

Report to the Legislature

**Parole Services for
High-Risk Juvenile Offenders**

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

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Juvenile Justice and Rehabilitation Administration

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EXECUTIVE SUMMARY

In 1997, the Washington State Legislature required the Department of Social and Health Services' Juvenile Rehabilitation Administration (JRA) to implement an intensive supervision program within its parole services.

This legislation¹ required the program be provided for juvenile offenders at highest risk to reoffend. The Legislature also required annual reports on progress in meeting goals for information management, program evaluation, implementation, quality and effectiveness.

Six years later, in 2003, JRA, now known as Juvenile Rehabilitation (JR), within the Juvenile Justice and Rehabilitation Administration (JJ&RA), introduced Functional Family Parole (FFP), a family centered, strengths focused and alliance based parole supervision model.

Developed in conjunction with Functional Family Therapy, LLC, FFP uses the same principles and skills of Functional Family Therapy (FFT), an evidence-based intervention with over 40 years of research showing positive impacts on recidivism for high risk youth.

Ten years later, in 2013, FFP was designated as an evidence-based program with highly adherent delivery (as part of HB 2536²). JR trains all FFP case managers to operate from a relational focus and have a solid skill set for engaging and motivating high risk youth and their families to participate in services designed to increase protective factors and reduce risk factors.

90 percent of parole youth have families involved in their transition and reentry plans to their homes and communities.

(Source: JR Parole End of Month Reports, FY14)

During the 2014 legislative session, HB 2164 passed allowing JR to provide evidence based programming for youth with firearm offenses including Unlawful Possession of a Firearm, Possession of a Stolen Firearm, Theft of a Firearm or Drive-by Shooting. Evidence based programs include Aggression Replacement Training (ART), FFT and parole supervision through FFP. This opportunity to provide effective interventions for high risk offenders is a direct result of the growing body of evidence that JR programs work to impact high risk behaviors and help reduce recidivism.

FFP is delivered to all youth on parole, including those receiving Intensive Parole supervision. The entire menu of parole services focus on identifying transition and reentry plans for individual youth needs, incorporating family support, and providing careful supervision through evidence-based programs. JR Parole Counselors are consistently rated high in program adherence, critical to the continued success of FFP.

Parole Types Include:

- Auto Theft
- Basic Training Camp
- Family Integrated Transitions (co-occurring substance abuse & mental health)
- Firearm
- From Out of State
- Functional Family Therapy
- Intensive
- Youth who have Sexually Offended

¹ RCWs 13.40.210, Parole Program and 13.40.212, Intensive Supervision.

² Updated Inventory of Evidence-Based, Research-Based and Promising Practices. Evidence Based Practice Institute & WSIPP, June 2013. www.wsipp.wa.gov

In Fiscal Year 2014, **618** youth were released from residential confinement and **235** (38%) participated in Functional Family Parole, including all youth on Intensive Parole. In this same fiscal year, **383** (62%) youth left JR custody directly from a secure facility to unsupervised life in their communities. Lacking parole aftercare, these youth have an increased risk of failure and recidivism.

JR Youth Have Complex Needs

Of the youth released from JR residential facilities in FY 14, over **57%** have mental health needs, **50%** were diagnosed as chemically dependent, and **22%** met eligibility for Special Education.³ Over **25%** of JR youth releasing from residential confinement have two or more treatment needs. Treatment needs include: mental health; chemical dependency; sexual offending; special education; and medical fragility (see Appendix A). JR provides an effective, comprehensive and collaborative aftercare system to address those complex needs, including:

- Functional Family Parole
- Family Integrated Transitions
- Functional Family Therapy
- Multi-Systemic Therapy
- Aggression Replacement Training
- Treatment for youth with sexual offenses
- Treatment for youth with substance abuse
- Connections to community based mental health treatment, mentoring, education and vocation services.

JR Youth Benefit from a Solid Transition and Reentry Plan

Significant improvements are underway in JR to create a more effective and seamless transition for youth coming into our system and returning to their communities. National best practice recommends the development of a youth and family centered reentry plan as soon as possible after the youth arrives in state care. JR is aligning reentry practices across the continuum to provide for early and continuous family involvement, individualized assessment of youth and family strengths, needs and natural supports.

JR has created and continues to enhance their system of parole services, including Intensive Parole, critical to a youth's successful reentry back to their community. The IP model has evolved from an intensive supervision and case management model to an evidence based program with recent data supporting its effectiveness. Dollar for dollar, evidence-based programs including FFP help create safer communities, reduce recidivism and assist youth and families in achieving success.

Reentry Domains Include:

- Family/Living Arrangements
- Employment
- Education
- Health – Mental, Behavioral, and Physical
- Substance Abuse
- Recreation
- Peers/Friends

³ Custom Report, JR ACT FY14, July 22, 2014.

INTENSIVE PAROLE SERVICES FOR HIGH RISK JUVENILE OFFENDERS: HOW IT STARTED

In 1997, the Washington State Legislature recognized that traditional parole services for high-risk juvenile offenders were insufficient to provide adequate rehabilitation and public safety. Intensive Aftercare, a model advocated by the Office of Juvenile Justice and Delinquency Prevention,⁴ showed promise to reduce recidivism among juvenile offenders.

The Legislature mandated (Chapter 338, Laws of 1997, Section 34) implementation of Intensive Aftercare for youth in the Department of Social and Health Services' - Juvenile Rehabilitation Administration (JR) who are at highest risk to re-offend.

The new law enumerated principles and elements of the Intensive Aftercare program and required JR, beginning December 1999, to report annually to the Legislature on process and outcome findings. That is, to: "Report on the department's progress in meeting intensive supervision program evaluation goals...A plan for **information management** and **program evaluation** that maintains close oversight over **implementation** and **quality control**, and determines the **effectiveness** of both the **processes** and **outcomes** of the program."

INCREASING PAROLE EFFECTIVENESS

In 2003, JR implemented Functional Family Parole (FFP), a supervision model based on the practice of Functional Family Therapy (FFT). Determined to increase the effectiveness of *all* parole services, JR made FFP available to all youth and their families. At the time, this included all youth released from residential confinement with the exception of Department of Corrections youth and those turning 21 years of age.

The administrative decision to bolster all parole services, not just Intensive Parole, allowed all youth assigned to parole the opportunity to benefit from this program. FFP was adopted as the core parole aftercare component of JR's cognitive behavioral based *Integrated Treatment Model*⁵.

FFP is a specific parole case management and service delivery system created in collaboration with Functional Family Therapy, LLC. FFT was developed by Dr. James Alexander and has over 40 years of research supporting its effectiveness in reducing recidivism with high risk juvenile populations across the globe⁶.

JR provides FFP to **all parole youth** and offers FFT to certain eligible youth and families based on capacity and geography. In Fiscal Year 2014, approximately **25%** of youth and families received the FFT intervention. JR is committed to maximizing the service delivery of this highly effective intervention and continues to explore creative ways to expand the delivery of FFT and other evidence-based programs.

⁴ David Altschuler and Troy Armstrong, *Intensive Aftercare for High-Risk Juveniles: A Community Care Model*, Office of Juvenile Justice and Delinquency Prevention, September 1994.

⁵ Henry Schmidt III, PhD, and Robert E. Salsbury III, M.S., *Fitting Treatment to Context: Washington State's Integrated Treatment Model for Youth Involved in the Juvenile Justice System*, Report on Emotional and Behavioral Disorders in Youth, Spring 2009.

⁶ www.fftinc.com

FFP combines best practices such as identifying natural supports, linking families to their communities through education, vocation, and mentoring opportunities while monitoring parole compliance. Family support is critical to preventing youth from re-offending. Family involvement is also essential to understanding how to best match FFP supervision and any available resources to increase family strengths and protective factors while addressing individual and family risk factors.

FFP's family focus incorporates individually matching services to youth and families, responding contingently to parole violations and including families when determining graduated interventions. These activities make FFP distinct from and far more effective than 'traditional' supervision where youth alone are the primary focus.

The majority of youth releasing to parole return to their home and have families who are involved. Families are a key source of information and support in a youth's transition and participation in parole aftercare services.

90 percent of youth on parole have families who are involved in FFP.

(Source: JR Parole End of Month Reports, FY14)

Youth who reach majority or are independent and do not have families available require extra assistance. Parole counselors strive to find persons significant to the youth who may fulfill at least some of the support not available from the absent family. These individuals are involved in parole meetings and support the youth before, during and after FFP services.

JR parole counselors use techniques to engage and motivate families and help them move beyond blaming and negative interactions. They reinforce positive changes made by the youth while in residence and encourage participation in family based services that improve bonding and communication. These positive changes are embedded within the family structure and supported by the parole counselor so they may be sustained beyond supervision.

EVIDENCE BASED AND PROMISING PROGRAM IMPLEMENTATION

"[W]hen 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." (Altschuler, 2008)⁷

Intensive Parole is one of several parole programs mandated by Washington State Statute for juvenile offenders committed to the Department of Social and Health Services' Juvenile Justice & Rehabilitation Administration (JJ&RA). Juvenile Rehabilitation (JR) has intentionally worked to deliver best practices and evidence based approaches across all parole types, while striving to maintain parole as part of the whole continuum of rehabilitative services. The table below shows how planning and development of JR parole has evolved since the introduction of Intensive Parole in 1997.

Juvenile Rehabilitation, while instituting and refining Intensive Parole, has transformed its entire community aftercare into a comprehensive youth and family based service delivery system.

⁷ 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.

Table #1 Evidence Based and Promising Program Implementation

<p>1997-1999 Examination and Dissemination of Research</p> <ul style="list-style-type: none"> ➤ National research on recidivism and effective programs becomes focus of Washington State Legislature ➤ Statewide analysis of parole effectiveness conducted ➤ Outcome studies impact program delivery and initiate improvement efforts
<p>1999-2001 Design and Implementation of Research Informed Practices</p> <ul style="list-style-type: none"> ➤ JR contracts with FFT, LLC to design Functional Family Parole ➤ JR releases Integrated Treatment Model design
<p>2001-2005 Early EBP Implementation and Initial Evaluation</p> <ul style="list-style-type: none"> ➤ EBPs implemented in parole regions include Aggression Replacement Training (ART), Functional Family Therapy (FFT), Functional Family Parole (FFP), Multi-Systemic Therapy (MST), and Family Integrated Transitions (FIT) ➤ Initial evaluation shows promise for reducing recidivism, recommends further development of quality assurance protocols
<p>2006-2009 Quality Assurance Refined and Evidence Based Practices Further Expanded</p> <ul style="list-style-type: none"> ➤ FFP Quality Assurance Plan developed and disseminated statewide ➤ Parole Standards revised ➤ FFT, FIT and MST expanded
<p>2009-2012 Parole Realignment, Community Facility Expansion, and Legislation</p> <ul style="list-style-type: none"> ➤ Increase of JR Community Facility beds ➤ Standards for releasing youth at their minimum sentence revised ➤ Loss of funding leads to cuts for non-mandatory parole types (over 50% of youth releasing without aftercare services, i.e., FFP) ➤ HB 2536 – evaluation of current utilization of EBPs, program designation and planning for expanded delivery
<p>2013 to present Program Enhancements, Evaluations, Legislation, and Grants</p> <ul style="list-style-type: none"> ➤ Risk assessment tools are revised ➤ Additional Community Facility locations developed ➤ Youth voice incorporated into treatment and transition planning ➤ FFP evaluation shows statistically significant reductions in re-arrest and employment ➤ FFP designated as evidence-based with high fidelity delivery ➤ HB 2164 – EBP’s, including FFP, offered for certain Firearm offenses ➤ OJJDP Grant for Vocational Training awarded

JR PAROLE ON SOLID GROUND

The National Juvenile Justice Network⁸ recently identified important factors contributing to a youth's success when returning to their communities:

- 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.

The Urban Institute published an article on Youth Reentry⁹ and recommends reentry programs include:

- a strong focus on reintegration of the youth into society,
- a positive youth development perspective,
- pathways to address the unique role of race/ethnicity and gender,
- an active engagement towards building a supportive community and family network, and
- a voice in the national agenda for public education and research.

JR's Integrated Treatment Model (ITM) focuses on a solid continuum of care including:

- effective treatment services,
- efficient case management practices,
- comprehensive education, vocation and employment programs, and
- inclusion of family and community-based connections driven by youth voice.

JR parole programs are not only well poised to address these elements, they are uniquely tailoring aftercare services to the individual risk and need profiles of the youth releasing to parole aftercare services. The phase based structure of FFP allows for great agility within family meetings to be contingent, hold youth accountable, ensure community safety, and increase positive outcomes.

Family Involvement

Functional Family Parole (FFP) is provided to all youth receiving parole aftercare services. This program mirrors Functional Family Therapy principles delivered by parole counselors to assist youth and their families. These principles are employed with all parole youth, regardless of whether a family is involved. See Appendix C.

Many youth and families are also eligible for *Functional Family Therapy (FFT)*, a powerful and effective intervention. Delivered over twelve to sixteen weeks, FFT works to give the youth and family specific tools for a successful reentry to the community,

⁸ *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.

⁹ *The Dimensions, Pathways and Consequences of Youth Reentry*, Mears, D.P, Travis, J. Research Report, January 2004. www.urban.org

increase family bonding, decrease conflict and identify more effective communication strategies.

Youth who have co-occurring mental health and substance use treatment needs may qualify for *Family Integrated Transitions (FIT)*, a 22 week evidence-based intervention with *Multi-Systemic Therapy (MST)* as the base treatment model combined with Dialectical Behavior Therapy (DBT), Motivational Enhancement Therapy (MET), and Relapse Prevention. FIT begins working with the youth and family two months prior to the youth's release from a residential program and continues for four months while the youth is on parole.

Links to Education and Employment

Parole counselors and family therapists (in-house and contracted) assist youth and their families with connections to community resources, primarily education and employment. They collaborate with the family to establish treatment goals and support active participation in positive activities. In FY 14, **89%**¹⁰ of parole youth participated in education and **32%** of parole youth of working age (16 and older) were employed.

Vocational training and educational support are two main priorities for youth releasing to their communities with or without parole. Access to employment for working age youth and continued education are two critical influences in reducing recidivism.

In FY14, for youth in certain counties who are releasing without parole services, JR has a comprehensive employment readiness and occupational training academy offered through grant funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP). This training academy includes:

- Individualized Vocational Assessment
- Road Maps to Success , a four week job readiness program
- Occupational Training/ Manufacturing Academy (10 weeks)
- Seven types of Industry Standard Certifications
- Job Preparedness (resume, mock interviews, job search techniques, etc.)
- Job Placement

JR's goal is to have every youth leaving care with a reentry plan that is developed early on and accessible throughout the continuum. This collaborative reentry plan will increase the youth's access to and positive participation in pro-social and productive activities.

Evidence Based Programs and Promising Practices

JR is committed to delivering services that are culturally relevant and effective. With the recent identification of FFP as a research based program, JR parole has evolved into a

¹⁰ Eleven percent had obtained a GED, High School Diploma, or over the age of 16 and not enrolled in school.

comprehensive system providing cost-effective services to the highest risk youth in Washington State. The Washington State Institute for Public Policy (WSIPP) identified that FFP has a positive return on investment with a **\$3.30** benefit to cost ratio¹¹.

Youth with a history of violence toward others may receive *Aggression Replacement Training (ART)*, a 12 week cognitive based program designed to help youth identify and control anger cycles, develop positive pro-social skills and increase moral reasoning. In an updated WSIPP report (January 2014) ART continued to show impressive results with over a \$37 cost benefit.

EBP Participation in FY 14:

- **FFT** – 25% parole youth & families
- **FIT** – 31% parole youth & families
- **ART** – 42% youth in residential confinement

Mentoring

Many youth are linked with community volunteers who commit to a year-long mentoring relationship to help coach and guide youth using modeling, instruction, recreational activities, and friendship. In FY14, **32%** of youth on parole were matched with a mentor.

Additional strategies beyond the traditional one to one mentoring model are continually explored in partnership with local communities in Washington State to maximize mentoring relationships with JR youth. Over **90%** of JR youth participate in programs that provide mentoring opportunities similar to group mentoring, for example the Gateways Academic Mentoring Program offered at Green Hill School. Other mentoring strategies include peer mentoring and partnerships with AmeriCore/Vista.

Close Supervision for Community Safety

Youth receive careful supervision by parole counselors trained in adolescent development and FFP. Swift and consistent interventions help to redirect youth when necessary – including a possible return to an institution for serious and dangerous conduct in the community.

Although revocations are costly and disruptive to the youth's programming, they are few in number and reserved for only the most egregious violations and mandatory conditions that require temporary confinement.¹² During FY14, on any given day, over 94% of youth were on active parole status.¹³

Graduated interventions are available to the parole counselor in lieu of revocations. Examples include: electronic home monitoring, increased home visits, decreased curfew, community service, additional check-ins with available counselor assistants, urinalysis testing, polygraph examinations, and other community resources. Discussions with the family are often the first intervention to explore ways they can contribute to increasing the youth's accountability.

¹¹ Washington State Institute for Public Policy, *Functional Family Parole (with quality assurance) Benefit-cost estimates updated October 2013*. www.wsipp.wa.gov/BenefitCost/Program/53

¹² RCW 13.40.210, Parole Program and WAC 388-740: Parole Revocation.

¹³ Ivory Reports 13 and 16, JR ACT FY14; July 2, 2014.

Quality Assurance

Consultants are located in each region and work closely with the parole counselors to ensure Functional Family Parole (FFP) is delivered as intended. FFP Counselors had **2,972** FFP meetings in FY14 with an average of **248** per month across the State.

Ongoing training and consultation is provided monthly, quarterly, and annually to ensure parole counselors have the necessary tools to stay adherent to the FFP model. Adherence measures are tracked monthly, quarterly, and annually to identify areas of strength and improvement. Environmental assessments are also conducted bi-annually to determine suitability of program environment for effective FFP delivery. See Appendix E.

Transition and Reentry Focus

JR is committed to continuous quality assessment and improvement. In the last year, a comprehensive focus on retooling transition and reentry practices has ensued. This work will significantly enhance current activities within the continuum of care targeted to:

- Streamline the diagnostic, assessment and treatment planning process
- Begin reentry planning for youth immediately upon entering JR
- Include youth and family in all reentry planning through Reentry Team Meetings
- Identify strengths and challenges within major life domains considered critical to a youth's successful reentry (David Altschuler, 2010) including:
 - Family and living arrangements
 - Peer groups and friends
 - Mental, behavioral and physical health
 - Substance abuse
 - Education and vocation
 - Employment
 - Leisure, recreation and vocational interests
 - Life skills

Youth Voice

Youth Voice is a worldwide movement that describes a strategy in which young people are authentically engaged in working toward changing the systems that directly affect their lives. Engaging youth enables them to obtain important skills, such as: critical thinking, decision making, consensus and team building. Youth Voice is part of the larger purpose of youth motivation and engagement that includes pro-social leadership, empowerment, and personal development.

Youth participation in JR goes beyond inviting young people to speak to a group of practitioners or policy makers, or assigning youth a role in a pre-determined agenda. Youth Voice in JR supports reform strategies that put youth at the center of policy, programming, treatment, education, and reentry issues and informs best practices to get those priorities addressed.

JR LOOKING TO THE FUTURE

JR's Integrated Treatment Model (ITM) provides residential treatment based on cognitive behavior interventions, parole aftercare services through Functional Family Parole, and other evidence-based practices that address the high needs 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.

Collaboration with state agencies, local partners, and most importantly youth and families will ensure that JR provides the most current, relevant and meaningful services that impact recidivism and increase community safety. JR will continue targeting resources to maintain core services that increase community safety and positive outcomes for youth and their families.

As JR implements key enhancements to transition and reentry services across the continuum, gaps in service delivery will be reduced or eliminated where possible. Including youth, families and counseling staff from the beginning of the youths' residential stay is just one way JR is enhancing program delivery. Other areas of improvement include:

- Data sharing with OSPI for seamless transition of youths' education status during school transitions within JR and the community
- Access to onsite employment information and job readiness programs
- Implementation of life skills curriculums
- Specific training for counselors working in residential programs on effective family engagement strategies.
- Youth and family participation in developing transition and reentry plans

CONCLUSION

JR continues to enhance their broad system of parole services, including Intensive Parole. FFP focuses on individual youth and family needs, natural supports, careful supervision, and linkages to communities and additional evidence based programs. JR Parole Counselors are consistently rated high in program adherence, critical to the sustainability of FFP.

The findings of the Washington Institute for Public Policy (Aos., et. al, July 2011) have established how much potential crime is reduced and how great the savings to the citizens of Washington State are when youth and their families participate in family based interventions. See Appendix B for outcomes related to Functional Family Therapy.

Continuous quality improvement is a must. This includes enhancing transition and reentry planning and increasing youth access to work and education programs. Of equal importance are developing more seamless transitions from institutions to communities. JR will continue efforts to gain funding for parole restoration to better serve all youth releasing from residential services.

It's essential for JR to provide strong quality assurance and program oversight to sustain model fidelity and continued program evaluation. The strengths of Functional Family Parole (FFP) are evident; increasing the likelihood for youth to engage in school, work and treatment programs and have a better chance at a safe and bright future.

APPENDIX A: JR YOUTH DEMOGRAPHICS

JR youth have complex needs and are at the highest end of the spectrum in terms of risk. The following data (ACT custom reports, FY14) highlights critical factors that are considered in preparing residential treatment plans and parole transition and reentry activities. 618 youth released from JR residential programming in FY 14. Of those 618 youth (percentages are rounded):

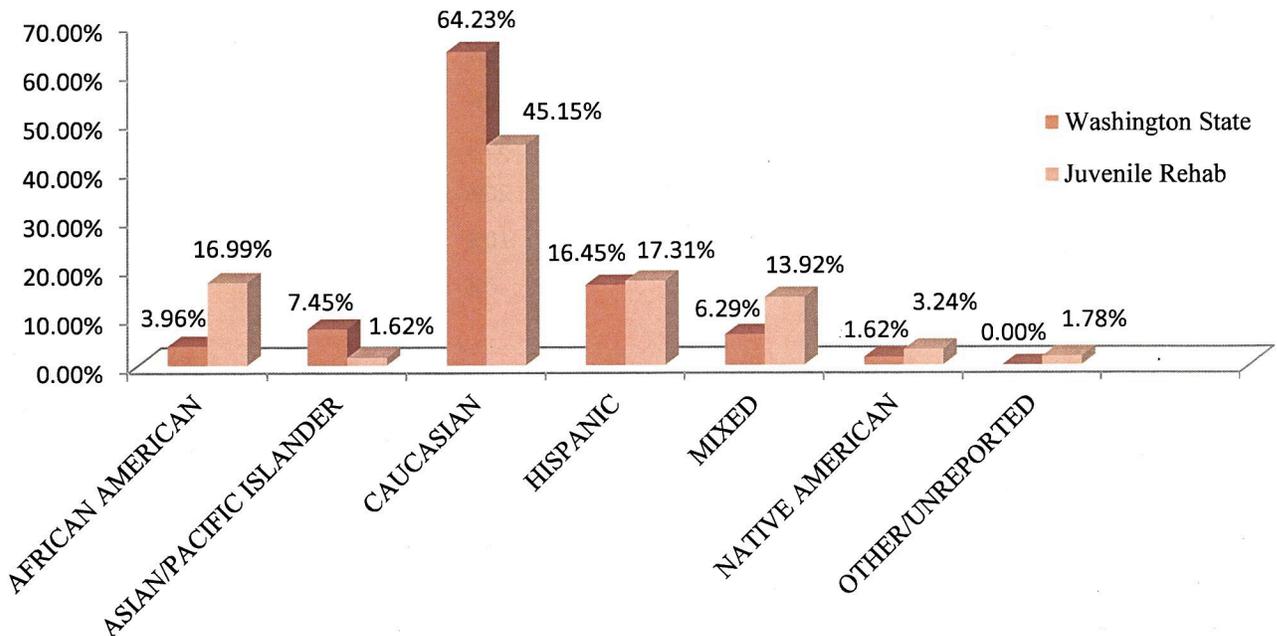
- Average age at release was 17.1 years
 - 484 (78%) were 16 years or older
 - 134 (22%) were 15 years or younger
 - 548 (89%) were male
- 310 (50%) were convicted of violent offenses
- 138 (22%) were convicted of sex offenses
- 169 (27%) had two or more treatment needs
- 311 (50%) were diagnosed as chemically dependent
- 139 (22%) met eligibility for Special Education (if known at intake)
- 355 (57%) were in the JR Mental Health Target Population
- 183 (30%) were released from community facilities (least restrictive residential programs)

Violent offenses include Murder, Arson, Robbery and Assault

Sex offenses include Rape, Rape of a Child, Child Molestation, and Indecent Liberties with Forcible Compulsion

The table below compares the percentage of youth in Washington State to those in JR¹⁴. JR continues to examine the effects of Disproportionate Minority Contact/Confinement (DMC). As policy adjustments are implemented, a DMC lens is used to examine the potential impacts to this disparity.

Table #2: Ethnicity Comparison of Washington State Youth and Youth Committed to JR



¹⁴ DSHS, Office of Financial Management, Census Data, 2010. <http://www.ofm.wa.gov/pop/asr/default.asp>

The tables below reflect the individual ethnicity percentages of JR youth releasing to parole, releasing to the community without parole and those releasing to either the Department of Corrections or back to their County of Commitment for Local Sanctions.

Table #3 African American Youth, N=105

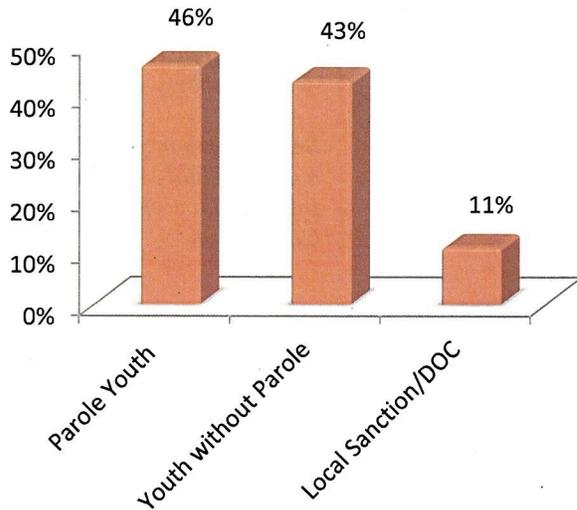


Table #4 Asian Youth, N=10

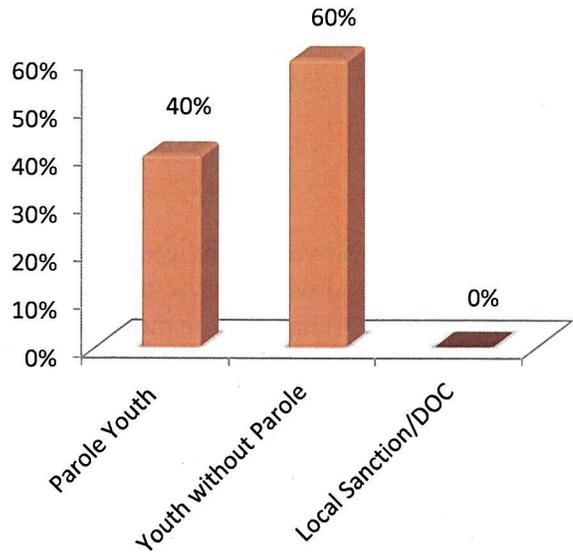


Table #5 Caucasian Youth, N=279

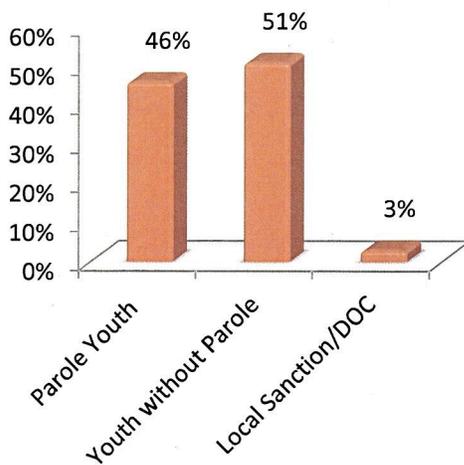


Table #6 Hispanic Youth, N=107

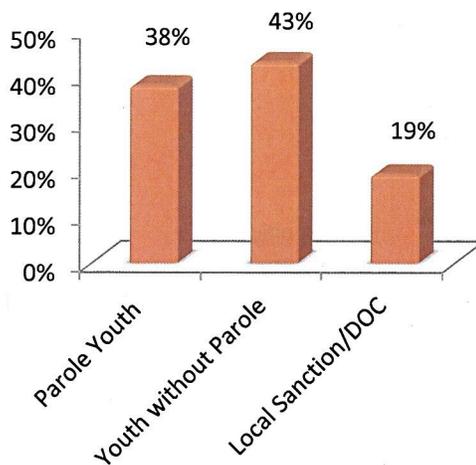


Table #7 Mixed Youth, N=86

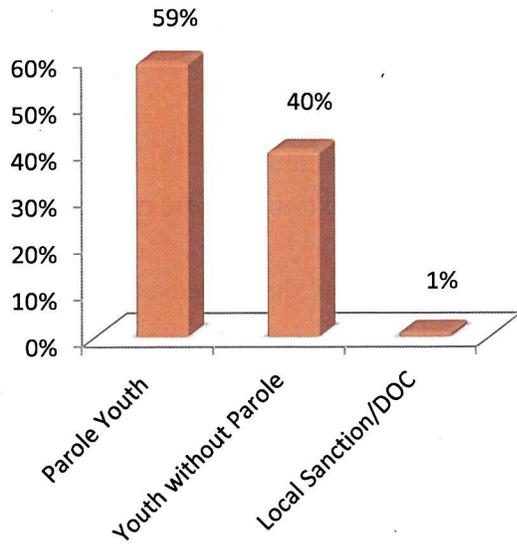


Table #8 Native American Youth, N=20

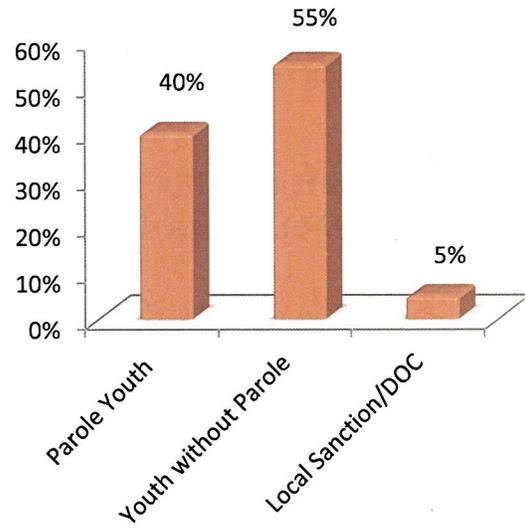
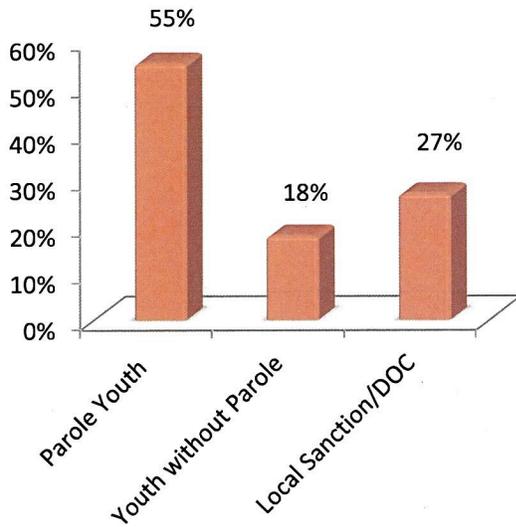


Table #9 Other/Unreported Youth, N=11

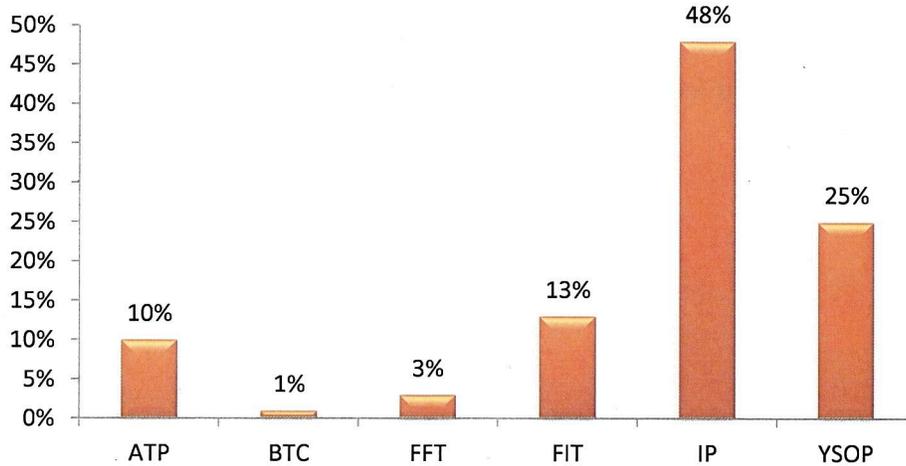


APPENDIX B: PAROLE YOUTH DEMOGRAPHICS

Only 235 (38%) of youth releasing from residential confinement in FY 14 were eligible for parole. Information below highlights key information about this population.

- Average age at release: 16.4 years
 - 204 (87%) were age 16 years or older
 - 31 (13%) were age 15 years or younger
 - 217 (92%) were male
 - 118 (50%) were convicted of violent offenses
 - 72 (31%) were convicted of sex offenses
- Treatment Needs Include:
- 207 (88%) had two or more treatment needs
 - 136 (58%) were diagnosed as chemically dependent
 - 61 (26%) met eligibility for Special Education
 - 157 (67%) meet JR's Mental Health Target Population

Table #10 Parole Type



ATP - Auto Theft Parole
BTC - Basic Training Camp Parole
FFT - Functional Family Therapy Parole
FIT - Family Integrated Transitions Parole
IP - Intensive Parole
YSOP - Youth who have Sexually Offended Parole

APPENDIX C: FFP AND OTHER EBP OUTCOMES

Ongoing quality assurance ensures that parole counselors are delivering FFP with a high degree of program fidelity. Assessing adherence to the FFP model lies within the Global Rating Measure which tracks parole counselor performance across one to three months. Achieving a consistently high degree of fidelity requires ongoing consultation, training and practice. FFP consultants work on site with parole counselors to conduct field observations, guide discussions during case staffing and assess performance regularly to provide ongoing and relevant feedback.

Initial and annual training is provided by FFP experts in JR for new and veteran staff. The key for counselors is to stay fresh with model principles and receiving regular support in working with this challenging population is a critical element to their continued success.

Juvenile Rehabilitation has transformed its entire parole services continuum into a comprehensive system of youth and family based programs.

Functional Family Parole (FFP) has shown positive and effective outcomes in three interim studies^{15 16 17} and two preliminary evaluations^{18 19} by Indiana University. The 2009 report²⁰ found that FFP:

- **Significantly reduced the number of parole revocations** (by 14.7%) as compared to traditional parole services.
- **Significantly lowered post-parole crime severity** among youth with above average pre-crime severity "...indicating that the most difficult youth received more benefit from FFP."
- **Resulted in improved family functioning**, youth behavior, parental supervision, family communication and reductions in family conflict.
- **Showed promising reductions in crime** when the parole counselor was highly adherent to the model
 - 12 months following release = 17.9 % reduction in felony crime
 - 18 months following release = 15.31% reduction in felony crime

The report also concluded that:

- Parole Counselors were able to learn and adequately perform FFP.
- Monitoring and promoting parole counselors' ability to conduct FFP with high model fidelity is critical and the most important step for the future of the program.

¹⁵ 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.

¹⁶ Thomas Sexton PhD and Marcy Rowland BA, *Preliminary Results from Adherence Ratings for the Washington State Functional Family Parole Project*, April, 2005.

¹⁷ 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.

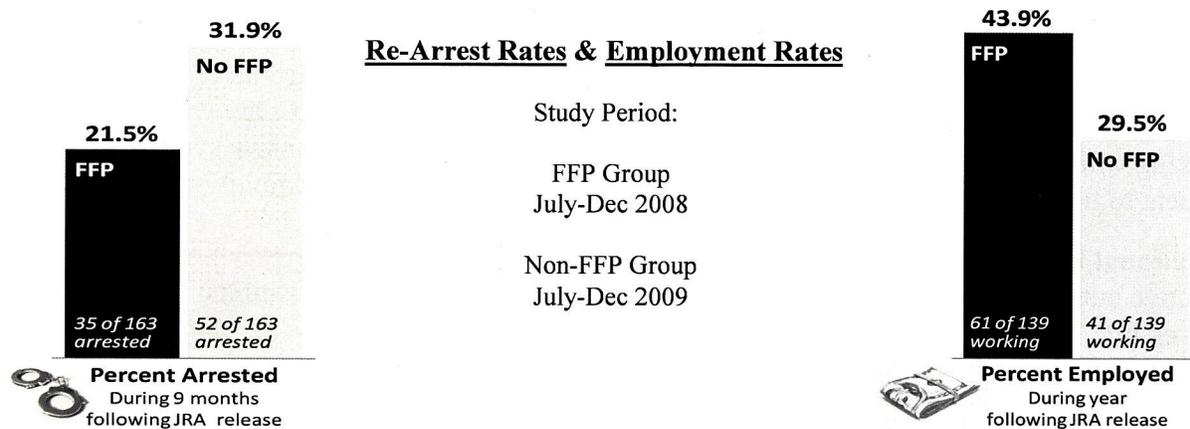
¹⁸ Marcy K. Rowland, BA and Thomas L. Sexton, PhD, *Preliminary Outcome Evaluation of the Washington State Functional Family Parole Project*, March 1, 2007

¹⁹ Thomas Sexton PhD, Marcy K. Rowland PhD, Amanda McEnery BA, *Interim Outcome Evaluation of the Washington State Functional Family Parole Project*, March 16, 2009

²⁰ Sexton, T. L., Rowland, M. K., McEnery, A. *Interim Outcome Evaluation of the Washington State Functional Family Parole Project*, Center for Adolescent and Family Studies, Indiana University, March 2009.

In 2011, the Research and Data Analysis (RDA) Division of DSHS, in collaboration with JR, published a study on the effects of FFP with two groups: youth released from residential confinement to FFP supervision and youth released without parole aftercare services.

The outcome: Youth in the FFP group were significantly less likely to be re-arrested in the nine months following release and were more likely to be employed (*and they earned more money*) than the non-FFP group. These findings were statistically significant at the $p < .05$ and $P = .005$ level, respectively.



This study shows clear and immediate impacts of reduced crime and engagement in productive activity among youth who benefit from Functional Family Parole, the core service in JR aftercare.

FFP follows principles and skills closely aligned with the FFT model. In July 2011, the Washington State Institute for Public Policy (WSIPP) published an update to “...calculate the return on investment to taxpayers from evidence based prevention and intervention programs and policies.” The Legislature instructed WSIPP to produce “a comprehensive list of programs and policies that improve . . . outcomes for children and adults in Washington and result in more cost-efficient use of public resources.” (Aos, et.al.)

WSIPP found FFT continues to produce one of the highest returns on investment ratios among the evidence based programs evaluated: “...an astounding 641%.”

In April of 2012 and again in January of 2013, the WSIPP updated the cost benefit data for evidence based programs. EBPs in JR continue to achieve high returns, as noted below.

<u>Evidence Based Program</u>	<u>Benefit per Dollar Spent</u>	<u>Likelihood of a positive return</u>
Functional Family Therapy	\$18.45	99%
Aggression Replacement Training	\$37.26	90%
Family Integrated Transitions	\$2.30	75%
Functional Family Parole	\$3.30	77%

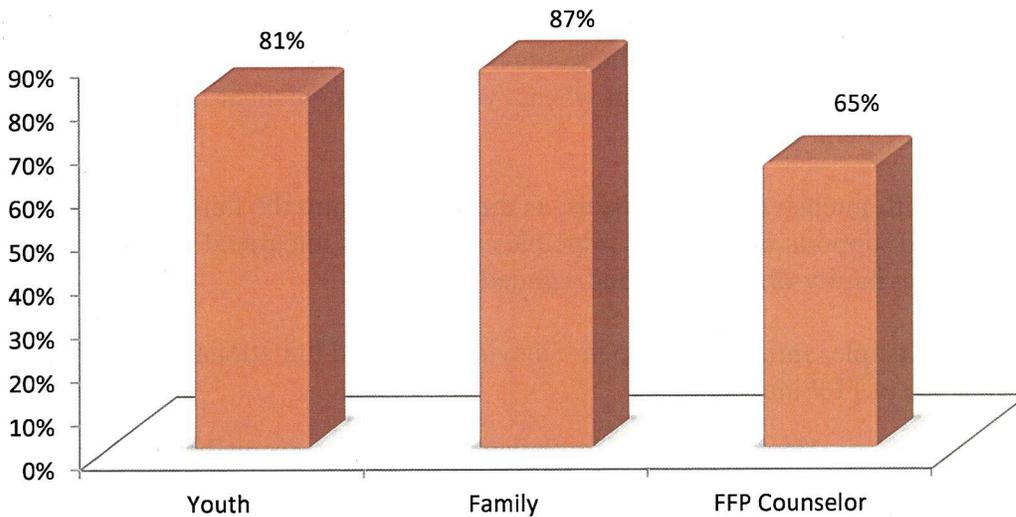
Youth and Family Outcomes

JR collects surveys from youth and families completing parole aftercare inquiring about their experiences while working with the parole counselor. Parole counselors also fill out surveys indicating their assessment of change with the youth's behavior as well as the youth and family relationships during the parole period.

Overall, many families report they are getting along better with their son/daughter on parole and the youth is performing better in the community than they were before being involved in JR.

In FY 14, outcomes were collected from 77 youth and 60 families. Parole Counselors completed 113 assessments. The table below highlights some of the positive outcomes (those answering some better or a lot of improvement for question #1) reported by youth, family, and parole counselors.

Table #11 Parole Outcomes



Parole Outcome Questions for the youth include:

1. How much have your relationships improved since parole started?
2. How much has your communication skills improved since parole started?
3. How much has your behavior improved?
4. How much has conflict in your relationships been reduced since parole started?

Questions are worded similarly for family members and the FFP counselor. Ratings are on a Likert scale ranging from: A Lot of Improvement; Some Improvement; Only a Little Improvement; No Different; Things are Worse, or Not Applicable.

APPENDIX D: FFP CASE MANAGEMENT SYSTEM

Functional Family Parole (FFP) is an evidence based parole aftercare supervision model for high risk adolescents and their families. The FFP model is an essential vehicle to motivate and engage youth and families, link them to support services, monitor parole compliance, and generalize effective skill development across situations. Within FFP, effective programs and services include:

- Evidence Based Programs such as Functional Family Therapy, Aggression Replacement Training, Family Integrated Transitions, Multi-Systemic Therapy
- Educational and vocational programming
- Substance abuse treatment
- Sex offender treatment
- Mental health treatment
- Mentoring

Functional Family Parole provides a motivational context through compulsory and incentive based activities. FFP 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 Intensive Parole models, as they both require the family to be the unit of intervention. FFP also supports wraparound principles and utilizes integrated case management practices by employing family-driven and youth-guided planning.

FFP is anchored in principles mirroring those in the evidence-based Functional Family Therapy model. The principles of FFP include:

- **Balanced Alliance** – Having an effective ‘balanced’ alliance means the youth and family experience the parole counselor as neutral (not taking sides and willing to listen). Parole counselors skilled in creating a balanced alliance often experience less missed parole meetings with youth and families. They also have more credibility with families so they can discuss important, yet often difficult, topics such as mental health, substance abuse or concerns about safety and sexual offending behaviors.
- **Relational (Family) Focus** – Parole counselors focus on relationships between the youth and their family, community and peer group as a vehicle for understanding their needs, linking to appropriate services and supporting lasting change.
- **Strength Based** – Parole counselors emphasize the balance between risk and protective factors (considering the strength in behaviors) even if hard to define. The goal is to maintain motivation based on alliance, credibility and identification of youth and family strengths.
- **Respect** - Parole counselors work to respect family dynamics (what each person brings to the table) by meeting them where they are and valuing the person. Youth and families should feel respected and safe in conversations and acknowledged for their efforts.

- **Matching** - This 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 outcomes which are individually assessed by the parole counselor for each youth and family with their input.

Functional Family Parole is delivered in three phases. The first phase is **Engagement and Motivation** where the parole counselor works with the family to understand their story, increase a relational focus and interrupt negativity and blame where possible. In this phase, counselors meet with families weekly and focus on goals such as getting the family to talk and listen, helping them see they are part of the solutions, making their relationships the primary focus and motivating the youth to continue using skills they've learned while in residence.

The skills and strategies counselors use in this phase are employed throughout the duration of FFP. When used correctly, the skills are effective at increasing and maintaining youth and family hope and motivation.

During FFP Engagement and Motivation, community resources identified during preparation for release are initiated and the counselor works within the principles of the model to maintain motivation with the entire family.

The second phase of FFP is **Support and Monitor**. The parole counselor focuses on eliminating barriers to services, supporting interventions, and monitoring parole compliance. The counselor may meet with the family less often in this phase but never less than one time per month. The primary outcome for this phase is to enhance protective factors and reduce risk.

Generalization is the final phase in FFP, usually occurring 30-90 days prior to parole discharge. The goals in this phase are three-fold:

- Focus on relapse prevention
- Generalize skills to other areas
- Identify additional community resources and natural supports

Parole Counselors work to help the family 'own' their positive changes and realize they are responsible for the success they have experienced. As parole ends and the family is more empowered, they rely less on outside services and more on their internal protective factors, resulting in lasting change that impacts the family and their community in very positive ways.

APPENDIX E: FFP ELEMENTS OF QUALITY ASSURANCE

In evidence based programs, model fidelity is based on adherent delivery and competent performance. Adherent delivery means doing the activities that FFP is designed to do. Examples of this are activities like meeting with families regularly, attending to phase goals, completing session notes timely, using FFP skills in the room with families, etc. Competent performance means that when doing the FFP activities, you do them well.

Ensuring model fidelity in a community based system of care requires an organized approach to both quality assurance and performance improvement. The primary goals of this system are to improve and maintain the adherent delivery of FFP.

Quality Assurance (QA) involves accurately monitoring and tracking reliable measures of model implementation and delivery. QA information is intended:

- to be used by JR Managers who determine individualized performance improvement plans,
- to determine adherent FFP program delivery, and
- to be used as a tool for consultation and performance feedback for case carrying staff.

QA information is based on reliable measures gathered from different perspectives, multiple data points, and incremental measures.

Performance Improvement refers to the implementation of particular activities based on feedback that is:

- ongoing, specific, and timely
- grounded within accurate measures of model fidelity (e.g., Global Rating Measures)
- supportive of a consistent and individualized approach

Eight Elements of QA combine to provide a comprehensive set of activities to teach, model, coach and support adherent FFP delivery. They include:

1. FFP Training
2. Documenting FFP session notes and parole contacts
3. Field Co-Visits
4. Staffing/Consultation – both case reviews and formal/informal staffing
5. Monthly reporting to statewide QA Administrator and Director of Community and Parole Programs
6. Global Rating Measures
7. Parole Outcome Measures
8. Environmental assessments and staff self-assessments

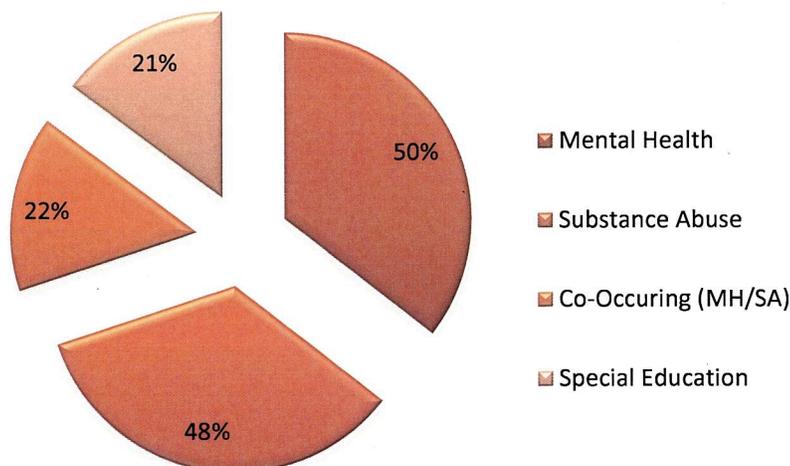
APPENDIX F: YOUTH RELEASED WITHOUT PAROLE SERVICES

The risk and needs profiles of youth releasing without parole aftercare services are similar to those youth who receive FFP. The data below reflect the youth released from residential confinement to the community without parole aftercare in FY14, N=246²¹.

- Average age at release: 16.7 years
 - 197 (80%) were age 16 years or older
 - 49 (20%) were age 15 years or younger
 - 206 (84%) were male
- 113 (46%) were convicted of violent offenses
- 25 (10%) were convicted of sex offenses

Female offenders typically score lower on risk assessments and do not commit the types of offenses which require parole, leaving the majority of them ineligible for FFP.

Table #12 Treatment Needs for Youth Releasing without Parole



78% of youth have either mental health or substance abuse issues or both treatment needs.

²¹ This excludes youth releasing due to turning 21 years of age and Department of Corrections Youth.

