Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

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

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.

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

JRA's overall implementation of FFP is shown to be positive and effective by three recent interim outcome studies and one preliminary outcome evaluation by Indiana University.

In addition to implementation of FFP, JRA implemented the three-year federally funded Serious and Violent Offender Reentry Initiative (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 high 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.

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)[8] 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

- <u>Phase 1 (10/98 – 10/99): Community Supervision/Traditional Community Linkages</u>
  - 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.

- <u>Phase 2 (10/99-10/00): Residential/Transitional/Community Supervision/Traditional Community Linkages</u>
  - Intensive Parole Transition Counselors (one per major institution) began liaison work and pre-release training with intensive parole residential youth.
  - Access to transitional/step-down community placements still difficult for high-risk youth.
  - Process quality improvements for improved transition communication developed and implemented.

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

- 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 2002[9]. 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,[10] particularly with reference to "intensive surveillance" as is discussed in more detail later in this report.

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."[11] This

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

[10] RCW 13.40.210, Parole Program; RCW 13.40.212, Intensive Supervision.

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

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.

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 final extension for the SVORI grant expired December 31, 2006.

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, 382 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 refined 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 (NRs) that incorporated community volunteers/advocates to link with youth and families and provided positive pro-social modeling and community bonding.

Although the Going Home project formally ended in June 2005, the federal authorities granted permission for spending of surplus dollars until December 31, 2006. These monies benefited the targeted Going Home counties in the areas of mentoring and Community Advisor support.

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 Integrated Transitions (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 prior 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. <u>Minimum Program Standards</u>:

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.

Quality Assurance

Regional quality assurance plans were implemented during 2007 to improve adherence to the evidence-based FFP model. These plans are formatted across the key activities that occur during the continuum of care and include specific action steps and performance measures. The key areas for careful and consistent measurement of FFP quality assurance are:

- Diagnostics
- Transition Process

- Scheduling and Availability
- Improve Program Accountability

Functional Family Parole Interim and Preliminary Outcomes

The Center for Adolescent and Family Studies (CAFS) at Indiana University is contracted to provide evaluation of the Functional Family Parole model. During 2005, they produced three interim outcome reports and in March 2007 they released the Preliminary Outcome Evaluation of the Washington State Functional Family Parole Project.

The first study[12] examined parent reported change on a self report outcome measure, the Client Outcome Measure. This tool measures parent reported changes in the family and the adolescent behavior. Overall, parents reported they observed changes in their family that they would describe as "a lot better" than prior to Functional Family Parole. Additionally, they reported experiencing success in many of the things they tried to change during parole, experiencing the family getting along better, and reporting that their adolescent's behavior was a lot better. Data suggested that parents found FFP to make a global family improvement.

The second study[13] examined adherence to the FFP model of parole counselors by using the Functional Family Parole Global Rating Measure (FFP-GRM; Alexander, Kopp, & Sexton, 2002). These ratings of parole counselor adherence were multi-sourced and across multiple points of time.

Results found that parole counselors adhered to the principles and skills of each of the phases of the model in the "Fairly Well" to "Well" ranges, meaning that the parole counselors are adhering to the phase-specific skills 25-75% of the time. In the area of general model skills, the majority of the parole counselors adhered in the "Fairly Well" to "Well" range. Nearly half of the parole counselors had general FFP skills adherence ratings greater than or equal to "Well." About 40% of the parole counselors had average overall/global adherence ratings greater than or equal to "Well."

The third study[14] measured changes in parole counselor adherence ratings over time. Results indicated that adherence ratings improved across all phases of the FFP model from the first six months to the second six months of model implementation. Improvements were significant at the .01 level for skills related to the Engagement and Motivation phase as well as general FFP skills. Improvements in adherence were significant at the .05 level for skills related to the Support and Monitor phase.

The fourth study[15], which looked at 12 month measures of recidivism found:

[12] 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.
[13] Thomas Sexton PhD and Marcy Rowland BA, *Preliminary Results from Adherence Ratings for the Washington State Functional Family Parole Project.* April, 2005.
[14] 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.
[15] Marcy K. Rowland, BA and Thomas L. Sexton, PhD, *Preliminary Outcome Evaluation of the Washington State Functional Family Parole Project,* March 1, 2007

- There is a 14.6% reduction in felony crime rates for those youth who received highly adherent FFP as compared to the control group.
- Youth in the FFP group had significantly fewer parole revocations as compared to traditional parole services. FFP youth had 14.7% fewer parole revocations.
- Given the magnitude of recidivism reduction, there are likely to be significant cost savings for JRA and the State.
- As a parole counselor's adherence to the FFP model increases, there is a significant decrease in the post-parole criminal severity of the youth served.
- **The most difficult youth received more benefit from FFP. Overall, those youth with above average pre-crime severity index scores who received the FFP intervention had significantly lower post-parole crime severity behaviors.**
- Parents and youth who received FFP report improvements in their overall family functioning, youth behavior, parental supervision, family communication, as well as reductions in family conflict.
- Parole Counselors were able to learn and adequately perform FFP.
- Monitoring and promoting parole counselors' ability to conduct FFP with high model fidelity is a critical and most important step for the future of the program.

Overall, these four studies provide compelling evidence for JRA's successful implementation of the FFP model during the periods evaluated. This is made more positive by the fact it shows positive results and improvements across a variety of variables directly dependent on implementation and that the most difficult youth received the most benefit from FFP.

CONCLUSION/RECOMMENDATIONS

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

JRA's overall implementation of FFP is shown to be positive and effective by three recent interim outcome and one preliminary outcome studies by Indiana University.

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.

Juvenile Rehabilitation Administration
List of Acronyms and Terms

- **ACA:** American Correctional Association. A national association that develops standards for correctional facilities, jails, and detention facilities.

- **ART**: Aggression Replacement Training. A cognitive behavior therapy program using skill building that has been demonstrated empirically to reduce recidivism with juvenile offenders.

- **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. The Juvenile Offender Basic Training Camp administered by the Juvenile Rehabilitation Administration.

- **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.

- **CCDA:** Chemical Dependency 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.

- **CJCA:** Council of Juvenile Correctional Administrators: A national association of juvenile justice administrators.

- **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.

- **DASA:** Division of Alcohol and Substance Abuse. A division within the DSHS Health and Rehabilitative Services Administration.

- **DBT:** Dialectical Behavior Therapy. A type of CBT that is empirically supported in reducing 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 primarily housing females with mental health and other medical needs and younger males.

- **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.

- **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 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.

- **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.

- **MHTP:** Mental Health Target Population. A subset of JRA's population composed of youth that meet specified criteria.

- **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 period 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 sharing sleeping facilities.

- **SAY**: Sexually Aggressive Youth.

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

- **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.

- **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 may be housed in JRA facilities.

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

2/2005: Preliminary Results from Client Outcome Measure-Parent (COM-P) for the Washington State Functional Family Parole Project. (Indiana University)

4/2005: Preliminary Results from Adherence Ratings for the Washington State Functional Family Parole Project. (Indiana University)

6/2005: Changes in Outcomes Across Time for the First Year of the Washington State Functional Family Parole Project. (Indiana University)

7/2006: The Effects of Parole on Recidivism: Juvenile Offenders Released from Washington State Institutions: Final Report (WSIPP).

3/2007: Preliminary Outcome Evaluation of the Washington State Functional Family Parole Project. (Indiana University)