

Transition Age Youth with I/DD and Engagement with the Criminal Justice System

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Context for the Problem - 1

- Today, city and county jails house a very large number of persons with mental and substance use conditions.
- Each night, on average, at least 25% of the incarcerated population has a mental health condition, and at least 50% has a substance use condition, with great comorbidity.
- **FACTOID: Each night, more than 550,000 persons with behavioral health conditions are in our city and county jails.**

Context for the Problem - 2

- We have responded to this problem:
 - National Association of Counties (NACo): “**Stepping Up Initiative**”
 - National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD): “**Decarceration Initiative**”
- The Federal Government also has responded:
 - DOJ Grant Programs
 - HHS Technical Assistance Programs (Intercept Mapping)

Emergent Problem

- A large number of transition age youth with intellectual and developmental disability (I/DD) are failing to successfully negotiate the transition to adult programs.
- As a result, such youth now constitute up to 10% of the city and county jail population.
- **FACTOID: Each night, up to 75,000 persons housed in city and county jails have I/DD.**

What Do We Know?

- In general, for the I/DD population:
- About 1/3 have co-occurring mental illness, primarily depression and anxiety.
- About 2/3 are in Medicaid funded services, with many on at least one psychotropic medication.
- Screening for I/DD is often lacking/minimal in most settings.

What Do We Know?

- In the community, there is limited provider capacity to deal with persons who are dually diagnosed and who exhibit complex behaviors.
- Key community services—housing, residential support, and employment--constitute major barriers.

Scope of Issue

- Generally, data are of poor quality.
- **About 650,000 persons are in Medicaid funded residential settings, and 227,500 (35%) have co-existing I/DD and mental illness diagnoses.**
- **At least 65,000 (10%) have complex behavioral issues.**
- **About 75,000 are incarcerated each day.**

Characteristics of Those with I/DD and Intensive Needs

- 60% are male
- 70% are ages 20-40; majority are 20-30
- 20% have autism diagnoses
- High but unknown % with mental illness diagnoses; minimal estimate would be 35%
- Frequent psychiatric hospitalization history
- Multiple placement failures with extensive trauma.

From Benchmark Human Services

Root Causes - 1

- Problems with the transformation of the Home and Community Based Service (HCBS) Program in Medicaid:
 - Goal: Full community integration for services, housing, and jobs.
 - Initiated in 2014, with a state planning requirement, and required implementation to begin by 2019.
 - Now, start date has been set back to 2022.

Root Causes - 2

- Effects on states and counties:
 - New requirements have caused considerable disorganization in state and county I/DD programs.
 - “Conflict-free” case management provision has caused counties and programs to leave the field.
 - In reaction, some families have sought to restore institutional care.

Federal Response

- Administration on Community Services will soon award a center contract to provide technical assistance to states on how to improve their responses to the shift in the HCBS Waivers.
- A primary focus of this effort will be “person-centered care”.
- Expect this to be awarded soon for implementation in FY2019.

Some Major Differences

- Under federal law, city and county jails are required to treat persons with behavioral health diagnoses.
- This requirement does not extend to persons with I/DD, since they have a “condition” rather than a “disease”.

Some Major Difficulties

- Police lack training in how to deal with persons with I/DD. Results can be fatal.
- Drop-off points are not available in the community when police are called. Hence, jail becomes the only alternative.
- Community re-entry mechanisms are usually unavailable. Hence, re-entry is very difficult, at best.
- Medicaid funds are not available for persons who actually are incarcerated in a cell.

Needed Actions -Short Term

- **PREVENT INCARCERATION:** Improve our community response between the behavioral health and I/DD fields so that fewer persons with I/DD fall through the cracks into jail.
- **TRAIN POLICE:** Initiate training of police, using the Crisis Intervention Training Model, so that police are better equipped to deal with persons who have I/DD.

Needed Actions -Short Term

- **DIVERT FROM JAIL WHEN POSSIBLE:** Modify our behavioral health community urgent/divergent centers to accommodate this new population.
- **COORDINATE CARE:** Assure that each person has a case manager and that they are linked to behavioral health care, health care, I/DD services, and long-term social support services.
- **FACILITATE SYSTEM TRANSFORMS:** Work closely with state Medicaid agencies to assure that progress is being made to implement the new HCBS requirements.

Needed Actions -Short Term

- **EXPAND MEDICAID COVERAGE:** Assure that all are enrolled in Medicaid.
- **FACILITATE RE-ENTRY:** Work closely with city and county jails to assure successful re-entry and engagement in community services.

NACBHDD Actions

- Have convened a work group of national experts to address incarceration of transition age youth with I/DD.
- Goal is to conduct a Congressional Briefing in the Spring of 2019.

Contact Information

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