

Report to the Legislature

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

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

December 2015

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. It also required annual reports on progress in meeting goals for information management, program evaluation, implementation, quality, and effectiveness.

Intensive Parole (IP) was first implemented in 1998 using the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Intensive Aftercare Project (IAP) model. In 2003, as part of a restructuring of parole services, Juvenile Rehabilitation (JR) introduced Functional Family Parole (FFP), a family focused parole case management model. FFP was developed in conjunction with Functional Family Therapy (FFT) and uses the same principles and skills of FFT, an evidence-based intervention with over 40 years of research showing positive impacts on recidivism for high risk youth.

Functional Family Parole aftercare focuses on early assessment and planning for transition and reentry needs, incorporating family support, and providing tailored supervision. JR parole counselors are consistently rated high in program adherence, critical to achieving the desired outcomes of parole aftercare in assisting youth as they reenter their communities and take on the challenges of socially responsible living.

A youth recently had this to say about parole: ***“I have really improved in the past 2 years. It has taken me a while, but this has really straightened me up a lot. So I really feel like it has helped me a lot and I am thankful.”***

FFP is as an evidence-based program when provided with highly adherent delivery.² FFP counselors are trained 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.

The 2014 legislative session resulted in the passing of HB 2164, allowing JR to expand evidence based aftercare to youth with certain firearm offenses. This included parole and other interventions such as Aggression Replacement Training (ART) and FFT. This opportunity to serve more youth with parole aftercare is, in part, because FFP is effective at reducing recidivism. Today, there are youth who release from JR without parole. They lack the support and structure of FFP aftercare and often struggle to re-connect to their communities.

¹ Washington State Legislature. RCWs 13.40.210, Parole Program and 13.40.212, Intensive Supervision. <http://apps.leg.wa.gov/RCW/default.aspx?cite=13.40.210>

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

Parole Types Include:

- Intensive
- Sex Offender
- Firearm
- Auto Theft
- Functional Family Therapy
- Family Integrated Transitions (Co-Occurring)
- From Out of State

The Legislative Mandate

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,³ 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."

The Functional Family Parole Model

Overview:

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 youth transferring directly to the Department of Corrections, those relocating out of state, and those turning 21 years of age.

The administrative decision to strengthen 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*⁴.

FFP is a family focused and strength based 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 internationally⁵.

JR provides FFP to **all parole youth** and offers the family therapy (FFT) to certain eligible youth and families based on capacity and geography. In Fiscal Year 2015, **22%** of parole youth and families received the FFT intervention. JR is committed to this highly effective intervention and

³ Altschuler, David and Armstrong, Troy, "Intensive Aftercare for High-Risk Juveniles: A Community Care Model". Office of Juvenile Justice and Delinquency Prevention. September, 1994.

⁴ Schmidt, Henry III, Ph.D., and Salsbury, Robert 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.

⁵ www.fftinc.com

continues to explore creative ways to expand the delivery of FFT and other evidence-based programs.

Functional Family Parole (FFP) combines national best practices such as identifying natural supports, linking families to their communities through education, vocation, and mentoring opportunities while monitoring parole compliance through a combination of motivation techniques and graduated interventions.

Family support is critical to increasing youth protective factors and reducing the risk of recidivism. Early and consistent 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 focuses on individually matching services to youth and families, responding swiftly and 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 focus⁶.

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, reentry, and participation in evidence-based parole aftercare services.

Youth 18 and older or who 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.

88 percent of JR parole youth have families who participate in FFP. Where youth may not have families, parole counselors still use the FFP model principles and involve persons willing to participate in the process.

JR parole counselors use specific 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.

Intensive Supervision for Community Safety

Youth receive intensive 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 a more secure setting such as a JR institution for serious and dangerous conduct in the community. This return is referred to as a ‘parole revocation’.

Although parole revocations are costly and disruptive to the youth’s progress in the community, they are few in number and reserved for only the most egregious violations and mandatory

⁶ The Council of State Governments Justice Center. “Reducing Recidivism and Improving Outcomes for Youth in the Juvenile Justice System”, July 28, 2014. <http://csgjusticecenter.org/youth/publications/juvenile-justice-white-paper/>. August 12, 2015.

conditions that require temporary confinement.⁷ During FY 2015, of the **353** youth released to supervision, **284** youth (80%) did not get their parole revoked. Sixty-nine (**69**) youth (20%) did serve at least one revocation for parole violations.

Graduated interventions are available to the parole counselor in lieu of parole revocations. Examples include: increased check in's, increased home visits, earlier curfew, community service, additional urinalysis testing, connections to other community resources, and polygraph examinations (for youth who have sexually offended). Discussions with the family are typically the first intervention to explore ways they can contribute to increasing the youth's accountability while maintaining an effective working relationship.

The Current State of FFP Services

*"[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."*⁸

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' Rehabilitation Administration (RA). Juvenile Rehabilitation (JR) has intentionally worked to deliver best practices and evidence based approaches across all parole types, while striving to maintain parole aftercare as part of the whole continuum of rehabilitative services (see Appendix A).

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

The National Juvenile Justice Network⁹ 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 Reentry¹⁰ and recommends reentry programs include:

- a strong focus on reintegration of the youth into society;
- a connection to Positive Youth Development (PYD) principles;
- pathways to address the unique role of race/ethnicity and gender;

⁷ Washington State Legislature. "RCW 13.40.210, Parole Program and Washington Administrative Code 388-740: Parole Revocation". <http://apps.leg.wa.gov/RCW/default.aspx?cite=13.40.210> . August 12, 2015.

⁸ Altschuler, David. "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.

⁹ National Juvenile Justice Network. "New Research Shows Community-Based Alternatives as Effective as Institutional Placements for Curbing Re-arrest in Youth with Serious Offenses", January 2010. www.njjn.org

¹⁰ Mears, D.P, Travis, J. "The Dimensions, Pathways and Consequences of Youth Reentry". January, 2004. www.urban.org.

- 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 assessment and treatment services that include evidence based and promising programs;
- efficient case management practices that address youth and family needs;
- comprehensive education, vocation, and employment programs; and
- family and community-based connections driven by youth voice.

FFP is not only well equipped to address these elements of best practice, it uniquely tailors aftercare services to the individual risk and need profiles of youth releasing to parole. The phase based structure of FFP allows for flexibility within family meetings to be contingent, hold youth accountable, ensure community safety, and increase positive outcomes (see Appendix B).

The Complex and Serious Needs of High Risk JR Youth

In Fiscal Year 2015, **629** youth were released from JR residential confinement and **353** (56%) were eligible for Functional Family Parole, including all youth on Intensive Parole. In this same fiscal year, **248** (39%) 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. The remaining **5%** of youth (n=28) either transferred to Department of Corrections directly from JR at age 18 as part of the Youthful Offender Population (n=23) or were released for other reasons such as turning 21 years of age (n=2), serving multiple 30-day sentences (n=2) or due to an amended court order (n=1).

Of the youth released from JR residential facilities in FY 2015, over **59%** have mental health needs, **57%** were diagnosed as chemically dependent, and an average of 45% met eligibility for Special Education, which includes having an Individual Education Plan (IEP). Over **47%** of JR youth releasing from residential confinement have two or more treatment needs. Treatment needs include: mental health, chemical dependency, sexual offending, and special education (see Appendix C).

JR provides an effective, comprehensive, and collaborative aftercare system to address those complex needs, including:

- **Functional Family Parole** – for all parole eligible youth
- **Family Integrated Transitions** – for youth with co-occurring diagnoses (mental health and substance abuse)
- **Functional Family Therapy** – for youth and families in need of family counseling
- **Aggression Replacement Training** – for youth with highly aggressive behaviors
- Treatment for youth with **sexual offenses**
- Treatment for youth with **substance use disorders**
- Connections to **community** based:

- mental health treatment
- mentoring
- education
- vocational services including **Vocational Rehabilitation**

The Quality Improvements in Parole Services for High Risk Youth

Significant improvements have been made 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.

This past year, JR created a Reentry Team Meeting (RTM) model to increase the effectiveness of the Integrated Treatment Model (ITM). The RTM is designed to provide a venue for the youth, family, residential counselor, and other relevant supports to meet early in the youth’s stay to discuss treatment and transition plans. The meeting is facilitated by a neutral person whose primary goal is to help the discussion produce a Reentry Plan that the youth and family ‘own’ as part of their experience with JR. This Reentry Plan is organized into reentry domains established by national best practices in juvenile justice¹¹.

Reentry Domains Include:

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

This Reentry Plan is dynamic and follows the youth throughout the entire continuum of care and is updated periodically to reflect successes and progress they have made. Additionally, the RTM and the resulting Reentry Plan help connect the evidence based treatment programs offered during the youth’s residential stay with parole aftercare services to help the youth and family sustain positive changes.

Links to Education and Employment

JR is committed to continuous quality assessment and improvement. Along with the implementation of RTMs, other enhancements have been made. These include streamlining the diagnostic, assessment, and treatment planning process with:

- a data sharing agreement with the Office of Superintendent of Public Instruction (OSPI) to have early access to Individual Education Plans (IEP) and current education information of youth entering JR;

¹¹ National Reentry Resource Center. “Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System”. July 2014. <http://csgjusticecenter.org/youth>. August 12, 2015.

- intra-agency collaboration with Vocational Rehabilitation to address the unmet needs of youth with disabilities seeking and maintaining employment;
- intra-agency agreement with Children’s Administration (CA) to provide streamlined care and support for JR youth who are dependents of CA (or may become dependent) including youth involved with the Extended Foster Care program or at risk of homelessness;
- continued partnership with the Washington State Workforce Training and Education Coordinating Board to improve access to and readiness for employment for JR’s age appropriate youth.

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 2015, of the **353** youth released to parole **200** (57%) were linked to education programs including regular high school, GED preparation, or post-secondary programs. The other **153** youth, 43%, had either completed their primary education, were seeking or had gained employment, or were involved in other services such as job training, treatment, or other vocational preparation programs. Of the youth released to parole who were of working age (n=275), **176** (64%) 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 factors in reducing recidivism.

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 provides information to youth on juvenile justice issues that policy makers are currently addressing. JR brings youth to the table to discuss policy, programming, treatment, education, and reentry issues to better inform best practices and address priorities. JR’s implementation of RTMs is evidence of the administration responding to best practice and Youth Voice. Continuous feedback and evaluation of current practice is critical to ensure JR continues striving to meet the intent and spirit of Youth Voice.

Evidence Based Programs and Promising Practices

JR's **Functional Family Parole (FFP)** model has been designated as 'evidence based'. FFP is provided to all youth receiving parole aftercare services. This program mirrors Functional Family Therapy principles and is 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.

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

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 aftercare has evolved into a 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 solid return on investment with a **\$3.24** benefit to cost ratio¹².

Youth with a history of violence toward others may receive **Aggression Replacement Training (ART)** while in residence at a JR facility. ART is 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 the July 2015 updated WSIPP report, ART continued to show impressive results with an **\$18.66** cost benefit (see Appendix D).

EBP Participation in FY 15:

All JR Youth admitted (N=565):

➤ **ART** 53%

All Parole Eligible Youth (N=353):

➤ **FIT*** 14%

➤ **FFT** 22%

*contracted in eight counties

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 FY 2015, **72** youth on parole (20%) were matched with a mentor.

¹² Washington State Institute for Public Policy. "Juvenile Justice Benefit-cost estimates: updated July 2015". http://www.wsipp.wa.gov/BenefitCost/WsippBenefitCost_AllPrograms. August 12, 2015.

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. The Gateways Academic Mentoring Program offered at Green Hill School is an example of a group mentoring. Other mentoring strategies include peer mentoring and partnerships with AmeriCore/Vista.

Quality Assurance for Program Sustainability

FFP consultants are in every region and work closely with the parole counselors and supervisors to ensure FFP is delivered as intended. There are 18 case-carrying FFP counselors located across the state. In FY 2015, they had a total of **3,455** FFP meetings with JR youth and families, an average of **288** meetings per month.

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).

The Future of FFP Aftercare Services

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 and high risk 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 crime¹³.

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. Youth, family, and counseling staff collaboration from the beginning of the youths' residential stay is just one way JR is enhancing program delivery. Other areas of improvement include:

- creating innovative ways to serve more of the current "No Parole" group with some post-release aftercare services and support
- retooling the Automated Client Tracking (ACT) system to streamline and better support, treatment, transition and reentry best practices;
- expanded partnerships with school districts to enhance learning opportunities;

¹³ Altschuler, David, and Bilchik, Shay. "Critical Elements of Juvenile Reentry in Research and Practice". April 21, 2014. <http://csgjusticecenter.org/youth/posts/critical-elements-of-juvenile-reentry-in-research-and-practice/>. August 13, 2015.

- increased access to onsite employment information and job readiness programs;
- comprehensive implementation of life skills curriculums;
- expansion of service delivery areas for evidence based family therapies; and
- specific training for counselors working in residential programs on effective family engagement strategies.

Conclusion

JR continues to enhance parole aftercare services, including Intensive Parole, through the delivery of FFP. This evidence based aftercare model focuses on individual youth and family needs, natural supports, careful supervision, and links 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 Policy¹⁴ 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 effective family based interventions.

Continuous quality improvement is a must. It's essential for JR to provide strong quality assurance and program oversight to sustain model fidelity and provide consistent data for continued program evaluation. This includes enhancing transition and reentry planning and increasing youth access to work and education programs.

The strengths of Functional Family Parole (FFP) are evident and the research is clear. Providing access to Parole Aftercare increases the likelihood for youth to engage in school, work, and treatment programs and have a better chance at a safe and bright future.

JR will continue efforts to educate about the importance of Parole Aftercare to better serve all youth releasing from residential services.

A quote from a youth recently finishing parole: ***“I want to thank my parole counselor and parole for putting up with me this whole time, working with me, supporting me through everything I sincerely appreciate it.”***

¹⁴Aos, Steve., et.al. “Return on Investment: Evidence-Based Options to Improve Statewide Outcomes - July 2011 Update”. Washington State Institute for Public Policy. July 2011. <http://www.wsipp.wa.gov/Reports>. August 13, 2015.

Appendix A: Evidence Based and Promising Program Implementation Timeline

<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 ➤ FFP enhanced through transition and reentry focus

Appendix B: 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 use treatment;
- Sex offender treatment;
- Mental health treatment;
- Mentoring; and
- Graduated Interventions.

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 collaborative 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 use 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 C: FY 2015 JR Youth Demographics

JR youth have complex needs and are at the highest end of the spectrum in terms of risk. The following data highlights critical factors that are considered in preparing residential treatment plans and transition and reentry activities. In FY 2015, 629 youth released from JR residential programs. Of those 629 youth:

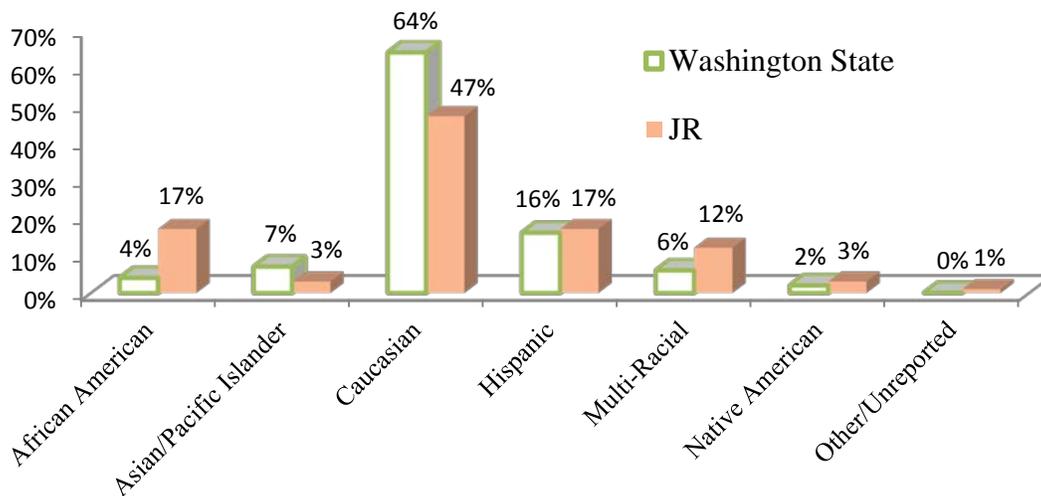
- Average age at release was 16.8 years
 - 214 (34%) were 18 years or older
 - 506 (80%) were 16 years or older
 - 123 (20%) were 15 years or younger
 - 563 (90%) were male
- 335 (53%) were convicted of violent offenses
- 113 (18%) were convicted of sex offenses
- 298 (47%) had two or more treatment needs
- 358 (57%) were diagnosed as chemically dependent
- 283 (45%) met eligibility for Special Education¹⁵
- 373 (59%) were in the JR Mental Health Target Population (MHTP)¹⁶
- 239 (38%) were released from community facilities (least restrictive residential programs)
- 390 (62%) were released directly from JR institutions (without least restrictive placement)

Violent offenses that require parole include Murder 1st or 2nd Degree.

Sex offenses that require parole include Rape 1st or 2nd Degree, Rape of a Child 1st or 2nd Degree, Child Molestation 1st Degree, and Indecent Liberties with Forcible Compulsion

The table below displays the percentage of youth by Ethnicity in Washington State compared to those who are committed to JR¹⁷. JR continues to examine the effects of Racial and Ethnic Disparities (RED). As policy adjustments are implemented, a RED lens is used to examine the potential impacts and discover new ideas to address existing disparities.

Table #1: Ethnicity of Youth in Washington State v. JR



¹⁵ The number fluctuates between 40 and 50 percent. This is an average based on recent data from OSPI.

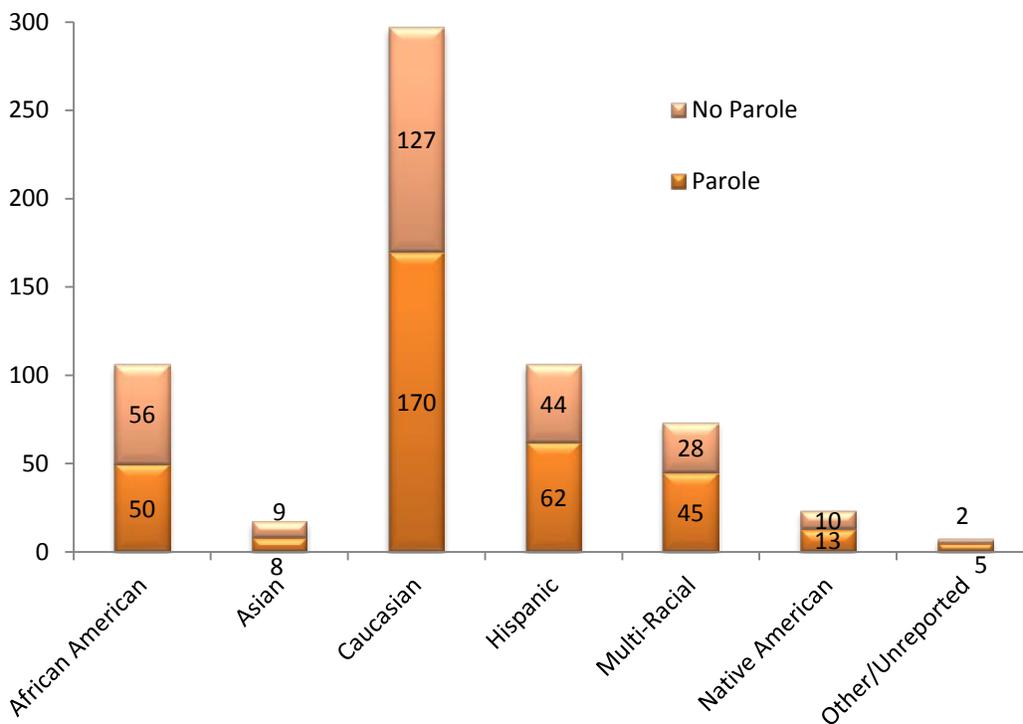
¹⁶ Youth are included in JR's MHTP if they meet one of the following: 1). Axis I DSM-IV diagnosis, excluding sole diagnoses of Conduct Disorder, Oppositional Defiant Disorder, Pedophilia, Paraphilia, or Chemical Dependency; 2). Currently prescribed psychotropic medication; or 3). Exhibited suicidal behavior within the last six months."

¹⁷ DSHS, Office of Financial Management, Census Data, 2010. <http://www.ofm.wa.gov/pop/asr/default.asp>.

Parole aftercare services are designed to support and supervise youth as they transition from JR residential programs to the community. This can include assistance with education, vocation, treatment, and mentoring. As a result of budget cuts in State Fiscal Year 2009, parole was eliminated for all JR offenders except high-risk, auto theft offenders, and sex offenders. This resulted in a substantial reduction in youth receiving JR parole aftercare services. One question that surfaced was whether or not racial and ethnic disparities existed in determining who gets parole. The information below examines this question.

In 2015, 56% of the 629 youth released from Juvenile Rehabilitation received parole (N=353). Youth most likely not to receive parole are Multi-Racial youth at 62%. The second group of youth most likely to receive parole includes Hispanic youth at 58%. Native American and Caucasian receive parole at 57% each along with African American and Asian youth receiving parole at equal rates of 47%. See Table #2.

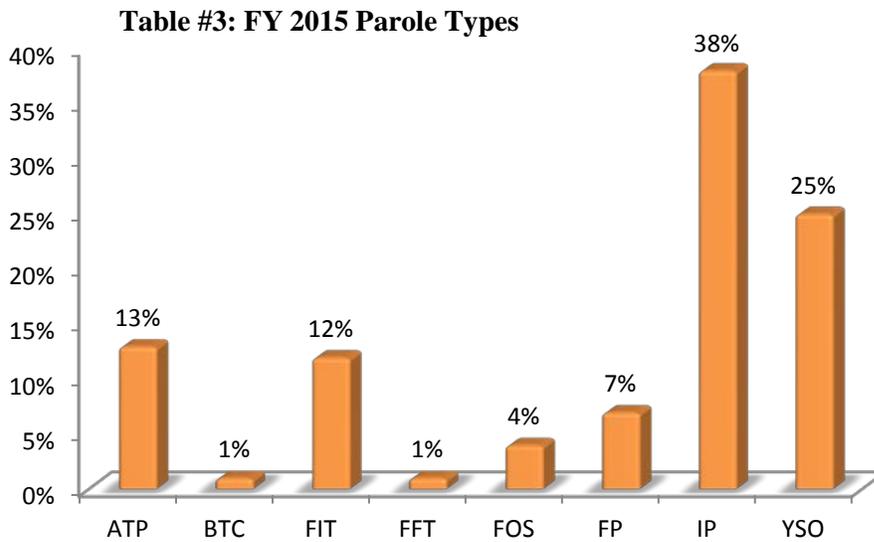
Table #2: Parole Status of Youth Released from JR by Race: 2015



Parole Youth Demographics

In FY 2015, **353** (56%) of youth releasing from residential confinement were eligible for parole; Information below highlights key information about this population of high risk offenders. Note: percentages are rounded.

- Average age at release: 16.6 years
 - 275 (78%) were 16 years or older
 - 82 (23%) were 15 years or younger
 - 328 (93%) were male
 - 25 (7%) were female
- 153 (43%) were convicted of violent offenses
- 88 (25%) were convicted of sex offenses
- 193 (55%) had two treatment needs¹⁸
- 48 (14%) had three treatment needs
- 204 (65%) were diagnosed as chemically dependent (out of 315 youth assessed)¹⁹
- 109 (39%) met eligibility for Special Education (out of 279 youth assessed)
- 234 (70%) met JR's Mental Health Target Population (out of 336 youth assessed)
- 147 (44%) met co-occurring chemical dependency and mental health diagnoses



ATP - Auto Theft Parole
BTC - Basic Training Camp Parole
FIT - Family Integrated Transitions Parole
FOS - From Out of State Parole
FFT - Functional Family Therapy Parole
FP - Firearm Parole
IP - Intensive Parole
YSO - Youth who have Sexually Offended Parole

¹⁸ Treatment needs include chemical dependency, mental health, special education, or treatment for sexual offending behavior

¹⁹ Not all youth receive full scale assessments based on initial screening tools, length of time at the facility, facility transfers, or previous recent assessment information available that eliminates the need for an assessment.

Appendix D: Outcomes for Evidence Based Programs

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 (GRM) which tracks parole counselor performance across one (1) to three (3) months. Achieving a consistently high degree of fidelity requires ongoing consultation, training, and practice. FFP consultants work on site with parole counselors and supervisors 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 outcome for parole counselors is to stay fresh and energized to work with this challenging population. Adhering to model principles and receiving regular consultation and support are critical elements to their continued success.

Functional Family Parole has shown positive and effective outcomes in three interim studies^{20 21 22} and two preliminary evaluations^{23 24} by Indiana University. The 2009 report²⁵ 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.

²⁰ Sexton, Thomas, Ph.D., Rowland, Marcy, B.A., and Gruber, Julia, B.A. "Preliminary Results from Client Outcome Measure-Parent (COM-P) for the Washington State Functional Family Parole Project". February, 2005.

²¹ Sexton, Thomas, Ph.D. and Rowland, Marcy, B.A., "Preliminary Results from Adherence Ratings for the Washington State Functional Family Parole Project". April, 2005.

²² Sexton, Thomas, Ph.D. and Rowland, Marcy, B.A., "Changes in Outcomes Across Time for the First Year of the Washington State Functional Family Parole Project". June, 2005.

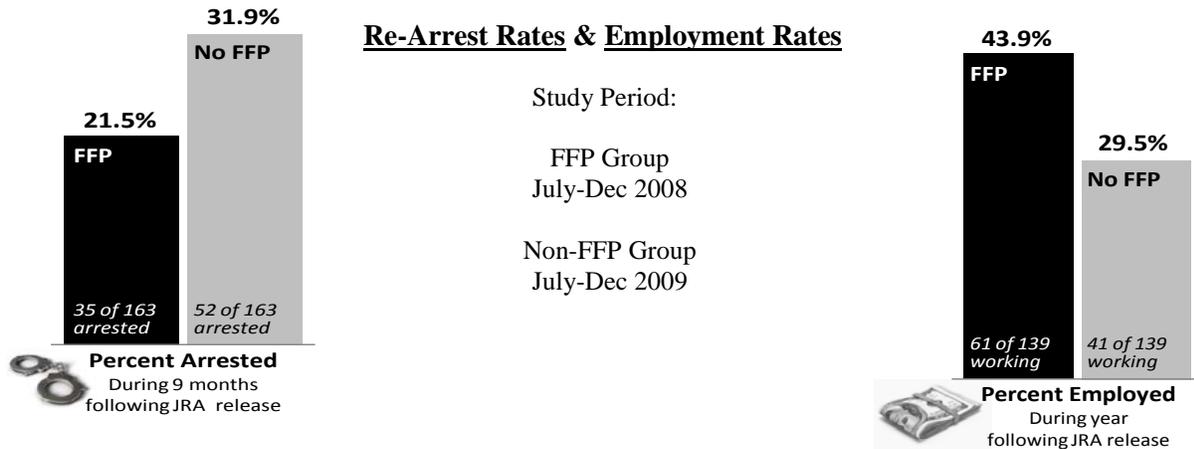
²³ Rowland, Marcy, B.A. and Sexton, Thomas, Ph.D. "Preliminary Outcome Evaluation of the Washington State Functional Family Parole Project". March 1, 2007.

²⁴ Sexton, Thomas, Ph.D., Rowland, Marcy, Ph.D., and McEnery, Amanda, B.A. "Interim Outcome Evaluation of the Washington State Functional Family Parole Project". March 16, 2009.

²⁵ Sexton, T. L., Rowland, M. K., and 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 services²⁶.

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.



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

FFP follows principles and skills closely aligned with the FFT model. The intended outcome is for the benefits from FFT to be inferred to FFP. Although they are two different interventions, FFT is a family counseling model and FFP is a parole aftercare case management model, the connection is evident in the outcomes.

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 July of 2015, 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	\$11.19	99%
Aggression Replacement Training	\$18.66	94%
Functional Family Parole	\$3.24	75%
Family Integrated Transitions	\$2.24	74%

²⁶ <https://www.dshs.wa.gov/sesa/rda/research-reports/effects-functional-family-parole-re-arrest-and-employment-youth-washington-state>

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, counselors 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); and
- 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 – initial series and annual;
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; and
8. Environmental assessments and staff self-assessments.