

## **REPORT TO THE LEGISLATURE**

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

RCW 13.40.212(2)

December 21, 2017

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## Executive Summary

In 1997, the Washington State Legislature enacted Chapter 338, Laws of 1997, Section 34, which recognized that traditional parole services for high-risk juvenile offenders were insufficient to provide adequate rehabilitation and public safety. That law required the Department of Social and Health Services (DSHS) to implement the promising Office of Juvenile Justice and Delinquency Prevention (OJJDP) Intensive Aftercare Program (IAP) model<sup>1</sup> for the top 25 percent highest risk to re-offend youth in DSHS's Rehabilitation Administration - Juvenile Rehabilitation (JR).

That law, codified as RCW 13.40.212, also enumerated principles and elements of the Intensive Aftercare program. This required DSHS, beginning December 1999, to report annually to the Legislature "on the department's progress in meeting the intensive supervision program evaluation goals required under subsection (1)(c)...". Subsection (1)(c) of that section requires: "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."

JR continues to enhance parole aftercare services, including Intensive Parole, through the delivery of Functional Family Parole (FFP). This evidence based aftercare model focuses on individual youth and family needs, comprehensive reentry planning, identification of natural supports, careful supervision, and links to communities and additional evidence based programs.

**Functional Family Parole** has shown positive and effective outcomes in three interim studies<sup>2 3</sup><sup>4</sup> and two preliminary evaluations<sup>5 6</sup> by Indiana University. The 2009 report<sup>7</sup> 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."

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

<sup>2</sup> 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.

<sup>3</sup> Sexton, Thomas, Ph.D. and Rowland, Marcy, B.A., "Preliminary Results from Adherence Ratings for the Washington State Functional Family Parole Project". April, 2005.

<sup>4</sup> 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.

<sup>5</sup> Rowland, Marcy, B.A. and Sexton, Thomas, Ph.D. "Preliminary Outcome Evaluation of the Washington State Functional Family Parole Project". March 1, 2007.

<sup>6</sup> 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.

<sup>7</sup> 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.

- **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.

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<sup>8</sup>. The outcome of this evaluation showed that youth in the FFP group were significantly less likely to be re-arrested in the nine (9) 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.

The strengths of FFP are evident and the research is clear. Recent data sharing agreements will allow for additional reporting of recidivism data to highlight the positive outcomes associated with youth and their families participating in parole aftercare.

JR will continue efforts to collaborate with and educate stakeholders and communities about the importance of FFP to better serve all youth releasing from residential programs. Providing access to parole aftercare and the resources that come along with it increases the likelihood for youth to engage in school, work, and treatment programs and have a better chance at a safe and bright future.

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<sup>8</sup> <https://www.dshs.wa.gov/sesa/rda/research-reports/effects-functional-family-parole-re-arrest-and-employment-youth-washington-state>

## Introduction

Intensive Parole (IP) was first implemented in 1998 using the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Intensive Aftercare Project (IAP) model.

The key elements of the JR IP supervision model are:

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

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

- Phase 1 (10/98 – 10/99): Community Supervision/Traditional Community Linkages
- Phase 2 (10/99 – 10/00): Residential/Transitional/Community Supervision/Traditional Community Services Enhancements
- Phase 3 (10/00 – 1/03): Evidence-Based Practice Implementation
- Phase 4 (1/03 – Present): Functional Family Parole (FFP) and Expanded Transition and Reentry Services.

In 2003, as part of a restructuring of parole services, JR introduced Functional Family Parole (FFP), a family focused parole case management model, and applied to intensive parole aftercare as well as other parole types. 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. FFP has recently been designated as a promising program when provided by highly adherent counselors.<sup>9</sup> JR's overall implementation of FFP has been shown to be positive and effective by three interim outcome studies and one preliminary outcome evaluation by Indiana University. (Sexton, et.al, 2005, 2007, 2009)

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.

FFP counselors serve youth on parole and 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.

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<sup>9</sup> Updated Inventory of Evidence-Based, Research-Based and Promising Practices. Evidence Based Practice Institute & WSIPP. [www.wsipp.wa.gov](http://www.wsipp.wa.gov). June 2013.

The 2014 Legislature enacted Engrossed Substitute House Bill 2164 (Chapter 117, Laws of 2014), 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, a result of the effectiveness of FFP at reducing recidivism. Since the 2008 budget cuts, however, there are youth who release from JR without parole. They lack the support and structure of FFP aftercare and reinforcement to connect to services and resources in their community that will help them be more successful.

In the last several years, the principles of youth and family guided transition and reentry activities have been embedded into the FFP Counselor's work. This infusion aptly supports the Governor's Executive Order 16-05: Building Safe and Strong Communities through Successful Reentry: *"research shows that effective juvenile reentry programs can reduce juvenile recidivism and improve long term outcomes for youth..."* In particular, enhancements to reentry practices include youth, family, and community focused planning meetings which occur prior to the youth's release. These meetings result in a tailored reentry plan developed by the youth and family that identifies key services and supports they are willing to participate in when the youth returns to their community.

## **Data**

JR is funded and authorized by statute to place up to 25% of their highest risk youth on Intensive Parole and generally serves near that figure. During FY17, this percentage decreased to 19% of youth served (see Table 1). This is an unusual drop, and will require JR to carefully monitor and potentially re-analyze its validated risk assessment cut off eligibility score to attain 25% in FY18.

**Table 1  
Parole Releases FY17**

<b>Release Type</b>	<b>N</b>	<b>% of Parole Releases</b>	<b>% of All Releases</b>
Auto Theft Parole (ATP)	49	16%	8%
Family Integrated Transitions Parole (FIT)	18	6%	3%
Firearm Parole (FP)	43	14%	7%
From Out of State Parole (FOS)	9	3%	2%
Functional Family Therapy Parole (FFT)	1	0%	0%
<b><i>Intensive Parole (IP)</i></b>	<b>114</b>	<b>36%</b>	<b>19%</b>
Sex Offender Parole (SOP)	59	19%	10%
Two or More Parole Types	20	6%	3%
<b>All Parole</b>	<b>313</b>	<b>100%</b>	<b>52%</b>
No Parole Obligation	240	NA	40%
To DOC or Jail	45	NA	7%
21 Years Old	3	NA	1%
<b>All Releases</b>	<b>601</b>	<b>NA</b>	<b>100%</b>

*Youth with two or more parole obligations (20):*

IP/ATP	6
IP/SOP	2
ATP/FP	1
FP/SOP	1
FIT/SOP	1
IP/FP	6
FFT/SOP	1
IP/FFT	1
ATP/FP/FIT	1

During FY17, a disproportionate number of female youth were released with no parole aftercare services compared to males. Of particular note is that only 8% of released females were eligible for Intensive Parole compared to 23% of males (Table 2). Several years ago, JR validated a gender-specific risk assessment for girls which loads risk factors differently for girls based upon the validation data. JR will compare the risk score arrays for both males and females. If determined appropriate, JR will re-adjust the Intensive Parole eligibility scores for both males and females to serve the RCW authorized top 25% risk to reoffend.

**Table 2  
Parole Releases By Gender FY17**

	<b>MALES</b>	<b>FEMALES</b>
<b>RELEASE TYPE</b>	<b>%</b>	<b>%</b>
<i><b>INTENSIVE PAROLE</b></i>	<i><b>23%</b></i>	<i><b>8%</b></i>
<b>OTHER PAROLE</b>	32%	18%
<b>NO PAROLE</b>	45%	74%
<b>TOTAL</b>	100%	100%

Overall, 57% of youth who released from JR in FY17 had identified mental health needs. Intensive Parole had the highest percentage at 64% (Table 3).

Of great concern is that 57% (N=165) of youth who released with no parole aftercare services had identified mental health needs. JR continues to strive to find creative ways to service the unfunded post-release needs of this group. However, without the support of post-release aftercare services, there is a much greater likelihood that these youth will struggle to reenter their communities and live socially responsible and stable lifestyles.

**Table 3  
Parole Releases with Mental Health (MH) Needs, FY 17**

<b>RELEASE TYPE</b>	<b>All Releases</b>	<b>MH Needs</b>	<b>% RELEASE TYPE</b>	<b>% ALL RELEASES</b>
<i><b>INTENSIVE PAROLE</b></i>	<i><b>129</b></i>	<i><b>82</b></i>	<i><b>64%</b></i>	<i><b>14%</b></i>
<b>OTHER PAROLE</b>	184	94	51%	16%
<b>NO PAROLE</b>	288	165	57%	27%
<b>TOTAL</b>	601	341	N/A	57%

## **Intensive Parole Aftercare Program Evaluation and Information Management Plan**

### **Program Evaluation**

Ongoing quality assurance ensures that parole counselors are delivering FFP with a high degree of program fidelity. Model adherence is assessed by use of the Global Rating Measure (GRM). The GRM evaluates a parole counselor's performance on all of their work in a given rating period, either monthly or quarterly, as long as they are performing the role. 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, follow up, and annual training is provided by FFP experts in JR for new and veteran staff. The key training 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<sup>10</sup><sup>11</sup><sup>12</sup> and two preliminary evaluations<sup>13</sup><sup>14</sup> by Indiana University. The 2009 report<sup>15</sup> 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.

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<sup>10</sup> 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.

<sup>11</sup> Sexton, Thomas, Ph.D. and Rowland, Marcy, B.A., "Preliminary Results from Adherence Ratings for the Washington State Functional Family Parole Project". April, 2005.

<sup>12</sup> 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.

<sup>13</sup> Rowland, Marcy, B.A. and Sexton, Thomas, Ph.D. "Preliminary Outcome Evaluation of the Washington State Functional Family Parole Project". March 1, 2007.

<sup>14</sup> 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.

<sup>15</sup> 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 services<sup>16</sup>.

**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 that FFT continues to produce one of the highest returns on investment ratios among the evidence based programs evaluated: “...an astounding 641%.” In June of 2017, WSIPP updated the cost benefit data for evidence based programs (EBPs). EBPs in JR continue to achieve high returns, as noted below.

<b><u>Benefit-Cost Results for JR Programs</u></b>	<b><u>Benefit per Dollar Spent</u></b>	<b><u>Likelihood of a positive return</u></b>
Functional Family Therapy	\$11.59	96%
Aggression Replacement Training	\$4.03	65%
<b>Functional Family Parole</b>	<b>\$6.37</b>	<b>76%</b>
Family Integrated Transitions	\$.55	41%

<sup>16</sup> <https://www.dshs.wa.gov/sesa/rda/research-reports/effects-functional-family-parole-re-arrest-and-employment-youth-washington-state>

JR parole counselors are consistently rated high in program adherence, critical to the sustainability of FFP. 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 include activities such as meeting with families regularly, attending to phase goals, completing session notes timely, using FFP skills in the room with families. 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, support and evaluate adherent FFP delivery. They include:

1. FFP Training – initial/follow up series and annual;
2. Documentation of FFP session notes, reentry plans and case notes;
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, Reentry, and Parole Programs;
6. Global Rating Measures;
7. Parole Outcome Measures; and
8. Environmental Assessments and Staff Self-Assessments.

## **Information Management**

In JR, the Automated Client Tracking (ACT) system is the electronic repository for all data related to youth entering JR custody. Standards outline the documentation expectations for

parole counselors related to their work in meeting with youth and families, setting up services and supports in the community, monitoring a youth's compliance with parole conditions and checking in with service providers.

ACT also includes a supervisory feature where parole counselors and their supervisors are able to track progress of youth through the FFP phases, monitor parole violations and record graduated responses, initiate parole revocations, and produce discharge summaries for youth completing parole aftercare.

Additionally, ACT has a separate section dedicated to recording the assessment of a parole counselors' performance in delivering FFP during a given rating period. This feature allows supervisors and FFP Consultants the ability to record, monitor, and track parole counselor model performance over time.

### **Program Effectiveness and Outcomes**

Ongoing evaluation and enhancement to parole programs based on customer feedback and data continues. In January of 2016, an Aftercare Services Enhancement project was initiated. This project focused on several key outcomes, including:

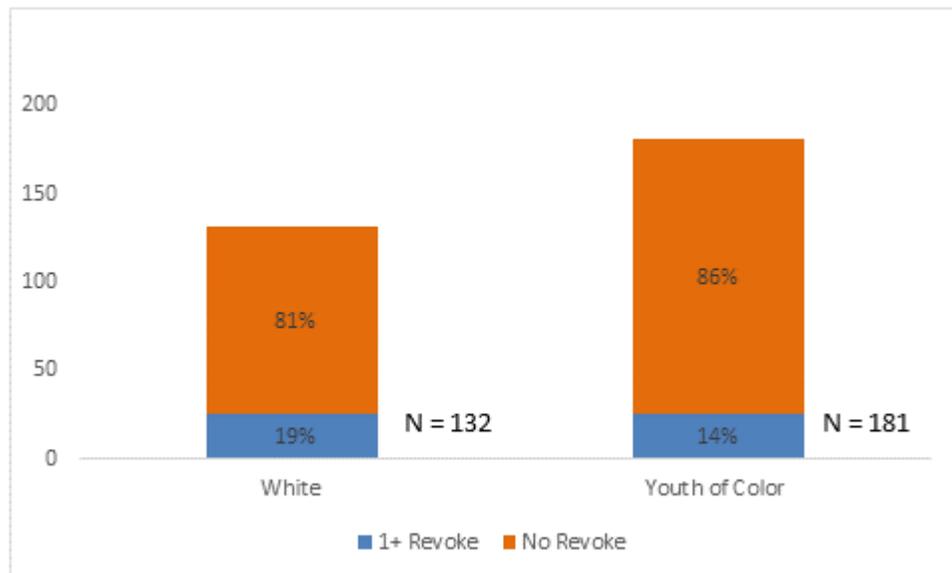
- distributing a parole survey to current youth and families to identify what services are most helpful;
- identifying creative ways to expand aftercare services to **all** youth leaving JR custody;
- increasing community partnerships to enhance awareness of parole programs and increase resource access for JR youth and families;
- examining current data on parole aftercare services including referrals to education, employment, and mentoring;
- analyzing use of parole warrants and revocations to determine effective use of graduated interventions and impact on racial and ethnic disparities (RED); and
- developing a fiscally sound decision package for expansion of aftercare services.

From the parole survey conducted in mid-2016, JR learned that parole youth and families found connections to family counseling (FFT), school, employment, individual treatment and treatment for youth who have sexually offended to be the most helpful services. Additionally, youth and families identified vocational training as the most desired service they were not connected to during parole supervision, along with mentoring and housing.

Analyzing the use of parole revocations is another measure of parole implementation and quality control. Using information to understand process and knowing the baseline rates of revocation provides a solid foundation to track trends and examine how practice may impact RED outcomes. In calendar year 2017, 313 youth were released to parole aftercare. Of those youth, 51 (16%) experienced at least one revocation. The other 262 youth (84%) released to parole aftercare during that time period did not have their parole revoked.

Of the 51 youth who experienced a revocation, the initial data analysis shows no RED impacts. Table 5 below highlights the revocation rates by reported ethnicity.

**Figure 2**  
**Youth with One or More Revocations by Ethnicity**



Until very recently JR has not been able to report recidivism rates of the clients they serve. Because arrest and adjudication data are held elsewhere (Washington Association of Sheriffs and Police Chiefs, WASPC, and Administrative Office of the Courts, AOC), JR has been limited to describing parole success as the absence of a revocation. Juvenile Rehabilitation has recently entered in to a data sharing agreement with the AOC which allow for future recidivism reporting which is defined as a new adjudication for an offense committed post residential release. Future reports regarding 13.40.212(2) will be able to include this information.

Overall, meeting key outcomes of the parole enhancement project will increase positive impacts of JR services in Washington’s diverse communities. By improving and expanding JR’s footprint, it will be better positioned to provide relevant and effective support, supervision, and services for all youth while they transition through the JR continuum of care and return home.

### **Conclusion and Next Steps**

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.

The findings of WSIPP<sup>17</sup> 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 is essential for JR to provide strong quality assurance and program oversight to sustain model fidelity and provide consistent data for continued program evaluation. Quality improvement also includes enhancing the model with best practices such as transition and reentry planning and increasing youth access to work and education programs.

The strengths of 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 collaborate with and educate stakeholders and communities about the importance of parole aftercare to better serve all youth releasing from residential programs.

Additionally, JR will continue to coordinate with local and statewide partners on implementing specific practices based on key initiatives from the Governor's Executive Order 16-05: Building Safe and Strong Communities through Successful Reentry.

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<sup>17</sup>Aos, 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

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

## 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 engage and motivate youth and families, link them to community 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 Advocacy;
- Vocational Training and Employment Readiness programming;
- Substance Use Treatment;
- Sex Offender Treatment;
- Mental Health Treatment;
- Housing Advocacy; and
- Graduated Responses.

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 factors.

**Generalization** is the final phase in FFP, usually occurring 30-90 days prior to parole discharge. The goals in this phase focus on:

- Managing relapse,
- Generalizing skills to other relationships and situations, and
- Identifying 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 2017 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 2017, 601 youth released from JR residential programs. Of those 601 youth:

- Average age at release was 17 years
  - 201 (33%) were 18 years or older
  - 466 (78%) were 16 years or older
  - 135 (22%) were 15 years or younger
  - 539 (90%) were male
- 292 (49%) were convicted of violent offenses
- 89 (15%) were convicted of sex offenses
- 201 (54%) had two or more treatment needs (out of the 375 youth assessed for all needs)<sup>18</sup>
- 297 (56%) were diagnosed as chemically dependent(out of 533 youth assessed)<sup>19</sup>
- 136 (36%) met eligibility for Special Education<sup>20</sup> (out of 375 youth assessed)
- 341 (57%) were in the JR Mental Health Target Population (MHTP)<sup>21</sup> (out of 590 youth assessed)
- 154 (26%) were released from community facilities (least restrictive residential programs)
- 435 (72%) were released directly from JR institutions (without least restrictive placement)
- 12 (2%) were released without spending any time in JR physical custody (e.g. disposition alternative revoke to local detention)

**Violent offenses** that require parole include Murder 1<sup>st</sup> or 2<sup>nd</sup> Degree.

**Sex offenses** that require parole include Rape 1<sup>st</sup> or 2<sup>nd</sup> Degree, Rape of a Child 1<sup>st</sup> or 2<sup>nd</sup> Degree, Child Molestation 1<sup>st</sup> 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 JR during FY 17<sup>22</sup>. 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.

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

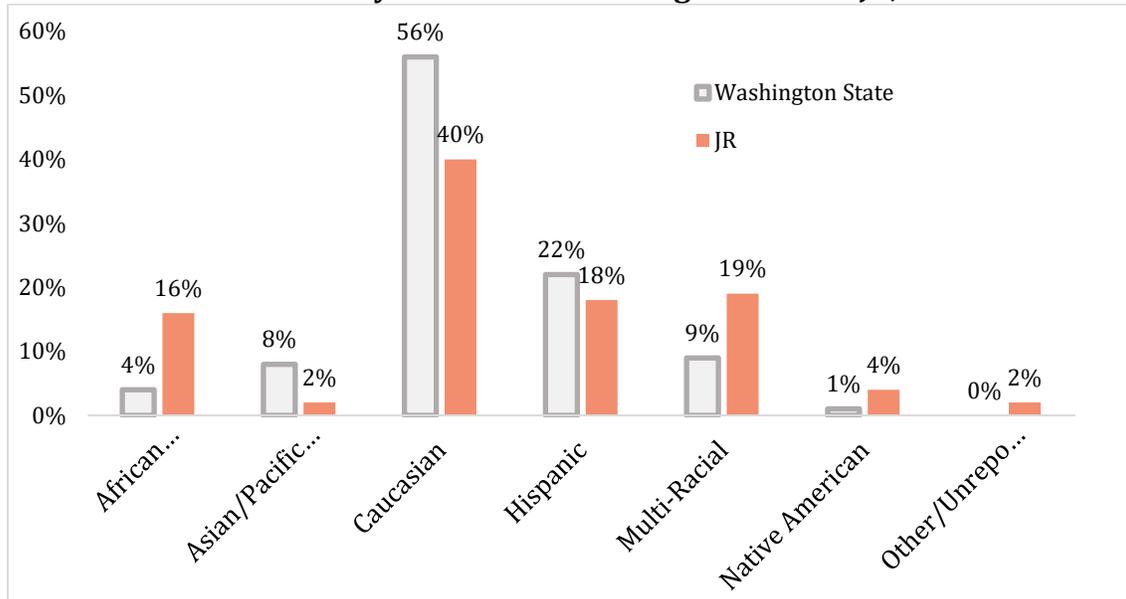
<sup>19</sup> Not all youth receive full scale assessments based on initial screening tools, length of time at the facility, facility transfers, or previous recent assessment information available that eliminates the need for an assessment.

<sup>20</sup> This number most likely under represents the number of actual special education youth in our system.

<sup>21</sup> 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."

<sup>22</sup> DSHS, Office of Financial Management, Census Data, 2010. <http://www.ofm.wa.gov/pop/asr/default.asp>.

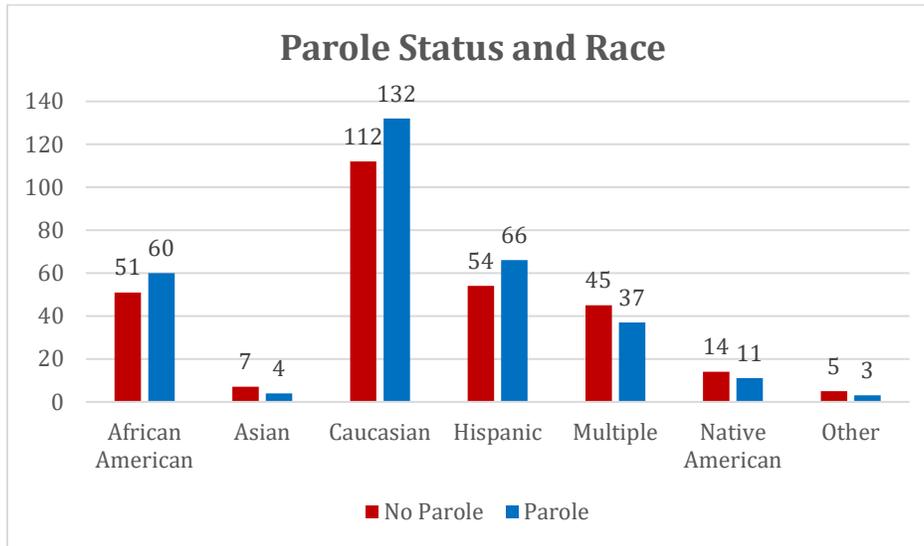
**Chart #1: Ethnicity of Youth in Washington State v. JR, FY 2017**



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 youth with certain sex offenses. 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 2017, 52% of the 601 youth released from Juvenile Rehabilitation received parole (N=313). For three racial groups, Asian, Multiracial and Native American (36%, 45%, 44% respectively), the majority of youth did not receive parole. For all other groups, the majority were released from JR with parole supervision. See Chart #2.

**Chart #2: Parole Status of Youth Released from JR by Ethnicity 2017**



## Parole Youth Demographics

In FY 17, **313** (52%) of youth were eligible for parole; Information below highlights key information about this population of high risk offenders. Note: percentages are rounded.

- Average age at release: 17 years
  - 232 (74%) were 16 years or older
  - 81 (26%) were 15 years or younger
  - 291 (95%) were male
  - 17 (5%) were female
- 121 (39%) were convicted of violent offenses
- 65 (21%) were convicted of sex offenses
- 103 (57%) had two treatment needs (out of 180 youth assessed)<sup>23</sup>
- 39 (22%) had three treatment needs (out of 180 youth assessed)
- 159 (62%) were diagnosed as chemically dependent (out of 256 youth assessed)<sup>24</sup>
- 79 (44%) met eligibility for Special Education (out of 180 youth assessed)
- 176 (58%) met JR’s Mental Health Target Population (out of 304 youth assessed)
- 95 (30%) met co-occurring chemical dependency and mental health diagnoses

<sup>23</sup> Treatment needs include chemical dependency, mental health, special education, or treatment for sexual offending behavior

<sup>24</sup> 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.