



INTENSIVE PAROLE SERVICES FOR HIGH-RISK JUVENILE OFFENDERS



Washington State Department of
CHILDREN, YOUTH & FAMILIES



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Executive Summary

Community, Reentry and Parole Programs

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) model¹ 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. Subsection (2) of that law 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."

Effective July 1, 2019, JR moved from DSHS to the new Department of Children, Youth, and Families (DCYF) pursuant to 2E2SHB 1661 (Chapter 6, Laws of 2017, 3rd Special Session). This report covers the period from December 1, 2017, to December 1, 2018, during the period that JR was at DSHS.

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 community resources and additional evidence-based programs.

Functional Family Parole Aftercare has shown positive outcomes in three interim studies^{2 3 4} and two preliminary evaluations^{5 6} by Indiana University. The 2009 report⁷ found that FFP:

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

² 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.

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

⁴ 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.

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

⁶ 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.

⁷ 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.

- **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.

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 aftercare supervision and youth released without parole aftercare services.⁸ The outcome of this evaluation showed that 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.

The strengths of FFP are evident and the research is clear. Recent data sharing agreements will allow 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 aftercare to better serve all youth released 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, find employment or access vocational training and attend treatment programs. This combination of resources and support assist the youth as they reconnect to the local community and family and have a better chance at a safe and bright future.

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

Introduction

Intensive Parole

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 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 it to intensive parole aftercare as well as other parole types. FFP was developed in conjunction with Functional Family Therapy (FFT), LLC and uses the same principles and skills of FFT, an evidence-based intervention with more than 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.⁹ JR's overall implementation of FFP has been shown to be positive and effective by three interim outcome studies and two preliminary outcome evaluations by Indiana University. (Sexton, et.al, 2005, 2007, 2009)

FFP 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 support youth and their families in the community while participating in aftercare services including parole. They are trained to operate from a relational perspective

⁹ Updated Inventory of Evidence-Based, Research-Based and Promising Practices. Evidence Based Practice Institute & WSIPP. www.wsipp.wa.gov. June 2013.

and use a set of skills that are effective at engaging and motivating high-risk youth and their families to participate in services designed to increase protective factors and reduce risk factors.

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 FFP aftercare 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 any aftercare support including 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 that 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.

A recent study highlighted the importance and effectiveness of community-based supervision after a period of incarceration.¹⁰ The Office of Juvenile Justice and Delinquency Prevention conducted a longitudinal study titled, "Pathways to Desistance: A Longitudinal Study of Serious Adolescent Offenders. This was a large collaborative study of 1,354 juvenile offenders ages 14-18 for seven years after their conviction. The outcomes included the following:

- Most youth who commit felonies greatly reduce their offending behavior over time.
- Longer stays in juvenile institutions do not reduce recidivism.
- In the period after incarceration, community-based supervision is effective for youth who have committed serious offenses.
- Increasing the duration of community supervision reduced reported offending.
- Substance use treatment reduces both substance use and criminal offending for a limited time.

¹⁰http://www.pathwaysstudy.pitt.edu/documents/OJJD%20Fact%20Sheet_Pathways.pdf

Data Chart of Intensive Parole

Table 1
Parole Releases FY18

Release Type	N	% of Parole Releases	% of All Releases
Auto Theft Parole (ATP)	28	10%	5%
Family Integrated Transitions Parole (FIT)	2	1%	0%
Firearm Parole (FP)	46	16%	8%
From Out of State Parole (FOS)	17	6%	3%
Functional Family Therapy Parole (FFT)	1	0%	0%
Intensive Parole (IP)	120	42%	22%
Sex Offender Parole (SOP)	53	18%	10%
Two or More Parole Types	20	7%	4%
All Parole	287	100%	52%
No Parole Obligation	220	N/A	40%
To DOC or Jail	43	N/A	8%
21 Years Old	5	N/A	1%
All Releases	555	N/A	100%

<i>Youth with 2 or more Parole Obligations (20)</i>	
IP/ATP	6
IP/SOP	2
IP/FP	8
ATP/SOP	1
ATP/FP	2
ATP/FP/FIT	1

During FY18, female youth were released to Intensive Parole at a similar rate compared to males. Several years ago, JR validated a gender-specific risk assessment for girls that 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 re-offend.

Table 2
Parole Releases by Gender

	Males	Females
Release Type	%	%
Intensive Parole	21%	24%
Other Parole	31%	18%
No Parole	47%	58%
Total	100%	100%

Overall, 56% of youth who released from JR in FY18 had identified mental health needs. Intensive Parole had the highest percentage at 63% (Table 3).

Of great concern is that 57% (N=152) of youth who released with no parole aftercare services had identified mental health needs. JR continues to strive to find creative ways to serve the unfunded post-release needs of this group. Without the support of post-release aftercare services, there is a much greater likelihood that these youth will struggle to reenter their communities and find supports and services to help them live socially responsible and stable lifestyles.

Table 3
Parole Releases with Mental Health (MH) Needs, FY18

Release Type	All Releases	MH Needs	% Release Type	% All Releases
Intensive Parole	120	76	63%	14%
Other Parole	167	82	49%	15%
No Parole	268	152	57%	27%
Total	555	310	N/A	56%

Intensive Parole Aftercare

Program Evaluation

Ongoing quality assurance ensures that parole counselors are delivering FFP with a high degree of program fidelity. The Global Rating Measure (GRM) is used to assess model fidelity. 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.

FFP experts in JR provide initial, follow up and annual training 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^{11 12 13} and two preliminary evaluations^{14 15} by Indiana University. The 2009 report¹⁶ 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.
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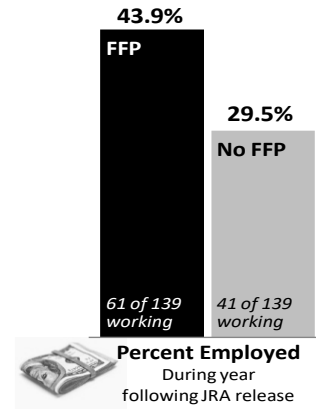
¹⁶ Sexton, T. L., Rowland, M. K., and McEnery, A. "Interim Outcome Evaluation of the Washington State Functional Family Parole Project". Center for Adolescent and Family Studies, Indiana University. March 2009.

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.

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.¹⁷

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.

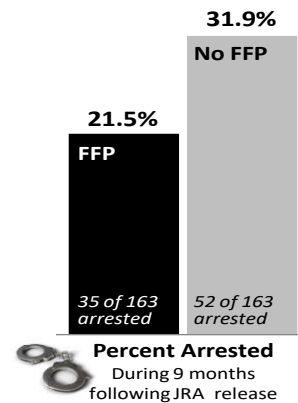


Re-Arrest Rates & Employment Rates

Study Periods:

FFP Group

July-Dec 2008



This study shows clear and immediate impacts of reduced crime and engagement in productive activity among youth who benefit from FFP, JR’s core aftercare service. FFP follows principles and skills closely aligned with the FFT model. The intended outcome is for FFP to achieve similar benefits as those from FFT. 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

¹⁷ <https://www.dshs.wa.gov/sesa/rda/research-reports/effects-functional-family-parole-re-arrest-and-employment-youth-washington-state>

evidence-based programs evaluated. In December of 2017, WSIPP updated the cost-benefit data for evidence-based programs (EBPs). EBPs in JR continue to achieve high returns, as noted below.

Benefit-Cost Results for JR Programs	Benefit Per Dollar Spent	Likelihood of a Positive Return
Functional Family Therapy	\$11.59	96%
Aggression Replacement Training	\$4.03	65%
Functional Family Parole	\$6.37	76%
Family Integrated Transitions	\$.55	41%

Consistently, JR parole counselors are 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 the FFP model prescribes. 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:

- Used by JR Managers who determine individualized performance improvement plans;
- Helps determine adherent FFP program delivery; and
- Serves as a tool for consultation and performance feedback for case carrying staff.

Reliable measures gathered from different perspectives, multiple data points and incremental measures contribute to the QA information needed to make an accurate assessment of performance.

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 designed to teach, model, coach, support and evaluate adherent FFP delivery. They include:

- FFP Training – initial/follow up series and annual;
- Documentation of FFP session notes, reentry plans and case notes;
- Field Co-Visits;
- Staffing/Consultation – both case reviews and formal/informal staffing;
- Monthly reporting to statewide QA Administrator and Director of Community, Reentry, and Parole Programs;
- Global Rating Measures;
- Parole Outcome Measures; and
- 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 the 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 Outcomes

Ongoing evaluation and enhancement to parole programs based on customer feedback and data continues. A project was initiated in January of 2016, called the Aftercare Services Enhancement Project. 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 the 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.

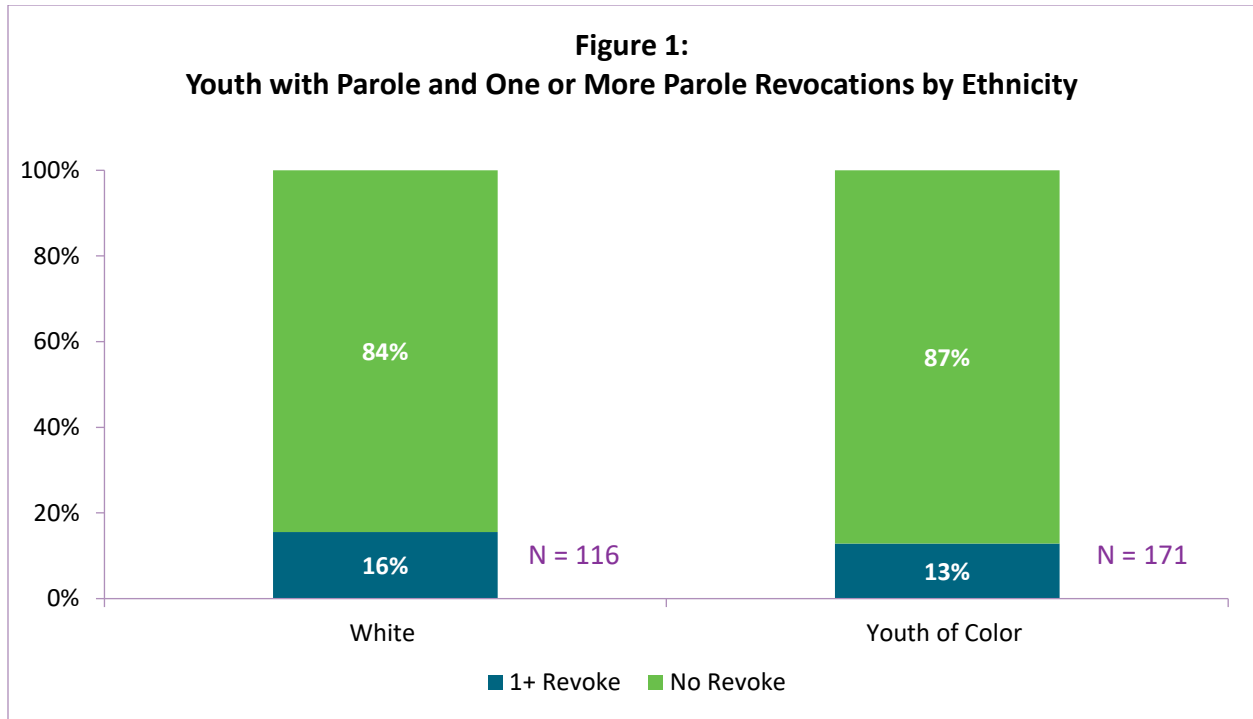
From the parole survey conducted in mid-2016, JR learned that parole youth and families found connections to family counseling (FFT), school, employment, individual treatment and treatment for youth who have sexually offended to be the most helpful services. Additionally, youth and families identified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

JR has continued to work toward expanding access to aftercare services to all youth releasing from confinement even if they are not able to participate in parole. JR is not funded to serve all youth releasing to the community. JR has had to be creative in reaching out to community partners to enhance access to services and supports without additional resources. Programs such as WISe (wraparound with intensive services), grants for establishing housing supports, employment through the local workforce development councils and educational programming are examples of how JR is reaching out to the community for partnership in serving as many youth and families as possible.

Using data to tell the story of how JR serves their population of young people and their families has been a challenge. The recent addition of a JR researcher and collaboration with the research team at the Department of Children, Youth, and Families will allow JR to make progress in this area. Moving forward, the goals are to analyze data collection methods, determine the most informative data elements, and develop the reporting mechanisms to show how JR's work contributes to positive outcomes for youth and families.

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 outcomes associated with racial and ethnic disparities (RED). In FY18, 287 youth were released to parole aftercare. Of those youth, 40 (14%) experienced at least one revocation. The other 247 youth (86%) released to parole aftercare during that time period did not have their parole revoked.

Of the 40 youth who experienced a revocation, the initial data analysis shows no RED impacts. Figure 1 highlights the revocation rates by reported 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 into a data-sharing agreement with the AOC that allows 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 the positive impacts of JR services in Washington’s diverse communities. Improving and expanding JR’s footprint will increase their ability to provide relevant and effective support, supervision, and services for all youth while they transition through the JR continuum of care and return home. Developing a comprehensive decision package that addresses the transition, reentry and ongoing community-based needs of this population will go far in helping JR meet the mission and outcomes of the administration.

Conclusion

JR continues to enhance parole aftercare services, including Intensive Parole, through the delivery of FFP and enhancements to the transition and reentry process. 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 the WSIPP¹⁸ 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 reliable 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 released 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.

¹⁸Aos, 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

1997-1999
Examination and Dissemination of Research
<ul style="list-style-type: none"> ▪ Washington State Legislature focuses on recidivism and effective programs ▪ Statewide analysis of parole effectiveness conducted ▪ Outcome studies impact program delivery and initiate improvement efforts
1999-2001
Design and Implementation of Research Informed Practices
<ul style="list-style-type: none"> ▪ JR contracts with FFT, LLC to design Functional Family Parole Services ▪ JR releases Integrated Treatment Model design
2001-2005
Early EBP Implementation and Initial Evaluation
<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
2006-2009
Quality Assurance Refined and Evidence Based Practices Further Expanded
<ul style="list-style-type: none"> ▪ FFP Quality Assurance Plan developed and disseminated statewide ▪ Parole Standards revised ▪ FFT, FIT and MST expanded
2009-2012
Parole Realignment, Community Facility Expansion, and Legislation
<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 FFP Aftercare Services) ▪ HB 2536 – evaluation of current utilization of EBPs, program designation and planning for expanded delivery
2013 to present
Program Enhancements, Evaluations, Continued Legislation, and Grants
<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 ▪ Governor’s Executive Order 1605 signed

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, Wraparound with Intensive Services (WISe);
- 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.

The principles that anchor FFP mirror those in the evidence-based Functional Family Therapy model. These principles are:

- **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 the desired outcomes which are individually assessed by the parole counselor, the youth and their family.

Functional Family Parole has 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, FFP 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 have learned while in residence.

The skills and strategies are used by the FFP counselors throughout the duration of aftercare. When used appropriately, the skills are effective at increasing and maintaining youth and family hope and motivation.

During FFP Engagement and Motivation, identified community resources are continued or 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 and often with multiple contacts in between meetings. 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 discharge from parole aftercare. Using the youth's reentry plan, the parole counselor and family focus on different goals which include:

- Planning for how to manage potential relapse,
- Generalizing skills to other relationships and situations, and
- Identifying additional community resources and natural supports.

Parole Counselors work with the family to '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 2018 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 considered in preparing for residential treatment, and planning transition and reentry activities. In FY18, 555 youth released from JR residential programs. Of those 555 youth:

- Average age at release was 17 years
 - 208 (37%) were 18 years or older
 - 462 (83%) were 16 years or older
 - 93 (17%) were 15 years or younger
 - 505 (91%) were male
- 261 (47%) were convicted of violent offenses
- 85 (15%) were convicted of sex offenses
- 270 (49%) had two or more treatment needs¹⁹
- 304 (55%) were diagnosed as chemically dependent²⁰
- 125 (23%) met eligibility for Special Education²¹
- 312 (56%) were in the JR Mental Health Target Population (MHTP)²²
- 116 (21%) were released from community facilities (least restrictive residential programs)
- 421 (76%) were released directly from JR institutions (without least restrictive placement)
- 18 (3%) 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 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 JR during FY 18²³. 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.

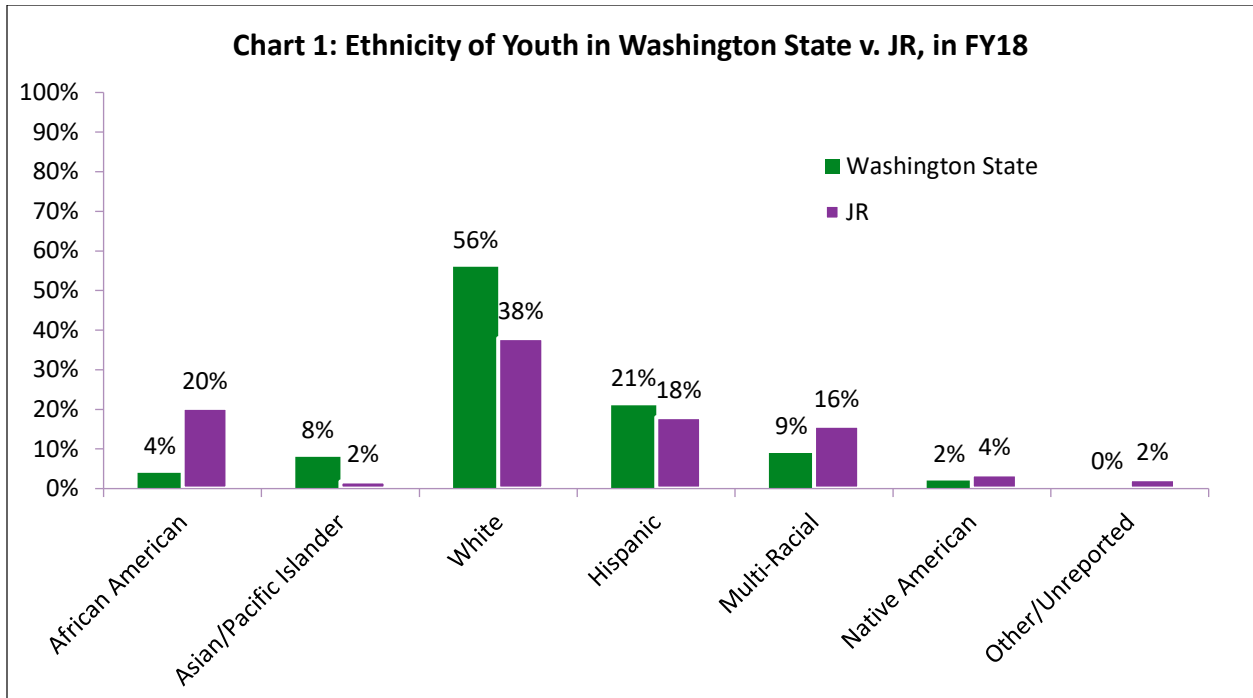
¹⁹ Treatment needs include chemical dependency, mental health, special education, or treatment for sexual offending behavior

²⁰ 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.

²¹ This number most likely under represents the number of actual special education youth in our system.

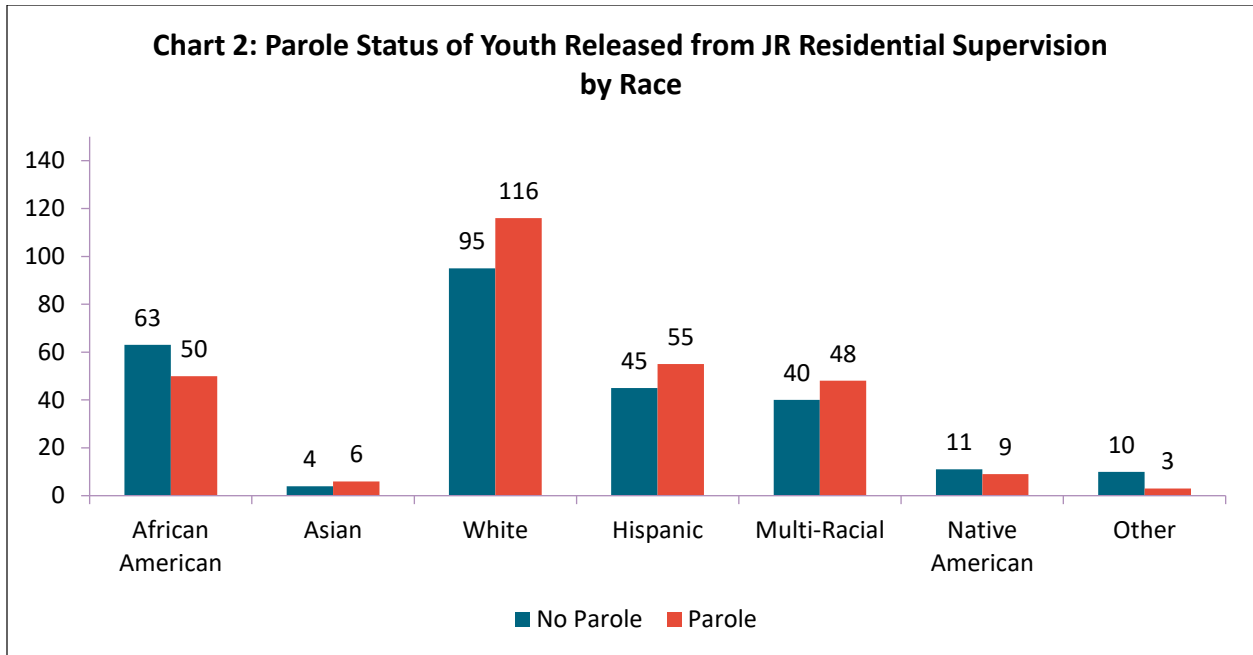
²² Youth are included in JR's MHTP if they meet one of the following: 1). Axis I DSM-IV diagnosis, excluding sole diagnoses of Conduct Disorder, Oppositional Defiant Disorder, Pedophilia, Paraphilia, or Chemical Dependency; 2). Currently prescribed psychotropic medication; or 3). Exhibited suicidal behavior within the last six months."

²³ DSHS, Office of Financial Management, Population Estimates, 2017. <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. Because 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 racial and ethnic disparities existed in determining who gets parole. The information below examines this question.

In 2018, 52% of the 555 youth released from Juvenile Rehabilitation received parole (N=287). For three racial groups, African American, Native American and Other Race (44%, 45%, 23% respectively), the majority of youth did not receive parole. For all other groups, the majority were released from JR with parole supervision. JR will continue to monitor these numbers and if needed, will re-validate the current Risk Assessment to ensure we are serving all youth equitably. See Chart 2.



Parole Youth Demographics

In FY 18, **287** (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 (81%) were 16 years or older
- 55 (19%) were 15 years or younger
- 266 (93%) were male
- 21 (7%) were female
- 105 (37%) were convicted of violent offenses
- 57 (20%) were convicted of sex offenses
- 146 (51%) had two treatment needs²⁴
- 36 (13%) had three treatment needs
- 151 (56%) were diagnosed as chemically dependent²⁵
- 61 (21%) met eligibility for Special Education
- 160 (56%) met JR’s Mental Health Target Population
- 88 (31%) met co-occurring chemical dependency and mental health diagnoses.

²⁴ Treatment needs include chemical dependency, mental health, special education, or treatment for sexual offending behavior

²⁵ 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.