

JJ&RA - JUVENILE REHABILITATION
Improving Treatment for Mental Health Needs



2015-17 BIENNIAL BUDGET

Request	FY16	FY17	15-17
FTE	66.5	66.5	66.5
GF-State	\$4,978,000	\$4,762,000	\$9,740,000
Total	\$4,978,000	\$4,762,000	\$9,740,000

DECISION PACKAGE SUMMARY

The Juvenile Justice and Rehabilitation Administration (JJRA) requests 66.5 FTEs in order to provide clinical oversight, adequate milieu supervision and coaching, timely psychological and psychiatric care and mental health and transition services. By funding this request, JJRA is expected to support effective evidence-based Juvenile Rehabilitation (JR) programs, which will reduce incidents of self-harm and aggression, stabilize youth more quickly to allow time for transition and sustain a clinical work force to manage a growing mental health population.

PROBLEM STATEMENT

Over the past six years, JR’s residential population has been reduced due to changes in release policies tied to budget reductions, lower crime rates, county and state evidence based programming and other efforts to treat lower risk youth in their home communities. As a result, youth committed to JR are the higher needs youth in Washington’s juvenile justice system.

Treatment needs for JR youth have grown more complex, resulting in an increase in aggressive behaviors, assaults and self-harm incidents which compromise the safety of youth and staff. In JR facilities during Fiscal Year 2014, there were 1,400 reported incidents of aggression. This is 265 more incidents than were reported in Fiscal Year 2011, when JR had 100 more youth in residence. Similarly, in Fiscal Year 2014, there were 200 incidents of suicide or self-harm behavior necessitating a suicide precautionary level. This is compared to 209 such incidents in Fiscal Year 2011, when 100 more youth were in care. Incidents of these types not only result in youth and staff injury, but also impact the overall treatment environment.

The population of youth with mental health needs is now over two thirds of the total population. Currently, a youth’s mental health status is determined by JR’s Mental Health Target Population (MHTP) criterion which includes type of diagnosis, self-harm behavior within the past six months and the need for psychotropic medication. Additionally, JR mental health professionals further assess youth on a case-by-case basis to determine acuity level requiring higher level resources. The MHTP and acuity level helps determine housing unit placement. JR housing units differ by mental health level which dictates capacity, staffing levels, caseload ratios and clinical resources. Since 2011, the ability to separate youth with mental health needs from other youth has been more challenging due to the closure of Maple Lane School. Funding to assist the administration with the closure of Maple Lane School was used for facilities to support the mental health population at that time, which included the construction of one new 16-bed residential mental health unit at Green Hill School (GHS) and the renovation of three units at Echo Glen Children’s Center (EGCC). Both GHS and EGCC are currently in need of additional residential mental health units to support the current caseload of youth with increased acuity. This proposal provides the staffing supports that parallel the Capital Budget request for the additional residential mental health units.



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The legislature has partially funded past requests to restore some staffing, services and clinical gaps that were cut in prior budget reductions. Unfortunately, the need to address JR's mental health service delivery system to meet the needs of the changing population still exists.

PROPOSED SOLUTION

JR's goal is to provide a safe and healthy environment for youth to receive evidence-based programs that will ultimately reduce the youth's risk to reoffend and to reduce dependency on mental health services in the community.

A portion of the FTEs will address current acute care needs and later staff a new 16-bed Residential Mental Health Unit at Green Hill School (GHS). This proposal requests 32 FTEs for direct care staff, 9.5 FTEs for clinical services, 2 FTEs for specialized trainers and 3 FTEs to support transition activities for youth with mental health needs. This proposal also requests contracted mental health provider services up to \$622,700 per biennium. These requests would be implemented immediately in order to address the safety, supervision, assessment, treatment and transition demands of this specialized population. These resources will be spread across several facilities to ensure youth with mental health needs can access the most effective step-down programs preparing them for return to their families and the community.

EXPECTED RESULTS

The budget request supports DSHS Goal 1: Health-Each individual and each community will be healthy. The decision package is essential to implementing the JR Strategic Objective 1.1: Providing youth increased access to a coordinated delivery of medical, behavioral health and long-term services and supports to improve their health status. This request supports the Results Washington goal for healthy people by providing access to good medical care to improve people's lives.

Youth in JR care are entitled to adequate mental health care, which includes timely mental health assessments and care from mental health providers, a safe treatment environment with specialized staff to provide coaching, skill-building, and crisis intervention and access to community-based programs to support successful reentry to the community. This specialized population is in JR facilities for only a short period of time. It is critical that during this time, JR has the resources to not only stabilize and treat youth but also to link them to community resources upon release through the use of JR Community Facilities. Without appropriate mental health resources and a staff supported community-based infrastructure for youth with mental health needs, these youth will end up returning to either the justice or mental health system into their adult lives.

STAKEHOLDER IMPACT

Stakeholders supporting this proposal include youth, families, JR staff and the community. These youth are often untreated in the community and may lack appropriate support structures to guide them to the community-based mental health services they need. Youth committed to JR are the most acute mentally ill justice-involved youth in the State and have often exhausted other resources or attempts to re-engage in healthy adolescent behavior. For some, JR is their last effort for stabilization and treatment. The community expects that we keep their communities safe by providing appropriate treatment and releasing healthy youth back into their community.



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