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To: OYCR Team
From: UCLA Team
Date: 11/19/2024
Subject: **Stepping Home Elements Disabilities**

EXECUTIVE SUMMARY

Background: Various studies indicate that there is an overrepresentation of youth in the juvenile legal system who have at least one "disability." For example, the National Council on Disability (2015) estimates that up to 85% of youth in youth carceral facilities have disabilities that make them eligible for special education services. Using scholarly and grey literature, this document provides information and recommendations related to caring for youth with disabilities in the juvenile legal system. The topics discussed in this paper include: 1) Overview of Disabilities and Related Research; 2) Context and Significance; 3) Disabilities Policy Overview; 4) Overarching Best Practices; 5) Summaries of Research Regarding Disabilities; and 6) Conclusion. Additional resources are also provided at the end of this document.

Search Strategy: The keywords "juvenile justice" and "youth justice" were searched on Google Scholar, ScienceDirect, Wiley Online Library, and Sage Publications in combination with the following disability categories as defined by the federal Individuals with Disabilities Education Improvement Act (IDEA): Autism, Deaf-Blindness, Deafness, Emotional Disturbance, Hearing Impairment, Intellectual Disability, Orthopedic Impairment, Other Health Impairment, Specific Learning Disability, Speech or Language Impairment, Traumatic Brain Injury, and Visual Impairment. Additionally, policies (e.g.., IDEA, ACT, California Education Code) that frequently appeared in the literature were also searched in the databases as well as Google.

Results and Conclusion: The existing research highlights the need for more systematic and aggregated data collection about disabilities among youth in carceral facilities. While there are specific recommendations for care regarding each disability as defined by IDEA, overarching recommendations to improve outcomes for youth with disabilities in the juvenile legal system include: 1) Assess youth to identify disabilities; 2) Provide appropriate interventions, resources, and services in accordance with youths' needs and abilities; 3) Provide quality education in accordance with Individualized Education Plans and vocational programming; 4) Build on strengths and resiliency of youth; and 5) Ensure effective cross-system collaboration.

ACKNOWLEDGEMENT OF LANGUAGE, MODELS, AND HISTORICAL PERCEPTIONS REGARDING DISABILITIES

Disabilities have historically been discussed from a deficits-based perspective that emphasizes the challenges that youth may face rather than the multitude of strengths they possess (Carter et al., 2015), often with pathologizing language. Discussions surrounding disabilities have begun to change in recent years, with recent research acknowledging the strong resiliency and assets youth with disabilities have despite the difficulties they may face in relation to their disabilities (Raghavan & Griffin, 2017). Nonetheless, the prevailing model for discussing disabilities is rooted in a biopsychosocial model that focuses on causation and cure (Kapp et al., 2013), which informs the current policy protections and healthcare landscape. The authors of this document recognize the limitations of this deficits-based, pathologizing history of discussions surrounding disabilities. However, when disabilities are identified proactively, youth are less likely to enter the juvenile legal system (JLS) and have a greater likelihood of remaining in their communities and experiencing positive outcomes related to their wellbeing and success. Therefore, this document summarizes research that illuminates the challenges youth with disabilities often face, both in the JLS and outside of carceral facilities, using a strengths-based lens that uplifts youths' resiliency and desire for success.

Although the policy protections and service providing infrastructure centers on the concept of "disabilities," we recognize that individuals with disabilities, including youth, vary in their preferences regarding language and identity. Youth who were consulted in the development of this brief raised concerns regarding the usage of the term "disabilities," as it can signal that there is "something wrong" with them. In an effort to be neutral, respectful, and objective, this document utilizes the person-first language and writing recommendations provided by the National Network on Information, Guidance and Training on the Americans with Disabilities Act. However, staff, personnel, and other individuals interacting with youth with disabilities in the JLS are encouraged to ask youth about their preferences regarding the language they prefer to describe their identities and conditions.

NOTE ON NEURODIVERSITY[1]

Neurodiversity is an umbrella term that was originally created in relation to autism but now comprises several conditions that have historically been pathologized and

[1] The Neurosequential Model is a therapeutic framework that integrates principles from neuroscience, developmental psychology, and trauma research to guide therapeutic interventions. The Model can be leveraged for care related to neurodiversity.

associated with deficits, including dyspraxia, dyslexia, attention deficit hyperactivity disorder, dyscalculia, autism spectrum, and Tourette syndrome (Clouder et al., 2020). The term means being “wired” in a different way, rather than in a “wrong” way, and focuses on differences in individual brain function and behavioral traits (Clouder et al., 2020). While “neurodiversity” has increasingly been used in research related to disabilities, some neurodiverse conditions are considered disabilities, while others are not. As such, to provide a clear framework for caring for youth with disabilities in the JLS, rather than the term neurodiversity, the framework for disabilities provided by the Individuals with Disabilities Education Act (IDEA) is used in this document as many funding streams and protections are organized around IDEA concepts. However, the asset-oriented lens of neurodiversity is worthwhile to keep in mind throughout discussions surrounding youth with disabilities in the JLS.

ORGANIZATION OF DOCUMENT

To encompass various topics related to the care of youth with disabilities in the JLS, this document is organized by the following sections:

1) **Definitions and Overview of Disabilities and JLS Research**
   A quick overview of this document that summarizes 1) definitions of disabilities according to IDEA; and 2) the research regarding each disability as discussed in section 5, including the prevalence of each disability type and considerations for care in the JLS.
2) **Context and Significance**
   Research regarding the overall prevalence of youth with disabilities in the JLS and vulnerabilities youth with disabilities face before entering the system (including pathways to the JLS), during their experience of incarceration, and after incarceration.
3) **Protections for Youth with Disabilities**
   A summary of various federal and state policies and laws that provide protections to youth with disabilities and can help guide the provision of care for this population of youth in the JLS.
4) **Overarching Best Practices**
   A summary of overall best practices that are applicable for caring for youth with disabilities in the JLS, regardless of the condition(s) they have.
5) **Summaries of Research Regarding IDEA Disabilities**
   Research regarding each disability type defined in Section 1 according to IDEA, including the prevalence of each disability among youth in the JLS, specific challenges related to each disability, and recommendations for care to improve outcomes for youth with these disabilities.

6) Conclusion

1. DEFINITIONS AND OVERVIEW OF DISABILITIES AND JLS RESEARCH

In the context of the JLS, defining disabilities is crucial to better identify and address the diverse needs of youth with disabilities. A diagnosis is based on a specific set of primary symptoms that cause significant impairment in youths' functioning compared to their typically developing peers in areas like social/emotional development, education, cognition, and mobility (Thompson & Morris, 2016). Primary classification systems include the Individuals with Disabilities Education Act (IDEA, 2004), the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5; APA, 2013), and the International Classification of Diseases (ICD; World Health Organization, 2012). Definitions of disabilities typically vary between states and agencies within the federal government (Office of Juvenile Justice and Delinquency Prevention [OJJDP], 2017), but providing clear definitions can help promote inclusivity and tailored interventions within the JLS. This paper reflects the definitions of the 13 disability categories in IDEA Section 300.8(c): Autism, Deaf-Blindness, Deafness, Emotional Disturbance, Hearing Impairment, Intellectual Disability, Multiple Disabilities, Orthopedic Impairment, Other Health Impairment, Specific Learning Disability, Speech or Language Impairment, Traumatic Brain Injury, and Visual Impairment (U.S. Department of Education, 1990). While these categories of disabilities are distinct from one another in this paper, it is important to note that individuals may have multiple disabilities that may impact one another, with up to 85% of youth in the JLS having more than one disability (National Council on Disability, 2015).

To provide readers with definitions of the IDEA disability categories as well as a brief overview of the research discussed in this paper, below is a table that defines each IDEA disability category[2] and summarizes the corresponding research discussed in Section 5, including the prevalence of each disability among youth in the JLS and considerations for providing them with care in carceral facilities.

[2] For more detail on any specific disability, readers are encouraged to contact the Office of Youth and Community Restoration (OYCR).

DEFINITIONS AND OVERVIEW OF DISABILITIES AND JLS RESEARCH

Category	Definition	Considerations for JLS
Autism	A developmental disability that notably impacts verbal and nonverbal communication and social interactions, typically noticeable before age three and negatively affecting educational performance. Can involve repetitive behaviors, stereotyped movements, resistance to changes in the environment or daily routines, and unusual sensory responses. Often referred to as autism spectrum disorder (ASD).	Research suggests that the prevalence of youth with autism in confinement settings ranged from 2% to 17%. Characteristics of ASD can impact youths' understanding of law-breaking and consequences, competency to stand trial, and capacity to commit crimes. Youth with ASD are 26% more likely to interact with the JLS compared to youth who do not have ASD. Accommodating youths' communication and sensory needs through tools and specialized units; supporting families; and providing specialized training to staff and personnel in facilities, can improve outcomes for youth with ASD.
Deaf-blindness	Simultaneous hearing and visual impairments, which together create significant communication and developmental challenges. These challenges are so profound that they cannot be adequately addressed in special education programs designed exclusively for children who are either deaf or blind.	In 2022, the National Center on Deafblindness (NCDB) reported a total of 10,585 children eligible to receive deafblind services, of which 8,690 are ages 6 through 21. Youth who are deaf-blind face increased risks of mistreatment and deficits related to communication, mobility, information access, and relationship-building. Youth also experience higher levels of stress and isolation compared to peers who are not deaf-blind; this stress can manifest in behavioral challenges. While this disability is not typically found in the JLS, individualized support plans, inclusive and accessible environments, and enhanced communication methods can promote success for youth experiencing deaf-blindness.
Deafness and hearing impairment[3]	Deafness refers to a hearing impairment so severe that it hinders the child's ability to process linguistic information through hearing, even with amplification, thereby negatively impacting educational performance. Hearing impairment refers to a hearing challenge, whether persistent or variable, that negatively impacts a child's educational performance. Does not fall under the category of deafness as defined in this section.	Approximately 8% of youth 10 years and above who are deaf or hard of hearing are served in carceral facilities. Youth who are deaf or experience hearing impairments can have language and learning difficulties. These can lead to emotional and behavioral concerns such as anxiety, depression, and social difficulties. Youth may have trouble understanding and communicating with JLS staff and other personnel in the judicial system. Hearing impairment is associated with an increased risk of offending. Facilities can regularly screen youth for hearing loss and improve access to hearing aids and training for identifying hearing impairments. Providing speech language therapy services and promoting specific communication methods and minimizing environmental noise can also be helpful for youth.

[3] While deafness and hearing impairment are separate categories under IDEA, for the purposes of this paper and due to the research that often discusses deafness as a hearing impairment/hearing loss, deafness and hearing impairment are combined in this paper.

Category	Definition	Considerations for JLS
Emotional disturbance	A condition characterized by one or more of the following over an extended period, significantly impacting educational performance: unexplained learning difficulties, difficulty forming or maintaining relationships, inappropriate behavior or feelings, pervasive unhappiness or depression, and physical symptoms or fears related to personal or school issues. Includes schizophrenia but excludes children who are socially maladjusted unless they meet the criteria for emotional disturbance. It should be noted that while substance use disorder is not considered an emotional disturbance, it is often the result of emotional disturbances.	Approximately 65%-75% of youth in the JLS have an emotional disturbance or related mental health condition. Emotional disturbances, especially if left untreated, can lead to negative outcomes for youth, including long-term unemployment, poor interpersonal relationships, low academic achievement, and involvement in the JLS. Screening and assessing youth for emotional disturbances and providing them with treatments and interventions can improve their success.
Intellectual disability	Defined as significantly below-average general intellectual functioning. It is accompanied by deficits in adaptive behavior, and emerging during the developmental period, which negatively impacts a child's educational performance. Common intellectual disabilities include Down Syndrome and Fetal Alcohol Spectrum Disorder.[4] Previously known as "mental retardation."	Intellectual disabilities compose around 10% of all reported disabilities in JLS facilities. Youth with intellectual disabilities are more likely to experience risk factors such as poverty, trauma, and limited access to education and mental health services that increase their likelihood of system involvement. They may face difficulties navigating the legal system and may struggle with understanding their legal rights and procedures. Early identification of intellectual disabilities and effective training for personnel can improve outcomes for youth. Utilizing accessible communication techniques may also assist youth with intellectual disabilities.
Multiple disabilities	The presence of simultaneous impairments (such as intellectual disability combined with blindness or orthopedic impairment), which together create educational needs so severe that they cannot be addressed in special education programs designed for only one of the impairments. Does not include deaf-blindness.	*For the purposes of this paper, multiple disabilities are not discussed as a category. However, it is not uncommon for youth in the JLS to have multiple disabilities.*
Orthopedic impairment	A significant orthopedic condition that negatively impacts a child's educational performance. Can include impairments caused by congenital anomalies, diseases (e.g., bone tuberculosis, poliomyelitis), and other causes (e.g., cerebral palsy, amputations, or fractures and burns that result in contractures).	Youth with orthopedic impairments often face struggles with low mobility, emotional difficulties, lower social skills, and higher difficulties with life. Facilitating youths' participation in social activities and engagement with their peers and ensuring their safety while they are in the JLS, using activities that consider their physical functioning, can improve their overall wellbeing. Providing youth with quality psychological services that can support their emotional and mental health can also be helpful.

[4] For more information regarding Fetal Alcohol Spectrum Disorder, please see OYCR's Fetal Alcohol Spectrum Disorders Project.

Category	Definition	Considerations for JLS
Other health impairment	A condition characterized by limited strength, energy, or attentiveness, which can include heightened sensitivity to environmental stimuli. Leads to reduced alertness in the educational setting and is typically caused by chronic or acute health issues like asthma, attention deficit disorder, diabetes, epilepsy, heart conditions, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, or Tourette syndrome. This impairment must have a negative impact on a child's ability to perform in an educational context.	Approximately one-third of adolescents in the U.S. have a chronic medical illness that qualifies as a disability. Youth with chronic medical illnesses are more likely to develop negative mental health symptoms and conditions such as depression. Within the JLS, youth face numerous barriers to care, such as communication issues across systems, staff, health care providers, and families/caregivers; family and social barriers; and resource and time constraints within facilities. Ensuring effective communication and coordination across systems, health care providers and families/caregivers can increase the likelihood of youth receiving appropriate care for their health impairments. Improving personnel and staff's understanding of chronic medical illnesses can also improve outcomes for youth.
Specific learning disability	A condition characterized by a difficulty in one or more of the basic psychological processes involved in understanding or using language, whether spoken or written, that impedes the ability to perform at the expected level and occurs in the context of normal sensory functioning and adequate educational instruction. Can manifest in various ways, such as challenges in listening, thinking, speaking, reading, writing, spelling, or performing mathematical calculations. Examples include dyslexia, perceptual disabilities, brain injuries, and minimal brain dysfunction. Does not encompass learning challenges primarily caused by visual, hearing, or motor disabilities, intellectual disability, emotional disturbance, or environmental, cultural, or economic disadvantages. Other etiologies for learning challenges include attention deficit hyperactivity disorder, autism, lead poisoning, stroke, traumatic brain injury[5], or vision problems.	The estimated prevalence of youth with learning disabilities in the JLS varies between 20% and 46%. However, research highlights that it is the most common disability among youth in the system. Emphasizing interventions and programming that target education can greatly improve outcomes for youth with learning disabilities. Individualized Education Programs should be created and followed while youth are in carceral facilities to provide them with individualized education that meets the unique needs of their learning disabilities. Educational programming that targets family and student engagement in school can be the most beneficial. Opportunities for youth to connect and engage with peers as well as teachers can also foster greater feelings of positivity and commitment. Practices that foster a positive school environment can also be implemented; these can include rehabilitative discipline policies and school programming options to meet related student and family needs. Furthermore, offering counseling and therapy for youth with learning disabilities and their families, as well as ensuring that teachers and JLS personnel receive thorough training on effective communication and interaction with these youth, can improve outcomes for this population.

[5] Traumatic brain injury is considered a learning disability, but it is also an entire category under IDEA. For this reason, this condition is discussed as its own category in this paper.

Category	Definition	Considerations for JLS
Speech or language impairment	A communication disorder that negatively impacts a child's ability to perform in an educational setting. Can include conditions like stuttering, difficulties with articulation, language impairments, or voice impairments.	Approximately 60% of youth involved in the JLS have a mild-to-severe language disorder. Youth with speech and language impairments often experience academic, professional, emotional, and social difficulties. Youth with speech and language impairments face communication barriers, such as the inability to understand specific jargon in the judicial process. Speech and language professionals can: 1) collaborate with personnel in the JLS to teach them how to properly engage and interact with youth to improve communication; and 2) be engaged when youth in the JLS display "problem behaviors" to determine if they are related to speech and language difficulties. Altering written and spoken language used to communicate with youth can also prevent misunderstandings and improve communication.
Traumatic brain injury	An acquired brain injury caused by an external physical force, leading to total or partial functional disability or psychosocial impairment, or both, which negatively impacts a child's educational performance. Includes both open and closed head injuries that cause impairments in areas such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual, and motor skills, psychosocial behavior, physical functions, information processing, and speech. Traumatic brain injury (TBI) does not cover congenital or degenerative brain injuries, or those resulting from birth trauma.	The prevalence of TBI among youth in the JLS varies between 12% and 82%. Youth in the JLS with TBI can face numerous difficulties, such as cognitive impairment that impacts their ability to regulate their behaviors and recall information as well as communication barriers that can hinder their participation in and understanding of judicial proceedings. Histories of TBI in youth in the JLS are associated with increased aggression and criminal offenses including violent crimes. Screenings and assessments can include TBI to improve treatment planning for youth. If TBI is identified in a youth, specific treatments and interventions can include referrals to brain injury school re-entry programs, vocational rehabilitation, and medical rehabilitation. Personnel in the JLS, such as officers, medical providers, and staff, can be trained to discern signs and symptoms of TBI.
Visual impairment	Includes blindness and refers to a vision impairment that negatively impacts a child's ability to perform in an educational setting, even with correction. Encompasses both partial sight and complete blindness.	The American Foundation for the Blind reported 600,000 youth with vision difficulty in 2022. In 2021, the Foundation also reported 55,711 individuals aged 0-21 who are legally blind. Youth with visual impairments have been shown to experience lower levels of psychological wellbeing due to feelings of loneliness, decreased mobility, and dependency on others. This decreased psychological wellbeing can often manifest as increased emotional and behavioral difficulties and symptoms and lower levels of academic learning in comparison to their sighted peers. Screening tests to examine visual skills and perception can be conducted at intake and throughout a youth's time in the JLS to detect and provide appropriate vision care. Mental and behavioral health interventions can also be provided to improve mental health outcomes; however, more research is needed to determine which interventions work best with this population.

2. CONTEXT AND SIGNIFICANCE

Research has continuously demonstrated that youth with disabilities are more likely to enter the JLS compared to youth who do not have disabilities. Estimates suggest that up to 70% of youth in the justice system have a mental health, sensory, or learning disability, and between 28% and 43% of detained or incarcerated youth have special education needs (Quinn et al., 2005). Moreover, youth with intellectual and developmental disabilities enter the JLS at a younger age, have higher rates of serious offenses, and are at a greater risk of recidivism compared to youth without disabilities who commit offenses (Zhang et al., 2011). These disparities are even more pronounced when factors such as race, ethnicity, and socioeconomic status are considered. For instance, youth in the JLS with heightened educational, mental health, medical, and social needs are disproportionately Black, Native American, Latinx, male, or of low socioeconomic status (Quinn et al., 2005). Furthermore, youth from these socially marginalized groups in the JLS are less likely to receive a disability diagnosis compared to their white peers, which reduces the likelihood of them getting the support they need (Barnert et al., 2024). The following sections will expand on these heightened vulnerabilities that youth with disabilities face before, during, and after JLS involvement.

Heightened Vulnerabilities & Intersectional Disparities

Before Incarceration: When discussing the overrepresentation of youth with disabilities in the JLS, it is important to consider the intersectional disparities that further heighten their vulnerabilities before entering the system, such as the school-to-prison pipeline. The school-to-prison pipeline is the result of the unintended partnership between schools and the JLS, which has created a punitive and harmful framework for addressing youth with “behavioral concerns.” As a result of this phenomenon, policies and practices have been fostered in schools, especially those that are mainly comprised of youth from socially marginalized groups (e.g., youth of color and low socioeconomic status), that make it more likely for students to experience involvement in the JLS than attain a quality education (Mallett, 2015). Indeed, while youth arrests have reached a record low nationwide, a substantial proportion of overall arrests originate from schools (Villalobos and Bohannan, 2017).

The school-to-prison pipeline was developed through practices such as zero-tolerance policies (e.g., suspension and expulsion) that can lead to the removal of students from the educational environment for minor infractions (Thompson & Morris, 2016). The usage of school resource officers, who are often times police officers with no education-related training, has been another contributing factor operating within the school-to-prison pipeline (Mallett, 2015). These punitive practices within schools, while initially

intended to decrease violence and improve safety within schools, are associated with high rates of suspension and expulsion (Boccanfuso & Kuhfeld, 2011), low academic achievement and school failure among students (Mallett, 2015; Skiba & Rausch, 2006), and even traumatization among youth as a result of violent encounters with officers while at school (Herr, Beirz, & Hyatt, 2018). These outcomes are often worse for students of color, with Black, Latinx, and Native American students suspended at disproportional rates compared to their white peers (Herr, Beirz, & Hyatt, 2018).

Additionally, students who are youth of color and identify with other socially marginalized identities, such as identifying as LGBTQ+ and/or having disabilities, experience compounding negative impacts of the school-to-prison pipeline. In fact, research demonstrates that students who are Black and have a disability are more likely to be suspended or expelled compared to white students with a disability (Herr, Beirz, & Hyatt, 2018; Skiba, Arredondo, & Rausch, 2014). Youth with disabilities comprised 20% of the total students expelled during the 2016-2017 school year in California, despite being only 11% of the total student population (Herr, Beirz, & Hyatt). As a result of ableism and the underdiagnosis and/or misunderstandings of their disabilities, students with disabilities are more likely to be mischaracterized as defiant or non-compliant, leading to higher rates of disciplinary actions such as suspensions or expulsions, which are significant predictors of JLS involvement (Zhang, 2011). Instead of providing youth with disabilities the support they need, schools too often push out these youth and punish them because they do not fully understand their disabilities (Barnert et al., 2024).

While California legislation has recently started to dismantle components of the school-to-prison pipeline that have disproportionally harmed students with disabilities (Rios, 2023), it does not erase the injustice done to those who have already been affected by it. By addressing these compounding issues faced by youth with disabilities, jurisdictions can work toward a more equitable system that supports all youth.

<u>During Incarceration</u>: Youth with disabilities face heightened vulnerabilities during incarceration due to a variety of factors, including inadequate medical and mental health care, lack of appropriate educational services, and increased risk of abuse and neglect. Within facilities, youth often have limited access to specialized care and do not receive the medical and mental health care they need. Carceral facilities frequently lack the resources and trained staff to provide adequate treatment for physical, intellectual, and emotional disabilities. This lack of appropriate care can lead to worsening of existing conditions and the development of new health issues (Abram et al., 2017). Additionally, a substantial number of youths with disabilities face mental health challenges that are often exacerbated by the stressful and traumatic environment of carceral facilities.

Youth in the JLS often receive inadequate educational services, including the lack of properly implemented individualized education programs (IEPs). Youth with disabilities are legally entitled to receive appropriate educational services under IDEA. However, many carceral facilities fail to provide these services, leading to educational neglect (Osher et al., 2002). This can result in significant academic setbacks and hinder youth's ability to reintegrate into mainstream education upon their release (Gagnon & Barber, 2010). Furthermore, many facilities do not adequately implement, let alone recognize, the IEPs to which students with disabilities are entitled. This neglect can lead to a lack of tailored educational support, further disadvantaging these students and impeding their academic progress (Leone & Wruble, 2015).

While there is limited research regarding the victimization of youth with disabilities in comparison to the victimization of youth who do not have disabilities, a nationwide survey indicated around 9.5% of youth in state facilities experienced at least one incident of sexual victimization in the past year (Beck et al., 2012). Additionally, in 2012, 13 U.S. carceral facilities for youth were identified as "high rate" based on the high prevalence of reported sexual victimization, with rates of up to 30% or greater (Beck et al., 2012). Because individuals with disabilities are three times more likely to be the target of violent crimes (Harrell et al., 2015), it can be concluded that youth with disabilities in the JLS may face a higher risk of victimization, including physical and sexual abuse, neglect, and/or isolation in comparison to youth who do not have disabilities. Youths' disabilities may also make it harder for them to protect themselves or report abuse, and staff may be inadequately trained to recognize and respond to their needs (Beck et al., 2012). To manage behavioral issues among youth with disabilities, carceral facilities may also resort to using isolation or solitary confinement, which are practices that can exacerbate mental health problems and lead to severe psychological distress (Shah, 2017).

After Incarceration: The heightened vulnerabilities of youth with disabilities before and during incarceration do not come without long-term consequences, as incarceration during adolescence is associated with negative mental and physical health in adulthood (Barnert et al., 2017). The lack of appropriate support and services for youth with disabilities during incarceration can contribute to higher rates of recidivism. For example, research has shown that education can promote rehabilitation through concrete skills, professional certifications, and decision-making; nevertheless, it is often provided insufficiently in carceral facilities (Lambie & Randell, 2013). In fact, educational engagement among youth with disabilities is significantly lower than their counterparts during aftercare, the period of reentering the community after incarceration (Lambie & Randell, 2013). Moreover, inadequate preparation for reentry into society, including poor educational outcomes and unresolved health needs, can hinder youths' ability to

find employment, continue their education, and reintegrate successfully into their communities. Data shows that the likelihood of employment after incarceration for youth with special education needs is significantly lower than their counterparts; only about 30-40% gain employment within a year following their release (Bullis & Yovanoff, 2006).

3. PROTECTIONS FOR YOUTH WITH DISABILITIES

Federal Policy

While there is a gap in policies specific to youth with disabilities in the JLS, three federal statutes are applicable to their needs: the Individuals with Disabilities Education Act, Section 504 of the Federal Rehabilitation Act, and the American Disabilities Act.

Individuals with Disabilities Education Act (IDEA) (1990): Mandates the rights of youth with disabilities to a free and appropriate public education tailored to their individual needs in the least restrictive environment possible (Osher et al., 2002). In the JLS, IDEA applies to youth with disabilities until they are 22 and ensures that placement in a JLS facility does not remove any education rights. The incarceration of youth in adult facilities should not remove the protection of IDEA under federal law.

Section 504 of the Federal Rehabilitation Act (1973, amended 2008): Prohibits discrimination against individuals with disabilities in programs receiving federal financial assistance through equal opportunity access (Osher et al., 2002). Section 504 is crucial to ensure youth with disabilities are given appropriate accommodations and support, such as curriculum modifications, specialized instruction, and assistive technology. It is important to note that only the Americans with Disabilities Act (ADA) and Section 504 apply to students in higher education.

Americans with Disabilities Act (ADA) (1990): Provides broader protection for individuals with disabilities across various institutional contexts, including employment, education, and public services. Its protections can extend to youth with disabilities in the JLS in several ways. First, Title I prohibits discrimination on the basis of disability in employment, which is particularly relevant for youth during the reentry and aftercare phases after incarceration. Additionally, Title II calls for equal access among youth to state and local government activities, such as educational opportunities, extracurricular activities, and programs and services provided by educational institutions. Lastly, Title III requires public accommodations within carceral facilities.

In addition to IDEA, Section 504, and ADA, there are several other federal laws with recommendations by the National Council on Disability to protect youth with disabilities at risk of entering the school-to-prison pipeline:

The McKinney-Vento Homeless Education Assistance Act (2002, amended 2015) ensures immediate school enrollment and transportation for youth who are unhoused but is commonly unfamiliar to impacted families due to the lack of information dissemination (National Council on Disability, 2015). Also, the Elementary and Secondary Education Act (1974, amended 1994) provides federal funding to primary and secondary schools for equal education access, especially for schools within low socioeconomic status neighborhoods.

Additionally, the Juvenile Justice and Delinquency Prevention Act (JJDPA) (1974, amended 2018) supports delinquency prevention efforts and offers state financial incentives to promote youth safety, has not been reauthorized since 2002. The National Council on Disability (2015) recommends reforms to improve cross-collaboration between the JLS and special education system by holding schools and juvenile courts accountable for IDEA, Section 504, and ADA violations during offense adjudication. Lastly, the National Council on Disability (2015) calls for administrative agencies to utilize Title VI of the Civil Rights Act of 1964 in concurrence with special education laws to promote better outcomes for students of color with disabilities. These actions include increased enforcement of federal legislation through ensuring interagency accountability and filing of administrative complaints of racial inequality and discriminatory discipline.

The Prison Rape Elimination Act (PREA) (2003) was established to prevent, detect, and respond to sexual abuse in all federal, state, and local carceral settings. Despite the standards having been in effect for two decades, youth with disabilities continuously remain vulnerable to sexual abuse or harassment in the JLS. The VERA Institute of Justice (2015) recommends that agencies provide equal opportunity for individuals with disabilities to access information and victim services designated by PREA.

Despite these federal policies that provide protections and regulations regarding youth with disabilities in the JLS, there are several issues with their implementation in the context of the JLS. For instance, the National Council on Disability (2015) reports that although data collection and reporting requirements are mandated within the statutes and regulations for youth with disabilities, public entities, such as school districts, fail to comply with or enforce these requirements. Moreover, most public schools and school districts significantly underreport data related to students' race/ethnicity, sex, English proficiency, and disability per the Civil Rights Data Collection requirement (National Council on Disability, 2015). This lack of data challenges stakeholders' ability to identify

problems and implement interventions, as schools and districts were not facing repercussions from the U.S. Department of Education for underreporting, as of 2015. Additionally, the National Council on Disability argues that schools are essentially violating Section 504 or Title II of the ADA due to the disproportionate targeting of students with disabilities in fraudulent enrollment investigations.

State Policy

Regarding the federal IDEA policy described previously, the state of California provides more detailed guidelines and recognizes subcategories of disabilities that are not explicitly covered under the federal definitions. These include:

- **Specific Learning Disability (SLD): California identifies specific processing disorders like *dyslexia, dysgraphia, and dyscalculia* as examples of SLD. The state's guidelines also emphasize assessing specific cognitive processes and academic deficits.**
- **Other Health Impairment (OHI): In comparison to the federal policy, California recognizes a broader array of health conditions, such as *attention deficit hyperactivity disorder (ADHD), Fetal Alcohol Spectrum Disorder (FASD),* and other chronic or acute health issues, under this category.**
- **Autism: California uses a broad definition of autism, including autism spectrum disorder (ASD), and offers guidelines for identifying *different levels of severity.***
- **Emotional Disturbance (ED): California elaborates on the definition of ED by recognizing additional conditions such as *anxiety disorders, depression, and oppositional defiant disorder*.**
- **Speech or Language Impairment (SLI): In California, SLI is categorized into *specific areas* like articulation, fluency, voice disorders, and language processing difficulties.**
- **Orthopedic Impairment: The state considers a broad range of physical disabilities, including conditions like *cerebral palsy or muscular dystrophy*, which might not be emphasized as clearly in IDEA.**
- **Established Medical Disability (EMD): Unique to California, this category applies specifically to *preschool-age children (ages 3-5) who do not fit neatly within the 13 categories but have a significant medical condition that impacts their development and educational performance*. This age-specific category covers children until they reach school age and can be re-evaluated for eligibility under the standard categories.**

California Education Code (Section 48650): Mandates transition planning required by IDEA and the provision of alternate pathways for youth in JLS settings with disabilities to earn a diploma. It also requires transition planning for youth moving to educational placements after leaving county juvenile court schools and county community day schools. This policy also requires compliance monitoring of special education in these schools as well as coordination and collaboration between county offices and other agencies such as county probation departments, courts, child welfare agencies, and county behavioral health care programs (Cal. Ed. Code § 48650).

4. OVERARCHING BEST PRACTICES

While Section 5 of this document discusses specific care recommendations for each disability category defined by IDEA, there are several best practices recommendations across the literature that can be implemented to promote long-term wellbeing and success of all youth who have disabilities within the carceral setting and in the community during the reentry period. These overarching recommendations from the literature cited throughout this document are summarized below:

1) **Assess youth to identify disabilities: Research demonstrates that rates of identification of disabilities among youth in the JLS vary across jurisdictions (Quinn et al., 2005). As a result, the delivery of appropriate services and interventions to youth with disabilities also varies, impacting their success while incarcerated and during the reentry period (OJJDP, 2017; Quinn et al., 2005). In addition to the general screening and assessment conducted at intake, researchers suggest that utilizing specific screening and assessment tools to identify disabilities among youth, especially those that can impede their cognitive ability to navigate the JLS like intellectual disabilities, can help promote positive outcomes for them and their overall wellbeing (Tedeschi & Junewicz, 2018).**
2) **Provide appropriate interventions, resources, and services in accordance with youths' needs and abilities: Once disabilities are identified in youth, research demonstrates that interventions, services, and resources tailored to their specific needs and abilities can help promote their success (Anderson et al., 2022; Hughes et al., 2017; OJJDP, 2017; Quinn et al., 2005). For instance, providing youth with speech or language impairments with speech language therapy from qualified personnel can improve outcomes for them during and after incarceration. Because many youth with disabilities often face struggles with their mental health as a result of the challenges they face, providing them with appropriate mental health support such as psychological interventions and support groups can also improve their wellbeing. Additionally, providing accommodations to youth with disabilities, such as altering written and spoken**

language, ensuring access to hearing aids and other equipment, and modifying spaces to enhance accessibility and avoid stressors can also be beneficial. These interventions and programming can overlap with those provided in accordance with youth's Individualized Rehabilitation Plans, as required in the California Welfare and Institutions Code Section 875 regarding secure youth treatment facilities.

3) **Provide quality education in accordance with Individualized Education Plans (IEP) and vocational programming: As previously described, under IDEA, youth are legally required to have appropriate, quality educational programming within carceral facilities that is guided by IEPs. Moreover, research demonstrates that youth with disabilities experience better long-term outcomes and success, including reduced recidivism, when provided with quality education as well as vocational programming that is tailored to and develops their specific needs, goals, and strengths. Ensuring youth with disabilities in the JLS have access to appropriate, individualized education and vocational programming, provided by qualified personnel, can improve their success and wellbeing well after their return to their communities.**
4) **Build on strengths and resiliency of youth with disabilities: As mentioned previously, youth with disabilities display strong resiliency despite the challenges that may face. While ensuring that youth are provided with services, resources, and interventions tailored to their needs is critical to their success, building on their resiliency and strengths can also further increase the likelihood of their long- term wellbeing. More research is needed to determine which resilience-building interventions work best for youth with disabilities (Hart et al., 2014), but targeting protective factors such as healthy family relationships, supportive communities, and schooling through interventions that consider cultural factors and differences can improve outcomes for youth (Raghavan & Griffin, 2017; Zukerman et al., 2024). Additionally, emphasizing the strengths and talents of youth with disabilities, such as hobbies, interpersonal skills, and cognitive abilities, and providing them with opportunities to develop them that consider their physical and mental abilities can foster community inclusion, relationships, and overall wellbeing (Carter et al., 2014). For instance, youth with autism have strengths and talents such as a preference for structure and consistency, an aptitude for repetition, and a detailed, sophisticated world understanding (Clouder et al., 2020) that can be emphasized through programming and interventions. Utilizing community-defined, culturally relevant interventions, such as credible messenger mentoring and healing circles, can be beneficial in building the strengths and resiliency of youth with disabilities in the JLS (Gailey, 2015; Lesnick et al., 2023).**

5) **<u>Ensure effective cross-system collaboration</u>: Youth in the JLS, especially those with disabilities, and their families have diverse needs and goals that cannot be**

addressed by only one agency or system. However, studies demonstrate that issues with cross-system collaboration, including barriers in communication and coordination, can negatively impact youths' success, especially in their transitions back to their communities (O'Neill, Strnadová, & Cumming, 2017). Research regarding pediatric care for youth in the JLS with disabilities demonstrates that communication across systems is critical to coordinating and providing appropriate care that addresses their unique and diverse needs (Savage et al., 2017). Cross-system collaboration can promote a continuous system of services for youth and families by enhancing the strengths of partnering agencies and programs to provide a variety of individualized services and programming that appropriately addresses the needs of youth in the JLS with disabilities (Stewart, 2013), such as those discussed throughout this paper. Improving barriers to communication at multiple levels, including patient-practitioner, system-system, and practitioner-family, to effectively coordinate care through cross-system collaboration can vastly improve the success and wellbeing of youth with disabilities. Additionally, whenever possible, collaboration with families and community-based organizations can improve access to resources and services for youth with disabilities, especially community-defined programming that may not be well-studied in the scientific literature.

In addition to the overarching recommendations across the literature summarized above, the National Commission on Correctional Health Care (NCCHC) established minimum standards to be followed in JLS facilities. The latest Standards for Health Services in Juvenile Detention and Confinement Facilities (2022) includes Section F – Special Needs and Services, which outlines specific requirements for youth with disabilities, including those with an intellectual disability, serious mental health needs, and/or a physical disability. The OJJDP has also created a toolkit for jurisdictions to serving youth with disabilities in carceral facilities. This toolkit contains research and evidence-based tools and resources that can help jurisdictions improve care for youth through facility-wide practices, educational practices, transition and reentry practices, and community and interagency practices. A self-assessment is offered as a starting point for jurisdictions to help them determine areas of improvement in relation to IDEA.

5. SUMMARIES OF RESEARCH REGARDING IDEA DISABILITIES

As mentioned previously, there are thirteen disability categories under IDEA, with deafness and hearing impairment combined in this document and multiple disabilities not discussed. The following section summarizes research regarding the prevalence of these disability categories, challenges related to these disabilities, and recommendations to support youth with each specific disability in the JLS.

It should be noted that research regarding disabilities in the JLS is still emerging, especially for conditions which may not be as common among youth or as well-studied in comparison to others (e.g., deaf-blindness, hearing impairments, visual impairments). For this reason, sections may differ in their length and the number of recommendations summarized. Additionally, literature from other areas of research such as pediatrics or studies that examine adolescents in general are summarized when applicable. Specific interventions and services that are not widespread but show promise are also highlighted. It is also relevant to note that the challenges described in this section should be considered from an intersectional lens – because factors such as race, ethnicity, gender, etc. are associated with the disproportional representation of various groups of socially marginalized youth in the JLS, these factors can also impact the difficulties youth with disabilities may face.

1) Autism

Prevalence: Although statistics vary due to underreporting and diagnostic challenges, a systematic meta-analysis reviewing 89 articles on Autism Spectrum Disorder (ASD) and JLS intersections suggest that the prevalence of youth with autism in carceral settings ranged from 2% to 17% (Cooper et al., 2022). In a recent study exploring disabilities in the JLS, 3,904 of 43,771 youth who had a disability were diagnosed with ASD (Kincaid and Sullivan, 2019). Due to the compounding challenges youth with ASD face when interacting with the JLS, the connection between JLS involvement and autism is increasingly being recognized and explored (Cheely et al., 2012).

Specific Challenges: Research suggests that common ASD characteristics (e.g., impaired communication, deficient social skills, and abstract deficits) can impact the way youth understand the consequences of law-breaking and illegal behaviors (Cheely et al., 2012; Mayes, 2003; Woodbury-Smith et al., 2005). In a meta-analysis of studies examining youth with ASD, the authors found that youth with ASD were 26% more likely to interact with the JLS due to law enforcement misunderstanding their behavior (Railey et al., 2021). Moreover, a study on the mental health of youth in the JLS found high rates of co-occurring psychiatric challenges among youth with ASD compared to peers, which can potentially increase the risk for delinquency among youth with ASD (Vermeiren et al., 2006). These characteristics can make youth with ASD more likely to be apprehended than youth without ASD (Vermeiren et al., 2006). Regarding offense types, a study exploring the disproportionality in JLS involvement by disability status found that youth with ASD were at highest risk of referral for higher degree offenses compared to their counterparts without disabilities (Kincaid & Sullivan, 2019).

Other considerations to note for youth with ASD in the JLS include sentencing issues, competency to stand trial, and the capacity to commit crimes (Mayes, 2003). Notable court cases involving individuals with autism suggest a lack of knowledge and training among law enforcement personnel in interacting with youth with ASD (Mayes, 2003). Research also asserts that carceral facilities and their inaccessibility to developmentally appropriate communication tools can pose various sensory stressors for individuals with autism (Cooper et al., 2022).

Recommendations: Researchers involved in exploring the implications of youth with ASD in the JLS call for the imperative support of the population through several key solutions. When navigating the system, youth with ASD may face challenges in understanding trial procedures, complex written documents, and social communication that may lead to more unjust treatment or judicial outcomes (Lee at al., 2020). One study demonstrated promise in implementing WIDGIT symbol sheets with pictures and simple language in the initial detention process to make lengthy and confusing legal jargon more accessible to youth with autism (Cooper et al., 2022). Additionally, specialized units designed to accommodate the sensory needs of autistic individuals may decrease the high rates of victimization experienced by autistic individuals in JLS (Cooper et al., 2022). Specialized training for legal and law enforcement personnel to recognize and appropriately respond to youth with ASD and provide appropriate support services and accommodations during legal proceedings can also improve outcomes for youth with ASD (Railey et al., 2021).

2) Deaf-Blindness

Prevalence: As of the most recent data report by the National Center on Deafblindness (NCDB), a total of 10,585 children were eligible to receive deafblind services, of which 8,690 are ages 6 through 21 (2022). This count includes children and youth who are deafblind and have one or more additional disabilities (about 90% of this population). Due to the rareness of deaf-blindness among children, as it is typically found in older adults (Dammeyer, 2014), there is no specific research in the context of the JLS. However, several studies that focus on the needs and characteristics of the deaf-blind community as a whole may be translated to serve youth in the JLS.

Specific Challenges: Research highlights lower levels of assertiveness and independent decision-making among the deaf-blind population, as well as higher levels of learned helplessness among children with deaf-blindness, increased risks of mistreatment, and deficits related to communication, mobility, and information access (Simcock, 2017). Key challenges discussed in the literature among youth who are deaf-blind also include their social-emotional development, educational inclusion, family support, and

communication limitations, which often impact youths' attachment, empathy, and ability to form relationships (Nelson, 2016). Additionally, research highlights that youth who are deafblind experience significantly higher levels of stress and isolation compared to their peers because of the compounded effects of sensory impairments and communication barriers. This stress can manifest in various behavioral challenges like self-injurious behavior, regression, and withdrawal (Nelson, 2013).

Recommendations: Although the existing literature on youth with deaf-blindness is not specific to the JLS and its presentation in the JLS is likely rare, it presents solutions that can be considered for the JLS. Research demonstrates that individuals with deaf-blindness have experienced difficulties disclosing abuse due to the lack of language skills among parent, educators, and communication support staff (Simcock, 2017). When considering the increased risk of mistreatment of youth with disabilities in carceral settings (Beck et al., 2012), these difficulties are particularly relevant. Social welfare policies that consider these specific vulnerabilities of the deaf-blindness community can improve outcomes for youth who are deafblind. Researchers also recommend individualized support plans (e.g., stress management, behavioral interventions), enhanced communication methods (e.g., tactile sign language, assistive technology), and inclusive environments that reduce stressors and promote accessibility and positive interactions (Nelson, 2013). Family support in managing stress can aid in youths' ability to self-regulate their emotions and develop healthy relationships (Nelson, 2016). Additionally, inclusive support in the educational setting and individualized services that considers the unique needs and linguistic characteristics of deafblind youth can also improve their wellbeing (Nelson, 2016).

3) Deafness and Hearing Impairment

Prevalence: The number of youth in the JLS who experience deafness or hearing impairments is unclear. For instance, while one report indicates that approximately 8% of youth 10 years and above who are deaf or hard of hearing are served in carceral facilities (Kudesey et al., 2021), another study estimates that there are between 15,600 to 43,160 deaf youth in the system each year (Lomas, 2021). A study linking juvenile court and educational records also found that hearing impairment was among one of six disabilities observed in 1,985 of 43,771 youth with a disability (Kincaid & Sullivan, 2019). More broadly, the National Deaf Center (2023) estimates that there are about 280,000 dear people between the ages of 16 and 24 in the United States, and approximately 15% of children and adolescents in the overall United States population experience a hearing impairment. Research regarding youth experiencing deafness or hearing impairments in the JLS is limited. However, research regarding deaf youth as a whole may also be translated to youth experiencing deafness in the JLS.

Specific Challenges: Youth who are deaf or have hearing impairments face a number of challenges, in particular, language and learning difficulties (Lomas, 2021). Hearing loss in children can impact their ability to distinguish speech sounds, which hinders their communication skills and can affect their relationship-building skills (Jong et al., 2023). As a result, in comparison to their peers who do not have hearing loss, children with hearing loss are more likely to experience psychosocial difficulties such as emotional and behavioral concerns, like anxiety, depression, and aggression, as well as social difficulties, such as poor relationships (Jong et al., 2023). Additionally, research has found that hearing impairments impact youths' ability to communicate with staff and understand orders throughout the judicial process (Lomas, 2021; Lounte et al., 2017). This can further entrench youth into the JLS. Other research suggests that hearing impairment and increased risk of offending are positively associated, particularly among male youth (He et al., 2019).

Recommendations: Findings collectively underscore the need for targeted interventions and support systems to address the needs of youth with hearing loss in the JLS to improve their overall outcomes. Researchers recommend that facilities standardize hearing screenings, including pre-admission and periodic hearing screening, and access to hearing healthcare (Omokanye et al., 2002). In addressing the communication needs of this population, improved access to hearing aids and increased training for hearing loss identification within carceral facilities can also lead to better outcomes for youth with hearing loss (He et al., 2019). Research also shows promise in promoting speech-language therapy services, training, and cultural change to simulate awareness of auditory and language challenges among JLS personnel (Lount et al., 2017). The American Correctional Association also recommends several practices to promote communication and engagement with youth with hearing loss in the JLS, including acknowledging youths' identities at intake, maintaining eye contact when communicating, minimizing environmental noise, and bringing in sign language interpreters when appropriate (Kudesey, Cox, & Jolivette, 2021).

4) Emotional Disturbance

Prevalence: It is estimated that approximately 65%-75% of youth in the JLS have an emotional disturbance (ED) or related mental health condition (Strassfeld & Cherng, 2022). Additionally, youth within the JLS are 10 times more likely to develop an ED or related conditions compared to their peers who are not in the JLS (Strassfeld & Cherng, 2022). A systematic review of 47 studies across 19 countries demonstrated a high prevalence of ED and related conditions among youth in the JLS, with the most common treatable disorders among boys being depression and attention-

deficit/hyperactivity disorder, and the most common treatable conditions among girls being depression and post-traumatic stress disorder (Beaudry et al., 2021). In addition, nearly two-thirds of youth in the JLS were diagnosed with any lifetime conduct disorder (Beaudry et al., 2021), which is characterized by repetitive, persistent violations of the rights of others and age-appropriate societal norms (Lillig, 2018).

Specific Challenges: While not specific to youth in the JLS, literature regarding emotional and behavioral disorders such as ED in children and adolescents demonstrates that these conditions, especially if left untreated, may lead to negative effects on youths' personal, education, family, and professional lives, as well as poor long-term physical and mental health outcomes (Ogundele, 2018). These poor outcomes can include long-term unemployment, poor interpersonal relationships, low academic achievement, and involvement in the JLS (Ogundele, 2018). In fact, ED and related conditions are strongly associated with an increased likelihood of violence and behaviors that are considered delinquent among youth, resulting in their entry into the JLS (OJJDP, 2017). Once in the JLS, ED and related conditions are also related to higher rates of recidivism among youth (Strassfeld & Cherng, 2022).

Recommendations: Accurately screening and assessing youth for ED and related conditions[6] can help provide them with appropriate treatment while in the JLS (Strassfeld & Cherng, 2022). Providing treatment can improve youths' long-term wellbeing through incarceration and reentry and well after their return to their communities (Beaudry et al., 2021; OJJDP, 2017). Treatments and interventions that show promise in treating youth with ED and related conditions include child-focused psychological interventions like cognitive behavioral therapy, medication, social communication enhancement strategies, and emotional regulation strategies (Beaudry et al., 2021; Ogundele, 2018; Virgin et al., 2021).

5) ***Intellectual Disability***

Prevalence: While exact estimates of the rate of intellectual disabilities among youth in the JLS are unavailable, several studies affirm its prevalence among this population and its potential increase (Russell & Dunlap, 2016). A nationwide survey exploring disabilities in youth carceral facilities noted that intellectual disabilities composed around 10% of all reported disabilities (Quinn et al., 2005). Research comparing the risks and patterns of recidivism between youth with and without disabilities suggested a high prevalence of youth with intellectual

[6] For more information on assessing and treating mental and behavioral health concerns in youth in the JLS, please see OYCR's *Practice Guidelines for Treating Behavioral Health Disorders in SYTFs and Other Facilities*.

disabilities experienced higher risks for second and third referrals to the JLS and had their first contact with the JLS at an earlier age (Zhang et al., 2011). Additionally, while research on youth in the JLS with Fetal Alcohol Spectrum Disorder (FASD)[7], a type of intellectual disability, is still limited, studies have shown that adolescents with FASD are 19 times more likely to be incarcerated than youths without a neurodevelopmental disorder (Waite, 2021). In a study of 415 individuals with FASD, 42% had been involved in the JLS, with their first offense having taken place between 9 and 14 years old.

Specific Challenges: Youth with intellectual disabilities are more likely to experience risk factors such as poverty, trauma, and limited access to education and mental health services that increase their likelihood of system involvement compared to their peers who do not have intellectual disabilities (OJJDP, 2017). Within the JLS, youth with intellectual disabilities continue to encounter systemic challenges including the misunderstanding of their disabilities by personnel, inappropriate responses to their behaviors, and the lack of appropriate services that exacerbate these difficulties (OJJDP, 2017). Studies have shown that most probation officers (PO) receive minimal training for effectively engaging with youth with intellectual disabilities despite their high prevalence on caseloads (Russell & Dunlap, 2016). Additionally, youth with intellectual disabilities often struggle to navigate the legal system and understand legal rights and procedures, which can make them highly susceptible to pressure faced when navigating the judicial process (Close & Walker, 2010). For example, case studies found that many youth with intellectual disabilities were unable to comprehend the plea bargain process and changed their stories during interrogations when seemingly influenced by the interrogator (Close & Walker, 2010).

Recommendations: Early identification of intellectual disabilities and effective training for staff to respond to intellectual disabilities with appropriate services (e.g., educational support, mental health services, community-based programs) is recommended by the OJJDP (2017). While not widespread in the literature, research also suggests that promising practices include using specialized staff such as forensic special educators to work youth with intellectual disabilities in JLS (Close & Walker, 2010). These staff can employ shorter and more frequent sessions when communicating legal concepts to these youth and can also utilize visual aids, task analysis, and information sequencing accompanied by consistent and simple or clear language tailored to youths' cognitive abilities to make complex legal information more digestible (Close and Walker, 2010).

6) Orthopedic Impairment

[7] For more information, please see OYCR's Fetal Alcohol Spectrum Disorders project.

Prevalence: There is little information regarding the number of youth in the JLS with orthopedic impairments. However, a 2015 retrospective review of health charts from a large urban JLS center from June 2011 to July 2014 demonstrated that out of 1,048 self-reported health complaints from youth, 13% were related to orthopedic concerns, such as joint and back pain (Beyda et al., 2015). This same review found that out of 146 physician visits within the carceral facility that resulted in a medical diagnosis, 9% were related to orthopedic concerns (Beyda et al., 2015). While little is known about the number of youth in the JLS who face orthopedic impairments nationwide, studies suggest that orthopedic complaints may be one of the most commonly reported complaints among youth in the JLS. Additionally, violence-related injuries among youth in the JLS can cause orthopedic-related issues. Much of the literature surrounding orthopedic impairments in youth surrounds sports and athletics, which may not be generalizable to the JLS. However, literature that more broadly discusses orthopedic conditions among youth may be translated to the JLS.

Specific Challenges: Besides difficulties related to functional limitations, youth with orthopedic impairments face several challenges in relation to their peers who do not have such impairments. For instance, youth who struggle with physical movement due to orthopedic impairments often face emotional struggles as they may not feel included by their peers (Biastro et al., 2015). Because youth with orthopedic impairments frequently depend on their caregivers for self-care and transportation, they are less likely to engage in social activities and may feel further isolated from their peers, which can result in greater emotional distress, lower social skills, and lowered academic success as a result (Biastro et al., 2015). Similarly, a psychological analysis of youth with orthopedic diseases demonstrated that they often report higher difficulties with life and negative emotional reactions to their condition (Pyatakova et al., 2022).

Recommendations: Research regarding youth with orthopedic impairments in the JLS is extremely limited. However, general research demonstrates that youth with orthopedic impairments who can participate in social activities with their peers who do not have such impairments experience better physical and mental health, acquire higher social skills, and report higher levels of happiness and satisfaction in their lives compared to youth with these impairments who do not participate in social activities (Biastro et al., 2015). Thus, facilitating their participation in social activities with their peers while they are in the JLS can improve their overall wellbeing (Biastro et al., 2015). While more research is needed to determine which social activities are best for youth with orthopedic impairments, studies suggest that those which consider youths' physical functioning while allowing them to engage with their peers can be provided (Biastro et al., 2015). Additionally, because youth with orthopedic diseases have been shown to report emotional distress in relation to their impairments, researchers recommend

providing quality mental health services to improve their wellbeing (Pyatakova et al., 2022). Moreover, providing youth who have orthopedic impairments with appropriate care, medical equipment, and accommodations to address any functional limitations can also improve their wellbeing with in the JLS.

7) Other Health Impairment

Prevalence: As previously defined, other health impairments include conditions that negatively impact a child's ability to perform in an educational context, which are typically caused by chronic or acute health issues. These conditions are relatively common among youth in the JLS, but often go undiagnosed and untreated (Barnert, Perry, & Morris, 2016). For example, asthma is one of the most common types of chronic health issues among youth in the JLS (Goodwin et al., 2014), and is also the most common and preventable cause of death in JLS settings (Simonian & John, 2018). Recent research has also illuminated a link between lead exposure, a type of health impairment, in utero and early childhood and later involvement in the juvenile and criminal legal systems (Talayero et al., 2023). In general, research related to chronic and complex health conditions, such as other health impairments as defined previously, is infrequently discussed in literature regarding the JLS (Savage et al., 2017). However, approximately one-third of adolescents in the United States have a chronic medical illness that qualifies as a disability (Zheng et al., 2020).

Specific Challenges: Youth with chronic health impairments face a number of challenges. For instance, due to the daily care regimens and unpredictable symptoms that these health impairments often have, youths' social activities and relationships that are a part of healthy development can be impacted (Zheng et al., 2020). As a result, young people with chronic medical illnesses are more likely to develop negative mental health symptoms and conditions such as depression (Zheng et al., 2020). Within the JLS, youth face numerous barriers to care, such as communication issues across systems, staff, health care providers, and families/caregivers; provider biases; family and social barriers; low quality of health care; and resource and time constraints within facilities (Savage et al., 2017). Additionally, youth with chronic health impairments experience time-sensitive acute health needs that, if not adequately managed, can lead to irreversible morbidity or even death (Dickens et al., 2024). These barriers to medical care and comorbid mental health concerns can further impact the health and overall wellbeing of youth with chronic health impairments.

Recommendations: Improving coordination across systems, staff, health care providers, and families/caregivers can increase the likelihood of youth in the JLS receiving appropriate care for health impairments such as chronic medical illnesses (Savage et

al., 2017; Dickens et al., 2024). Enhancing the understanding of chronic medical illnesses among staff, providers, and families/caregivers can also increase youths' access to care while in the JLS. Using a team approach to providing primary care, especially for health impairments, can allow for the JLS to appropriately evaluate and manage these types of health impairments among youth in their jurisdictions (Savage et al., 2017; Dickens et al., 2024). Additionally, because youth with chronic medical illnesses often experience negative mental health symptoms, monitoring and treatment of these symptoms, in particular depression, and providing them with social support can further increase youths' wellbeing and success (Zheng et al., 2020).

8) Specific Learning Disability

Prevalence: The prevalence of learning disabilities such as dyslexia, perceptual disabilities, brain injuries, and minimal brain dysfunction among youth in the JLS varies across studies, with measures ranging between 20% and 46% in various studies (McGriff, 2021). Other studies estimates that one in three youth in long-term secure custody facilities are reported to have a learning disability, compared with 1 in 13 in the general population (Barnert et al., 2024). Despite the lack of reliable data on youth with learning disabilities in the JLS, research indicates that students with learning disabilities face a heightened risk of academic difficulties, school discipline, and involvement in the JLS compared to youth without learning disabilities (Kim et al., 2022; Mallett, 2014; Mallett et al., 2023)

Specific Challenges: Youth with learning disabilities face challenges in areas including social skills, memory, and comprehension, among other difficulties (McGriff, 2021). As a result, without proper supports, these youth are at greater risk of experiencing low academic achievement (Mallett et al., 2022) and isolation and disassociation from their peers who do not have disabilities (McGriff, 2021). Additionally, because they may have difficulty with understanding instructions from school staff, the behavior of youth with learning disabilities may be interpreted as "problem behavior," which can lead to increased rates of school discipline such as suspension (Barnert et al., 2024; Mallett et al., 2023). Compared to peers, youth with LD have a heightened risk of dropping out of high school, which increases their likelihood of being arrested (Barnert et al., 2023). When youth with learning disabilities are involved in the JLS, there is often a lack of resources and services for them, including low quality education (Snydman, 2022).

Recommendations: While more research is needed to determine which interventions work best for youth with learning disabilities, particularly for those in the JLS, given the number of academic challenges they experience, programming that emphasizes education through IEPs can greatly improve outcomes (Mallett et al., 2023).

Additionally, educational programming that targets family and student engagement in school can be the most beneficial, as students with learning disabilities who feel more connected to their school have a lower risk of academic failure and dropping out (Mallett et al., 2023). Opportunities for youth with learning disabilities to connect and engage with peers as well as teachers can also foster greater feelings of positivity and commitment. Practices that foster a positive school environment can also be implemented; these can include rehabilitative discipline policies and school programming options to address related student and family needs (Mallett et al., 2023). Offering counseling for youth with learning disabilities and their families and ensuring that teachers and JLS personnel receive thorough training on effective communication and interaction with these youth can also improve outcomes (McGriff, 2021).

9) Speech or Language Impairment

Prevalence: Estimates of the number of youth in the JLS who have a speech or language impairment vary across studies. However, a recent systematic review and meta-analysis of literature regarding youth involved in the JLS found that approximately 60% of youth involved in the JLS have a mild-to-severe language disorder (Chow et al., 2022). Additionally, youth in the JLS have significantly lower language skills than their peers who are not involved in the JLS. While the specific number of youth in the JLS facing speech and language impairments is unknown, research demonstrates that these disabilities seem to be common among youth involved in the system.

Specific Challenges: Language is integral to navigating our environments; forming relationships; and experiencing academic, professional, and social success (Chow et al., 2022). However, youth with speech and language impairments often have trouble with these aspects of daily life. When these needs are not addressed, youth have an elevated risk of displaying antisocial and criminal behavior (Cronin & Addo, 2021), which can entrench them into the JLS. Speech and language impairments are also associated with other difficulties, such as higher risk of self-harm and substance use in comparison to their peers who do not face these types of impairments (Hughes et al., 2017). Additionally, once in the JLS, youth with speech and language impairments often face communication barriers, such as the inability to understand specific vocabulary in the judicial process. This can lead to misunderstandings, subsequent “problem behaviors” (Sowerbutts et al., 2021), and further entrenchment into the system.

Recommendations: Research regarding best practices for caring for youth with language and speech difficulties is still nascent. However, a few recommendations across the literature may be helpful. For instance, identifying language and speech difficulties in youth in the intake process and providing them with interventions such as

speech and language therapy may lead to better outcomes in their overall success during and after incarceration (Anderson et al., 2022; Hughes et al., 2017). Additionally, speech and language professionals can: 1) collaborate with personnel in the JLS, such as court professionals and officers, to teach them how to properly engage and interact with youth with speech and language impairments to improve communication; and 2) be engaged when youth in the JLS display "problem behaviors" to determine if they are related to speech and language difficulties (Chow et al., 2022). Altering written and spoken language to communicate with youth may also promote clear communication between youth and personnel, reduce misunderstandings, and prevent subsequent "problem behaviors" that may arise as a result (Sowerbutts et al., 2021).

10) Traumatic Brain Injury

Prevalence: The number of youth in the JLS with a traumatic brain injury (TBI) varies across studies. For instance, research has found that the prevalence of TBI among youth varies between 12% and 82% (McKinlay & Albicini, 2016). In a separate study of seven JLS facilities in Texas, 1 in 4 youth met criteria for a history of TBI (Wayne et al., 2017). Additionally, in a study of two JLS facilities in Pennsylvania, 49% of youth participants had histories of brain injuries, with 57% showing evidence of cognitive impairment (Nagele et al., 2021). Research estimates vary, but these numbers suggest that TBI may be a common disability among youth in the JLS.

Specific Challenges: Youth in the JLS with histories of TBI face numerous difficulties that impact their ability to regulate their behaviors and recall information. For instance, cognitive impairment in youth with TBI can create communication barriers that hinder their participation in judicial proceedings (Nagele et al., 2021; Rowe et al., 2021). Youth in the JLS with TBI also experience increased symptoms and diagnoses of mental health concerns, substance use disorder, and antisocial behavior compared to their peers (McKinlay & Albicini, 2016; Perron & Howard, 2008; Wayne et al., 2017). In fact, youth with histories of TBI are four times more likely to develop concurrent mental disorders associated with offending compared to their peers who do not have disabilities (Rowe et al., 2023). Additionally, histories of TBI in youth in the JLS is associated with higher levels of aggression and higher rates of criminal offending including violent crimes compared to youth who do not have disabilities (Wayne et al., 2017).

Recommendations: To provide appropriate interventions for youth in the JLS with histories of TBI, screenings and assessments can include TBI identification (Bellesi et al., 2019). If TBI is identified in a young person, specific treatments and interventions can include referrals to brain injury school re-entry programs, vocational rehabilitation, and medical rehabilitation (Nagele et al., 2021), in addition to any prompt medical

management needed. Additionally, personnel in the JLS, such as officers, medical providers, and staff, can be trained to discern signs and symptoms of TBI to improve referrals and treatment planning for youth in the JLS with TBI (Rowe et al., 2021).

11) Visual Impairment

Prevalence: Research from the late 1960s and early 1980s suggests a correlation between visual impairment and involvement in the JLS (Dzik, 1966; Kaseno, 1985; Snow, 1983). Additionally, a 1989 study regarding a vision care program in a California youth detention facility found that recidivism rates decreased among youth with visual impairments who took part in the program (Berman, 1989). Besides these seminal papers, there is little to no literature regarding visual impairments among youth in the JLS. The number of youth who have visual impairments in the JLS is unknown; however, in 2022, the American Foundation for the Blind reported 600,000 youth with vision difficulty and 55,711 individuals aged 0-21 who are legally blind in the U.S. (American Foundation for the Blind, 2023).

Specific Challenges: While not specific to the JLS, literature regarding challenges faced by adolescents with visual impairments can be examined. For instance, individuals with visual impairments often have difficulties in completing everyday tasks, including those related to socialization, academics, transportation, and employment (Manitsa & Barlow-Brown, 2024). As a result of these challenges, adolescents with visual impairments have been shown to experience lower levels of psychological wellbeing due to feelings of loneliness, decreased mobility, and dependency on others (Manitsa & Barlow-Brown, 2024). This decreased mental wellbeing can often manifest as increased emotional and behavioral difficulties and lower levels of academic learning in comparison to their sighted peers (Manitsa & Barlow-Brown, 2024; Pinquart & Pfeiffer, 2011). Overall, individuals with visual impairment are at greater risk of poor mental health outcomes such as depression and anxiety and low social support compared to sighted individuals (Demmin & Silverstein, 2020; Pan, Antonio-Aguirre, & Singh, 2023).

Recommendations: More research is required to determine which interventions and services best support this population. However, much of the visual impairment among youth in the JLS is likely readily addressable through the provision of glasses and other visual equipment. Screening tests to examine visual skills and perception can also be conducted at intake and throughout a youth's time in the JLS to detect visual impairment and provide appropriate vision care (Berman, 1989; Dzik, 1966; Kaseno, 1985; Snow, 1983). Social support interventions such as mentoring programs and mental health support can also be provided to promote healthy relationships and social

development of youth with visual impairments (Demmin & Silverstein, 2020; Heppe et al., 2019).

6. CONCLUSION

Disabilities are highly prevalent among youth involved in the JLS. The challenges they face because of their disabilities are often intersectional with other factors such as race, ethnicity, gender identity, sexual identity, and socioeconomic status. While not well studied in the academic literature, lessons regarding care for youth with disabilities in the JLS can be extrapolated from various fields of research. Addressing the heightened vulnerabilities of youth with disabilities in the JLS requires a comprehensive, resiliency-focused approach that ensures access to individualized resources and services that meet their unique and diverse needs. This type of approach can also encourage youths' growth and emphasize the many strengths and attributes they possess outside of the challenges they may face. By implementing appropriate, holistic, and healing care to youth with disabilities, counties can help to mitigate the negative impacts of incarceration on this vulnerable population, protect them from abuse and neglect, and support their successful reintegration into society and overall wellbeing. The successful implementation of the recommendations and best practices in this document will take ongoing conversation and effective cross-system collaboration to fully provide the holistic and appropriate care that youth with disabilities need. However, it is only through this type of diligent work and partnership that California's new vision of youth justice can be realized so youth can grow, succeed, and thrive in their communities.

RESOURCES

- Office of Juvenile Justice and Delinquency Prevention - Toolkit for Improving Outcomes for Youth with Disabilities in Juvenile Corrections
    - Facility Wide Practices
    - Educational Practices
    - Transition and Reentry Practices
    - Community and Interagency Practices
    - Self-Assessment
    - Family Involvement
- American Correctional Association Guide - Promoting Communication and Engagement for Youth Who Are Deaf Or Hard Of Hearing In Juvenile Correctional Facilities
- National Center for Learning Disabilities Guide – Unlocking Futures: Youth with Learning Disabilities and the Juvenile Justice System
- University of Washington Report - What Is Neurodiversity and Why Does It Matter?
- National Network on Information, Guidance and Training on the Americans with Disabilities Act Guidelines for Writing About People with Disabilities
- The Neurosequential Model

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