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Department of Social
& Health Services

JRA Juvenile Rehabilitation
Administration

Report to the Legislature

Community Juvenile Accountability Act

**Chapter 338, Laws of 1997
RCW 13.40.540**

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Community Juvenile Accountability Act (CJAA)

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Community Juvenile Accountability Act (CJAA)

Background

RCW 13.40.540 requires the Juvenile Rehabilitation Administration (JRA) to report annually on the implementation of the Community Juvenile Accountability Act (CJAA). Specifically, the statute directs JRA to report on the programs funded under the Community Juvenile Accountability Act, the total cost for each funded program, cost per juvenile, and the essential elements of the program. This report is in fulfillment of that requirement and covers the Fiscal Year 2009 period from July 1, 2008, through May 31, 2009.

The CJAA was included in Chapter 338, Laws of 1997, as an incentive to local communities to implement interventions proven by behavioral science research to cost-effectively reduce recidivism among juvenile offenders. The Act's primary purpose is to:

“provide a continuum of community-based programs that emphasize a juvenile offender’s accountability for his or her actions while assisting him or her in the development of skills necessary to function effectively and positively in the community in a manner consistent with public safety.” (RCW 13.40.500)

Drawing on program evaluations and meta-analysis, the Washington State Institute for Public Policy (WSIPP), in collaboration with the Washington Association of Juvenile Court Administrators (WAJCA) and JRA, identified a range of effective approaches that could cost-effectively reduce juvenile offender recidivism. Four of these approaches were ultimately chosen for implementation in Washington State. They are:

- Aggression Replacement Training (ART)
- Functional Family Therapy (FFT)
- Multi-Systemic Therapy (MST)
- Coordination of Services (COS)

Descriptions of these CJAA programs can be found in the *Report and Recommendations of the CJAA Workgroup*, November 1997. Juvenile Courts are also encouraged to invest in promising practices. WSIPP identifies promising practices as programs that show promising results, but need further evaluation to determine whether or not they can be considered evidence based. Examples of promising programs are Mentoring and Dialectical Behavior Therapy. Guidelines to determine promising programs are currently being developed by JRA in consultation with WSIPP and WAJCA. An element of these guidelines is program evaluation by WSIPP. When a promising program is evaluated and it produces evidence that reduces recidivism and has a cost benefit to tax payers, the program can be reclassified as an evidence based program and therefore eligible to be considered as a CJAA program.

At the direction of the Legislature, WSIPP completed a comprehensive evaluation of all CJAA programs. Analysis of program and control groups occurred at six, twelve, and eighteen months (preliminary information was released on ART in June 2002 and on FFT in August 2002). In

January 2004, WSIPP released their final report, *Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders* and their data reflected the CJAA program's positive impact on felony recidivism. The report also provides data on the cost-effectiveness as well as competent versus non-competent delivery of each CJAA program. To read the full report, please visit the Institute's website at www.wsipp.wa.gov.

Ongoing evaluation and program analysis is critical to maintaining high program standards. Discussions to initiate a follow-up evaluation to the 2002 ART and FFT studies by WSIPP are underway.

The 2005 Legislature directed WSIPP to report whether evidence-based, and cost-beneficial policy options exist in lieu of building two new prisons by 2020 and possibly another prison by 2030. In October 2006, WSIPP published *Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates*. The report describes that if Washington can successfully implement a moderate-to-aggressive portfolio of evidence based options, then a significant level of future prison construction can be avoided, state and local tax payers can save about two billion dollars, and net crime rates can be lowered slightly. CJAA evidence based program implementation plays a key role in helping to meet these desired outcomes.

Quality Assurance to Maintain Rigorous Program Standards

CJAA represents the first ongoing effort in the nation to replicate effective interventions on a statewide basis. To ensure program integrity, to meet evaluation standards, and to continuously identify and resolve program issues ART, FFT, and MST have mandatory quality assurance measures. Quality assurance measures are not in place for COS but are currently being developed.

WSIPP, in their October 2002 report *The Juvenile Justice System in Washington State: Recommendations To Improve Cost-Effectiveness*, referenced interim outcome results and concluded that CJAA research-based programs work, but only when implemented competently. The report further recommended an improved form of quality control in order to ensure cost beneficial reductions in recidivism. Following this recommendation, JRA in consultation with WSIPP and the CJAA Advisory Committee, developed an enhanced quality assurance process which is further explained in the Aggression Replacement Training and Functional Family Therapy sections of this report. Each year, JRA in conjunction with the CJAA Advisory Committee continues to look for avenues for quality improvement to support these evidence based interventions.

In December 2003, WSIPP published a *Quality Control Standard: Washington State Research-Based Juvenile Offender Programs*, which details recommendations for the quality assurance plans for research-based interventions. The enhanced quality assurance plans for the CJAA projects are in compliance with the recommended standards detailed in the Institute's report. Additional data has been added to the quality assurance sections of the report to meet the recommendations from that report.

Aggression Replacement Training (ART)

ART Quality Assurance

ART is a cognitive-behavioral intervention that is delivered three times per week over a ten-week period to groups of six to twelve juveniles. To effectively implement ART in Washington State, motivators were developed to encourage at-risk youth to attend three groups per week for ten weeks. While there is research on the effectiveness of ART, there was no blueprint for statewide implementation. In Washington State, ART has now been implemented statewide.

As of May 31, 2009, 1,158 court, JRA, and contracted staff from 30 juvenile court jurisdictions and six JRA facilities attended training sessions for ART. Christopher Hayes, a contracted in-state ART expert, and a statewide Quality Assurance (QA) group with representatives from each county advise on the curriculum, training, and implementation of ART. The ART Quality Assurance process was redefined in March 2003 and again in 2006 in order to enhance the level of review and feedback that is available to local trainers across the state. This process for additional feedback has been in effect for this reporting period and is making a difference in the quality of the delivery of programs across the state.

A primary component of this QA enhancement is the addition of consultants that work with the trainers from each program on a monthly basis providing technical assistance and consultation related to model adherence. Three site consultants provide phone consultation to teams of trainers who deliver the intervention across multiple courts in relatively close geographic locations. Additionally, the consultants review video tapes of active trainers delivering the intervention. Each active trainer is required to be taped annually delivering each of the three program components. As with the FFT quality assurance, this enhancement is primarily motivated by the WSIPP findings regarding the critical nature of program fidelity and model adherence for the achievement of outcomes, which was further supported in the final outcome evaluation.

Under this plan, a full time statewide Quality Assurance Specialist oversees the program which attained the following significant results for the year:

- 80 trainers delivered the intervention as Main Trainers.
- 97 new staff were trained.
- 97 percent of the eligible practicing trainers received an annual review.
- Trainers achieved a statewide average rating of Competent (delivers the intervention well).
- Four percent of program trainers were rated as Not Competent, five percent of the Trainers were rated as Borderline Competent, 81 percent were rated Competent, and ten percent were rated as Highly Competent. Eight percent of the Trainers were not rated because they did not submit tapes in a timely manner.
- Three Trainers who were rated as Not Competent no longer conduct ART Classes

- No trainers are currently on formal corrective action plans.

Additional significant accomplishments for this program are:

- Quarterly ART Quality Assurance meetings were held.
- Monthly consultation telephone calls are held.
- Further development of standard assessments and pointing system to assess adherence. Measure scales have been developed and are in the testing process to develop cutoff scores for competency ratings. Testing is nearly complete and the instrument will be given to the Lead Trainers from each county at the fall Quality Assurance meetings.
- The state ART Quality Assurance Specialist maintains contact with the country of The Netherlands as they continue implementing Washington State ART nationally.
- Contact was maintained with ART Trainers in Australia to help with their Quality Assurance implementation.
- The development of ART posters by the Juvenile Vocational Industries.
- The development of an expanded ART training curriculum for Washington State, giving the state the capacity to train its own new ART facilitators.
- The development of a Washington State ART Training of Trainers Manual
- The development of a Washington State ART Lesson Plan Manual
- The certification of 12 ART Master Facilitators further enhanced Washington's ability to sustain the intervention. During this year, one new Washington State ART Master Trainer was certified.
- Increased collaboration of juvenile courts with local schools to provide ART classes to probation youth at school sites. This partnership reduces the need for transportation to ART classes.
- The adoption of an enhanced Quality Assurance Plan by the Washington Association of Juvenile Court Administrators (WAJCA). This is intended to improve model adherence and competent program delivery, ultimately improving program outcomes.
- The adoption of Washington State Program Standards by the WAJCA. This will insure that Washington State ART is delivered in a similar manner across jurisdictions.
- Implementation and development of teams and contracted site consultants to further improve model fidelity.

- Development of ART program capacity across 29 juvenile courts.
- An enhanced self-assessment process, which is used by the active ART trainers.
- Refinement of an environmental assessment, used by the Statewide Quality Assurance Specialist during program reviews to assess the court's culture regarding the support of ART.
- The expansion of ART funding and services through the Reinvesting in Youth grants, as authorized by the 2005 Legislature and continued in the 2007-2009 biennium.
- Continued use of Evidence Based Expansion program monies to serve difficult to serve youth with Washington State Aggression Replacement Training.

Traits of counties that retain youth in ART include:

- ART facilitators who are enthusiastic and able to motivate youth.
- Court administrators, judges, prosecutors, and public defenders who are actively interested in and participate in ART programs.
- Parent participation in ART classes.
- Strong incentive programs to reward youth for positive participation in ART.
- Strong formal and informal communication between ART facilitators and probation officers regarding ART youth.
- For counties who use probation officers as ART facilitators, a reduction in work activities commensurate with the time it takes to effectively facilitate ART groups, or overtime pay for working beyond a 40-hour week to facilitate ART groups.
- Probation staff knowledge and support of the program through accountability and reinforcement of youth participation.

ART Results

From July 1, 2008, through May 31, 2009*, juvenile courts have reported the following results:

- A total of 1,448 moderate-to-high risk probation youth have been referred to ART groups in 27 juvenile court jurisdictions across Washington State.
- Of these 1,448 referred youth, 1,198 participated in an ART group. Of these 1,198 youth who participated, 768 have completed an ART group and 121 youth were still involved (a 74 percent completion rate) in ART as of May 31, 2009.

- Of these 1,198 participating youth, 309 did not successfully complete an ART group. Reasons for non-successful completion include but are not limited to: absconding from probation, removal because of noncompliance, transportation barriers, moving from the area, and refusal to attend despite court sanctions. Work will continue in an effort to identify system changes that may increase the completion rate.
- It should be noted that these numbers do not reflect youth who were already in the program in the beginning of the reporting period and carried over to the current reporting fiscal year.

**The results in this report are for Fiscal Year 2009 from July 1, 2008 – May 31, 2009. June 2009 is not included due to the contractual timeframes that juvenile courts are permitted when submitting their monthly billing information. The necessary information could not be compiled in time to meet the report deadline.*

Functional Family Therapy (FFT)

FFT Quality Assurance

FFT, a family-based service, is conducted for an average of 16 weeks. The program emphasizes engaging and motivating families in order to achieve specific, obtainable changes related to repeat criminal behavior.

WSIPP completed research on FFT in January 2004. This research examined FFT as provided in Washington to determine if it cost effectively reduced repeat criminal behavior. The report indicated that when FFT was provided with fidelity, a 38 percent reduction in recidivism was accomplished. The full report can be found at their website: www.wsipp.wa.gov. These results add further emphasis to the recent efforts to provide greater quality control to the FFT program.

Twenty-six juvenile courts across Washington State provide FFT as a CJAA program. The sites are demographically diverse and are located in cities, remote/rural areas, and regions centered on medium-sized communities. FFT therapists are either juvenile court service employees or contracted service providers. In nine of the sites, a single FFT therapist works on his or her own.

With the ongoing needs of a large scale multi-site implementation, JRA provides statewide oversight of training and program fidelity for FFT. Recently Dr. Tom Sexton (Indiana University), an experienced FFT clinician and principal researcher, collaborated with JRA and the juvenile courts to implement a new quality assurance and quality improvement plan. FFT therapists receive on-going clinical consultation, mutual support and accountability from trained FFT consultants in Washington State. The Washington model has become the consultation model nationwide and is even being used by FFT providers in The Netherlands.

Currently, 60 FFT therapists are divided into 11 “working units” consisting of 3 to 8 therapists each. Working units are geographically proximate and attempt, where possible, to organize therapists into groups with similar client needs.

FFT therapists receive on-going training on the practical application of this complicated intervention. Through bi-weekly clinical consultations and training sessions, Washington FFT

clinical consultants and contracted FFT experts assess Washington State therapists for clinical competence and adherence to the FFT model. Assessments provide the therapists with ongoing feedback that will ultimately improve services.

The quality assurance process was enhanced in October 2003. The goal of the enhancements is improved model fidelity. The quality assurance plan, developed by JRA in coordination with WSIPP, Dr. Tom Sexton, and WAJCA, has been in place since October 2003. Under this plan, a full-time statewide Quality Assurance Administrator oversees the program which attained the following significant results for the year:

- 62 therapists delivered the intervention.
- 12 new therapists were trained.
- 100 percent of the practicing therapists received an annual review.
- Therapists achieved a statewide average rating of Competent (delivers the intervention well).
- Four percent of program therapists were rated as “Not Well” (Not Model Adherent), 16 percent were rated as “Fairly Well” (Not Model Adherent), 57 percent were rated as “Well” (Model Adherent), and 28 percent were rated as “Very Well” (Highly Adherent). Note: The majority of the therapist rated as not competent for this report period were in their first year of training. They are not expected to reach a rating of “Well” until the training period is complete.
- Five therapists received a corrective action plan (Improvement Plan).
- Four therapists received a corrective action plan and completed the requirements for the plan with another still in progress.

FFT Results

From July 1, 2008, through May 31, 2009, the juvenile courts reported the following results:

- Twelve court and contracted FFT therapists have received initial and on-going training in the FFT model.
- 558 moderate-to-high risk probation youth with risk factors in their current living situation were referred to FFT therapists.
- 478 families participated in the FFT intervention; with 249 families successfully completing and 163 still involved (an 86 percent completion rate) in FFT as of May 31, 2009.

- 66 families did not successfully complete FFT. Reasons for not completing are varied and can include families moving from the area, families refusing treatment, and families participating in other treatment.
- It should be noted that these numbers do not reflect youth who were already in the program in the beginning of the reporting period and carried over to the current reporting fiscal year.

Multi-Systemic Therapy (MST)

MST Quality Assurance

MST is a family intervention that is conducted for an average of four months. The intervention targets specific factors around youth and their environment that contribute to anti-social behavior. It is typically provided in the home and the therapists, who have very small caseloads, are available 24-hours a day, seven days a week. CJAA is currently funding three sites in King, Mason, and Yakima counties.

Close oversight of MST implementation is being conducted by MST Services of South Carolina. Initial and ongoing training, site visits, and on-going clinical consultation are provided by MST Services and are partially subcontracted out to the University of Washington. Ongoing training and consultation from MST services continues to be funded with CJAA funds.

MST teams are organized around a Ph.D. who has on-site clinical oversight of a group of Masters level therapists. Clinical consultation is received on a weekly basis from the University of Washington and MST Services.

MST Results

From July 1, 2008, through May 31, 2009, King, Mason, and Yakima Counties reported the following results:

- 56 moderate-to-high risk probation youth with risk factors in their current living situation were referred to MST therapists.
- 52 youth and families participated in the program with 17 families completing the MST intervention; 28 families were still involved (an 87% completion rate) in MST as of May 31, 2009.
- It should be noted that these numbers do not reflect youth who were already in the program in the beginning of the reporting period and carried over to the current reporting fiscal year.

Coordination of Services (COS)

Four sites are currently using this intervention: Cowlitz, Kittitas, Snohomish, and Whatcom Counties. The results for COS from July 1, 2008, through May 31, 2009, are as follows:

- 97 youth were referred to this program with 82 youth participating in the program.
- Of the 82 participants, 72 youth completed with six youth still in (a 97% completion rate) the program as of May 31, 2009.
- It should be noted that these numbers do not reflect youth who were already in the program in the beginning of the reporting period and carried over to the current reporting fiscal year.

CJAA Program Costs

At the beginning of each year, the courts estimate the average cost per youth in each CJAA program. From July 1, 2008, through May 31, 2009, the estimated average cost per youth was:

- Aggression Replacement Training \$ 967.00*
- Functional Family Therapy \$2,420.00*
- Multi-Systemic Therapy \$6,829.00*
- Coordination of Services \$ 395.00*

As of May 31, 2008, the total program costs for CJAA programs as well as the number of youth served in each program are:

Program	Total Program Costs**	Total # of Participants
Aggression Replacement Training	\$1,158,479	1,198
Functional Family Therapy	\$1,156,806	478
Multi-Systemic Therapy	\$355,129	52
Coordination of Services	\$32,350	82

**WSIPP has been directed by the Legislature to conduct an analysis of the costs per participant of evidence based programs by the juvenile courts. This analysis is due December 1, 2009.*

***Please note the total program costs reflect only those reimbursed by JRA through May 31, 2009, and also include \$332,017 for Quality Assurance programming. Total program costs only reflect CJAA funds. Juvenile courts may use other funds to support ART, FFT, MST, and Coordination of Services.*

Tribal CJAA Programs

In September 1999, JRA initiated discussions with the Department of Social and Health Services' Indian Policy Advisory Committee to implement elements of effective juvenile justice programs for court-involved tribal youth through CJAA grant opportunities.

Since then, JRA has provided CJAA grant opportunities to federally recognized tribes and Recognized American Indian Organizations to implement programs with research-based

components. Twenty-nine tribes and four Recognized American Indian Organizations are eligible for funds. For this last reporting period (July 1, 2008 – May 31, 2009), 19 tribes and three Recognized American Indian Organizations applied for and received \$9,233 each to implement one of five researched-based interventions with court-involved tribal youth. It is estimated that over 800 Native American youth involved with tribal or county juvenile court programs are served in these projects.

Appendix

Juvenile Rehabilitation Administration

List of Acronyms and Terms

- **ACA:** American Correctional Association. A national association that develops standards for correctional facilities, jails, and detention facilities.
- **ART:** Aggression Replacement Training. A Cognitive Behavior Therapy program using skill building that has been rigorously evaluated and reduces recidivism with juvenile offenders.
- **ARY:** At-Risk Youth. A petition that may be filed to obtain assistance and support from the juvenile court in maintaining the care, custody, and control of the child and to assist in the resolution of family conflict.
- **BTC:** Basic Training Camp (Camp Outlook). The Juvenile Offender Basic Training Camp administered by the Juvenile Rehabilitation Administration and located near Connell.
- **CA:** Children's Administration. An administration within the Department of Social and Health Services.
- **CBT:** Cognitive Behavior Therapy. A wide ranging treatment approach using behavioral and cognitive change strategies that in evaluations has been effective in reducing recidivism.
- **CCDA:** Community Commitment Disposition Alternative. A sentencing alternative offered through the juvenile courts.
- **CDDA:** Chemical Dependency Disposition Alternative. A program giving youth with chemical and substance abuse issues a disposition alternative in the community offered through the juvenile courts.
- **CF:** Community Facility. JRA's minimum security facilities which are state operated or privately run through a contract with JRA.
- **CHINS:** Child In Need of Services. A petition that may be filed to obtain a court order mandating placement of the child in a residence other than the home of his/her parent because a serious conflict exists between the parent and child that cannot be resolved by delivery of services to the family during continued placement of the child in the parental home.
- **CJAA:** Community Juvenile Accountability Act. State-funded program that supports evidence-based treatment for youth on probation in the juvenile courts.
- **CJCA:** Council of Juvenile Correctional Administrators. A national association of juvenile justice administrators.

- **CJS:** Consolidated Juvenile Services at risk. A program that provides funds to local juvenile courts for the purpose of serving youth on probation.
- **CRA:** Community Risk Assessment. A tool used by JRA to determine eligibility for a youth's placement in the boot camp or a community facility.
- **DASA:** Division of Alcohol and Substance Abuse. A division within the DSHS Health and Rehabilitative Services Administration.
- **DBT:** Dialectical Behavior Therapy. An empirically supported type of CBT that reduces maladaptive behaviors and recidivism with juvenile offenders.
- **Detention Facility:** A secure facility operated by juvenile courts to house youth for fewer than 30 days.
- **Diversion:** An alternative to formal court processing available to some youth who have committed certain offenses for the first or second time.
- **DOSA:** Drug Offender Sentencing Alternative. The adult drug offender sentencing alternative similar to the juvenile CDDA program.
- **DSHS:** Department of Social and Health Services.
- **EBP:** Evidence-Based Program. A program that has been rigorously evaluated and has shown effectiveness at addressing particular outcomes such as reduced crime, child abuse and neglect, or substance abuse. These programs often have a cost benefit to taxpayers.
- **EGCC:** Echo Glen Children's Center. A Juvenile Rehabilitation Administration residential facility located in Snoqualmie most females with mental health and other medical needs and younger males.
- **FFP:** Functional Family Parole. A parole model, delivered by parole counselors that is based on the Functional Family Therapy approach, an evidence-based model for reducing juvenile recidivism.
- **FFT:** Functional Family Therapy. An evidence-based family treatment model that reduces recidivism by juvenile offenders.
- **FIT:** Family Integration Transitions program. A version of Multi-Systemic Therapy that is an evidence-based family intervention model used by JRA to treat youth with co-occurring disorders.
- **GHS:** Green Hill School. A Juvenile Rehabilitation Administration residential facility located in Chehalis serving older males.

- **IAP:** Intensive Aftercare Program. A nationally recognized evidence-based model of transition and reentry for high-risk juvenile offenders.
- **IP:** Intensive Parole. The JRA model of IAP.
- **ISCA:** Initial Security Classification Assessment. The JRA's validated risk tool for determining in which facility to place a youth committed to state care.
- **ITM:** Integrated Treatment Model. JRA's rehabilitation model using CBT/DBT interventions for residential youth followed by FFP for community youth.
- **JRA:** Juvenile Rehabilitation Administration. The Department of Social and Health Services administration responsible for the rehabilitation of court-committed juvenile offenders.
- **JVIP:** Juvenile Vocational Industries Program. A program that provides JRA youth opportunities for vocational training and jobs within a JRA facility.
- **MHDA:** Mental Health Disposition Alternative. A disposition alternative offered through the juvenile courts.
- **MHSD:** Mental Health Systems Design. A JRA committee that reviewed the mental health needs of youth in JRA.
- **MHTP:** Mental Health Target Population. A subset of JRA's population composed of youth that meet at least one of three criteria:
 - (1) A current DSM-IV Axis I diagnosis, excluding those youth who have a sole diagnosis of Conduct Disorder, Oppositional Defiant Disorder, Pedophilia, Paraphilia, or Chemical Dependency;
 - OR
 - (2) Is currently prescribed psychotropic medication;
 - OR
 - (3) Has demonstrated suicidal behavior within the last six months.
- **MI:** Manifest Injustice: A term that refers to a decision to sentence a youth to a term of confinement outside the standard range set by statute.
- **MLS:** Maple Lane School. A JRA residential facility located near Centralia serving older males.
- **MST:** Multi-Systemic Therapy. An evidence-based family treatment model that reduces juvenile offender recidivism.
- **NCCHC:** National Council on Correctional Health Care. The organization that sets the national standards for health care followed by JRA.

- **NYC:** Naselle Youth Camp. A JRA residential facility located near Naselle serving medium security male and female youth.
- **Revocation:** A short term of confinement imposed by JRA on youth under parole supervision for violations of their parole condition(s). Each term of revocation may be no longer than 30 days.
- **RTCP:** Residential Treatment and Care Program. A JRA program for minimum security youth that is based on the “*Blueprint Program*” Multi-Dimensional Treatment Foster Care.
- **SAVY:** Sexually Aggressive/Vulnerable Youth screen. A screening tool used by JRA to identify youth with a history of sexual aggression or sexual vulnerability. The screening tool is used to determine youth suitability for shared sleeping facilities.
- **SAY:** Sexually Aggressive Youth.
- **SDA:** Suspended Disposition Alternative. A disposition alternative offered through the juvenile courts.
- **SSODA:** Special Sex Offender Disposition Alternative. A disposition alternative offered through the juvenile courts for juvenile sex offenders.
- **SSOSA:** Special Sex Offender Sentencing Alternative. A disposition alternative for adult sex offenders.
- **WAJCA:** Washington Association of Juvenile Court Administrators.
- **WSIPP:** Washington State Institute for Public Policy.
- **YOP:** Youthful Offender Program. A program to serve individuals under 18 who were prosecuted as adults. These individuals are may be housed in JRA facilities.