

Washington State System of Care for Adolescents in Juvenile Justice

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A Family's View of Integrated Treatment

"We are grateful to the State of Washington, whose commitment to helping troubled youth and their families facilitated so much positive growth individually for our son, and collectively for us as his family."

Excerpt from an unsolicited letter written by a parent whose son was a resident in a JRA site

Juvenile Justice Mission

- Protect the public
- Hold juvenile offenders accountable
- Reduce criminal behavior through a continuum of preventive, rehabilitative, and transition programs in residence and the community

Population Demographics

Sentencing Information

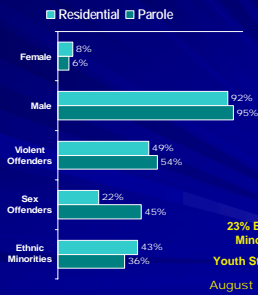
- Approximately 1300 youth committed annually to JRA
- 2300 youth served annually on parole
- Average residential stay: 46.4 weeks
- Parole from 30 days to 36 months

Average age of JRA youth

- Females – R 16 years; P 17 years
- Males – R 16.5 years; P 17 years

Minority Population Breakdown in JRA:

- Hispanic – R 13% P 12%
- African-American – R 18% P 15%
- Native American – R 5% P 5%
- Asian – R 4% P 3%
- Other – R 2% P 0.8%



Services in Juvenile Justice What We Know

- Adjudicated adolescents are not just delinquents, but have complicated problems
- Successful treatment requires the right service at the right time

Service Needs

Residential Population December 2004

Cognitive Impairments:

- Special Education, Developmentally Disabled, Mentally Retarded, or Borderline Intellectual Functioning

Medically Fragile:

- Acute or chronic medical condition

Chemically Dependent:

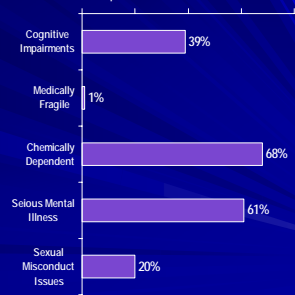
- Condition defined by a Chemical Dependency evaluation

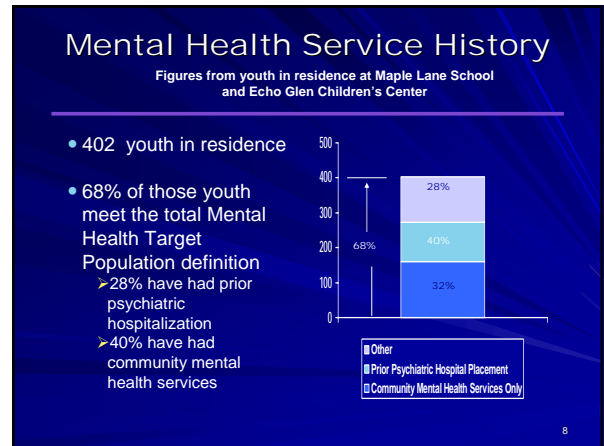
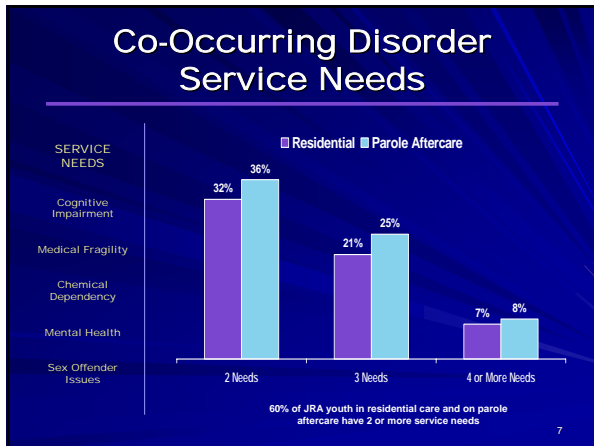
Serious Mental Illness:

- Current DSM-IV Axis I diagnosis; OR currently prescribed psychotropic medication; OR has demonstrated suicidal behavior within the last six months

Sexual Misconduct Issues:

- Current or prior felony or gross misdemeanor sex offense
- Sexually aggressive by risk assessment
- Current illegal sexualized behavior within the institution





Treatment Across a Continuum of Care

Clinical and services research demonstrates that integrated treatment is effective in achieving better outcomes than models that rely on uncoordinated parallel and sequential services

- Use "what works" to reduce recidivism and protect communities
- Emphasize families as major part of solution to youth's problem behavior
- Give the right treatment at the right time

Source: Federal Substance Abuse and Mental Health Services Administration

How did we proceed?

Selected several programs to implement that had evidence they were effective

The Evidence-Based Menu

- Implemented evidence-based treatment programs:
 - 1998: Dialectical Behavior Therapy (DBT) Pilot, Echo Glen Children's Center Cottage
 - 1999: Functional Family Therapy (FFT)
 - 1999: Aggression Replacement Training
 - 2001: Family Integrated Transition (FIT)
 - 2003: Cognitive Behavioral Treatment (CBT)
 - 2004: Multi-Dimensional Treatment Foster Care (MTFC)
- Redesigned parole program
 - 2003: Implemented Functional Family Parole

How did we proceed?

Developed and utilized a risk and protective factor assessment to screen youth for eligibility

Risk and Protective Factor Assessment

Multiple Domains Evaluated

Family History and Current Living Arrangements
School Relationships
Use of Free Time
Mental Health
Drug and Alcohol Use
Skills
Attitudes
Aggression

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Risk and Protective Factor Assessment

- Tool developed by Robert Barnoski, Ph.D. at the Washington State Institute for Public Policy
- Scoring of assessment guides selection of treatment program
- Tools has been validated

Report found at wsipp.wa.gov

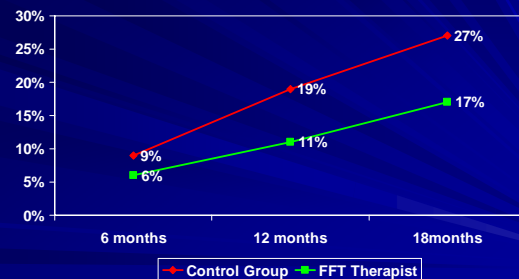
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How did we proceed?

Studied the impact of the programs through comparison group research

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FFT Results



From WSIPP report dated 1/2004 available at www.wsipp.wa.gov

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How did we proceed?

Included probation and parole counselors in the effort to engage families

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Functional Family Parole

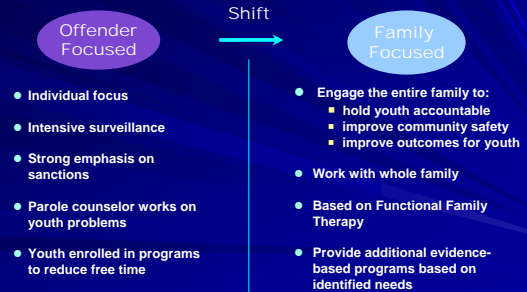
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Functional Family Parole Philosophy

- Involve entire family
- Show respect and create responsibility
- Respect differences and unique nature of each family
- Engage family members through an alliance between all family members and the parole counselor
- “Work with” rather than “work on” youth and family

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Parole Services Functional Family Parole



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How we made it happen

- Provided all supervisors and staff with initial training
- Followed up with weekly consultation for staff with an internal FFT/FFP expert
- Brought in outside FFP consultation for staff
- Changed standards and paperwork to support the model

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Changes in standards

Engagement and Motivation Phase:

During the Engagement and Motivation Phase, the community counselor meets with the family regularly to assist the family and youth in meeting the key indicators of family readiness to move to the Support and Monitor Phase.

The **community counselor** will attempt to meet with the family weekly during the first three weeks of parole.

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Changes in standards

Key indicators include:

- The family participates in meetings.
- A balanced alliance is developed.
- There is an increase in hopefulness and a decrease in blaming.
- The community counselor has established trust and credibility.
- The problems are defined relationally.
- Each family member sees a role in solving the problem.
- The family is willing to talk and listen.
- The family completes small homework assignments as needed.

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Functional Family Parole Family Comment

“This [FFP] has been very helpful for me. I am trying not to do the things that I have done in the past and being able to talk with someone about it helps me to think about it before it happens.”

(Parent of Region 1 FFP youth)

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