| <b>Existing MIDD Program/Strategy or New Concept Name:</b> | <b>Family Intervention and Restorative Services</b> |
|--|---|
| (FIRS) Program   |   |
|  |   |

| Existing MIDD Program/Strategy Review <a> MIDD I Strategy Number</a> | (Attach MIDD I pages) |
|--|-----------------------|
| New Concept X (Attach New Concept Form)                              |                       |
|  |                       |

Type of category: New Concept

**SUMMARY:** The Family Intervention and Restorative Services (FIRS) program is an alternative to court involvement that provides services for King County youth who are violent towards a family member (often their mother). The concept includes two components:

- 1. A non-detention 24/7 Respite and Reception Center (FIRS Center) staffed by a contract community services organization
- 2. Improved access to evidence-based and best practices interventions for families, including expansion of the Step-Up Program

| Collaborators: |            |
|----------------|------------|
| Name           | Department |

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

| Name                | Role                                    | Organization              |
|---------------------|---|---------------------------|
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| Stephanie Trollen   | Legal Services Supervisor -<br>Juvenile | PAO                       |
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| Mary Taylor         | Drug Court Program<br>Manager           | DJA                       |
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| Katherine Hurley    | Attorney                                | DPD                       |
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| Marcus Stubblefield | Systems Integration<br>Coordinator      | PSB                       |
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The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

#### A. Description

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

The Family Intervention and Restorative Services (FIRS) program is an alternative to court involvement that provides services for King County youth who are violent towards a family member (often their mother). The concept includes two components:

- 3. A non-detention 24/7 Respite and Reception Center (FIRS Center) staffed by a contract community services organization
- 4. Improved access to evidence-based and best practices interventions for families, including expansion of the Step-Up Program

MIDD II funding is sought for:

- a contract with a community organization to manage and staff the 24/7 FIRS Center
- two dedicated JPCs and two Step-Up social workers
- other costs related to running the FIRS Center

In addition, state funding for evidence based therapies relies on a formula that requires formal court diversion. If the state does not update the formula for funding, additional funds from MIDD or other sources will be required.

Currently, when law enforcement has probable cause of domestic violence in a home, they must make an arrest if the suspected perpetrator is 16 years of age or older. Youth are transported to the Youth Service Center and booked into detention. Younger youth may be transported to Spruce Street Inn.

With the introduction of the FIRS Program, eligible youth will avoid detention and will have the opportunity to engage in a range of services. Youth will be provided a place to stay in a 24/7 non-secure facility run by a contracted community services provider. Youth will meet with a specialized FIRS Juvenile Probation Officer (JPC) who will provide assessment, design a FIRS Agreement, and assign youth to

<sup>&</sup>lt;sup>1</sup> RCW 10.31.100 http://apps.leg.wa.gov/rcw/default.aspx?cite=10.31.100

appropriate services, including Step-Up, evidence-based therapy, or the 180 Program. Youth may also agree to complete community service or engage with other services. In addition to enhancing access to existing services, FIRS expands the capacity of Step-Up, a "nationally recognized adolescent family violence intervention program designed to address youth violence toward family members" run by the King County Department of Judicial Administration (DJA). Step-Up will provide safety plans for all FIRS families. The Step-Up curriculum provides 20 sessions of group counseling for parents and youth, which will be provided if FIRS screeners determine Step-Up is the appropriate treatment.

A two-phase FIRS pilot is currently underway. Phase 1, a smaller scope FIRS program began operation January 1, 2015 and provides enhanced access to services for youth referred to the PAO on domestic violence offenses through the addition of two additional Step-Up social workers and two dedicated JPCs (\$467,107, funded by MIDD I; Expedited Juvenile DV Response Pilot, more commonly referred to as "FIRS Lite"). Phase 2 of the pilot, the FIRS Center, will open in June, 2015, funded by \$254,000 from the City of Seattle. The City of Seattle funding is intended to cover capital costs and six months for a community non-profit contracted to operate the FIRS Center.

The FIRS Center will be co-located at the Youth Services Center and staffed by a contracted community services organization in collaboration with JPCs and Step Up. The FIRS Center will accommodate up to 7 youth (both boys and girls), who will be able to stay until safety plans and a FIRS Agreement is in place (expected to be 24-48 hours). MIDD II funding is initially sought to fund the FIRS program at this location beginning in 2017.

Ultimately, the FIRS Center will adopt a "cottage" model of at least two residential facilities located in communities. Cottages will provide an environment more conducive to service provision, and one that can be tailored to the specific cultural needs of the populations served. The FIRS cottage concept could be combined with the Respite Cottages concept proposed for MIDD Funding (ES 7a BP Respite Cottages). See Table 1 for a summary of the phases of FIRS and funding sources.

**Table 1: Summary of FIRS** 

|         | FIRS Program Pilot:<br>Phase 1 - Expedited<br>Juvenile DV | FIRS Program Pilot: Phase 2 - Pilot Center | FIRS Program<br>(ongoing) | Cottage model FIRS |
|---------|---|--|---------------------------|--------------------|
|         | Response Pilot ("FIRS<br>Lite")                           | Thot delites                               |                           |                    |
| Dates   | Begins 1/1/2016 to  | 6/1/2016 to                                | Planned to begin          | Future             |
|         | 12/31/2016  | 12/31/2016                                 | 1/1/2017                  |                    |
|         | (continues during   |  |                           |                    |
|         | Phase 2)  |  |                           |                    |
| Funding | MIDD I: \$467,107   | City of Seattle:                           | MIDD II: \$1,000,000-     | MIDD II:           |
|         |   | \$254,000                                  | \$1,500,000 annually      | unknown            |
| Funds   | 12 months 2   | Capital improvements                       | Full program: contract    | Full program in    |
|         | dedicated JPCs; 2   | to YSC; 6 months                           | 24/7 staff; 2 JPCs; 2     | cottage locations: |
|         | Step Up Social  | staffing for Center in                     | Step Up social            | contract staff; 2  |
|         | workers   | YSC  | workers; other            | JPCs; 2 Step Up    |
|         |   |  | program costs             | social workers     |

<sup>&</sup>lt;sup>2</sup> Step-Up Program website: http://www.kingcounty.gov/courts/clerk/step-up.aspx

<sup>&</sup>lt;sup>3</sup> Capital costs are not yet known, but may exceed City of Seattle funding.

The PAO estimates the FIRS Center will serve approximately 500 youth annually. <sup>4</sup> This includes youth who are currently booked into detention (approximately 60 percent of those served), those who currently receive services at Spruce Street Inn, and those who do not receive referrals to any services in the absence of FIRS. Families will be eligible based on probable cause (as determined by law enforcement) for a domestic violence misdemeanor where the victim is a family or household member (not a dating relationship). Felony cases will also be considered for FIRS, based on PAO discretion. Prior warrants and a brief mental/health emergent needs screen will be considered before a youth is admitted to the FIRS Center.

#### Goals of FIRS include:

- 1. Improve prompt access to services for families experiencing youth domestic violence
- 2. Reduce detention and filings
- 3. Reduce future domestic violence and other criminal incidents (recidivism)

While FIRS is presented here as a New Concept, it is related to the unfunded MIDD I Strategy 7a – Reception Centers for Youth in Crisis. An updated version of this strategy, ES 7a BP Respite Cottages, has been put forward for MIDD II funding. The FIRS Center could be combined with this strategy.

Note: This briefing paper assumes the two-phase pilot will be successfully implemented in 2016.

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

**⊠** Crisis Diversion

☑ Prevention and Early Intervention

□ Recovery and Re-entry

**⊠** System Improvements

Please describe the basis for the determination(s).

The FIRS Center fits within each of the MIDD II Strategy Areas, as follows: 5

**Crisis Diversion:** The FIRS Center provides crisis diversion for youth and their families immediately after a domestic violence incident. Currently, youth in crisis are brought to detention and families are typically only referred to services if they are in the court system. Expected Crisis Diversion Outcomes include:

- Increased access to person centered, culturally appropriate outpatient treatment on demand
- Increased access to: community alternative options; diversion and crisis centers including sobering and detox; youth reception, and/or other crisis centers

**Prevention and Early Intervention:** Youth involved in the criminal justice system are at high risk for substance abuse and mental health issues. Youth participating in FIRS will avoid detention, court involvement, and will not have a criminal record. Services may provide early intervention or prevent

<sup>&</sup>lt;sup>4</sup> King County Prosecuting Attorney's Office. (2015). Juvenile Domestic Violence Alternative Center Briefing Document. (received by PSB 2-20-15)

<sup>&</sup>lt;sup>5</sup> Example outcomes and definition of Strategy Areas from: http://www.kingcounty.gov/~/media/health/MHSA/MIDD\_ActionPlan/RenewalPlanningDocuments/150828\_MIDD\_II\_Framework.ashx?la=en

substance abuse and mental health issues. Expected Prevention and Early Intervention Outcomes include:

- Increased access to person centered, culturally appropriate treatment, education, and training services
- Increased availability of behavioral health information in non-traditional settings (day cares, schools, primary care)
- Reduced risk factors for substance use and mental health disorders (reduced involvement with criminal justice system)

**Recovery and Reentry:** Youth will be referred to appropriate services as part of their FIRS Agreement. These include programs that specifically address mental health and substance dependency problems. Expected Recovery and Reentry outcomes include:

- Increased person centered, culturally appropriate treatment services
- Increased application of recovery and resiliency principles in services provided
- Increased access to culturally appropriate recovery services

**System Improvements:** The FIRS Center provides a new avenue for families in crisis to receive services and connect with the behavioral health system. Expected System Improvement Outcomes include:

- Increased accessibility of services & treatment on demand
- Increased use of evidence based practices and assessment tools
- Improved care coordination, Improved quality of care
- Improved client experience
- Decreased admissions to detention
- Decreased filings on youth

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

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

This section provides information on those whose needs will be met, as well as background on the relationship between youth criminal justice involvement and mental health/substance use related needs.

Under Washington State law, <sup>6</sup> police called to a domestic dispute are required to make an arrest for adults and youth over 16. Over 500 King County youth have been referred to the PAO annually in recent years for domestic violence offenses. Nationally, up to 90 percent of all juveniles arrested for domestic violence assaulted a family member (rather than a romantic partner), with 51 percent of all domestic violence cases directed towards a parent. <sup>7</sup> Prior to January 1, 2015, most families were not connected to

<sup>&</sup>lt;sup>6</sup> RCW 10.31.100 http://apps.leg.wa.gov/rcw/default.aspx?cite=10.31.100

<sup>&</sup>lt;sup>7</sup> Snyder & McCurley. (2008). Domestic Assaults by Juvenile Offenders. Juvenile Justice Bulletin. https://www.ncjrs.gov/pdffiles1/ojjdp/219180.pdf

services like Step-Up unless the youth went through formal court diversion or charges were filed.<sup>8</sup> County-funded evidence-based therapy is only available at the referral of a JPC or Becca case manager.<sup>9</sup>

Domestic violence represents a significant and growing share of juvenile offenses. Juvenile domestic violence currently accounts for approximately 30 percent of new offenses admitted to juvenile detention, representing the single largest category of new offenses. <sup>10</sup> These cases are primarily misdemeanor offenses such as Assault 4, Harassment, or Malicious Mischief 3. <sup>11</sup> A comparison based on data through September 2015 suggests domestic violence referrals increased between 2014 and 2015, while filings declined slightly. Referrals for all other crime types (with the exception of sex crimes) decreased for this time period comparison. <sup>12</sup>

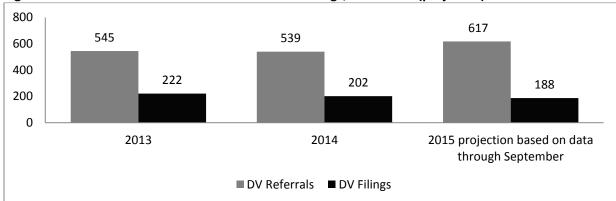


Figure 1: Juvenile domestic violence referrals and filings, 2013-2015 (projected)

**PSB** Analysis

Note: 2015 projections assume October-December filings and referrals are at the same rate as January-September.

The PAO's experience with youth domestic violence cases suggests that, "parents who are experiencing violence from their child want to be taken seriously, they want to feel supported, they want to feel safe, and they want their child to be motivated to change his/her behavior, but they almost never want formal criminal charges". <sup>13</sup>

When charges are filed, families rarely assist in the formal court process and approximately 40 percent of juvenile domestic violence referrals are declined. In cases that are prosecuted, most result in dismissals, stipulated orders of continuances (SOCs), or other diversions, but services are often not provided until long after the incident or not provided at all. In 2013, only 18 of the over 500 juvenile

<sup>&</sup>lt;sup>8</sup> While families can be referred to Step-Up by any "helping professionals," 70 percent of participants are court-ordered to participate. Step-Up Program website: http://www.kingcounty.gov/courts/clerk/step-up.aspx

<sup>&</sup>lt;sup>9</sup> Juvenile Court Website http://www.kingcounty.gov/courts/JuvenileCourt/art.aspx

<sup>&</sup>lt;sup>10</sup> 30 percent in 2014 (Data from JIMS, obtained from Elizabeth Haumann).

<sup>&</sup>lt;sup>11</sup> King County Prosecuting Attorney's Office. (2015). Juvenile Domestic Violence Alternative Center Briefing Document. (received by PSB 2-20-15)

<sup>&</sup>lt;sup>12</sup> Haumann, Elizabeth. (2015). King County Juvenile Justice Statistics Comparison of 2014 and 2015 through September 30<sup>th</sup>.

<sup>&</sup>lt;sup>13</sup> King County Prosecuting Attorney's Office. (2015). Juvenile Domestic Violence Alternative Center Briefing Document. (received by PSB 2-20-15)

domestic violence referrals received evidence-based therapy (Aggression Replacement Training, Functional Family Therapy, Multi-Systemic Therapy, and Family Integrated Transition). <sup>14</sup>

The need for services tailored to youth domestic violence goes beyond youth who are arrested. Parents may not alert authorities to violence in the home because they do not want their children involved in the criminal justice system. A review of the incidence of youth violence towards a parent suggests 7-13 percent of families may experience such violence. FIRS offers families a way to access services and treatment without court involvement, which may encourage more families to get the interventions they need.

While FIRS does not specifically target youth with substance abuse or mental health disorders, the overlap of youth involvement with the criminal justice system and mental health/substance use disorders is well documented. In a review of the literature, Rout and Anderson cite several common characteristics of youth who are violent towards a parent, including: mental illness and drug use. <sup>16</sup> In another paper, Cocozza and Skowyra conclude that, "youth in the juvenile justice system experience substantially higher rates of mental health disorders than youth in the general population; a high percentage of youth in the juvenile justice system have a diagnosable mental health disorder; it is safe to estimate that at least one out of every five youth in the juvenile justice system has serious mental health problems; and many of the youth in the juvenile justice system with mental illness also have a co-occurring substance abuse disorder".<sup>17</sup> In a later publication Cocozza cites evidence of up to 70 percent of youth in the juvenile justice system meeting criteria for mental health disorder. <sup>18</sup> Family dynamics, including violence, are also connected to substance abuse and mental health. Hawkins, Catalano, and Miller determined "family management practices" and "family conflict" to be risk factors for adolescent and early adulthood substance abuse. <sup>19</sup>

Some services and programs that youth may be connected to are specifically focused on mental health and substance abuse diagnosis, such as Family Integrated Transition.

The FIRS Center will provide a non-detention, non-prosecution alternative to detention, and will offer immediate support and services for the youth and their families. In the absence of FIRS, youth will continue to be booked into detention and the need for crisis services will go unmet.

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

<sup>14</sup> King County Prosecuting Attorney's Office. (2015). Juvenile Domestic Violence Alternative Center Briefing Document. (received by PSB 2-20-15)

<sup>&</sup>lt;sup>15</sup> Routt, G., & Anderson, L. (2011). Adolescent violence towards parents. Journal of Aggression, Maltreatment & Trauma, 20(1), 1-19.

<sup>&</sup>lt;sup>16</sup> Routt, G., & Anderson, L. (2011). Adolescent violence towards parents. Journal of Aggression, Maltreatment & Trauma, 20(1), 1-19.

<sup>&</sup>lt;sup>17</sup>Cocozza, J. J., & Skowyra, K. R. (2000). Youth with mental health disorders: issues and emerging responses. Juvenile Justice, 7(1). http://eric.ed.gov/?id=ED442030

<sup>&</sup>lt;sup>18</sup> Skowyra, K., & Cocozza, J. J. (2006). A blueprint for change: Improving the system response to youth with mental health needs involved with the juvenile justice system. Delmar, NY: National Center for Mental Health and Juvenile Justice. http://www.ncmhjj.com/wp-content/uploads/2013/07/2006\_A-Blueprint-for-Change.pdf

<sup>&</sup>lt;sup>19</sup> Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. Psychological bulletin, 112(1), 64. https://cre8tiveyouthink.files.wordpress.com/2011/12/social-developmental-prevention-and-yd.pdf

The FIRS Center will address the needs of youth and families by providing immediate respite from a crisis situation and coordinate access to appropriate services. All families will develop a safety plan. FIRS Agreements will assign youth to services based on JPC assessment, and where needed, a risk-needs assessment. A multi-agency FIRS team will coordinate FIRS the program in coordination with non-profit staff.

The roles of the FIRS dedicated King County staff are <sup>20</sup>:

- Expanded Step-Up Social Worker Role: Masters of Social Work staff will conduct a violence risk assessment with the youth and parent/caretaker (separate interviews). They will also assess the service needs of youth; psychosocial assessment will be done including a mental health and substance abuse screen. Every family will receive safety planning and specific skill building. The social worker will then team with the JPC to develop an individualized plan including as needed: crisis intervention, conflict mediation, skill building, enrollment in the 20 week Step-Up group, and other services such as mental health and chemical dependency. The additional FIRS Step-Up social workers will also allow for the addition of a third Step-Up group.
- Proposed Expanded Juvenile Probation Role: Under an expanded scope of services, FIRS
  dedicated JPCs will cover the intake process for FIRS youth and develop the FIRS Agreement.
  Cases will be managed by JPCs in geographically appropriate field offices once a FIRS Agreement
  is made. The goal is to increase the participation rate for the Step-Up program and to create
  more meaningful diversion agreements that engage youth and families in tailored services and
  interventions as early as possible in the process. Additionally, a JPC will be assigned immediately
  after a youth is booked into juvenile detention instead of days later when/if a charging decision
  is made.

FIRS Agreements may include the following, depending on assessment of need and program suitability:<sup>21</sup>

- Step-Up (expanded under FIRS)
  - o provided by DJA; funded by MIDD
  - Group counseling for youth who are violent with family members. Youth and parent(s) attend. One group per week for 20 weeks

#### PAO 180 Program

- o provided by community organization; funded by the King County General Fund
- O Half day workshop where youth have the opportunity to hear and learn from others who have made mistakes in their past, but went on to make a 180-degree change in direction in their own lives. The youth also engage in small group exercises where they talk about the issues affecting them and receive personal direction on how to make a 180 change in their lives. 22
- Functional Family Therapy (FFT)

<sup>&</sup>lt;sup>20</sup> Most of the below information is directly from the PAO-authored concept paper.

<sup>&</sup>lt;sup>21</sup> FIRS Implementation Team meeting 12/17/2015; Information on service providers and funding source from PSB inventory of 2015 Juvenile Justice Alternative Programs.; Program descriptions from: http://www.kingcounty.gov/~/media/courts/JuvenileCourt/documents/JuvenileInterventionServices.ashx?la=en, unless otherwise noted.

<sup>&</sup>lt;sup>22</sup> Description from: http://www.kingcounty.gov/Prosecutor/news/2012/june/180program.aspx

- o provided by Institute for Family Development; grant funded
- Weekly in-home family counseling sessions for 3-4 months.

#### Multi-Systemic Therapy (MST)

- provided by Therapeutic Health Services and funded by grants, City of Seattle, and MIDD
- o Intensive 24/7, home-based intervention and support for 4-6 months.

#### Aggression Replacement Therapy (ART)

- o provided by JPC leads; grant funded
- Three one hour classes per week for ten weeks to improve decision-making skills, anger control and moral reasoning.

#### Parent Youth Connections Seminar (PYCS)

- o provided by the YMCA; previously called Coordination of Services; grant-funded
- The PYCS program for low-risk youth and their parent(s) or other connected adult provides 13 hours of education, information, resource connections in the community, and skill-building activities.<sup>23</sup>

#### • Family Integrated Transition (FIT)

- provided by University of Washington; grant funded
- Intensive 24/7, home-based intervention and support for 5-6 months with Dialectic Behavioral Therapy. Families may also receive psychiatric services and medication management.
- Other community and behavioral health services, depending on youth eligibility
- Reengaging youth in other services they are eligible for, but have stopped accessing
- Community service or other restitution (letter to a victim etc., but not financial restitution)

A meeting is planned for early 2016 to solicit feedback from community and service providers to ensure programing meets community needs. As mentioned in the concept paper, input from the youth/community leaders might include: culturally responsive care and services for immigrant/refugee and minority communities, considerations in design of the physical space, and trauma-informed service delivery.

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

The section below describes evidence against current practices of detaining youth on domestic violence offenses, the evidence supporting the use of alternatives comparable to FIRS in other jurisdictions, and the evidence for providing services, including Step-Up, which is expanded under FIRS.

**Evidence against current practices:** The negative impacts of youth involvement with the criminal justice system (referred to as an "iatrogenic effect"- an intervention that causes negative outcomes) are well documented. In a 20-year longitudinal study, Gatti, Tremblay, and Vitar found criminal justice intervention increased the likelihood of future crime for boys, and placements (such as detention) had

<sup>&</sup>lt;sup>23</sup> Description is from YMCA website: http://www.seattleymca.org/Locations/FSMH/Pages/PYCS.aspx

the most negative impact. <sup>24</sup> Similarly, Bernburg et al. found juvenile justice intervention increased future delinquency. <sup>25</sup> A literature review conducted by the Casey Foundation concluded "the overall body of evidence indicates plainly that confinement in youth corrections facilities doesn't work well as a strategy to steer delinquent youth away from crime." Evidence shows the negative impact of detention may be particularly acute for low-risk youth. <sup>26</sup> A Justice Policy Institute Report reached similar conclusions based on literature on the outcomes of juvenile detention, finding "detention has a profoundly negative impact on young people's mental and physical well-being, their education, and their employment". The report also cites substantial evidence that detention does not reduce crime or make communities safer. <sup>27</sup>

**Evidence on comparable programs**: While evidence suggests that current practices in juvenile domestic violence intervention are inadequate, there is less evidence to support alternative centers for domestic violence, as few comparable programs currently exist. The PAO identified two jurisdictions with programs comparable to King County's FIRS Center: Pima County and Florida State, which have had initial positive evaluations. <sup>28</sup> In both cases, evidence suggests alternative centers for juvenile domestic violence do not increase recidivism compared to detention. These preliminary evaluations do not provide evidence of recidivism reduction.

Pima County's efforts to divert juvenile domestic violence cases from arrest include separate intake facilities that offer immediate assessment and release with the option for brief respite as needed in a respite center referred to as the Domestic Violence Alternative Center (DVAC).<sup>29</sup>

In Florida, juvenile domestic violence cases are placed in contracted respite sites completely separated from the detention center. Juveniles still have to appear in court under formal charges, but experience a different residential stay than detention that is treatment oriented and connects youth more quickly to treatment services.

Based on early evaluations of the two programs, alternative placement for juvenile domestic violence incidents do not appear to increase the risk of offending. However, evidence is limited to two pilot studies. An outcomes evaluation on an early model of the DVAC model in Pima County with approximately 1,000 youth matched on risk level found no differences in 12 months recidivism (~40 percent for both groups) between DVAC and non DVAC-managed youth. The evaluation's results suggest DVAC reduced the number of youth held in detention and the number of adjudications without increasing offending rates. A process evaluation of the model found that parents rated the DVAC

<sup>&</sup>lt;sup>24</sup> Gatti, U., Tremblay, R. E., & Vitaro, F. (2009). latrogenic effect of juvenile justice. Journal of Child Psychology and Psychiatry, 50(8), 991-998.

 $http://www.jdaihelpdesk.org/miscellaneous/Gattipercent 20 et percent 20 alpercent 20 2009\_1.pdf$ 

<sup>&</sup>lt;sup>25</sup> Bernburg, J. G., Krohn, M. D., & Rivera, C. J. (2006). Official labeling, criminal embeddedness, and subsequent delinquency a longitudinal test of labeling theory. Journal of Research in Crime and Delinquency, 43(1), 67-88.

<sup>26</sup> Mendel, R. A. (2011). No Place for Kids: The Case for Reducing Juvenile Incarceration. Annie E. Casey Foundation. http://files.eric.ed.gov/fulltext/ED527944.pdf

<sup>&</sup>lt;sup>27</sup> Holman, B., & Ziedenberg, J. (2006). The dangers of detention: The impact of incarcerating youth in detention and other secure facilities. Washington, DC: Justice Policy Institute.

http://www.justicepolicy.org/images/upload/06-11\_rep\_dangersofdetention\_jj.pdf

<sup>&</sup>lt;sup>28</sup> Much of the below research was summarized by the PAO in: Trollen, Stephanie. (2015) The impact of alternative placement for juvenile domestic violence arrest and detention: A multi-site study. Proposal for National Institute of Justice: Research and evaluation of justice systems solicitation. Received by PSB 12/4/2015.

<sup>&</sup>lt;sup>29</sup> Pima County Juvenile Court Center website: www.pcjcc.pima.gov

positively; however, as a process evaluation, no comparison was provided for parent ratings of traditional detention. <sup>30</sup> A recent report for the respite center approach utilized in Florida found similar results and concluded that the respite centers are viable strategy for managing domestic violence incidents without increasing the risk of offending. <sup>31</sup>

Despite a growing number of promising practices in diversion alternatives for juvenile domestic violence, no rigorous study has examined the impact of these alternatives on long term recidivism. The King County Prosecutor's office is currently seeking funding for a multi-state evaluation to measure outcomes (including recidivism) of the King County FIRS Center and Florida's respite center program. Plans are underway for a process evaluation of the FIRS Program pilot to be conducted by a University of Washington researcher.

**Evidence for providing appropriate services:** In a 2009 meta-analyses, Lipsey found that only three intervention factors are correlated with positive outcomes for juvenile offenders: therapeutic intervention, serving high risk offenders, and quality of implementation. FIRS connects youth with therapeutic interventions, matches youth with appropriate services based on risk, and will employ various tactics to ensure quality of implementation.

The FIRS Center will connect youth to a range of existing interventions depending on the JPC assessment of need. The level of evidence level for these programs is described below in #B4. The Step-Up Program, which is expanded under FIRS, is considered a Promising Practice by the Washington State Institute for Public Policy (WSIPP). Step-Up, which was started in 1997, was the first targeted intervention in the country for youth domestic violence and has since been emulated in other jurisdictions. An evaluation conducted by ORS showed reductions in violent behavior and lower recidivism rates. However, WSIPP does not consider Step-Up an evidence based program based on currently available evaluations.

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

<sup>&</sup>lt;sup>30</sup> Domestic Violence Alternative Center (DVAC) Program Evaluation Annual Report: 2009. http://www.jdaihelpdesk.org/altdettoolsevalu/Pimapercent20Countypercent20AZpercent20Domesticpercent20Violencepercent20Alternativepercent20Centerpercent202009percent20Evaluation.pdf

<sup>&</sup>lt;sup>31</sup> Greenwald, M. (2014). Effectiveness of the Domestic Violence Alternative Placement Program: (October 2014). Florida Department of Juvenile Justice.

<sup>&</sup>lt;sup>32</sup> Lipsey, M. W. (2009). The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. Victims and offenders, 4(2), 124-147.

 $https://www.researchgate.net/profile/Mark\_Lipsey/publication/228662112\_The\_primary\_factors\_that\_characterize\_effective\_interventions\_with\_juvenile\_offenders\_A\_meta-analytic\_overview/links/0deec518c2b2a94ce8000000.pdf$ 

<sup>&</sup>lt;sup>33</sup> Routt, G., & Anderson, L. (2011). Adolescent violence towards parents. Journal of Aggression, Maltreatment & Trauma, 20(1), 1-19.

<sup>&</sup>lt;sup>34</sup> Step-Up Website: https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=step%20up%20king%20county

<sup>&</sup>lt;sup>35</sup> WSIPP's designation is based on "no rigorous evaluation measuring outcome of interest" See: http://wsipp.wa.gov/ReportFile/1610/Wsipp\_Updated-Inventory-of-Evidence-based-Research-based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems\_Inventory.pdf

The FIRS Center will connect youth to Best Practice, Promising Practice, Research Based, and Evidence Based services as designated by WSIPP according to RCW 71.36.010.<sup>36</sup> Several programs are funded by the state Juvenile Court Block Grant, funds evidence based programs, but uses a lower threshold of "evidence based" than the legal definition used by WSIPP.<sup>37</sup>

- The Step-Up program Promising Practice
- Multi-systemic Therapy Evidence Based
- Parent Youth Connection Seminars Research Based<sup>38</sup>
- Functional Family Therapy Evidence Based
- Aggression Replacement Therapy Research Based
- Family Integrated Transition Research Based
- 180 Program No WSIPP designation; an early PSB evaluation suggest promising results

As described above in #B3, while there is evidence of the negative impact of current practices, alternative centers for juvenile domestic violence are an emerging practice without a strong evidence base. Planned evaluations of the FIRS Program will contribute to the evidence base.

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

Stakeholders expect the FIRS Program to improve a variety of outcomes for youth and their families. Staff from PSB, PAO, Juvenile Court, and outside evaluators have met and developed plans to capture data using existing and modified systems to ensure outputs and outcomes are tracked. <sup>39</sup> All King County youth will be eligible for consideration for the FIRS program, so a randomized controlled trial evaluation will not be possible. Future outcome evaluations will likely include matched comparison groups to examine evidence of positive outcomes.

Outputs and outcomes that will be measured include:

- Successful completion of FIRS Agreement *Indicator: records of successful completion, by program type. Source: JCATS King database*
- Reduction in # of domestic violence filings and time in detention *Indicator: Comparison of pre*program and post-program # of filings. Source: JIMS database

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<sup>&</sup>lt;sup>36</sup> Unless otherwise indicated, definition of services is from WSIPP and uses current law definitions. Washington State Institute for Public Policy. (2015). Inventory of Evidence-Based, Research-Based and Promising Practices for prevention and intervention services for children and juveniles in child welfare, juvenile justice, and mental health systems. http://wsipp.wa.gov/ReportFile/1610/Wsipp\_Updated-Inventory-of-Evidence-based-Research-based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems Inventory.pdf

<sup>&</sup>lt;sup>37</sup> See: Department of Social and Health Services. (2013). Juvenile Court Block Grant Report. (https://www.dshs.wa.gov/sites/default/files/SESA/legislative/documents/2013percent20Juvenilepercent20Court percent20Blockpercent20Grant.pdf

<sup>&</sup>lt;sup>38</sup> This program was formerly known as Coordination of Services, which is designated by WSIPP as Research Based under current definitions and Promising Practice based on WSIPP's suggested definitions. A later WSIPP cost benefit analysis concluded the program has a benefit-cost ration of \$23 to \$1.

http://www.wsipp.wa.gov/ReportFile/1617/Wsipp\_Washingtons-Coordination-of-Services-Program-for-Juvenile-Offenders-Outcome-Evaluation-and-Benefit-Cost-Analysis\_Report.pdf

<sup>&</sup>lt;sup>39</sup> FIRS Implementation Team meeting 12/17/2015

- Reduction in the time between a crisis incident and services *Indicator: Comparison of pre*program and post-program time between incident and services Source: JCATS King database
- Family satisfaction with FIRS *Indicator: survey responses. Source: SurveyMonkey survey administered post FIRS*
- Reduced recidivism *Indicator: arrests. Source: JIMS*

A proposed evaluation (not yet funded) would test the following hypothesis:

- 1. "The use of an alternative placement for juvenile DV will reduce subsequent arrests for DV incidents and re-conviction charges for general delinquency.
- 2. The reduction in arrest rates for DV will be moderated by faster time to service and the receipt of more appropriate services.
- 3. The impact of placement type (alternative vs. detention) on DV arrests and general delinquency re-convictions will be moderated by victim-offender relationship (mother/father, daughter/son, and sibling/sibling).
- 4. Youth will experience less justice stigma in an alternative placement. The reduction in stigma will be higher for girls accessing an alternative placement.
- 5. Parents will experience higher satisfaction and more belief in a positive outcome in an alternative placement."<sup>40</sup>

The planned evaluation would use a matched comparison group from prior to implementation of the FIRS program.

Additionally, Seattle's Office of the City Auditor may measure program outcomes of the 2016 pilot.

#### C. Populations, Geography, and Collaborations & Partnerships

| what Populations might directly benefit from this New Concept/Existing MIDD |   |             |   |
|---|---|-------------|---|
| Strategy/Program: (Select all that apply):                                  |   |             |   |
|   | All children/youth 18 or under          | $\boxtimes$ | Racial-Ethnic minority (any)                  |
|   | Children 0-5                            | $\boxtimes$ | Black/African-American                        |
| $\boxtimes$   | Children 6-12                           | $\boxtimes$ | Hispanic/Latino                               |
| $\boxtimes$   | Teens 13-18                             | $\boxtimes$ | Asian/Pacific Islander                        |
|   | Transition age youth 18-25              | $\boxtimes$ | First Nations/American Indian/Native American |
|   | Adults                                  | $\boxtimes$ | Immigrant/Refugee                             |
|   | Older Adults                            |             | Veteran/US Military                           |
| $\boxtimes$   | Families                                | $\boxtimes$ | Homeless                                      |
|   | Anyone                                  | $\boxtimes$ | GLBT  |
| $\boxtimes$   | Offenders/Ex-offenders/Justice-involved | $\boxtimes$ | Women   |
|   | Other – Please Specify:                 |             |   |
|   |   |             |   |

<sup>&</sup>lt;sup>40</sup> Trollen, Stephanie. (2015) The impact of alternative placement for juvenile domestic violence arrest and detention: A multi-site study. Proposal for National Institute of Justice: Research and evaluation of justice systems solicitation. Received by PSB

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

The PAO anticipates that approximately 500 families dealing with family violence will take advantage of this non-detention, non-prosecution diversion option.

The primary target population for FIRS is youth under age 18 who have committed violence against a family member (not a romantic partner) and their families. Youth of color make up a disproportionate number of these youth (56 percent of admissions to detention for domestic violence versus 42 percent of King County population in 2014). However, admissions to detention are less racially disproportionate for domestic violence than for other offense types. See Figure 2.

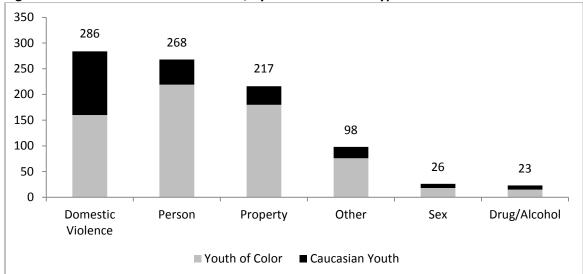


Figure 2: 2014 Admissions to Detention, by race and offense type

PSB analysis, unique youth on new offenses only

As noted in #B1, many youth involved in the criminal justice system have substance use or mental health disorders.

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

The FIRS Center (Phase 2 of the 2016 FIRS pilot) will initially be located in the King County Youth Services Center (YSC) in central Seattle and will serve all King County youth. At a later stage, the center will moved to one or more community locations. These community-located "cottages" will provide improved care and be less associated with the criminal justice system. The decision to open the FIRS Center pilot in the existing facility was based primarily on cost and logistical considerations. It is unlikely

that cottage sites will be available by 2017, but stakeholders agree that community-located cottages are more appropriate than the YSC location.<sup>41</sup>

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

Implementing FIRS requires substantial cross-county collaboration. The Implementation Team for the two-phase 2016 pilot includes representatives from the King County Prosecuting Attorney's Office (PAO), King County Superior Court, King County Department of Adult and Juvenile Detention (DAJD), King County Department of Judicial Administration (DJA), King County Department of Public Defense (DPD). The Department of Community and Human Services (DCHS) is also in the early stages of collaboration with the group. DCHS will likely manage the contract with a community services provider.

Collaboration with other jurisdictions, non-profit service providers, evaluators, and communities is also required to appropriately implement FIRS. The Center will be staffed and day-to-day operations will be run by a to-be-determined contracted community provider. As mentioned in the concept paper, the PAO has already gained support from many community members and organizations including: Horn of Africa Services, Seattle Indian Health Board, King County Coalition Against Domestic Violence, Rainier Beach Action Coalition, Rev. Wayne Perryman and other local clergy. The FIRS Center planning team would like to gather input from the youth/community leaders and will to host several working sessions prior to the FIRS Center opening and once the FIRS Center has been operational for a few months. The input from the youth/community leaders might include: culturally responsive care and services for immigrant/refugee and minority communities, considerations in design of the physical space, and trauma-informed service delivery.

The City of Seattle has contributed \$254,000 to implement Phase 2 of the 2016 pilot program. <sup>42</sup> The City of Seattle is expected to contribute ongoing funding if the pilot is successful, though no formal agreements have been made. The City Auditor plans to evaluate program outcomes.

Plans are underway for Dr. Sara Walker of the University of Washington to conduct a process evaluation of FIRS and the PAO is also seeking funding for a multi-state outcomes evaluation of FIRS and a similar program in Florida State. County agencies and evaluators will collaborate on these evaluations, including on data collection and reporting.

- D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches
  - 1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?

The FIRS Program is consistent with community demand for alternatives to juvenile detention and court involvement. Community opposition to King County Family and Children Justice Center highlights the demand from King County communities for alternatives to youth detention.<sup>43</sup> Community opposition to

<sup>&</sup>lt;sup>41</sup> FIRS implementation team meeting, 1/7/2016

<sup>&</sup>lt;sup>42</sup> Seattle City Council. (2015). Green Sheet 108-1-A-3-2015

<sup>&</sup>lt;sup>43</sup> For example see: http://www.seattleweekly.com/home/956961-129/activists-cant-stop-the-youth-detention

detention is influenced by racial disproportionality in the juvenile criminal justice system. The FIRS Center is expected to reduce detention admissions for youth of color and improve access to services for this population. The program aligns with the Juvenile Justice Equity Steering Committee. However, the program is likely to increase disproportionality in juvenile detention (see # C1 for details).

The City of Seattle recently passed a resolution endorsing a vision for "zero use of detention for youth, and establishing a path forward to develop policies that eliminate the need for youth detention." <sup>44</sup> The FIRS Program is consistent with this aim.

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

Primary potential barriers to successful implementation of FIRS are:

- limited funding for the 2016 pilot,
- complexity of implementing a program that requires substantial collaboration between various entities,
- challenges of operating a 24/7 center with potentially uneven demand for services, and
- the risk that youth will choose not to sign FIRS Agreements.

**Limited funding for pilot program:** Implementing FIRS as an on ongoing program will depend on a successful pilot in 2016. Based on currently available information, it is unclear whether available funding for Phase 2 of the pilot (opening the Center) is sufficient to pay for remodeling and six months of a community service provider contract to run the center. The short length of the initial contract (6 months) may present a barrier for community organizations in responding to the pilot RFP. The FIRS implementation team is committed to overcoming financial challenges to the pilot. To overcome this barrier, the team is seeking funding and in-kind donations from a variety of sources. <sup>45</sup>

Complexity of implementation: As noted above in #C3, implementing FIRS successfully will require collaboration of multiple county agencies, other jurisdictions, non-profits, and community groups. The multi-jurisdictional nature of the strategy increases the complexity of implementation. At the time of completion of this briefing paper, there was no single entity or a formal collaborative structure to take responsibility for implementing the 2016 pilot program, writing the RFP, or managing the contract. Other King County programs, such as Drug Court, have demonstrated effective models for such collaboration. To overcome this barrier, FIRS can model contracting structure and collaboration mechanisms on existing successful programs.

**24/7 operations:** While the PAO and other county agencies have conducted significant research and planning regarding the FIRS Center concept, there remain unanswered questions regarding day-to-day implementation of the program. The FIRS Center will require 24-hour staffing, but depending on length of stay and patterns of admission to the FIRS Center, the Center may be empty for substantial periods of time. <sup>46</sup> The contracted provider may be able to address such challenges and minimize costs through oncall staff during anticipated slow times at the FIRS Center. It is likely that only organizations that have

<sup>&</sup>lt;sup>44</sup> City of Seattle Resolution 31614, adopted 9/21/15 https://seattle.legistar.com/LegislationDetail.aspx?ID=2458519&GUID=93E5F1D7-42A7-4899-BB78-03150F043416&Options=&Search=

<sup>&</sup>lt;sup>45</sup> FIRS Implementation Team meeting 12/17/2015

<sup>&</sup>lt;sup>46</sup> This largely pends on the length of stay at the FIRS Center.

existing 24/7 operations will respond to an RFP.<sup>47</sup> Lessons learned from the Pima County DVAC program, (which was originally staffed by community providers and is now run by County Probation Officers) suggest community service providers should have experience working with the juvenile justice system.<sup>48</sup>

**Risk of non-participation:** Under FIRS, there are no consequences for youth who choose not to sign a FIRS Agreement or who do not complete the programs to which they are assigned. There is a risk that youth will choose not to participate, however the FIRS Implementation Team is confident the services will be perceived as a positive benefit for families and JPCs are skilled in explaining those benefits to youth. <sup>49</sup> Very early anecdotal evidence on Phase 1 of the 2016 pilot program ("FIRS Lite" - providing FIRS agreements and services) suggests a positive response from youth. <sup>50</sup>

A recent National Center for Juvenile Justice report includes analysis and lessons learned from three domestic violence alternative programs and early analysis of King County efforts, which may inform King County's implementation of FIRS. The PAO has conducted extensive research on the Pima County program and the FIRS Implementation Team should continue examining similar programs to learn how other jurisdictions overcame barriers.

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

The evidence described in question #B3 supports FIRS' theory of change and the program will likely be a significant improvement over existing practices. Many of the services to which youth will be referred have very strong evidence of efficacy. However, evidence on the outcomes of similar comprehensive programs is limited. Unproven interventions can produce not just neutral, but negative outcomes. For example, a systematic review of court ordered adult domestic violence treatment programs showed evidence of a negative impact on outcomes related to re-assault for some programs and raised substantial doubts regarding efficacy of adult domestic violence treatment programs in general. Early evaluations of similar programs found no increase in recidivism, but these evaluations are not conclusive (see #B3).

As described in #B3 above, involvement in the criminal justice system is a significant contributor to future incarceration and poor outcomes for youth. While FIRS is an alternative to court involvement and focusses on therapeutic services, not punishment, there is some risk that the FIRS Center as implemented in the YSC will maintain the look and feel of detention. If youth perceive their experience in the FIRS Center as similar to detention, the program may not reduce the negative outcomes associated with criminal justice involvement (iatrogenic effect). This is a particular concern for youth who would not be brought to detention under current practices, as involvement with FIRS could be

<sup>&</sup>lt;sup>47</sup> FIRS Implementation Team meeting 1/7/2016

<sup>&</sup>lt;sup>48</sup> NCJJ. (2015). Promising Practices in Juvenile Domestic Violence Cases.

http://www.ncjj.org/Publication/Promising-Practices-Juvenile-DV-Diversion-2015.aspx

<sup>&</sup>lt;sup>49</sup> FIRS Implementation Team meeting 12/17/2015

<sup>&</sup>lt;sup>50</sup> FIRS Implementation Team meeting 1/7/2016

<sup>&</sup>lt;sup>51</sup> NCJJ. (2015). Promising Practices in Juvenile Domestic Violence Cases.

http://www.ncjj.org/Publication/Promising-Practices-Juvenile-DV-Diversion-2015.aspx

<sup>&</sup>lt;sup>52</sup> Feder, L., Wilson, D., Austin, S. (2008). Court-mandated Interventions for Individuals Convicted of Domestic Violence. http://www.campbellcollaboration.org/lib/download/218/

perceived by youth as increased, rather than decreased, involvement in the criminal justice system. The FIRS Implementation Team will mitigate this concern by releasing youth without FIRS Agreement requirements or other interventions if services are deemed unnecessary.<sup>53</sup>

Additionally, funding limitations likely mean FIRS Center staff will be low-wage workers who may not have significant training and/or experience. Housing violent youth in a non-secure facility staffed by minimally trained workers presents some risk to staff and the youth housed in the FIRS Center. If an incident does occur, the county could be at financial risk of litigation.

While the majority of youth served by FIRS will likely be youth of color, removing domestic violence cases from detention is expected to increase, rather than decrease, the racial disproportionality in detention due to the relative rates of disproportionality by crime type (see #C1). This consequence is anticipated, but may not be fully understood by all stakeholders.

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

As noted in the concept paper, the current intervention model for juvenile domestic violence cases is ineffective because families do not receive the offer for services when they need it most: at or near the time of the crisis. Parents experiencing violence from their child rarely want formal criminal charges filed. Instead, they want to be taken seriously, want to feel supported, want to feel safe, and want their child to be motivated to change his/her behavior. The delayed offer of services achieves none of these outcomes.

As discussed above, involvement in the juvenile justice system is associated with additional crime (a consequence for youth and future crime victims). Additionally, parents and guardians who do not receive help in a crisis may be less likely to involve law enforcement or other government services in a future crisis event.<sup>54</sup>

5. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?

Phase 1 of the two-phase 2016 pilot ("FIRS Lite") began operating in January 2016. The current alternative to the FIRS Center is detention, for those eligible, and the Spruce Street Inn for those ineligible for detention. See discussion above for detail on the comparison between detention and FIRS.

This new concept merges several existing services with the new FIRS Center. FIRS enhances access to existing programs and services and improves efficacy by delivering services when they are needed.

<sup>&</sup>lt;sup>53</sup> FIRS Implementation Team meeting 12/17/2015

<sup>&</sup>lt;sup>54</sup> King County Prosecuting Attorney's Office. (2015). Juvenile Domestic Violence Alternative Center Briefing Document. (received by PSB 2-20-15)

ES 7a BP Respite Cottages proposes respite cottages for a broader youth population. The FIRS Center could be combined with this concept.

As an alternative to FIRS, law enforcement and other stakeholders could more actively refer youth to available services without dedicating staff or creating a center. While youth are infrequently connected with services without court involvement, at least some of the available programs (i.e. Step-Up) do not require court involvement. <sup>55</sup> However, the current low utilization of services suggests status quo outreach efforts are not adequate to connect youth with needed services.

#### E. Countywide Policies and Priorities

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

The FIRS program fits within the Continuum of Care as follows:

- **Prevention:** Not all FIRS youth will have substance abuse or dependency problems, but the conflict in their homes and involvement with the criminal justice system puts them at risk. FIRS is thus a selective prevention program , as respite center staff, JPCs, and program-specific staff will foster a climate of appropriate substance use.
- **Intervention:** Substance abuse and dependency issues will be considered when FIRS youth are connected with services.
- Treatment and Aftercare: As appropriate, FIRS youth will be connected with treatment for substance use disorders, abuse, or dependence. Aftercare may also be a part of the FIRS Agreement.<sup>56</sup>

FIRS offers therapeutic services in place of court involvement and detention and is consistent with other county initiatives. By providing a non-detention respite center, FIRS may prevent youth homelessness. The FIRS program and associated services are consistent with Best Starts for Kids' efforts to end the school to prison pipeline. It is also consistent with other County policy work such as the Juvenile Justice Equity Steering Committee and the Youth Action Plan. The FIRS Center may also reduce youth homelessness in a manner consistent with All Home.

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

The FIRS Recovery and Respite Center provides a non-detention alternative that allows families time to recover from conflict and develop a plan for recovery from domestic violence. The FIRS Program connects youth to promising and evidence based therapeutic services that employ proven principles including recovery, resiliency, and trauma-informed care. As appropriate, youth will be connected with intensive counseling, classes, or intensive home-based support. The implementation team will seek

<sup>55</sup> Step-Up Website FAQs http://www.kingcounty.gov/courts/clerk/step-up/faq.aspx

<sup>&</sup>lt;sup>56</sup> Continuum of Care definition from MHCADS website: http://www.kingcounty.gov/healthservices/SubstanceAbuse/Services.aspx

input from the youth and community leaders to inform culturally appropriate trauma-informed service delivery.

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

Criminal-justice-involved youth are more likely to be low-income and/or youth of color. The FIRS program will provide additional services for these populations targeted under the ESJ initiative. As discussed above, domestic violence admissions to detention are less racially disproportionate than other offense categories (potentially due to the lower level of law-enforcement discretion allowed in these cases under the mandatory arrest law). Therefore, as with other recent interventions to reduce the use of juvenile detention, removing juvenile domestic violence offenses from detention is predicted to increase rather than decrease racial disproportionality in juvenile detention.

JPCs will consider language barriers when determining which services are appropriate for each FIRS youth. Many services and therapies are appropriate for limited-English proficiency families through the use of translators (FFT, MST, FIT). Other interventions, such as ART and the 180 Program do not require parent participation and English-speaking youth can receive services even if their parents do not speak English. Step Up requires family English proficiency.

#### F. Implementation Factors

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

The FIRS program connects youth with existing programs that are not expected to require additional MIDD II funding to meet additional demand for services. Resources that will require funding under MIDD II include:

- two additional Step-Up social workers,
- two dedicated JPCs,
- physical space for the center (initially in the Youth Services Center will require remodel for the pilot and potentially additional remodel in 2017),
- contracted 24-hour staffing in the respite and reception center, and
- food, laundry, and other on-site services for youth.

The current funding for evidence based therapies is provided by a state grant formula based on the number of formal court diversions. If this formula is not updated to include FIRS Agreements, MIDD II or another funding source will be required to provide evidence based therapy.

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

No detailed budget proposals have been produced for the FIRS Program. Estimate is based on known cost of JPCs and Step-Up social workers, an estimate of community service agency cost from Youth Care, and an inexact PSB estimate of other costs.

- Estimated annual contract for FIRS center youth workers and manager: minimum \$495,000<sup>57</sup>
- Annual cost of two dedicated JPCs: \$238,000
- Annual cost of Step-Up program expansion: \$229,000
- Annual cost of evidence-based treatments (currently state grants funding for evidence based treatment is only available based on the number of formal court diversions): unknown
- Remodeling costs for initial location in YSC (only the minimum necessary remodeling will be completed for the 2016 pilot, so additional remodeling will likely be needed in 2017): unknown
- Capital costs for cottage model: unknown likely over \$500,000
- Other costs: unknown

Based on a \$1.0 million dollar estimated annual budget and the PAO's prediction of 500 youth served, the cost per individual served is \$2,000. This does not include the programs and services the youth will participate in as part of a FIRS Agreement (except for the expansion of Step-Up). MIDD funding will be necessary for some of these programs if the state does not change the current funding structure, which is based on the number of formal court diversions.

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

MIDD is providing \$467,000 to fund the 2016 pilot. The City of Seattle pledged \$250,000 for Phase 2 (opening the Center) of the 2016 pilot and may provide future financial resources. Best Starts for Kids may also be an appropriate funding source. The Implementation Team is currently seeking financial and in-kind resources from other sources.<sup>58</sup>

- 4. TIME to implementation: Currently underway
  - a. What are the factors in the time to implementation assessment?
  - b. What are the steps needed for implementation?
  - c. Does this need an RFP?

If the two-phase pilot (Phase 1, "FIRS Lite" beginning in January and Phase 2, the FIRS Center opening in June) is implemented as planned in 2016, the FIRS Center can continue operation with MIDD II funding in 2017 with no gap in service provision. Provided the contract under the 2016 pilot has been implemented satisfactorily, it can likely be extended in 2017.

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

The pilot planned for 2016 will not be operating long enough to gauge program outcomes before MIDD II funding decisions, but MIDD II panel members should assess progress on implementation to gather additional information on the likely medium- and long-term success of FIRS. In particular, by the time recommendations on MIDD II concepts are made, Phase 1 of the FIRS pilot program ("FIRS Lite") should

<sup>&</sup>lt;sup>57</sup> Estimate is based on rough estimates from YouthCare and Spruce Street: Email from Youth Care Executive Director Melinda Giovengo to Stephanie Trollen 10/26/2015. This estimate may assume DAJD staff support, which is not part of the current proposed program. Conversation with Spruce Street Director and Carryl Spencer 1/8/2016. Implementation Team meeting, 1/7/2016.

<sup>&</sup>lt;sup>58</sup> FIRS Implementation Team meeting 12/9/2015

be successfully connecting youth with services and plans should be well underway to open the FIRS Center (Phase 2 of the pilot). The RFP for a community service agency contract should be complete and a clear framework of program management should be in place.

#### **New Concept Submission Form**

#### #28

# Working Title of Concept: Family Intervention and Restorative Services (FIRS) Center

Name of Person Submitting Concept: Leesa Manion Organization(s), if any: King County Prosecuting Attorney

Phone: 206-477-1207

Email: leesa.manion@kingcounty.gov

Mailing Address: 516 Third Avenue, Seattle, WA 98104

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

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

Concepts must be submitted via email to <a href="MIDDconcept@kingcounty.gov">MIDDconcept@kingcounty.gov</a> by <a href="October 31">October 31</a>, <a href="2015">2015</a>.

#### 1. Describe the concept.

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

The Family Intervention and Restorative Services (FIRS) Center is a non-detention, non-prosecution alternative for youth who are violent toward a family member.

Over 300 youth are jailed in King County annually for juvenile domestic violence toward a family member, often their mother. Washington State law currently requires police to make an arrest if the youth is 16 or older. Also, currently, intervention services to support these families are only available if families prosecute their children. Juvenile Domestic Violence currently accounts for approximately 30 percent of new offenses admitted to juvenile detention, representing the single largest category of new offenses. The FIRS Center would provide a non-detention, non-prosecution alternative for these youth, and would offer immediate support and services for the youth and their families. This support will range from crisis intervention, connecting families to appropriate mental health services or substance abuse treatment, to intensive family violence intervention through Step-Up services.

2. What community <u>need</u>, <u>problem</u>, <u>or opportunity</u> does your concept address? Please be specific, and describe how the need relates to mental health or substance abuse.

Unlike adult court, juvenile domestic violence (DV) rarely involves intimate partner violence. The vast majority of the cases involve youth acting out in ways against their parents or siblings that meet the legal definition of a crime. Most situations involve misdemeanor offenses, such as Assault 4, Harassment, or Malicious Mischief 3.

Families that resort to calling the police are typically in crisis and are seeking help for themselves as well as the offender. Many of these youth struggle with substance abuse and mental health disorders. Although these families look to the juvenile justice system for help, almost none of them want their children to end up with a criminal record. Parents/guardians/siblings routinely decline to assist or participate in the formal court system for this reason. Approximately 40 percent of juvenile DV referrals result in declines. King County Juvenile Probation statistics confirm that needed services rarely reach these families in crisis under the current system. Of the nearly 550 juvenile DV referrals received in 2013, only 18 youth were referred to an evidence based treatment program.

The current intervention model for juvenile domestic violence cases is ineffective because families do not receive the offer for services when they need it most: at or near the time of the crisis. Parents experiencing violence from their child rarely want formal criminal charges filed. Instead, they want to be taken seriously, want to feel supported, want to feel safe, and want their child to be motivated to change his/her behavior. The delayed offer of services achieves none of these outcomes.

# 3. <u>How would your concept address the need?</u> Please be specific.

The respite center model is a non-secure 24/7 receiving facility that eliminates the need for detention bookings on the majority of family violence cases. This model allows flexibility for families to receive respite services that are not tied to the criminal justice system and will greatly reduce formal charging. The Social Workers and Juvenile Probation Counselors (JPC) added in Phase 1\* will work in the FIRS Center. Once at the FIRS Center, youth and their families will receive the following expanded services:

#### Proposed Expanded Social Worker Role-

MSW staff will conduct a violence risk assessment with the youth and parent/caretaker (separate interviews). They will also assess the service needs of youth; psychosocial assessment will be done including a mental health and substance abuse screen. Every family will receive safety planning and specific skill building. The social worker will then team with the JPC to develop an individualized plan including as needed: crisis intervention, conflict mediation, skill building, enrollment in the 20 week Step-Up group, and other services such as mental health and chemical dependency.

#### Proposed Expanded Juvenile Probation Role-

Under an expanded scope of services, one DV specific JPC covering the intake process and one DV specific JPC covering the supervision/monitoring of the diversion agreements is proposed. Both JPC's would coordinate services with the Step-Up social workers and would routinely engage in staffing's throughout the diversion process. The goal would be for an increased participation rate for the Step-Up program and more meaningful diversion agreements that engage youth and families in tailored services and interventions as early as possible in the process. Additionally, a JPC will be assigned immediately after a youth is booked into juvenile detention instead of days later when/if a charging decision is made.

\*Phase 1 of the FIRS concept, a 12 month Expedited Juvenile DV Response Pilot, was funded through

MIDD in 2016. In an effort to provide enhanced services to juvenile DV cases in an expedited fashion, the creation of two additional Step-Up Social Workers and two additional JPCs dedicated to the DV diversion process was recommended and funded as a pilot program.

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

As a result of providing enhanced services at the time of crisis, it is anticipated that approximately 500 families dealing with family violence will take advantage of this non-detention, non-prosecution diversion option. Additionally, the courts will realize efficiencies as these families will be helped outside of the formal criminal justice process.

5. What would be the results of successful implementation of program? Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

We can dramatically reduce the number of bookings into juvenile detention with a respite center. Family violence cases represent one third of all bookings on new offenses into the juvenile detention center. These results can be measured and existing databases already capture the necessary data elements. Additionally, we expect to see lower recidivism over time as earlier intervention will prove more effective. As mentioned, we expect more families to take advantage of services and more youth will have access to evidence based treatment.

- 6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)
- ☑ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
- ☑ Crisis Diversion: Assist people who are in crisis or at risk of crisis to get the help they need.
- ☐ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
- ☑ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.
- 7. How does your concept fit within the MIDD II Objective to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

The concept is wholly consistent with the MIDD II Objective. Many of the families who will be served by FIRS are experiencing mental health or substance abuse issues. At present these families have to make the impossible choice of services for their child at the cost of a criminal charge, or to simply walk away from the criminal justice system with no services. The FIRS model will eliminate that costly price tag of a criminal conviction and allow immediate services to families experiencing violence in their homes.

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

The FIRS concept requires and has already obtained universal support from all juvenile justice

stakeholders: King County Prosecuting Attorney's Office, King County Superior Court, King County Department of Adult and Juvenile Detention, King County Department of Judicial Administration, King County Department of Public Defense.

Additionally, partnerships with the community will be necessary in order to deliver the best services to the diverse families who will be served. We have support from many community members and organizations including: Horn of Africa Services, Seattle Indian Health Board, King County Coalition Against Domestic Violence, Rainier Beach Action Coalition, Rev. Wayne Perryman and other local clergy. The FIRS Center planning team would like to gather input from the youth/community leaders and will to host several working sessions prior to the FIRS Center opening and once the FIRS Center has been operational for a few months. The input from the youth/community leaders might include (but not be limited to): culturally responsive care and services for immigrant/refugee and minority communities, considerations in design of the physical space, and trauma-informed service delivery.

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

Pilot/Small-Scale Implementation: \$ # of dollars here per year, serving # of people here people per year

Partial Implementation: \$ 400,000.00 per year, serving 200+ people per year Full Implementation: \$ 900,000.00 per year, serving 500+ people per year

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

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