



**Report to the Legislature**

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

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

**December 2011**

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## Contents

<b>Executive Summary .....</b>	<b>3</b>
<b>Intensive Parole for High Risk Juvenile Offenders.....</b>	<b>5</b>
<b>Increasing Parole Effectiveness.....</b>	<b>5</b>
<b>Planning and Implementation: Intensive Parole in the Service Continuum.....</b>	<b>6</b>
<b>JRA Parole Today.....</b>	<b>8</b>
<b>JRA Looking to the Future.....</b>	<b>9</b>
<b>JRA Youth Demographics.....</b>	<b>10</b>
<b>Outcomes: JRA Measuring Success.....</b>	<b>11</b>
<b>2011 DSHS - RDA Study on Program Effectiveness.....</b>	<b>12</b>
<b>Conclusion.....</b>	<b>13</b>
<b>Appendix A: Functional Family Parole: A Case Management System.....</b>	<b>14</b>
<b>Appendix B: Youth Released without Parole Aftercare Services.....</b>	<b>15</b>

## EXECUTIVE SUMMARY

In 1997, the Washington State Legislature required the Department of Social and Health Services' Juvenile Rehabilitation Administration (JRA) to implement an intensive supervision program within its parole services.

This legislation<sup>1</sup> required that the program be provided for juvenile offenders at highest risk to reoffend. The Legislature required annual reports on progress in meeting goals for information management and program evaluation, implementation, quality and effectiveness.

In 2003, JRA introduced Functional Family Parole (FFP), a family focused, strengths and alliance based case management system. Developed in conjunction with Functional Family Therapy, LLC, FFP emulates Functional Family Therapy, an evidence based model with over 40 years of research showing positive impact on recidivism for high risk youth.

Linking Functional Family Parole with the Functional Family Therapy model established relational principles and a solid skill base

**89 percent** of youth on parole have families involved in their transition and reentry to their homes and communities. (Source: JRA Parole End of Month Reports, 2011)

for counselors who engage and motivate high risk youth and their families to participate in services designed to increase protective factors and reduce risk factors.

Parole Aftercare, including Intensive Parole, focuses on individual youth needs, family support, careful supervision and evidence-based programs. JRA Parole Case Managers are consistently rated high in program adherence, critical to success of the models.

In Fiscal Year 2011, about 824 youth participated in Functional Family Parole, including all youth on Intensive Parole. However, many youth leave JRA custody directly from a secure institution. Lacking parole services, they are at increased risk of failure and recidivism.

### High-risk Youth Have Complex Needs

Just above 89 percent of youth in JRA have at least one treatment need. Over 65 percent have mental health problems and 42 percent need treatment for substance abuse<sup>2</sup>. JRA provides an effective, comprehensive and collaborative aftercare system to address those complex needs, including: Functional Family Parole, Family Integrated Transitions, Multi-Systemic Therapy, Aggression Replacement Training, sex offender treatment, substance abuse treatment, mentoring, education and vocation services.

**Intensive Parole** serves Washington's 25percent highest- risk juvenile offenders.

Other parole services are:

- Parole for graduates of the Basic Training Camp Program
- Parole for youth convicted of Auto Theft
- Parole for Youth who Sexually Offend
- The Family Integrated Transitions Program

<sup>1</sup> RCWs 13.40.210, Parole Program and 13.40.212, Intensive Supervision.

<sup>2</sup> JRA Automated Client Tracking (ACT) System data snapshot, November 28, 2011

## JRA Functional Family Parole Works

A recent study by the DSHS Research and Data Analysis Division<sup>3</sup> compared youth on parole released in 2008 with a matched group of youth released from JRA residential programs without parole services in 2009. Statistically significant findings showed that youth in the FFP group were:

- **48 percent less likely to be arrested** and had **fewer total arrests** during the 9 months following release than those released later without parole.
- **49 percent more likely to be employed** and earned more on the average during the year following release than those released without parole.

## Functional Family Therapy Works

Certified JRA counselors provide Functional Family Therapy (FFT) for qualifying youth and families. The Washington State Institute for Public Policy found<sup>4</sup> that FFT in our state:

- Achieves a total benefit of **\$37,739, per participant** (2010 dollars).
  - Benefits are from **reduced juvenile crime, labor market** and **health care** due to increased probability of high school graduation;
  - **\$8,536** of the total benefit is **to taxpayers; and**
  - **\$29,203** accrues primarily for **people not victimized by avoided crimes.**
- Yields a benefit of **\$11.86 per each dollar spent** to provide the program.
- Has a **99 percent likelihood of producing benefits that exceed costs.**

**Other Evidence-Based Programs JRA provides are proven to reduce recidivism:**

<u>Evidence Based Program</u>	<u>Benefit per Dollar Spent</u>	<u>Return on investment</u>	<u>Likelihood of positive return</u>
Functional Family Therapy	\$11.86	641%	99%
Aggression Replacement Training	\$24.44	Not reported	93%
Multi-Systemic Therapy	\$4.07	28%	91%
Family Integrated Transitions	\$2.47	17%	86%

JRA has created and continues to enhance the system of parole services, particularly Intensive Parole for the highest risk youth, critical to success when a young person returns home. Dollar for dollar, evidence-based programs and Functional Family Parole, as a best practice approach within the JRA service delivery system, make communities safer and reduce recidivism.

<sup>3</sup> Barbara A. Lucenko, PhD, Lijian He, PhD, David Mancuso, PhD, and Barbara Felver, MES, MPA. *Effects of Functional Family Parole on Re-Arrest and Employment for Youth in Washington State*. October 2011 RDA Report 2.24, Olympia, Washington.

<sup>4</sup> Steve Aos, et al. *Return on Investment: Evidence-Based Options to Improve Statewide Outcomes – July 2011 Update*. Washington State Institute for Public Policy, July 2011.

## INTENSIVE PAROLE FOR HIGH RISK JUVENILE OFFENDERS

The 1997 Washington State Legislature recognized that traditional parole services for high-risk juvenile offenders were insufficient to provide adequate rehabilitation and public safety. Intensive Aftercare, a model advocated by the Office of Juvenile Justice and Delinquency Prevention,<sup>5</sup> showed promise to reduce recidivism among juvenile offenders.

*Washington was the first state to implement the Intensive Parole Aftercare model across an entire system of state juvenile corrections.*

The Legislature mandated (Chapter 338, Laws of 1997, Section 34) implementation of Intensive Aftercare for youth in the Department of Social and Health Services' - Juvenile Rehabilitation Administration (JRA) who are at highest risk to re-offend.

The new law enumerated principles and elements of the Intensive Aftercare program and required JRA, beginning December 1999, to report annually to the Legislature on process and outcome findings, that is, to: "Report on the department's progress in meeting intensive supervision program evaluation goals...: A plan for **information management** and **program evaluation** that maintains close oversight over **implementation** and **quality control**, and determines the **effectiveness** of both the **processes** and **outcomes** of the program."

## INCREASING PAROLE EFFECTIVENESS

By 2003, JRA had found a program with robust credentials and had adopted the Functional Family Parole (FFP) model. Determined to increase the effectiveness of *all* parole services, JRA made FFP available to participants in all JRA parole services.

The administrative decision to bolster all parole services, not just Intensive Parole, allowed all youth assigned to parole the opportunity to benefit from this program. FFP was adopted as the core community component of JRA's cognitive/behavioral based *Integrated Treatment Model*<sup>6</sup>.

FFP is a specially developed parole case management and service delivery system created in collaboration Functional Family Therapy, LLC. Functional Family Therapy (FFT) was developed by Dr. James Alexander and has over 40 years of research supporting its effectiveness in reducing recidivism in high risk juvenile populations<sup>7</sup>.

JRA offers FFP in **all parole programs** and offers FFT to certain qualified youth and families.

Integrated Treatment and services follow best practice guidelines by utilizing natural supports, community involvement and family involvement; a powerful vehicle for engagement, motivation and sustainable change for youth and their families. Family support is critical to preventing youth from re-offending.

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<sup>5</sup> David Altschuler and Troy Armstrong, *Intensive Aftercare for High-Risk Juveniles: A Community Care Model*, Office of Juvenile Justice and Delinquency Prevention, September 1994.

<sup>6</sup> Henry Schmidt III, PhD, and Robert E. Salsbury III, M.S., *Fitting Treatment to Context: Washington State's Integrated Treatment Model for Youth Involved in the Juvenile Justice System*, Report on Emotional and Behavioral Disorders in Youth, Spring 2009.

<sup>7</sup> [www.fftinc.com](http://www.fftinc.com)

FFP is family based. A family focus, individually matching services to youth and families, responding contingently to parole violations and including families when determining graduated interventions...make FFP distinct from – and far more effective than ‘traditional’ supervision where the youth alone is the primary focus.

**89 percent** of youth on parole have families who are involved in their transition and reentry to their homes and communities. (Source: JRA Parole End of Month Reports, 2011)

**89 percent of youth on parole** have families who are involved in their transition and reentry to their homes and communities. Youth who do not have families available require extra assistance. Parole counselors strive to find persons significant to the youth who may fulfill at least some of the support not available from the absent family. These individuals are involved in the parole meetings and support the youth before, during and after parole services.

Using engagement and motivation techniques drawn from the FFT model, JRA parole counselors help families move beyond blaming and negative interactions, reinforce positive changes made by youth and participate in family based services that improve family bonding and communication.

## PLANNING AND IMPLEMENTATION: INTENSIVE PAROLE IN THE SERVICE CONTINUUM

*“[W]hen no appropriate schooling, vocational training, or employment is provided, housing or food is inadequate, or psychotropic medication is not maintained, the risks for failure are elevated. Adolescents with co-occurring disorders especially require attention on multiple fronts as do ‘high risk’ adolescents who by definition have multiple problems.” (Altschuler, 2008)<sup>8</sup>*

Intensive Parole is one of several parole programs mandated in Washington State Statute for juvenile offenders committed to the Department of Social and Health Services’ Juvenile Rehabilitation Administration (JRA). JRA has intentionally worked to employ known best practices and evidence-based approaches across each type of parole offered, with care that parole services are developed as part of the whole continuum of rehabilitative services to youth and support services to their families. The table below shows how planning and development of JRA parole programs has evolved since introduction of Intensive Parole in 1997.

The Juvenile Rehabilitation Administration, while instituting and refining Intensive Parole, has transformed its entire community aftercare into a comprehensive youth and family based service delivery system.

### Traditional Practice to Evidence-Based and Promising Programs

Phase	
<b><i>1</i></b>	October 1998 to October 1999 <b>Traditional Community Linkages with Intensive Supervision</b>
	<ul style="list-style-type: none"> <li>• Residential experience not significantly different</li> <li>• Day reporting/work crew programs available</li> <li>• Emphasis on implementing intensive supervision components</li> </ul>

<sup>8</sup> David Altschuler, *Rehabilitating and Reintegrating Youth Offenders: Are Residential and Community Aftercare Colliding Worlds and What Can Be Done About It*, Justice Policy Journal, Vol. 5 – No. 1, Spring 2008.

<b>2</b>	October 1999 to October 2000 <b>Residential, Transition, and Intensive Community Supervision with Traditional Community Linkages</b>
	<ul style="list-style-type: none"> <li>• Intensive Parole Transition Counselors focus on pre-release preparation of identified residential youth</li> <li>• Access to transitional/step-down community placements remains difficult for high-risk youth</li> <li>• Process improvements are made for enhanced transition</li> </ul>
<b>3</b>	October 2000 to January 2003 <b>Evidence-based Programs Service Expansion and Intensive Parole Standards revised</b>
	<ul style="list-style-type: none"> <li>• EBPs implemented in Regions include: Aggression Replacement Training (ART)      Functional Family Therapy (FFT) Multi-systemic Therapy (MST)                      Family Integrated Transitions (FIT)</li> <li>• Intensive Parole Standards are modified for flexibility and outcomes</li> <li>• The Initial Security Classification Assessment eligibility score is raised to manage the proportion of JRA youth eligible for Intensive Parole</li> </ul>
<b>4</b>	January 2003 to July 2010 <b>Functional Family Parole Adopted, Standards Refined, Quality Assurance Implemented</b>
	<ul style="list-style-type: none"> <li>• Intensive Parole Standards are significantly revised to incorporate the Functional Family Parole model to obtain better outcomes</li> <li>• Functional Family Parole Standards are refined and revised</li> <li>• Quality assurance protocols are developed and implemented</li> </ul>
<b>5</b>	August 2010 to December 2011 <b>Regionalization of Community Residential Programs and Parole Redesign</b>
	<ul style="list-style-type: none"> <li>• Expansion of JRA Community Facility beds</li> <li>• Realigned standards for minimum release of certain youth</li> <li>• Parole redesign incorporates Integrated Case Management practices, Wraparound principles</li> </ul>
<b>6</b>	December 2011 and Beyond <b>Enhancement of Risk Assessments and Community Transition</b>
	<ul style="list-style-type: none"> <li>• Improved risk assessment tools replace older versions</li> <li>• Enhanced release criteria established for all youth, including parole-qualified youth</li> <li>• Development of additional Community Facility locations and transition services</li> </ul>

## JRA PAROLE TODAY

The National Juvenile Justice Network<sup>9</sup> recently identified important factors contributing to youth success returning to their communities:

- In the six months post release youth who received community aftercare, including community based services, were more likely to attend school, go to work and avoid further reoffending.
- Increased duration of community supervision decreased further system involvement and increased engagement with school and work.

<sup>9</sup> *New Research Shows Community-Based Alternatives as Effective as Institutional Placements for Curbing Re-arrest in Youth with Serious Offenses*, National Juvenile Justice Network (NJJN), January 2010.

- Involvement in community based services reduced the likelihood of further system involvement during the six month aftercare period.

JRA parole programs are well poised to address each of these factors.

### **Family Involvement**

*Functional Family Parole (FFP)* is provided to all youth qualified for parole services. This program uses Functional Family Therapy principles delivered by parole counselors to assist youth and their families. These principles are utilized with all parole youth, regardless of whether a family is involved.

Many youth and families qualify for *Functional Family Therapy (FFT)*, a powerful research-based program that, over twelve to sixteen weeks, works to give the youth and family tools for a successful transition to the community, increase family bonding and communication.

Youth who have co-occurring treatment needs may qualify for *Family Integrated Transitions (FIT)*, a 22 week evidence-based intervention similar to Multi-Systemic Therapy (MST). Youth begin in residence, with family joining at parole.

### **Links to Services, School and Work**

Parole counselors and therapists (in-house or contracted) assist youth and their families to connect with community resources, establish treatment and participate in positive community activities. Sex offender treatment, mental health treatment, substance abuse treatment, wraparound services, vocational training and educational support are all examples of services that are offered depending on the needs of the youth and family.

### **Evidence-Based Programs and Promising Practices**

JRA is committed to delivering services that reduce recidivism. In addition to FFP, an evidence-based program; FFP and FIT, both showing strong effects, are offered as other research-supported programs.

Youth with a history of violence toward others may receive *Aggression Replacement Training (ART)*, a 12 week cognitive based program designed to help youth identify and control anger cycles, develop positive pro-social skills and increase moral reasoning.

### **Mentoring**

Many youth are linked with community volunteers who commit to a year-long mentoring relationship to help coach and guide youth using modeling, instruction, recreational activities and friendship.

### **Close Supervision for Community Safety**

Youth receive careful supervision by trained parole counselors. Swift and sure interventions assist youth to redirect when necessary – including possible return to an institution for serious and dangerous conduct in the community.



Tools available to the parole counselor include electronic home monitoring, trackers, urinalysis, polygraph examinations, other community resources and the family.

## **Quality Assurance**

Parole consultants in each region office work with the parole counselors to ensure Functional Family Parole is delivered as intended. Ongoing training and consultation is provided to ensure parole counselors have the necessary tools to stay adherent to the FFP model. Adherence measures are tracked and reported as part of the Government Management Accountability Program.

## **JRA LOOKING TO THE FUTURE**

In 2011, JRA began to redesign the overarching transition continuum of care from “diagnostic” assessment through transition, community programs and parole. This redesign is expected to streamline transition, reentry, services, employment and education resources offered to all JRA youth and support to their families. The outcome will be an even more comprehensive system that embeds key components of Intensive Aftercare Parole, Functional Family Parole and family based intervention models shown to be highly effective in reducing recidivism and increasing positive outcomes for youth, families and their communities.

JRA’s *Integrated Treatment Model (ITM)* provides residential treatment based on cognitive behavior interventions and parole aftercare services through Functional Family Parole and evidence based practices that address the high needs and high risk profiles of the most complex adolescents in Washington State. The research is clear that effective residential treatment must be followed with comprehensive community based aftercare services in order to generalize positive changes and reduce future incidents of crime.

*Integrated Case Management (ICM)* practices, as part of DSHS’s mission, are reflected in JRA’s case management approach as well as wraparound principles. Continued collaboration with state agencies, local partners, youth and families will ensure that JRA provides the most current, relevant and meaningful services that impact recidivism and increase community safety. JRA parole aftercare programs work and the Administration will continue targeting resources to maintain core services that increase community safety and positive outcomes for youth and their families.

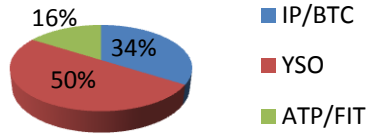
## **JRA YOUTH DEMOGRAPHICS**

JRA Youth risk profiles show:

- School disciplinary problems
- Lower socio-economic status
- Early age of onset of substance abuse or experimentation
- Family dysfunction
- Negative peer group influences
- Repeated contact with juvenile justice system
- Youth with co-occurring mental health and substance abuse disorders

Information on the following page is from a “snapshot” the 368 youth on parole on November 28, 2011.

**Parole by Type**



IP - Intensive Parole  
 BTC - Basic Training Camp  
 YSO - Youth Who Sexually Offend  
 ATP - Auto Theft Parole  
 FIT – Family Integrated Transitions

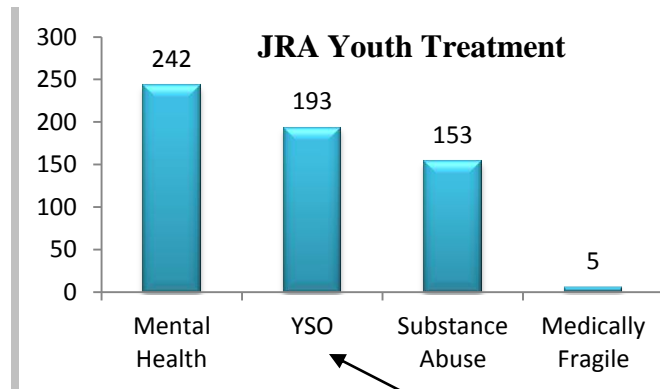
Of those youth:

- 89 were 17 years or older
- 130 were 16 or younger
- 230 were convicted of violent offenses
- 193 were convicted of sex offenses
- 52 had eight or more prior offenses
- 145 had two or more treatment needs
- 242 were in the JRA Mental Health Target Population, including a diagnosis from the Diagnostic and Statistical Manual for Mental Disorders, IV

***Violent offenses** include Murder, Arson, Robbery and Assault*

***Sex offenses** include Rape, Rape of a Child, Child Molestation, and Indecent Liberties with Forcible Compulsion*

89.1 percent had more than one treatment need, 43.2 percent had two or more treatment needs.



JRA works with the highest risk juvenile population in Washington State.

Careful assessment of the complex treatment needs of the youth is critical to treatment and rehabilitation.

\* YSO means Youth who Sexually Offend.

**OUTCOMES: JRA MEASURING SUCCESS**

Ongoing quality assurance ensures that parole counselors are delivering FFP with a high degree of program fidelity. Assessing sustainability of the FFP model lies in the Global Rating Measure which tracks case manager performance across one to three months.

**Every quarter since January of 2009, 80 percent of JRA case managers have scored ‘Well’ or better on the Global Rating Measure.** Achieving this high degree of fidelity requires continued program consultation, training and evaluation. Parole consultants work on site with parole counselors to conduct field observations, guide discussions during case staffing and assess performance regularly to provide ongoing and relevant feedback.

**Functional Family Parole (FFP)** has been shown to be positive and effective in three interim outcome studies<sup>10 11 12</sup> and two preliminary outcome evaluations<sup>13 14</sup> by Indiana University. The 2009 report<sup>15</sup> 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.”
- **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 percent reduction in felony crime
  - 18 months following release = 15.31 percent reduction in felony crime

**The Juvenile Rehabilitation Administration, while instituting and refining Intensive Parole, has transformed its entire community aftercare into a comprehensive youth- and family-based service delivery system.**

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 a critical and most important step for the future of the program.

## **2011 DSHS – RDA STUDY ON PROGRAM EFFECTIVENESS**

In October 2011, the Research and Data Analysis Division of DSHS, in collaboration with JRA, published a study on the effects of FFP with two groups: youth released to FFP supervision and youth with no parole aftercare services.

**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 at the  $p < .05$  and  $P = .005$  level, respectively.

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<sup>10</sup> Thomas Sexton PhD, Marcy Rowland B.A., Julia Gruber, B.A., *Preliminary Results from Client Outcome Measure-Parent (COM-P) for the Washington State Functional Family Parole Project*. February, 2005.

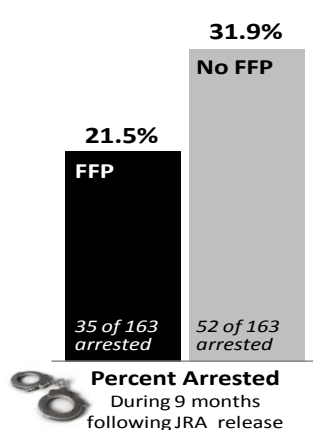
<sup>11</sup> Thomas Sexton PhD and Marcy Rowland BA, *Preliminary Results from Adherence Ratings for the Washington State Functional Family Parole Project*, April, 2005.

<sup>12</sup> Thomas Sexton PhD and Marcy Rowland BA, *Changes in Outcomes Across Time for the First Year of the Washington State Functional Family Parole Project*, June, 2005.

<sup>13</sup> Marcy K. Rowland, BA and Thomas L. Sexton, PhD, *Preliminary Outcome Evaluation of the Washington State Functional Family Parole Project*, March 1, 2007

<sup>14</sup> Thomas Sexton PhD, Marcy K. Rowland PhD, Amanda McEnery BA, *Interim Outcome Evaluation of the Washington State Functional Family Parole Project*, March 16, 2009

<sup>15</sup> Sexton, T. L., Rowland, M. K., McEnery, A. March, (2009), *Interim Outcome Evaluation of the Washington State Functional Family Parole Project*, Center for Adolescent and Family Studies, Indiana University.

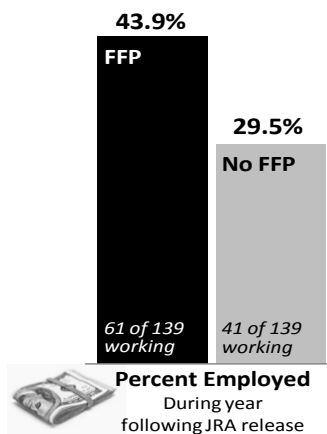


**Re-Arrest Rates & Employment Rates**

Study Period:

FFP Group  
July-Dec 2008

Non-FFP Group  
July-Dec 2009



This study shows clear and immediate reduced crime and engagement in productive activity among youth who benefit from Functional Family Parole, the core service in all JRA aftercare.

In July 2011, the Washington State Institute for Public Policy published an update to “...calculate the return on investment to taxpayers from evidence-based prevention and intervention programs and policies.” The Legislature instructed the Institute 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.)

What the Washington State Institute for Public Policy found is that Functional Family Therapy continues to produce one of the highest return on investment ratios among the evidence based programs evaluated: **“an astounding 641%.”**

In 2009, funding for Evidence-Based Programs in the community led to the expansion of Family Integrated Transitions, Multi-Systemic Therapy, and Aggression Replacement Training. The result is a parole aftercare system designed to address the complex multiple needs of high risk adolescents and their families.

<u>Evidence Based Program</u>	<u>Benefit per Dollar Spent</u>	<u>Return on investment</u>	<u>Likelihood of a positive return</u>
Functional Family Therapy	\$11.86	641%	99%
Aggression Replacement Training	\$24.44	Not reported	93%
Multi-Systemic Therapy	\$4.07	28%	91%
Family Integrated Transitions	\$2.47	17%	86%

**CONCLUSION**

JRA has created and continues to enhance their system of parole services. Parole Aftercare, including Intensive Parole, focuses on individual youth needs, family support, careful supervision, and evidence-based programs. JRA Parole Case Managers are consistently rated high in program adherence, critical to success of the models. The growing success of Intensive Parole has been emulated in other statutorily mandated parole services, all under the comprehensive Individualized Case Management approach JRA uses throughout its continuum of rehabilitative care.

The findings of the Washington Institute for Public Policy 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 family-based therapies like Functional Family Therapy.

It will be important to continue support for transition, reentry, community and parole services. It's also vital for JRA to bolster quality assurance and program development and to engage in continual program evaluation. The strengths of Functional Family Parole (FFP) are evident. Further data collection and analysis would be appropriate to determine whether FFP may join the ranks of those programs firmly established as evidence based.

JRA parole services to youth work. They have been proven to reduce recidivism, make communities safer and save victims and citizens from harm and loss. FFP increases the likelihood for youth to engage in school, work and treatment programs and have a chance at a safe and bright future.

## APPENDIX A

### **FUNCTIONAL FAMILY PAROLE: A CASE MANAGEMENT SYSTEM**

Functional Family Parole (FFP) is a parole aftercare case management and delivery system for Evidence Based Programs. The FFP model is an essential vehicle to motivate and engage, support and monitor and generalize effective programs and services including:

- Evidence Based Programs such as Aggression Replacement Training, Family Integrated Transitions, Multi-Systemic Therapy
- Educational and vocational programming
- Substance abuse treatment
- Sex offender treatment
- Mental health treatment
- Mentoring

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 Aftercare Parole models, as they both require the family to be the unit of intervention. FFP also supports wraparound principles and utilizes integrated case management practices by employing family-driven and youth-guided options for services.

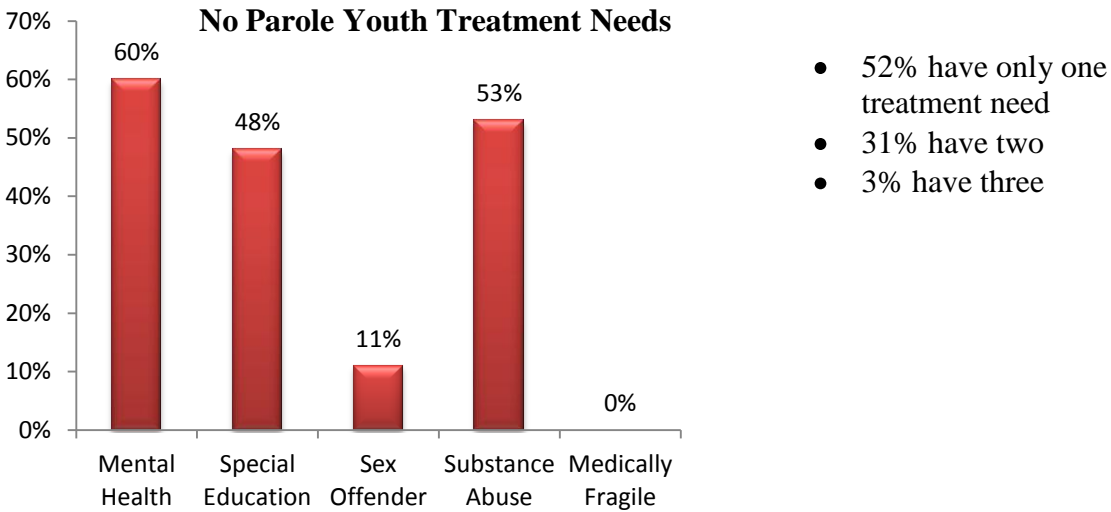
Functional Family Parole is anchored in principles similar to those in the evidence-based Functional Family Therapy model that guide interactions and decisions involving youth, families and community services.

- **Working Alliance** - A working balanced alliance assumes the families experience parole counselors as a neutral (not taking sides and willing to listen). Parole counselors assess effectiveness of the working alliance based on how motivated the youth and family are to participate in services.
- **Relational (Family) Focus** – Parole counselors focus on relationships between the youth and their family, community and peer group as a vehicle for linking services and supporting lasting change.
- **Strength Based** – Parole counselors emphasize 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 family strengths.
- **Respect** - Parole counselors work to respect family dynamics (what each person brings), meeting them where they are and valuing the person. Youth and families should feel valued and safe in conversations and acknowledged for their efforts.
- **Matching** - The match principle guides parole counselor's responses in the moment. They match to youth and families in what they say, how they say it and when they say it. Parole counselors match to the FFP phase (do the right thing at the right time using skills strategically) and match to the desired outcome which is individually assessed by the parole counselor for each youth and family.

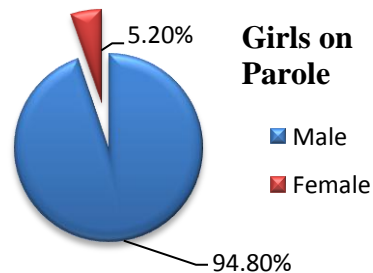
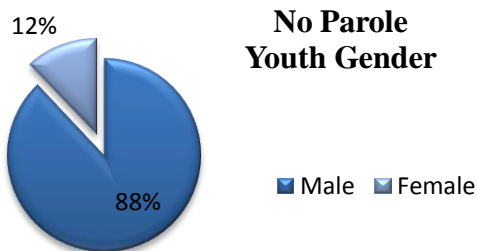
## APPENDIX B

### **YOUTH RELEASED WITHOUT PAROLE AFTERCARE SERVICES**

Risks and needs of youth releasing with no parole services are great. On November 29, 2011, of 246 youth who were to release without parole services, 86 percent needed some type of treatment.



Female offenders typically score lower on risk assessments and do not commit the kinds of offenses which require parole, leaving them ineligible for parole aftercare.



Girls make up about ten percent of JRA's residential population, but nearly half of all female offenders are released with no parole services.