



Juvenile Justice Involved Youth with Disabilities:
An Epidemic of Misunderstanding

City of San José Human Services Commission
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THE HUMAN SERVICES COMMISSION

The Human Services Commission (HSC) was established to implement the San Jose Human Rights Policy and to develop programs promoting the fulfillment of human rights in the city. The commission studies, reviews, evaluates and makes recommendations to the City Council relative to all matters affecting human rights including discrimination, equal employment opportunity policies and practices, recommending courses of action regarding the City’s equal opportunity and equal access efforts and its programs relating to city employment. The Human Services Commission acts in an advisory capacity to the Council and works with staff members of the City Manager’s Office, and the City Council is the final decision-making body.

TABLE 1:AUGUST 2020 HUMAN SERVICES COMMISSION MEMBERS

Commissioner Christine Fitzgerald	Vice Chair, Representative for District 1
Commissioner Jessica Dickinson Goodman	Chair, Representative for District 2
Commissioner Rich Dotson	Representative for District 3
Commissioner Adaeze Nduaguba	Representative for District 4
Commissioner Daisy Barocio	Representative for District 5
Commissioner Ashley Johnston	Representative for District 6
Commissioner Kimberly Carvallison	Representative for District 7
Commissioner Sangalang	Representative for District 8
Commissioner Tayesa Knight	Representative for District 9
Commissioner Aslan Pishdad	Representative for District 10
Vacant	Representative for MAY
Commissioner Chris Demers	Representative for SSDV
Commissioner Tiffany Maciel	Representative for SSDP
Sabrina Parra-Garcia	Commission Secretary

LANGUAGE DISCLAIMER: We want to acknowledge that language use in the context of disabilities is an important issue that generates both intense feelings and discussion. The most frequent point of contention is whether people-first or identity-first language should be used. For the purpose of this report, we are using the Santa Clara County adopted “student first” language. The HSC will continue to advocate for a disability justice focus in San Jose and Santa Clara County.

ACKNOWLEDGMENTS

The Human Services Commission wish to acknowledge the generous support of a variety of city and county representatives for making possible this summative assessment of the impact of law enforcement on youth with disabilities.

The individuals that we met with were collaborative and provided valuable insight about their relationship to services for youth and members of the disability community. There was a spirit of cooperation and support for the work of The Human Services Commission. Their hard work and commitment to the well-being of the youth of our community was apparent and commendable.

I would like to express my deepest appreciation for Supervisor Cindy Chavez who has actively supported county initiatives to improve services for children with disabilities in the neighborhoods that she represents as well as neighborhoods across the county. Her personal insights and introductions to various community leaders were of tremendous help to completing this report.

I also extend much appreciation to Councilmember Peralez and his staff whose contribution in organizing the free screening of The Kids We Lose with 3Below Theater stimulated community involvement, suggestions for improvement, and an outpouring of support for a city-wide effort aimed at disrupting the school-to-prison pipeline.

My deepest gratitude to Dr. Jean Novak for her constant mentorship, guidance, and proofreading the many iterations of this report; to Vanessa Wallace-a strong parent advocate-who supported the completion of this work with hours of technical assistance; And to Leroy Moore Jr., Michele Mashburn, and Dr. Emily A. Nusbaum for helping me understand the intersection of race and disability and bringing the critical disability theory of justice and awareness to the findings and the recommendations in this report.

A very special thanks to Arianne Testa, MA candidate, for sharing her research about developmental language disorders, as well as, Allison King, Clinical Director of Social Thinking-Stevens Creek, for highlighting the prevalence of autism and social communication misunderstandings in school related disciplinary actions.

Lastly, and certainly not least of all, thanks to the members of our vibrant community for sharing their stories of pain, frustration, and hope. I am in awe, inspired, and feel honored to be member of a collective of people committed to creating safe, nurturing, and healthy neighborhoods for all children. A full list can be found in Appendix I.

With respect and in community-
Tiffany Maciel – HSC Disability Representative

INTRODUCTION

The vibrant families of San Jose lead complex lives. Therefore, government must reflect this, by creating and sustaining programs that respond to the multi-issue challenges faced by at-risk youth. In many instances, disability is an afterthought when discussing community care, program reform, and criminal justice. By leaving issues of disability out of data collection, youth programming, and community outreach, a valuable opportunity -that is needed- is missed to strengthen our network, improve outcomes, and build a safer and more inclusive San Jose. For these reasons, it is essential that services and programs for at-risk youth are informed about disability.

The school-to-prison pipeline (STPP) describes a series of mechanisms that increase the risk of negative police interactions and the risk of unnecessary criminalization¹. Children with disabilities are at an elevated risk for being drawn into this pipeline at a younger age and have a heightened risk of future juvenile justice involvement². While over the past 10 years there has been a decline in juvenile crime, youth with disabilities are being incarcerated at rates of more than four times higher than youth without disabilities. The National Coalition for Juvenile Justice has called the current levels of incarcerated youth with disabilities in the U.S. **“an epidemic”**³.



FIGURE 1: AERIAL VIEW OF DOWNTOWN SAN JOSE

This report utilizes multiple strategies to assess how and where disability is or is not addressed with regard to juvenile justice. Lack of data on disability, with an absence of appointed leadership addressing the needs of people with disabilities, and an absence of programming for youth with disabilities involved with the juvenile justice system has been identified, which suggest that youth with disabilities in San Jose are vulnerable to the interlocking patterns of socially structured ableism and racism.⁴ Data collection, training and awareness strategies, and disability-focused leadership should be taken into consideration. With these recommendations, more equitable and effective solutions can be created, not only for children with disabilities, but for all residents of San Jose.

EXECUTIVE SUMMARY

The San Jose Human Services Commission formed the Juvenile Justice Involved Youth with Disabilities Ad-hoc in response to reports from concerned families with school-aged children across San Jose. These children live with learning and behavioral disabilities and have been involved with law enforcement at home, at school, and in the community.

The purpose of this inquiry was to determine how Youth with Disabilities (YWD) – up to age 22 – in San Jose are impacted by contact with law enforcement. The objective of this inquiry was to answer the following questions about YWD in San Jose:

1. Are members of law enforcement trained to recognize and respond to youth with non-apparent disabilities?
2. Are the available programs designed to promote effective positive outcomes effective for YWD?
3. Are YWD in San Jose youth vulnerable to the “school to prison pipeline nexus”¹?

During the data collection phase, a sizeable gap in available City of San José and Santa Clara County youth with disabilities statistics was found, along with confusion about the difference between disability and mental illness, and community-wide concern about how to effectively support youth with social, learning, and behavior challenges.

Our findings and recommendations are organized under three categories (Leadership, Data, and Programs).

Some of our main findings were:

1. Citywide Disability Related Leadership:
 - San Jose is the only major U.S. city without an Office of Disability Affairs; (see *Appendix A for list of cities and B for sample resolution*)
 - The City of San José has not had employed an ADA Coordinator since 2013; (see *Appendix C for details*)
 - A disability-informed lens is missing across all sectors of city planning and programming
2. Data regarding disability status is NOT collected or reported by:
 - The Mayor’s Gang Prevention Task Force and Community Based Partners;
 - The San Jose Police Department;
 - Santa Clara County Juvenile System;
 - San Jose Independent Police Auditor.
3. City Programs for “at-risk” youth:
 - Do not identify disability as a risk factor;
 - Are not designed to support YWD.

¹For clarity and readability, **Detailed Findings and Detailed Recommendations** can be found in an Addendum beginning on Page 20.

BACKGROUND INFORMATION

The greatest challenges in our society can be viewed in terms of missed childhood opportunities. Therefore, looking at the causes and indicators that predict and determine life trajectories is critical. Learning from past tragedies, identifying patterns, and pushing for necessary reforms leads to a pathway of improvement.

A frequent challenge for children with non-apparent disabilities is that they have trouble “fitting in” anywhere⁵. They are often recognized for their deficits, instead of their strengths, and considered “not good enough” while paradoxically facing the dilemma of being “too good” to qualify for accommodations.⁶ Children with communication and language disabilities⁷ generally have average or above average intelligence coupled with much lower academic performance than expected. Their communication disorders are often “hidden”, thereby remaining unrecognized.⁸⁹ These children are identified as the most at-risk to be bullied by peers¹⁰, viewed as oppositional by their teachers¹¹, more likely to be suspended, and are referred to law enforcement more than other student groups.¹²

See Appendix D for a speech language pathologist’s lens on behavior.



FIGURE 2: U.S. DEPTS. OF EDUCATION AND JUSTICE (2014)

The National Council on Disability has reported that 65 to 70 percent of youth involved with the justice system have a disability—that is more than four times higher than the rate of youth without disabilities¹³. Experts are calling this trend “a new form of school segregation that places disabled children on a track toward unequal outcomes.”¹⁴

In order to tackle these disturbing trends, it is important that educators, police officers, and city officials better understand and recognize disability, especially how it interacts and relates to race, class, income, and gender.

The “school-to-prison pipeline” (STPP) is important to understand. The American Civil Liberties Union (ACLU)¹⁵ refers to the STPP as the policies and practices that push our nation’s schoolchildren, especially our most at-risk children, out of classrooms and into juvenile and criminal justice systems.¹⁶ This “pipeline” is more prevalent for students of color and students with disabilities and is especially compounded for students of color with disabilities. The STPP as a mechanism underscores the fact that children with disabilities are at higher risk for involvement in the juvenile justice system.

DATA COLLECTION

This report utilizes multiple strategies to assess how and where disability is or is not addressed in relation to juvenile justice. Interviews, community outreach, program review, and content analysis were used to provide a better understanding of at-risk youth programming and community need. Viewed together, this information helped in forming our conclusions, findings, and recommendations.

CITY OF SAN JOSÉ YOUTH PREVENTION PROGRAMS REVIEWED

“In FY 2017-18, City spending on Task Force programs totaled nearly \$9 million¹⁷.”

Joe Rois – City Auditor

Mayor’s Gang Prevention Task Force (MGPTF) is a citywide program that calls for collaboration with the police department, multiple city departments, and other non-city stakeholders to address youth and young adults ages 6 to 24 engaging in activities or behaviors that place them on a path of risk. The MGPTF is housed within the Department of Parks, Recreation, and Neighborhood Services (PRNS) and its mission is to “ensure safe and healthy opportunities for San Jose’s youth, free of gangs and crime, to realize their hopes and dreams, and become successful and productive in their homes, schools, and neighborhoods.”¹⁸

Youth Intervention Services (YIS) and *Safe School Campus Initiative (SSCI)* are the City’s internal teams, delivering services to high-risk gang-impacted and gang-intentional youth and young adults through multiple intervention programs. SSCI, in partnership with 19 school districts, implements a crisis response and communication protocol aimed at preventing and de-escalating incidents of violence on and around school campuses.

Bringing Everyone’s Strengths Together (BEST) –Through BEST PRNS awards individual grants to qualified community organizations that provide a wide variety of services to youth and young adults ages 6 to 24 engaging in activities or behaviors that place them on a path of risk.

DOCUMENT REVIEW: LOCAL JUVENILE JUSTICE SPECIFIC REPORTS

Federal, state, and local research and reports were analyzed with emphasis given to the Mayor’s Gang Prevention Task Force (MGPTF), Santa Clara County juvenile justice related reports, and San Jose school data due to their established partnerships.

See Appendix H for complete table of reports reviewed.

INTERVIEWS AND OUTREACH WITH MGPTF AND COMMUNITY PARTNERS

The Human Services collectively conducted over twenty individual interviews, with members of MGPTF, SJPd, BEST programs, community leaders, elected officials, educators, national leaders in juvenile justice reform, parents, and children with disabilities that have had encounters with law enforcement.

Additionally, our committee members attended a cross section community workshops, hosted a breakfast conversation for BEST program leaders, as well as a dinner for community leaders, and a community conversation at The San Jose Center for Peace and Justice. And lastly, organizing a community screening of the documentary, *The Kids We Lose* with District Three Councilmember Peralez and his staff (the details of which are presented in the next section). The purpose of this outreach program was to:

1. Gather many experiences to present how San Jose youth are impacted by law enforcement;
2. Provide a forum for police officers, teachers, and community partners to share how they are impacted when required to respond to situations involving young children, disabled children, and children that seem “out of control”;
3. Understand the challenges of elected officials when trying to create policy and allocate budget to support youth;
4. Heighten awareness about “hidden disabilities” that are viewed and treated as willful and oppositional;
5. Engage in compassionate conversation that seeks understanding, healing, and coalition building;
6. Understand gaps in available developmentally appropriate approaches;
7. Present a comprehensive report that includes findings and supportive recommendations related to healthy outcomes for childhood behavioral challenges.

We have included a complete table of our outreach in Appendix I.

SAN JOSE YOUTH ARE VULNERABLE TO STPP

TABLE 2: SAN JOSE YOUTH RISK SNAPSHOT 2020

2018 San Jose School Districts Special Education Student Enrollment: 11%/13,232
2018 All Santa Clara County Special Education Student Enrollment: 11%/28,409¹⁹

Santa Clara County Suspensions (2019)

- 36% of the suspensions for defiance given to students with disabilities
- 26% of all suspensions are given to students with disabilities²⁰

Students with Disabilities that Graduated College, Career, Community Ready (2019)

- All Santa Clara County: 12%
- San Jose Unified School District²¹ 8%
- East Side Union High School District²² 4%

Special Education Status of Youth in Santa Clara County Detentions Facilities (2019)

- 85% special education eligible disabilities
- 37% report that they have received services²³

Disproportionate Youth Detainment in Santa Clara County (2019)

- Black boys are 18X and Latino boys are 8X more likely to be detained than White boys.
- Black boys are 20X and Latino boys are 10X more likely to be detained than Asian boys.²⁴

More than 3 X HIGHER THAN THE NATIONAL AVERAGE



FIGURE 5: IMAGE OF TEEN BOY SITTING IN JUVENILE DETENTION CLASSROOM

The NBC Bay Area investigation “Arrested at School”²⁵ reported the following:

- San Jose school districts call the police on Black students and children with disabilities at disproportionately higher rates than their non-disabled peers.
- Adrian Crosby, a 13-year-old with autism, was given a juvenile citation after scribbling his initials onto a school sidewalk. He washed away the etchings with soap and water, but he is still left with a criminal record.
- East Side Union High School District in San Jose referred students to police 1,745 times during the 2011-2012 school year, ranking them 14th in the country, according to data collected by the U.S. Department of Education.

COMMUNITY EVENT: *THE KIDS WE LOSE* SCREENING

In Santa Clara County the annual cost to detain a youth offender in juvenile hall is **\$531,400.00**²⁶

The Human Services Commission worked with Council Member Peralez, along with his staff members Lilia Guerrero-Sandoval and Patricia Ceja, and Shannon and Scott Guggenheim of 3Below Theater to organize and host a free community screening of *The Kids We Lose*²⁷. On September 26, 2019 more than sixty community members attended²⁸ a screening of the 90-minute documentary film about the human side of being a child or student with behavioral challenges. The documentary helped highlight the struggles faced by parents, educators, staff in facilities, mental health clinicians, and law enforcement professionals as they try to ensure children receive the help they need.

Dr. Ross Greene introduced the film²⁹ reminding us all that “children do well if they can.” We extend a special thanks to Council Member Peralez for his leadership, inspiring welcoming statement, and commitment to making San Jose a safe, livable, and vibrant community. The community members who attended and asked questions, explored the challenges, added insight about the needs of our at-risk children, and expressed a desire to work towards solutions that benefit all of the children in our community during the post screening discussion with expert panelists:



FIGURE 6: THE KIDS WE LOSE EVENT POSTER

Leon Beauchman-President
Alliance of Black Educators

Dr. Maryanne Dewan- Superintendent
Santa Clara County Office of Education

Allison King, MS, CCC-SLP- Clinical Director
Social Thinking-Stevens Creek

“The key to ending these practices is to stop relying on punitive reactive intervention and to start being as proactive as possible in identifying the expectations that kids are having difficulty meeting, and in solving those problems with them.” ~Dr. Ross Greene

Please see Appendix J for community feedback and questions
See Appendix V for California Annual County Cost to Detain A Youth

SUMMARY OF FINDINGS

A Causal Relationship: A gap in disability-focused leadership directly leads to a lack of disability-focused data. In turn, this causes a lack of disability-focused/informed programming and a lack of disability inclusive community events. Leadership needs that became evident are: A Mayor’s Office of Disability, an ADA Coordinator, a disability representative on each commission, and disability cultural and sensitivity training.

A Gap in Disability Leadership:

During data collection and analysis, a lack of disability-specific leadership was identified, and four main facts emerged. (1) San Jose is the only major U.S. city without a Mayor’s Office for people with disabilities. (2) San Jose has not had an ADA Coordinator since 2013. (3). The City’s Disability Services and Program’s webpage has not been updated since 2013. The information on the website is outdated and inaccurate (4) The City of San José does not have an advisory commission on disability.

A Gap in Disability Data:

Data on disability has not been collected or reported as a demographic variable by the San Jose Police Department, The Mayor’s Gang Prevention Task Force, or departments within the Santa Clara County juvenile justice system. This finding is problematic because: (1) there is no clear picture of the number of San Jose youth with disabilities involved with the juvenile justice system; (2) there is a lack of local knowledge about the types of disabilities that are most juvenile justice involved, and how disability status intersects with other demographic information, such as: race, class, gender, and income. (3) even though the Mayor’s Gang Prevention programs are centered around the youth determined to be most at risk based on available local data, they do not collect or report disability as a demographic for the youth that they serve; (4) there is conclusive evidence that children detained in Santa Clara County are testing far below average, have a history of higher suspension rates, and lower graduation rates, which are common characteristics of a child with a disability.

A Gap in Disability-Focused Programing:

Reviewing local programs for justice involved or at-risk youth, we concluded that: (1) San Jose programs, targeting justice involved and “at-risk” youth do not include disability as a known risk factor. (2) San Jose programs for juvenile justice vulnerable youth do not formally consider nor address disability. (3) Disability-informed programing is not currently being implemented, so an argument can be made that the civil rights of children are not being centered or fulfilled. (4) Compared with national statistical information on disability and youth justice involvement, the facts listed here are especially concerning.

TABLE 3: SUMMARY OF FINDINGS

SUMMARY OF RECOMMENDATIONS

Leadership:

Based on the lack of disability-focused leadership in San Jose, we recommend the City of San José: (1) Hire a disability justice-informed ADA coordinator to ensure compliance and respond to community need. (2) Create a Mayor’s Office for People with Disabilities (MOPD) to ensure issues of disability are understood and addressed. (3) Recruit a Disability Leadership Task Force in San Jose to advocate for people with disabilities, this includes launching strategic data collection, program evaluation, and creation of disability-focused policy and implementation. (4) Disseminate accurate up-to-date information about disability and available local resources for youth with disabilities and their families. (5) Work with each city department and ADA contact to ensure disability-focused trainings occur alongside data-driven development of community programs and outreach.

Data Collection:

Due to a lack of disability specific data, it is imperative that we launch comprehensive data collection. We recommend the City of San José: (1) Assess programs for at-risk youth, citywide, utilizing a disability-justice lens. (2) Make sure assessment data is used to evaluate programs and policies, seeking to understand their impact, effectiveness and ADA compliance. (3) Make sure both data collection and data analysis strategies are disability-informed. (4) Work with the City attorney to collect both disability and special education status data at all levels of juvenile justice involvement and in all city funded programs. (5) Collect in-depth data on the prevalence of law enforcement encounters with youth, especially those with disabilities. (6) Perform an audit of City audits using a disability-informed lens. (7) Ensure disability, IEP, and 504 data is reported. (8) Require officers who interview youth on school campuses, contact parents, provide IEP and 504 accommodations and record these interviews to ensure Miranda rights are understood.

Program Development, Policy, and Training:

Due to a lack of community programs and events addressing the needs of people with disabilities in San Jose, we recommend the City: (1) Increase funding and resources for programs for people with disabilities, especially school and community-based programs targeting juvenile justice vulnerable or involved youth. (2) Clarify ADA and Child Find requirements for children with disabilities. For example, ensure the referral process is clear for youth with disabilities who are unable to be served by BEST programs. (3) Create and implement comprehensive training for police officers, city officials, and educators on how to recognize and respond to apparent and non-apparent disabilities in the community. Train police officers specifically on disability-informed de-escalation tactics. (4) Increase accessibility of community events, keeping in mind the specific needs of our community members with disabilities.

TABLE 4: SUMMARY OF RECOMMENDATIONS

DISCUSSION

It is important to recognize the tremendous effort and care that was observed across all programs and services for children in our city. The MGPTF and SJPD were transparent about their current policies and procedures-and more importantly- eager to learn how they might improve upon the important work that they are doing. We are optimistic.

1. Are members of law enforcement adequately trained to recognize and respond to youth with non-apparent disabilities? **NO.**
2. Are the programs for at-risk youth designed to specifically address the needs of YWD? **NO.**
3. Are San Jose YWD vulnerable to the school to prison pipeline nexus? **YES.**

“Almost half of the people who die at the hands of police have some form of a disability.”³⁰

The findings of this report reveal that a considerable gap exists in empirically based knowledge about children and youth with disabilities, especially those who are either involved with the juvenile justice system or at-risk of delinquency. We find this particularly surprising; while over the past 10 years there has been a decline in juvenile crime, youth with disabilities are being incarcerated at higher rates, more than four times higher than youth without disabilities. The National Coalition for Juvenile Justice³¹ calls the current levels of juvenile justice-involved youth with disabilities an *epidemic*. Additionally, it is estimated that up to half of the people who die at the hands of police have some kind of disability.

The Ruderman Family Foundation White Paper, *Media coverage of law enforcement use of force and disability (2016)* states, **“when we leave disability out of the conversation or only consider it as an individual medical problem, we miss the ways in which disability intersects with other factors that often lead to police violence. Conversely, when we include disability at the intersection of parallel social issues, we come to understand the issues better, and new solutions emerge”.**³²

The absence of such information raises concerns that the needs of children with disabilities in San Jose are misunderstood and vulnerable to the historic inequities that continue to marginalize and criminalize children with disabilities across the state and nation. The greatest challenges of our society can be viewed in terms of the missed opportunities of childhood. As a society we must look at the causes and indicators that predict life trajectories.

There is a clear gap in programs and services for children with developmental language disabilities or “non-apparent” disabilities. For instance, the PRNS has programs for both children and adults with physical and intellectual disabilities and programs for “typical” youth across the city.

However, the group of children at-risk for involvement with the juvenile justice system that usually have communication, social, emotional, and behavior, needs currently are not understood or supported in any of the available PRNS programs. Keeping our children and citizens safe requires more than training police officers.

Leroy F. Moore Jr., a Black man with cerebral palsy who co-founded the Krip-Hop Nation movement and POOR Magazine, says ***“What we need is more community education. ... So, you can call a neighbor instead of calling the police.”***

As a city we do not have control over our public schools. Yet, when children are unsupported in schools their pain and frustration is acted out in their homes, parks, community centers, and in the streets of our city. Police are called too often to respond to the unmet needs of our children. We can't solve every problem, but we can begin identifying gaps in the services and support systems across San Jose on behalf of our children and their families. We can create a disability-focused branch of government so that a disability rights lens can be applied to our vision for San Jose.

We can fill the gaps in services leading children with autism in our city to remain under diagnosed, over disciplined, and ***mis-incarcerated***³³. We can provide leadership and set a commitment to establish equity in services, recognizing the ableist policies that have gone unnoticed for far too long.

Despite calls for greater prevention and early intervention initiatives in schools and the juvenile justice system, there is little evidence that past, current, or proposed laws will suffice to create this change or to overcome the many conflicting perspectives about youth with disabilities or young offenders.

We can fill the gaps in evidence-based reading instruction and provide the necessary services to address the 1 in 5 students with dyslexia. These are the same students that are leaving school without graduating³⁴, thus becoming more vulnerable to a life in prison. Our city cannot solve every challenge that exists within public health or public education. However, if our city does not fill these gaps, more and more children will fall through them. The school-to-prison pipeline is no longer shrouded in mystery. Scholars and researchers have elaborated on how and why this is happening. The issues have been made abundantly clear³⁵. The only mystery remaining is

“Now, knowing what we know, can we let it continue to happen?”

CONCLUSION

Currently we sit at a particularly interesting and intense time in history, where threads of multiple chronic injustices and inequities are intersecting and coming to the forefront. Children and youth with disabilities have been excluded and disenfranchised from our communities for far too long. Covid-19, youth-targeted programming, and juvenile justice practices that are not disability-informed are magnifying these historic inequities and committing children with disabilities to ongoing entanglement with police enforcement.



FIGURE 7: CHILDREN PLAYING IN PLAZA DE CESAR CHAVEZ WATER FOUNTAINS

As we move forward evaluating juvenile justice programs, especially those directed toward at-risk youth and police conduct, it is imperative that we utilize a disability rights framework to understand these issues and make disability-informed decisions. Children and youth with disabilities are disproportionately involved with the juvenile justice system. Children of color with disabilities are even more impacted. It is essential that San Jose have specifically allocated leadership to address these impacts. We must protect both children with disabilities and our community.



FIGURE 8: DOWNTOWN SAN JOSE STREET ART SIGN
"THE FUTURE IS NOW."

With intentionally disability-focused data collection and youth outreach we will better understand this crisis, allowing us to begin healing the vibrant families of our great city while preventing some of the most difficult outcomes we are seeing. With disability focused leadership, informed data and targeted programming, it is our hope that San Jose will become a safer, more forward-facing, and more inclusive city. Children and their families look to us to protect their welfare and address their needs, by making informed decisions.

Missed opportunities and enduring inequities in childhood create negative outcomes for both children and adults in our community. This report offers an important opportunity to close the programming gap, offer tenable solutions, and create a healthier, safer, and more accessible community for all. ***The future is NOW!***

DETAILED FINDINGS AND RECOMMENDATIONS ADDENDUM

DETAILED FINDINGS: LEADERSHIP

During data collection and analysis, a lack of disability-specific leadership was discovered, and four main facts emerged. 1) San Jose is the only major U.S. city without a Mayor's Office for people with disabilities; 2) San Jose has not had an ADA Coordinator since 2013; 3) The City's Disability Services and Program's webpage has not been updated since 2013, and the current information is outdated and inaccurate; and 4) The City of San José does not have an advisory commission on disability.

SAN JOSE IS THE ONLY MAJOR CITY WITHOUT A MAYOR'S OFFICE FOR PEOPLE WITH DISABILITIES

A CAUSAL RELATIONSHIP: A gap in disability-focused leadership directly leads to a lack of disability-focused data. In turn, this causes a lack of disability-focused/informed programming and a lack of disability inclusive community events leading to a clear causal relationship. Leadership needs that became evident are: A Mayors Office of Disability, an ADA Coordinator, a disability representative on each commission, and disability cultural and sensitivity training.

Leadership is not in place in San Jose to guide policies, develop programs, and collect data about the status and wellbeing of disabled members of our community. The collection of such data is necessary to assure that all city programs, services, and facilities are welcoming and accessible to all members of our community, without exception. This raises a serious concern about the civil and human rights, not only for youth with disabilities that are vulnerable to the school to prison pipeline, but for all people with disabilities both living in and visiting San Jose.

See Appendix K for definition of ableism.

SAN JOSE HAS NOT HAD AN ADA COORDINATOR SINCE 2013

Background: Prior to 2000 the City of San José had an outstanding ADA Coordinator who developed many program standards, that served people with disabilities in San Jose. In addition, this person monitored the City's conformance to its ADA Transition Plan. After she left the City's employment, the position remained open for two years and was eliminated due to budget cutbacks. Approximately seven years later and with the City's ADA Transition Plan lagging, the ADA Coordinator position was eventually reinstated and filled shortly thereafter. The position remained filled until 2013. It has since been eliminated and remains unfilled. In 2015 the Human Services Commission sent a letter to Mayor Liccardo and Council Members stating; *"We feel this is an urgent matter as the City lags behind in maintaining accessible facilities, services and programs for its citizens."* In a report from the City Auditor to the Mayor and City Council

in 2017 it was reported that the Office of Equality Assurance workload warranted reevaluation and was not able to perform the duties of ADA coordinator, along with a recommendation to “assign the resources needed to perform these responsibilities.” Please see Appendix L for the complete finding.

In February 2019, members of the current Human Services Commission met with Christopher Hickey, Manager-Office of Equality Assurance (OEA), his team of ten oversees prevailing wage, living wage, minimum wage, opportunity to work and the Disadvantaged Business Enterprise Program, along with recommending changes to wage theft policy and assisting in citywide labor projects.

Hickey explained that currently the ADA functions remain limited to responding to issues as needed. For example, voicemails received on the City’s ADA line are addressed, whereas an ADA related complaint is forwarded back to the department it originated from. One disabled community member described the process as “a frustrating and futile wild goose chase that does not solve anything.”

The roles and functions of the ADA Coordinator role are listed on the San Jose Services & Programs for Individuals with Disabilities webpage as follows: ³⁶

It is the policy and practice of the City of San José to take all reasonable steps to ensure its services, programs and activities are accessible to all members of the public including persons with disabilities. The City of San José’s ADA Coordinator works to ensure City departments comply with this policy by carrying out the following functions:

TABLE 5: ADA COORDINATOR FUNCTION

ADA Coordinator Function	Status
Provide technical assistance to support City of San José departments in complying with federal, state and local disability access laws.	Unclear who is performing this function
Assist departments and divisions in evaluating their facilities, programs, services, and activities to ensure provision of reasonable accommodations to people with disabilities.	Unclear who is performing this function
Conduct training for City of San José employees in disability awareness, disability etiquette, disability access laws, and reasonable accommodations.	Unclear who is performing this function
Work with and provide support to the Disability Advisory Commission.	Dissolved July 1, 2013
Facilitate the resolution of grievances filed against the City of San José that allege noncompliance with disability access laws.	Unclear who is performing this function

SAN JOSE HAS NOT HAD A DISABILITY ADVISORY COMMISSION SINCE 2013

The City of San José does not have a Disability Advisory Commission. As of July 1, 2013. The Disability Advisory Commission (DAC) and the Human Rights Commission (HRC) were combined into the Human Services Commission. Currently, the HSC reserves one special seat for a disability representative or provider.

SAN JOSE DISABILITY WEBPAGE HAS NOT BEEN UPDATED SINCE 2013

The City of San José Disability Services webpage is not included as one of the twenty-six department options on the “*Your Government Departments and Services*” main webpage³⁷. This is particularly confusing since animal services and event planning both have a designated spot on the main page. In addition, accessing the web page requires clicking the “Public Works” department bulldozer icon, which adds further confusion. The Public Works page offers six additional options: bids & contracts, construction project search, development services, utility permits & interagency, resources, and additional services. Choosing the additional services option with the computer screen icon takes you to another page, where there is an option for “Disability Programs and Services”. You finally arrive at the webpage, where the information is inaccurate and outdated, and does not include information about services or programs.

WALLET HUB BEST AND WORST CITIES FOR PEOPLE WITH DISABILITIES³⁸

“With the physical and economic challenges of managing a disability in mind, WalletHub compared more than 180 most populated cities across 34 key indicators of disability-friendliness. Our data set ranges from physicians per capita to rate of workers with disabilities to park accessibility.”

San Jose ranked 78, the lowest of the four Bay Area cities reviewed (San Francisco, Oakland, San Jose, and Fremont.). San Francisco was rated the best Bay Area city to live in and 9th overall in the nation and Fremont was ranked the highest in the nation for median annual earnings for people with disabilities, \$36,726.00.

DETAILED FINDINGS: DATA

“When we include disability at the intersection of parallel social issues, we come to understand the issues better, and new solutions emerge.”³⁹

Demographic data on disability is not collected or reported by the San Jose Police Department, The Mayor’s Gang Prevention Task Force, or departments within the Santa Clara County juvenile justice system. This finding is problematic because, 1) there is no clear picture of the number of San Jose youth with disabilities involved with the juvenile justice system, 2) there is a lack of local knowledge about the types of disabilities that are most involved, and how disability status intersects with demographic information, such as: race, class, gender, and income, 3) the Mayor’s Gang Prevention programs are centered around youth that are determined to be most at risk based on available local data, yet do not collect or report disability as a demographic for the youth that they serve, 4) there is conclusive evidence that children detained in Santa Clara County are testing far below average, have a history of higher suspension rates, and lower graduation rates, which are common characteristics of a child with a disability.

MGPTF: DISABILITY IS NOT RECOGNIZED AS “AT-RISK YOUTH” FACTOR

Disability is not a listed risk factor for youth involved with gangs or the criminal justice system. Risk factors are key drivers in the selection and development of MGPTF programs and partners. BEST grant applications do not ask for or require applicants to provide information about how they will identify and support youth with disabilities.

This makes it difficult:

- to determine if, or how many, youth with disabilities and their families are being served by MGPTF and their partners;
- to track and evaluate how effective current MGPTF programs are for youth with disabilities;
- to determine if youth with disabilities are receiving referrals for special education assessments or additional sources of support to address risky behavior that might be related to their disability.

See Appendix M for a description of MGPTF at-risk youth.

DISABILITY IS NOT AN IDENTIFIED OR REPORTED DEMOGRAPHIC VARIABLE BY: THE MAYOR’S GANG PREVENTION TASK FORCE OR PARTNERS

MAYOR’S GANG PREVENTION TASK FORCE:

Disability is not listed or reported as a demographic variable by the Mayor’s Gang Prevention Task Force, San Jose police department, or the Santa Clara County juvenile justice departments. This makes it difficult to determine the prevalence, point of entry, However, learning disabilities are indicated as a key driver on the school-to-prison pipeline and as one of the strongest predictors of sustained gang membership versus non-membership.⁴⁰

Example: A review and document search of the Mayor’s Gang Prevention Task Force Strategic Plans for the years 2015-2017 and 2018-2020 for the terms, “disability”, “disabilities”, “dyslexia”, “child find”, and “special education” yielded zero returns.

Example: A review of the City Auditors, Mayor’s Gang Prevention Task Force Audit Report from 2019 for the terms, “disability”, “disabilities”, “dyslexia”, “child find”, and special education yielded zero returns.

Example: A review of the 2017 Resource Development Associates’ evaluation of the MGPTF and the 2019 Social Policy Research Associates evaluation of MGPTF and *Bringing Everyone’s Strengths Together* for the terms, “disability”, “disabilities”, “dyslexia”, “child find”, and “special education” yielded zero returns.

TABLE 6: TABLE OF SAN JOSE MAYOR’S GANG PREVENTION TASK FORCE AUDITS AND EVALUATIONS
Evaluation of San Jose’s Mayor’s Gang Prevention Task Force (2017) Resource Development Associates (RDA)

Mayor's Gang Prevention Task Force Audit Report (2019) Joseph Rios, Acting City Auditor. *(Includes response to report by Jon Cicirelli, Director-PRNS)*

Reducing Gang-Related Crime in San José: An Impact and Implementation Study of San Jose's Bringing Everyone's Strengths Together (BEST) Program. (2019) Social Policy Research Associates (SPR) Appendix A: BEST Target Population Definitions, Appendix B: BEST Grant Funding Over the Evaluation Period, Appendix C: Definitions of Eligible Service Areas

- [Vice Mayor Chapple Jones and Councilmember Sylvia Arenas MGPTF Recommendation 9](#)
- [Councilmember Carrasco and Councilmember Jimenez MGPTF Recommendation 15](#)

Mayor's Gang Prevention Task Force Strategic Plans

- Mayor's Gang Prevention Task Force Trauma to Triumph Strategic Workplan 2015-2017
- Mayor's Gang Prevention Task Force Trauma to Triumph II Strategic Workplan 2018-2020

SANTA CLARA COUNTY JUVENILE JUSTICE: A search of the Santa Clara County (SCC) Juvenile Justice Reports spanning 2017-2019 for the terms "disability", "disabilities", and "child find" yielded zero returns. SCC attributes academic performance to "school inadequacy and lack of intellectual capacity" but does not identify these children as having disabilities. Dyslexia was described as "other achievement problems (i.e. lack of interest, dyslexia, dropping out)."⁴¹ It is unclear if these students are receiving disability related education and behavioral supports at their schools. Also, it is unclear if their behaviors are a manifestation of their disability. If so, this should result in remedying the deficiencies in IEPs, not incarceration. It is also unclear if Santa Clara County initiates formal evaluations as required by Child Find. It is known that Santa Clara County Juvenile Justice and Probation do not report disability as a demographic.

TABLE 7: TABLE OF SANTA CLARA COUNTY JUVENILE JUSTICE REPORTS REVIEWED

- [Santa Clara County Juvenile Justice Report 2017](#)
- [Santa Clara County Juvenile Justice Report 2018](#)
- [Santa Clara County Juvenile Justice Report 2019](#)
- [Santa Clara County Juvenile Justice Commission Annual Report 2018](#)
- [Juvenile Justice Santa Clara County July 2020 Key Demographic Report](#)

CITY INDEPENDENT POLICE AUDITOR: ANALYSIS OF LAW ENFORCEMENT IMPACT ON YOUTH WITH DISABILITIES NOT REPORTED

“Almost half of the people who die at the hands of police have some form of a disability⁴².”

Having a disability adds an exponential risk for being juvenile justice involved, especially when applied to children interacting with other systems of oppression (i.e. racism, sexism, homophobia). The term *intersectionality* has been used in scholarship and applied in terms of the school-to-prison phenomenon. Recent research on intersectionality explains how the multiple identities of people intersect and build upon one another. In the case of youth of color with disabilities, for example, these intersections often create compounded disadvantages, increasing the risk of incarceration and numerous other problematic life outcomes⁴³.

The Independent Police Auditor (IPA) does not include disability as a group that is at heightened risk for involvement with the police. From 2018 Independent Police Auditor Report⁴⁴ (IPA) Target groups are:

“People of color and youth have been the subject of focused IPA outreach efforts for several years. In 2018, we continued to reach out to these communities and expanded our efforts to reach out to other impacted communities such **the immigrant, mental health and homeless populations”**

DATA IS NOT REPORTED REGARDING CHILD FIND INITIATED EVALUATIONS

Information about a youth’s disability is relevant at every stage of a juvenile court case. It often helps to explain behavior in a way that facilitates constructive intervention, and it is essential to arrive at a disposition that will both meet the youth’s rehabilitative needs and comply with IDEA requirements. *If a child has not been identified as a student with a disability, SCC is required by the Federal Individuals with Disabilities Education Act (IDEA) Child Find⁴⁵ provision to initiate a formal evaluation.*

Child Find requires every state to identify, locate, and evaluate all children from birth to 22 years of age with disabilities, that need Special Education and related services. IDEA requires Child Find evaluation regardless of the severity of the child's disability, whether the child attends private or public school, or if a child is experiencing homelessness. It is important to "find" children who may need services and reach them early, because research tells us that children with disabilities do better ⁴⁶ across their lives when they receive early intervention⁴⁷.

This identification process must occur even in facilities such as detention centers, in which the typical length of stay may be only a few days or several weeks. Facilities and agencies that have custody of a youth for only a short time are not exempt from the mandate to begin an evaluation process.

Review of the Annual SCC Juvenile Justice Reports found that children detained in Juvenile facilities tested 3-7 years below grade level

Test Result Summary	ELA # Students	Math # Students
Within 3 grade levels	3 (9%)	3 (9%)
Between 4 and 6 grade levels behind	17 (52%)	10 (39%)
7 grade levels or more behind	13 (30%)	20 (61%)
Students behind on 11/7/18 assessments	33 (100%)	33 (100%)
Students behind 90 days later	33 (100%)	33 (100%)

TABLE 8: TABLE: OSBORNE SCHOOL, STUDENT TEST SCORES, SCC JUVENILE JUSTICE COMMISSION 2019 REPORT

DETAILED FINDING 3: GAP IN PROGRAMS

“Youth in the juvenile justice system are three to seven times more likely to need special education services than children outside of the system.” –ACLU⁴⁸

THE MAYOR’S GANG PREVENTION TASK FORCE DOES NOT HAVE DISABILITY-FOCUSED PROGRAMMING

We cannot report the true prevalence of youth with disabilities or the types of disabilities among at-risk youth participating in MGPTF programs. This is also the case across all stages of the juvenile justice system and PRNS.

The MGPTF reviews BEST-funded programs every three years to determine the continued funding of a program and the need for additional types of programs in effort to meet the needs of the youth that are supported by MGPTF. Program and budget decisions are determined in part based on these findings. However, disability data is not collected and reported. This may explain why a child’s disability is not recognized as the underlying risk needing to be identified, especially if we are to keep our children safe, in our communities, and out of jails.

GAP IN PREVENTATIVE AND EARLY INTERVENTION PROGRAMS

The majority of BEST grantees work with youth ages 12 and older. Programs and services aimed at gang and violence prevention offer-tattoo removal, substance abuse counseling, cognitive behavior therapy, and tutoring. However, red flags for risk are evident in children as young as 3 years old, and these children are not “gang” members. Not a single program was identified that s using evidence-based best practice approaches, universal design, or a social cognitive behavior framework. These programs are considered universal because they efficiently support children with and without neurologically based social/emotional/behavior disorders. When programs are universally designed an existing diagnosis and screening is not required. Though screenings should be standard, and a full diagnostic evaluation should occur if the presence of a developmental or learning disorder is suspected.

A few, yet limited BEST programs were found for young children and their families promoting and preventing involvement with the juvenile justice system.

Examples:

- One BEST grantee said, “these are the children that get kicked out of their schools and communities.”
- Parents of school-aged children reported difficulties finding city recreation programs for their children with social communication, sensory regulation, and attention challenges.

- Parents of school-aged children reported events, such as Viva Parks, were “too loud” for their children. These comments were heard from parents with children without disabilities as well.
- *No programs were found that offered communication screenings, dyslexia screenings, or social cognitive therapies and services.*
- *Before and after school programs for children with disabilities are not offered.*

MGPTF AND PARTNER PROGRAMS SHOWED A LACK OF DISABILITY-FOCUS

Examples:

- *Responses to the question “How do you determine if a child has a disability?” included*
 - a. *“We are trained to recognize mentally ill children.”*
 - b. *“We don’t work with disabled kids.”*
- Disability justice leadership not represented on The MGPTF Advisory board.
- Disability related community-based organizations were not represented in the BEST program⁴⁹.
- Evidenced-based preventative and intervention programs for social communication and reading disabilities not represented in available BEST programs.
- *Disability is not listed as a risk factor for youth involved with the juvenile justice system, in San Jose or Santa Clara County.*
- *Youth disability and special education status is not collected or reported.*
- *Uncertain how youth are selected and screened for program eligibility.*
- *Uncertainty about the process of referring youth out of a program or reporting when a youth no longer participates in a program.*
- *“The biggest predictor of dropping out is a child’s reading level by 3rd grade.^{50”} From the Santa Clara County District Attorney Truancy Laws Brochure.*

DETAILED RECOMMENDATIONS: LEADERSHIP

Did you know that 26% of adults in the U.S have a disability?⁵¹

PRIORITY RECOMMENDATION: DISABILITY CULTURAL AWARENESS TRAINING

“Ableism is a network of beliefs, processes and practices that produces a particular kind of self and body...that is projected as the perfect, species-typical and therefore essential and fully human, [whereas] [d]isability...is cast as a diminished state of being human⁵².”

It is imperative that our Mayor, city council members, and department directors recognize their own internalized ableist thought processes if they are to respond to the unconscious or hidden bias within our cities administrative infrastructure, policies, and programs. Disability rights trainings help to create a more inclusive culture and build mutual respect for disabled and non-disabled leaders and community members⁵³.

RECOMMENDATION: ASSEMBLE TASK FORCE FOR PURPOSE OF CREATING MAYOR'S OFFICE FOR DISABILITY CULTURE AND AFFAIRS

The Human Services Commission recommends that the City of San José create a Mayor's Office of Disability Affairs and adopt the guiding principles of the United Nations⁵⁴. The path to improvement requires our community to learn from the tragedies, identify patterns, and push for necessary reforms.

Together we can champion a new approach, one committed to recognizing that people with visible and invisible disabilities and their families are valuable members of our diverse city and have much to offer our communities, while simultaneously understanding the challenges people with disabilities face while navigating our city and one that involves impacted residents at every step of the process. See Appendix T for disability prevalence information.

A proactive, public facing Office of Disability Affairs is the best way to represent people with disabilities as well as provide training and support to city agencies and private entities regarding the culture, nature, and variety of disabilities in our community, functioning as a place where we can build relationships, address challenges head on, and create a city Universally designed to work for all so that no one is left behind. Silicon Valley Independent Living Center⁵⁵ (SVILC) provides a local example of disability focused organizational leadership. SVILC was established in 1976 and is a community-grassroots nonprofit organization “run by and for people with disabilities,” with a commitment that 50% of paid positions will be filled by individuals who represent a cross section of disabilities. Their organization is built on the philosophy that:

- People with disabilities know their needs best and can be met most effectively by comprehensive programs that advocate for the rights and needs of people with disabilities and provide a variety of supportive services.

- People with disabilities should have a choice on how they integrated in their community.
- People with disabilities have the same aspirations as people who do not have disabilities.
- People with disabilities expect equal access to social, economic, and political opportunities for people with disabilities.
- People with disabilities are in the best position to guide, direct, and control programs for people with disabilities.

MODEL UNITED NATIONS GUIDING PRINCIPLES FOR PROMOTING EQUITY AND ACCESS FOR PEOPLE WITH DISABILITIES

United Nations⁵⁶ guiding principles are aimed at promoting equitable inclusion and access for people with disabilities in all urban development and redevelopment projects, programs, and services.

Accessibility is a collective good that benefits all. It facilitates full and effective participation of all and should therefore be considered a central component of good policy to achieve inclusive and sustainable urban development. A city that is well designed is well designed for all.

Accessibility is a precondition for the enjoyment of human rights of persons with disabilities and is a means for economic, social, cultural and political empowerment, participation and inclusion.

An accessible and disability-inclusive urban development agenda can be realized everywhere. However, this requires strong commitments in concrete terms, which include inclusive and disability-responsive urban policy frameworks, appropriate regulatory structures and standards, “design for all” approaches in planning and design, and predictable resource allocations. It also requires active and meaningful participation of persons with disabilities and their organizations, as rights-holders and as agents and beneficiaries of development during all stages of the urbanization process⁵⁷.

PRIORITY RECOMMENDATION: REINSTATE A FULL-TIME POSITION OF ADA COORDINATOR WITH A QUALIFIED INDIVIDUAL AS SOON AS POSSIBLE.

The 2020 Human Services Commission agrees with the 2015 Human Services Commission statement that, “The City of San José reinstate and fill a full-time position of ADA Coordinator with a qualified individual as soon as possible. As San Jose continues to be innovators in technology, so should it continue to invest in ensuring the City's government, facilities, services and programs are accessible to all its people.” As well as the 2017 Office of the City Auditor Report to the City Council of San Jose, “Office of Equality Assurance: Increase Workload Warrant Reevaluation of Resource Needs.” Recommendation #8: Once the City Council determines the desired scope of the City-wide contracting program, the local hire/apprentice utilization program, and

Americans with Disabilities Act compliance program, the City should assign the resources needed to perform these responsibilities⁵⁸.

“If the moral arc of the universe is to continue to bend toward justice, we must embrace disability as a critical part of diversity, and truly welcome one another, in both letter and spirit, as equal members of society.”⁵⁹

Please see San Francisco ADA webpage for an example of how the Mayor’s Office of Disability assumes ADA coordinating responsibility for the city as well as training and oversight for each city department ADA Coordinator⁶⁰. For a [list of CCSF ADA Coordinators click here](#)⁶¹. For an overview of training offerings and resources you can access the [ADA Coordinator Toolkit here](#).⁶²

MODEL ADA BEST PRACTICES TOOL KIT FOR STATE AND LOCAL GOVERNMENTS⁶³

Having an ADA Coordinator also benefits state and local government entities. It provides a specific contact person with knowledge and information about the ADA so that questions by staff can be answered efficiently and consistently. In addition, this individual would coordinate compliance measures and be instrumental in ensuring that compliance plans move forward. With the help of this Tool Kit, ADA Coordinators can take the lead in auditing their state or local government’s programs, policies, activities, services, and facilities for ADA compliance.

The regulations require state and local governments with 50 or more employees to designate an employee responsible for coordinating compliance with ADA requirements. Here are some of the qualifications that help an ADA Coordinator to be effective:

- familiarity with the state or local government’s structure, activities, and employees.
- knowledge of the ADA and other laws addressing the rights of people with disabilities, such as Section 504 of the Rehabilitation Act, 29 U.S.C. § 794.
- experience with people with a broad range of disabilities.
- knowledge of various alternative formats and alternative technologies that enable people with disabilities to communicate, participate, and perform tasks.
- ability to work cooperatively with the local government and people with disabilities.
- familiarity with any local disability advocacy groups or other disability groups
- skills and training in negotiation and mediation.
- organizational and analytical skills.

RECOMMENDATION: UPDATE DISABILITY PROGRAMS AND SERVICES WEBPAGE

The webpage needs to reflect current information and should be updated as soon as possible and include information about emergency services and what to do in emergency situations, an online form to submit ADA requests, questions, and

complaints; an ADA Coordinator contact list for each city department, see San Francisco for example⁶⁴. As the leadership infrastructure is developed the team should continue to update the webpage to improve accessibility and provide a one-stop pathway to all city services and programs.

RECOMMENDATION: ADD A DISABILITY REPRESENTATIVE SEAT TO EACH OF THE CURRENT CITY COMMISSIONS

Adding a disability representative to each of the current commissions will help provide a voice for people with disabilities living in and visiting San Jose. This will support disability inclusive decision-making related to safety in architecture, transportation, and the physical environment; equal opportunities in independent living, employment equity, education, and housing; and freedom from discrimination, abuse, neglect, and other violations of human rights.

DETAILED RECOMMENDATIONS: DATA

RECOMMENDATION: FUND AN INDEPENDENT DISABILITY FOCUSED AUDIT OF MGPTF, BEST, SJPD

1. Recruit disability leadership for task force, disability lens audit of audit, disability training, disability added to risk, disability/IEP/504 data collected and reported.
2. Include disability status as a demographic variable, collect, report, and make public.
3. In-depth research into prevalence of San Jose law enforcement encounters with youth with disabilities (example, SRI)
4. PRNS/MGPTF Should Use a Data Driven Approach to Prioritize School related challenges of youth and connect youth to program partners that can fill in the “gaps”.
5. It is recommended that all officers who conduct interviews of youth on school campuses determine if the students has an IEP or 504 plans that would explain behavior or require the provision of communication support and other accommodations, contact parent or guardian, and record these interviews, so that concerns about Miranda warnings and coercive interviews can be better evaluated.

RECOMMENDED MODEL GUIDELINES: COALITION FOR JUVENILE JUSTICE BEST PRACTICES GUIDELINES FOR WORKING WITH YOUTH WITH DISABILITIES

- Use the Coalition for Juvenile Justice⁶⁵ as a general best practices guideline to support the initiatives of law enforcement, education, mental health and other

child and family-service steering youth with disabilities away from the status offense court system.

- Use valid standardized screening tools or questionnaires with a proven track record of reliability for early identification of disabilities.
- Require general staff trainings linking disabilities and justice system involvement, early identification of disabilities, and the utilization of screening and assessment tools.
- Establish mandatory procedures to review the adequacy and scope of accommodations offered before any child is referred to the status offense court system.
- Educate, engage and support families and youth in plans for services, supports and interventions.
- Develop a holistic approach to address the disabilities of children, both during and outside of school hours through increased involvement with mentors, coaches, and youth development approaches.

RECOMMENDED MODEL JUVENILE JUSTICE MODEL DATA PROJECT CONCEPTUAL FRAMEWORK

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) has invested in improving juvenile justice data and increasing its consistency across states and localities through the Juvenile Justice Model Data Project (Model Data Project).⁶⁶ The key questions were intended not only to point to critical information needs, but also to provide a framework through which juvenile justice systems can begin to assess their efficiency and effectiveness. *See Appendix N for list of key questions*⁶⁷

DETAILED RECOMMENDATIONS: PROGRAMS

1 in 5 children in the U.S. have learning and attention issues such as dyslexia and ADHD.⁶⁸

The group of children most at risk for involvement with the juvenile justice system have unidentified learning, social, and emotional needs that manifest as classroom-based challenges. Since these underlying needs remain unidentified and unmet a predictable pattern has emerged in San Jose. Elementary-aged children are falling farther behind academically, struggle⁶⁹ socially, act out behaviorally, and are disciplined regularly. In 2019 the majority of youth detained in Santa Clara County were between 14-17 years.⁷⁰ Current BEST programs are designed to support youth ages 12 to 19. Educational experts, community leaders, and parents provided input supporting the need for research and more tightly focused programs.

Due to the limited availability of disability-specific data, these program recommendations should be viewed as a “first step”. Upon the establishment of a disability-focused leadership team and a systematic mechanism for data collection,

program recommendations should be adjusted to integrate new information and tighten focus on the specific needs of at-risk youth with disabilities and gaps in programming.

PRIORITY RECOMMENDATION: UPDATE RISK CATEGORIES TO INCLUDE YOUTH WITH DISABILITIES

An update should be made on all MGPTF literature and brochures, with information about the intersection of disability and law enforcement, training material, and community resources for youth identified with or suspected of having a disability. This updated information should be posted on the MGPTF website, the city webpage for Disability Services and Programs, and should be sent to all current and future MGPTF partners and programs.

PRIORITY RECOMMENDATION: HIRE DISABILITY-FOCUSED TEAM MEMBERS

Allocate a portion of the current MGPTF resources to hire a team whose sole focus is to ensure that youth with apparent and non-apparent disabilities receive appropriate services, by strengthening existing and forming additional partnerships with colleges and private clinics to establish community-based service-learning opportunities. This team will work to bridge the equity gap for families in downtown and east San Jose by connecting families to the support they need to help keep their children safe, on a healthy developmental trajectory, and off of the school to prison path.

RECOMMENDATION: CHANGING THE NAME “THE MAYOR'S GANG PREVENTION TASK FORCE”

Consider changing the name of MGPTF to a name that reflects a more positive understanding of the social determinants that place youth on harmful paths.

RECOMMENDED MODEL: UNIVERSAL DESIGN

The HSC strongly encourages San Jose to adopt a universal design⁷¹ approach across all programs and services, especially those for youth and their families. The essence of universal design is the promotion of equity and the provision of the human and civil rights of all members of a community.

RECOMMEND: ADDRESS EARLY ELEMENTARY PROGRAM GAP

Recruit BEST partners seeking to promote wellness and prevent entry into the school-to-prison pipeline, specifically ones designed to support underlying disability related social and educational needs. Early childhood, the time from birth to age 8⁷², is a critical period for social, emotional, and literacy development due to rapid brain growth and its eager response to instruction, as well as nurturing relationships and environments.

RECOMMEND: ADDRESS THE GAP IN YOUNG ADULT PROGRAMS

Recruit BEST partners addressing the unmet needs of youth aged 16-24 with disabilities who have been involved with law enforcement and are not ready to safely enter the world as members of the community. This is especially important for those who do not feel welcomed, valued, and able to meaningfully contribute. Emphasis should be given to programs building self-awareness, confidence, and peer relationships while also strengthening college, career and community readiness. Building opportunities for students with disabilities into existing college experience, internship, priority hiring, supported employment, and vocational programs are a few suggestions to consider.

RECOMMEND: FILL IN THE GAP OF AVAILABLE AND AFFORDABLE “BEST PRACTICES” PREVENTION AND INTERVENTION PROGRAMS IN SAN JOSE

The following set of recommendations embrace the principles of universal design, are evidence-based, and recognized by experts as the best practices and approaches available in supporting the academic, behavioral, social, and emotional development of children, including children with apparent and non-apparent disabilities and those most vulnerable to the STPP. However, they could be described as “emerging specialty subsets” within their respective disciplines. In San Jose these supports are rarely provided at school, covered by insurance, or available privately.

Example: Sensory regulation is an area of expertise for occupational therapists (OT), but most schools are only required to provide OT support for fine motor difficulties.

Example: Speech language pathologist (SLP) services are largely focused on addressing children with articulation delays, not with social pragmatic communication disorders, and/or other developmental language/learning disorders. See Appendix O for Op-ed by Professor Nidhi Mahendra, Chair of the department of Communicative Disorders and Sciences at San Jose State University.

Example: Reading instruction is debated in schools. The National Council on Teacher Quality’s 2018 audit of California’s teacher preparation programs showed that only 23% of programs (up from 16%) teach the reading elements identified in our education code, known as *Structured Literacy*, which **60-65%** of students require to learn how to read.⁷³

These supports are based on well-established findings and research. There is a limited availability of private specialized program options in more affluent areas of Santa Clara County, which results in long waiting lists, and high price tags. Yet, these are the very lagging skills kids must develop to be successful in school and in life. It is of importance to note that San Jose is the only major city in California without a dedicated children’s hospital (see Appendix P). Additionally, California ranks at the bottom of states for pediatric mental health providers and inpatient care, facts that negatively impact all families⁷⁴. See Appendix Q.

This information taken together provides an opportunity to address a known need gap in our schools and in our communities. By taking a strengths-based forward-looking

approach, San Jose has the opportunity to build a robust network of programs for children age six to twelve that promote literacy, communication, and sensory emotional behavior regulation.

See Appendix R for Oakland NAACP letter supporting structured literacy

“Freedom without literacy is like being in a rowboat without paddles.”
-George Holland, Sr. President, NAACP Oakland Branch July 5, 2019

RECOMMEND: STRUCTURED LITERACY PROGRAMS

“Dyslexia will cost California \$12 billion this year. Yet, investments in remediation will yield a return of 800% to 2000%.⁷⁵”

Dyslexia is the number one cause of illiteracy. One in five children are affected by dyslexia. Dyslexia Screening⁷⁶ can be used as early as pre-school to locate students who may be at risk for reading difficulties. San Francisco Public Libraries have developed a structured literacy program to address the reading gap that could be replicated in San Jose⁷⁷.

‘FOG (Free Orton-Gillingham) Readers is a new program provided by San Francisco Public Library to help struggling readers in grades 1-4. Studies indicate when students fall behind when they start reading, they rarely catch up – but we change that by using a highly structured program based on the Orton-Gillingham methodology. The program breaks reading and spelling into smaller skills involving letters and sounds. It is a phonetically based, sequential, structured approach that uses multisensory techniques – this means tutors use sight, hearing, touch, and movement to help learners connect language with letters and sounds.’

Parent Myleka says it best: “The FOG Readers Program bridges a clear gap between my child’s current reading level and his full reading potential.”

See Appendix S for additional information about dyslexia.

See Appendix T for the cost of dyslexia to California and families

RECOMMEND: SOCIAL COGNITIVE BEHAVIOR APPROACH

Begin a social cognitive behavior approach to mental health programs using restorative justice practices to help children with language processing, pragmatic communication, and theory of mind challenges. This will help them to participate in and benefit from a therapeutic process while increasing community resilience. This would be especially essential for children who are not benefitting from traditional cognitive therapy

approaches. This might look like an SLP consulting and training MFT's/LCSW's that work with at risk youth, or teams that include an SLP, OT, and MFT/LCSW⁷⁸.

RECOMMEND: SPEECH AND LANGUAGE PATHOLOGISTS

We recommend hiring speech and language pathologists trained in assessment and working with children with language/learning disabilities and those exhibiting weaknesses with pragmatic social communication⁷⁹. According to Dr. Shameka Stanford, "As it stands, psychologists and forensic social workers are typically professionals who address communication disorders among incarcerated youth. It is time to distinguish communication disorders from mental illness in the juvenile justice system—and to bring in more SLPs⁸⁰."

RECOMMEND: OCCUPATIONAL THERAPISTS

We recommend hiring occupational therapists trained in supporting the development of sensory regulation and integration, strategies that help youth to become more aware of their environment and independent in controlling their emotions and impulses. This way community members are more able to support sensory needs, improving a child's capacity to recognize, move through, and solve conflicts⁸¹.

RECOMMENDED BEHAVIOR SUPPORT MODEL: COLLABORATIVE AND PROACTIVE SOLUTIONS

Provide a complete package along with training and support for programs and groups working with children with severe or challenging behaviors. The CPS model is recognized as an empirically supported, evidence-based treatment by the California Evidence-Based Clearinghouse for Child Welfare⁸² (CEBC). The model is based on the premise that challenging behavior occurs when the expectations being placed on children exceed the child's capacity to respond adaptively. This supports the fact that some kids are simply lacking the skills to handle certain demands and expectations. And the belief that "Children do well if they can."⁸³

Appendix U Special Education Enrollment
Appendix W Disability Impacts All of Us

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APPENDICES

APPENDIX A: 10 LARGEST U.S. CITIES MAYOR'S OFFICE FOR PEOPLE WITH DISABILITIES

Major U.S Cities Mayor's Office of Disability Status
1. New York City, NY Population: 8,601,186 https://www1.nyc.gov/site/mopd/index.page
2. Los Angeles, CA Population: 4,057,841 Los Angeles Department on Disability Budget 9person Disability Commission
3. Chicago, IL: Population: 2,679,044 <u>Mayor's Office for People with Disabilities</u> Chicago Mayor's Office for People with Disabilities 2016 Budget Statement to the City Council Committee on the Budget and Government Operations Mayor's Office for People with Disabilities (MOPD)- 2015 Budget Statement to the City Council Committee on the Budget and Government Operations October 29, 2014
4. Houston, TX Population: 2,359,480 Mayor's Office for Persons with Disabilities
5. Phoenix, AZ Population: 1,711,350 <u>Equal Opportunity Dept. Mayor's Commission on Disability</u>
6. Philadelphia, PA Population: 1,576,596 Mayor's Office for People with Disabilities
7. San Antonio, TX, Population: 1,565,929 Disability Access Office
8. San Diego, CA Population 1.42 million Mayor's Office of ADA and Compliance
9. Dallas, TX Pop: 1,379,735 Mayor's Committee Employment of with People Disabilities
10. San Jose Population 1.3 million
<p>International Efforts</p> <p>Accessibility PLANNING AND BUILDING ACCESSIBLE CITIES, SIMPLIFIED Corporacion Ciudad Accessible (CCA), an NGO founded in 2000 and based in Santiago de Chile, works to promote a city and spaces, where universal accessibility could bring autonomy to people with disabilities. In 2002 the organization began to publish graphic accessibility guides in the form of leaflets called "Accessible Thematic Files."</p> <p>TOWARDS A UNIVERSALLY DESIGNED CITY OF OSLO IN 2025 Oslo Kommune (the administrative authority of Oslo, Norway) has developed a comprehensive plan for Universal Design (UD) covering transportation, communication, construction, public property, outdoor areas, and information and communication technology (ICT), with the goal that all municipal agencies and companies will implement UD requirements in their areas of responsibilities by 2025. The strategy requires all new government-operated buildings, parks, public spaces, and transport systems to have Universal Design implemented from a project's inception and for this to be included in the overall building costs. In 2017 the majority of government buildings were already fully accessible.</p>

APPENDIX B: DETROIT CITY COUNCIL RESOLUTION TO CREATE OFFICE OF DISABILITY AFFAIRS & ADVOCACY

BY HONORABLE COUNCIL PRESIDENT BRENDA JONES RESOLUTION TO CREATE THE
OFFICE OF DISABILITY AFFAIRS

WHEREAS, The mission of the Detroit City Council is to promote the economic, cultural and physical welfare of Detroit's citizens through Charter-mandated legislative functions; and

WHEREAS, The City of Detroit is changing. Within the last few years the city's landscape has changed to include numerous large- and small-scale economic developments along with both private and public initiatives designed to incite not only energy but also to increase the population density within the neighborhoods across the City; and

WHEREAS, Curiously, however, the unique needs of the disabled community are not fully addressed with the needs of the general population. It is imperative that this fact be acknowledge so that the rights and needs of the disabled community can be fully integrated into our revitalizing efforts across the city; and

WHEREAS, The United Nations estimates that by 2050 the disabled community worldwide will reach 940 million people, or 15% of what will be roughly 6.25 billion total urban dwellers; lending an urgency for municipalities to address the needs of the disabled community in all facets of civic life; and

WHEREAS, Although, the vision of the Americans with Disabilities Act (ADA) is to improve the rights and access of its targets, the reality on the ground is very different. For those who have mobility issues; barriers can be, the lack of access (ramping, power door openers, accessible restrooms, crumbling sidewalks), accessible housing, sensitivity training, emergency preparedness, to name a few. For those with a cognitive disability, those on the autistic spectrum, hearing impaired/deaf, blind/visually impaired, the urban environment can be a sensory minefield; and

WHEREAS, the creation of an adequately funded City of Detroit's Office of Disability Affairs, staffed with qualified individuals with disabilities and those with learned experience, will increase attention in service delivery to this community by creating this singularly focused city department; which will work with the Department of Public Works and other departments as appropriate; to concentrate on the unique needs of the Disability Community; and

WHEREAS, The Office of Disability Affairs would monitor state compliance with the Americans with Disability Act and to advise the Mayor, the Michigan Legislature and Governor on the needs of individuals with disabilities in Detroit. The Office of Disability Affairs will also be charged with assisting the State of Michigan Disability Resources department with the resolution of state disabilities issues and provide education, communication, and networking services concerning disability issues and needs for Detroit residents.

NOW THEREFORE, BE IT RESOLVED, That the Detroit City Council strongly urges the Mayor to create and appropriately fund the Office of Disability Affairs & Advocacy

APPENDIX C: 2015 HUMAN SERVICES COMMISSION LETTER REGARDING THE
CITY OF SAN JOSÉ ADA COORDINATOR

City of San José Human Services Commission

May 21, 2015

Honorable Mayor Liccardo and Councilmembers City of San José

200 East Santa Clara Street San Jose, CA 95113

re: Recommendations Regarding the City of San José ADA Coordinator

Dear Mayor and Councilmember's, The Human Services Commission (HSC) is charged with advising City of San José Council and Staff on matters pertaining to Human Rights, Disabilities and Domestic Violence. The City of San José has consolidated the position of ADA Coordinator with the head of Equality Assurance, under the Office of Equality Assurance. The result is that the duties of this full-time position have been rolled into another full-time position. However, we feel the position should remain a unique position due to the special knowledge and skills an ADA Coordinator provides by serving the City and the people living with disabilities in San Jose. People living with disabilities include at least 8 to 10% of the population living in San Jose according to the latest U. S. Census. Therefore, we recommend the City of San José reinstate the independent position of ADA Coordinator.

Background: Prior to 2000 the City of San José had an outstanding ADA Coordinator who developed many standards for programs and serving the people of San Jose living with disabilities. This person also monitored the City's conformance to its ADA Transition Plan. After she left the City's employment, the position remained open for two years and was eliminated due to budget cutbacks. After approximately seven years, the City's progress with its ADA Transition Plan was lagging. Shortly thereafter the ADA Coordinator position was reinstated and filled. The position remained filled until July of 2013 when the last person to hold this position retired.

The HSC met with Nina Grayson, head of Equality Assurance and ADA Coordinator, at the March 19, 2015 HSC meeting to discuss the ADA Coordinator position and its duties. Though issues regarding accessibility to City facilities, services and programs are being addressed when they come up, the functions of the ADA Coordinator have been greatly diluted due to combining two full-time positions into one. The City of San José had been very proactive in maintaining access to City facilities, services and programs for people with disabilities. The City once maintained a state-of-the-art website that included and featured the cutting-edge technology to assist people with disabilities. At one time, every City Department had a contact person that was knowledgeable in providing a reasonable accommodation under the ADA to people who needed it.

We believe a combined position as it now exists does not provide the means for the City to remain proactive in ensuring its facilities, services and programs are state-of-the-art accessible. We are also concerned that the City will fall out of conformance with its ADA

Transition Plan without a dedicated staff person. People living with disabilities are already subject to great inequities in accessing City government and services without further widening the inequity gap in San Jose. The conclusion is that there is enough work to justify a full-time position solely dedicated to ADA Coordination. We also feel this is an urgent matter as the City lags behind in maintaining accessible facilities, services and programs for its citizens.

The people of San Jose living with disabilities need a full-time ADA Coordinator at City Hall who is knowledgeable in ways to ensure their government is accessible to them. Special knowledge, education and skills are required to facilitate access to City government for people with disabilities living and working in San Jose. In the Mayor's inaugural address, Sam Liccardo stated, "But we're not simply diverse, we're accessible... San Jose is open-source ~ the place where every person can have an impact." He also stated, "...Councilmember Tarn Nguyen expresses deep concern about San Jose's 'poverty and growing inequality,' advocating for a city that is 'more accessible to the public.'" People with disabilities are one of the most underserved groups of people and deserve having access to the City government in the community in which they live and work.

Recommendation: Therefore, the HSC advises and recommends the City of San José reinstate and fill a full-time position of ADA Coordinator with a qualified individual as soon as possible. As San Jose continues to be innovators in technology, so should it continue to invest in ensuring the City's government, facilities, services and programs are accessible to all its people. As the City's Mission states: The Mission of the City of San José is to provide quality public services, facilities and opportunities that create, sustain and enhance a safe, livable and vibrant community for its diverse residents, businesses and visitors.

Clarence Madrilejos Chair, City of San José Human Services Commission.

APPENDIX D: AN SLP'S LENS ON 'BEHAVIOR'⁸⁴

"The problem is their language disorders are hidden disabilities – masquerading as disinterest, or defiance. Communication is a key piece of the puzzle of getting young offenders back on track. But language disorder is a hidden disability – rarely picked up, and seldom dealt with. The good news is this research demonstrates that communication matters for these vulnerable young people and, with the right support, we can make a difference. What's more, if we can help kids at risk of disengagement to improve their language skills, maybe we can keep them in school and out of our prisons. To me, that makes a lot of sense.⁸⁵" Nathaniel Swain

Running away- In a student with autism this could be elopement brought on by sensory overload that the student is unable to describe.

Defiant behavior (*the most common charge among black girls with DLDs*)- A student with a DLD could struggle to follow directions or remember information, impairing their ability to meet demands and expectations in class. This struggle could be mistaken for disobedience. DLD-related language difficulties could also hamper the student's class participation. These responses could be misinterpreted as hostility.

Disruptive/unruly behavior-A student with a DLD may have trouble problem-solving, thinking consequentially, regulating emotions, and controlling impulsivity—all of which can interfere with academic and social engagement. They may also experience DLD-related language difficulties, causing frustration that's misinterpreted as disruptive or unruly behavior.

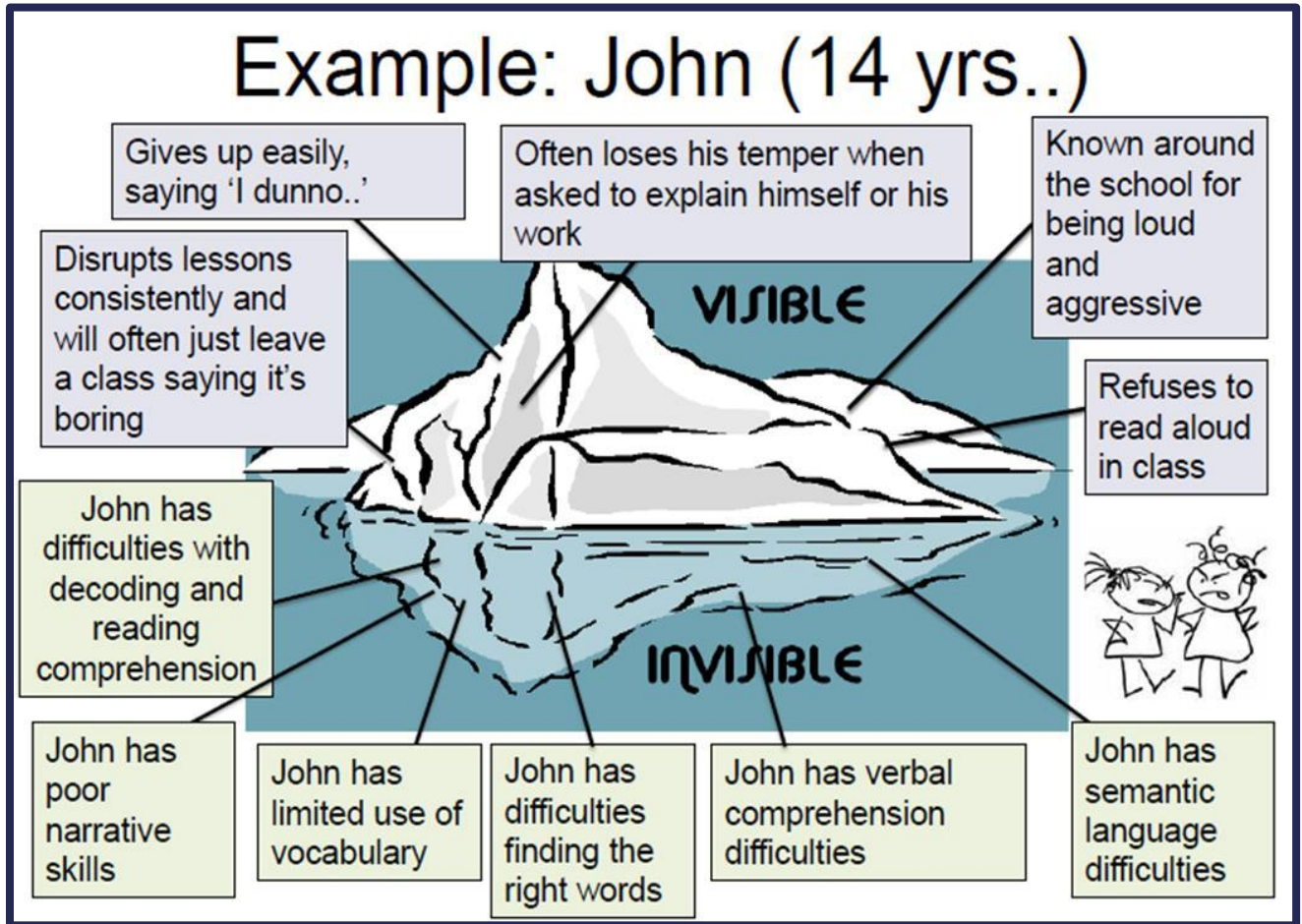
Truancy- A student with a DLD could lack motivation to attend school because they are experiencing so much frustration and failure due to the unaddressed cognitive-communication disorder. Additionally, increased bullying, and stress related physical illnesses are cited as reasons for higher rates of absenteeism.

Disobeying orders of parents, teachers, or other authorities/ungovernable- A student with a DLD could struggle to attend, follow directions, understand complex information, heed nonverbal cues, and organize thoughts and actions—which authorities could misconstrue as defiance.

Emotional Disturbance: Mental health treatment primarily targets a person's ability to regulate their emotions and behavior through counseling, medication, or a combination of the two. In comparison, as SLPs well know, a communication disorder can affect a person's ability to process and produce speech and language, especially in social discourse.

APPENDIX E: INVISIBLE DISABILITIES INFO GRAPH

The problem is that language disorders are hidden disabilities – masquerading as disinterest, or defiance. Nathaniel Swain



APPENDIX F: DEFINITION OF LEARNING DISABILITIES MOST COMMON IN JUVENILE JUSTICE SYSTEM

Learning disabilities are conditions that affect a youth's ability to read, write, speak, and calculate numbers (NICHD 2012b). Learning disabilities occurring before age 22 are not necessarily developmental disabilities but include a much smaller subset of about 10 disorders that specifically impact a child's ability to learn. Examples include dyslexia (which affects reading), dysgraphia (which affects writing), and dyscalculia (which affects math abilities).

Dyslexia affects the way information is processed, stored and retrieved, with problems of memory, processing, organization and sequencing, and getting dates, numbers and events in the right order.

Attention deficit (hyperactivity) disorder is a neuro-developmental disorder affecting the cognitive management system of the brain. It is typified by poor listening skills, distractibility and disorganization.

Developmental disabilities, according to the National Institutes of Health, are lifelong disabilities that may be intellectual, physical, or both (NICHD 2012a). For developmental disabilities, a mental or physical impairment must occur before the age of 22 and result in deficiencies in at least three major life activities¹ (Institute on Community Integration 2016).

Dyscalculia causes difficulties concerning telling the time, time-keeping and understanding quantity, prices and money. Prevalence:

Dyspraxia impairs movement and co-ordination but can also involve problems with language, perception, thought and personal organization.

Specific language impairment refers to difficulties with comprehension and/or expression of spoken language. Prevalence:

Specific learning difficulties consist of a family of related neurological conditions, which occur independently of intelligence and involve weaknesses in information processing communication skills and memory.

**Intellectual Disabilities (ID)s-More likely to confess to crimes they did not commit.*

**Emotional Disturbances (ED), as defined by the Individuals with Disabilities Education Act (U.S. Congress 2004), are conditions in which a child may exhibit one or more specific characteristics that appear over an extended period and adversely affect his or her ability to learn.⁸⁶*

APPENDIX G: THE INTERSECTION OF AUTISM AND LAW ENFORCEMENT

The estimated prevalence of autism in California⁸⁷ has increased from 1.1 to 11.0 cases per 1,000 births during birth years 1987 to 2013, or from under 600 cases per year to almost 5,400. “The most recent survey of the Autism and Developmental Disabilities Monitoring (ADDM) Network found a mean ASD prevalence of 1 in 59, or nearly 2% of 8 year-olds born in 2006 in selected counties in 11 states (CDC 2018). The 2016 National Health Interview Survey (NHIS) estimated a somewhat higher overall prevalence of ASD among American children age 3–17 of 1 in 36, or nearly 3% (Zablotsky et al. 2017).

“California must face reality: Autism cases are increasing- Emergency rooms and police departments are reeling from increasingly frequent crisis cases. Families are desperate for support and solutions.88” Jill Escher

The following data confirms parent fears:

- ***Autistic symptoms are more prevalent in childhood arrestees*** compared to the general population and are uniquely associated with future delinquent behavior. **Implications for diagnostic assessment and intervention need further investigation⁸⁹.**
- ***Youth with autism most frequently experienced school disciplinary action (15.0%),*** followed by police contact (7.9%) and hospitalization (7.8%)⁹⁰.
- ***By age 21, approximately 20%*** of youth with autism had been stopped and questioned by police and nearly 5% had been arrested⁹¹.
- The majority (72.2%) of law enforcement officers (LEOs) reported no formal training for interacting with individuals on the autism spectrum. For LEOs responding to calls involving autism, officers with prior training reported better preparation. Officers' responses to the knowledge survey varied considerably. ***Results support the need for formalized training in autism spectrum for law enforcement officers⁹².***

APPENDIX H: FETAL ALCOHOL SPECTRUM DISORDER AND THE CRIMINAL JUSTICE SYSTEM FACT SHEET

FASD & the Criminal Justice System



Prenatal alcohol exposure (or drinking alcohol during pregnancy) can cause fetal alcohol spectrum disorders (FASD). FASD refers to a range of conditions including birth defects, brain injury, and physical, behavioral, and intellectual disabilities.¹ These conditions are lifelong and irreversible. Individuals with an FASD are involved in the criminal justice system at an alarming rate. Youth and adults with an FASD often have a brain injury that may make it difficult for them to stay out of trouble with the law.²⁻⁶ They may not know how to deal with police, attorneys, judges, social workers, psychiatrists, corrections and probation officers, and others they may encounter.

Addressing FASD in the Criminal Justice System

- In 2012, the American Bar Association passed a resolution urging all attorneys and judges to receive training to help identify and respond effectively to individuals on the fetal alcohol spectrum.⁸
- 50% of individuals with an FASD have a history of confinement in a jail, prison, chemical health treatment facility, or psychiatric hospital.⁹
- People with an FASD are vulnerable to confabulation and making false confessions.¹⁰
- People with an FASD may be unable to understand the charges against them and participate in their own defense.
- Youth with an FASD are likely to be safer in a juvenile facility than an adult prison due to vulnerabilities.
- Attorneys may be successful in presenting FASD as a mitigating factor. Alternative/diversionary sentencing options should be explored.
- Court-ordered treatment is sometimes the most appropriate intervention.¹¹



The average age that children with an FASD begin having trouble with the law is 12.8-years-old.⁷

"There is hope. We can change how lawyers, clients, police, judges, probation officers, prison guards, and family members work with FASD clients."

– David Boulding, attorney for clients with an FASD

Reasons People with an FASD May Get in Trouble with the Law

Research shows that individuals with an FASD have specific types of brain injury that can lead to behaviors that can cause them to get involved in criminal activity. These include:

- Difficulty with impulse control and inability to understand future consequences of current behavior
- Difficulty planning, connecting cause and effect, empathizing, taking responsibility, delaying gratification, and/or making good judgements
- Tendency toward explosive episodes and longer period to calm or regulate themselves
- Vulnerability to peer pressure (e.g., may commit a crime to please their friends)

Sources:

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7. American Bar Association. Fetal Alcohol Spectrum Disorders (FASD): What You Need to Know to Help Your Clients. https://www.americanbar.org/content/dam/aba/publications/litigation_committees/childrights/112juncm1.authcheckdam.pdf
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12. National Council of Juvenile and Family Court Judges. Fetal Alcohol Spectrum Disorders: Implications for Juvenile and Family Court Judges. https://www.niaaa.nih.gov/sites/default/files/publications/ICFASD/NCJFCJ_FASD_Guide_Final-12012016.pdf

**APPENDIX I: TABLE OF SAN JOSE MAYOR'S GANG PREVENTION TASK FORCE
AUDITS AND EVALUATIONS**

<u>Table of San Jose Mayor's Gang Prevention Task Force Audits and Evaluations</u>
Evaluation of San Jose's Mayor's Gang Prevention Task Force (2017) Resource Development Associates (RDA)
Mayor's Gang Prevention Task Force Audit Report (2019) Joseph Rios, Acting City Auditor <i>Includes response to report by Jon Cicirelli, Acting Director-Parks, Recreation, and Neighborhood Services</i>
Reducing Gang-Related Crime in San José: An Impact and Implementation Study of San Jose's Bringing Everyone's Strengths Together (BEST) Program. (2019) Social Policy Research Associates (SPR) <ul style="list-style-type: none"> • Appendix A: BEST Target Population Definitions • Appendix B: BEST Grant Funding Over the Evaluation Period • Appendix C: Definitions of Eligible Service Areas • <u>Vice Mayor Chapple Jones and Councilmember Sylvia Arenas MGPTF Recommendation 9</u> • <u>Councilmember Carrasco and Councilmember Jimenez MGPTF Recommendation 15</u>
<u>Mayor's Gang Prevention Task Force Strategic Plans</u>
Mayor's Gang Prevention Task Force Trauma to Triumph Strategic Workplan 2015-2017 Mayor's Gang Prevention Task Force Trauma to Triumph II Strategic Workplan 2018-2020
<u>Table of Santa Clara County Juvenile Justice Reports Reviewed</u>
<ul style="list-style-type: none"> • Santa Clara County Juvenile Justice Report 2017 • Santa Clara County Juvenile Justice Report 2018 • Santa Clara County Juvenile Justice Report 2019 • Santa Clara County Juvenile Justice Commission Annual Report 2018 • Juvenile Justice Santa Clara County July 2020 Key Demographic Report
<u>Additional Relevant Reports Reviewed</u>
<ul style="list-style-type: none"> • 2017 Office of City Auditor, "Office of Equality Assurance Increase Workload Warrants Reevaluation of Resource Needs" • 2018 Independent Police Audit End of Year Report (San Jose Police Department) • 2020 Santa Clara County Children's Data Book • Parents Helping Parents Community Report (2020)

APPENDIX J: COMMUNITY OUTREACH AND INTERVIEWS

Organization	Name
American Leadership Forum -Kids in Common	EdNet Learning Circle-The Path to High School Graduation: Focus on Students with Disabilities and Students in the Foster Care System
Asian American Community I (AACI)	Sarita Kohli, President and CEO
Candidly Speaking	Roosevelt Community Center: Conversation about experiences with law enforcement
Catholic Charities (BEST CBO)	Sara Reyes, Division Director
Catholic Charities (BEST CBO)	Sabry Ramirez, Managing Director
Catholic Charities (BEST CBO)	Daniel Coleman, Program Manager
Children's Agenda Network	Annual Santa Clara County Kids Data Book Workshop (2019)
Children's Agenda Network-2019 Children's Summit	A Healing Centered Cultural Rites of Passage Model for Adolescent Youth: Joven Noble and Xinachtli
City of San José District 3	Council Member Raul Peralez
City of San José, Parks, Recreation, Neighborhood Services	Neil Rufino, Deputy Director
City of San José, San Jose Police Dept	Captain Michael Khimm
City of San José, San Jose Police Dept	Sgt. Vanessa Payne
City of San José, San Jose Police Dept	Sara Lucia, Crisis Intervention Training Manager
Community Advisory Committee Special Education (San Jose Unified School District)	2018 and 2019-Annual Discipline, Suspension, Expulsion Meeting
Community Advisory Committee Special Education SJUSD, Chair	Kristen Brown
Connxcion (BEST CBO)	Cuuhchihutl Trinidad, Director
Decoding Dyslexia	Retta Robinson Conley
Human Rights for Kids	James Dold, CEO and Founder
Inclusion Collaborative	2019 Statewide Conference Mental Health in Schools Session
Indigenous Public-School Ethnic Studies Teacher/Advocate & Oak Grove School Trustee	Jorge Pacheco
Kids in Common	Systems Change Workshop 2019
Krip Hop Nation "A Movement That Addresses Ableism"	Leroy Moore, Founder, Rapper, Poet, Author
Learning Disabilities of America	Angie Sutherland
Mayor's Gang Prevention Task Force	Mario Maciel, Division Manager
Mayor's Gang Prevention Task Force	Israel Canjura, Community Services Supervisor
NAACP	August 2019 Board Meeting
Parents	Prefer to remain anonymous
Professor, Critical Disability Studies and Inclusive Education	Emily A. Nusbaum, PhD
San Jose Center for Peace and Justice	Michelle Mashburn, Director
San Jose State Department of Communicative Disorders and Sciences	Dr. Jean Novak, Department of Communicative Disorders and Sciences
San Jose State University, Dept. Of Communicative Disorders and Science	Arianne Testa, M.A. Candidate, Education - Speech-Language Pathology
Santa Clara County Board of Supervisors	Supervisor Cindy Chavez,
Santa Clara County Human Rights Commission	2019 Annual Regional Meeting
Santa Clara County Office of Education	Trustee Joseph Di Salvo, Area 4
Santa Clara County Office of Education	Jennifer Del Bono, Director Safe Schools
Silicon Valley Independent Living Center	Shari Burns, Executive Director

Silicon Valley Independent Living Center	Christine Fitzgerald, Community Advocate
Social Thinking-Stevens Creek	Allison King, M.S., CCC-SLP <i>Clinic Director/Social Cognitive Therapist</i>
SOMOS Mayfair	Camille Llanes-Fontanilla, Executive Director
SOMOS Mayfair	Angie Lopez,
Stanford Neurodiversity	Autism at Work/Google Workshop
U.S. Senator Maine District 30	Former Sen. Amy Volk
Working Scholars	Lisa Gauthier, Government Affairs Manager
Working Scholars-Study.com	Jeff Calareso, Director of Content and Services

APPENDIX K: THE KIDS WE LOSE COMMUNITY FEEDBACK

KEY	SD	PD	ER	SMH	JJ	CSEC	CP
TOPIC	School Discipline	Professional Development	Education Reform	Student Mental Health	Juvenile Justice	Commercial Sexually Exploited Children	Community Programs

COMMUNITY MEMBER QUESTIONS	TOPIC	CODE
What are laws in California re: corporal punishment, suspensions, restraint use, seclusion, and isolation? California Law	School discipline	SD
How many schools in SCC have police on campus?	Campus Police	SD/JJ
How much training are teachers getting in de-escalation techniques?	Teachers taught De-escalation	PD
I want to know what we are doing to educate and counsel our children? Instead of incarceration as a means of punishment, we need to help out as many of our youth as we can.	Educate and Counsel Children instead of police	SMH/ER/JJ
Why does social thinking only have one clinic and why is it not in the neediest parts of our community?	Social Thinking	CP
What various learning styles and other factors that lead to disparities in opportunities for some students vs. others?	Different Learning Styles	ER
What are some red flags to look out for in students who are bright but may have underlying social cognitive deficits?	SPED Early Identification	ER/PD
What issues are they seeing in CSEC populations in regard to school and behavioral issues? Is that different than other youths? Are there specialized school programs for CSEC youth that help that transition into a more normal school setting? Are there particular challenges unique to this population given the nature of the trauma they have endured?	Commercial Sexual Exploitation of Children (CSEC) is a form of violence against children.	CSEC
How can we provide supports for foster parents to ensure that children in the foster care system are not subject to frequent placement changes?	Foster Care Parent Support	ER/CP
When are you planning to implement any programs to help school admins understand these kids and support them?	Training School Superintendents	ER/PD
Why do schools seem so resistant to give students the services that they need?	Difficulty getting school support for kids	ER
As an aspiring speech language pathologist what areas seem to be the most in need? Ex, social skills, emotional regulation	Educate and Counsel Children	SMH/ER
How do we get a limit on how many students with behavior issues can be in a class to help teachers cope?	Help for teachers	ER
How do we get professional development for teachers to help them have the right tools?	Help for teachers	PD/ER

What makes it so difficult for these children to qualify for services that they need?	Difficulty getting school support for kids	ER/CP
What are some red flags to look out for in students who are bright but may have underlying social cognitive deficits?	SPED Early Identification	PD/ER
When are you planning to implement any programs to help school admins understand these kids and support them?	Training School Superintendents	ER/PD
Why do schools seem so resistant to give students the services that they need?	Difficulty getting school support for kids	ER
What are the types of support strategies our teenagers need in the juvenile justice system?	Educating kids in detention	ER/JJ
How to transition a child who has been in custody back to a normal school environment?	School Re-entry Support	JJ
How can we get more counselors into the school system to help students who need it?	Counselors in schools	SMH
A school like Eureka designed to successfully support all kids the way CHIME does in southern California.	Equity Based Inclusion	ER/INC
Why do we continue to think segregating kids is okay in Santa Clara county when the research shows it is harmful and ineffective and costs over 500k per year!?	Including kids, discipline	ER/JJ/INC
How to get adequate counseling for children who need it.	School counselors	ER/SMH
How can we address the diverse educational, social, behavioral, and emotional needs in the general education classroom?	Equity Based inclusion	ER/INC
How to prevent schools from funneling children into juvenile hall based on school behaviors?	School discipline	SD/JJ/ER
Where do kiddos that have profound expressive speech delays fall? or non-verbal, limited verbal kids due to difficulty in understanding; need for 1st responders to communicate in several ways not just verbal speech...watching for non-verbal cues, such as pointing, head acknowledgement, hand motions, etc...	Law Enforcement Training	JJ/PD

APPENDIX L: WHAT IS ABLEISM?

What Is Ableism⁹³?

That's a good question. Ableism is deeply rooted in our cultural concepts. Meaning, not just what we think about, but how we structure our thinking. And, how we even think about our thinking. Like many deeply-rooted things, ableism is difficult to sum up in one succinct definition, partly because there are so many points of entry. But we can start by observing something as simple as this riddle to exemplify just how ubiquitous, and rather innocent, ableism can be: What appears when we sit, but disappears when we stand?

The solution to this clever puzzle relies on an implicit bias: Everybody is able to sit and stand. And as the little puzzle relies on a sense of normal bodies and minds for its solution, so does the everyday reckoning between person and person, and person and industries, education, policies, law and culture. But how is ableism actually defined? Stated simply, ableism is discrimination or bigotry against people considered disabled by mainstream society. But it's so much more than that. The notion of disability as relevant within our society seems distant or non-existent. Of course, non-existent unless one is disabled.

So Where Is Ableism?

Everywhere — to be precise. Ableism can be hidden and silent, or obvious and loud. It is in the language we use and do not use. It is evident in the lack of thoughtful design of most everyday things — even things designed for diverse bodies and minds. It is in our educational systems, medical practices, social policies, and our laws. Ableism is evident in charitable events that support apparent and non-apparent disabilities. Ableism can be felt closer too, within our personal and family relationships.

How Ableism Performs

No matter how ableism shows up, it is maintained by a cultural criterion that centers on able bodies and minds as the point of reference for most things. As an example, when we speak of disability, we first notice what is different about a body or mind. We notice what is not working, or what is too slow to keep up. And when disability is non-apparent, we reach for the “low-hanging fruit” biases to explain “difference”. We say, “He is lazy, unmotivated; not an innovator, or an achiever.” We say, “He’s a bully.” And when disability *is* acknowledged, it is constantly referenced by its relative distance from normal. The demands placed on diverse bodies and minds are demands that attempt to bring disability closer to an idealized “normal” — rather than what may be equitable. Ableism seems to declare, “Let’s change disability so that it conforms to the cultural ideal, and so we can comfortably live in a fanatical, depersonalized fantasy about our bodies and minds.”

APPENDIX M: 2017 OFFICE OF CITY AUDITOR “THE CITY SHOULD PROVIDE ADA COMPLIANCE SERVICES BEYOND COMPLAINT INVESTIGATIONS.”

OEA Is Also Responsible for Americans with Disabilities Act Compliance for City Services, Programs, and Facilities

The Americans with Disabilities Act (ADA) requires public entities of 50 or more employees to designate at least one employee to coordinate compliance with ADA requirements, including to investigate complaints of noncompliance.

The City has designated the OEA Director to be the ADA coordinator. Other OEA staff have not been involved in reviewing ADA complaints. Due to workload and staffing, the OEA Director currently just investigates complaints and does not perform proactive training. The OEA Director estimates that there are fewer than ten complaints a year.

In the past, there was an ADA Coordinator whose sole duties were to ensure ADA compliance throughout the City. The ADA Coordinator would work with department ADA liaisons to conduct complaint investigations and train staff on ADA requirements.

The City of San Diego has an Office of ADA Compliance and Accessibility to ensure that all City facilities, activities, benefits, programs, and services are accessible to people with disabilities. The office has five staff, including an ADA coordinator and a citywide ADA compliance officer. In FY 2014-15, the office reported receiving 172 complaints.

The City of Los Angeles has a Department on Disability which is responsible for developing policies and programs to improve the quality of life for persons with disabilities, guiding the city into full ADA compliance, and providing ADA compliance training for City departments and private entities. The 2016-17 department budget includes 22 authorized staff and nearly \$1 million for ADA compliance. While reviewing OEA’s overall staffing and responsibilities, the City has an opportunity to reassess the resources devoted to ADA compliance responsibilities and to what extent the City should provide ADA compliance services beyond complaint investigations.

Recommendation #8 - Once the City Council determines the desired scope of the City-wide contracting program, the local hire/apprentice utilization program and Americans with Disabilities Act compliance program, the City should assign the resources needed to perform these responsibilities. **Administration Response:** The Administration concurs with this recommendation. **Yellow** - As part of the recommendations that will come forward regarding a City-wide contracting program and a local hire/apprentice utilization program, resources and funding for the potential programs will be identified. For the ADA compliance program, further analysis is needed. Any position addition proposal will be evaluated by the Administration as part of the Annual and mid-year budget processes. This evaluation will take into consideration the organizational placement as well as the budgetary outlook of the General Fund. **Target Date for Completion:** To be determined.

This memo has been coordinated with the City Manager's Office and the City Attorney's Office. /s/ Barry Ng Director of Public Works

APPENDIX N: MAYOR'S GANG PREVENTION TASK FORCE AT-RISK YOUTH CATEGORIES

The follows are PRNS's definitions of the four Target Population Profiles that grantees select in describing their target populations for BEST-funded services.

<i>Table of Mayor's Gang Prevention Task Force Target Youth Descriptions</i>
Task Force programs target youth and young adults ages 6 to 24 in four risk categories: at-risk, high-risk, gang-impacted, and gang-intentional youth.
<p>Target Population At-Risk Youth Definition: Youth residing in a high-risk community (e.g., hotspot areas, low socioeconomic areas) and have high potential to exhibit gang behaviors (e.g., behavioral issues, poor school attendance, etc.)</p>
<p>Target Population: High-Risk Youth Definition: Youth distinguished by the level of intensity at which the youth adopts gang lifestyle. Characteristics include several contacts with law enforcement or the juvenile justice system.</p>
<p>Target Population: Gang-Impacted Youth Definition Youth exhibiting high-risk behaviors related to gang lifestyle including arrests or contact with the juvenile justice system.</p>
<p>Target Population Gang-Intentional Youth Definition Youth explicitly identified and/or arrested for gang-related incidents or acts of gang violence</p>

APPENDIX O: MODEL DATA PROJECT CONCEPTUAL FRAMEWORK

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) has invested in improving juvenile justice data and increasing its consistency across states and localities through the Juvenile Justice Model Data Project (Model Data Project).⁹⁴ The key questions were intended not only to point to critical information needs, but also to provide a framework through which juvenile justice systems can begin to assess their efficiency and effectiveness. The key questions also established boundaries for project staff, as each measure developed was required to fit within one of the key questions.

Key Question 1: How many youths are involved in various stages of the system? One of the foundational measures of the juvenile justice system is the count of individuals at various decision points—from initial contact with police, through detention and referral to court, and counts of youth who are diverted, adjudicated, and/or committed to placement.

Key Question 2: What are the key characteristics of the youth involved? It is important to be able to describe the individuals who come into contact with the juvenile justice system. Demographic information like age, sex, gender, and legal residence, and characteristics like risk level and protective factors can help to identify trends and learn about subpopulations.

Key Question 3: How did the youth become system involved? Information describing the situational characteristics of incident(s) can help explain the behavior that resulted in system involvement, such as an arrest or referral to juvenile court. This information includes the source of referral, the type of behavior, or where the behavior occurred.

Key Question 4: How do youth move through the system? The ability to document the counts of individuals as they move from one decision point to the next helps to identify patterns of movement through the system. To do this, juvenile justice system professionals must carefully collect information on decisions made and their corresponding dates.

Key Question 5: Is the system fair? Fairness refers to decisions that do not discriminate against youth from gender, racial, ethnic, or other subpopulations. These could be decisions on how to process a case (e.g., legal representation) or how to respond to a behavior (e.g., responses appropriate to risk and harm).

Key Question 6: How do youth change while in the system? The juvenile justice system aims to hold youth accountable and support them toward becoming productive citizens. To that end, it is important to assess how youth change, either positively or negatively, while involved with the system. That includes change in risk level, progression in school, or learning new skills.

Key Question 7: Does the system meet the needs of youth, their families, and the community? To effectively meet the needs of youth, their families, and the community, the services provided to youth should be matched to assessed needs and easily accessible. Juvenile justice systems, then, need to know certain information about the

youth, including risk level and needs, and about available services, such as service types, location, capacity, and quality.

Key Question 8: What was the experience of youth in the system? States are responsible for keeping system-involved youth safe and free from further psychological or physical harm. These experiences can be measured by collecting and analyzing data related to use of restraints, solitary confinement, and isolation, as well as positive experiences, like receiving incentives.

Key Question 9: How much does it cost? States and jurisdictions should understand the financial costs associated with handling youth at multiple points of the system, and for related programs and services. Knowing how cost is spread between various system stakeholders, understanding the cost of one day of detention or placement, or identifying investments in research and planning efforts can help jurisdictions better understand how to implement changes and the fiscal impact of reforms.

Key Question 10: What are the long-term measures of success? The justice system should not limit its measures to input or activity indicators and immediate system outputs, although those indicators are often more easily obtained. All agencies that are involved in juvenile justice should work together to assess if, when, and in what manner system-involved youth return to the justice system, and positive indicators, such as employment and graduation.

*Elements of individual characteristics include the following disability related metrics:

- *Education: history of diagnosis-learning disability - This element indicates whether a youth has ever been diagnosed with a neurological condition that hinders their ability to “understand or use spoken or written language, do mathematical calculations, coordinate movements, or direct attention” (Learning Disabilities Association of America, 2017).*
- *Education: Individualized Education Program - This element indicates whether a youth has an established Individualized Education Program (IEP). If an evaluation indicates that a youth needs special education services, the school district is required to develop an IEP and review and revise it regularly in accordance with the Individual with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973.*

APPENDIX P: OP ED “GIVE VOICE TO THOSE WITH COMMUNICATION
DISORDERS⁹⁵”

*By Dr. Nidhi Mahendra, Chair of the department of Communicative Disorders
San Jose State University*

Forty million Americans have communication disorders, according to the [American Speech Language Hearing Association](#). That is 12 percent of the U.S. population.

The country recently heard from three people with communication disorders – former Arizona Congresswoman Gabby Giffords, lawyer and health activist Ady Barkan and teenager Brayden Harrington. They all spoke at the Democratic National Convention last month and made history for being the most number of speakers with communication disorders, featured in a single convention.

Gabby Giffords has aphasia, an acquired language disorder that affects over 2 million Americans with stroke, brain injury, or neurological disease. Aphasia has been described as [identity theft](#) and is a disorder that spares a person’s intellect, yet notably impairs a person’s ability to speak, understand language, read and write.

Ady Barkan has amyotrophic lateral sclerosis or ALS and communicates using an augmentative alternative communication or AAC device. Thirteen-year old Brayden Harrington is a person who stutters, and stuttering is a speech disorder that impairs a person’s ability to speak fluently.

These speakers delivered their words with unmistakable force through their communication disorders, which did not strip away the raw power of their message or their personalities. In fact, they etched themselves deeply into our hearts and minds.

Communication challenges resulting from aphasia, stuttering or ALS profoundly impact all aspects of a person’s life because communication is the glue that holds our identities, relationships, and life goals together. Persons with communication disorders require and benefit greatly from skilled and sustained clinical services provided by speech-language pathologists.

Indeed, each of these speakers with communication disorders must have worked incredibly hard on their remarks and were likely guided by speech-language pathologists.

Gabby Giffords’ speech-language pathologist, Fabi Hirsch Kruse, was seen working with a customized script and encouraging Giffords in a remarkable video. This specific demonstration alone makes it a historic moment for speech-language pathologists.

But there is a nationwide shortage of speech-language pathologists. This stands in contrast with a steadily growing [demand](#) and robust job growth forecast by the [United States Bureau of Labor Statistics](#).

In California, the most populous state of the nation, the shortage of SLPs is dire and second only to Nevada, which has the worst shortage of SLPs. According to the American Speech Language Hearing Association's reported [SLP-to-Population ratios](#), in 2019, California only had 33 SLPs for every 100,000 California residents.

In 2019, to much excitement, Assembly Bill [AB-1075](#) was introduced for the first time to address this shortage by increasing support to the California State University (CSU) system, home to the majority of SLP training programs in California. This bill passed the assembly and state but was vetoed by California Governor, Gavin Newsom. The governor supported the goal of the bill to increase enrollment in the state's SLP programs yet chose to leave the funding decision to the CSU Board of Trustees.

Speech-language pathologists, or SLPs, are the allied health practitioners who are the highest qualified providers responsible for screening, assessing, treating, and helping to prevent human communication and swallowing disorders across the lifespan. These professionals work with clients from cradle to grave in varied settings including public schools, hospitals, rehabilitation centers, skilled nursing facilities, private practice, and corporate settings.

The urgent need for more SLPs is also evident in [Centers for Disease Control and Prevention](#) estimates that over 7% of children between the ages of 3 and 17 have communication disorders. Further, another 15 million Americans have dysphagia or swallowing disorders, reported as a sorely neglected medical condition by [Bhattacharyya](#), and also requires intervention by SLPs. Experts believe that a low public awareness of the need and importance of this profession plays into current shortages.

As Ady Barkan and others have said, healthcare is a basic human right. We need sufficient healthcare professionals like speech-language pathologists to ensure that persons with communication disorders never lose their voice.

APPENDIX Q: SAN JOSE DOES NOT HAVE A CHILDREN'S HOSPITAL

Children with disabilities often have a “cluster of physical, mental, and emotional health care needs. It is not uncommon for families to drive from San Jose to san Francisco to see neurologists, to Fremont to see the audiologist, and Palo Alto to see the pediatric psychiatrist, and Santa Cruz to see a family therapist.

1. Kaiser Permanente Pediatric Care Center, Los Angeles 4867 Sunset Boulevard, Los Angeles, CA 90027 Population 4,000,000
2. Loma Linda University Children's Hospital 11234 Anderson Street Loma Linda, CA 92354 Population 24,383
3. Lucile Packard Children's Hospital Stanford 725 Welch Road Palo Alto, CA 94304 Population 66,295
4. Miller Children's & Women's Hospital Long Beach 2801 Atlantic Avenue Long Beach, CA 90806 Population 467,000 United States of America
5. Rady Children's Hospital San Diego 3020 Children's Way San Diego, CA 92123-4282 Population 1,500,00
6. Shriners Hospitals for Children - Northern California 2425 Stockton Boulevard Sacramento, CA 95817 Population 61,400
7. Sutter Children's Center, Sacramento 2825 Capitol Avenue Sacramento, CA 95816 Population 61,400
8. UCLA Mattel Children's Hospital 757 Westwood Plaza Los Angeles, CA 90095 Population 4,000,000
9. UCLA Medical Center 5555 Ferguson Drive Commerce, CA 90022 Population 12,690
10. UCSF Benioff Children's Hospital Oakland 747 - 52nd Street Oakland, CA 94609-1809 Population 429,000
11. UCSF Benioff Children's Hospital San Francisco 1975 4th Street San Francisco, CA 94158 Population 896,000
12. University of California Davis Children's Hospital 2315 Stockton Boulevard Sacramento, CA 95817 Population 61,400
13. Valley Children's Healthcare 9300 Valley Children's Place Madera, CA 93636-8762 Population 65,700
14. Cottage Children's Medical Center 400 W. Pueblo St. Santa Barbara, CA 93105 Population 91,000

APPENDIX R: LIMITED LOCAL PEDIATRIC MENTAL HEALTH SUPPORT

Child and Adolescent Inpatient Psychiatric Beds in California⁹⁶: While new adult and adolescent only are being added to the California market, **no one is adding child services**

Hospital	Street Address	City	County	ZIP	Beds
ALTA BATES MEDICAL CENTER	2450 ASHBY AVENUE	BERKELEY	ALAMEDA	94705	14 adolescents only
AURORA CHARTER OAK	1161 EAST COVINA BOULEVARD	COVINA	LOS ANGELES	91724	20 adolescents only
AURORA SAN DIEGO	11878 AVENUE OF INDUSTRY	SAN DIEGO	SAN DIEGO	92128	20 adolescent only
AURORA SANTA ROSA	1287 FULTON ROAD	SANTA ROSA	SONOMA	95401	16 adolescent only
AURORA VISTA DEL MAR	801 SENECA STREET	VENTURA	VENTURA	93001	20 adolescent only
BHC ALHAMBRA HOSPITAL	4619 N ROSEMEAD BLVD	ROSEMEAD	LOS ANGELES	91770	38 adolescent only
BHC FREMONT HOSPITAL	39001 SUNDAL DRIVE	FREMONT	ALAMEDA	94538	40 adolescent 6 child
CANYON RIDGE HOSPITAL	5353 G STREET	CHINO	SAN BERNARDINO	91710	35 adolescent only
COLLEGE HOSPITAL	10802 COLLEGE PLACE	CERRITOS	LOS ANGELES	90703	45 adolescent only
COLLEGE HOSPITAL COSTA MESA	301 VICTORIA STREET	COSTA MESA	ORANGE	92627	17 adolescent only
DEL AMO HOSPITAL	23700 CAMINO DEL SOL	TORRANCE	LOS ANGELES	90505	45 adolescent and child
GOOD SAMARITAN HOSPITAL - SOUTHWEST DP/APF	5201 WHITE LANE	BAKERSFIELD	KERN	93309	23 adolescent 6 child
HERITAGE OAKS HOSPITAL	4250 AUBURN BLVD	SACRAMENTO	SACRAMENTO	95841	18 adolescent only
JOHN MUIR BEHAVIORAL HEALTH	2740 GRANT STREET	CONCORD	CONTRA COSTA	94524	24 adolescent 10 child
KEDREN COMMUNITY MENTAL HEALTH CENTER	4211 SOUTH AVALON BOULEVARD	LOS ANGELES	LOS ANGELES	90011	17 adolescent and child
LOMA LINDA UNIVERSITY BEHAVIORAL MEDICINE CENTER	1710 BARTON ROAD	REDLANDS	SAN BERNARDINO	92373	29 adolescent 12 child
LOS ANGELES COUNTY + USC MEDICAL CENTER	1200 NORTH STATE STREET	LOS ANGELES	LOS ANGELES	90033	11 adolescent only
MILLS HEALTH CENTER	100 S. SAN MATEO DR.	SAN MATEO	SAN MATEO	94401	17 adolescent only
NORTHRIDGE HOSPITAL MEDICAL CENTER	18300 ROSCOE BOULEVARD	NORTHRIDGE	LOS ANGELES	91328	9 adolescent only
RADY CHILDREN'S HOSPITAL	3020 CHILDREN'S WAY	SAN DIEGO	SAN DIEGO	92123	24 adolescent and child
RESNICK NEUROPSYCHIATRIC HOSPITAL AT UCLA	150 UCLA MEDICAL PLAZA	LOS ANGELES	LOS ANGELES	90095	25 adolescent and child
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	26520 CATUS AVE	MORENO VALLEY	RIVERSIDE	92555	12 adolescents only
SHARP MESA VISTA HOSPITAL	7850 VISTA HILL AVENUE	SAN DIEGO	SAN DIEGO	92123	21 adolescent and child
ST HELENA HOSPITAL CENTER FOR BEHAVIORAL HEALTH	525 OREGON STREET	VALLEJO	SOLANO	94590	15 adolescent 13 child
ST. MARY'S MEDICAL CENTER	450 STANYAN STREET	SAN FRANCISCO	SAN FRANCISCO	94117	35 adolescent only
STAR VIEW ADOLESCENT CENTER, INC.	4025 W 226TH STREET	TORRANCE	LOS ANGELES	90505	16 adolescent only
SUTTER CENTER FOR PSYCHIATRY	7700 FOLSOM BLVD	SACRAMENTO	SACRAMENTO	95826	26 adolescent and child
UNIVERSITY OF CALIFORNIA, IRVINE MEDICAL CENTER	101 THE CITY DRIVE SOUTH	ORANGE	ORANGE	92868	15 adolescent only
WILLOW ROCK CENTER	2050 FAIRMONT DRIVE	SAN LEANDRO	ALAMEDA	94578	16 adolescent only

There are only 11 providers of child psychiatric services in the state and 29 adolescent providers. 38% of the adolescent inpatient services providers also provide child services. No facility offers inpatient child services without adolescent services. There are less than 60 beds exclusively for children aged 11 and under requiring inpatient psychiatric services, compared to more than 500 beds for adolescents 12 and up. There are also approximately 140 beds that may be converted for children or adolescents, based on occupancy. While new adult and adolescent only are being added to the California market, **no one is adding child services**. The reason is risk and cost. Child units require more staffing, teachers and specialists than other psych units. These units treat children that are severely mentally ill and have no other options for treatment. Some argue that children should not be treated in an inpatient unit, but the inpatient setting allows for proper observation of behaviors, responses to medications, sleep patterns, family dynamics, peer and social skills on a 24/7 basis. Most families in California do not understand that, insured or not, wealthy or indigent, access to services for California children are extremely limited and, in many cases, simply unavailable. Source: Hospital self-reported data (OSHPD does not distinguish between child and adolescent beds)

APPENDIX S: NAACP OAKLAND LETTER TO CA ASSEMBLY EDUCATION
COMMITTEE OPPOSING SB 614



NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE
OAKLAND BRANCH

PO Box 1319
Oakland, California 94604

Phone (510) 652-8493 • Fax (510) 652-8495
Email: oaklandnaacp1051@yahoo.com
Website: www.naacposakland.org

July 5, 2019

Dear Chairman O'Donnell and Members of the California Assembly Education
Committee:

We write in strong opposition to SB 614 (Rubio) which would repeal explicit language in the Education Code on the foundation skills of research-based reading instruction and also remove the assessment to demonstrate knowledge in this area as part of teacher certification. This bill is unconstitutional, will exacerbate the literacy crisis, and sets the stage for California districts to repeat one of the biggest mistakes of the last 25 years.

The proposed bill is in violation of Article IX, Section 1 of the California Constitution, which states that education is "essential to the preservation of the rights and liberties of the people." Section 44283 of the Education Code (requiring the Reading Instruction Competence Assessment [RICA]) is **part and parcel of the California Constitution's guarantee of a right to an education**, and any attempts to remove it is unconstitutional.

The National Council on Teacher Quality's [2018 audit](#) of California's teacher preparation programs showed that only 23% of programs (up from 16%) teach the reading elements identified within our Education code, known as **Structured Literacy**, that RICA assesses and which **60-65% of students require to learn how to read** (see attached chart*); this is a main cause of RICA's low pass rate. Yet, SB 614 eliminates the safeguard that assesses teachers' preparation and will only increase the number of **unprepared teachers who, overwhelmingly, will serve the most vulnerable student populations**. It also removes the legislative mandate and certification requirement being currently used to engage universities and k-12 school systems about their literacy training and practices.

We are concerned that SB 614 reopens the door for repeating mistakes of the early 2000s. To address the teacher shortage, Oakland Unified hired many teachers from out-of-the country. The new teachers, mostly from Spain and the Philippines, struggled with the instructional, cultural, institutional, and financial challenges of this new environment. SB 614 removes the assessment and codified assurance that candidates have basic knowledge of evidence-based reading practices. It lays the groundwork to replicate the previous, failed experiment. **It tries to solve the demand for new**

teachers, 88 percent of which is due to turnover, but ignores that attrition is driven by inadequate preparation.

The NAACP recognizes and appreciates the legislature's recent [Juneteenth declaration](#), recognizing the end of slavery. Correspondingly, we urge you to reject any measure that undermines access to full and complete literacy because freedom without literacy is like being in a rowboat without paddles. And since [75%](#) of African-American boys in California classrooms do not meet reading standards, we celebrate the right to sit at lunch counters while also realizing that many of our children cannot read the menu.

We must better prepare educators to meet the bar - not eliminate it. Passing SB 614 would disregard the science of reading, data about the causes of teacher turnover, the [National Reading Project](#) findings, meta data on learning effect sizes ([Hattie 2017](#)), the [California Guidelines for Dyslexia](#), and the California Constitution. We ask you to oppose SB 614.

Sincerely,



George Holland, Sr.
President, Oakland Branch, NAACP georgehollandattorney@gmail.com (510) 465 4100

APPENDIX T: SAMPLE DYSLEXIA SCREENING PROTOCOL

Parent Dyslexia Screening Questions- A first step in screening is to ask parents whether there is a family history of reading disabilities⁹⁷. Dyslexia is strongly heritable, occurring in up to 50% of individuals who have a first-degree relative with dyslexia (Pennington, 1991). The risk and severity of dyslexia is higher when both parents are affected (Wolff & Melngailis, 1994). ***The Colorado Learning Disabilities Questionnaire – Reading Subscale (CLDQ-R)***⁹⁸ is a screening tool designed to measure risk of reading disability in school-age children.⁹⁹

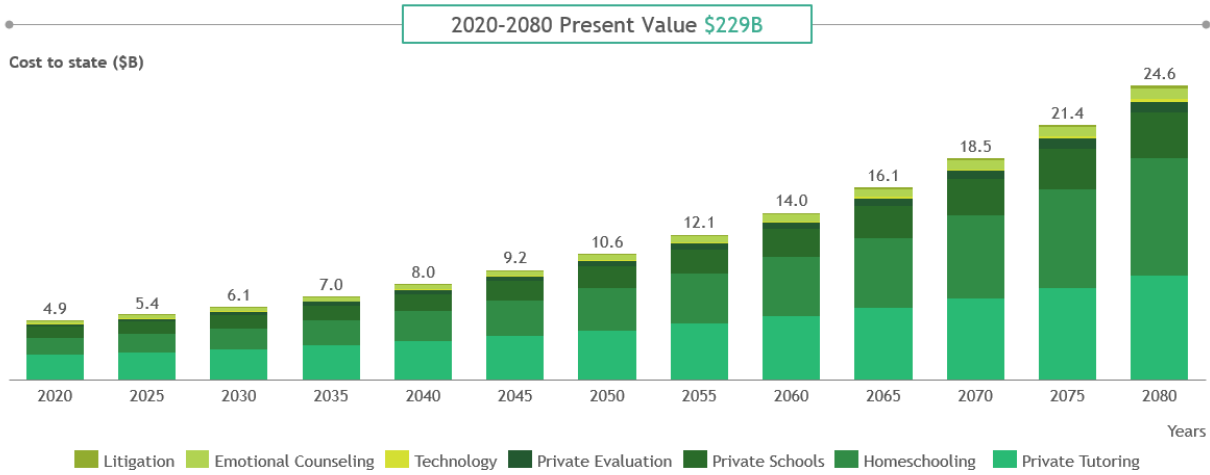
Has/had difficulty	Never	Rarely	Sometimes	Frequently	Always
With spelling					
Learning letter names					
Learning phonics (sounding out words)					
Reads slowly					
Reads below grade level					
Requires help in school because of problems with reading or spelling					

Four Questions Parents Should Ask Their Child’s Teacher:

- 1. Do you use cueing (use of picture clues & guessing new words) to teach my child to read?** *A majority of teachers use guessing or “cueing” strategies. “Good Readers” do NOT use them. If your teachers use these, this should be a red flag*
- 2. How do you teach decoding & phonics?** *Is it taught explicitly & systematically? Teachers may teach decoding or phonics, but it is done randomly. Kids need to learn letters & sounds in small groups in a way that builds easy to hard. Make sure to look closely at HOW phonics is taught.*
- 3. May I please have a copy of my child’s MAP scores?** *Students are tested 3 times a year on reading fluency and places in RTI tiers accordingly. You have a right to see their scores. If the score is low (under 30%) you need to ask WHY.*
- 4. My child has a low MAP score, but she is getting A’s and B’s on her report card. What is the discrepancy?** *Many low readers get good grades, so parents don’t worry. They think “My kid gets A/Bs so she can read, right?” Wrong. Report cards are deceiving. Dig deeper!*

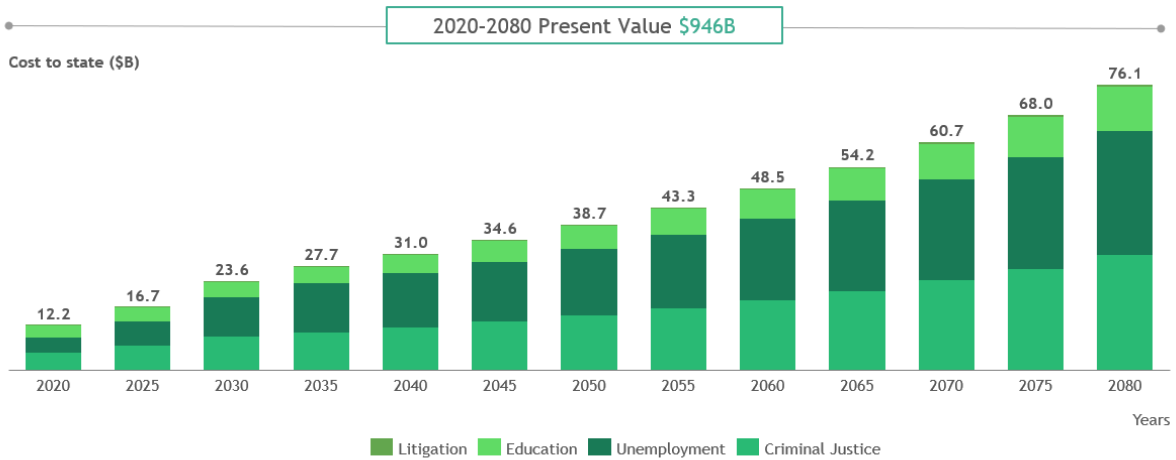
APPENDIX U: THE COST OF DYSLLEXIA TO CALIFORNIA AND TO FAMILIES¹⁰⁰

Figure 2. Financial Cost of Dyslexia to Families



Source: Economic Model. See Appendix A.

Figure 1. Financial Cost of Dyslexia to the State of California



Source: Economic Model. See Appendix A.

APPENDIX V: CITY OF SAN JOSÉ SCHOOL DISTRICT SPECIAL EDUCATION ENROLLMENT 2018

School District Name	Total Special Education Enrollment:	# of SPED	% of <i>all students</i>
Santa Clara County (<i>All SSC School Districts</i>)		30,426	11.2%
Alum Rock Union Elementary (School District)		1,400	12.4%
Berryessa Union Elementary (School District)		760	10.7%
Cambrian (School District)		463	12.9%
East Side Union High (School District)		2,676	9.8%
Evergreen Elementary (School District)		1,134	10.0%
Franklin-McKinley Elementary (School District)		909	8.6%
Luther Burbank (School District)		54	10.4%
Oak Grove Elementary (School District)		1,356	13.2%
Orchard Elementary (School District)		105	12.0%
San Jose Unified (School District)		3,717	11.7%
Union Elementary (School District)		658	11.4%

Source: California Dashboard

APPENDIX W: CALIFORNIA COUNTY ANNUAL COST TO DETAIN A YOUTH¹⁰¹

**2018 Cost Per Juvenile
< 100k
> 400k**

Spending per juvenile housed in halls and camps

The cost of locking up a young person in juvenile hall has spiked in almost every county in California since 2011, according to a recent survey. The numbers have prompted state and local officials to look closely at what to do with the increasingly empty and expensive youth lockups. This map shows the annual, per-youth cost of juvenile halls last fiscal year. Hover over a county to see the comparable figures for fiscal 2011.

County	2018 Cost Per Juvenile	Increase Since 2011
Santa Clara	\$531,440	184.2%
Nevada	\$511,000	199.42%
Alameda	\$490,195	180.65%
Napa	\$429,605	128.79%
San Bernardino	\$377,045	N/A
San Francisco	\$374,125	91.84%
Sacramento	\$362,445	61.69%
Los Angeles	\$358,795	67.3%
Marin	\$354,050	108.6%

APPENDIX X: DISABILITY IMPACTS ALL OF US¹⁰²

Disability Impacts ALL of US

COMMUNITIES HEALTH ACCESS

61 million adults in the United States live with a disability

Click for state-specific information →

26% of adults in the United States have some type of disability (1 in 4)

The percentage of people living with disabilities is highest in the South

Disability and HEALTH

Adults living with disabilities are more likely to

	With Disabilities	Without Disabilities
HAVE OBESITY	38.2%	26.2%
SMOKE	28.2%	13.4%
HAVE HEART DISEASE	11.5%	3.8%
HAVE DIABETES	16.3%	7.2%

Disability and COMMUNITIES

Disability is especially common in these groups:

- 2 in 5 adults age 65 years and older have a disability
- 1 in 4 women have a disability
- 2 in 5 Non-Hispanic American Indians/Alaska Natives have a disability

Disability and Healthcare ACCESS

Healthcare access barriers for working-age adults include

- 1 in 3 adults with disabilities (18-44 years) do not have a usual healthcare provider
- 1 in 3 adults with disabilities (18-44 years) have an unmet healthcare need because of cost in the past year
- 1 in 4 adults with disabilities (45-64 years) did not have a routine check-up in the past year

Percentage of adults with functional disability types

Disability Type	Percentage
MOBILITY (Serious difficulty walking or climbing stairs)	13.7%
COGNITION (Serious difficulty concentrating, remembering, or making decisions)	10.8%
INDEPENDENT LIVING (Difficulty doing errands alone)	6.8%
HEARING (Deafness or serious difficulty hearing)	5.9%
VISION (Blindness or serious difficulty seeing)	4.6%
SELF-CARE (Difficulty dressing or bathing)	3.7%

Making A DIFFERENCE

PUBLIC HEALTH IS FOR ALL OF US

Join CDC and its partners as we work together to improve the health of people living with disabilities

View infographic and references at: www.cdph.gov/disabilities
 Contact us: disabilityandhealthbranch@cdph.gov
 Twitter: @CDC_NCEDDD

END NOTES

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- ³⁵ “At some point, a student who has not gotten the academic help he or she needs is so far behind, so alienated, and has heard themselves described as a ‘bad student’ so repeatedly that misbehavior becomes a self-fulfilling prophesy. One of our parent advocates always points out at parent trainings that the fear that a child will be labeled in special education ignores the fact that many of the kids that face repeated suspensions and sub-par academic performance already have labels at school: ‘bad’, ‘lazy’, ‘defiant’. Their parents are also given similar labels.” (Arlene Mayerson, *DREDF Directing Attorney, Ending the School-to-Prison Pipeline, Hearing Before the United States Senate Judiciary Subcommittee on the Constitution, Civil Rights, and Human Rights, December 10, 2012*)
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Office of Equality Assurance_ Increased Workload Warrants Reevaluation of Resource Needs. In the past, there was an ADA Coordinator whose sole duties were to ensure ADA compliance throughout the City. The ADA Coordinator would work with department ADA liaisons to conduct complaint investigations and train staff on ADA requirements.

⁵⁹ Judith Heumann is a disability rights activist and the author of the memoir "Being Heumann." John Wodatch is a former Department of Justice lawyer and the chief author of the regulations of both the A.D.A. and Section 504 of the Rehabilitation Act of 1973. "[About Us: Essays From the Disability Series of The New York Times](#)," edited by Peter Catapano and Rosemarie Garland-Thomson, published by Liveright.

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