Report to the Legislature

Community Juvenile Accountability Act

Chapter 338, Laws of 1997
RCW 13.40.540

December, 2010
# Table of Contents

- Background .................................................................................................................. 2-3
- Quality Assurance to Maintain Rigorous Program Standards ........................................ 3
- Aggression Replacement Training (ART) ........................................................................ 4
  ART Quality Assurance and program information ............................................................ 4-6
- Functional Family Therapy (FFT) .................................................................................. 7
  FFT Quality Assurance and program information ............................................................. 7-8
- Multi-Systemic Therapy (MST) ..................................................................................... 8
  MST Quality Assurance and program information ............................................................. 8
- Coordination of Services (COS) .................................................................................... 8
  COS Quality Assurance and program information ............................................................ 8
- Victim Offender Mediation (VOM) ................................................................................ 8
  VOM Quality Assurance and program information ........................................................... 9
- Family Integrated Transitions (FIT) ................................................................................ 9
  FIT Quality Assurance and program information ............................................................. 9
- EBP Costs and Participants ......................................................................................... 9-10
- Tribal CJAA Programs ............................................................................................... 11
Community Juvenile Accountability Act (CJAA)

Background

RCW 13.40.540 requires the Juvenile Rehabilitation Administration (JRA) to report annually on implementation of the Community Juvenile Accountability Act (CJAA). Specifically, the statute directs JRA to report on programs funded under the Community Juvenile Accountability Act, the total cost for each funded program, cost per juvenile, and essential elements of each program.

The CJAA was included in Chapter 338, Laws of 1997, as an incentive to local communities to implement interventions proven by behavioral science research to cost-effectively reduce recidivism among juvenile offenders. The Act’s primary purpose is to:

“Provide a continuum of community-based programs that emphasize a juvenile offender’s accountability for his or her actions while assisting him or her in the development of skills necessary to function effectively and positively in the community in a manner consistent with public safety.” (RCW 13.40.500)

Drawing on program evaluations and meta-analysis, the Washington State Institute for Public Policy (WSIPP), in collaboration with the Washington Association of Juvenile Court Administrators (WAJCA) and JRA, identified a range of effective approaches that could cost-effectively reduce juvenile offender recidivism. Four were chosen for implementation in Washington State with the last two being added during an expansion of funding that occurred in 2008 for these programs:

- Washington State Aggression Replacement Training (WSART)
- Functional Family Therapy (FFT)
- Multi-Systemic Therapy (MST)
- Coordination of Services (COS)
- Victim Offender Mediation (VOM)
- Family Integrated Transitions (FIT)

Descriptions of these CJAA programs can be found in the Report and Recommendations of the CJAA Workgroup, November 1997. Juvenile Courts were encouraged to invest in promising practices. WSIPP identified “promising practices” as programs that show promising results, but require further evaluation to determine whether they can considered evidence-based. Examples of promising programs are Mentoring and Dialectical Behavior Therapy. Guidelines to determine promising programs have recently been developed by the CJAA Advisory Committee. An element of these guidelines is program evaluation by WSIPP. When a promising program is evaluated and produces evidence that it reduces recidivism and has a cost benefit to tax payers, the program can be reclassified as an evidence-based program and, thus eligible to be considered as a CJAA program.

At the direction of the Legislature, WSIPP completed a comprehensive evaluation of the original four CJAA programs. Analysis of program and control groups occurred at six, twelve, and eighteen months (preliminary information was released on WSART in June 2002 and on FFT in August 2002). In January 2004, WSIPP released their final report, Outcome Evaluation of Washington State’s Research-Based Programs for Juvenile Offenders. Their data reflected the
CJAA program’s positive impact on felony recidivism. The report also provided data on cost effectiveness as well as competent versus non-competent delivery of each CJAA program. To read the full report, please visit the Institute’s website at www.wsipp.wa.gov.

In the 2005 Legislative Session, the Legislature approved additional funding for Evidence Based Program grants that were titled Re-Investing in Youth (RIY). This program differed from the CJAA program in that it required the grant applicants to provide a local funding match to the State dollars. The program was implemented in three sites, with a total of five juvenile courts participating. This grant program ended at the close of the 2009 State Fiscal Year.

Also in 2005, the Legislature directed WSIPP to report whether evidence-based and cost-beneficial policy options exist in lieu of building two new prisons by 2020 and possibly another prison by 2030. In October 2006, WSIPP published Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates. The report stated that if Washington can successfully implement a moderate to aggressive portfolio of evidence-based options, then a significant level of prison construction can be avoided, saving state and local tax payers about two billion dollars, and slightly lowering net crime rates. CJAA evidence-based program implementation plays a key role in helping to meet these desired outcomes. This report was a key driver for the Legislature approving a significant increase in funding for EBP programs delivered by the county juvenile courts. This new funding was implemented through a grant program during State Fiscal Year 2008 and is known as Evidence Based Expansion.

In 2009, the Legislature directed the Washington State Institute for Public Policy to “conduct an analysis of the costs per participant of evidence based programs by the juvenile courts.” The Institute worked with the Community Juvenile Accountability Act (CJAA) Committee, the Juvenile Court Administrators, the Juvenile Rehabilitation Administration (JRA), and the Administrative Office of the Courts (AOC) to determine the requirements for delivering these programs. The Institute published their report in December 2009 which produced new average costs per participant that are more representative of delivering Evidence Based Programs in juvenile court settings today. To read the full report, please visit the Institute’s website at www.wsipp.wa.gov.

In 2009 and 2010, the Legislature authorized the JRA to provide the juvenile court funding to the 33 county juvenile courts in a “Block Grant” as opposed to a categorical funding mechanism. This new funding process has been in development with the first year of the Block Grant implementation being State Fiscal Year 2011. Ongoing evaluation and program analysis of evidence based programs was identified as being critical for maintaining high program standards and is part of the expected outcomes in the juvenile court Block Grant. Due to the shift in the funding from categorical to the Block Grant, the CJAA report will be transitioned to an annual Block Grant report for SFY 2011. This report to the Legislature will include information on all State-funded EBPs delivered in the juvenile courts as well as Disposition Alternatives. This report will include a variety of outputs and outcomes.

**Quality Assurance to Maintain Rigorous Program Standards**

CJAA is the first ongoing effort in the nation to replicate effective interventions on a statewide basis. To ensure program integrity, to meet evaluation standards, and to continuously identify and resolve program issues, ART, FFT and MST have mandatory quality assurance measures.
Quality assurance measures are in development for the COS program and will be completed by the end of SFY 2011.

WSIPP, in their October 2002 report *The Juvenile Justice System in Washington State: Recommendations To Improve Cost-Effectiveness*, referenced interim outcome results and concluded that CJAA research-based programs work, but only when implemented competently. The report further recommended an improved form of quality control to ensure cost-beneficial reductions in recidivism. Following this recommendation, JRA in consultation with WSIPP and the CJAA Advisory Committee, developed an enhanced quality assurance process, explained in the WSART and FFT sections of this report. Each year, JRA, in conjunction with the CJAA Advisory Committee, continues to look for avenues for quality improvement to support these evidence-based interventions.

In December 2003, WSIPP published *Quality Control Standard: Washington State Research-Based Juvenile Offender Programs*, which details recommendations for quality assurance plans for research-based interventions. The enhanced quality assurance plans for the CJAA projects comply with the standards in the Institute’s report. Additional data have been added to the quality assurance sections of this report to meet the 2003 recommendations.

**Aggression Replacement Training (ART)**

**ART Quality Assurance**

WSART is a cognitive-behavioral intervention delivered three times per week over ten weeks to groups of six to twelve juveniles. To effectively implement WSART in Washington State (WSART), motivators were developed to encourage at-risk youth to attend all sessions. While there is research on the effectiveness of WSART, there was no blueprint for statewide implementation. In Washington State, WSART has now been implemented statewide.

As of May 31, 2010, 1,254 court, JRA, and contracted staff from 30 juvenile court jurisdictions and six JRA facilities have completed WSART training. Christopher Hayes, a contracted in-state WSART expert, and a statewide Quality Assurance (QA) group with representatives from each county advise on the curriculum, training, and implementation of WSART. The WSART QA process was redefined in March 2003 and again in 2006 to enhance the level of review and feedback available to local trainers across the state. This process for additional QA feedback was in effect for the current reporting period and is making a difference in quality delivery of WSART across the state.

A primary component of this QA enhancement is addition of consultants who work each month with trainers from each program providing technical assistance and consultation related to model adherence. Three site consultants consult by phone with teams of trainers who deliver the intervention across multiple court jurisdictions in relatively close geographic locations. Additionally, the consultants review videos of active trainers delivering the intervention. Each active trainer is required to be video recorded annually, delivering each of the three program components. As with FFT quality assurance, this enhancement is primarily motivated by WSIPP’s findings that program fidelity and model adherence are critical nature to achievement of outcomes. These findings were further supported in the final outcome evaluation.

Under this plan, a full-time statewide Quality Assurance Specialist oversees the program. The WSART program attained the following significant results for the SFY 2010:
94 new staff were trained.

70 “Main Trainers” delivered the intervention.
- 95 percent of the eligible practicing trainers received an annual review.
- Trainers achieved a statewide average rating of Competent (delivers the intervention well).
- Of the 70 trainers that delivered the intervention, none were rated as Not Competent, seven percent of the trainers were rated as Borderline Competent, 71 percent (50) were rated Competent, and 24 percent (17) were rated as Highly Competent. Three trainers were not rated because they did not submit recordings in time. The Borderline Competent trainers were placed on improvement plans which they successfully completed as they achieved a rating of competent.
- No trainers are currently on corrective action plans, formal or informal.

Additional significant accomplishments for this program are:
- Quarterly WSART Quality Assurance meetings were held.
- Monthly consultation telephone calls are held.
- Work with the Center for Court Research of the Administrative Office of the Courts to evaluate ongoing effectiveness of quality assurance efforts.
- Implementation of Parent WSART in Clark County. This is a parent component that is delivered to parents who have children in an active WSART program.
- Several counties developed collaborative relationships for WSART at the Boys and Girls Clubs and schools.
- The state WSART Quality Assurance Specialist maintained international contact with The Netherlands as they continue implementing Washington State’s ART model nationally.
- Contact was maintained with ART Trainers in Australia to help with their Quality Assurance implementation.
- Development and production of WSART posters by the Juvenile Vocational Industries for use by the court WSART programs.
- Development of an expanded WSART training curriculum, Trainers Manual and Lesson Plan Manual for Washington State, giving the state the capacity to train its own new WSART facilitators.
- Certification of 12 WSART Master Facilitators enhanced Washington’s ability to sustain the intervention. During this year, one new Washington State ART Master Trainer was certified.

- Increased collaboration of juvenile courts with local schools to provide WSART classes to probation youth at school sites. This partnership reduces the need for transportation to WSART classes.

- Adoption of an enhanced Quality Assurance Plan by the Washington Association of Juvenile Court Administrators (WAJCA). This is intended to improve model adherence and competent program delivery, ultimately improving program outcomes.

- Adoption of Washington State Program Standards by the WAJCA. This will insure that Washington State ART is delivered consistently across jurisdictions.

- Implementation and development of teams and contracted site consultants to further improve model fidelity.

- Development of WSART program capacity across 29 juvenile courts.

- An enhanced self-assessment process used by WSART trainers.

- Refinement of an environmental assessment used by the Statewide Quality Assurance Specialist in program reviews to assess court cultures regarding support of WSART.

- Continued use of Evidence-Based Expansion program monies to serve difficult to serve youth with WSART.

Traits of counties that retain youth in WSART include:

- WSART facilitators are enthusiastic and able to motivate youth.

- Court administrators, judges, prosecutors, and public defenders are actively interested in and participate in WSART programs.

- Parents participate in WSART classes.

- Strong incentive programs reward youth for positive participation in WSART.

- Strong formal and informal communication between WSART facilitators and probation officers regarding WSART youth.

- For counties who use probation officers as WSART facilitators, a reduction in work activities commensurate with the time it takes to effectively facilitate WSART groups, or overtime pay for working beyond a 40-hour week to facilitate WSART groups.

- Knowledgeable Probation staff that support the program through youth accountability and reinforcement of participation.
Functional Family Therapy (FFT)

FFT Quality Assurance

FFT, a family-based service, is provided for an average of 16 weeks. The program emphasizes engaging and motivating families to achieve specific, obtainable changes related to repeat criminal behavior. The model was developed by and is proprietary to FFT, a limited liability corporation.

The quality assurance process was enhanced in October 2003. The goal of the enhancements was improved model fidelity and during the first three years of implementation, adherence was increased as measured by increased completion rates. The quality assurance plan, developed by JRA in coordination with WSIPP, FFT LLC, and WAJCA, has been in place since October 2003. Under this plan, a full-time statewide Quality Assurance Administrator oversees the program.

WSIPP completed research on FFT in January 2004. This research examined FFT as provided in Washington to determine if it was cost effective and reduced repeat criminal behavior. The report indicated that when FFT was provided with fidelity, recidivism was reduced by 38 percent. The full report can be found at their website: www.wsipp.wa.gov. These results add emphasis to recent efforts to provide greater quality control for the FFT program.

Twenty-four juvenile courts across Washington State provide FFT as a CJAA program. The sites are demographically diverse and located in cities, remote/rural areas, and regions centered on medium-sized communities. FFT therapists are either juvenile court service employees or contracted service providers and are divided into seven “working units” consisting of three to eight therapists each. Working units are geographically proximate and attempt, where possible, to organize therapists into groups with similar client needs. This structure allows for a support system for therapists even if they are the only provider in the area delivering FFT.

To meet continuing needs of this large scale, multi-site implementation, JRA provides statewide oversight of training and program fidelity for FFT. FFT therapists receive on-going clinical consultation, mutual support and accountability from trained FFT consultants in Washington State. The Washington model has become the consultation model nationwide and is being used by FFT providers in the Netherlands.

 FFT therapists receive on-going training on practical application of this complicated intervention. Through bi-weekly clinical consultations and training sessions, Washington FFT clinical consultants and contracted experts assess Washington State therapists for clinical competence and adherence to the model. Assessments provide therapists ongoing feedback that will ultimately improve services.

The following significant results were attained for the SFY 2010:

- 38 therapists delivered the intervention.
- Five new therapists were trained.
- 100 percent of the practicing therapists received an annual review.
- All FFT therapists achieved a statewide average rating of Competent (delivers the intervention well).

- Thirty-six therapists received a rating and two had not been practicing long enough to receive a review. Of the 36 therapists rated, none were “Not Well” (Not Model Adherent), 24 percent (9) were rated as “Fairly Well” (Not Model Adherent), 32 percent (12) were rated as “Well” (Model Adherent), and 40 percent (15) were rated as “Very Well” (Highly Adherent) 4.

- Six therapists have been under a corrective action plan (Improvement Plan) for achieving a “Fairly Well” rating, while three other therapists that achieved a rating of “Fairly Well” were in the first year of their training.

- Four therapists completed the requirements for the plan. Two are in progress.

*Therapists are not required to achieve a rating of “Well” until they have completed the first year of training and practice of FFT.

### Multi-Systemic Therapy (MST)

**MST Quality Assurance**

MST is a family intervention, conducted for an average of four months. MST targets specific youth and environmental factors that contribute to anti-social behavior. MST is typically provided in the home. Therapists, who have very small caseloads (4-6), are available 24 hours a day, seven days a week. CJAA is currently funding one site in King County.

Close oversight of MST implementation is being conducted by MST Services of South Carolina. Initial and ongoing training, site visits, and clinical consultation are provided by MST Services and partially subcontracted to the University of Washington. Ongoing training and consultation from MST services continues through CJAA funds.

MST teams are organized around a doctoral level practitioner who has on-site clinical oversight of a group of Masters level therapists. Therapists receive weekly clinical consultation from the University of Washington and MST Services.

### Coordination of Services (COS)

**COS Quality Assurance**

Seven counties delivered the COS program in FY 2010. Youth who participate are assessed as low risk on the juvenile court risk assessment tool. The program provides informational sessions to youth and their parents to identify possible services and resources in the community the family can utilize, to the end that services that may help improve the youth's behavior so further offending behavior does not occur.

A more robust quality assurance plan has been approved, consistent with EBP QA expectations in Washington State, and will be implemented in FY 2011. The major change to the QA for this program will be the addition of a Quality Assurance Specialists who will focus on creation of the manual for the program, development of adherence measures, assessing individual program adherence and providing feedback to the courts on the delivery of COS. This new QA structure will be fully implemented by the end of SFY 2011.
Victim Offender Mediation (VOM)

**VOM Quality Assurance**
Victim Offender Mediation (VOM) was delivered in eight different juvenile courts during FY 2010. The program is built upon the concept where both parties, the offender and the victim, agree to a face-to-face meeting with a trained, neutral, mediator. The purpose of VOM is to discuss the effects of the crime, and to determine what can be done to make amends to the victim and the community. VOM has retributive, rehabilitative, and preventative qualities, and emphasizes accountability of the offender. The model components that are necessary for this program to develop quality assurance are currently under review in order to make a determination if this program will remain on the list of EBPs.

Family Integrated Transitions (FIT):

**FIT Quality Assurance**
The FIT program was delivered only in the King County Juvenile Court during this report period. FIT integrates the strengths of several existing empirically-supported interventions—Multi-Systemic Therapy, Motivational Enhancement Therapy, Relapse Prevention, and Dialectical Behavior Therapy. The program is designed for juvenile offenders with the co-occurring disorders of mental illness and chemical dependency. Youth receive intensive family and community-based treatment targeted at the multiple determinants of serious antisocial behavior.

FIT teams are organized around a doctoral level practitioner who has on-site clinical oversight of a group of Masters level therapists. Therapists receive weekly clinical consultation from the University of Washington. The JRA currently contracts with the University of Washington to provide the quality assurance component for this program.

EBP Program Costs and Participants

Since SFY 2006, the State has provided EBP funding via various grant programs which include the CJAA, RIY, and EBE. Historically, this report has provided information regarding the CJAA-funded EBP programs, which comprise only part of the EBP funding for county juvenile courts. To provide a more comprehensive picture of total EBP delivery across all funding sources, we have expanded this section of the report to include all State funded EBP dollars. This report expansion is largely driven by the need for this report to become the report for the Juvenile Court Block Grant which will include information on all EBPs as well as Disposition Alternatives.

The following tables provide expenditure data for all State funded EBPs as well as the participants served in each program. This information includes program level funding, program level participants, and total funding and participants for each State Fiscal Year (SFY). There is a general pattern of increased program capacity and service delivery linked to progressively increased funding for EBPs. The exception is SFY 2010, during which budget reductions occurred in these program. The tables vary somewhat to reflect the different EBP funding initiatives added or eliminated as described in the background section.
### SFY2006

<table>
<thead>
<tr>
<th>Programs</th>
<th>CJAA</th>
<th>RY</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Expenditure</td>
<td>Served</td>
<td>Expenditure</td>
</tr>
<tr>
<td>ART</td>
<td>$1,171,844</td>
<td>1,425</td>
<td>$17,583</td>
</tr>
<tr>
<td>COS</td>
<td>$43,355</td>
<td>231</td>
<td>0</td>
</tr>
<tr>
<td>FFT</td>
<td>$1,404,238</td>
<td>659</td>
<td>$131,064</td>
</tr>
<tr>
<td>FIT</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MST</td>
<td>$268,625</td>
<td>69</td>
<td>$137,633</td>
</tr>
<tr>
<td>COM</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>$2,888,062</td>
<td>2,384</td>
<td>$286,281</td>
</tr>
</tbody>
</table>

### SFY2007

<table>
<thead>
<tr>
<th>Programs</th>
<th>CJAA</th>
<th>RY</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Expenditure</td>
<td>Served</td>
<td>Expenditure</td>
</tr>
<tr>
<td>ART</td>
<td>$1,254,715</td>
<td>1,459</td>
<td>$71,049</td>
</tr>
<tr>
<td>COS</td>
<td>$21,853</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>FFT</td>
<td>$1,527,777</td>
<td>632</td>
<td>$228,146</td>
</tr>
<tr>
<td>FIT</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MST</td>
<td>$279,901</td>
<td>36</td>
<td>$234,788</td>
</tr>
<tr>
<td>COM</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>$3,084,246</td>
<td>2,227</td>
<td>$533,983</td>
</tr>
</tbody>
</table>

### FY2008

<table>
<thead>
<tr>
<th>Programs</th>
<th>CJAA</th>
<th>RY</th>
<th>EBE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Expenditure</td>
<td>Served</td>
<td>Expenditure</td>
<td>Served</td>
</tr>
<tr>
<td>ART</td>
<td>$1,180,363</td>
<td>1,401</td>
<td>$39,042</td>
<td>66</td>
</tr>
<tr>
<td>COS</td>
<td>$31,222</td>
<td>103</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>FFT</td>
<td>$1,415,078</td>
<td>520</td>
<td>$133,631</td>
<td>113</td>
</tr>
<tr>
<td>FIT</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MST</td>
<td>$260,396</td>
<td>38</td>
<td>$161,398</td>
<td>56</td>
</tr>
<tr>
<td>VOM</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>$2,887,059</td>
<td>2,062</td>
<td>$334,070</td>
<td>235</td>
</tr>
</tbody>
</table>

### FY2009

<table>
<thead>
<tr>
<th>Programs</th>
<th>CJAA</th>
<th>RY</th>
<th>EBE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Expenditure</td>
<td>Served</td>
<td>Expenditure</td>
<td>Served</td>
</tr>
<tr>
<td>ART</td>
<td>$1,158,479</td>
<td>1,307</td>
<td>$59,168</td>
<td>59</td>
</tr>
<tr>
<td>COS</td>
<td>$32,350</td>
<td>89</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>FFT</td>
<td>$1,156,806</td>
<td>521</td>
<td>$203,171</td>
<td>115</td>
</tr>
<tr>
<td>FIT</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MST</td>
<td>$355,129</td>
<td>57</td>
<td>$212,508</td>
<td>48</td>
</tr>
</tbody>
</table>
In September 1999, JRA initiated discussions with the Department of Social and Health Services’ Indian Policy Advisory Committee to implement elements of effective juvenile justice programs for court-involved tribal youth through CJAA grant opportunities.

Since then, JRA has provided CJAA grant opportunities to federally recognized tribes and Recognized American Indian Organizations to implement programs with research-based components. Twenty-nine tribes and four Recognized American Indian Organizations are eligible for funds. For July 1, 2009, through May 31, 2010, 21 tribes and three Recognized American Indian Organizations applied for and received $9,233 each to implement one of five researched-based interventions with court-involved tribal youth. It is estimated that over 800 Native American youth involved with tribal or county juvenile court programs are served in these projects.
Appendix
Juvenile Rehabilitation Administration
List of Acronyms and Terms


- ARY: At-Risk Youth. A petition that may be filed to obtain assistance and support from the juvenile court in maintaining the care, custody, and control of the child and to assist in the resolution of family conflict.

- BTC: Basic Training Camp (Camp Outlook). The Juvenile Offender Basic Training Camp administered by the Juvenile Rehabilitation Administration and located near Connell.

- CA: Children’s Administration. An administration within the Department of Social and Health Services.

- CBT: Cognitive Behavior Therapy. A wide ranging treatment approach using behavioral and cognitive change strategies that in evaluations has been effective in reducing recidivism.

- CCDA: Community Commitment Disposition Alternative. A sentencing alternative offered through the juvenile courts.

- CDDA: Chemical Dependency Disposition Alternative. A program giving youth with chemical and substance abuse issues a disposition alternative in the community offered through the juvenile courts.

- CF: Community Facility. JRA’s minimum security facilities which are state operated or privately run through a contract with JRA.

- CHINS: Child In Need of Services. A petition that may be filed to obtain a court order mandating placement of the child in a residence other than the home of his/her parent because a serious conflict exists between the parent and child that cannot be resolved by delivery of services to the family during continued placement of the child in the parental home.

- CJAA: Community Juvenile Accountability Act. State-funded program that supports evidence-based treatment for youth on probation in the juvenile courts.


- CJS: Consolidated Juvenile Services at risk. A program that provides funds to local juvenile courts for the purpose of serving youth on probation.

- CRA: Community Risk Assessment. A tool used by JRA to determine eligibility for a youth’s placement in the boot camp or a community facility.
- **DBHR**: Division of Behavioral Health Rehabilitation. A division within the DSHS Health and Rehabilitative Services Administration.

- **DBT**: Dialectical Behavior Therapy. An empirically supported type of CBT that reduces maladaptive behaviors and recidivism with juvenile offenders.

- **Detention Facility**: A secure facility operated by juvenile courts to house youth for fewer than 30 days.

- **Diversion**: An alternative to formal court processing available to some youth who have committed certain offenses for the first or second time.

- **DOSA**: Drug Offender Sentencing Alternative. The adult drug offender sentencing alternative similar to the juvenile CDDA program.

- **DSHS**: Department of Social and Health Services.

- **EBP**: Evidence-Based Program. A program that has been rigorously evaluated and has shown effectiveness at addressing particular outcomes such as reduced crime, child abuse and neglect, or substance abuse. These programs often have a cost benefit to taxpayers.

- **EGCC**: Echo Glen Children’s Center. A Juvenile Rehabilitation Administration residential facility located in Snoqualmie most females with mental health and other medical needs and younger males.

- **FFP**: Functional Family Parole. A parole model, delivered by parole counselors, which is based on the Functional Family Therapy approach, an evidence-based model for reducing juvenile recidivism.

- **FFT**: Functional Family Therapy. An evidence-based family treatment model that reduces recidivism by juvenile offenders.

- **FIT**: Family Integration Transitions program. A version of Multi-Systemic Therapy that is an evidence-based family intervention model used by JRA to treat youth with co-occurring disorders.

- **GHS**: Green Hill School. A Juvenile Rehabilitation Administration residential facility located in Chehalis serving older males.

- **IAP**: Intensive Aftercare Program. A nationally recognized evidence-based model of transition and reentry for high-risk juvenile offenders.

- **IP**: Intensive Parole. The JRA model of IAP.

- **ISCA**: Initial Security Classification Assessment. The JRA’s validated risk tool for determining in which facility to place a youth committed to state care.

- **ITM**: Integrated Treatment Model. JRA’s rehabilitation model using CBT/DBT interventions for residential youth followed by FFP for community youth.
- **JRA:** Juvenile Rehabilitation Administration. The Department of Social and Health Services administration responsible for the rehabilitation of court-committed juvenile offenders.

- **JVIP:** Juvenile Vocational Industries Program. A program that provides JRA youth opportunities for vocational training and jobs within a JRA facility.

- **MHDA:** Mental Health Disposition Alternative. A disposition alternative offered through the juvenile courts.

- **MHSD:** Mental Health Systems Design. A JRA committee that reviewed the mental health needs of youth in JRA.

- **MHTP:** Mental Health Target Population. A subset of JRA’s population composed of youth that meet at least one of three criteria:
  
  1. A current DSM-IV Axis I diagnosis, excluding those youth who have a sole diagnosis of Conduct Disorder, Oppositional Defiant Disorder, Pedophilia, Paraphilia, or Chemical Dependency; 
     OR
  2. Is currently prescribed psychotropic medication; 
     OR
  3. Has demonstrated suicidal behavior within the last six months.

- **MI:** Manifest Injustice: A term that refers to a decision to sentence a youth to a term of confinement outside the standard range set by statute.

- **MLS:** Maple Lane School. A JRA residential facility located near Centralia serving older males.

- **MST:** Multi-Systemic Therapy. An evidence-based family treatment model that reduces juvenile offender recidivism.

- **NCCHC:** National Council on Correctional Health Care. The organization that sets the national standards for health care followed by JRA.

- **NYC:** Naselle Youth Camp. A JRA residential facility located near Naselle serving medium security male and female youth.

- **Revocation:** A short term of confinement imposed by JRA on youth under parole supervision for violations of their parole condition(s). Each term of revocation may be no longer than 30 days.

- **RTCP:** Residential Treatment and Care Program. A JRA program for minimum security youth that is based on the “Blueprint Program” Multi-Dimensional Treatment Foster Care.

- **SAVY:** Sexually Aggressive/Vulnerable Youth screen. A screening tool used by JRA to identify youth with a history of sexual aggression or sexual vulnerability. The screening tool is used to determine youth suitability for shared sleeping facilities.
- **SAY**: Sexually Aggressive Youth.

- **SDA**: Suspended Disposition Alternative. A disposition alternative offered through the juvenile courts.

- **SSODA**: Special Sex Offender Disposition Alternative. A disposition alternative offered through the juvenile courts for juvenile sex offenders.

- **SSOSA**: Special Sex Offender Sentencing Alternative. A disposition alternative for adult sex offenders.

- **WAJCA**: Washington Association of Juvenile Court Administrators.

- **WSART**: Washington State Aggression Replacement Training. A Cognitive Behavior Therapy program using skill building that has been rigorously evaluated and reduces recidivism with juvenile offenders.

- **WSIPP**: Washington State Institute for Public Policy.

- **YOP**: Youthful Offender Program. A program to serve individuals under 18 who were prosecuted as adults. These individuals are may be housed in JRA facilities.