



Intensive Parole Services for High-Risk Juvenile Offenders

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Washington State Department of
CHILDREN, YOUTH & FAMILIES



Contents

Introduction	1
The Washington State Intensive Parole Model	1
Model Overview.....	1
Evidence Demonstrating Efficacy of Functional Family Parole.....	3
Implementation and Oversight of Functional Family Parole	4
Training and Quality Assurance	4
Information Management	5
Continuous Quality Improvement	6
Parole Access and Outcomes	6
Treatment Needs of Youth With and Without Parole	11
Program Evaluation.....	12
Conclusion and Next Steps.....	134
Appendix A.....	155
Appendix B	177

Introduction

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 IAP. 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.”

On July 1, 2019, JR merged into the newly formed Department of Children, Youth, and Families (DCYF). DCYF's mission is to protect children and strengthen families so they flourish. This includes a focus on health, education and resiliency for all of Washington's children, youth, families and now young people up to age 25.

DCYF continues to refine and improve parole aftercare services, including Intensive Parole, through the delivery of Functional Family Parole (FFP) and adhering to the Risk, Need and Responsivity principles.² 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. Providing access to this essential reentry support and the resources that come along with parole services increases the likelihood for youth to engage in school, find employment or access vocational training, accept help from natural supports and attend treatment programs. This combination of resources and support assist youth as they re-connect to family and the local community, positioning them to have a better chance at a safe and productive future.

The Washington State Intensive Parole Model

Model Overview

In 2003, as part of a restructuring of parole services, JR introduced 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) 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. 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.

FFP is an evidence-based aftercare supervision model for high-risk adolescents and their families. FFP has three phases: Engagement and Motivation, Support and Monitor and Generalization. The FFP model

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 www.publicsafety.gc.ca/cnt/rsrscs/pblctns/rsk-nd-rspnsvty/index-en.aspx. Modified Jan. 31, 2018.

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. Additional details on the model can be found in Appendix A.

FFP 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 toward themselves and others. These services may include confinement, if necessary. 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
- Graduated Responses to Parole Compliance

FFP integrates well with Intensive Parole models as they both require a relational approach, have an emphasis on building skills and recognize the importance of family and natural supports. FFP also supports wraparound models and utilizes collaborative case management practices by employing family-driven and youth-guided planning.

In the last several years, the principles of youth and family-guided transition and reentry activities have been embedded in the FFP counselor's work. 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. This infusion aptly supports the Governor's Executive Order 16-05: Building Safe and Strong Communities Through Successful Reentry.

In addition to the research that shows effective juvenile reentry programs can reduce juvenile recidivism and improve long-term outcomes for youth...³, research also shows that programs with a trauma-informed lens have a more positive impact on the treatment outcomes with young people, particularly those in the criminal justice system.⁴ This increased understanding of the impact of trauma-informed care on reductions in recidivism has pushed DCYF's JR program to embark on a mission to increase its knowledge and application of trauma-informed approaches. JR has worked to embed this framework into the continuum of care, including intensive parole aftercare services.

³ <https://csgjusticecenter.org/youth/posts/critical-elements-of-juvenile-reentry-in-research-and-practice/>

⁴ www.ncmhjj.com/wp-content/uploads/2016/09/Trauma-Among-Youth-in-the-Juvenile-Justice-System-for-WEBSITE.pdf

Evidence Demonstrating Efficacy of Functional Family Parole

FFP has shown positive and effective outcomes in three interim studies^{5 6 7} and two preliminary evaluations^{8 9} by Indiana University. The 2009 preliminary evaluation¹⁰ found that FFP:

- Significantly reduced the number of parole revocations (by 14.7 percent) 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”
- Improved family functioning, youth behavior, parental supervision, family communication and reductions in family conflict
- Produced promising reductions in crime when the parole counselor was highly adherent to the model:
 - 12 months following release = 17.9 percent reduction in felony crime
 - 18 months following release = 15.31 percent 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 for the future of the program

A 2011 study by the Research and Data Analysis (RDA) division of DSHS, in collaboration with JR, found that youth released from residential confinement to FFP supervision were significantly less likely to be re-arrested in the nine months following release, and were more likely to be employed (and earn more money) than youth released without parole aftercare services.¹¹ These results indicate clear and immediate impacts of reduced crime and engagement in productive activity among youth who receive Functional Family Parole. JR has contracted with RDA to update this study and anticipates results by the end of CY2019.

In addition to showing positive outcomes in reducing recidivism and increasing employment, FFP has also been shown to be cost effective. In 2018, the Washington State Institute for Public Policy (WSIPP) concluded that FFP achieves a high return rate of \$6.15 of benefits for every \$1 spent.

⁵ 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.

⁶ Sexton, Thomas, Ph.D. and Rowland, Marcy, B.A. “Preliminary Results from Adherence Ratings for the Washington State Functional Family Parole Project”. April 2005.

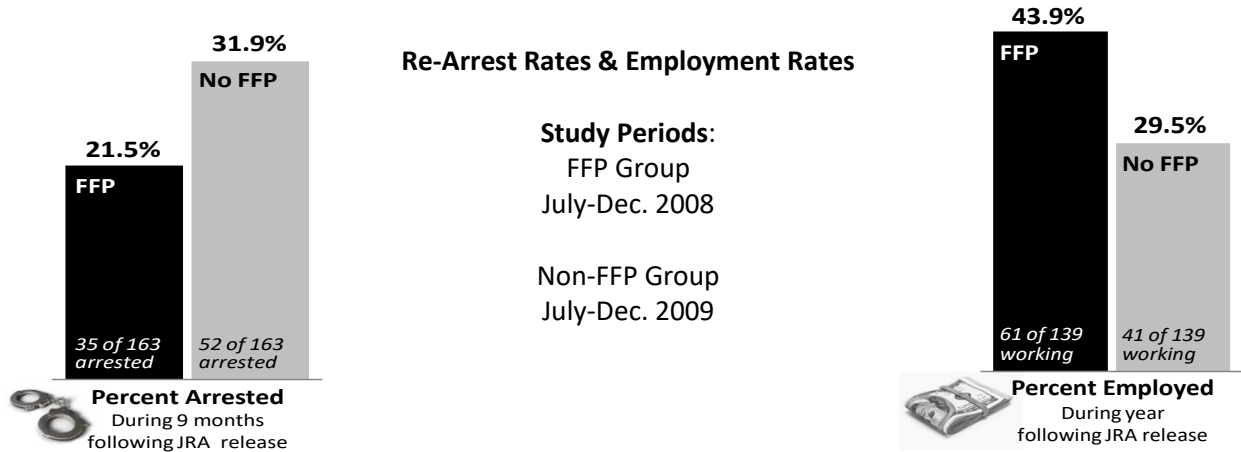
⁷ Sexton, Thomas, Ph.D. and Rowland, Marcy, B.A. “Changes in Outcomes Across Time for the First Year of the Washington State Functional Family Parole Project.” June 2005.

⁸ Rowland, Marcy, B.A. and Sexton, Thomas, Ph.D. “Preliminary Outcome Evaluation of the Washington State Functional Family Parole Project.” March 1, 2007.

⁹ 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.

¹⁰ 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.

¹¹ <https://www.dshs.wa.gov/sesa/rda/research-reports/effects-functional-family-parole-re-arrest-and-employment-youth-washington-state>



Implementation and Oversight of FFP

Training and Quality Assurance

FFP experts in JR provide initial, follow up, and annual training for new and veteran staff. Staff training and Quality Assurance (QA) practices are critical to ensure fidelity to the FFP case management model. In addition, the training helps staff stay educated and energized to work with this challenging population.

JR parole counselors are consistently rated high in program adherence (adherent delivery and competent performance of the activities the FFP model prescribes). Examples include meeting with families regularly, attending to phase goals, completing session notes timely and using FFP skills in the room with families. Competent performance means that when doing the FFP activities, counselors do them well.

Adhering to model principles and receiving regular consultation and support are critical elements to their continued success. 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 used by JR managers who determine individualized performance improvement plans
- Helps determine adherent FFP program delivery
- 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. GRMs)
- 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:

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 – 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
8. Environmental assessments and staff self-assessments

In addition to training, ongoing quality assurance ensures that parole counselors are delivering FFP with a high degree of program fidelity. The Global Rating Measure (GRM) is a metric 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.

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. QA information is used by JR managers who determine individualized performance improvement plans and serves as a tool for consultation and performance feedback for case-carrying staff.

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 performance over time. The collection of timely and accurate data supports quality assurance efforts.

Continuous Quality Improvement

Ongoing evaluation and enhancement to parole programs based on customer feedback and data continues. A project initiated in January 2016, called the Aftercare Services Enhancement 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)
- Developing a fiscally sound decision package for expansion of aftercare services

From the parole survey, DCYF learned that youth on parole and their 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. Another survey of youth and families participating in FFP aftercare will be conducted in early 2020. Those results will help inform DCYF about how to best meet the needs of the youth and families we serve and will be included in future JR reports.

Parole Access and Outcomes

In FY 2019, 457 youth released from JR residential programs. Of those 457 youth, 48 percent (N=220) received parole. Forty-one percent of youth on parole received Intensive Parole Services while the remainder (N=130) received offense-specific parole. JR is funded and authorized by statute to place up to 25 percent of its highest risk youth on Intensive Parole. During FY19, 20 percent of youth released from JR received Intensive Parole, a slight decrease from 22 percent in FY18 (Table 1). Because the 25 percent highest risk profiles/scores fluctuate relative to the risk of their peers, and because parole eligibility must be determined early in a youth’s residential stay, scoring the tool to ensure that 25 percent of releases receive parole requires ongoing review and tool revision. As a result, the percent of youth receiving Intensive Parole is not stable by year.

Table 1: Parole Releases, FY19

Release Type	N	% of Parole Releases	% of All Releases
Intensive Parole (IP)	90	41%	20%
Auto Theft Parole (ATP)	28	13%	6%
Family Integrated Transitions Parole (FIT)	8	4%	2%
Firearm Parole (FP)	61	28%	13%
From Out of State Parole (FOS)	8	4%	2%

INTENSIVE PAROLE SERVICES FOR HIGH-RISK JUVENILE OFFENDERS

Functional Family Therapy Parole (FFT)	2	1%	0%
Sex Offender Parole (SOP)	41	19%	9%
Two or More Parole Types	18	8%	4%
All Parole	220	100%	48%
No Parole Obligation	237	N/A	52%
To DOC or Jail	31	N/A	7%
21 Years Old	7	N/A	2%
All Releases	457	N/A	100%

Table 2: Youth With Two or More Parole Obligations (N=18), FY 19

IP/ATP	1
IP/SOP	3
IP/FP	9
SOP/FP	1
ATP/FP	4

Youth in JR have complex needs and are at the highest end of the criminogenic risk spectrum. Demographic and risk characteristics highlight the critical factors considered in preparing for residential treatment and planning transition and reentry activities. In FY 2019, younger youth, Hispanic/Latinos and males were over represented in their receipt of parole. DCYF will continue to monitor these numbers and, if needed, will reweight the current Risk Assessment to ensure we are serving all youth equitably.

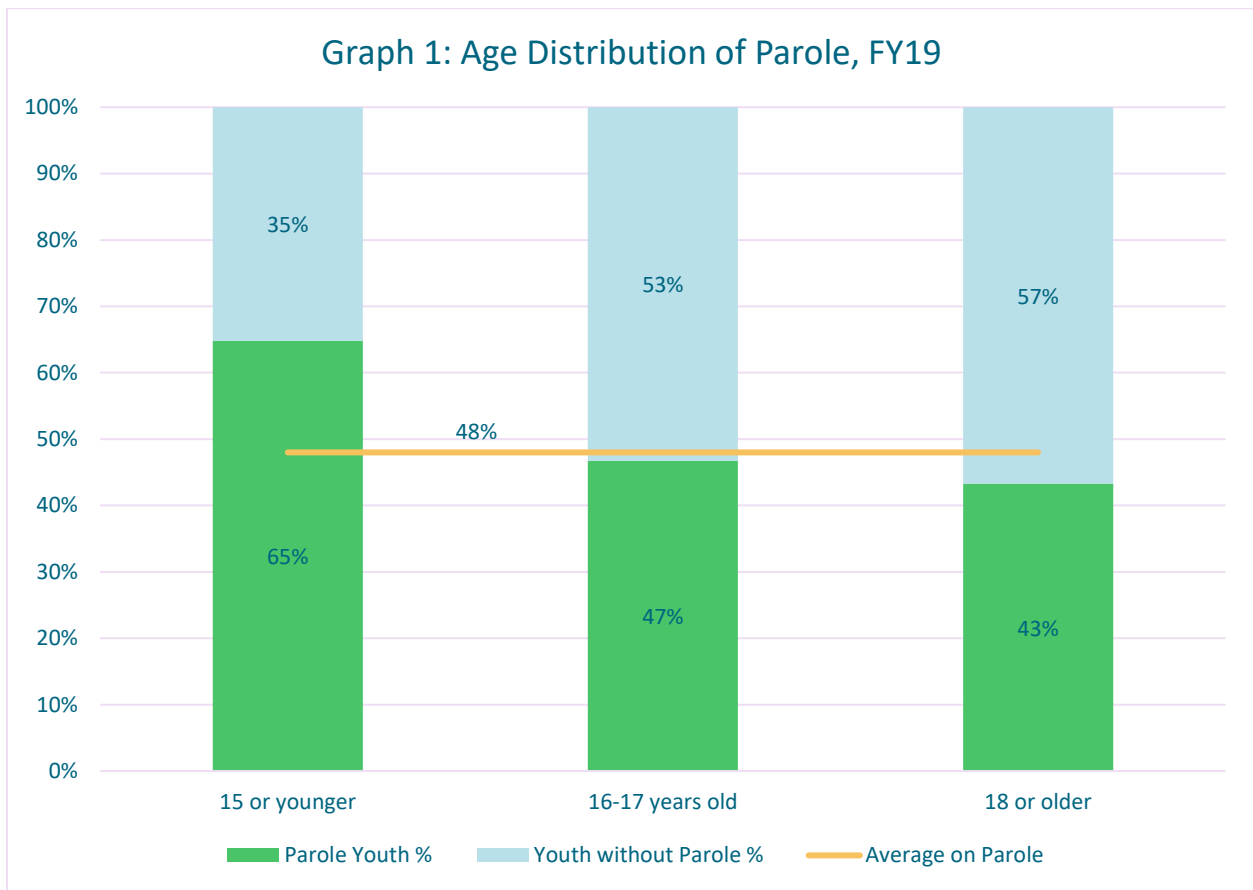
Table 3: Demographic Characteristics of Youth Releasing from JR, FY19

	All Youth		Youth without Parole		Parole Youth	
	N	%	N	%	N	%
Age at release*						
15 years or younger	71	16%	25	11%	46	21%
16-17 years old	199	44%	106	45%	93	42%
18 years or older	187	41%	106	45%	81	37%
Gender*						
Male	406	89%	193	81%	213	97%
Female	51	11%	44	19%	7	3%

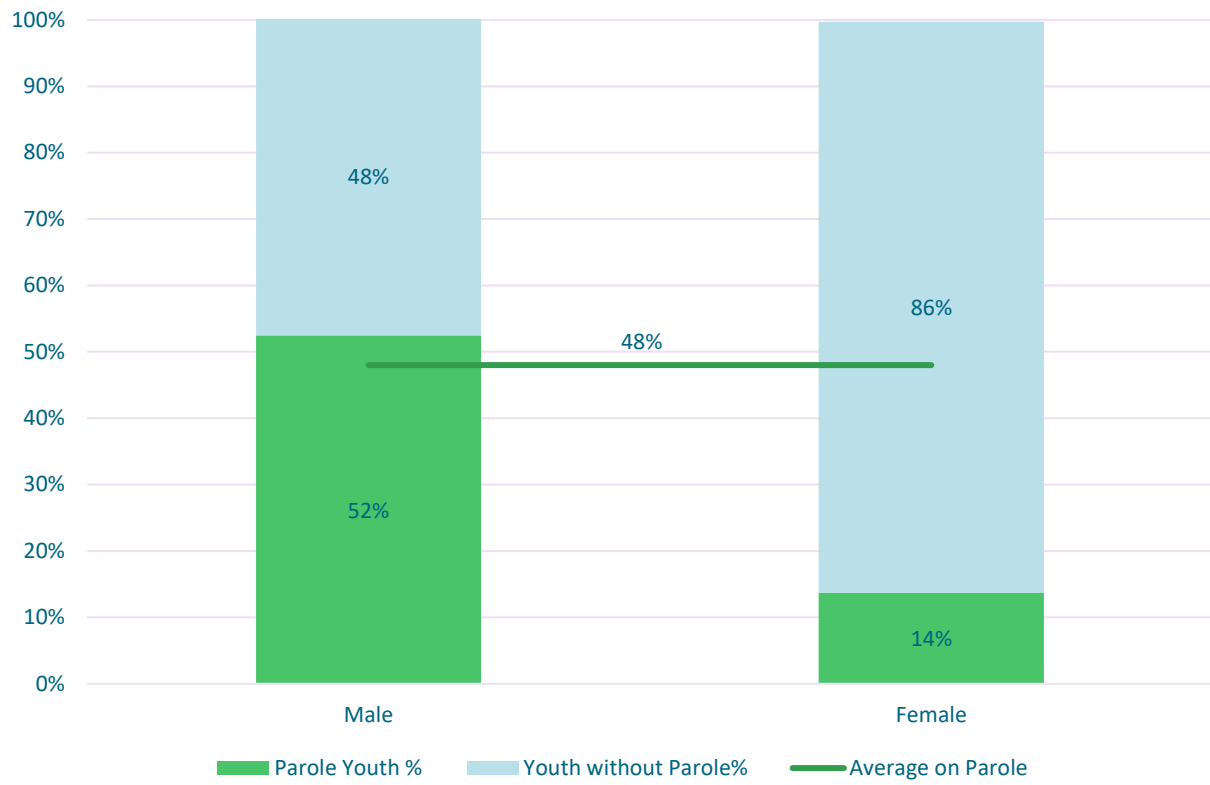
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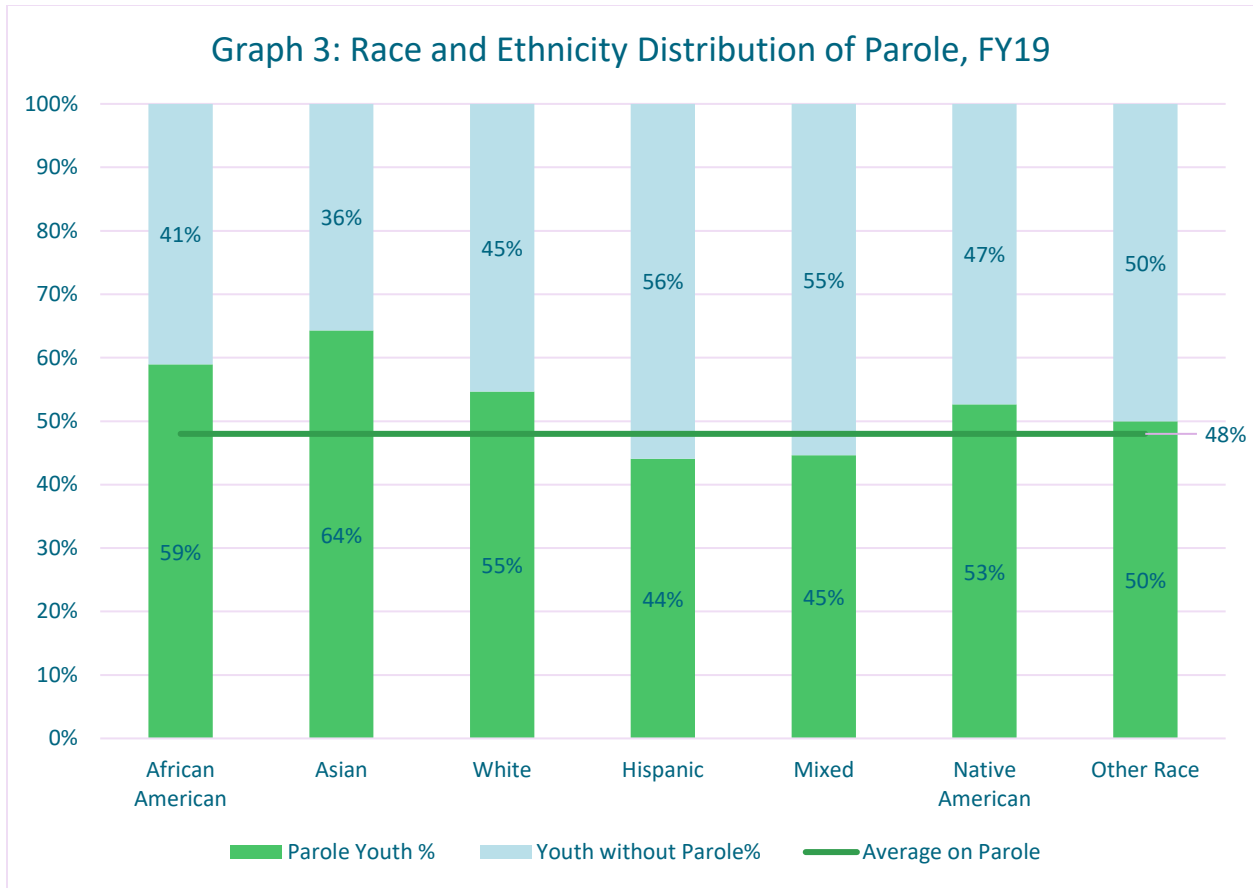
Race and ethnicity						
African American	78	17%	46	19%	32	15%
Asian	14	3%	9	4%	5	2%
White	172	38%	94	40%	78	35%
Hispanic	93	20%	41	17%	52	24%
Mixed	65	14%	29	12%	36	16%
Native American	19	4%	10	4%	9	4%
Other Race	16	4%	8	3%	8	4%
Total	457	100.0%	237	51.9%	220	48.1%

*p<.05



Graph 2: Gender Distribution of Parole, FY19





During FY19, female youth were released to parole at a lower rate relative to males (52 percent versus 14 percent) (Graph 2). Historic revisions to a gender-specific weighted Intensive Parole risk assessment has attempted to ensure that girls and boys receive Intensive Parole services at a comparable rate. While this resulted in nearly comparable rates in FY18 (21 percent of males and 24 percent of females), this same scoring was not able to effectively identify all of the highest need girls in 2019 and females received Intensive Parole at a lower rate relative to males (10 percent versus 21 percent) (Table 4). Had the tool been more effective at identifying the girls with the 25 percent highest level of need releasing from JR in 2019, six more girls would have been identified as eligible for and received parole services. Additional work will need to be done to re-adjust the Intensive Parole eligibility scores for both males and females to serve the RCW authorized top 25 percent risk to reoffend.

Girls in JR were also less likely to receive offense-specific parole services than boys (four percent compared to 31 percent). This is because girls are less likely to be adjudicated for the types of offenses the Legislature has determined require parole services. As a result, females are 87 percent less likely to receive offense-specific parole services and 73 percent less likely to receive any parole services compared to males. While rescoring the tool can help address the low rates of girls receiving Intensive Parole, this will not address their underrepresentation in access to the legislated offense-specific parole types because their offending patterns differ from boys.

Table 4: Parole Releases by Sex, FY 19

Release Type	% Males N=406	% Females N=51
Intensive Parole	21%	10%
Other Parole	31%	4%
No Parole	47%	86%
Total	100%	100%

Youth on parole were less likely to have been convicted of a violent offense (40 percent versus 62 percent of youth without parole) and were more likely to have been convicted of a sex offense (19 percent versus 6 percent). Violent offenses that require parole include Murder in the First and Second Degree. Sex offenses that require parole include Rape First or Second Degree, Rape of a Child First or Second Degree, Child Molestation First Degree and Indecent Liberties with Forcible Compulsion.

Treatment Needs of Youth With and Without Parole

When considering treatment needs between youth who did and did not receive parole, the need profiles appear slightly higher for youth not receiving parole services. Table 5 shows that over half of all youth were diagnosed as chemically dependent (56 percent of youth without parole versus 54 percent of youth with parole), met the criteria for the JR Mental Health Target Population (MHTP) (61 percent versus 58 percent), and had two or more treatment needs (51 percent versus 53 percent). A comparable portion (26 percent and 30 percent) of youth with and without parole, were identified as eligible for special education services, though due to data limitations this number likely underrepresents the actual number of youth with special education needs in our system.

Table 5: Service Needs of Youth Releasing from JR, FY19

Service Need	All Youth, N=457	Youth Without Parole, N=237	Parole Youth, N=220
2+ Treatment Needs ¹²	237, 52%	120, 51%	117, 53%
Chemically Dependent ¹³	250, 55%	132, 56%	118, 54%
Special Education	126, 28%	61, 26%	65, 30%
Mental Health Target Pop ¹⁴	272, 59%	145, 61%	127, 58%

¹² Treatment needs include chemical dependency, mental health, special education or treatment for sexual offending behavior.

¹³ 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.

¹⁴ 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.

Of youth who released from JR in FY19, 59 percent had identified mental health needs. Of these youth, only 47 percent (N=127), received parole aftercare services. This means that of the 237 youth who released with no parole aftercare services, 61 percent (N=145) had identified mental health needs (Table 6). DCYF continues to strive to find creative ways to serve the unfunded post-release needs of the youth we serve. Without the support of post-release aftercare services, there is a much greater likelihood that these youth will struggle with reentering their communities and finding supports and services to help them live socially responsible and stable lifestyles.¹⁵

Looking at the youth who release to parole who also have identified mental health needs highlights the complex treatment dynamics of this population. Table 6 shows that 63% of the youth releasing to intensive parole have identified mental health needs and 54% of the youth releasing to other parole types share this need. JR continues to network in communities across the state to ensure access to mental health services for this complex group of young people.

Table 6: Parole Releases with Mental Health (MH) Needs, FY19

Release Type	All Releases	MH Needs	% Release Type	% All Releases
Intensive Parole	90	57	63%	12%
Other Parole	130	70	54%	15%
No Parole	237	145	61%	32%
Total	457	272	N/A	60%

JR is funded and authorized by statute to place up to 25 percent of its highest risk youth on Intensive Parole, and generally serves near that figure. During FY19, this percentage decreased to 20 percent of youth served (Table 1). This percentage fluctuates and JR carefully monitors this data to ensure all eligible youth within the 25 percent of the highest risk group receive Intensive Parole.

During FY19, female youth were released to Intensive Parole at a lower 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 percent risk to reoffend.

Program Evaluation

As mentioned previously, ongoing quality assurance ensures that parole counselors are delivering FFP with a high degree of program fidelity. Internal measures such as the Global Rating Measure (GRM) and field observations are used to assess model fidelity. External evaluation provides key information used to understand if JR is achieving the intended outcomes of the program. More evaluation is needed to provide updated data and JR is eager to collaborate with external experts to make this a reality.

¹⁵ Platt, et.al., The challenges in providing needed transition programming to juvenile offenders. *Journal of Correctional Education*, v66 n1 p4-20. January 2015.

In JR, a commitment to providing effective programs remains strong. As previously noted, a report by WSIPP in July 2011 updated the list of evidence-based practices in many areas, including juvenile justice. This data is updated annually and Table 7 below shows clearly that EBPs in JR continue to achieve high returns.

Table 7: WSIPP List For JR Programs, December 2018		
Benefit-Cost Results for JR Programs	Benefit Per Dollar Spent	Likelihood of A Positive Return
Functional Family Therapy	\$11.21	96%
Aggression Replacement Training	\$4.06	66%
Functional Family Parole	\$6.15	75%
Family Integrated Transitions	\$.49	40%

Conclusion and Next Steps

The recent study published by the Office of Juvenile Justice and Delinquency Prevention, Pathways to Desistance: A Longitudinal Study of Serious Adolescent Offenders, highlighted the importance and effectiveness of community-based supervision after a period of incarceration.¹⁶ This study concluded that community-based supervision is effective for youth who have committed serious offenses and increasing the duration of community supervision reduces reported offending. These findings, in combination with the research on FFP, indicate that youth receiving parole are anticipated to have improved outcomes. The 2011 WSIPP¹⁷ report has established how much potential crime is prevented and how great the savings to the citizens of Washington State are when youth and their families participate in effective family-based interventions. The strengths of FFP are evident – 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.¹⁸

DCYF continues to enhance parole aftercare services, including Intensive Parole, through the delivery of FFP and enhancements to the transition and reentry process and implementation of risk, need, responsibility principles, adolescent brain research and trauma-informed approaches. This evidence based aftercare model focuses on individual youth and family needs, natural supports, careful supervision and links to communities and additional EBPs.

¹⁶http://www.pathwaysstudy.pitt.edu/documents/OJJDP%20Fact%20Sheet_Pathways.pdf

¹⁷Aos, 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.

¹⁸ <https://www.ojjdp.gov/mpg/litreviews/Aftercare.pdf>

Continuous quality improvement is essential. DCYF must 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, mentoring, natural supports and stable housing.

Appendix A

Program Implementation History and Timeline

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
- Transition and reentry services

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

- Phase 1 (10/1998 – 10/1999): Community Supervision/Traditional Community Linkages
- Phase 2 (10/1999 – 10/2000): Residential/Transitional/Community Supervision/Traditional Community Services Enhancements
- Phase 3 (10/2000 – 1/2003): Evidence-Based Practice Implementation
- Phase 4 (1/2003 – 1/2015): Functional Family Parole (FFP) and Expanded Transition and Reentry Services
- Phase 5 (1/2015 – present): Enhancing Reentry Best Practices/Community Supports/ Program Evaluation/Expanding Services to Young Adults up to age 25

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 Functional Family Therapy. 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, about half of the youth release from JR without any reentry aftercare support. They lack the encouragement and structure of parole aftercare and reinforcement to connect to services and resources in their community that will help them be more successful.

In the 2018 legislative session, Engrossed 2nd Substitute House Bill 1646 (Chapter 322, Laws of 2019) passed, allowing DCYF to maintain custody of individuals convicted in adult court for certain crimes committed while under the age of 18 up until the age of 25. These young people will be able to take advantage of Intensive Parole services if they are eligible. Expanding the population of young people JR is able to serve is a direct result of the growing body of research around adolescent brain development and the need for young people to receive the appropriate treatment and reentry services.¹⁹

¹⁹ Guy, F. (2015, Jun 16). Teenage Brain Development and Criminal Behaviour. Crime Traveller. Retrieved from <https://www.crimetraveller.org/2015/06/teenage-brain-development/>

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"> ➤ 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 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 ➤ 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 (2014) – EBP's, including FFP, offered for certain Firearm offenses ➤ FFP enhanced through transition and reentry focus

Appendix B

FFP Model Details

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

- **Balanced Alliance** – 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 fewer missed parole meetings. They also have more credibility with families, so they can discuss important, yet often difficult, topics such as mental health, substance use, safety or 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, 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 FFP counselors use these skills and strategies throughout the duration of aftercare. When used effectively, the skills increase and maintain youth and family engagement and motivation.

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 typically twice 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 30-60 days prior to discharge from parole aftercare. Using the youth’s reentry plan, the parole counselor and family focus on different goals that include:

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