

# Recognizing and Understanding Developmental Disabilities in Justice Involved Youth

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# Developmental Disabilities 101



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# What is a Developmental Disability?

A severe, chronic disability, including an intellectual disability, other than mental illness which:

- Is attributable to a mental or physical impairment
- Manifested before the age of 22
- Is likely to continue indefinitely
- Results in substantial functional limitations in each of the three areas of adaptive functioning (conceptual, social and practical skills)
- Reflects the need for a combination and sequence of special services and supports or other forms of assistance that are lifelong

**As defined in Neb. Rev. Stat. §83-1205**



# Who Can Diagnose a DD?

The diagnosis can only be given by a PhD and cannot be given by a psychiatrist

## Licensed Psychologist

A developmental disability assessment should include all that apply:

- Intellectual assessment
- Adaptive assessment
- Autism spectrum
- Other impairing conditions
- Impressions
- DSM-5 diagnosis

## Medical Doctor

A medical diagnosis of a developmental disability may include:

- cerebral palsy
- spina bifida
- genetic disorders

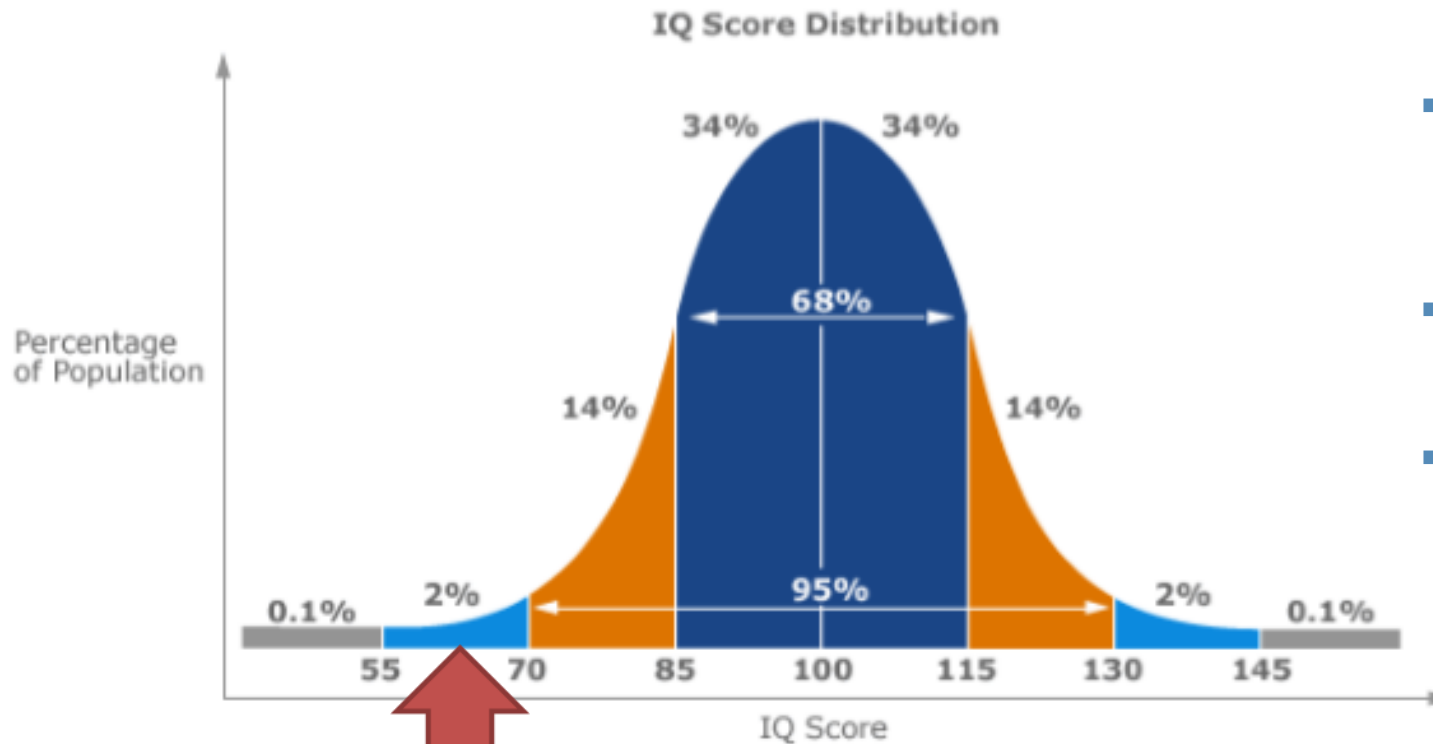


# How is DD Diagnosed?

- To receive a diagnosis of developmental disability an individual must have significant limitations in both:
  - Intellectual functioning
  - Adaptive behavior
- Have onset before the age of 22



# Intellectual Functioning



- Diagnosis requires significant limitations in cognitive functioning
- Generally includes IQ's below 70
- Less than 2.1% of the total population



# Intellectual Functioning

Classification	Range	Features
Below Average	80-89	<ul style="list-style-type: none"> <li>• Able to achieve normal functioning</li> </ul>
Borderline Functioning	70-79	<ul style="list-style-type: none"> <li>• May have difficulty managing everyday demands</li> <li>• Able to achieve employment and independence</li> <li>• May require assistance</li> </ul>
Mild Disability	50-69	<ul style="list-style-type: none"> <li>• Able to care for self and obtain employment</li> <li>• Do best with support</li> <li>• Grade equivalent 3<sup>rd</sup>-6<sup>th</sup> grade</li> </ul>
Moderate Disability	35-49	<ul style="list-style-type: none"> <li>• Noticeable delays (speech, motor...)</li> <li>• Able to learn simple life skills and employment tasks</li> <li>• Require more supports for success</li> </ul>
Severe Disability	20-34	<ul style="list-style-type: none"> <li>• Able to learn some self-care</li> <li>• Remain dependent on others</li> <li>• Basic tasks including language are difficult to learn</li> </ul>
Profound Disability	Under 19	<ul style="list-style-type: none"> <li>• Heavily dependent on others</li> <li>• May struggle learning simple tasks</li> </ul>

- Less than 14% of the population fall within the borderline functioning category
  - Particularly difficult because they fall in the gap
  - Don't qualify for supports but require support for success
- 85% of people with a developmental disability fall within the Mild Category
  - A Mild DD has a major effect on a person's functioning



# Adaptive Functioning

## Conceptual Skills

- Language
- Literacy
- Money
- Time
- Number concepts
- Self-direction

## Social Skills

- Interpersonal skills
- Social responsibility
- Self-esteem
- Gullibility
- Naiveté
- Social problem-solving
- Ability to follow rules, laws and avoid being victimized

## Practical Skills

- Activities of daily living
- Personal care
- Occupational skills
- Healthcare
- Travel/transportation
- Schedule/routines
- Safety
- Use of money
- Use of the telephone





# Complicating Factors

- Misdiagnosis of disabilities
  - Prevents timely access to targeted interventions and supports needed for prevention
- Limited access to effective disability services
  - Increases the likelihood of juvenile justice involvement
- Behavior identified as non-compliant or willful
- Inadequate or inappropriate school supports
  - Up to 85% of youth in detention qualify for an Individualized Education Plan (IEP)
    - It is estimated that less than 40% of those youth had an IEP from their school
- Zero tolerance policies
  - Pulls youth deeper into the system and limits access to key interventions provided by the school and community



# Diagnosis vs Eligibility

## Developmental Disability Diagnosis

- An individual may have a DD diagnosis and demonstrate various levels of impairment within the community
- Community-based supports are required to improve functioning
  - Family
  - Educational
  - Vocational
  - Daily Living
  - Social

## Eligible for Developmental Disabilities Services through DHHS

- Eligibility requires a higher threshold than diagnosis
  - Not everyone diagnosed is eligible
- Must have impairment in all three adaptive areas
- Program designed to support individuals to return to, or remain in the community when they meet the requirements for an institutional level of care





# The Relationship Between DD and Delinquency



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# Prevalence in Juvenile Justice Population

Youth with disabilities are over-represented in the justice system

- Inconsistent data with ranges from 9 to 77% of youth in the justice system having some type of disability
  - The estimated national average is 33%
- Youth with DD enter the justice system at a rate 3x higher than non-disabled peers
  - Appear for more serious offenses
  - Have a much higher risk of recidivism
  - Enter the system at a younger age
- Youth with a combination of disruptive behaviors and learning disabilities have the highest rates of delinquency and recidivism



# Impact of DD on Delinquency

1. A lack of skills and supports to effectively overcome areas of deficit
  - Verbal Skills
    - Difficult time reading and writing
    - Understanding questions and formulating responses
  - Abstract Reasoning
    - Difficult time understanding abstract concepts
  - Self-control
    - Struggle weighing options and making choices



# Impact of DD on Delinquency

## 2. Susceptibility to engage in antisocial and delinquent behavior

- Impulse behaviors
  - Anxiety and poor impulse control
  - Struggle with planning ahead
  - Easily led or influenced by others
- Low social skills
  - Social isolation and boredom
- Difficulty reading social cues



# Impact of DD on Delinquency

## 3. Differential treatment

- Processed to more restrictive settings (detention, placement, alternative schools)
  - Difficulty adapting to new or unfamiliar situations
  - Difficulty coping with changes in routine
- Juvenile justice system has become the “default system” for youth who perform poorly

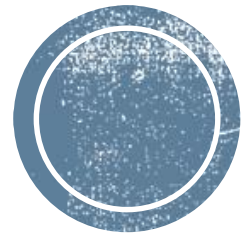


# Why is This Important?

- Impacts the ability to engage fully in the legal system
- May not fully benefit from traditional interventions
- Failure in court-ordered services increases the likelihood of out-of-home placement
- This has long-term impacts including over-representation in the adult justice system
  - Estimates show up to 10% of the prison population is DD
  - They only represent just over 2% of the total population
- Some experts see prisons, detention and out-of-home placement as the “new institution” restricting the freedoms of disabled persons

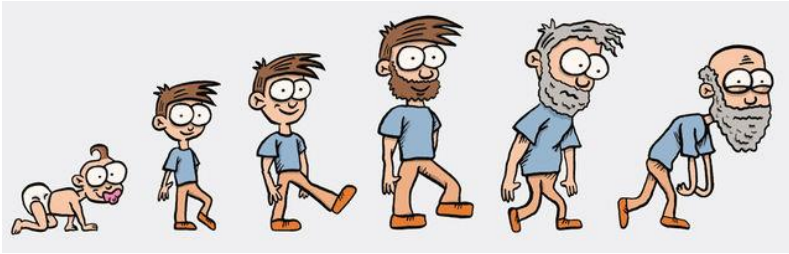






# Supporting Individuals with Developmental Disabilities

# 1. Early Identification



- **Age**

- The younger identification occurs the earlier appropriate interventions and supports can be put in place that may divert from the justice system

- **Time**

- Every system point offers an opportunity for identification and referral



- **Expertise**

- Learn which providers specialize in working with this population and refer for appropriate evaluations



## 2. Build a Support Team

- Core team who is committed to the long-term support of the youth and family
- Composed of informal and formal supports

### INFORMAL

- Parent/Guardian
  - Family
  - Friends
  - Neighbors
  - Clergy
  - Advocacy Supports
- Supplemented by short-term system members
    - Probation officer
    - Case worker
    - Attorneys
    - Court-ordered providers

### FORMAL

- DD Service Coordinator
- Medical Professionals
- Behavioral Health Providers
- Education Team
- Mental Health Providers
- Community Programs



# 3. Plan Meaningful Interventions



- Person-Centered Approach
  - Focus on strengths and needs rather than the disability or behaviors
- Empower the individual and family to become apart of the solution
  - Collaborative team approach with and not for the youth
- Support relationship development
  - Recognize and encourage the need for social connections
- Encourage personal choice
- Respond to behavior as communication
  - What function does the behavior serve?



# 3. Plan Meaningful Interventions

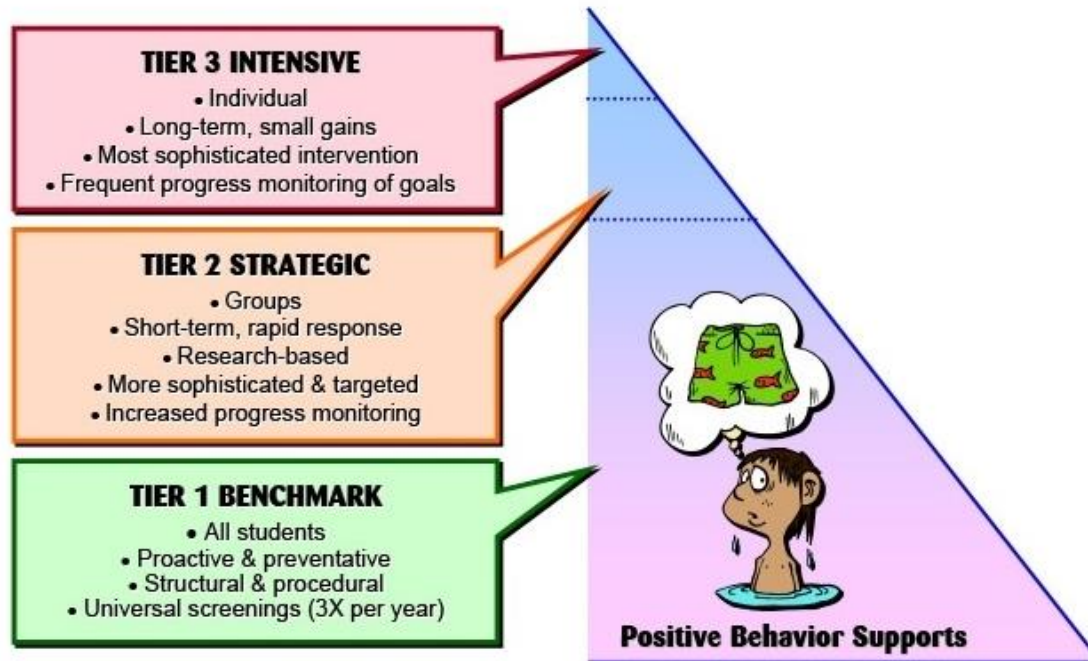
- Utilize proactive strategies
- Adapt the environment to the individual
- Provide targeted skills training
  - Habilitation vs Rehabilitation
- Link with community-based supports
- Identify support for caregivers
- Develop sustainable solutions





# 4. Develop Effective Responses

## Multi-Tiered Behavior Supports

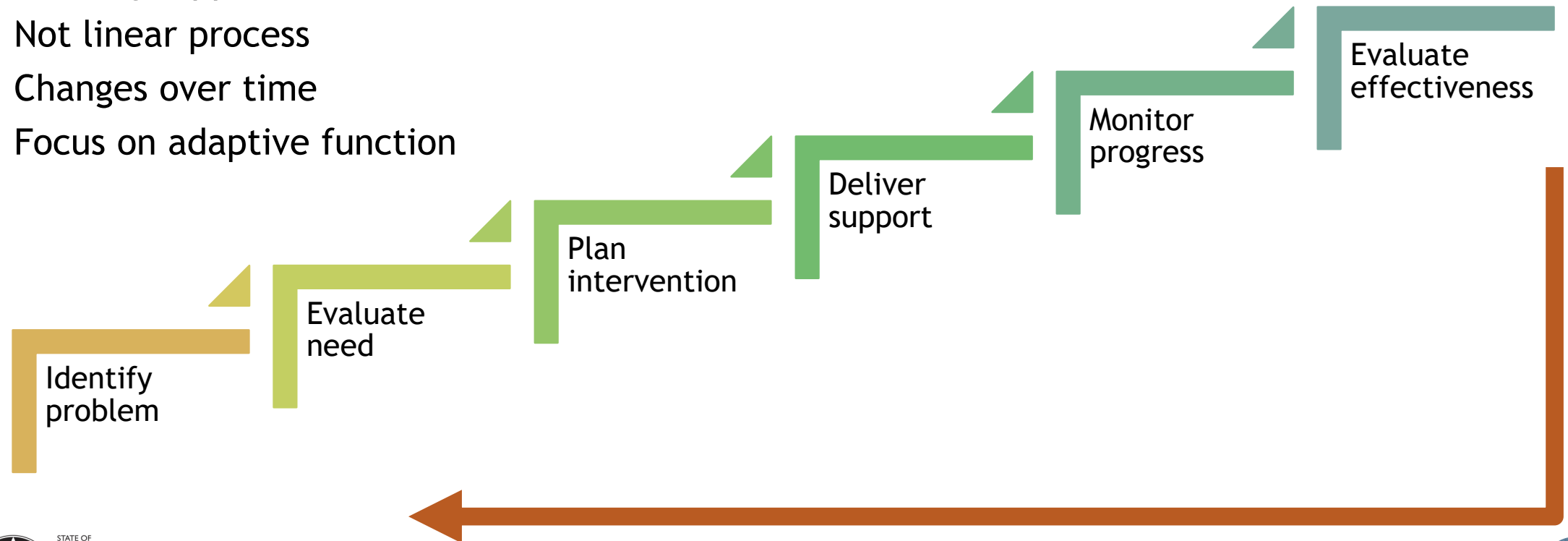


- Develop a **support** team
- **Assess** the circumstances and triggers
- Develop a positive behavior support **plan**
- Set realistic **goals**
- **Adapt** the environment
- **Teach** alternative skills
- **Reward** desired behaviors
- Provide parent **training** and support



# 5. Reevaluate Needs

- New or resurfacing behaviors indicate a need for a plan adjustment
- Lifelong supports needed
- Not linear process
- Changes over time
- Focus on adaptive function



# 6. Request Special Education

- Schools are the primary resources for youth with special needs
- Students are eligible for services in their IEP until age 21 or graduation
- Services may include
  - Educational
  - Vocational
  - Behavioral and/or
  - Life Skills Programming





# 6. Request Special Education

## Individualized Education Plan- IEP

- Identifies current performance
- Develops goals related to their disability both in and out of the classroom
- Outlines supports and services to be provided by the school
- Includes transition plans for teens

## Vocational Rehabilitation

- Can be included in an IEP
- Support to prepare for, find and keep employment
- Transition services for youth over age 14
  - Assessment of needs
  - Work-based learning
  - Education
  - Training



# 6. Request Special Education

## Functional Behavior Assessment- FBA

- Seeks to identify the underlying cause of maladaptive behaviors
  - Behaviors are a form of communication
  - Serves a purpose
  - Behaviors can be managed by the support they receive
- Helps to understand the adaptive function of the behavior

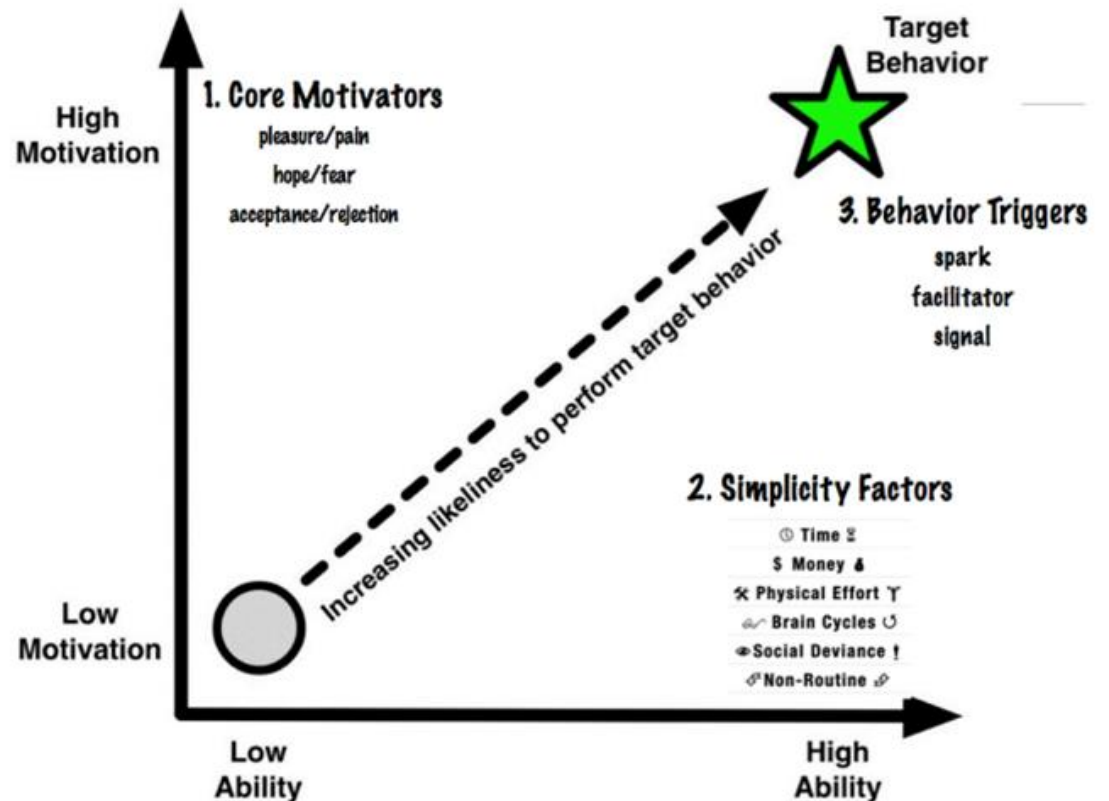
## Behavior Support Plan- BSP

- Describes the problem behavior
- Identifies the reason for the behavior
- Outlines intervention strategies
- Ongoing monitoring and adjustments are required to maximize success



# 7. Access Targeted Treatment

- Behavior Modification Therapy (B-Mod)
  - Recognized by Medicaid as an evidence-based practice
  - Available up to age 21
  - Outpatient, intensive outpatient and day treatment options available
- Cognitive behavioral therapy is not an evidence-based practice for working with people with developmental disabilities



# 8. Apply for DHHD-DD

An application can be made by the individual, guardian or legal representative

- Apply online via ACCESSNebraska at: [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)
- Apply at any local DHHS office

- Determine eligibility for life long supports available to eligible persons
- Access immediate supports through Service Coordination
  - Assessment of needs
  - Assistance accessing formal supports
  - Long-term planning
  - Advocacy
- Placement on the Registry of Unmet Needs (Waitlist for funding)



# 9. Apply for Other Programs

## Medicaid

- Apply online via ACCESSNebraska at:  
[www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)

## SSI

Disabled Child Under age 18

- <https://www.ssa.gov/disabilityssi/appl-y-child.html>

Disabled adult Over age 18

- <https://www.ssa.gov/disabilityssi/>

- Ensure access to medical and therapeutic services
- Determine eligibility for federal funding which can be used to purchase services needed in the community



# 10. Connect with Advocacy Groups

- The Arc of Nebraska



- Disability Rights of Nebraska



- PTI Nebraska



- People First Nebraska



- Community-based programs designed to educate and support people with disabilities and their caregivers
- Skilled support to navigate the system
- Maximize access to effective supports
- Assist in responding to denials or ineffective plans
- Assistance for caregivers



# 11. Access Community Resources

- DHHS-DDD provides a list of resources pertaining to people with disabilities, including phone numbers and websites:  
[http://dhhs.ne.gov/developmental\\_disabilities/Pages/aDDR.aspx](http://dhhs.ne.gov/developmental_disabilities/Pages/aDDR.aspx)
- Nebraska's Aging and Disability Resource Center helps people with disabilities find resources in their area:  
<http://nebraska.networkofcare.org/aging/>
- Answers 4 Families provides support and information for families and professionals seeking assistance:  
<http://www.answers4families.org/>
- Omni Behavioral Health provides free webinars and live training across the state  
<http://www.omnibehavioralhealth.com/webinars/>



# Community-Based Solutions

- Enhance early identification efforts with key stakeholders
  - Schools
  - Crisis services
  - Juvenile justice system
- Develop community resources for timely access to disability services
  - Planned access to skilled services and supports
  - Access to effective crisis supports
  - Education and advocacy supports
- System of care
  - Interagency sharing
  - No wrong door
- Specialized responses when justice system involvement occurs
  - Knowledgeable advocates assigned
  - Referral for specialized evaluations and services
  - Mindful expectations and interventions developed





# Thank you!

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