

# MIDD Briefing Paper

**ES 7a Reception Centers for Youth in Crisis (replaced/modified)**  
**BP 62 Respite Cottages**

**Existing MIDD Program/Strategy Review** ☐ **MIDD I Strategy Number** 7a Reception Centers for Youth in Crisis and NC 62 Respite Cottages (Attach MIDD I pages)

**New Concept** ☐ **(Attach New Concept Form)**

**Type of category:** Existing Program/Category MODIFICATION

**SUMMARY:** MIDD I includes a strategy for a Reception Center for Youth in Crisis (7a). This strategy was not funded as originally envisioned due to the economic downturn in 2008. In 2015, funds were allocated for a “modified 7a” supporting interventions for youth involved with domestic violence, known as the family Intervention Restorative Services (FIRS) program. FIRS is designed to divert youth accused of committing family violence out of the juvenile justice system and into immediate services for the family. The FIRS program as currently funded does not include a residential component. Please note that the FIRS concept is detailed in a separate briefing paper. This briefing paper on Respite Cottages concept replaces the Reception Center strategy. Respite Cottages concept includes many of the core elements of a behavioral health and care center with therapeutic and service-oriented placements for youth experiencing crisis. The purpose of these cottages is to provide an immediate short-term placement alternative to detention for these youth as well as perhaps homeless youth whose mental health problems are too complex for shelters. Like the Crisis Solutions Center for adults, this concept would avoid unnecessary incarceration or emergency room care while stabilizing youth in crisis while supports are put in place or appropriate placements are identified (within a specified time period).

**Collaborators:**

**Name:** Margaret

**Soukup**

**Department:** MHCADSD/DCHS

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

<b>Name</b>	<b>Role</b>	<b>Organization</b>
Sandy Tomlin	Wraparound PPMIII	MHCADSD/DCHS

*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?

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MIDD I includes a strategy for a Reception Center for Youth in Crisis (7a). This strategy was not funded as originally envisioned due to the economic downturn in 2008. In 2015, funds were allocated for a “modified 7a” supporting interventions for youth involved with domestic violence, known as the family Intervention Restorative Services (FIRS) program. FIRS is designed to divert youth accused of committing family violence out of the juvenile justice system and into immediate services for the family. The FIRS program as currently funded does not include a residential component. Please note that the FIRS concept is detailed in a separate briefing paper. This briefing paper on Respite Cottages concept replaces the Reception Center strategy. Respite Cottages concept includes many of the core elements of a behavioral health and care center with therapeutic and service-oriented placements for youth experiencing crisis. The purpose of these cottages is to provide an immediate short-term placement alternative to detention for these youth as well as perhaps homeless youth whose mental health problems are too complex for shelters. Like the Crisis Solutions Center for adults, this concept would avoid unnecessary incarceration or emergency room care while stabilizing youth in crisis while supports are put in place or appropriate placements are identified (within a specified time period).

The goal of this staff-secure center is to offer treatment and support to youth who otherwise may face incarceration or hospitalization. It is envisioned as a group of cottages, each staffed appropriate to the different groups of youth, enabling targeted therapy and separation of the groups from one another. Ideally, these cottages (or some other residential option, such as remodeled condominiums or existing remodeled houses) would be clustered around an assessment center that would determine whether one of the therapeutically-designed cottages is an appropriate placement, refer youth to services in the community or to a hospital if need be. “Staff-secure” means that the doors will not be locked, but might be alarmed with a short delay before the doors open so that staff can intervene and try to persuade the youth not to run.

These youth may come to the attention of police, emergency room, or service providers. Often youth in crisis end up in juvenile detention because they cannot stay at home and there is no other place for them. These youth need a therapeutic environment tailored to their mental health needs, rather than an institution that is primarily designed to house youth accused of crimes. For the purposes of this concept, a youth in crisis is defined as an 18 year old individual or younger, who is struggling with mental health/substance use disorder (SUD) issues, including trauma; is a youth in dependency, has been involved in a domestic violence incident in their home, is truant, is of Commercially Sexually Exploited Children (CSEC) status, is homeless and/or is a runaway subject to an At Risk Youth (ARY) petition or from foster care placement. It is anticipated that the Respite Cottages would serve youth 13-18 years of age.

Currently, youth in crisis who are arrested by law enforcement because they have a warrant for running away or because of family violence have to spend one to four days in detention before seeing a judge who could release them. In the case of dependent youth, an appropriate placement is often not immediately available and the Department of Social and Health Services (DSHS) may place youth either in a motel or with a foster family that does not fit the child, sparking another run. In the case of family violence or truancy youth, it is not always a good idea for them to return home before more services can be provided, and yet detention is no place for them. As of January 2016, the County plans to have put in place a pilot diversion program for youth arrested for committing family violence (FIRS) that will connect families to evidence based services immediately, rather than waiting for a criminal case to be resolved. In June 2016, the County plans to add a residential component to the pilot for at least six months, utilizing an unused unit in the existing detention center. The hope is that that this program could transition seamlessly into a Respite Cottage before the existing detention center is demolished.

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The Respite Cottages are envisioned as an essential step towards a longer term strategy for successfully addressing the needs of various different groups of youth in crisis in need of services. From this proposed concept, King County can continue to develop customized service provision efforts for youth outside of the juvenile justice arena. This strategy allows for positive and supportive interventions to youth in a timely manner that will have a long-term impact on the well-being and robust health of the County by avoiding improper placement at the juvenile detention facility, hospital or involuntary commitment treatment facilities.

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

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

**Please describe the basis for the determination(s).**

The shift from incarcerating youth experiencing crises such as mental health/SUD symptoms, family violence and running away from home to placing them in a therapeutic environment constitutes a significant **system improvement**. These youth will be in **crisis** at the point that they arrive at the Respite Cottages, although to some, the crisis of not being able to live at home will have become very familiar to them. For the most part, these young people will not have yet become part of the juvenile justice system and this approach would allow trained professionals to **intervene** with the youth and his or her family **early**, before they have either crossed the bridge into criminal behavior or become habituated to living on the streets.

**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.**

Juvenile detention is the dumping ground for youth who have nowhere else to go, especially those with mental health and SUD issues. This is particularly true in Washington, where state law provides for stays in detention for status offenders and dependent youth and has not adequately funded services (including placement) for this population. There are no short-term therapeutic placement opportunities in King County for youth in crisis, as defined here, and certainly none linked to ongoing services. Detention is not just an inappropriate placement or an unpleasant place to spend the weekend; spending the night in detention can negatively impact the course of a young life. A stay in detention (however brief) has a stronger correlation with increased recidivism than gang membership, possession of a weapon, or poor parenting. Youth with behavioral health problems get worse in detention; for one-third of incarcerated youth diagnosed with depression, the onset of their depression occurred after they began their stint in detention. “The transition to incarceration itself,” wrote one researcher in the medical journal *Pediatrics*, ‘may be responsible for some of the observed [increased mental illness in detention] effect’.<sup>1</sup>

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<sup>1</sup> Holman, B. and Zeidenberg, J. 2006. *The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities*, Washington DC: Justice Policy Institute, pg 8.

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Detention is a particularly inappropriate place for runaways, especially dependent teens who have been in foster care. National statistics demonstrate that more than 20 percent of runaways deemed “status offenders” had been physically or sexually abused or fear such abuse upon return. Through the experience alone, dependent youth have suffered abuse or serious neglect and by the time they are teens in foster care most have lost their parents to termination of parental rights. It is safe to say that all of these dependent youth suffer from trauma-induced mental health issues. In King County, some 22 percent of homeless youth are on the street because they identify as LGBTQ and were rejected by their parents.<sup>2</sup> In addition, about 36 percent of runaways nationally have substance abuse issues and a further 18 percent were found in the company of someone abusing substance. “For this reason, any law enforcement response to runaway/throw-away youth should be accompanied by a social service and mental health component that can attend to the child maltreatment, family conflict, substance abuse, and traumatic stress that precipitate and complicate these episodes” (Flores, 2002).<sup>3</sup>

Although appropriate services might be available for some of these youth through Harborview’s Emergency Department, the Secure Crisis Residential Center, the Children’s Crisis Outreach Response Team, shelters, and/or Division of Child and Family Services, each of these services has different criteria, phone numbers and intake procedures. Youth can end up in shelters that may not be equipped to assist them in coping with the mental health issues they bring with them. There is no coordinated response system to assist police or other professionals who encounter these youth. In addition, the system may need additional resources to meet the needs of these youth, such as beds for youth with co-occurring disorders. Documented in a recent Seattle Times series, the State of Washington has defunded the Secure Crisis Residential Centers (CRC), (the CRC in King County is known as Spruce Street) to the point that they provide no service other than a roof over the heads of youth.<sup>4</sup> A report by Columbia Legal Services recently documented that homeless youth are cycling through the shelters, Spruce Street, and detention and that a stay in detention is correlated with becoming homeless.<sup>5</sup>

It is a King County priority, expressed by the community, Court, the Council and the Executive to minimize the use of detention for youth who are not a serious public safety concern and who could be better served through an intervention model that is pre-emptive and preventative rather than reactive and punitive. As an overall group on a national level, over 60 percent of youth in the juvenile justice system are dealing with a form of mental disorder (Mental Health Needs of Juvenile Offenders, National Conference of State Legislatures). Additionally, these youth in the juvenile justice system as a whole may be suffering from SUD and/or trauma. The concept of Respite Cottages would allow professionals to assess youth and refer them either to the Cottage appropriate for their individual need or refer youth and families to services without the prerequisite of juvenile justice involvement. Referral sources to the center can be mobile crisis teams, law enforcement, youth self-referrals, parents, the juvenile justice system service providers and other sources yet to be determined.

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<sup>2</sup> Seattle Times, High Rate of Homelessness among King County’s LGBTA Youth, July 30, 2015 and August 5, 2015.

<sup>3</sup> Flores, J.R., 2002, Runaway/Throwaway Children: National Estimates and Characteristics, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, pg 8.

<sup>4</sup> Seattle Times, Restore Funding for Crisis Residential Centers to Connect Homeless Youth with Services, December 20, 2015.

<sup>5</sup> Columbia Legal Services, Falling Through the Gaps: How a Stay in Detention Can Lead to Youth Homelessness, December 2015.

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Currently King County Superior Court is critically examining the proper use of detention through a study by Juvenile Detention Alternatives Initiative (JDAI); an Annie E. Casey Foundation funded effort. The JDAI report contains some 40 recommendations, some of which are predicated on the development of alternatives in the community to better serve youth. This is an essential time to utilize this opportunity to develop a therapeutically-oriented residential alternative to detention. Without the development of residential alternatives for youth who cannot go home or refuse to stay at home, these vulnerable youth will still find themselves in the detention center.

If the Respite Cottage approach is not implemented, the status quo will be the only option.

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

This strategy is aimed at preventing youth from enduring the negative effects of detention while at the same time offering them a safe place, to be staffed by professionals who can help them rather than simply detain them. Addressing the needs of troubled youth in this manner will divert some from ever entering the juvenile justice system and reduce the need to prosecute youth simply to be able to provide them with services. In addition to improving the well-being of some of the most vulnerable youth, this method of prevention and intervention will reduce the number of youth being admitted to juvenile detention and high-expense health care facilities.

Additionally, the creation of this alternative placement center provides a new resource for law enforcement, service providers, parents and others to utilize that was not previously available. This has the potential to free up resources for agencies who would utilize this center in order to better focus their services on cases requiring more attention and care. This resource can result in improved outcomes for system involved youth.

This center will provide behavioral care support to currently improperly served youth 18 years old or younger. The cottage concept offers the opportunity to help youth who cannot or will not go home and instead wind up in juvenile detention, homeless shelters, or the streets. Most of these youth have been abused, neglected, rejected by their parents, witnessed or experienced domestic violence, or have been commercially sexually exploited. The cottages are alternatives to the hospital for youth who need more specialized care than can be available in a shelter.

## **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 2015 report of the King County JDAI (an Annie E. Casey funded effort working across the country) found that in comparison to other jurisdictions of the same size, King County has a very small menu of alternatives to detention. The County also has a very high rate of “parent refusals,” meaning situations where a youth could be released from detention, and yet has no parent willing to let them come home. The 2015 **Count Us In** one-day, point-in-time count showed that only 65 percent of the youth being held in detention thought they had a parent or relative with whom they could live when they were released. By definition, the populations of youth involved in family violence, runaways, and homeless youth, all

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have particularly difficult circumstances at home, if there even is a home. A therapeutic residential setting, where youth and families could be engaged with services, would result in better outcomes for these youth.

For those youth who are “legally free” of their parents or who are alienated from their families, the Respite Cottages would provide time to allow appropriate placements to be identified, rather than simply placing them in the first available slot. Once again, it stands to reason that this approach will result in fewer youth running from placement.

Approaches such as the Respite Cottages exist in diverse jurisdictions, including Multnomah County, Albuquerque, and Toledo for youth charged with low level crimes. Washington takes an unusual approach to status offenders and dependent youth in that the law here allows detention. Currently, Washington State lacks therapeutic residential space for youth that other states might provide routinely for troubled young people. Because there is not an abundance of research on Reception Centers or Respite Cottages, this concept if implemented, will need a robust evaluation.

The Multnomah County Reception Center (which houses status offenders as well as youth charged with low level crimes) has been in operation since 1998. It serves 2000 youth a year, most of who are returned home. Those who cannot return home may stay at Garfield House, a 12 bed facility run by Harry’s Mother, a well-established program in the same building as the Reception Center<sup>6</sup>. Harry’s Mother is a national “best practice” program that serves 500 youth and families through its Crisis Intervention and Counseling Center. Harry’s Mother also operates a shelter for commercially sexually exploited-youth, as well as other homeless youth.

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

As noted above, the practice of providing therapeutic residential space other than detention for status offenders and dependent youth who run from placements is considered best practice around the country – Washington is virtually unique in providing for detention for these youth.

Similarly, providing homeless youth in mental health crises access to a therapeutic residential space would also be a best practice. The County currently does not have a way to provide this service.

Diverting youth from detention when there has been an incident of family violence would be best characterized as an emerging practice. King County is already a national model for its Step-Up program, which helps families manage conflict so that it does not erupt in violence. Step Up itself would be best characterized as a best practice; housing youth outside of a detention center for a “cooling off period” is not yet widely practiced. An independent evaluation and research firm showed significant reduction in violent and abusive behavior and lower long term recidivism rates for youth who completed Step-Up than comparison groups.<sup>7</sup>

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<sup>6</sup> Contact: Mel Jett, of Janus Youth Services, which runs the Reception Center and Garfield House.

<sup>7</sup> Organizational Research Services (2005)

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**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?**

By increasing the number of youth appropriately served, the County would expect to see a reduction in admissions to juvenile detention for these populations, referrals to juvenile court for youth who have been housed at the Respite Cottages, and fewer criminal charges filed against these youth. The County could further expect that by actually addressing the root causes of why youth runaway, there will be fewer youth on the street. In addition, by linking these youth to services (especially with treatment for SUD and mental health issues), they will be better able to function in society as adults without turning to crime or worse.

Superior Court tracks admissions daily and would be able to assist with trend analysis in relation to the development of the cottage-based center. An impact on the issuance of warrants for running away could be measured easily. Emergency room visits for this population could also be tracked. DSHS already tracks its runaway population; it could be determined whether allowing more time for appropriate placements to be identified reduces the number of dependent youth who run.

Additionally, this center would reduce admissions to hospital emergency rooms and inpatient units for youth, as well as potentially decrease homelessness for youth served. Tracking these outcomes would require data sharing partnerships with organizations working with these populations.

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> All children/youth 18 or under                     | <input checked="" type="checkbox"/> Racial-Ethnic minority (any)       |
| <input type="checkbox"/> Children 0-5                                       | <input type="checkbox"/> Black/African-American                        |
| <input type="checkbox"/> Children 6-12                                      | <input type="checkbox"/> Hispanic/Latino                               |
| <input checked="" type="checkbox"/> Teens 13-18                             | <input type="checkbox"/> Asian/Pacific Islander                        |
| <input type="checkbox"/> Transition age youth 18-25                         | <input type="checkbox"/> First Nations/American Indian/Native American |
| <input type="checkbox"/> Adults   | <input type="checkbox"/> Immigrant/Refugee                             |
| <input type="checkbox"/> Older Adults                                       | <input type="checkbox"/> Veteran/US Military                           |
| <input checked="" type="checkbox"/> Families                                | <input checked="" type="checkbox"/> Homeless                           |
| <input type="checkbox"/> Anyone   | <input checked="" type="checkbox"/> GLBT                               |
| <input checked="" type="checkbox"/> Offenders/Ex-offenders/Justice-involved | <input type="checkbox"/> Women   |
| <input type="checkbox"/> Other – Please Specify:                            |  |

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

- Youth and families where violence has erupted in the home.
- Youth who have run away from home and the families who want them to return.
- Youth who have run away or been turned away from home, where return home is no longer an option.



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- Youth who are dependent and who have run from placements that were not appropriate for them.
- Youth who are already homeless and deeply troubled, possibly including commercially sexually exploited youth.

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

A large portion of youth involved in the juvenile justice system resides in South King County. Locating the Cottages in South King County will fill a geographic service gap for youth who otherwise would need to travel, via public transportation or other costly transport methods, to the greater Seattle area or east of Lake Washington to receive the services that are currently available. The vision for this cottage-based center is that it will be adaptable. To begin, this center will serve the at-risk population described above, but as new needs arise with regards to youth in crisis, the respite center will be flexible enough to introduce new services and opportunities for youth to prevent system involvement as the needs of the community change or the capacity to expand arises

**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.**

Law enforcement; Mental Health and SUD providers; MHCADSD/DCHS; Schools; Community-based organizations and Department of Social and Health Services, Children's Administration, collaboration in regard to building the Children and Family Justice Center, South King jurisdictions and communities, defense council, and youth advocates.

**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?**

It is possible that the State Legislature could choose to either eliminate detention for status offenders and dependent youth or else adequately fund services and foster care for these populations. These possibilities seem remote. If there were such funding, it is possible that it could be used as a source of funds for this proposal.

The Legislature could also remove from the category requiring mandatory arrest assaults committed by youths 16 and above on family members. This possibility has been floated in the past and does not appear to be very likely. Even if it were to be adopted by the Legislature, it would not mean that the problem had gone away, only that youth were not being arrested -- the need for Respite Cottages might become even greater.

**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?**



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Two primary concerns (1) funding capital costs and (2) identifying siting options. Given recent and past experience, it has been difficult to site behavioral health services in South King County. One possible solution is to site the Respite Cottages in acquiring space in unincorporated King County, which may in turn create a transportation barrier.

**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 most significant unintended consequence is relieving the State/legislature's responsibility to fund services such as services for status offenders who can be detained under the Becca law. However, neither the Department nor the Legislature has shown any willingness to prioritize services and placements for the populations that will be served by the Respite Cottages for at least the 20 years since the Becca law was passed, so it is unlikely to occur in the near future.

Second, the availability of beds and services in King County could encourage other jurisdictions or providers to send youth here, as has occurred with individuals suitable for involuntary commitment to psychiatric hospitals.

Third, when the Prosecuting Attorney's Office began exploring its diversion program for youth accused of committing violence within the home, they learned that oftentimes the police have made numerous trips to a household in response to 911 calls, but cannot arrest a youth younger than 16 (where the conduct does not rise to the level of a felony) because the Court's detention intake criteria does not allow those youth to be admitted. This suggests pent up demand for respite placement for youth 13-15. If these youth arrive at the doors of the Respite Cottages, there might not be enough room. The County could develop initial criteria for admission, and then shape the criteria over time to best utilize space and meet community need.

**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?**

Essentially, the status quo would continue. Youth who need therapeutic, trauma-informed care would instead be held in detention until they see a judge. Once they are ordered released, dependent youth would be placed in the first available placement (whether appropriate or not) or a motel. Other youth who could not go home would be cycled back into the shelters/streets of King County.

**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?**

Family Violence: King County will be experimenting in 2016 with the FIRS program designed to divert youth accused of committing family violence out of the juvenile justice system and into immediate services for the family. It could be that the part of FIRS without the residential component could continue, but youth might have to go back to being housed in detention. Initially FIRS will begin without

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providing a cooling-off space other than detention, however there may be residential component, housed in an unused unit of the existing detention center.

Children's Crisis Outreach Response (CCORS), managed by YMCA of Seattle, has a limited scope of diversion/crisis beds in licensed therapeutic foster homes. CCORS can decline kids based on severe mental health issues and/or violence to others.

This proposal could be merged with another new concept 116 - Youth Mental Health Alternatives to Secure Detention Beds, which proposes psychiatric beds for youth waiting for placements in detention. That proposal requires a higher degree of professional expertise than Respite Cottages. There could be ways in which the two proposals could be combined for purposes of siting, overhead such as provision of food and laundry services, and possibly sharing consulting mental health providers.

## E. Countywide Policies and Priorities

- 1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**
  - This proposal may fit well with Best Starts for Kids' focus on diverting the School to Prison Pipeline. This intervention would fall some place in between school and juvenile detention and yet well before prison in the pipeline.
  - One of All Home's goals is to reduce youth homelessness, and that goal is clearly furthered by this proposal.
  - This connects within the Reclaiming Futures, King County's Journey: A Vision for 2024.
  - The County is sponsoring currently the Juvenile Justice Equity Steering Committee, which is charged with reducing disproportionality in the juvenile justice system. Among this group's concerns is reducing the use of detention. The notion of being able to move youth out of detention who are disproportionately youth of color supports this important County policy goal.
- 2. How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

Virtually all of youth who may utilize the respite cottages will likely have suffered trauma and usually multiple adverse childhood experiences. They need to be cared for, not just housed. The goal of the Respite Cottages is to provide trauma-informed care.

Most of these youth are going to need to quickly become self-reliant, as they do not have families able to meet their needs. Cycling in and out of shelters, the CRC, and detention does not allow enough stability to develop inner-strength. Moreover, it is in no one's interests for self-reliance to take the form of criminal behavior. Thus, a key goal of the Respite Cottages is to allow enough time for an appropriate foster care placement to be made, or return to home or relative-care after reunification efforts have been made, to give youth the opportunity to develop healthy resiliency.

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

Youth in the juvenile justice system and youth who are deemed to be status offenders suffer from high rates of mental health issues, substance abuse issues and co-occurring disorders. As youth go untreated for behavioral health issues and become more involved in the juvenile justice system the rates of these co-occurring disorders increase (OJJDP, 2013).<sup>8</sup>

Families with means, insurance, and the ability to advocate for their children are able to access mental health and substance abuse help independently. Their children more rarely find themselves in detention. Families that do not have these advantages and youth who are no longer connected to parents do not have access to adequate services to meet their needs. These youth are the ones who end up in detention. It is a critical demand of the social justice and equity goals that King County address these disparities.

#### **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.)?**

First, physical space is essential. Second, the county would need to contract with an agency(s) to provide day-to-day staffing; line staff may require specific training about the types of trauma the youth at the Cottages are likely to have experienced, the mental health issues they present, and how best to convince them to stay when the door is not locked. It should be noted that the staff for FIRS would be able to be moved to the Cottages and would not have to be identified and trained. The cottage for homeless youth experiencing mental health crises would need to have more specialized staff, likely including at least a psychiatric nurse available 24 hours, as well as consulting psychologists and psychiatrists. Third, outside partnerships would need to be established with clinical professionals to oversee and provide appropriate therapeutic interventions and to connect youth to services when they move home or to a more permanent placement. These partnerships might overlap well with the new concept 16 - Youth Mental Health Alternatives to Secure Detention Beds.

The county would need to determine what agency or department would have ultimate responsibility for managing, overseeing, and operating the respite cottages.

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

There will be unknown capital costs for the cottages which are not included in this paper.

In terms of programmatic costs, the cost of line staff to run the cottages day-to-day is estimated at \$500,000 per year per 16 beds (based on the estimate for the residential component of FIRS). It will become clear in a few months how many youth would be placed at FIRS, but it is estimated that the number will fluctuate from small numbers to up to 16. The total budget for Garfield House in Portland

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<sup>8</sup> Teplin, L.A., Abram, K.M., Washburn, J.J., Welty, L.J., Hershfield, J.A. and Dulcan, M.K. 2013. The Northwestern Juvenile Project: Overview. Office of Juvenile Justice and Delinquency Prevention Juvenile Justice Bulletin. February 2013.

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(which houses runaways who are brought to the Reception Center) is \$400,000 for a 12 bed unit (this is all programmatic spending, as the facility is owned by the non-profit that runs the whole operation). The focus of Garfield House is family reunification, and the average length of stay is three days.

According to Superior Court, at any given time there are fewer than two status offenders or dependent youth in detention (80 were admitted in 2014). The goal of the cottages would be to provide a stable placement for longer than a detention stay to determine whether the youth can go home (and with what services) or where they will be placed next. Early estimates are that an eight bed unit may be sufficient for this population.

It is envisioned that three separate dwelling units are established – one for FIRS (family violence), one for status offenders (runaways) and one for homeless youth struggling with mental health issues. The total programmatic cost would be between \$400,000-800,000.

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

This work fits most clearly within MIDD, but it is also possible that this diversion from detention could fit within Best Starts for Kids' mission to end the school to prison pipeline.

Garfield House in Portland receives federal funding for its work with runaways through the Basic Center Program of the Federal Youth Service Bureau. It provides grants of up to \$200,000 per year.

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

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

Factors may include raising capital funds, siting, construction or remodeling process.

**b. What are the steps needed for implementation?**

Determining whether existing residential space can be remodeled for this purpose, or whether new construction is required; Identifying capital funding; Siting and permitting; Remodeling or construction; RFPs for agencies to operate the cottages; and Contracts or partnerships for provision of specialized mental health services.

**c. Does this need an RFP?**

Several RFPs would be required, managed by both Facilities and DCHS.

**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?**

A historical consideration: The former **Bridge Program** operated from 2000-2005 at Seattle Children's Home and was jointly funded by the county and Children's Administration (then DCFS) which provided the following services:

- 3-9 crisis beds in a staffed facility;
- 3 beds for crisis/hospital diversion;
- 3-7 days stay with plan to return to home with case management.;
- 6 beds for longer term brief crisis/step down from or waiting for CLIP treatment, generally 30 day stay, sometimes up to 60 days; and
- coordinated care with local mental health provider & CA for placements/services.

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This program closed in 2005.

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Strategy Title: Expand Services for Youth in Crisis

Strategy No: 7a – Reception Centers for Youth in Crisis

County Policy Goals Addressed:

- A reduction of the number of people with mental illness and chemical dependency using costly interventions like jail, emergency rooms and hospitals.
- Explicit linkage with, and furthering of, other council directed efforts including the Adult and Juvenile Justice Operational Master Plans, the Ten-Year Plan to End Homelessness in King County, the Veterans and Human Services Levy Service Improvement Plan and the Recovery Plan for Mental Health Services.
- Diversion of youth and adults with mental illness and chemical dependency from initial or further justice system involvement.

## 1. Program/Service Description

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

The King County juvenile justice system struggles to respond adequately to the needs of arrested youth who are not eligible for juvenile detention and who do not have a readily available parent or guardian. Although appropriate services might be available through Harborview's Emergency Department, the Secure Crisis Residential Center, the Children's Crisis Outreach Response Team, shelters, and/or Division of Child and Family Services, each of these services has different criteria, phone numbers and intake procedures. There is no coordinated response system to assist police or other professionals who encounter these youth. In addition, the system may need additional services to meet the needs of these youth.

### ◇ B. Reason for Inclusion of the Strategy

It is a King County priority to minimize the use of detention for youth who are not a serious public safety concern and who do not have readily available parents or guardians. Since King County implemented the juvenile detention intake criteria in the late 1990s, law enforcement has experienced difficulty accessing community alternatives for youth who don't meet those criteria. The Mental Illness and Drug Dependency Action Plan (MIDD) funds will help address these concerns and provide an opportunity to better assess unmet needs, develop additional services and improve coordination. This strategy is consistent with the goals of the King County Systems Integration Initiative.

### ◇ C. Service Components/Design

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The recommendation of the original MIDD Action Plan was to meet the needs of the target population through development of a reception center that would provide an

immediate option for law enforcement and serve as a central coordination point. As envisioned, the reception center would help connect youth to their parent/guardian or help them find alternative housing. Reception center staff would assess the youth's needs for treatment and services and link them to those services.

At this juncture, a needs assessment and planning process is an essential next step to help evaluate the feasibility of the original recommendation. In particular, the needs assessment will gather information about the projected use of a reception center. The planning for this strategy will be coordinated with the planning processes for related MIDD strategies (especially Children's Crisis Outreach Response System (7b), and Crisis Intervention Training for first responders (10a)). The goal of this integrated planning process would be to develop a crisis response system that meets the needs of the target population(s) and comprises a full continuum of service options.

### ◇ *D. Target Population*

Youth who have been arrested, are ineligible for detention, and do not have a readily available parent or guardian. Many of these youth have mental health and/or substance abuse needs. The needs assessment and planning process will help determine if a broader population of youth might also qualify for and benefit from this intervention (e.g., youth in crisis referred by schools or community centers).

### ◇ *E. Program Goals*

Create a coordinated response/entry system for the target population.

Law enforcement and other first responders will be able to link youth to appropriate services in a timely manner.

An enhanced array of services is available to the target population.

### ◇ *F. Outputs/Outcomes*

Complete a needs assessment in conjunction with Strategy 7b to determine appropriate strategies to meet goals.

Implement strategies identified through needs assessment (e.g., coordinated response system, reception center, additional services).

Reduce admissions to juvenile detention for youth served.

Reduce admissions to hospital emergency rooms and inpatient units for youth served.

Decrease homelessness for youth served.

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## 2. Funding Resources Needed and Spending Plan

The project needs \$75,000 to conduct a needs assessment, design a coordinated response system, and assess the feasibility of and subsequently design a centralized reception center and/or additional services.

Dates	Activity	Funding
May – Dec 2008	Project team (which may include a consultant) conducts needs assessment, evaluates feasibility of reception center, develops program design, budget and RFP if recommended.	\$75,000
	<b>Total Funds 2008</b>	<b>\$75,000</b>
Jan – Mar 2009	<ul style="list-style-type: none"> <li>♦ Start-up activities for coordinated response system including training and communication plan (e.g., printing of materials)</li> <li>♦ Project team finalizes recommendation for reception center and additional services. Next steps could include Request for Qualifications (RFQ) or Request for Proposals (RFP).</li> </ul>	TBD (Note that one-time funds may be needed for capital improvements)
	<b>Total Funds 2009</b>	<b>\$497,400</b>
2010 and onward	TBD	TBD
Ongoing Annual	<b>Total Funds</b>	<b>\$497,400</b>

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

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

If implemented, the reception center would require a community provider, a suitable location, 24/7 capability and staff, including treatment specialists (mental health and substance abuse) and case managers.

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

Needs will be dependent upon the program design.

- ♦ C. *Partnership/Linkage*

The planning process will occur in partnership with juvenile justice, law enforcement, youth service providers, King County Mental Health Chemical Abuse and Dependency Services Division, families and other involved stakeholders.



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## 4. Implementation/Timelines

### ◇ A. *Project Planning and Overall Implementation Timeline*

1. Needs assessment/Baseline/Feasibility Study and Concept Development: Conduct a study and planning process; develop recommendations and design for a reception center and coordinated response system. Develop budget estimates. (May – Dec 2008)
2. Implementation of Coordinated Response System: Conduct training of staff, law enforcement, and other professionals. Implement coordinated response system. (January – Mar 2009)
3. Reception Center: Depending on recommendation from the project team, next steps could include the development of an RFQ or RFP. Implementation date to be determined. (2009)

### ◇ B. *Procurement of Providers*

To be determined, depending on recommendations from the project team.

### ◇ C. *Contracting of Services*

To be determined, depending on recommendations from the project team.

### ◇ D. *Services Start Date(s)*

To be determined, depending on recommendations from the project team.

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## # 62

### **Working Title of Concept: Respite Cottages (previously Reception Centers for Youth in Crisis)**

**Name of Person Submitting Concept:** Lea Ennis, Director of Juvenile Court Services

**Organization(s), if any:** King County Superior Court

**Phone:** 206-263-9539

**Email:** Lea.Ennis@kingcounty.gov

**Mailing Address:** 1211 East Alder Street, MS 4E, Seattle, WA 98122

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

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

*Concepts must be submitted via email to [MIDDconcept@kingcounty.gov](mailto:MIDDconcept@kingcounty.gov) by **October 31, 2015**.*

#### **1. Describe the concept.**

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

In 2009, King County Superior Court submitted a concept for MIDD funding for a Reception Center for Youth in Crisis. While maintaining the core elements of that original concept, King County Superior

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Court is proposing the development of a behavioral health and care center in South King County that presents opportunities for therapeutic and service-oriented placements for youth experiencing crisis – whether they come to the attention of police, the emergency room, or service providers. Often youth in crisis wind up in juvenile detention because they cannot stay at home and there is no other place for them. These youth need a therapeutic environment tailored to their mental health needs, rather than an institution that is primarily designed to house youth accused of crimes.

For the purposes of this concept, a youth in crisis is defined as an 18 year old individual or younger, who is struggling with mental health issues, substance abuse and/or trauma; and/or is of the status of a dependency youth, has been involved in a domestic violence incident in their home, is truant, is of Commercially Sexually Exploited Children (CSEC) status, is homeless and/or is a runaway subject to an At Risk Youth Petition or from foster care placement.

The goal of this staff-secure center is to offer treatment and support to youth who otherwise would face incarceration or hospitalization. It is envisioned as a group of cottages, each staffed appropriate to the different groups of youth, enabling targeted therapy and separation of the groups from one another. Ideally, these cottages (or some other residential option, such as remodeled condominiums or existing remodeled houses) would be clustered around an assessment center that would determine whether one of the therapeutically-designed cottages is an appropriate placement, refer youth to services in the community or to a hospital if need be. “Staff-secure” means that the doors will not be locked, but might be alarmed with a short delay before the doors open so that staff can intervene and try to persuade the youth not to run.

Currently, youth in crisis who are arrested by law enforcement because they have a warrant for running away or because of family violence have to spend 1-4 days in detention before seeing a judge who could release them. In the case of dependent youth, often an appropriate placement is not immediately available and the Department of Social and Health Services winds up placing them either in a motel or with a foster family that does not fit the child, sparking another run. In the case of family violence or Becca youth, it is not always a good idea for them to return home before more services can be provided, and yet detention is no place for them.

The purpose of these cottages is to provide an immediate short-term placement alternative to detention for these youth as well as perhaps homeless youth whose mental health problems are too complex for shelters. Like the Crisis Solutions Center for adults, this concept would avoid unnecessary incarceration or emergency room care while stabilizing youth in crisis while supports are put in place or appropriate placements are identified (within a specified time period).

This center is an essential step towards a longer term strategy for capturing the needs of various different groups of youth in crisis in need of services. From this proposed concept, King County can continue to develop customized service provision efforts for youth outside of juvenile justice arena. This strategy allows for positive and supportive interventions to youth in a timely manner that will have a long-term impact on the well-being and robust health of our County by avoiding improper placement at the juvenile detention facility, hospital or involuntary commitment treatment facilities.

<b>2. What community need, problem, or opportunity does your concept address? Please be specific, and describe how the need relates to mental health or substance abuse.</b>
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Juvenile detention is the dumping ground for youth who have nowhere else to go, especially those with mental health and substance abuse issues. There are no short-term therapeutic placement opportunities in King County for youth in crisis, as defined here, and certainly none linked to ongoing

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services, Detention is not just an inappropriate placement or an unpleasant place to spend the weekend. Rather, spending the night in detention can change the course of a young life. A stay in detention (however brief) has a greater impact on recidivism than gang membership, possession of a weapon, or poor parenting. Youth with behavioral health problems get worse in detention; for one-third of incarcerated youth diagnosed with depression, the onset of their depression occurred after they began their stint in detention. “The transition to incarceration itself,” wrote one researcher in the medical journal *Pediatrics*, “may be responsible for some of the observed [increased mental illness in detention] effect” (Holman and Zeidenberg, 2006).

Detention is a particularly inappropriate place for runaways, especially dependent teens who have been in foster care. National statistics demonstrate that more than 20 percent of runaways deemed “status offenders” had been physically or sexually abused or fear such abuse upon return. By definition, dependent youth have suffered abuse or serious neglect and by the time they are teens in foster care most have lost their parents to termination of parental rights. It is safe to say that all of these dependent youth suffer from trauma-induced mental health issues. In King County, some 22 percent of homeless youth are on the street because they identify as LGBTQ and were rejected by their parents (Seattle Times July 30, 2015 & August 5, 2015). In addition, about 36 percent of runaways nationally have substance abuse issues and a further 18 percent were found in the company of someone abusing substance. “For this reason, any law enforcement response to runaway/throwaway youth should be accompanied by a social service and mental health component that can attend to the child maltreatment, family conflict, substance abuse, and traumatic stress that precipitate and complicate these episodes” (Flores, 2002).

Although appropriate services might be available for some of these youth through Harborview’s Emergency Department, the Secure Crisis Residential Center, the Children’s Crisis Outreach Response Team, shelters, and/or Division of Child and Family Services, each of these services has different criteria, phone numbers and intake procedures. Youth can wind up in shelters ill-equipped to assist them in coping with the mental health issues they bring with them. There is no coordinated response system to assist police or other professionals who encounter these youth. In addition, the system may need additional resources to meet the needs of these youth, such as beds for youth with co-occurring disorders.

It is a King County priority, expressed by the Court, the Council and the Executive as well as the community, to minimize the use of detention for youth who are not a serious public safety concern and who could be better served through an intervention model that is pre-emptive and preventative rather than reactive and punitive. As an overall group on a national level over 60 percent of youth in the juvenile justice system are dealing with a form of mental disorder (Mental Health Needs of Juvenile Offenders, National Conference of State Legislatures). Additionally, these youth in the juvenile justice system as a whole may be suffering from substance abuse and/or trauma. The concept of Respite Cottages would allow professionals to assess youth and refer them either to the Cottage appropriate for their needs, refer youth and families to services without the prerequisite of juvenile justice involvement. Referral sources to the center can be mobile crisis teams, law enforcement, youth self-referrals, parents, the juvenile justice system service providers and other sources yet to be determined. It may be that the County would choose to limit referrals to law enforcement, the Court and service providers because there will be finite space.

Currently King County Superior Court is critically examining the proper use of detention through a study by Juvenile Detention Alternatives Initiative, an Annie E. Casey Foundation funded effort. The JDAI

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report contains some 40 recommendations, some of which are predicated on the development of alternatives in the community to better serve youth. This is an essential time to utilize this opportunity to develop a therapeutically-oriented residential alternative to detention. Without the development of residential alternatives for youth who cannot go home or refuse to stay at home, these vulnerable youth will still find themselves in the detention center.

Holman, B. and Zeidenberg, J. 2006. The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities, Washington DC: Justice Policy Institute, pg 8.

Seattle Times, High Rate of Homelessness among King County's LGBT Youth, July 30, 2015 and August 5, 2015.

Flores, J.R., 2002, Runaway/Thrownaway Children: National Estimates and Characteristics, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, pg 8.

### **3. How would your concept address the need?**

**Please be specific.**

This strategy is aimed at preventing youth from enduring the negative effects of detention while at the same time offering them a safe place to be staffed by professionals who can help them rather than simply hold them. Addressing the needs of troubled youth in this manner will divert some from ever entering the juvenile justice system and might also reduce the need to prosecute youth simply to be able to provide them with services.. In addition to improving the well-being of some of our most vulnerable youth, this method of preventative intervention will reduce the number of youth being admitted to juvenile detention and high-expense health care facilities.

Additionally, the creation of this alternative placement center provides a new resource for law enforcement, service providers, parents and others to utilize that was not previously available. This has the potential to free up resources for agencies who would utilize this center in order to better focus their services on cases requiring more attention and care. This reallocation of resources can result in improved outcomes for system involved youth.

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

This center will provide behavioral care support to currently improperly served youth of 18 years old or younger. As explained above, the cottage concept offers the opportunity to help youth who cannot or will not go home and instead wind up in juvenile detention, homeless shelters, or the streets. These youth have been abused, neglected, reject by their parents, witnessed or experienced domestic violence, or have been commercially sexually exploited. The cottages could be good alternatives to the hospital for youth who need more specialized care than can be available in a shelter. A large portion of youth involved in the juvenile justice system reside in South King County. Locating the center in South King County will fill a geographic service gap for youth who otherwise would need to travel, via public transportation or other costly transport methods, to the greater Seattle area or east of Lake Washington to receive the services that are currently available. The vision for this cottage-based center is that it will be adaptable. To begin, this center will serve the at-risk population described above, but as new needs arise with regards to youth in crisis, the respite center will be flexible enough to introduce new services and opportunities for youth to prevent system involvement as the needs of the community change or the capacity to expand arises.

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

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

By increasing the number of youth appropriately served, the Court expects to see a reduction in admissions to juvenile detention, referrals to juvenile court, and criminal charges filed. We further expect that by actually addressing the root causes of why youth runaway, there will be fewer youth on the street. In addition, with treatment available to them for substance abuse, they will be better able to function in society as adults without turning to crime or worse.

In terms of evaluation the Court tracks admissions daily and would be able to conduct a long-term trend analysis in relation to the development of the cottage-based center. An impact on the issuance of warrants for running away could be measured easily. Emergency room visits for this population could also be tracked. In addition, the Court is already planning a to work with the Executive's Office to conduct a recidivism rate study in 2016 and will be able to replicate the study in the future to assess the impact of the implementation of the center.

Additionally, this center would reduce admissions to hospital emergency rooms and inpatient units for youth, as well as potentially decrease homelessness for youth served. Tracking these outcomes would require data sharing partnerships with organizations working with these populations.

**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?**

As described above, both youth in the juvenile justice system and youth who are deemed to be status offenders suffer from high rates of mental health issues, substance abuse issues and co-occurring disorders. As youth go untreated and become more involved in the juvenile justice system the rates of these co-occurring disorders increase (Office of Juvenile Justice and Delinquency Prevention Juvenile Justice Bulletin, Teplin et al, 2013).

We suggest siting this collection of cottages in the South King County because the population of this area has changed and now desperately needs these services. As is well-known, Seattle is increasingly becoming an unaffordable place to live and those who cannot afford it migrate south. It may be that the cottages would have to be sited in unincorporated King County simplify the permitting process. Over and over again, the Court and the MIDD Oversight Committee hear pleas for services and placements in the South King County and we must find some ways to meet this growing need.

As described above, this population is characterized by unmet mental health, substance abuse, and domestic violence prevention needs. The cottages will offer an opportunity serve these youth in a therapeutic setting where they will be cared for rather than punished.

Families with money, with good insurance, and an ability to advocate for their children are able to access mental health and substance abuse help independently. Their children more rarely find themselves in detention. Families that do not have these advantages and youth who are no longer connected to parents

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do not have access to adequate services to meet their needs. These youth are the ones who wind up in detention. It is a critical demand of our social justice and equity goals that we meet these needs as a County.

Teplin, L.A., Abram, K.M., Washburn, J.J., Welty, L.J., Hershfield, J.A. and Dulcan, M.K. 2013. The Northwestern Juvenile Project: Overview. Office of Juvenile Justice and Delinquency Prevention Juvenile Justice Bulletin. February 2013.

**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.**

- Law enforcement
- Mental health and substance abuse providers
- Schools
- Community-based organizations

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

**Pilot/Small-Scale Implementation: \$ 350,000 per year, serving 300 people per year**

**Partial Implementation: \$ 700,000 per year, serving 500 people per year**

**Full Implementation: \$ 1,000,000 per year, serving 800-1000 people per year**

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

**If at any time you have questions about the MIDD new concept process, please contact MIDD staff at [MIDDConcept@kingcounty.gov](mailto:MIDDConcept@kingcounty.gov).**