

Presentation Objectives:







- ▶ Department of Corrections and Mission Housing
 - ▶ Skill Building Unit
- ▶ Define Intellectual Disability/Developmental Disability (ID/DD)
 - ▶ Traumatic Brain Injury (TBI)
- ▶ Basic Facts and Stats
- ▶ Characteristics & Traits
- ▶ Describe the Skill Building Unit
 - ▶ Programming
 - ▶ Mentors
 - ▶ Release Planning/Re-entry



Mission Housing

- ▶ “Mission- specific housing is designated housing for incarcerated individuals who benefit from living and programming together due to similar backgrounds, risks and/or needs. Mission-specific housing offers DOC an opportunity to target specific groups of incarcerated individuals with specialized protocols, procedures, and offender change activities based on the group’s needs” (Mission Specific Housing, 2014).

Mission Housing

-  Veterans Unit
-  Special Offender Unit / Crossroads
-  Skill Building Unit / Evergreen Hall
-  Senior Living Unit
-  Veterans Units / Sage Unit
-  Residential Parenting Program



Skill Building Unit (SBU):

- ▶ Purpose:

- ▶ “Provide a safe environment for building skills to improve independence in the correctional setting and support successful transition back into the community.” (policy 310.300)

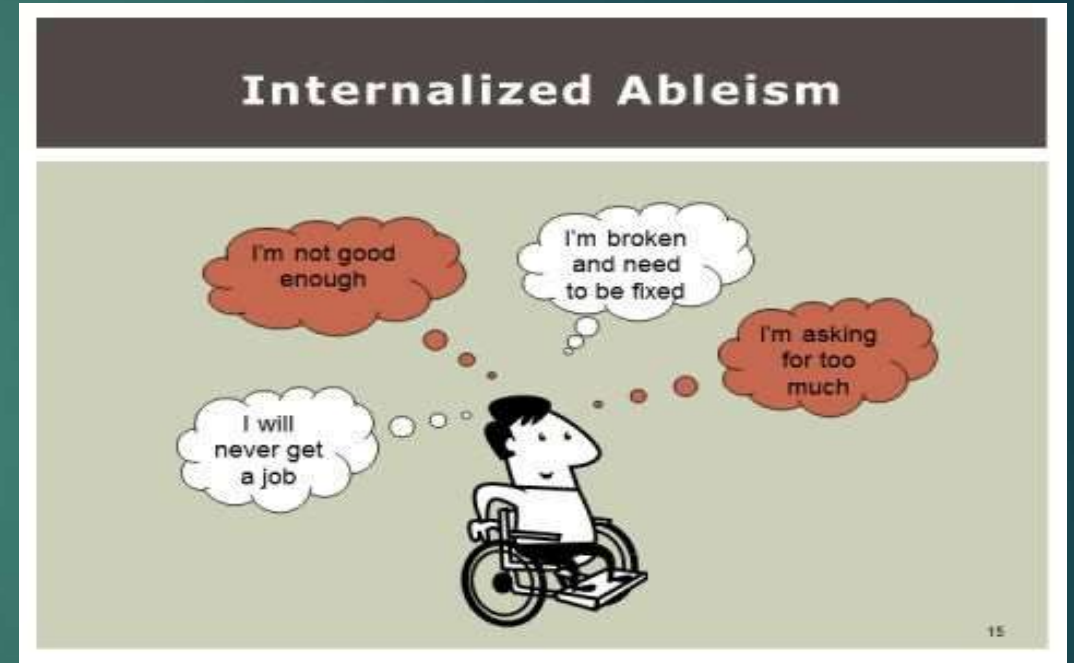
- ▶ Residents:

- ▶ Intellectual Disability (criteria includes low average ability and low reading and writing skills)
 - ▶ Intelligence testing completed, history of SSI related to intellectual disability, history of receiving services through Developmental Disability Administration
 - ▶ Intellectual Disability Review completed by Classification Counselor
 - ▶ Other cases determined on a case by case basis -focused on functional impairment
- ▶ Significant Traumatic Brain Injury
 - ▶ Lower level of functioning

Impairment vs Disability:

- ▶ Synonyms? NO
 - ▶ **Impairment:** Underlying conditions- Low IQ, Down Syndrome, Traumatic Brain Injury (TBI), blindness, deafness, etc.
 - ▶ **Disability:** obstacles, how one makes one's way in the world, socially and environmentally defined, accommodations and support
- ▶ Examples:
 - ▶ Blindness is the impairment- glasses help with creating ability- without glasses it's a disability
 - ▶ Paralysis is the impairment- society that does not provide curb cuts in sidewalks or ramps, elevators, turns the impairment into a disability
- ▶ Creating "ability"

Ableism and Internalized Ableism:



Intellectual Disability and Developmental Disability (IDD):

(old term: mental retardation)

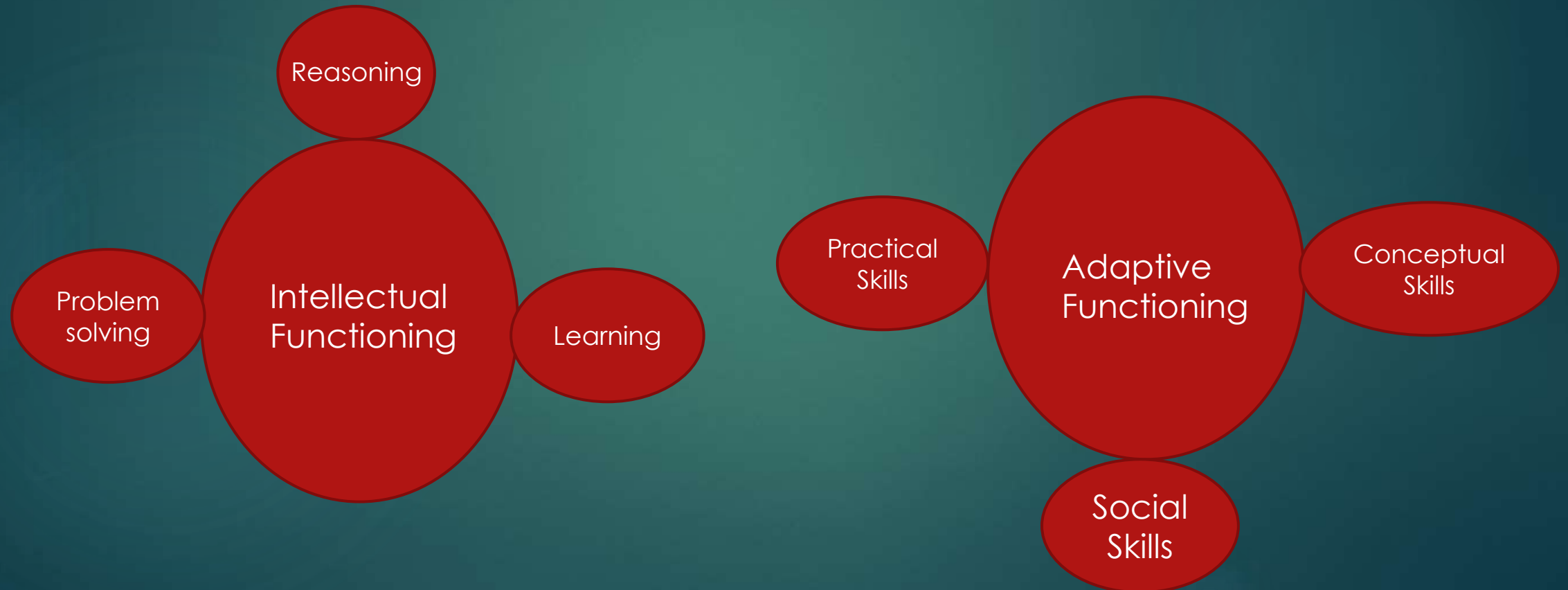
Developmental disability- severe chronic disability that can be cognitive, physical or both

Intellectual disability- encompasses the “cognitive” part

- ▶ Results from impairment in brain function
- ▶ Early childhood- neurodevelopmental
- ▶ Results from injury

The 3 Criteria

- ▶ Deficits in Cognition functioning and adaptive functioning and onset prior to 18



IDD Facts & Stats:

- ▶ Center for Disease Control (CDC) found:
 - ▶ 1 in 10 children who were diagnosed within the first 2 years of life
 - ▶ 1/3 of these with dx with profound ID
 - ▶ By age 5 -2/3rds of children with ID have been identified
 - ▶ Socioeconomic Status (SES) more impactful than race/ethnicity
- ▶ Other studies support CDC findings:
 - ▶ More profound disability is recognizable sooner
 - ▶ As children age and expectations increase (school) the less impaired become detected/visible
 - ▶ Poverty, education, health care, etc. impact disability



IDD Causes

Risk Factors

Biomedical

Social

Behavioral

Educational

Time of Exposure

Prenatal

Perinatal

Postnatal

Examples:

Prenatal & biomedical- chromosome disorders (Down Syndrome)

Perinatal and behavioral- asphyxia (Shaken Baby Syndrome)

Postnatal and Social/Educational- lack of resources following injury

IDD Medical Concerns: Facts & Stats

(Related to unit and facility operations)

- ▶ Hearing: individuals with ID are 3-4 times more likely to have hearing problems, esp. syndromes such as Down syndrome. Severe to profound ID individuals should be tested routinely.
- ▶ Vision: more common including subtle acuity issues as well as color blindness
- ▶ Speech and Language Disorders: up to 80% with severe and profound ID e.g., Stuttering
- ▶ Seizures: individuals approx. 5% of ID individuals have seizures which is 10 times higher than general population



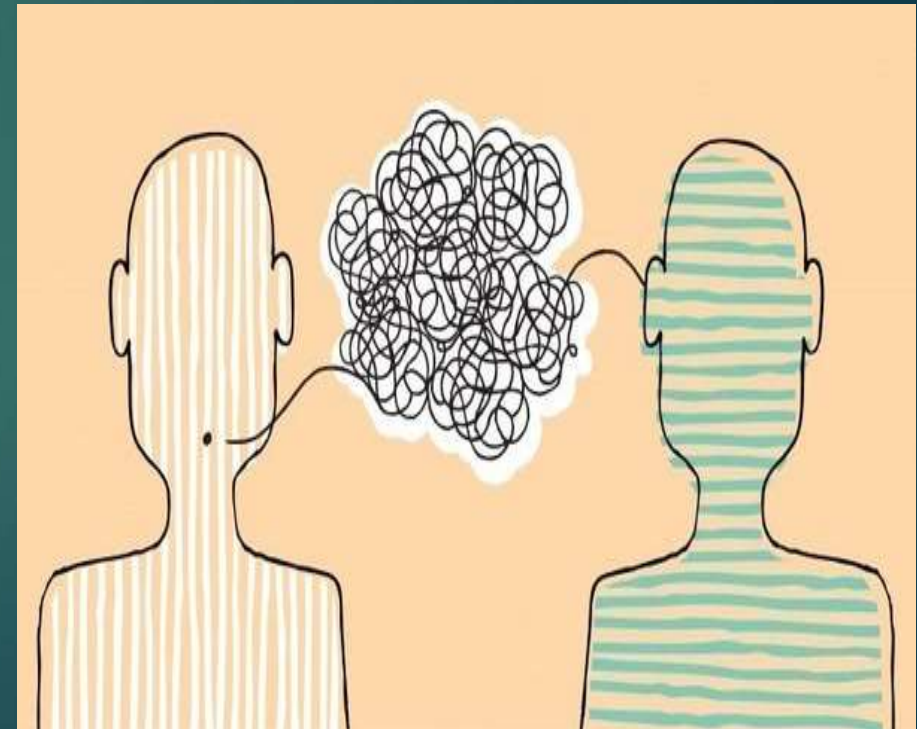
IDD: ADLs

- ▶ Limits ability to learn at an expected level and function in daily life
- ▶ Daily life function difficulties may include:
 - ▶ Hygiene
 - ▶ Self care
 - ▶ Toileting
 - ▶ Dressing
 - ▶ Transferring



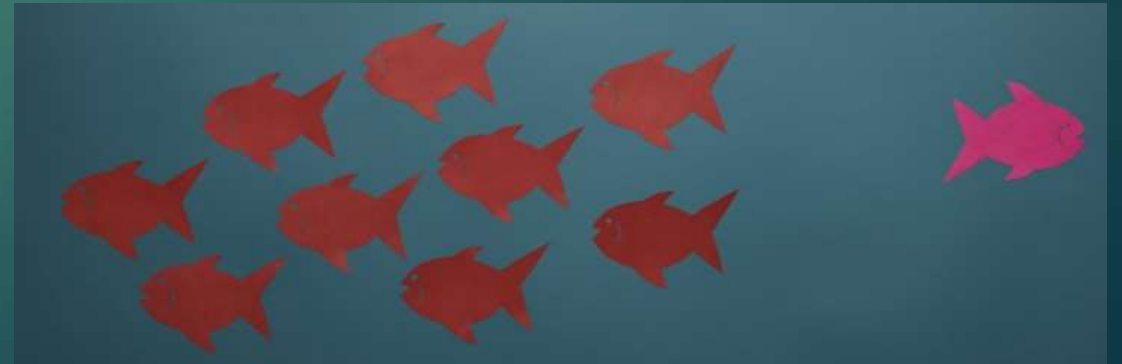
IDD: Communication Traits

- ▶ May not communicate at age level:
 - ▶ Limited vocabulary
 - ▶ Difficulty understanding and answering questions
 - ▶ Mimics answers and responses
 - ▶ Unable to communicate events clearly
 - ▶ Unable to understand complicated instructions



IDD: Behavioral Traits

- ▶ May not behave appropriately
 - ▶ Unaware of social norms and appropriate social behavior
 - ▶ Acts younger than actual age
 - ▶ May display childlike behavior
 - ▶ Displays low frustration tolerance and impulse control
 - ▶ May “act out,” become emotional or try to walk away if under pressure



IDD: Performance Traits

- ▶ May have difficulty performing tasks:
 - ▶ Inability or low level of reading and writing
 - ▶ Inability to tell time
 - ▶ Difficulty staying focused and easily distracted
 - ▶ Awkward or poor motor coordination



People with IDD May Attempt To:

- ▶ Want to hide their disability
- ▶ Confess to something even if they did not do it
- ▶ Feel overwhelmed by custody staff presence
- ▶ Not understand instructions and directives
- ▶ Say what they think you want to hear
- ▶ Pretend to understand
- ▶ Misunderstood as defiant
- ▶ Have difficulty with details and facts

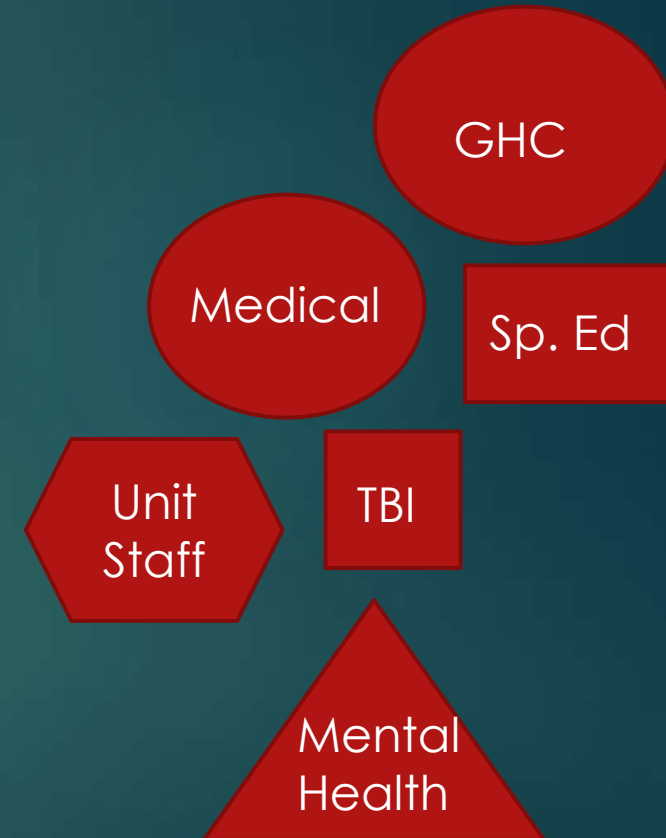
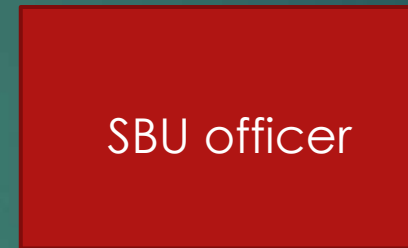
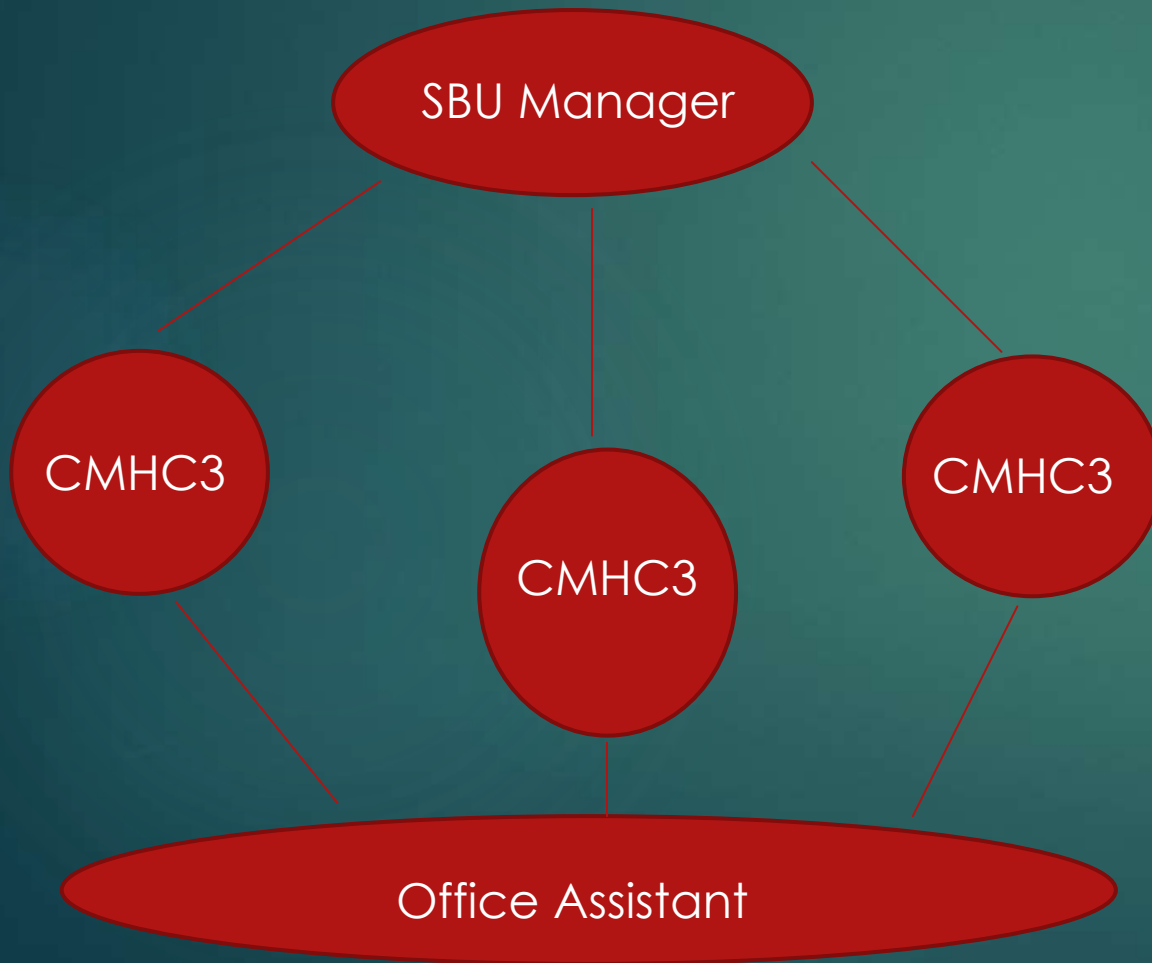


SBU AT SCCC



SBU Structure

- ▶ The SBU program and the larger supports



Mentors:



- ▶ Crime Limitations
- ▶ Live on SBU housing units
- ▶ Assigned shifts
- ▶ Mentors are also used as TA's in classes
- ▶ Serve 2 year terms
- ▶ Application Process
- ▶ Expected to complete training and attend all mentor meetings

SBU Timeline

- ▶ Referral
 - ▶ Based on mental/physical health records in DOC and community
 - ▶ Concerns with functioning in general population
- ▶ Arrival to SBU- (first 2 weeks)
 - ▶ CASA tested through Grays Harbor Community College
 - ▶ Begin Intro to SBU class
 - ▶ Meet with Correctional Mental Health Counselor (CMHC)
 - ▶ Complete the ARC
 - ▶ Create individualized plan
- ▶ Program Participation
 - ▶ Attend weekly programming based on needs
 - ▶ Meet with CMHC monthly
- ▶ Leaving the Program
 - ▶ Requested at Facility Risk Management Team and SBU committee
- ▶ Re-entry (1 year to release)
 - ▶ Begin working with special release team

SBU: Class Domains

DRAFT 3/25/19

SBU Skills to Increase	Alignment with Washington ONE Assessment	Education
Activities of Daily Living	Aggression	SBU math, reading & writing
Interpersonal Relationships	Attitudes and Behaviors	GED
Social Skills	Education/Vocation	*21+ (HS Diploma)
Communication	Employment	Study Hall
Basic Skills	Residential	GED computer assistance
	Social Influences	

Re-entry

- ▶ 1 year till their Early Release Date (ERD) they transfer to a special team made of the following disciplines:
 - ▶ DOC CMHC3
 - ▶ DOC Psychiatric Social Worker
 - ▶ DOC Classification Counselor
 - ▶ DOC Continuity of Care Nurse

This team works with the individual to create an individualized release plan and depending on the needs they begin collaboration with different community resources and agencies such as:

- ▶ Community Corrections Officer (CCO)
- ▶ Offender Reentry Community Safety Program (ORCS)
- ▶ Brain Injury Alliance of Washington (BIAWA)
- ▶ Department of Social and Health Services
 - ▶ Home and Community Services
 - ▶ Department of Disabilities Administration (DDA)

Resources:

- ▶ The Arc of North Carolina. Partners in Justice. Resource Guide on Intellectual Disabilities for Professionals in the Criminal Justice System
- ▶ Center for Disease Control. Facts about Intellectual Disability
- ▶ U.S. Department of Justice. Special Report: Disabilities Among Prison and Jail Inmates, 2011-12
- ▶ Harris, J. (2010). *Intellectual Disability: A Guide for Families and Professionals*. New York: Oxford University Press.

Thank you!

Questions?