



Report to the Legislature

**Intensive Parole Model for
High-Risk Juvenile Offenders**

**Chapter 338, Laws of 1997, Section 34
RCW 13.40.212(2)**

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EXECUTIVE SUMMARY

The 1997 Washington State Legislature recognized that traditional parole services for high-risk juvenile offenders were insufficient to provide adequate rehabilitation and public safety. As a result, they mandated (Chapter 338, Laws of 1997, Section 34) the implementation of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Intensive Aftercare Program (IAP) model with the top 25 percent highest risk to re-offend youth in the Juvenile Rehabilitation Administration (JRA). The legislation requires JRA to report annually to the Legislature on process and outcome findings.

The key elements of the JRA Intensive Parole supervision model are:

- Information management and program evaluation;
- Assessment and selection criteria;
- Individual case planning;
- A mixture of intensive surveillance and services;
- A balance of incentives and graduated consequences;
- Service brokerage with community resources and linkage with social networks; and
- Transition services.

The key changes in the program as the model has developed over time are:

- Phase 1 (10/98 – 10/99): Community Supervision/Traditional Community Linkages
- Phase 2 (10/99 – 10/00): Residential/Transitional/Community Supervision/Traditional Community Linkages
- Phase 3 (10/00 – 1/03): Evidence-Based Services
- Phase 4 (1/03 – Present): Functional Family Parole (FFP) services

In December 2002, the Washington State Institute for Public Policy (WSIPP) published a report that found the first two Intensive Parole (IP) cohorts did not have significantly different recidivism from the comparison group. They did find that the Basic Training Camp (BTC) second and third year cohorts had significantly lower recidivism. Based on the initial finding of IP in whole, funds for IP were significantly reduced leading to increased caseload size and reduced ability to perform community safety type activities, e.g., field surveillance, high levels of parole counselor contact, community justice work crews, day reporting programs, and electronic home monitoring.

This policy change was driven by evaluation outcomes for a cohort of intensive parole youth subject to an intervention strategy that was incompletely implemented when evaluated. Evaluation outcomes with BTC youth receiving IAP-based services, related particularly to recidivism, now show significant reductions in violent felony recidivism, again demonstrating that the IAP model, when correctly implemented, is effective. Clearly, evaluation of the later

intensive parole cohorts that received more of the model (intensive supervision combined with evidence-based services) needs to occur.

In addition to program cutbacks, the most significant change to the practice of Intensive Parole was the second year of implementation of Functional Family Parole (FFP) and the further refinement of the IAP model through the federal Serious and Violent Offender Reentry Initiative (SVORI) also known as “Going Home.”

INTRODUCTION

Background

During the 1997 legislative session (Chapter 338, Laws of 1997, Section 34), the Legislature directed the Department of Social and Health Services' Juvenile Rehabilitation Administration (JRA) to develop an intensive parole supervision program based upon promising principles for positively impacting recidivism rates for juvenile offenders. The Legislature required this program target the 25 percent highest risk offenders. The relevant RCW citations for the Intensive Parole Program are:

- RCW 13.40.210, Parole Program
- RCW 13.40.212, Intensive Supervision

The JRA Intensive Parole Program is based on the Intensive Aftercare Program (IAP) model of the Office of Juvenile Justice and Delinquency Prevention (OJJDP)¹ with Washington as the first state to implement this model across an entire system of state juvenile corrections. The key program elements of the IAP as specified in the intensive parole legislation are:

- Information management and program evaluation;
- Assessment and selection criteria;
- Individual case planning;
- A mixture of intensive surveillance and services;
- A balance of incentives and graduated consequences;
- Service brokerage with community resources and linkage with social networks; and
- Transition services.

Program Chronology

■ Phase 1 (10/98 – 10/99): Community Supervision/Traditional Community Linkages

- Youth released to intensive community supervision and traditional community program linkages.
- Residential experience was not significantly different.
- Day Reporting Programs/Work Crew Programs were available.
- Primary focus of Phase 1: Implementing the intensive community supervision components.

■ Phase 2 (10/99-10/00): Residential/Transitional/Community Supervision/Traditional Community Linkages

- Intensive Parole Transition Counselors (one per major institution) began liaison work and pre-release training with intensive parole residential youth.

¹ David Altschuler and Troy Armstrong, *Intensive Aftercare for High-Risk Juveniles: A Community Care Model*, Office of Juvenile Justice and Delinquency Prevention, September 1994.

- Access to transitional/step-down community placements still difficult for high-risk youth.
- Process quality improvements for improved transition communication developed and implemented.
- Continued community emphasis on intensive supervision blended with traditional community programs.

■ Phase 3 (10/00 – 1/03): Evidence-Based Services

- Aggression Replacement Training (ART) implemented in residential programs and regions.
- Functional Family Therapy (FFT) implemented in regions.
- Multi-Systemic Therapy/Family Integrative Therapy (FIT) program implemented in regions.
- Intensive Parole Standards were modified to provide more flexible contact requirements based on individual client needs and to include desired outcomes for each standard.
- The Initial Security Classification Assessment (ISCA) cut-off eligibility score was raised to manage the proportion of JRA youth eligible for IP.

■ Phase 4 (1/03 – Present): Functional Family Parole Services (FFPS)

- Intensive Parole Standards significantly revised to incorporate the evidence-based FFPS model.
- All regional parole staff trained on FFPS.
- Refinement and revision of FFPS standards.

For a more detailed timeline of the changes in JRA parole budget and policy, please see Appendix A.

Program Evaluation

The Washington State Institute for Public Policy (WSIPP) published an outcome report on the JRA intensive parole supervision program in December 2002². They studied recidivism outcomes (18-month follow up) for the first two partial-model cohorts (from Phase 1 of implementation as described above) and found no significant differences for the partial-model cohorts and the comparison group. In effect, WSIPP evaluated cohorts that had not received a completely implemented IP intervention.

On the basis of this study, WSIPP recommended shifting funds from IP and increasing caseload size from 12:1 to 20:1. The implication was that future unstudied cohorts with full-model implementation would fail to achieve reduced recidivism.

The Legislature reduced funding for IP based on the WSIPP study of the partial-model cohorts. This has impacted JRA's ability to meet the statutory requirements of intensive parole,³ particularly with reference to "intensive surveillance" as is discussed in more detail later in this report.

² Robert Barnoski, *Evaluating How Juvenile Rehabilitation Administration's Intensive Parole Program Affects Recidivism* (Olympia, WA: Washington State Institute for Public Policy, December 2002).

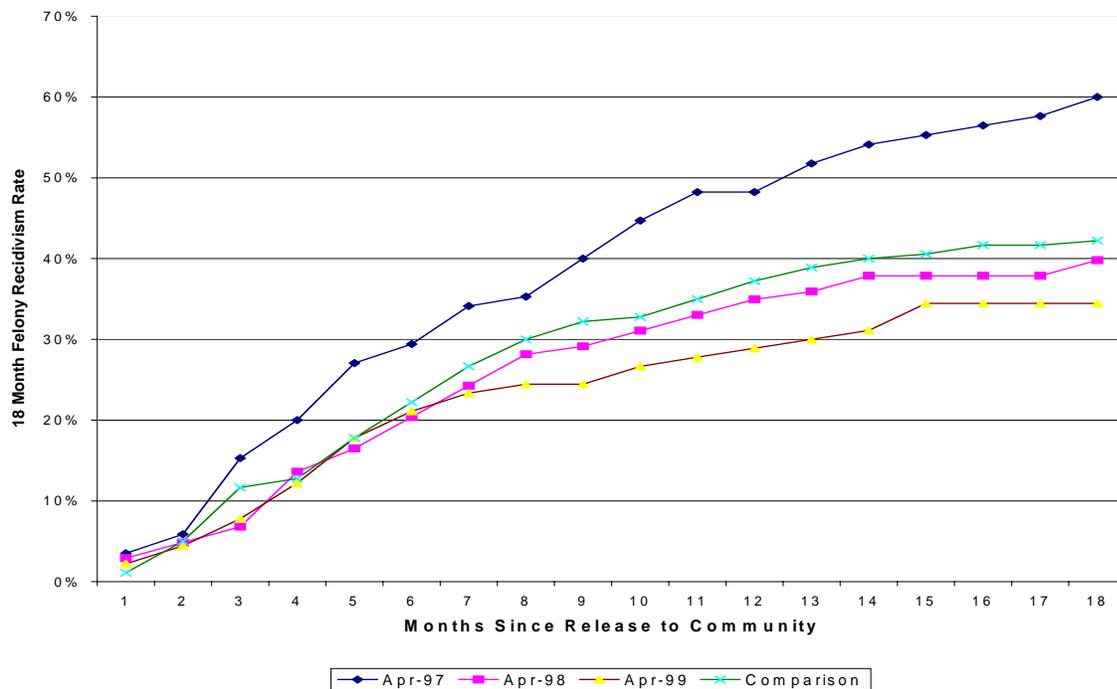
³ RCW 13.40.210, Parole Program; RCW 13.40.212, Intensive Supervision.

The WSIPP does note that “we discovered that Basic Training Camp graduates had significantly lower recidivism rates than youth who did not participate in Basic Training Camp.”⁴ Figure 1, below, demonstrates that each year of IP implementation with BTC cohorts saw greater reductions in recidivism.

This critical finding goes to the heart of the issue of full vs. partial implementation of the IAP model. The BTC has consistently demonstrated the most complete adherence to the IAP model of all JRA programs.

The BTC began a version of IAP (precursor to statewide IP) over a year before JRA implemented its statewide intensive parole supervision program. The first cohort of the BTC youth (see Figure 1 below) did not show positive reductions, but by the second and third cohorts significant reductions in recidivism are apparent. In fact, each year of implementation predicts greater reductions in recidivism. The BTC is a small program that engaged in the critical needs for reintegrative and transitional programming from the beginning. It was possible to rapidly implement the model in a more circumscribed setting than it was across the larger JRA programs. Additionally, all other BTC program elements were constant across these cohorts making it more likely to attribute the changes to implementation of IP.

Figure 1. Recidivism Outcomes for Basic Training Camp Cohorts



⁴ Robert Barnoski, *Evaluating How Juvenile Rehabilitation Administration’s Intensive Parole Program Affects Recidivism* (Olympia, WA: Washington State Institute for Public Policy, December 2002).

Serious and Violent Offender Reentry Initiative (SVORI):

In support of IP efforts, JRA participated in the three-year federally funded SVORI grant program that focuses on building community infrastructure so that local programs can be both sustainable beyond the time of the grant and replicable across the state. It is an effort that complements, and is coordinated with, existing services offered through JRA's parole efforts in the affected counties.

The SVORI or "Going Home" reentry grant is a federal initiative to improve transition/reentry services for youthful offenders (14 to 35 years of age). JRA youth eligible for Going Home are intensive parole eligible youth in the following counties: Spokane, King, and Pierce. So far, 137 JRA youth have been enrolled in the project. The Going Home program is organized around three key phases:

- 1. Phase One: Preparing the Offender (Institutional Programming)**
 - JRA Integrated Treatment Model
 - Mentor linkages
 - Videoconferences with multi-disciplinary teams

- 2. Phase Two: Preparing the Community/Supporting the Offender & Family**
 - Safe and Supportive Neighborhoods (Neighborhood Readiness Teams)
 - Community Advisors
 - Education Advocate
 - Information/Training
 - Mentor linkages

- 3. Phase Three: Off Supervision**
 - Community Advisor support
 - Neighborhood Readiness Teams
 - Generalization of skills
 - Mentor linkages

The Going Home project refines key programmatic principles of IAP by structuring a more assertive and seamless system of transition and most uniquely, by developing true community readiness interventions, especially through the use of Neighborhood Readiness Teams (NRTs) that incorporate community volunteers/advocates to link with youth and families and provide positive pro-social modeling and community bonding.

INSTITUTIONAL PROGRAMMING

Implementing a comprehensive residential-based program for intensive parole youth in confinement continues to be a major area of focus. Since intensive parole is a program directed across the JRA system, it has not been feasible to concentrate eligible youth at one institution or even in specific units within facilities as recommended by the IAP model.

The JRA Integrated Treatment Model (ITM) continues in residential programs. A Cognitive Behavior Therapy (CBT) treatment model employing key elements of evidence-based interventions, e.g., Dialectical Behavior Therapy (DBT), Aggression Replacement Training (ART), and behavior chain analysis integrates what is considered to be the most effective individual skill/treatment-based interventions.

The Co-Occurring Disorder Program continues targeting mentally ill and substance abusing youth including a high proportion of intensive parole eligible youth and uses an MST like approach of intensive family therapy. It is called Family Integrative Therapy (FIT) and includes, as a major intervention component, a process of introducing community-based family treatment services while the youth is still confined. MST is one of the most effective interventions at reducing recidivism with juvenile offenders.

The Washington State Institute for Public Policy recently released the results of its evaluation of the FIT program. Their evaluation found the FIT program significantly reduces recidivism for participants compared to a matched group. The program includes backing in treatment providers to the residential facilities and continuing with them post release. This is a key component of the IAP model. Additionally, combining intensive supervision with intensive services is a required component of IAP. The FIT program demonstrates that using intensive parole in a manner that is highly adherent to the OJJDP IAP model has significant effects on reducing recidivism and supports the effectiveness of intensive parole when implemented correctly.

TRANSITIONAL PROGRAMMING

Fidelity to the IAP model requires that transitional planning and practice begins at admission, intensifies shortly before release, and continues for a period after release. Transitional programming should be configured as the most intensive element of the residential/community intensive parole experience.

Due to program budget reductions, JRA was forced to eliminate the three Intensive Parole Transition Counselors. These staff worked as transitional specialists performing a wide variety of key transition tasks. They were liaisons between institutional and community staff, facilitators/coordinators of Multi-Disciplinary Team transition meetings, developed and taught pre-release parole readiness classes to youth, and coordinated ART groups and programs in institutions. Without these positions, JRA cannot maintain the same level of quality transition planning and programming for high-risk youth.

COMMUNITY PROGRAMMING

During the past year, JRA has continued to refine its restructured model of parole aftercare through continued expansion of evidence-based services to youth with a particular programmatic emphasis on effectively engaging families in positive transition of youth back into their communities. This approach is referred to as Functional Family Parole (FFP). FFP is based on Functional Family Therapy, an OJJDP blueprints program. The FFP model represents a

fundamental shift in how aftercare parole services are delivered in Washington State—from an essentially offender focused approach to one where the focus is on the family in which the success level of a youth’s transition and reentry will be shaped.

FFP is delivered within the context of the balanced model of parole, focusing on community protection, accountability, and treatment. Ultimately, recidivism is reduced through the combination of evidence-based treatment services and parole supervision.

The FFP model of parole integrates well with IAP. IAP is a model that requires the family to be the unit of intervention. FFP training has provided aftercare case managers with the skills to facilitate this.

Below are the phase descriptions for IP since the incorporation of FFP, with recent revised standards to better reflect the need to focus on outcome-based procedures for high levels of adherence to the FFP model:

Engagement and Motivation Phase

During the Engagement and Motivation phase, the community counselor meets with the family regularly to assist the family and youth in meeting the key indicators of family readiness to move to the Support and Monitor Phase:

- The family participates in meetings
- A balanced alliance is developed
- There is a decrease in hopelessness and blaming
- The community counselor has established trust and credibility
- The community counselor understands the relational functions
- The community counselor is confident in reframes and themes
- The problems are defined relationally
- Each family member sees a role in solving the problem
- The family is willing to talk and listen
- The family completes small homework assignments as needed

1. Minimum Program Standards:

- a) Participation in the Family Service Plan. Youth without families have an individual service plan.
- b) Participation in programming intended to facilitate reintegration and rehabilitation, e.g., school, work, mentoring, treatment, community service, day reporting, and curfews.
- c) Incentive programming and graduated interventions that include and involve the family whenever possible.

2. Minimum Supervision Standards:

- a) Juvenile Rehabilitation Community Counselor (JRCC) – Facilitates family meetings, including the youth, as needed to engage and motivate to meet key indicators of the phase. Other regional staff may assist with this process.
- b) JRCC – Once a week contact with the youth. A designee may make contact in the absence of the JRCC.

- c) JRCC or designee – Contact as needed with service providers, attendance at staffings as necessary to enhance youth response to services.

Support and Monitor Phase

During the Support and Monitor Phase, the JRCC meets with the family and youth to encourage and support the family's participation in services and in meeting the key indicators of readiness to move to the Generalization and Positive Termination phase:

- The youth has made a reasonable effort to integrate the CBT skills learned in the institution.
- The family has made constructive connections with community resources.
- The family continues to practice skills that reduce negativity and increase hopefulness.
- The JRCC is confident about the reframes and themes used with the family.

In all cases, a youth will move to Generalization and Positive Termination when entering the final month of supervision, even if the key indicators are not met, to allow for preparation of the youth and family for generalization and positive termination of parole.

1. Minimum Program Standards:

- a) Participation in the Family Service Plan. Youth without families have an individual service plan.
- b) Participation in programming intended to facilitate reintegration and rehabilitation e.g., school, work, mentoring, treatment, community service, day reporting and curfew.
- c) Incentive programming and graduated interventions that include and involve the family whenever possible.

2. Minimum Supervision Standards:

- a) JRCC – Facilitates family meetings, including the youth, as needed to support and monitor to meet key indicators of the phase. Other regional staff may assist with this process.
- b) JRCC – Once a week contact with the youth. A designee may make contact in the absence of the JRCC.
- c) JRCC or designee – Contact as needed with service providers.

Generalization and Positive Termination Phase

During this final stage, the JRCC meets with the family more frequently to review the positive changes that have occurred during FFP, to attribute positive changes to the family and youth, and to encourage the family to continue positive behavior changes after FFP is terminated. The key indicators of successful completion of FFP are:

- The youth and family have a more functional relational style.
- The youth and family have made appropriate and meaningful connections with community resources.
- The youth and family are motivated to maintain gains past the parole period.

1. Minimum Program Standards:

- a) Participation in the Family Service Plan. Youth without families have an individual service plan.
- b) Participation in programming intended to facilitate reintegration and rehabilitation e.g., school, work, mentoring, treatment, community service, day reporting and curfew.
- c) Incentive programming and graduated interventions that include and involve the family whenever possible.

2. Minimum Supervision Standards:

- a) JRCC – Facilitates family meetings, including the youth, as needed to meet key phase indicators in order to generalize and positively terminate supervision. Other regional staff may assist with this process.
- b) JRCC – Once a week contact with the youth. A designee may make contact in the absence of the JRCC.
- c) JRCC or designee – Contact as needed with service providers.

Additional changes to IP in the community were driven by reductions in funding. These changes included:

- Reduced number of contacts between parole counselor and youth;
- Caseloads for highest risk IP eligible youth increased from 12:1 to 20:1;
- Loss of restorative justice work crews and day reporting programs;
- Greatly reduced ability to do field surveillance/monitoring due to loss of tracker positions; and
- Electronic monitoring no longer mandatory during the first two weeks of re-entry;

CONCLUSION/RECOMMENDATIONS

At this time, JRA continues implementation of intensive parole as part of the overarching FFP model. Continued budgetary reductions in intensive parole funding, with resulting increased caseloads and reduced staffing, poses significant challenges in the implementation of this complex, evidence-based model of FFP with the highest risk/highest need offenders.

In addition to implementation of FFP, JRA implemented the three-year federally funded SVORI grant program, (improved transition process, Multi-Disciplinary Teams, mentors, Neighborhood Readiness Teams), supporting a true family focused evidence-based treatment and case management approach to the practice of intensive parole.

JRA has continuing concerns relative to achieving the desired outcomes of reduced recidivism with this high-risk/high-need population due to impacts of significantly increased caseloads. Progenitors of the IAP model, Dr. Troy Armstrong and Dr. David Altschuler, along with Dr. Tom Sexton of Functional Family Therapy (progenitors of the FFP model) recommend that intensive aftercare caseload sizes be for the 12 to 15 highest risk youth on the street per caseload range. JRA continues to monitor impacts of higher caseloads on FFP service delivery on this subpopulation of highest risk/highest need youth.

Glossary of Terms

- **ART:** Aggression Replacement Training. A cognitive behavior therapy program using skill building that has been demonstrated empirically to reduce recidivism with juvenile offenders.
- **BTC:** Basic Training Camp. The Juvenile Offender Basic Training Camp administered by the Juvenile Rehabilitation Administration.
- **CBT:** Cognitive Behavior Therapy. A wide ranging treatment approach using behavioral and cognitive change strategies.
- **DBT:** Dialectical Behavior Therapy. A type of CBT that is empirically supported in reducing maladaptive behaviors and recidivism with juvenile offenders.
- **FFP:** Functional Family Parole. A parole model, delivered by parole counselors that 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 with juvenile offenders.
- **FIT:** Family Integrative Therapy. A version of Multi-Systemic Therapy, an evidence-based family intervention model that JRA uses to treat youth with co-occurring disorders.
- **IAP:** Intensive Aftercare Program. An evidence-based model of transition and reentry for high-risk juvenile offenders.
- **IP:** Intensive Parole. The JRA version of IAP, mandated by RCW 13.40.210 (Parole Program) and RCW 13.40.212 (Intensive Supervision).
- **ISCA:** Initial Security Classification Assessment. The JRA's validated risk tool for placing youth upon admission.
- **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.
- **JRCC:** Juvenile Rehabilitation Community Counselor (JRCC). The JRA's title for parole counselors.
- **MST:** Multi-Systemic Therapy. An evidence-based family treatment model that reduces juvenile offender recidivism.

Appendix A

Timeline of Changes in JRA Parole Budget and Policy

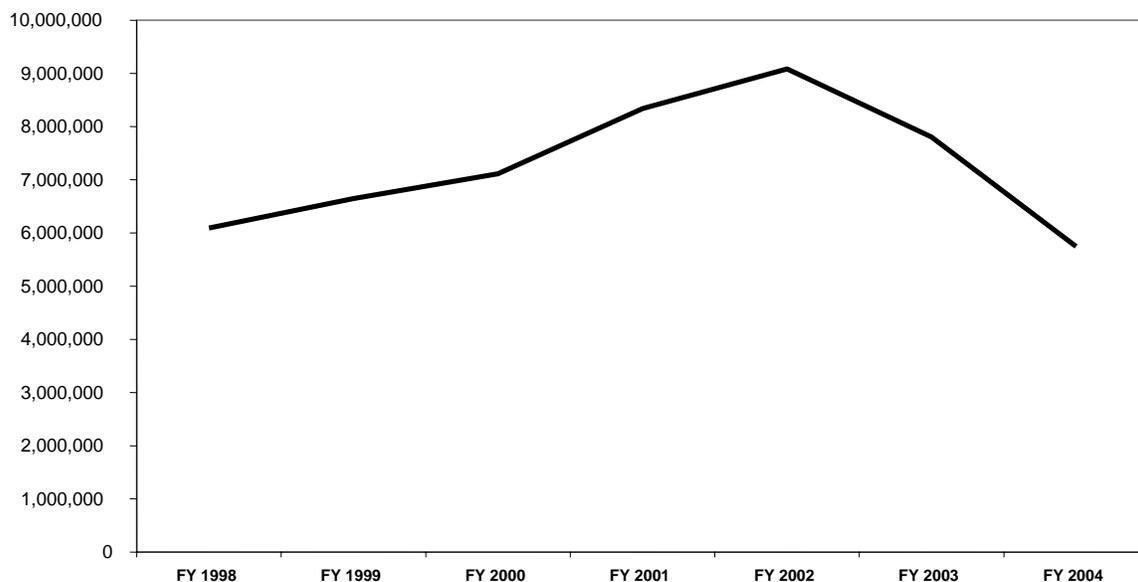
- 4/1997:** Legislature provides funds for implementation and statewide use of Intensive Parole (IP) Model for 25 % highest risk youth to begin before January 1999.
- Legislature eliminates funding for parole services, except for sex offenders and 25% highest risk youth
- 9/1998:** Parole staff trained in IP
- 10/1998:** Parole staff begin utilizing IP throughout state
- 5/1999:** Funding restored by Legislature for regular parole services
- 7/1999:** Regular parole services restart for all youth released from JRA
- 10/1999:** IP Transition Counselors established to assist in transition and step down process for youth on IP
- 10/2000:** Began use of Evidence Based programs (FFT and ART) with limited number of youth on IP
- 11/2000:** WSIPP released report on IP Interim Outcomes (IP youth on parole 10/1998 to 10/1999)
- 3/2001:** “No Parole” study released by WSIPP
- 6/2001:** Reduction of **\$1.5 million to Regional Services** which includes parole services, community facilities, drug and alcohol services, diagnostics, and other regional programs.
- 3/2002:** Legislature required restructure of parole and parole **funding reduced by \$1,966,000.**
- Budget Proviso funds added \$945,000 to be spent only on evidence based programs
- 5/2002:** JRA selected evidence-based programs to serve youth on parole including:
- Functional Family Therapy (FFT)
 - JRA Mentoring Program (First implemented in 1996 utilizing federal funds in Seattle)
 - Functional Family Parole (FFP)

- 6/2002:** JRA established FFT positions statewide to serve additional youth on IP and youth on Enhanced Parole
- 7/2002:** Due to parole budget cuts, parole length of stay decreased to 30 days for 25% lowest risk youth on parole, except sex offenders with mandatory 24 month supervision
- 10/2002:** JRA began training parole supervisors and staff in FFP Model
JRA began Mentoring program in two additional regions
- 12/2002:** WSIPP released outcome report on IP Model (IP youth on parole 10/1999 to 10/2000)
- 1/2003:** JRA parole counselors began utilizing FFP model statewide
- 3/2003:** JRA implemented Global Rating Measure to examine parole staff adherence to FFP model
- 6/2003:** Parole **funding reduced by \$1.9 million (\$2.5 million when federal match included)** which increased caseload size for parolees to 1 staff to 20 youth on IP, Enhanced parole, and sex offenders 24 month parole.

Budget proviso funds added \$943,000 to be spent only on evidence based programs
- 7/2003:** IP Transition Coordinator positions eliminated due to budget reductions
- 1/2004:** JRA increased number of FFT positions serving youth on parole and increased Mentoring to one additional region
- 11/2004:** JRA began gathering data for outcome study on FFP Model with two planned reports:
- 6/2005** - report describing demographics of parole population and staff model adherence
 - 6/2006** - report on parole youth recidivism

Figure 2: Parole Expenditures

Fiscal Year 1998 to 2004



What Is Included: direct parole costs, coordinators (mentoring, mental health, D/A), Co-Occurring Disorder program, transition programs, and WSIPP parole research costs.

What Is Not Included: Regional Administration & Support Services, lease costs, diagnostics, skill centers, community facility supervision costs, and equipment\vehicle operations.

Figure 3: Percentage of Mentally Ill Parolees

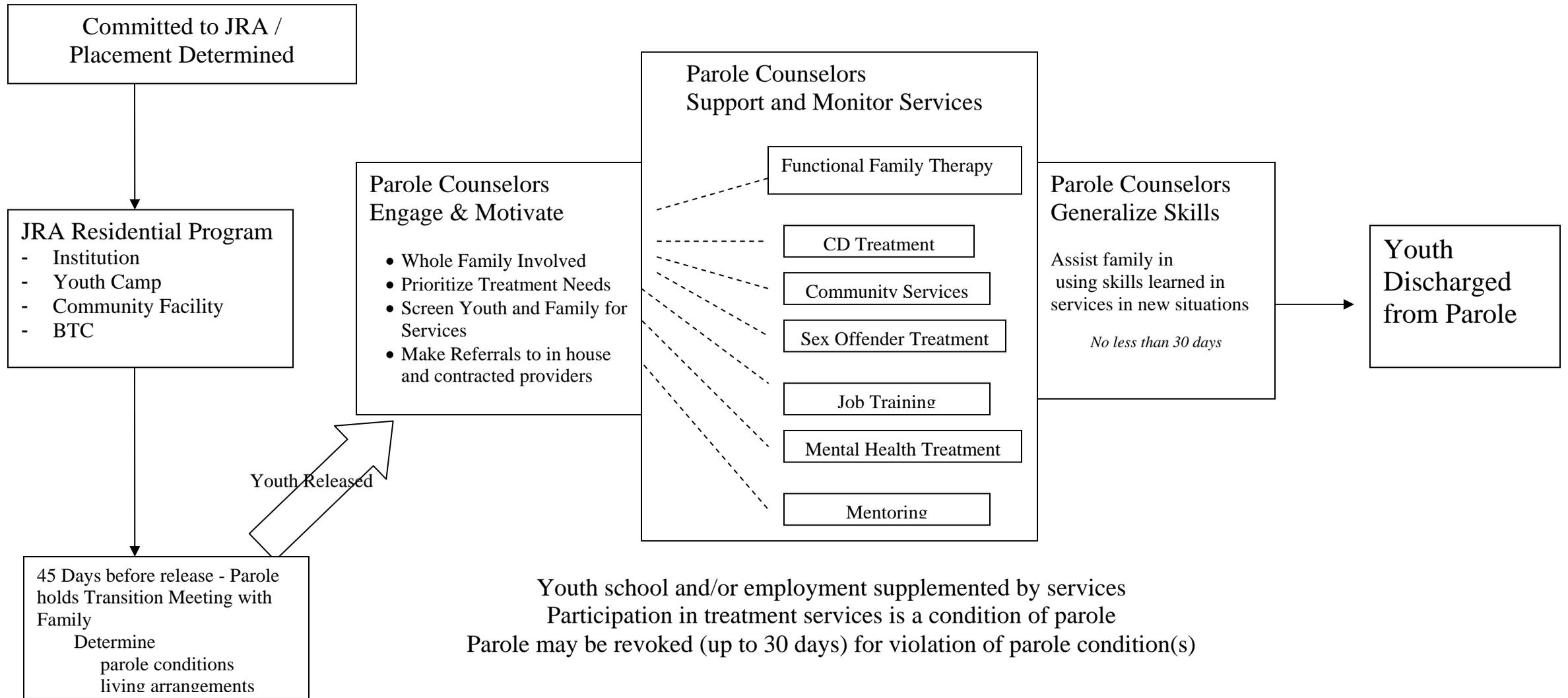


Appendix B

Juvenile Rehabilitation Administration

Working with the State's Highest Risk Juvenile Offenders and their Families

Parole Model for Youth Supervised by JRA



Dotted line indicates possible services

Appendix C

Juvenile Rehabilitation Administration Continuum of Services Working with the State's Highest Risk Juvenile Offender and their Families

RCW 13.40

RCW 13.40

RCW 13.40

