplasticity, and protective factors of individuals. Adversity and trauma can result in discontinuous development such that some capacities are quite mature while others lag. Classic examples include mature expressive language skills but lagging inhibitory control.

As the Core Team considered design options for implementing a public health approach in Juvenile Detention, Dr. Cary provided recommendations regarding neurodevelopment and the trauma of

detention based on an analysis of the science and extensive education and experience. Her recommendations include:

- A family and community systems approach is called for, including teaching parents and caregivers skills for caretaking adolescents, and providing adequate and specific support for all of those working with youth in the juvenile justice system, including teachers and mentors.
- We must strive to maintain developmentally normal or normalizing experiences.
- Buy adolescents time. Adolescents cannot necessarily act on all that they know until their neuronal connections are mature.
- Provide adolescents opportunities for experimentation. This is how they learn and build their neuronal networks.
- Leverage supportive relationships with peers, adult mentors, and trusted caregivers to promote learning and guide behaviors. Provide culturally salient learning opportunities. Use peer groups to motivate healthy responses and skill-building.
- Mitigate opportunities for learning maladaptive responses. Particularly in the emotionally charged environment of detention, where adolescents are vigilant for their safety and community acceptance, there is increased risk of reinforcing behaviors that confer some benefit in the system, but do not necessarily promote well-being and disengagement from the system. Carefully assess peer group interactions for the impact of ineffective behavior learning.

II. COMMUNITY ENGAGEMENT

King County is committed to engaging community partners in the restructure of Juvenile Detention. Authentic community partnerships are foundational to the county's role as a steward of public funds, and a provider of public services. Over the last few years, several King County initiatives focused on children, youth, families, and communities have relied on input from a broad and diverse range of communities and stakeholders to shape programs and policies.

Community engagement regarding Juvenile Detention overall has been an ongoing process, and continues as an element within the broader work of ZYD. Specific to the EO, the Core Team pursued two avenues for better understanding communities' perspectives on the potential of PHSKC's oversight and management of Juvenile Detention:

- Convened discussions with community leaders specific to the EO
- Considered extensive community feedback and recommendations gathered through previous efforts and initiatives

Discussions with Community Leaders Regarding the Executive Order. In meetings held during January and February, 2018, staff from within PHSKC, DCHS, and the King County Executive's Office met with leaders from Community Passageways, Glover EmpowerMentoring and Got Green to talk through the EO, and to gather perspectives specific to a Juvenile Detention restructure. The community leaders were in agreement on multiple points:

[A Public Health Approach in Juvenile Detention Report to the King County Executive](#)

When we speak of *community* we intend it as a term that reflects broad and inclusive engagement of multiple perspectives – racial, ethnic, cultural and geographic, as well as a self-defined term, from any one perspective. Our guide is that the meaning of *community*, is determined by the people within it.

- The continued engagement of community leaders, and infusion of community voices, is essential to furthering the progress being made in a public health approach to Juvenile Detention. Noting Juvenile Detention’s commitment to trauma-informed care, and the steady reduction in the number of juveniles being detained, these stakeholders were nonetheless adamant that for the process to be community-informed, the full range of community organizations which hold relationships with, and investments in, youth and families must be full participants in every step of Juvenile Detention reform. Stated simply, the system won’t change if only system people are working on it.
- Community leaders urged the county to collaborate with them on strategies for supporting youth and their families, and to look to community organizations to provide training and technical assistance to further deter behaviors that could lead to Juvenile Detention, through increased understanding of the youth, families and communities who may touch the system.
- Community members had specific recommendations regarding improvements within Juvenile Detention. These included significantly expanding opportunities for parents and families to engage with their youth, including using technology for 24/7 access, and pivoting whenever possible to strengths-based approaches, which align with approaching the work through the lens of public health.
- The community was unequivocal, that to achieve the culture change they are seeking within Juvenile Detention, Juvenile Detention must work under the authority of Public Health. If this is indeed an effort with commitments to science, developmentally appropriate interventions, therapeutic environments, and equity and social justice, it will not happen under the authority of adult detention, which is an incarceration-focused, rather than a child-development focused system.

Community Feedback Gathered through Earlier Efforts, and Alignment with Recommendations from other Initiatives. King County has a strong record of seeking community perspectives and developing programs and services with community guidance, and through community partners. Integrating community input in order to implement effective strategies has been a through line of the county’s community discussions on other efforts, among them the [Youth Action Plan \(YAP\)](#), [Best Starts for Kids \(BSK\)](#), and the [Juvenile Justice Equity Steering Committee \(JJESC\)](#) report. In all of these instances, representatives from communities across King County served as committee members, key informants and/or focus group participants.

Staff has mined these documents to assure that the guidance sought from communities over the last few years, continues to influence and help direct our work. Staff has also studied them to understand how the development of a public health approach to Juvenile Detention is aligned with these documents’ policy recommendations, as was directed in the EO.

Youth Action Plan. In April, 2014, King County approved legislation (Ordinance 17738) calling for the development of a Youth Action Plan (YAP) to set the County’s priorities for serving its young people – from infants through young adults. In April, 2015, the Youth Action Plan Task Force released its full report to the King County Executive, King County Council, and the public. The development of Best Starts for Kids as an initiative, and several recommendations that informed BSK implementation, were grounded in the Youth Action Plan. All of the fundamental principles that guided the YAP task force are directly relevant to the restructure in Juvenile Detention:

- The well-being of children and families and youth and young adults should not be predicted by their race, ethnicity, gender, sexual orientation, ability, geography, income, or immigration status.

- Youth policy development, services, and programming should intentionally include diverse youth/youth voices in authentic and meaningful ways.
- Policy development, services, and programming should intentionally incorporate voices of the people impacted by the policies and services in authentic and meaningful ways.

The Youth Action Plan set out nine overall recommendation areas to inform and enhance programs and priorities for all of King County’s young people. Recommendation Area 3 – *Stop the School to Prison Pipeline* – includes recommendations which specifically align with the Executive Order:

Reduce the use of, and move toward eliminating, detention for non-violent crimes of youth under age 18 by:

- (1) Ensuring fairness in the earliest youth contacts with the juvenile justice system by setting improvement goals and providing cross-agency and public access to regular reports that disaggregate data on youth interactions by precinct, race, ethnicity, gender, and sexual orientation.
- (2) Expanding and ensuring equitable access to community-based alternatives to arrest and prosecution; and creating mechanisms for referral of youth to community-based alternatives with a reporting commitment that tracks the availability of these options in communities.
- (3) Expanding and enhancing promising juvenile justice programs that increase diversion, prevent detention or incarceration, provide treatment, and provide redemption such as restorative justice circles, peace circles, youth courts, Family Intervention Reconciliation Services, and restorative mediation pilots.

Juvenile Justice Equity Steering Committee (JJESC) Final Report. In September, 2015, the Juvenile Justice Equity Steering Committee began outlining a strategy to reduce disproportionality in the incarceration rates of Black, Latino, Native American and other youth of color in King County. Although the work of the JJESC began in the context of broader discussions regarding the construction of the Children and Families Justice Center (CFJC), the JJESC’s primary focus was on:

- Establishing short- and long-term actions to help end racial disproportionality in King County’s juvenile justice system
- Defining metrics and creating partnerships to improve the juvenile justice system
- Identifying root causes of racial disproportionality, and specific solutions needed to address them in individual communities
- Engaging communities by sharing information, then collecting and incorporating feedback

The JJESC’s final report in 2017 presented ten recommendations. Several align with the broader goals of ZYD. One recommendation in particular informs the priorities of Juvenile Detention restructure:

Ongoing Collaboration:

“There is a strong willingness on the part of the Prosecuting Attorney’s Office to continue to engage with all parties to find lasting solutions and move to a more "best interests" model of juvenile justice in favor of an offense-based, "just desserts" model focusing on punishment and accountability associated with the current Juvenile Justice Act. The JJESC and its members need to continue this collaboration.”

Three other documents: (1) the [UW Medicine Report: Working to Reduce the Use of Secure Confinement](#), August, 2017; (2) *A ReDesign for Zero Youth Incarceration*, presented by Treehouse, in collaboration with members of the Children and Youth Advisory Board (CYAB) in April, 2017 and (3) *BIG SHIFT Ideas for Juvenile Justice Reform*, presented by TeamChild in September 2016, also provided additional community perspectives relevant to a potential restructure of Juvenile Detention.

“Science has played a huge role in the connection between choices as a result of trauma and the presence of mental illness. The legacy of criminal justice leads people to ask “why the crime?” instead of “why the pain?” But the public health system differs from the criminal justice system in this regard: we now recognize that the way in which we treat fellow humans has a direct mental impact on their health and well-being. Society and leadership are divided: the components of criminal justice are at odds with the innovations of public health. Even though the community’s voice still needs to be heard, it has become apparent that when we isolate and jail our youth, that there is an impact on the communities’ health, one that is felt for countless generations to come. The visions of our communities’ messengers support a shift in culture regardless of policy, but it would be profound if for once the system and community had a partnership to change the criminal justice legacy rather than the system responding belatedly.”

Dominique Davis
Co-Founder and CEO
Community Passageways

Section V – DISCUSSION OF OPTIONS AND RECOMMENDATION OF CORE TEAM

Included in this section:

- I. Overview
- II. Discussion of the three options
- III. Recommendation: Option #3 – PHSKC management of Juvenile Detention
- IV. Constitutional and statutory requirements
- V. Labor impact considerations
- VI. Timeline and budget considerations

I. OVERVIEW

The Core Team took into account research, community input, team members' departmental perspectives, and the considerations generated through multiple discussions, and formulated three options that would integrate a public health approach, in increasing degrees, into Juvenile Detention.

The decision of the Core Team was that the final recommendation presented in this report must be the north star, and must establish the end state of a public health approach representing what we believe is best for youth and families involved with Juvenile Detention, while fully considering the needs of communities, and the impact on King County staff.

II. DISCUSSION OF THE THREE OPTIONS

At the final meeting of the Core Team on February 8, 2018, members fully discussed three options, considering the following criteria regarding how/whether the option will advance the overall goal of better outcomes for youth and families:

- How does this option further our overarching race, equity and social justice goals?
- Does the option support working with the community on long term innovations?
- Does the option assure a public health approach?
- How well does each option support progress toward Zero Youth Detention?
- Will the community perceive the option as responsive?
- What is the potential for disruption – both good and bad?
- What are the considerations regarding the capacity of departments and staffs.
- Will option drive culture change across systems?
- What are the time considerations, short- and long-term?

In small group discussions as part of the Core Team, and in working group meetings, the characteristics and considerations charted below for each option had been explored. They were presented to the full Core Team for discussion at the February 8th meeting:

OPTION #1: PHSKC PROVIDES SUPPORT TO JUVENILE DETENTION	
Characteristics	Considerations
<ul style="list-style-type: none"> • No organizational change • PHSKC would provide training, technical assistance, and data/evaluation guidance necessary to instill a public health approach across Juvenile Detention • PHSKC supports would apply to both programs and operations (example: job descriptions) within Juvenile Detention • PHSKC and Juvenile Detention might establish an advisory board 	<ul style="list-style-type: none"> • May not create the environment for the greatest transformation in the long term • Skepticism from community that nothing will change • Least costly and quickest to implement • Least disruption to existing systems, including existing change efforts
Key discussion points among Core Team	
<ul style="list-style-type: none"> • The changes proposed are insufficient. This option proposes changes for the sake of making change, with limited actual impact on a system that needs to work more effectively for youth and families • This is not the time to tinker, this is the time to change. • This option would take the work backwards, particularly in the context of the commitment to ZYD. It would signal to community partners a lack of commitment to real change. 	

In the process of cementing a recommendation, the Core Team quickly moved beyond option #1, to discuss option #2:

OPTION #2: PHSKC PROVIDES OVERSIGHT OF JUVENILE DETENTION PROGRAMMING, SERVICES, AND RELATED POLICIES	
Characteristics	Considerations
<ul style="list-style-type: none"> • No organizational change in terms of direct authority • Dotted-line authority of Public Health would need to be defined, and MOUs across departments would be required • PHSKC would play a formal role in developing and managing programs and services, assuring program fidelity, training staff, defining outcomes, and providing direction on data and evaluation • Some organizational functions, such as security, would remain the same 	<ul style="list-style-type: none"> • Concerns by some that this option would not create the environment for the greatest opportunity for transformation in the long term • Allows for some integration and may minimize risk of losing detention staff expertise • Risk of confusion about lines of authority • Same concerns that this would not meet community expectations
Key discussion points among Core Team	
<ul style="list-style-type: none"> • This option would require substantial changes in how departments work together, not just PHSKC and DAJD, but also DCHS and other county systems. • This option is more bureaucratic than structural, and could likely create confusion and conflict regarding lines of authority. • Conflict is inherent in systems to varying degrees; it is not necessarily all bad, and it needn't stymie departments and teams from working together. • This option would have more implications for staff and require assurances that key functions – transportation and security among them – are fully considered as system requirements and collectively bargained roles. • This option would signal to community partners a lack of commitment to real change. 	

Following full examination of option #2, the Core Team used the same criteria to discuss option #3:

OPTION #3: PHSKC MANAGES JUVENILE DETENTION WITH OPERATIONAL SUPPORT FROM DAJD	
Characteristics	Considerations
<ul style="list-style-type: none"> Organizational change to PHSKC (or DCHS) with dotted line to DAJD for certain operational supports Detention division staff structure does not change, continuing the work toward a shared vision, working within Public Health PHSKC management has most visible and direct role in supporting innovation and adaptations aligned with ideal future state for programs and services to youth and families Allows eventual ability to reinvest funds, in science-informed approaches and community settings 	<ul style="list-style-type: none"> Responsive to community feedback and demonstrative of a commitment to change May create the environment that best supports ZYD The time is now, given the commitment of the Executive and department leaders for innovative change Could provide more career development opportunities for staff Concerns about cost and disruption in the short run Resources and change management will be key This option may have stronger likelihood to bring in philanthropic and private resources
Key discussion points among Core Team	
<ul style="list-style-type: none"> This will require culture and structural changes within Juvenile Detention, and in PHSKC, to truly deliver on a public health approach. This option improves the likelihood that programs and services accessed by youth and families prior to involvement in Juvenile Detention could be sustained more seamlessly during and after detention. Cross-departmental agreements will still be required to provide necessary infrastructure and service delivery. 	

III. RECOMMENDATION: OPTION #3

The Core Team prefers option #3: **PHSKC manages juvenile detention with operational support from DAJD**. In addition to characteristics and considerations discussed in the option #3 chart above, the following are additional key points regarding option #3 moving forward:

Resources. The Core Team recognized that for option #3 to be successful it will need sufficient resources not only for implementing this organizational shift, but also for supporting Juvenile Detention and its partners in making the changes and improvements consistent with a public health approach. A next step would include further exploring resource requirements for option #3. Members of the Core Team noted the difficulty of identifying additional local funding during these challenging financial times.

There may be interest in this work from local and national philanthropy, as well as the federal government. The Annie E. Casey Foundation has invested deeply in juvenile justice through JDAI, and the Department of Justice may be a potential funding stream.

Shared Purpose. King County comes at this restructure from a position of strength. There is momentum for incorporating trauma-informed practices and restorative justice in Juvenile Detention, and there is unquestioned commitment from Juvenile Detention leadership, and leadership in DAJD, that we can, and must, do better by youth and their families. Similarly, PHSKC and DCHS already integrate their work through Best Starts for Kids, maximizing and leveraging these two departments' respective missions and skills. Clearly, shared purpose also extends to our reliance on community partners to continue to bring wisdom and perspective to the process.

Aligned with our shared purpose comes shared accountability. The use of results based accountability (RBA) in Best Starts for Kids has supported community involvement from the outset, assured clarification of shared goals, and focused the evaluation of our efforts toward answering the three key questions: *How much did we do? How well did we do it? Is anyone better off?* RBA should be an integral piece of the Juvenile Detention restructure.

IV. CONSTITUTIONAL AND STATUTORY REQUIREMENTS

Juvenile Detention is highly regulated under the Revised Code of Washington and the United States Code. The new structure must remain compliant with these statutory and administrative mandates. It is the judicial branch of government that ultimately has the responsibility for both release decisions, including booking criteria, and sentencing. Although King County Judges are open to and excited about new ways of looking at juvenile justice issues, it must be noted that at the level of the individual youth, some decisions are reserved to the judicial branch.

V. LABOR IMPACT CONSIDERATIONS

Any movement of a division of many employees from one department to another could have significant impact to the daily working conditions of employees. They may have concerns about their positions in a new organization. In addition to thoughtful consideration of the change management needs associated with a reorganization, the County should be mindful of its legal bargaining obligations resulting from changing represented employees' work and/or implementing new policies.

The Executive will work with Labor and the Court to address the questions that will arise if a decision is made to move Juvenile Detention as an intact unit into PHSKC. It will be essential to carefully review and analyze any affected Juvenile Detention job functions, policies, procedures, and protocols, as well as its connections to the work of DAJD. Changes in such job responsibilities would require bargaining with labor groups and the time to complete this bargaining should be taken into account when planning any changes. Additionally, the same may hold true if PHSKC staff assume responsibilities for Juvenile Detention training or program design, as this work is currently done by Juvenile Detention staff. Policies that affect Public Health employees, and practices implemented in a new division in Public Health, do not automatically apply to Juvenile Detention employees, and hence, may need to be bargained.

In any restructure undertaken, communication and a thoughtful approach to change management will be critically important. Engaging employees prior to major changes and seeking their input, will increase

the likelihood of employee buy-in and successful transitions. As implementation design begins, we will want to include a cross section of employees in working groups, and assure that we begin the process with sufficient training and education to allay concerns and engender support. Ongoing communications efforts will include input and perspectives of both labor representatives and County staff.

VI TIMELINE AND BUDGET CONSIDERATIONS

Initial planning toward the goal of restructuring Juvenile Detention will occur under the broader umbrella of ZYD. The budgetary impacts of changes to the structure of Juvenile Detention are unknown at this point. These changes represent a new body of work for PHSKC to support priorities identified by the Core Team. These include community engagement, defining and measuring outcomes, analyzing trends, and using the latest science to develop training based on working across systems to deliver services to youth in detention, and their families. Supporting these needs will likely result in Public Health requesting additional staff and resources in its 2019-2020 Agency Proposed Budget. This request will be considered in the context of the General Fund and Public Health Fund deficits, other competing priorities, and whether there is the possibility of leveraging other programs or identifying other funding sources.

The options outlined in this report would also have different administrative and support implications. Option #3, the preferred option, will require an in-depth analysis of how administrative needs will be met, and the cost implications for PHSKC and DAJD including whether some administrative and support functions could continue to be provided by DAJD via an MOU during the transition and ongoing implementation phase. Public Health, DAJD, and PSB would address these questions as part of the continued efforts of the Core Team, in time to inform the 2019-2020 budget request.

¹ Social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. They include multiple determinants, within broad categories, including: Economic Stability, Neighborhood and Physical Environment, Education, Food, Community and Social Context, and Health Care Systems.

² As discussed in *“Council of Juvenile Correctional Administrators Toolkit: Reducing the use of Isolation”* (March 2015).

³ The Adolescent Brain Cognitive Development Study (ABCDStudy.org) is the longest and most comprehensive study of adolescent brain development and youth health in the United States. It aims to study 10,000 youth, beginning at age 9 – 10 years old and following their neurodevelopment and health over the following ten years. This study is being conducted in 21 sites across 17 States. In addition to documenting typical development, it will include investigation into the impact of alcohol and drug use, traumatic brain injuries, mental illness, sports injuries, and common environmental and behavioral influences (e.g. sleep, physical activity, screen time) on neurodevelopment and health. In addition, it will investigate mediators that contribute to health disparities.

ATTACHMENTS

- **Theory of Change**
- **Annotated literature review: Public Health/Trauma-Informed Approach to Juvenile Justice and Juvenile Detention**
- **Summary of research on adolescent neurodevelopment**
- **Core team roster**

Juvenile Detention Restructure Theory of Change

Working toward Equity and Social Justice in King County

Increased youth and family supports essential to decrease the need for secure detention

Public health approach applied in Juvenile Detention and all youth-serving systems

Juvenile Detention programs and services informed by science of adolescent development and best practices in other jurisdictions

Restructure integrated across **Juvenile Detention themes**

More youth served in community settings, reductions in disproportionality

A public health approach in Juvenile Detention:

- Emphasizes the health of whole communities or populations
- Seeks to understand and apply the latest evidence and science
- Systematically defines and measures issues
- Focuses on prevention strategies
- Places equal emphasis on promotion of well-being and the reduction of illness
- Addresses disproportionate impacts
- Tests strategies and disseminates what is working

Juvenile Detention themes:

- Continuity of care and aligned systems
- Families
- Communities
- Equity
- Therapeutic/trauma-informed environments
- Alternatives to secure detention and least restrictive environments
- Data and measurement

Annotated literature review: Public Health/Trauma-Informed Approach to Juvenile Justice and Juvenile Detention

January 2018

EO: "The interdepartmental team will gather, assess, and analyze the leading science and evidence based research around a public health approach to juvenile justice."

I. Root causes of youth detention: school-to-prison pipeline & childhood trauma

- Policy analysis and recommendations on impact of school discipline & policing on students of color
 - Scott, J., Moses, M.S., Finnigan, K.S., Trujillo, T., & Jackson, D.D. (2017). Law and Order in School and Society: How Discipline and Policing Policies Harm Students of Color, and What We Can Do About It. Boulder, CO: National Education Policy Center. <http://nepc.colorado.edu/publication/law-and-order>
 - Kang-Brown J et al. A Generation Later: What We've Learned about Zero Tolerance in Schools. Vera Institute: Issue Brief, December 2013. https://storage.googleapis.com/vera-web-assets/downloads/Publications/a-generation-later-what-weve-learned-about-zero-tolerance-in-schools/legacy_downloads/zero-tolerance-in-schools-policy-brief.pdf
- Overview of current state of school policing in Washington state; analysis of impacts on students and policy recommendations
 - ACLU Washington. Students Not Suspects: The Need to Reform School Policing in Washington State. 2017. <https://www.aclu-wa.org/docs/students-not-suspects-need-reform-school-policing-washington-state>
- Impact of policing and youth arrest on health and well-being
 - Human Impact Partners. June 2017. Reducing Youth Arrests Keeps Kids Healthy and Successful: A Health Analysis of Youth Arrest in Michigan. Human Impact Partners, Oakland, CA. https://humanimpact.org/wp-content/uploads/HIP_MichYouthArrests_2017.06.pdf
 - Human Impact Partners. December 2015. Stress on the Streets (SOS): Race, Policing, Health, and Increasing Trust not Trauma. Oakland, CA. https://humanimpact.org/wp-content/uploads/2017/09/FULL-REPORT_FINAL.pdf
- Prevalence of ACEs among juvenile justice system involved youth – survey of over 60,000 youth in Florida demonstrating extremely high prevalence of ACEs as compared with general population.
 - Baglivio MT, Epps N. The Prevalence of Adverse Childhood Experiences (ACE) in the Lives of Juvenile Offenders. Journal of Juvenile Justice. Spring 2014; 3(2). https://www.researchgate.net/publication/284889607_The_prevalence_of_Adverse_Childhood_Experiences_ACE_in_the_lives_of_juvenile_offenders
- Relationship between childhood maltreatment/child welfare referrals and youth detention
 - McCrowskey J et al. Los Angeles County probation youth with previous referrals to child protective services. Children's Data Network, 2017. <http://www.datanetwork.org/wp-content/uploads/CrossoverYouth.pdf>

II. Long-term health outcomes associated with youth detention

- Prospective, 12-14 year longitudinal study of health disparities and outcomes among youth/young adults after juvenile detention (Northwestern University, Institute for Policy Research) – *full text available upon request*
 - Abram KM, Stokes ML, Welty LJ, Aaby DA, Teplin LA. [Disparities in HIV/AIDS Risk Behaviors After Youth Leave Detention: A 14-Year Longitudinal Study](#). *Pediatrics*. 2017 Feb;139(2).
 - Abram KM, Azores-Gococo NM, Emanuel KM, Aaby DA, Welty LJ, Hershfield JA, Rosenbaum MS, Teplin LA. [Sex and Racial/Ethnic Differences in Positive Outcomes in Delinquent Youth After Detention: A 12-Year Longitudinal Study](#). *JAMA Pediatr*. 2017 Feb 1;171(2):123-132.
 - Welty LJ, Harrison AJ, Abram KM, Olson ND, Aaby DA, McCoy KP, Washburn JJ, Teplin LA. [Health Disparities in Drug- and Alcohol-Use Disorders: A 12-Year Longitudinal Study of Youths After Detention](#). *Am J Public Health*. 2016 May;106(5):872-80
 - Teplin LA, Welty LJ, Abram KM, Dulcan MK, Washburn JJ. *Arch Gen Psychiatry*. 2012 Oct;69(10):1031-43
 - Welty LJ et al. [J Am Acad Child Adolesc Psychiatry](#). Trajectories of Substance Use Disorder in Youth After Detention: A 12-Year Longitudinal Study. 2017 Feb;56(2):140-148.
 - Abram KM et al. Comorbidity and continuity of psychiatric disorders in youth after detention: a prospective longitudinal study. [JAMA Psychiatry](#). 2015 Jan;72(1):84-93.

III. Reform approaches and policy recommendations

- Overview of impact of trauma on justice system involved youth, recommendations for policy approaches and reform
 - Justice Policy Institute. *Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense*. July 2010. http://www.justicepolicy.org/images/upload/10-07_REP_HealingInvisibleWounds_JJ-PS.pdf
- Application of adolescent brain science to juvenile justice reform – summary of what we know about adolescent brain development, overview of application to JJ reform efforts, recommended approaches
 - Tuell JA. *Developmental Reform in Juvenile Justice: Translating the Science of Adolescent Development to Sustainable Best Practice*. 2017. http://rfknrcjj.org/wp-content/uploads/2017/09/Developmental_Reform_in_Juvenile_Justice_RFKNRCJJ.pdf?e2f26df2d9c416fbddddd2330a778c6=xbaiicbscb-xzeicesc
- United Nations Secretary-General global policy guidance on justice for children: guiding principles and framework including use of confinement
 - Guidance Note of the Secretary-General: *UN Approach to Justice for Children*. 2008. https://www.unicef.org/eapro/RoL_Guidance_Note_UN_Approach_Justice_for_Children_FINAL.pdf
- Review of global approaches to juvenile justice, including those with a “public health approach” balancing welfare and justice models.

- Young S, Greer B, Church R. Juvenile delinquency, welfare, justice and therapeutic interventions: a global perspective. *BJPsych Bull.* 2017 Feb; 41(1): 21–29.
- Health impacts of charging juveniles in the adult justice system and policy recommendations
 - Human Impact Partners. February 2017. Juvenile InJustice: Charging Youth as Adults is Ineffective, Biased, and Harmful. Oakland, CA. http://www.humanimpact.org/wp-content/uploads/HIP_JuvenileInJusticeReport_2017.02.pdf
- Health Impact Partners’ “Health Instead of Punishment” initiative provides research and advocacy to build capacity of public health agencies to engage in criminal justice reform
 - Human Impact Partners. Public Health Departments in California and Criminal Justice System Reform: Successes, Barriers, and Recommendations for Action. July 2016. <https://humanimpact.org/wp-content/uploads/PH-Dept-CJ-Assessment-2016-Final.pdf>
 - *Other issue-specific reports included above*

Note: There is more extensive literature dating back some years on public health and criminal justice approaches to violence prevention, which touches on similar themes as in juvenile justice/detention. Some examples:

- Welsh BC. Public Health and the Prevention of Juvenile Criminal Violence. *Youth Violence and Juvenile Justice.* 2005; 3(1).
- Moore MH. Violence prevention: criminal justice or public health? *Health Affairs,* 12(4) Winter 1993. <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.12.4.34>

IV. Books

- Bernstein N. *Burning Down the House: The End of Juvenile Prisons.* New York, NY: New Press, 2014.
 - Focus is on state prisons not local detention
 - Chapters on trauma and incarceration, reform focus on therapeutic environment, rehabilitation in the context of relationship, and “beyond the juvenile prison”
 - Preview of book available [here](#)
- Drucker E. *A Plague of Prisons: The Epidemiology of Mass Incarceration in America.* New York, NY: New Press, 2011.
 - Focus is on mass incarceration overall; not youth detention
 - Uses public health approach to describe epidemiology of the epidemic of incarceration
 - Final chapter “Ending Mass Incarceration: A Public Health Model”
 - Preview of book available [here](#)

Developing a plan and timeline to restructure juvenile detention under the oversight and direction of public health, using a therapeutic approach to the delivery of juvenile detention services in King County.

**EO Core Team Meeting
1/26/18**

ADOLESCENT NEURODEVELOPMENT

Margaret Cary, MD, MPH

1. Current state of adolescent neurodevelopment knowledge

- a. Adolescent behavior is **explicable**. While it sometimes seems impulsive, fool-hardy, or outright dangerous, it is governed by different capacities and motivational drives. Understanding these capacities and drives provides opportunities for tailored supports and interventions that support continued healthy development.
- b. The scientific understanding of the unique characteristics of adolescent neurodevelopment and associated functional implications is rapidly **emerging**. Thus, while it is overdue to incorporate neurodevelopmental understanding into policies and services that affect youth, mechanisms for adjusting strategies as additional information is generated are warranted.
 - i. The Adolescent Brain Cognitive Development Study (ABCDStudy.org) is the longest and most comprehensive study of adolescent brain development and youth health in the United States. It aims to study 10,000 youth, beginning at age 9 – 10 years old and following their neurodevelopment and health over the following ten years. This study is being conducted in 21 sites across 17 States. In addition to documenting typical development, it will include investigation into the impact of alcohol and drug use, traumatic brain injuries, mental illness, sports injuries, and common environmental and behavioral influences (e.g. sleep, physical activity, screen time) on neurodevelopment and health. In addition, it will investigate mediators that contribute to health disparities.
- c. The implementation of neurodevelopmental science warrants particularly careful consideration because of the lifelong potential of both learning and **neuroplasticity**, as well as the **complex interactions** between neurodevelopment and external factors, including the diverse array of relationships, environmental stressors, and supports experienced throughout life.
 - i. Brain development not only exists within, but is dependent upon its external environment – relationships, supports, stressors. It is not an interactional relationship but a fundamentally dependent relationship such that external factors guide and shape neuronal connections; and neurosystem function facilitates interaction with, interpretation of, and learning from environmental experiences.
 - ii. The impact of unique life experiences on neurodevelopment make it challenging to apply general neurodevelopmental theory to specific individuals. Incorporation of an individual's life experience and current context is essential to understanding her/his/their brain development and current function.

- iii. Science tends to be skewed towards investigation of deficits. However, the potential for learning and change is particularly powerful during adolescence and persists through adulthood. Neuroplasticity is the experience-driven refinement or revision of neuronal connections. Thus, adolescence is a time of both heightened risk and opportunity.
 - 1. Periods of rapid neurodevelopmental change, as during adolescence, are periods of great sensitivity to external influences, both in healthy and potentially disruptive ways.
 - 2. Adults remain capable of learning and altering their neuronal connections, it tends to take more sustained effort and time.
- iv. Implementation of neurodevelopmental science in programs and policies demands both that it be assessed whether the implementation strategy makes sense given the external context and assessment of the impact of the strategy for outcomes and unintended consequences.
- d. The advancement of magnetic resonance imaging (MRI) technology and the real-time pairing of imagery studies with tasks has facilitated the linkage of anatomical observation with functional outcomes such as behavior, cognition, emotions, and regulation of these processes. MRI assesses specific brain regions and the neuronal tracts connecting various regions and providing feedback messages. This is the study technique underlying the advancement in neurodevelopmental description of adolescence.

2. Major milestones in adolescent development:

- a. The adolescent brain and body are characterized by a few unique developmental milestones. **Puberty** starts and ends. Specific brain **regions mature**. Neuronal **networks**, which facilitating communication among brain regions, **are refined** through the process of pruning away connections that are inefficient or insufficiently utilized. These internal processes reshape our bodies and shift our functional capacities.
- b. The onset and conclusion of adolescence is not rigidly defined and is dependent upon cultural expectations and individual capacity. From a neurobiological perspective, adolescence can be bounded by the onset of puberty, just prior to the teen years, and concluding with the **maturation of the connections between the executive function regions that regulate responses and the limbic regions that generate responses**. This latter bound ranges between the mid and late 20s. Other markers of maturity include the stabilization of puberty, the self-management capacity to live independently, or the assumption of self-care responsibilities.
- c. Adolescent brain development is speculated to specifically meet the historical demands of adolescence including leaving the home community, creating new a family, and devising strategies for independent self-care and well-being. Such tasks require risk-taking, novelty seeking, innovation, and, to some degree, suppression of fear and de-prioritization of long-term consequences.
 - i. Framing adolescence as a time of deficits may result in failure to recognize the unique skills, flexibility, and opportunities of adolescence.
 - ii. Adolescence, particularly in the United States, is a time of **identity** exploration and consolidation. Youth individuate through experimentation with their

interests, styles, strategies for self-expression, ideas, and goals. They typically gain increased **responsibility** for self-care and increased social expectations for self-management, often concurrent with a desire for greater **independence**. Their capacity for fulfilling these responsibilities and expectations can be variable and is often achieved through reasoned **trial and error**.

- d. Neurodevelopmental lags from early adversity, developmental delays, life stress, insufficient exposure to developmentally appropriate experiences and relationships, and, potentially, significant psychological distress and substance misuse, can prolong the maturation of the connections between the executive function and limbic regions.
- e. Core adolescent functional milestones are:
 - i. **Executive function maturation**
 1. Executive function is provided through the connection between the frontal cortex, and particularly the Prefrontal Cortex, and subcortical regions including the Limbic System and Basal Ganglia, which includes the Nucleus Accumbens.
 2. The **Frontal Cortex** is associated with planning, decision making, linking effects with causes, and interpretation of stimuli.
 3. The **Limbic System** is associated with emotional reactions, the fear driven fight/flight/freeze response, sexual arousal, and memory.
 4. The **Nucleus Accumbens** is associated with motivation and drives, including rewards, substance misuse, and sexual drives.
 5. The **Basal Ganglia** is associated with the initiation of behaviors and postural responses. In addition it participates in skill learning and habit formation.
 6. Much of executive function capacity is typically mature by mid-adolescence (15 - 16yo) in isolated or intellectualized circumstances, such as reasoning through complex problems theoretically. However, when hormones are fluctuating, in the presence of peers, when stressed or feeling other emotions strongly, when vulnerable due to sleep deprivation, hunger, intoxication, etc., or when tempted by more rewarding possibilities, adolescents have a harder time accessing their executive abilities than adults. This is because the frontal region matures prior to the connections between the prefrontal cortex and the subcortical regions.
 - ii. **Self-control strengthening**
 1. Self-control requires inhibitory and regulatory control over behavior, urges, thoughts, and communication
 2. Additionally, self-control includes capacity to reflect on one's own emotional reactions and modulate responses as warranted by circumstances.
 3. Self-control is facilitated by executive function development.
 - iii. **Empathy, reflective capacity, and moral development**
 1. The capacity to imagine the full experience of others, including their emotional experience, is increased during adolescence.
 2. Ideally, internal motivation emerges to behave empathically and in accordance to morals occurs during adolescence.

3. Empathy is also facilitated through executive function maturation.
- iv. **Identity formation**
 1. Adolescents consolidation their sense of self as separate from, but related to their primary relationships such as caregivers and close friends and family.

3. Neurodevelopmental characteristics of adolescence

- a. Adolescence is a time of **pruning** neurons and neuronal connections (gray matter), as well as **consolidation** of neuronal networks, which results in more efficient brain function, both in terms of durability of communication and energy requirements.
 - i. The two areas that undergo the most change during adolescence are the **prefrontal cortex**, which modulates executive regulatory control, and the **subcortical regions** of the limbic system and the nucleus striatum, which modulate emotional experience and empathy, social connection, and reward and risk motivation.
 - ii. While this pruning and consolidation occurs, adolescents have lower stress thresholds. They will become more dysregulated with their emotional and behavioral reactions more readily than adults and even, at times, younger children. They also require more sleep and nutrition to meet their energy demands, than both adults and slightly younger children.
 - iii. White matter linearly increases through childhood and adolescence into adulthood. White matter is the myelin insulating neurons. It supports the efficiency of the conduction of neuronal communication, and thus linearly reduces impulsivity as we age.
- b. The subcortical **limbic system** and **nucleus accumbens** are **disproportionally more developed** than the regulatory prefrontal cortex regions and the cortico-subcortical connections. The difference in maturation between these two regions, and the relative weakness of tracts connecting them, is at a maximum during adolescence.
 - i. This results in strong and fast activation of emotionally-laden, reward-seeking, and risk-taking behaviors that outpaces capacity to contextualize and regulate these behaviors and responses. Specifically this is **motivated** behavior, not impulsive behavior.
 - ii. Adolescents are particularly susceptible to seek **reward**. While they can articulate that some incentives are worth more to similar degrees as adults, there is emerging evidence that adolescents may not be able to modulate their behavior to preferentially work for more rewarding outcomes until they are 19-20yo. They may behave similarly for a small and large rewards. This is in contrast to older studies and studies with adults that demonstrated incentives improved cognitive control.
 - iii. Similarly, adolescents tend to accurately assess **risk**, if not over-ascribe risk. However, in the context of potential reward or positive support from peers, emotions can override reason and fear of risk.
 - iv. In addition, in adolescents, are susceptible to **forgetting** the risk they encountered when returning to similar situations due to the relatively weak connection between a fear center (amygdala) and memory center (hippocampus).

- v. Further driving reward and risk behavior in adolescence are variations in **dopamine** transmission. Dopamine is the primary neurotransmitter associated with reward and risk seeking behavior. Adolescents tend to require more stimuli feel pleasure due to lower baseline dopamine release than children and adults, and rewarding behavior tends to be more reinforcing for adolescents because of increased striatal dopamine release and receptors.
- vi. Adolescents are also less able than adults to delay gratification.
- vii. Maturation, not learning, primarily facilitates the increased cortical regulatory control over the subcortical emotional responses and reward seeking drives.**
- c. Adolescents have strong motivation for behaviors that impact their **relationships**, social rewards or connection, particularly with peers.
 - i. This is mediated by the maturation of and connections within the subcortical regions (limbic system and related areas), as well as hormonal shifts and societal expectations.
 - ii. Adolescents require limited evidence that peers are supportive to be motivated to attempt to impress them.
 - iii. Adolescents are also more reactive to explicit threat than children and adults. Particularly male adolescents have a harder time suppressing behavioral responses to perceived threats than children or adults.
 - iv. Life experiences and, to a lesser degree, sex hormones guide much the shifts in brain architecture during adolescence.
- d. Adolescent brains particularly attuned to **learning** and adolescents tend to be more flexible learners than children or adults.
 - i. This is facilitated through the heightened activity of the dopaminergic system, including the nucleus accumbens.
 - ii. Learning and reward seeking is particularly strong when around peers
- e. The majority of **psychiatric illnesses** and substance use disorders start during adolescence. This is partly related to the unique sensitivity of the brain during this period as well as the profound hormonal shifts. As such, some youth may start reacting in unexpected ways due to the onset of new and distressing symptoms.

4. Commonalities of brain function across the lifespan: While adolescents are unique, they are also similar to all people

- a. When stressed, we regress. Emotionally heightened situations impact our memory, decision making, and behavioral and emotional responses. Thus our ability to access our full executive functioning capacity is dependent on how calm and safe we feel.
 - i. Regulate, relate, reason is a strategy for engaging executive functioning skills that is helpful for adolescents and adults.
 - ii. Supportive relationships are essential for building the capacity to regulate and generate mature responses
- b. Sympathetic responses include fighting in addition to fleeing and freezing. As such, aggression is often the manifest emotion of underlying fear or vulnerability. Anger and aggression can often be diffused by increasing safety and providing reassurance. It can be exacerbated by responding aggressively and increasing fear and vulnerability

- c. Life experiences impact us throughout our lives. Intense and repeated experiences can leave neurological and physical imprints. The **social determinants of health** are some of the life experiences that profoundly impact our well-being and functional capacities.

5. Impact of adversity, including early life adversity and trauma on neurodevelopment

- a. The type and timing of adversity and trauma impacts neurodevelopment in different ways. At this time it is impossible to predict the specific impacts because of the interaction with the inherent resiliency, neuroplasticity, and protective factors of individuals.
 - i. Adversity and trauma can result in discontinuous development such that some capacities are quite mature while others lag. Classic examples include mature expressive language skills but lagging inhibitory control. This is often experienced as quite frustrating by all involved because it is interpreted as lack of effort.
 - ii. Parental attunement during early life is associated with increased cortical density during childhood. This potentially means that parental attachment relationships help build the foundation for cortical regulatory and decision making capacity.
 - iii. Early life adversity is often associated with greater activation of the limbic system than those without such experiences. As such, youth would require elevated input of the prefrontal regulatory regions to modulate emotionally-driven responses.
 - iv. Adolescents who experienced significant stress between 14 – 16 years old have been found to have reduction in the integrity of their prefrontal cortex regions persistent into adulthood.
 - v. Those who have experienced physical and verbal abuse are more likely to perceive threat or anger from neutral faces.
 - vi. Neglect is associated with intellectual impairment, lower academic achievement, less cortical development, and disruptions of fundamental biorhythms including sleep, energy and appetite regulation, and regulation of stress hormones such as cortisol.

6. Equity and social justice, disproportionality

- a. There are racial disproportionalities in King County Juvenile Detention and the magnitude of disproportionality varies by racial and ethnic identity.
- b. There is also a disproportionality in the King County Juvenile Justice system of youth who are involved in the child welfare system, youth with housing insecurity, youth with behavioral health symptoms, and youth with developmental disabilities, including impacts on receptive and expressive language skills and intellectual capacity, and LGBTQ2S youth (lesbian, gay, bisexual, transgender, queer, 2 spirit).
- c. Traumatic and highly stressful experiences during childhood and adolescence can impact the foundations of neurodevelopment. There is disproportional representation of youth who have experienced complex stress and trauma in the juvenile justice system.
- d. These groups of youth are not necessarily well represented by “typical” adolescent neurodevelopment models. As such adaptation of the neurodevelopmental science to include their developmental trajectories is necessary.

7. Specific recommendations addressing neurodevelopment and trauma of detention

- a. Family and community systems approach
 - i. Teaching parents, caregivers skills in caretaking adolescents
 - ii. Adequate and specific support for all of those working with youth – in the juvenile justice system, teachers, mentors
- b. Maintain developmental normal or normalizing experiences
- c. Buy adolescents time. Adolescents cannot necessarily act on all that they know until their neuronal connections are mature
- d. Provide adolescents opportunities for experimentation. This is how they learn and build their neuronal networks
- e. Leverage supportive relationships with peers, adult mentors, trusted caregivers to promote learning and guide behaviors. Provide culturally salient learning opportunities. Use peers groups to motivate healthy responses and skill-building.
- f. Mitigate opportunities for learning maladaptive responses
 - i. Particularly in emotionally charged environment of detention, where adolescents are vigilant for their safety and community acceptance, there is increased risk of reinforcing behaviors that confer some benefit in the system, but do not necessarily promote well-being and disengagement from the system.
 - ii. Carefully assess peer group interactions for the impact of ineffective behavior learning.

8. What would juvenile detention look like if all systems were working together focused on the same outcomes?

- a. The well-being and skills of those caring for youth in detention would be prioritized.
- b. Supports and services would be targeted toward healthy development and skill building.
- c. Prolonged support and services through transition after release to reduce risk of recidivism and also continued development.
- d. Ideally supports and services would start prior to contact with the justice system and certainly during the early days of contact. Reducing the barriers to accessing supports, services, and care is important.

9. What are organizational and program models being used in other jurisdictions, or identified as best practice, that should be considered in King County's restructure?

**** This section requires more time and research ****

- a. Increased and earlier availability of evidence based therapies that address the family system and include peer skills
 - i. Multi-Systemic Therapy (MST), functional Family therapy (FFT), et. al. Dialectical behavioral therapy. Consider Collaborative Problem Solving.
 - ii. Investigate programs in other countries that have admirable outcomes
 - iii. Be attentive to the skills adolescents have honed to be successful and stay alive in their life experiences. For example reducing hypervigilance is healthy when one lives in a basically safe world. Hypervigilance has benefits when one does not live with reliable safety.
- b. Innovate evidence based programs with community based participatory research practices to better tailor interventions to the youth, families, and communities involved.

Resources:

- **Adolescent Brain Cognitive Development Study:** <https://abcdstudy.org/about.html>
- **The Center for Law, Brain, and Behavior at Massachusetts General Hospital:** <http://clbb.mgh.harvard.edu>
 - Juvenile Justice Symposium: <http://clbb.mgh.harvard.edu/jjsymposium/>
- **Center on the Developing Child at Harvard University:**
 - Brain Architecture video: <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/>
 - Executive Function video: <https://developingchild.harvard.edu/science/key-concepts/executive-function/>
 - National Scientific Council on the Developing Child: Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2015/05/The-Science-of-Resilience2.pdf>
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