



**Report to the Legislature**

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

**Chapter 338, Laws of 1997, Section 34  
RCW 13.40.2129(2)**

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## EXECUTIVE SUMMARY

As part of the statutory requirements from the 1997 legislative session<sup>1</sup>, annual reporting on implementation processes and outcomes from The Department of Social and Health Services (DSHS), Juvenile Rehabilitation Administration (JRA) Intensive Parole (IP) Aftercare program is required. Since that time, JRA has transformed community aftercare programs into a comprehensive youth and family based service delivery system which reduces recidivism with Washington State's highest risk juvenile offenders. While IP is integral to serving the state's top 25% highest risk offenders, other parole types include:

- Basic Training Camp (BTC) Parole
- Auto Theft Parole (ATP)
- Sex Offender Parole (SOP)

Implementing intensive aftercare programs with a very high risk offender population is challenging and yet JRA used their commitment to finding research based parole aftercare programs to improve success. In 2002, based on an initial finding of IP impacts with the first cohort of IP youth (1999) by the Washington State Institute for Public Policy (WSIPP)<sup>2</sup> funds for IP were significantly reduced increasing caseloads from 12 to 20:1. This reduced parole staff's ability to perform community safety related activities, e.g., field surveillance, high levels of parole counselor contact, community justice work crews, day reporting programs, and electronic home monitoring.

In 2003, in order to increase effectiveness of JRA parole aftercare, Functional Family Parole (FFP), a parole case management and evidence-based service delivery system was introduced. Since then, JRA has developed a family focused parole aftercare model that leads the nation in innovative and effective parole case management. In FY 10, approximately 836 parole youth were able to take advantage of JRA's intensive aftercare parole program.

These parole youth have high risk profiles that include multiple complex needs. Over 61% of current JRA parole youth have mental health needs as well as 45% needing treatment for substance abuse. Thirty-six percent of these youth have at least two treatment needs with over 36% having three or more treatment needs at the same time. Despite the challenging circumstances surrounding these youth, over 90% have families that are actively involved in parole aftercare.

By introducing FFP in 2003, JRA parole services created a set of family focused guiding principles for reentry and aftercare including a robust family counseling skill base in which parole counselors effectively engage and motivate high risk youth and their families. JRA's overall implementation of FFP has been shown to be positive and effective by three recent interim outcome studies<sup>3 4 5</sup> and two preliminary outcome evaluations<sup>6 7</sup> by Indiana University.

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<sup>1</sup> RCWs 13.40.210, Parole Program and 13.40.212, Intensive Supervision.

<sup>2</sup> Robert Barnoski, *Evaluating How Juvenile Rehabilitation Administration's Intensive Parole Program Affects Recidivism*, Washington State Institute for Public Policy, December 2002.

<sup>3</sup> Thomas Sexton PhD, Marcy Rowland B.A., Julia Gruber, B.A., *Preliminary Results from Client Outcome Measure-Parent (COM-P) for the Washington State Functional Family Parole Project*. February, 2005.

<sup>4</sup> Thomas Sexton PhD and Marcy Rowland BA, *Preliminary Results from Adherence Ratings for the Washington State Functional Family Parole Project*, April, 2005.

<sup>5</sup> Thomas Sexton PhD and Marcy Rowland BA, *Changes in Outcomes Across Time for the First Year of the Washington State Functional Family Parole Project*, June, 2005.

<sup>6</sup> Marcy K. Rowland, BA and Thomas L. Sexton, PhD, *Preliminary Outcome Evaluation of the Washington State Functional Family Parole Project*, March 1, 2007

<sup>7</sup> Thomas Sexton PhD, Marcy K. Rowland PhD, Amanda McEnery BA, *Interim Outcome Evaluation of the Washington State Functional Family Parole Project*, March 16, 2009

The progressive implementation of community aftercare programs including IP, EBPs, and family focused supervision through the FFP model are evidence of JRA's commitment to providing an effective package of services designed to reduce recidivism and increase public safety.

Recently, continued budget shortfalls and reductions in overall juvenile offender populations led to the elimination of Enhanced Parole (EP) funding in the 2009 budget. Approximately 369 youth were released from residential confinement without parole aftercare services in FY10. These youth have very similar risk and need profiles of current parole youth.

In response, JRA established community based Transition Counselors. These positions are strategically located in the regional parole offices and their primary responsibility is to provide pre-release assistance to the youth and their families in accessing resources once they reenter their local communities. Several key areas are targeted including education, vocation, treatment (mental health, sex offender, drug and alcohol and family counseling, etc.) and mentoring. Their focus is on pre-release planning and linkages to much needed resources, information and support during the transition period.

Currently, JRA remains steadfast in providing relevant, effective, community based services to meet the needs of Washington State's highest risk juvenile offenders and their families. Ongoing evaluation of FFP and IP programs continues today as does a focus on quality assurance to maintain model fidelity and support for research based interventions.

Future directions for JRA include incorporating Integrated Case Management (ICM) practices that take advantage of collaborations that exist within other DSHS agencies and the myriad of local community partners. Wraparound initiatives are emerging that JRA parole aftercare is well poised to support and enhance. JRA parole aftercare using FFP meets fundamental wraparound principles around family-driven and youth-guided systems of care. FFP requires non-judgmental and non-blaming strengths based approaches to engage and support youth and families.

JRA will reset parole aftercare services to best meet the needs of community safety and youth transition, reentry and aftercare, elements key in the current economic environment. This approach also positions JRA to remain effective when serving high risk youth as they transition from residential confinement to socially responsible living back to their homes and communities.

## **Intensive Parole History**

During the 1997 legislative session the Legislature directed JRA to develop an intensive parole supervision program based upon promising principles for reducing recidivism rates for juvenile offenders. The Legislature required this program target the 25% highest risk offenders.

The JRA IP Program is based on the Intensive Aftercare Program (IAP) model of the Office of Juvenile Justice and Delinquency Prevention (OJJDP)<sup>8</sup> 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 IP legislation include: assessment and selection criteria, individual case planning, a mixture of surveillance and services; a balance of incentives and graduated interventions and transition services that provide community service linkages and pro-social networks.

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<sup>8</sup> David Altschuler and Troy Armstrong, *Intensive Aftercare for High-Risk Juveniles: A Community Care Model*, Office of Juvenile Justice and Delinquency Prevention, September 1994.

The JRA’s implementation of the IP Program, like many large scale programs, required a comprehensive redesign of parole programs. Table #1 below depicts a brief snapshot of IP development over time. See Appendix A: “2009 Intensive Parole Report to the Legislature” for a more extensive program history and evaluation.

Table #1

<b>Intensive Parole Program Chronology</b>		
Phase One 10/98 – 10/99	Traditional Community Linkages with Intensive Supervision	<ul style="list-style-type: none"> <li>• Residential experience not significantly different</li> <li>• Day Reporting/Work Crew Programs available</li> <li>• Emphasis on implementing IP supervision components</li> </ul>
Phase Two 10/99-10/00	Residential, Transition, and Intensive Community Supervision with Traditional Community Linkages	<ul style="list-style-type: none"> <li>• IP Transition Counselors focus on pre-release prep with intensive parole residential youth</li> <li>• Access to transitional/step-down community placements still difficult for high-risk youth</li> <li>• Process improvements for enhanced transition</li> </ul>
Phase Three 10/00-1/03	EBP Service Expansion and IP Standards revision	<ul style="list-style-type: none"> <li>• EBPs implemented in Regions include: <ul style="list-style-type: none"> <li>○ Aggression Replacement Training (ART)</li> <li>○ Functional Family Therapy (FFT)</li> <li>○ Multi-systemic Therapy (MST)</li> <li>○ Family Integrated Transitions (FIT)</li> </ul> </li> <li>• IP Standards modified for flexibility and outcomes</li> <li>• The Initial Security Classification Assessment (ISCA) cut-off eligibility score raised to manage the proportion of JRA youth eligible for IP</li> </ul>
Phase Four 1/03 – 7/10	FFP Services	<ul style="list-style-type: none"> <li>• IP Standards significantly revised to incorporate the family focused FFP model to obtain better outcomes</li> <li>• Refinement and revision of FFP standards</li> <li>• Quality assurance protocols developed and implemented</li> </ul>
Phase Five 8/10 - Future	Regionalization of Community Residential Programs and Parole Redesign	<ul style="list-style-type: none"> <li>• Expansion of JRA Community Facility beds</li> <li>• Realigned standards for minimum release of certain youth</li> <li>• Parole redesign to incorporate Integrated Case Management (ICM) principles and wraparound process</li> </ul>

## Parole Changes Since 2009

Unprecedented revenue shortfalls in Washington State forced the Legislature to make difficult decisions about which programs would continue to be funded. Recognizing the importance of working with families and viewing juvenile justice as part of the social services continuum of care, the resulting budget maintained funding for residential treatment and parole aftercare with the highest risk populations, including:

- Intensive Parole - the top 25% of JRA's highest risk offenders
- Basic Training Camp Parole
- Auto Theft Parole
- Sex Offender Parole

Another impact was the elimination of EP funding which served approximately one-third of JRA parole youth. In FY10, this amounted to 369 youth releasing from residential programs without parole aftercare. Although these youth are still considered high risk in terms of the overall juvenile justice continuum, they are not in the top 25% of JRAs highest risk/highest need category and didn't fall under the statutory requirements. JRA Transition Counselors provide limited reentry support for these youth and families and are available in the community as a resource contact only once youth are released from residential care.

While JRA is not able to provide the comprehensive array of community based parole services to a significant portion of youth, their focus on providing effective pre and post release transition services for the remaining parole youth continues. Research by Dr. David Altschuler from 2008 shows that *'...when no appropriate schooling, vocational training, or employment is provided, housing or food is inadequate, or psychotropic medication is not maintained, the risks for failure are elevated. Adolescents with co-occurring disorders especially require attention on multiple fronts as do 'high risk' adolescents who by definition have multiple problems.'*<sup>9</sup> These are the youth that JRA serves and their risk profiles show:

- School disciplinary problems;
- Lower socio-economic status;
- Early age of onset of substance abuse and/or experimentation;
- Family dysfunction;
- Negative peer group influences;
- Repeated contact with juvenile justice system; and
- Youth with co-occurring mental health and substance abuse disorders.

## Parole Aftercare Works

Aftercare services do make a difference. A recent publication by The National Juvenile Justice Network (NJJN)<sup>10</sup> identified several important factors:

- In the six months post release youth who received community aftercare, including community based services, were more likely to attend school, go to work and avoid further reoffending.
- Increased duration of community supervision decreased further system involvement and increased engagement with school and work.
- Involvement in community based services reduced the likelihood of further system involvement during the six month aftercare period.

A key element in providing effective programs in JRA Parole Aftercare following the reductions in funding included expanding EBPs in community aftercare programs. The Functional Family Therapy (FFT) intervention, an OJJDP Blueprints Program, has been implemented in JRA parole programs since 2002. FFT

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<sup>9</sup> David Altschuler, *Rehabilitating and Reintegrating Youth Offenders: Are Residential and Community Aftercare Colliding Worlds and What Can Be Done About It*, Justice Policy Journal, Vol. 5 – No. 1, Spring 2008.

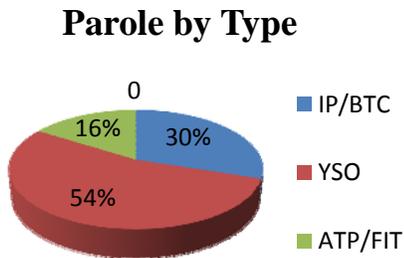
<sup>10</sup> *New Research Shows Community-Based Alternatives as Effective as Institutional Placements for Curbing Re-arrest in Youth with Serious Offenses*, National Juvenile Justice Network (NJJN), January 2010.

serves as the evidence base for the FFP supervision model. In 2009, expanded funding for EBPs in the community led to the introduction of FIT, MST, and ART. The result is a parole aftercare system designed to address the complex multiple needs of high risk adolescents and their families.

## Parole Youth Profiles

Information management and data collection are integral parts of assessing what services to provide and understanding the population JRA serves. In FY 10, 836 youth were released to parole aftercare. The following Table is a snapshot of parole data from October 27, 2010, which shows a breakdown of youth in existing parole types:

Table #2



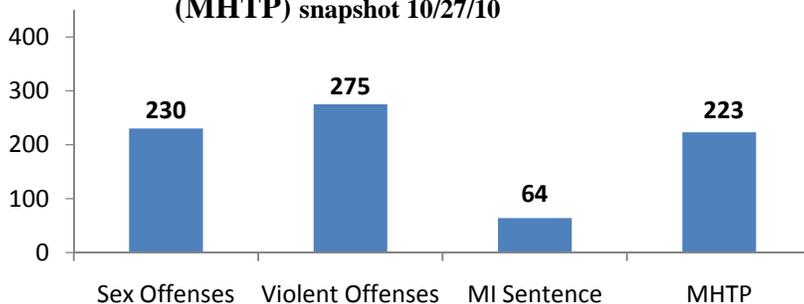
JRA Parole prioritizes those services that are statutory mandates (Intensive Parole, Sex Offender, Auto Theft, Basic Training Camp Parole) as well as leveraging Evidence Based Program funds to serve youth in Family Integrated Transitions (FIT) - youth with co-occurring mental health and drug/alcohol treatment needs and Aggression Replacement Training (ART) - addressing anger cycles, triggers and moral reasoning.

The risk and needs of JRA parole youth are evident. A recent snapshot on November 30, 2010, profiled 430 youth on parole. Of those youth:

- 388 (90%) have a felony (class C or above) as their most serious current offense
- 165 (38%) have a felony (class C or above) as their most serious prior offense
- 38 (9%) have a prior violent offense
- 108 (25%) have at least one prior commitment to JRA
- 242 (56%) were released at medium or maximum security
- 126 (29%) reported gang affiliation
- 180 (42%) meet the diagnosis for Special Education

Table #3 below shows the offense type of current youth and those who meet JRA’s Mental Health Target Population.

Table #3 **Parole Youth Offense Type and Mental Health Target Population (MHTP) snapshot 10/27/10**



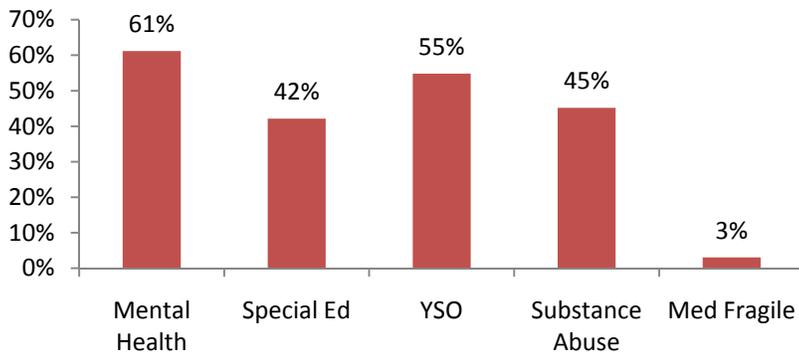
- Sex offenses include Rape, Rape of a Child, Child Molestation, and Indecent Liberties with Forcible Compulsion
- Violent offenses include Murder, Arson, Robbery, and Assault
- Manifest Injustice Up is the result of a judge finding an exceptional reason for a youth to come to JRA or stay longer
- Mental Health Target Population in JRA includes youth with a DSM-IV diagnosis. Many of these youth have multiple treatment needs

Multiple treatment needs is a hallmark for the definition of ‘high risk’ youth. It’s no surprise that JRA works with the highest risk juvenile population in Washington State. What is critical to JRA’s continuum of care is careful assessment of the complex treatment needs of the youth to better manage treatment and rehabilitation efforts. Table #4 below highlights the complex needs profiles of current parole youth.

Table #4

### Parole Youth Treatment Needs

N=425, Snapshot 10/12/10



Note: Parole youth experience multiple complex treatment needs at a time. Of this snapshot:

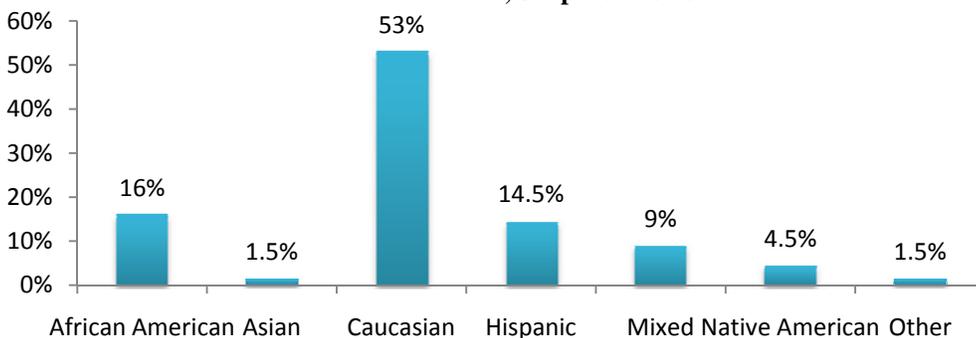
- Only 6% do not have additional needs
- 22% have at least one treatment need
- 36% have two treatment needs
- 31% have three treatment needs
- 5% have four treatment needs

It’s critical to examine the demographics of the youth and families served to best understand what community resources and services will match the identified needs of parole youth and families. Table #5 below identifies the parole youth race/ethnicity. Tables #6 and #7 identify family involvement and gender breakdowns respectively.

Table #5

### Parole Youth Ethnicity

N=425, Snapshot 10/12/10



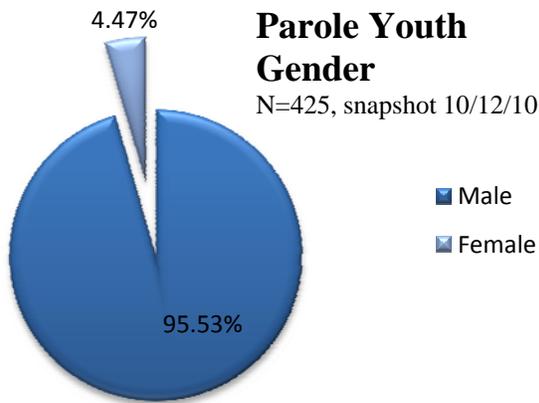
Note: Historical data shows there are more Caucasian youth incarcerated for sex offenses. Their length of stay on parole is much longer due to statutory requirements. This leads to a greater number of these youth being on parole helping to explain the 53% in the table.

Table #6

Family Involvement	
Youth with Families Involved	90%
Youth on Individual Status	10%

Note: Youth on Individual status typically have extended family and/or community supports in place, but those supports are not involved in FFP meetings on a consistent basis. JRA recognizes the importance of involving families wherever possible and have regular contact with family members even if they are not involved in FFP meetings.

Table #7



Note: Female offenders comprise approximately ten percent of JRA's residential population and an even smaller percentage of parole due to the disproportionate number of girls released with no parole services. Gender responsive programming is critical as well as incorporating transition efforts that focus on supporting skills learned while in residence along with family reintegration.

The core practice areas of gender responsive treatment for girls are:

- A relational approach
- A strengths-based approach
- A trauma-informed approach
- A culturally competent approach
- A holistic approach

### FFP as a Case Management System

FFP is a parole aftercare case management and EBP delivery system. The FFP model is an essential vehicle to motivate and engage, support and monitor and generalize effective programs and services (EBP's, school, work, substance abuse treatment, sex offender treatment, and mental health treatment). FFP provides a motivational context through compulsory and incentive based activities. Parole aftercare supports public safety by using a balance of surveillance and community services to intervene and interrupt when a youth is acting dangerously to self and others including confinement if necessary. FFP integrates well with IAP models, as they both require the family to be the unit of intervention.

A recent snapshot of parole youth in November of 2010 is evidence of parole counselors' success in engaging youth and families to participate in community services and treatment. The snapshot showed:

- 21% of parole youth have graduated high school and/or earned their General Equivalency Diploma (GED)
- 54% have identified natural supports in their communities outside their immediate families
- 73% are involved in other community services including 36% with other DSHS agencies
- 87% are in home placement with only 13% in out of home placement

Part of the success parole counselors experience is due to the principle framework of FFP. The design of FFP is anchored in principles similar to those in FFT. These principles establish a structure for parole staff to guide their interactions and decisions involving parole youth, families and community services. Principles of FFP include:

- **Working Alliance** - A working balanced alliance assumes the families experience parole counselors as a neutral (not taking sides and willing to listen). Parole counselors assess the effectiveness of the working alliance based on how motivated the youth and family are to participate in services.
- **Relational (Family) Focus** – Parole counselors focus on relationships the youth has with their family, community and peer group as a vehicle for linking services and supporting lasting change.
- **Strength Based** – Parole counselors emphasize a balance between risk and protective factors (considering the strength in behaviors) even if they are hard to define. The goal is maintaining motivation based on alliance, credibility and identification of family strengths.
- **Respect** - Parole counselors work to respect family dynamics (what each person brings to the table), meeting them where they are and valuing the person. Youth and families should feel valued and safe in conversations and acknowledged for their efforts in doing the best they can.

- **Matching** - The match principle guides parole counselor's responses in the moment. They match to youth and families in what they say, how they say it and when they say it. Parole counselors match to the FFP phase (do the right thing at the right time using skills strategically) and match to the desired outcome which is individually assessed by the parole counselor for each youth and family.

Overarching the principles of FFP is an expectation that parole counselors be contingent in supervising youth and supporting families during parole aftercare. This means that at any given time, the parole counselor must consider the identified risk and protective factors, the needs of the youth and family and their willingness and/or ability to incorporate effective changes that lead to more skillful behavior before determining any course of action. Parole counselors meet regularly to discuss progress of parole youth to develop the most relevant and meaningful aftercare and monitoring plans.

## **Transition in JRA**

Success can be defined in many ways. What it takes to succeed in residential placement is often not the same skill set it takes for high risk youth to succeed in their communities. Often, facility compliance and progress in treatment are hallmarks for success during incarceration. Adjustment and success in the community involves a tiered approach to aftercare case management. The importance of family, peers, neighborhoods and schools cannot be understated and are central features to JRA's transition work. The continuum of residential treatment, transition services and aftercare that emphasizes family and community provide the best chances for success.

As youth enter the JRA system of care the process begins of comprehensive assessment, linking needs to treatment and connecting treatment to youth goals. During the release transition period, which JRA defines as approximately 45-60 days prior to and 30-45 days post release to parole aftercare, parole counselors actively engage the youth and family. Their key goals are to identify skills and productive gains the youth made during their residential stay as well as what community supports the youth and family have for an effective transition home.

Pre-release planning offers youth and families transition planning that includes assessment and service referrals. Geographic challenges and limited resources have narrowed the availability for JRA staff to assist youth releasing without parole aftercare services.

Transition work in JRA is critically tied to the community resources available. In smaller communities with fewer resources, reliance on parole counselor support increases. Conversely, in areas with a larger variety of resources, the emphasis for parole counselors becomes effectively matching resources to youth and family needs. Parole aftercare services provide the assessment and opportunity for youth and families to obtain the resources they need which ultimately lead to healthier families and safer communities.

## **Parole Today and in the Future**

JRA Parole Aftercare programs will target resources to maintain their core services as much as possible as these services result in increased community safety and better outcomes for youth and their families. The Integrated Treatment Model (ITM) provides residential treatment based on cognitive behavior interventions and parole aftercare services through FFP and other EBPs that address the high needs and high risk profiles of the most complex adolescents in Washington State. The research is clear that effective residential treatment must be followed with comprehensive community based aftercare services in order to generalize positive changes and reduce future incidents of crime.

In the future, JRA will continue to evolve to keep up with national trends in best practice with juvenile justice involved youth. The principles of ICM, as part of DSHS's mission, are reflected in JRA's case management delivery system as are wraparound principles that speak to youth and family centered services. Continued collaboration with state agencies, local partners, youth and families will ensure that JRA provides the most current, relevant, and meaningful services that impact recidivism and increase community safety.

Additionally, JRA will reset parole aftercare services as needed to best meet the needs of community safety and youth transition, reentry and aftercare, elements key in the current economic environment. This approach also positions JRA to remain effective when serving high risk youth as they transition from residential confinement to socially responsible living in their homes and communities.

## Appendix A: No Parole Youth Profiles

The risk and needs profiles of youth releasing with no parole services are shown below for purposes of comparison with youth who received parole and to identify key demographics for this group. The tables below highlight some key demographics of this population. N=146, snapshot taken October 12, 2010.

Table #8

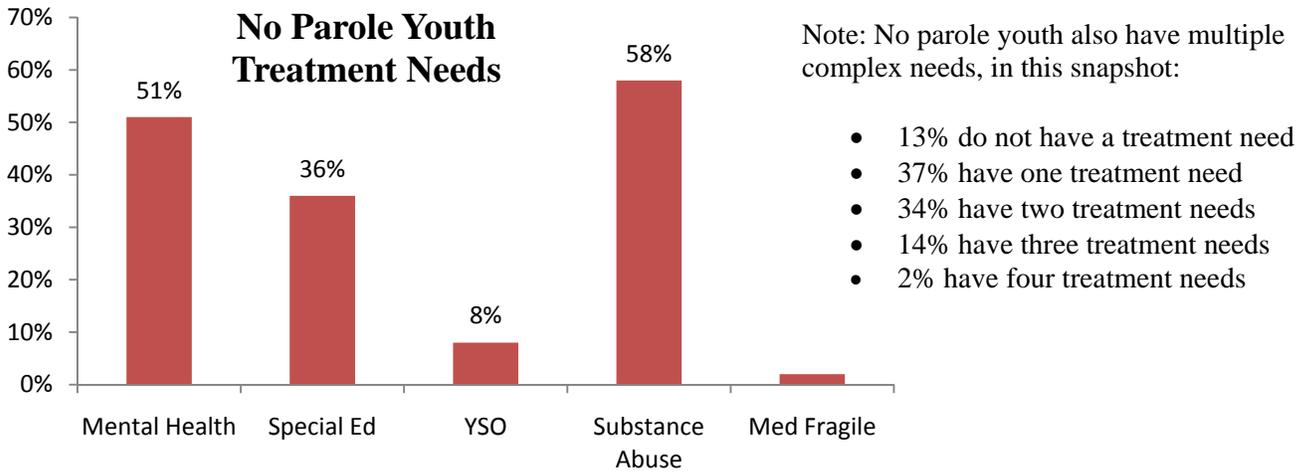


Table #9

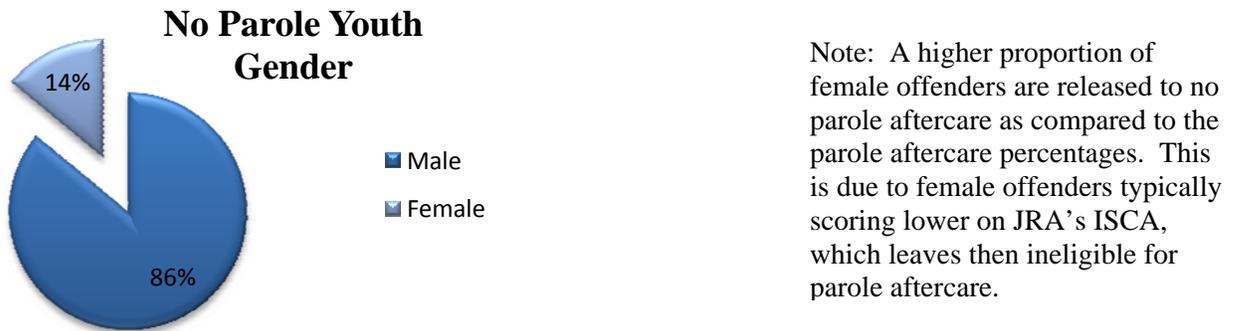


Table #10

