

Rehabilitation Administration

Juvenile Rehabilitation Treatment Model Overview

June 2, 2017

Agenda

Transforming
Lives

- ✓ Juvenile Rehabilitation Overview
- ✓ Institution Treatment
- ✓ Reentry
- ✓ Community Programs
- ✓ End of Sentence Review Juvenile Subcommittee
- ✓ Community Supervision

Rehabilitation Administration

- **Vocational Rehabilitation** provides services in 37 local offices to 21,000 people with disabilities who want to work and have difficulty finding or keeping a job
- **Special Commitment Center** provides community safety, specialized treatment and rehabilitation services for more than 300 civilly committed individuals
- **Juvenile Rehabilitation** provides services to more than 900 of the state's youth at highest risk for offending, in residential and community programs
- **Office of Juvenile Justice** provides support and expertise to the entire juvenile justice continuum and monitors compliance with the federal Juvenile justice and Delinquency Prevention Act

Juvenile Rehabilitation (JR)

- Youth may be committed to JR custody by any county juvenile court
- Juvenile courts follow prescribed sentencing guidelines to determine which youth will be committed to JR
- Youth who receive a sentence of more than 30 days are confined in JR facilities
- Depending on crime, roughly half have parole aftercare



JR Guiding Principles

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- Public Safety
- Accountability
- Prevent further criminal behavior
- Address Racial and Ethnic Disparities
- Use evidence and research based practices
- Developmentally appropriate
- Strength based
- Education & Employment emphasis
- Youth and family driven
- Community partnerships

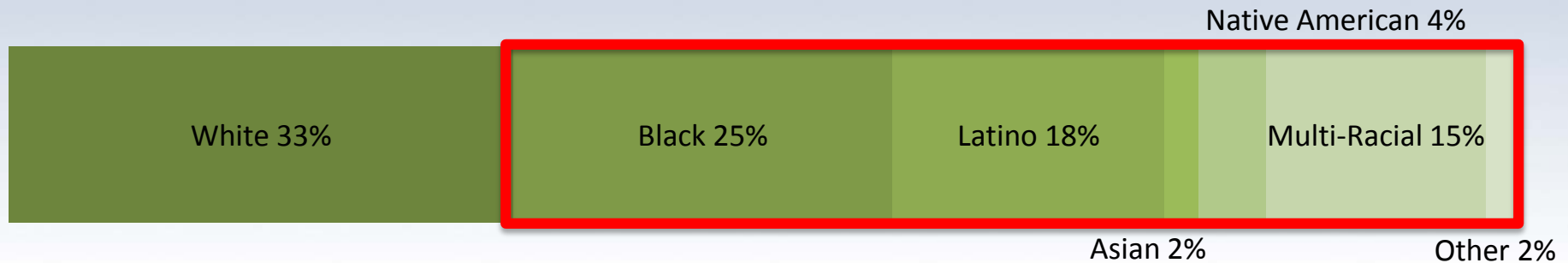


Current Residential Population

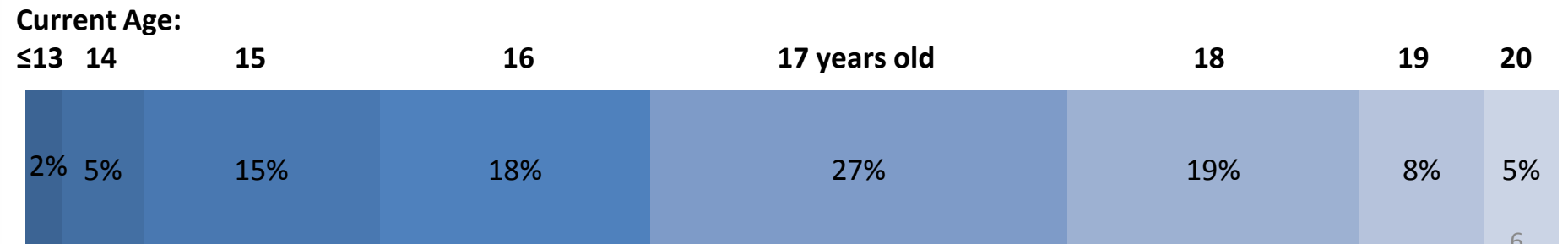
- Over nine in ten JR youth are male (93%)



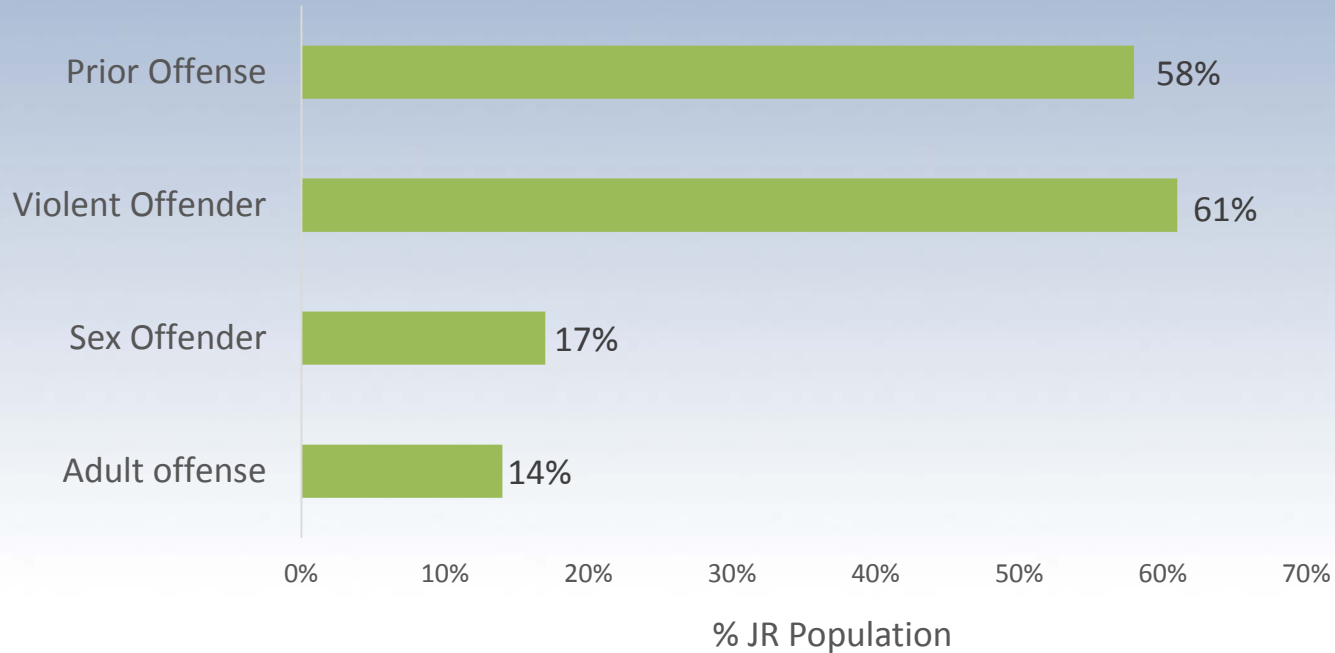
- Youth of Color are the majority of JR youth (67%)



- 60% of JR Youth are age 17 and over



Offense Characteristics



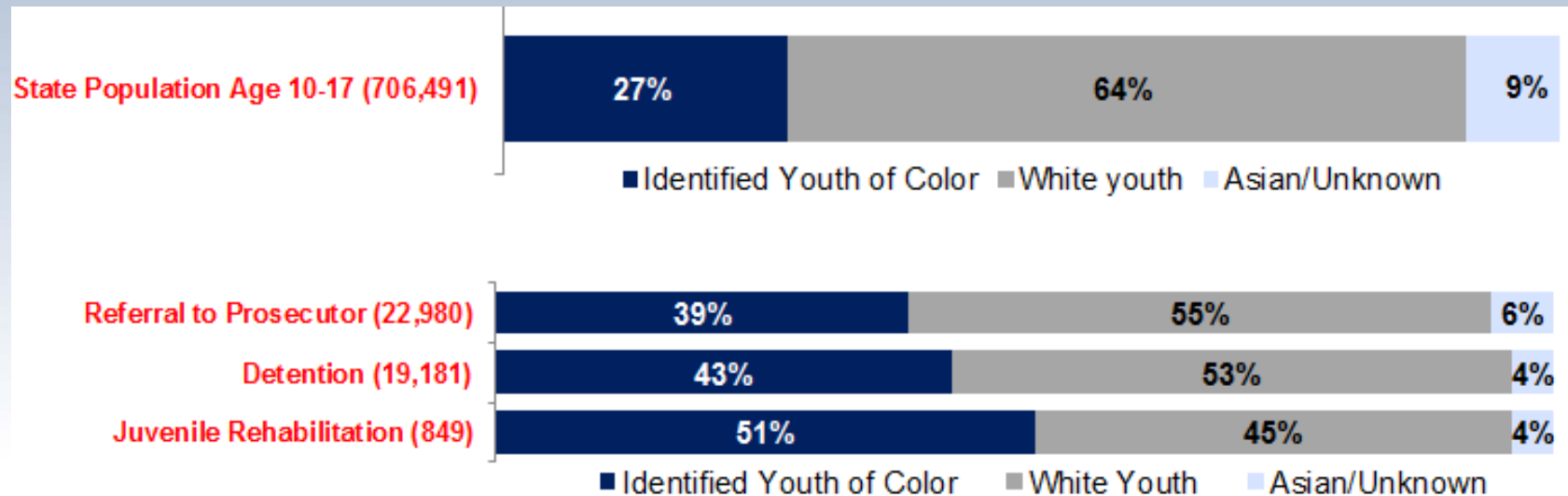
Three most common offenses:

Robbery

Assault

Burglary

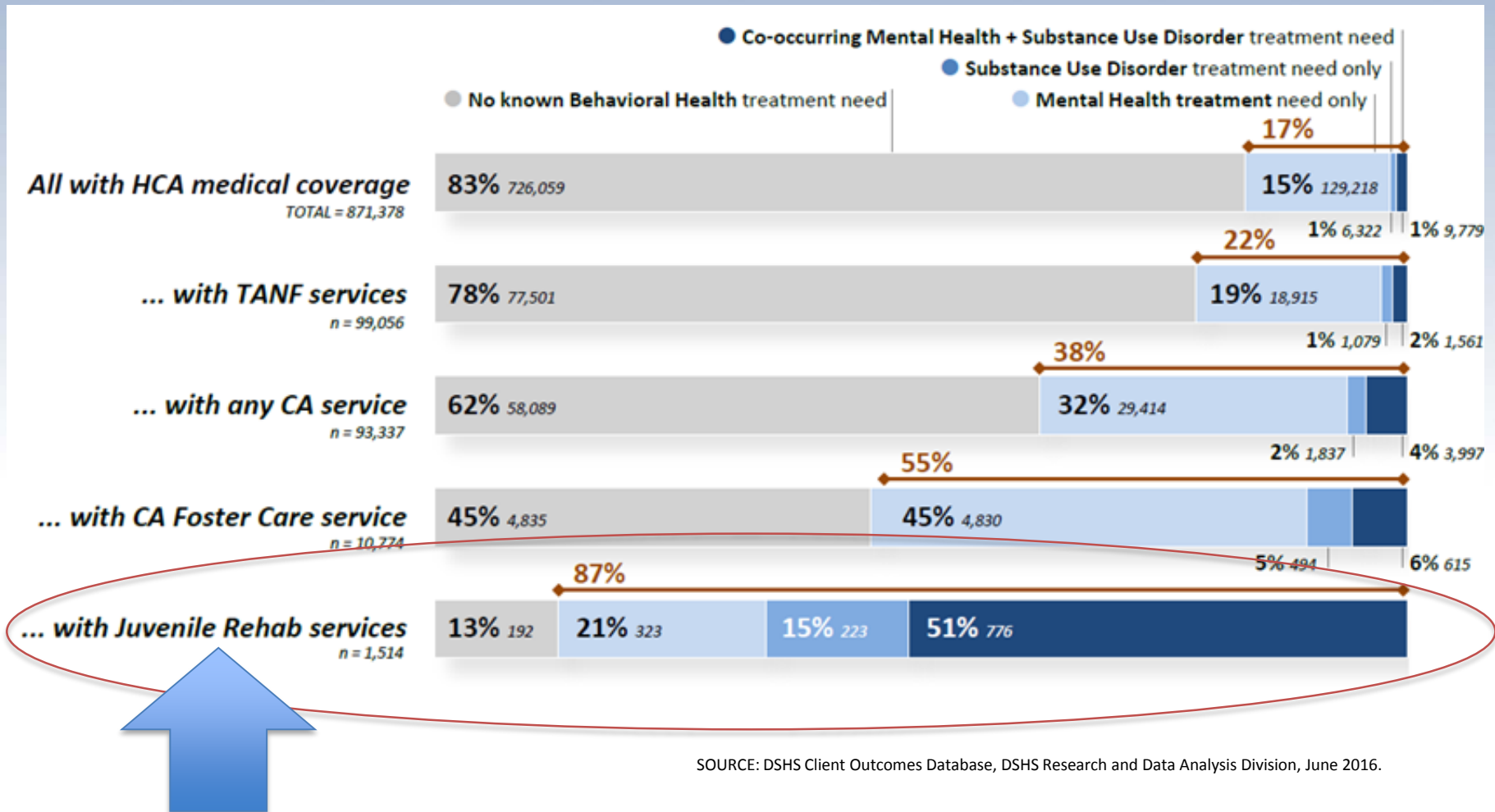
Racial and ethnic disparities increase at each level of the JJ system



***“Identified Youth of Color”** on this slide means the overrepresented groups of African-American, Hispanic/Latino, and Native American youth*

Behavioral Health Needs of JR Youth are High

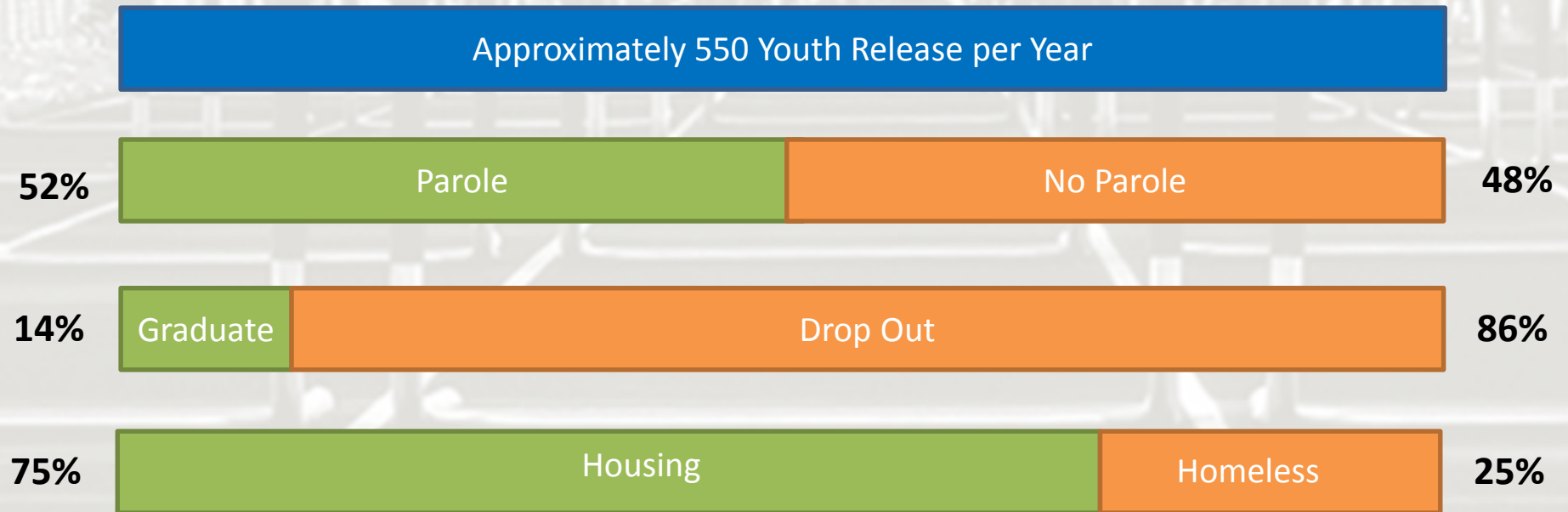
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SOURCE: DSHS Client Outcomes Database, DSHS Research and Data Analysis Division, June 2016.

JR Youth Experience Many Complex Barriers

JR youth often experience hurdles and barriers to community reintegration upon release from confinement.

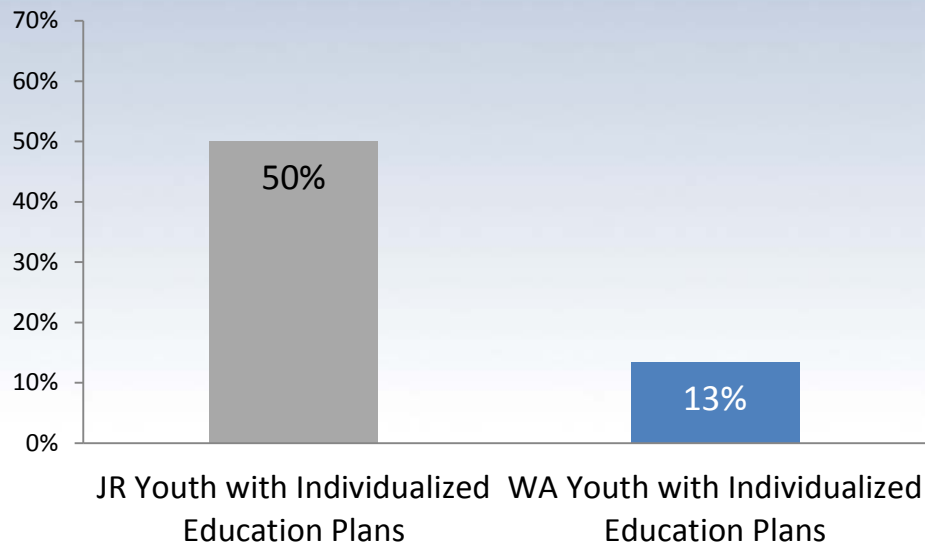


SOURCE: DSHS Juvenile Rehabilitation, DSHS Research and Data Analysis Division

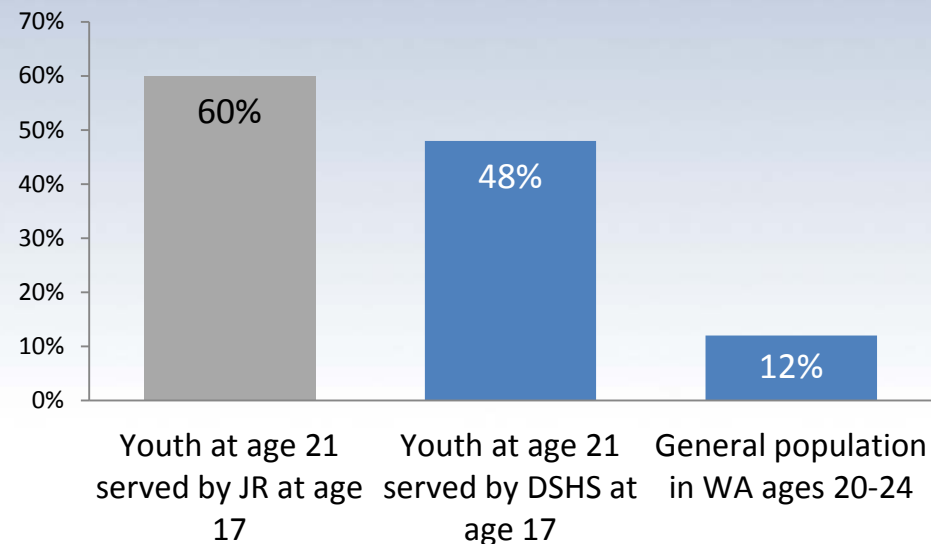
JR Youth Need Targeted Education & Employment Supports

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Youth in JR have higher rates of Special Education



Youth in JR have much higher rates of post-release unemployment



Sources: Center for Continuing Education and Research University of Washington, 2015
Population Query with Institution Principals
Office of the Superintendent of Public Instruction, Percentage of youth in WA with Special Education, OSPI Report Card 2014-2015
<http://reportcard.ospi.k12.wa.us/summary.aspx?groupLevel=District&schoolId=1&reportLevel=State&year=2014-15>

Sources: Employment Security Department/LMEA; U.S. Bureau of Labor Statistics, Current Population DSHS RDA Agency Performance Metrics, Percentage of youth served by DSHS who transition to employment at age 21

JR Service Delivery System

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Residential Care: 1,046 youth served in FY 15
Average Length of Stay: 10.4 months (FY2015)



Institutions

- Echo Glen Children's Center (Snoqualmie)
- Green Hill School (Chehalis)
- Naselle Youth Camp (Naselle)



Community Facilities (Step Down)

Located in Kirkland, Lakewood, Olympia, E. Wenatchee, Ephrata, Kittitas, Yakima, Richland

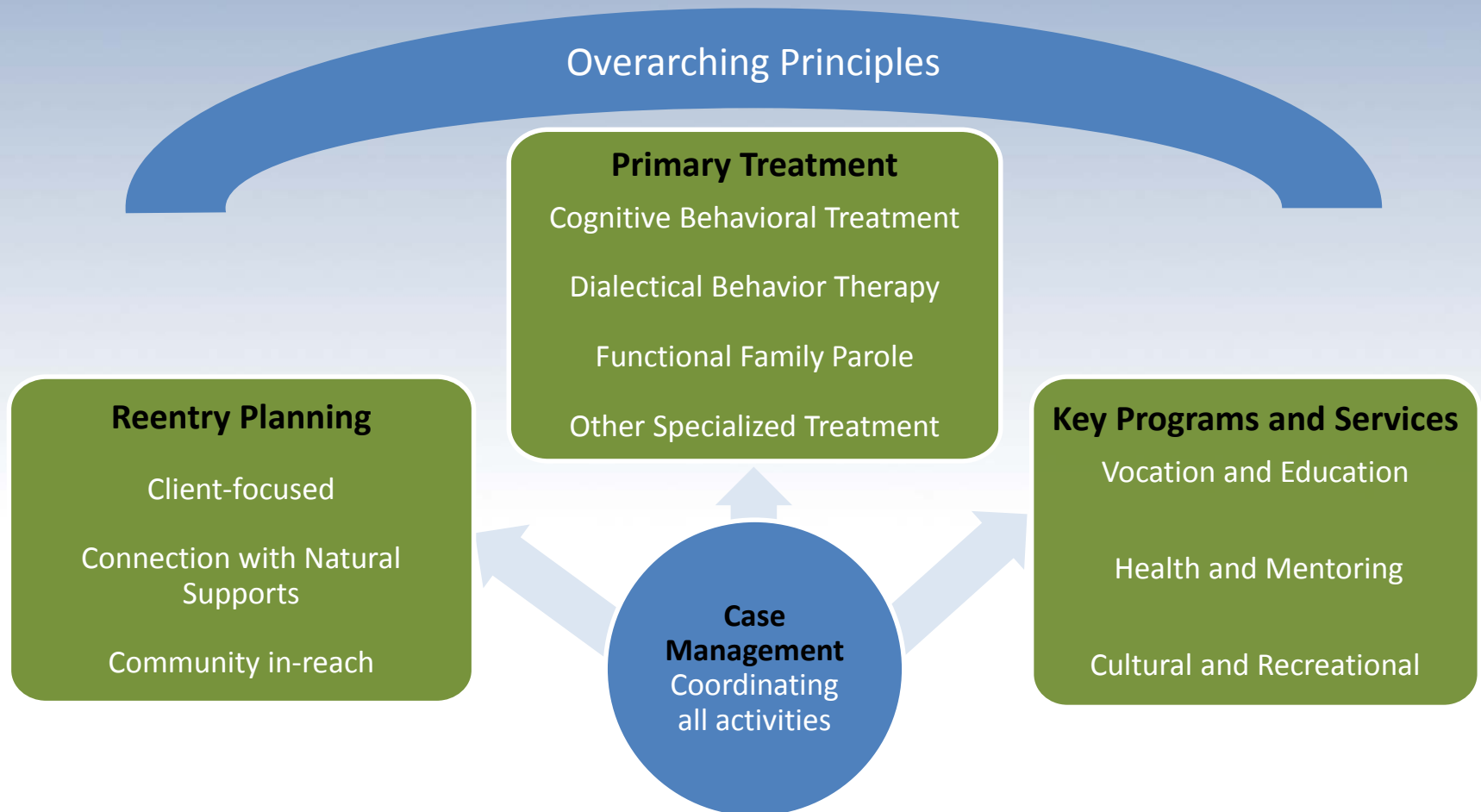


Parole Aftercare

Average Length for Parole = 4 to 6 months
Sex Offender Parole = 24-36 months

Providing Rehabilitation in JR

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Individualized Rehabilitation Model Transforming Lives



Institution Treatment

JR Institutions

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- **Assessments & Screens**

- **Pre-Placement Screen**

- Assess Mental Health behaviors
 - Security
 - Medical

- **Risk Assessment Institution (RAI)**

- Tool for assessing appropriate institution placement
 - Captures assaultive behavior, substance abuse, response to frustration

- **Initial Client Information (ICI)**

- **Integrated Treatment Assessment (ITA)**

- 158 question assessment tool identifying risk and protective factors. The ITA also aligns with the 7 reentry domains. Completed three different times to gauge progress.

- **Risk Assessment Recidivism (RAR)**

- Determines parole eligibility (if parole not mandated by RCW). Also determines initial release dates.

- **Client Behavior Assessment (CBA)**

- Compliance in institution, problem solving skills, response to frustration. Helps identify youth who are Community Facility eligible and drives earned release dates. Completed every 90 days.

- **Sexually Aggressive or Vulnerable Youth Screen (SAVY)**

- **Substance Abuse Screen (SAS)**

- **Global Appraisal of Individual Needs Screen (GAIN-SS)**



YSO Treatment

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- Youth who have sexually offended are a heterogeneous population with complex treatment needs.
- Youth who have sexually offended are much more likely to recidivate non-sexually. Sexual recidivism is very low.
- Many youth who have sexually offended are low-skilled and vulnerable to influence and victimization by youth with other delinquent behaviors.
- Highly confrontational treatment may actually be damaging for youth who have committed a sex offense.
- Treatment for youth must take into account developmental considerations (cognitive, emotional, social) and providers should validate traumatic and abusive experiences youth may have.

Why DBT With Youth Who Have Sexually Offended?

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- Uses proven alliance building and behavior change strategies.
- Focuses on commitment, problem solving and skill building.
- Uses individual assessment (BCA) to identify individual risk factors/ drivers for offending.
- Designed to address drivers that may influence a broad range of behaviors.

Behavior Chain Analysis

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- The research tells us that “one size fits all” treatment strategies really don’t work very well.
- The committing offense BCA is one way to find out what we need to know in order to effectively structure treatment. It is our way of assessing what will “fit” for a particular youth in treatment.
- In the past we focused on the offense summary as a means to get youth to “take responsibility” by admitting to everything they did.
- For purposes of a treatment plan designed to reduce recidivism, we are more concerned about identifying what is ***Driving*** the behavior.

Drivers

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- Drivers are the “key ingredients” of the maladaptive behavior. If we removed one or more of them, the maladaptive behavior would be a lot less likely to happen.
- Drivers are thoughts, beliefs, attitudes, emotions, actions, cues, urges, or past reinforcing outcomes (learned behavior).
- We structure our treatment plans around teaching the youth to eliminate, reduce and manage drivers.
- For purposes of a treatment plan designed to reduce recidivism, we are more concerned about identifying what is ***Driving*** the behavior.

Drivers

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- For many youth, drivers may be related to skill deficits in developing and maintaining peer-aged relationships or for managing emotions and impulses.
- For some youth, the drivers may be strong beliefs and habits related to getting needs met in a destructive and illegal way.
- For a small percentage of youth, drivers may be a strong arousal pattern to paraphilic behaviors, and inability to manage urges.

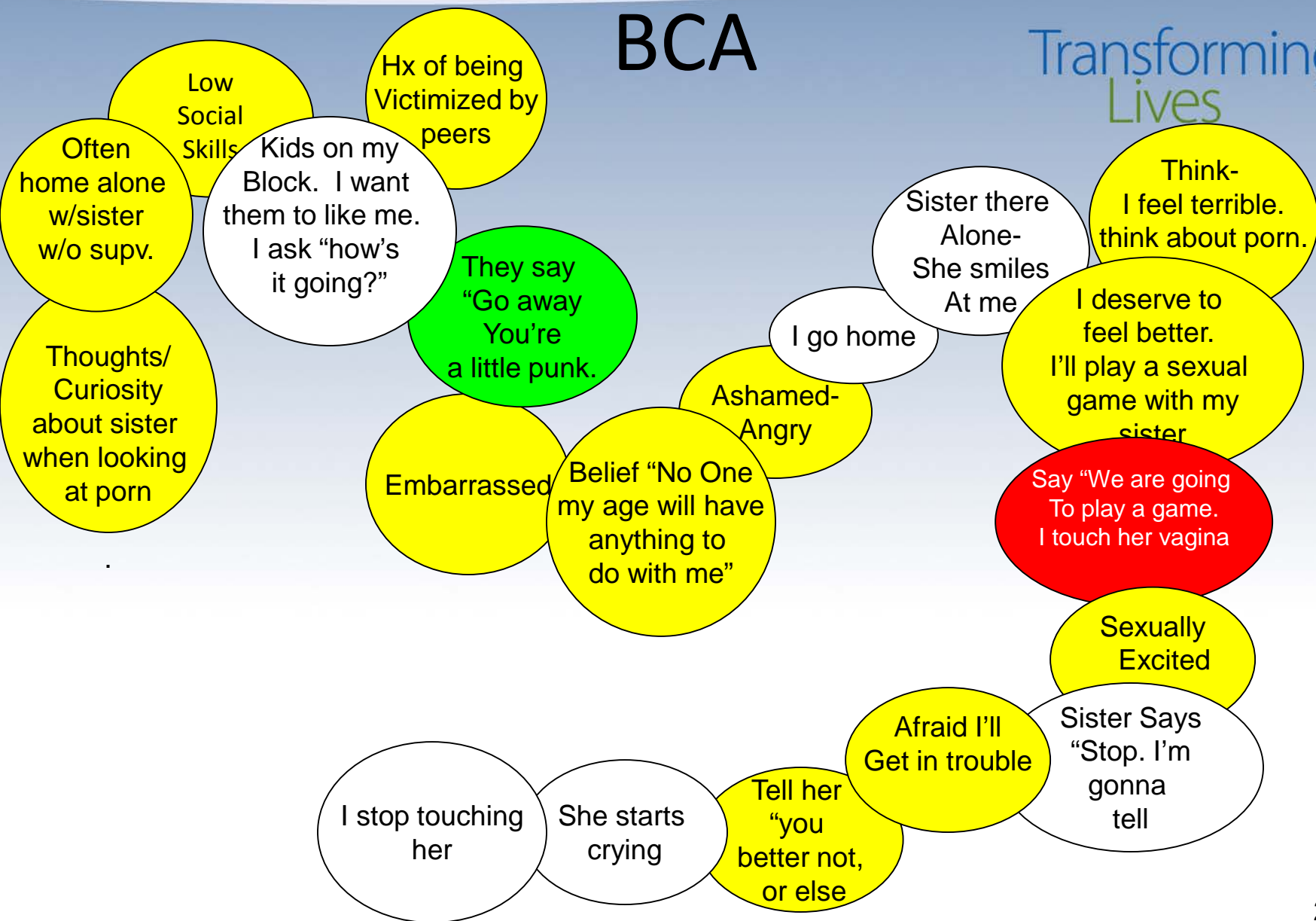
It's not just about sex offending

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- In the past, we thought of the youth primarily as a “sex offender” and focused our treatment efforts on talking about, blocking and redirecting sexualized behaviors.
- Now we believe that youth who sexually offend generally have some core drivers that can lead to all kinds of acting out (and acting in) including sexual offending.
- Supported by research, which tells us that youth who have sexually offended tend to re-offend non-sexually at a much higher rate than they do sexually.

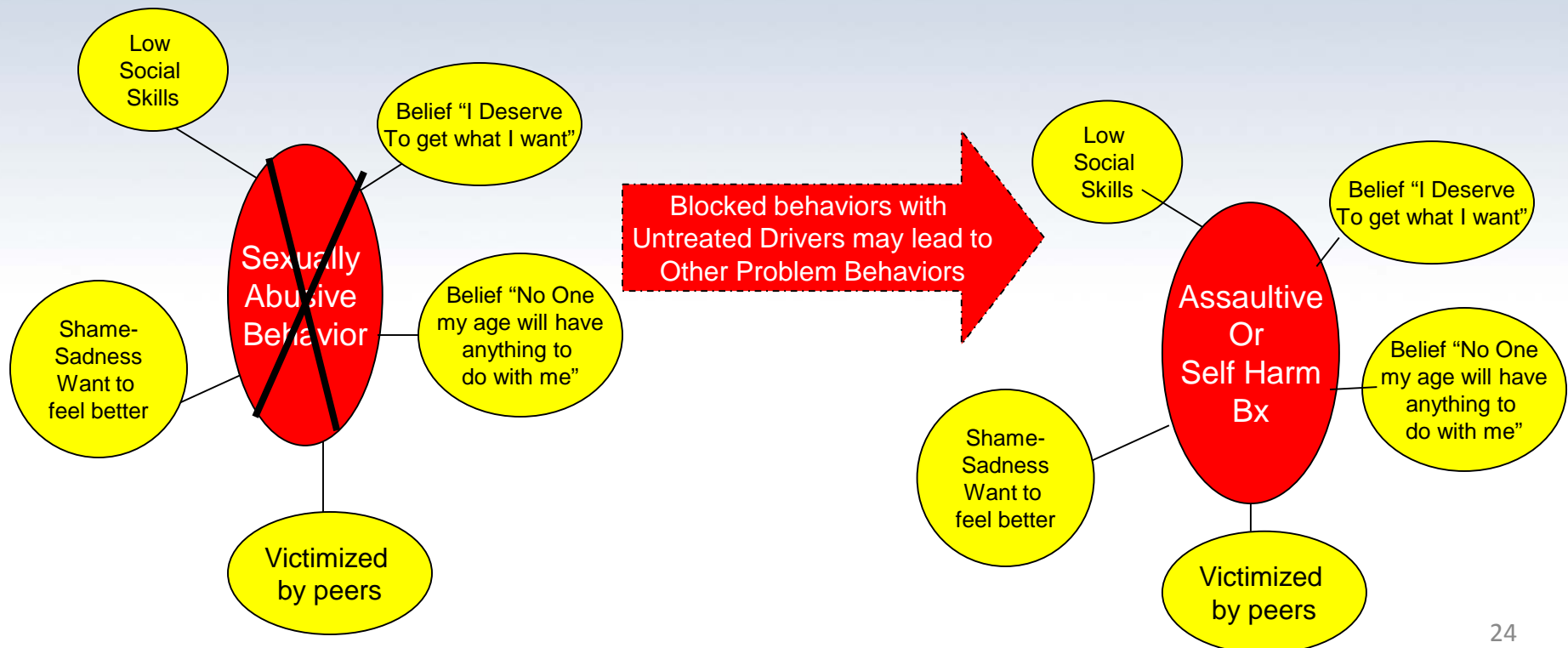
BCA

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The problem with treating “behaviors” only without treating drivers

- If we focus **only** on blocking the behavior, without treating drivers (risk factors) then the drivers may lead to other problem behaviors



What are the DBT Skills For?

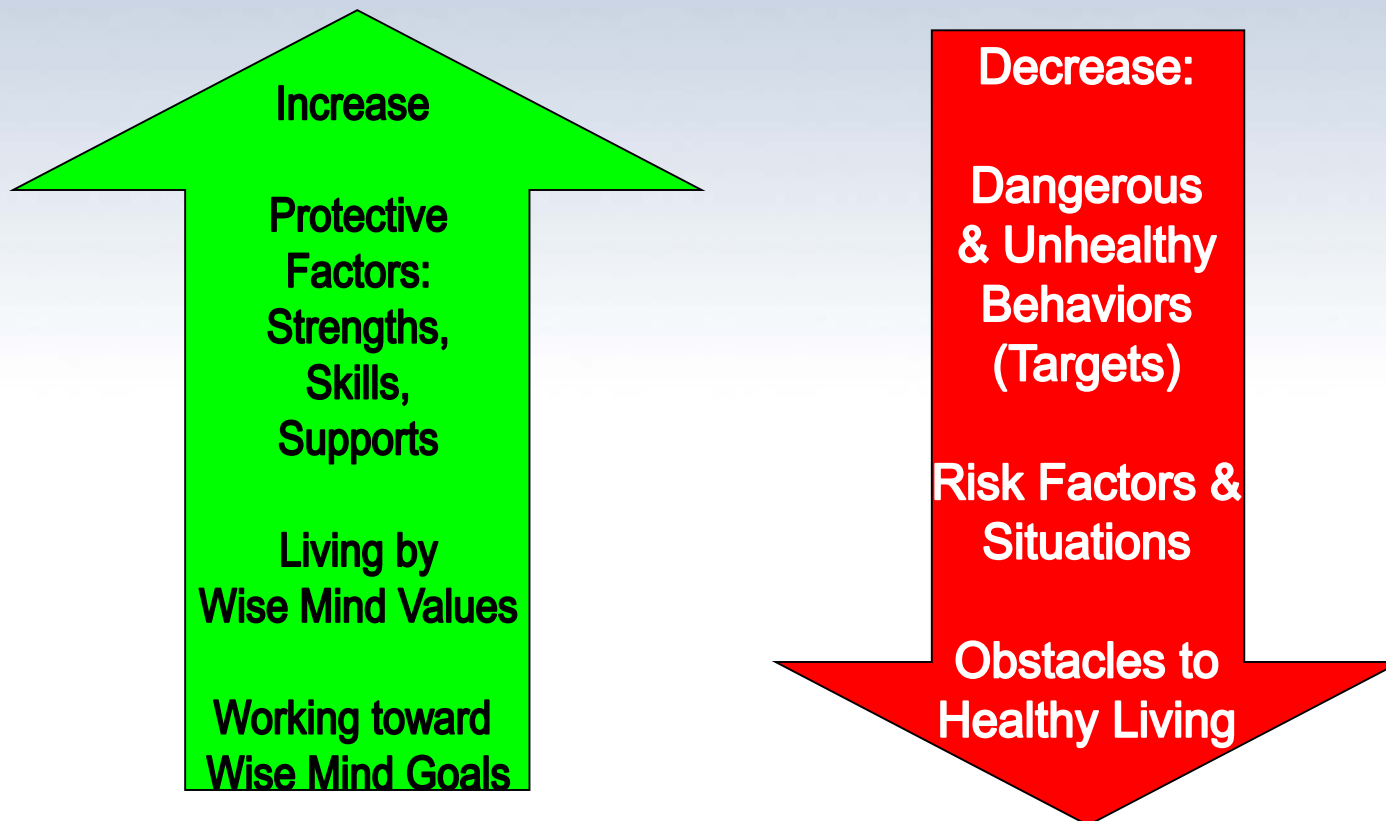
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| DBT Skills Modules | Domains of dysfunction |
|---|---|
| Mindfulness Observing, describing and participating in the moment in order to increase awareness, flexibility and relaxation. | Self: Problems with Self, Impulsivity, distraction, rigid thinking |
| Interpersonal Effectiveness Getting what you want from others without sacrificing relationships and self respect. (Assertiveness) | Relationships: Aggression, Lack of Relationships, Negative Self Image, Self-Centeredness |
| Distress Tolerance Enduring unavoidable distress through acceptance and distracting yourself with activities and sensations. | Behavior: Impulsivity, Distorted Thinking, Avoidance |
| Emotion Regulation Reducing vulnerability to emotion mind. Labeling emotions, learning how the relate to actions and taking care of yourself. | Emotions: Emotional Avoidance or Intensity, Over or under expression, grief/shame, anger, lack of awareness of different emotions |

The Healthy Living Plan

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- The HeLP is the youth's plan for reducing drivers of target behavior (Risk Factors) and increasing drivers for pro-social behavior (Protective Factors)



The Healthy Living Plan

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- The Healthy Living Plan is organized into three sections.
 1. Initial clarification of values, goals, strengths and supports.
 2. Ongoing problem solving work
 3. Transition Planning work that uses information gathered in sections 1 and 2 to make plans to reduce risk, live by values, & work on goals in the community.



Healthy Living Plan Section 1 Values

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- **Youth will explore, identify and prioritize their personal Wise Mind Values. Identifying values helps to:**
 - Engage & motivate the youth to participate in treatment. Values can provide the “why” behind behavior change.
 - Values provide a “compass” the youth can use to choose a direction in their life.
 - Clarity with values helps youth set and prioritize goals.
 - When we examine values in a non-judgmental and collaborative way with the youth, we may have more opportunity to discover beliefs the youth has that support continued offending behavior and beliefs that support positive change.
 - As the youth discovers values and is aware of how their behavior is out of sync with values, they may encounter a natural “shame from within” as opposed to being shamed through confrontation. This can compel behavior change.



Healthy Living Plan Section 1

Goals

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- **The youth will also identify short-term and long-term goals in his HeLP throughout treatment (tasks, experiences, gifts, changes, places). Regular goal setting helps to:**
 - Short-term goals (today or in the coming weeks) helps to engage and motivate youth to “take the next step.”
 - Short-term goals provide the opportunity to experience success. “I achieved my goals. I can check it off of my list.”
 - Long term goals are often made up of a number of short-term goals (action steps).
 - Commitment to long-term goals help youth to “stay the course” when the going gets tough.



Healthy Living Plan Section 1

Strengths, Skills & Supports

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- The Healthy Living Plan is a strengths-based, solution-focused relapse prevention plan. The youth identifies personal resources they can use to solve problems, in addition to learning new skills.
 - **Strengths** are characteristics, attitudes and abilities that can protect the youth from trouble.
 - **Skills** are behaviors the youth can use to be mindful, manage emotions, stress and relationships and solve problems.
 - **Supports** are people the youth can rely on to help him live by their values, support their goals, and avoid target behavior.



Healthy Living Plan Section 2

Creative Problem Solving

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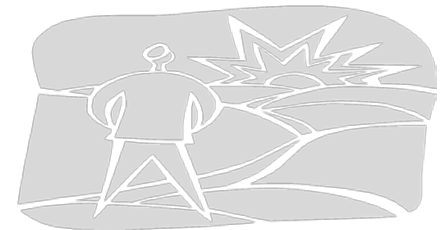
- **Describe the Target/Problem/High Risk Situation**
(BCA- identify drivers/risk factors)
- **Brainstorm Solutions**
(Draw from skills, strengths, and supports)
- **List the Pros & Cons of Your Ideas**
(In light of values, long-term goals)
- **Plan, Commit & Take Action**
(Action steps, troubleshooting steps)
- **Check Out Your Results**



Healthy Living Plan Section 3 Transition Planning

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- List of Drivers for Problem Behaviors
- List of Skills, what they are for, how they help
- List of Action Plans to reduce risk, live values and accomplish goals, including:
 - Action Steps
 - Trouble Shooting Plans to overcome obstacles



Individual Treatment

Transforming
Lives

- Weekly Individual Counseling
 - Treatment sessions between the youth and residential counselor.
- Behavior Chain Analysis (BCA)
 - Focus on what is **Driving** the behavior. Identifies thoughts, beliefs, attitudes, emotions, actions, cues, urges, or past reinforcing outcomes. Treatment plans are structured around teaching youth to eliminate, reduce and manage drivers.
- Integrated Treatment Plan (ITP)
 - The primary treatment planning tool for youth in residence. Includes behavior targets, identified DBT skills to address target behavior. Updated every 30 days.
- Sexual History
 - Completed with youth and counselor. Identifies scope of offending behavior
- Healthy Living Plan
 - Serves as the youth's relapse prevention and successful living plan. Provides detailed strategies to use in order to avoid offending or high risk behavior (avoidance goals) and also focuses on detailed descriptions of pro-social, values-guided goals that the youth will work towards (approach goals).
- Reentry Plan
 - Outlines the reentry plan goals and addresses the specific reentry domains. Staff will use the reentry plan to assist in identifying needed community resources and crisis service networks.

Group Treatment

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- **Introduction to Treatment**
 - Three sessions about boundaries, treatment, and institution expectations
- **Registration & Other Legal Requirements**
 - Two sessions about risk assessment, registration laws, community Notification, and parole.
- **Healthy Living Group**
 - Fourteen sessions of experiential learning related to Healthy Living Plan themes.
- **Peer Support**
 - Ongoing skill generalization.
- **Making Healthy Choices (PREP)**
 - Fifty-two weeks of sexual health and “relationships” emphasized.
- **Family Counseling**
 - Seven sessions in group format introducing parents & families to DBT.
- **DBT Skills Group**
 - Ongoing DBT skill acquisition groups.
- **A.R.T.**
 - Thirty Sessions about Aggression Replacement Training.
- **Clarification Group**
 - Eight sessions about empathy & victim impact.



JR Institution Programs

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- **Education**
 - Includes school credits, High School Diploma or GED.
 - All youth receive education through local school districts on site.
- **Workforce Experience Programs**
 - On campus work experience.
 - Jobs include: Landscaping, culinary, janitorial, maintenance crew, and Laundry.
 - Paying positions.
 - A portion of all money earned is used as payment for court ordered restitution and court fees.
- **Health Care**
 - All Institutions have a health care clinic on site.
 - All residents have access to health care professionals (RN, physician, dentist, psychologist).
 - Any needs that can not be provided on site are served by local community providers.
- **Substance Abuse Treatment**
 - All Institutions have Drug/Alcohol unit on site staffed with Chemical Dependent Professionals.
 - All D/A programs are state certified and incorporates the Integrated Treatment Model (ITM).

JR Institution Programs (Cont.)

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- **Mental Health**

- All institutions are staffed with a Mental Health Treatment Coordinator.
- All institutions are staffed with a psychologist.
- All institutions have an acute mental health living unit.

- **Religious/Spiritual Programs**

- Volunteers from many faiths participate in religious programming for residents.
- All religious programming is optional.

- **Cultural Programs**

- Exposure to traditional celebrations of own culture and the culture of others.
- Programs assist residents to accept, understand, and appreciate people different from themselves.
- Contract with local partners to provide cultural groups and education.
- All cultural programs are optional.

- **Recreation**

- All Institutions offer a variety of activities designed to promote teamwork, positive social interaction, and developing overall good health.
- All residents have access to gymnasium, swimming, weight room and auditorium.
- Outdoor facilities consist of soccer, baseball, football fields, and basketball courts.
- All residents participate in a minimum of one hour of organized activities each day.

Site Specific Programs

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- **Department of Natural Resources (DNR) – Naselle Youth Camp**
 - Teaches basic forestry skills.
 - Allows for practical use.
 - Fire crew
- **Juvenile Vocational Industries Program (JVIP) – Green Hill School**
 - Providing vocational training in an employment setting.
 - Produces products for sale to state agencies and non-profit organizations.
 - Bags, lanyards, banners, aprons, backpacks, laundry bags
 - Incorporates communication skills, decision making-skills, time management, work ethics, and teamwork.

Site Specific Programs (Cont.)

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Canine Connections – Echo Glen Children's Center

- Connecting dogs with residents.
- Student trainers learn responsibility, patience, conflict resolution skills, emotional development.
- Provides skill building, educational, and vocational opportunities in kennel operations, grooming, vet tech, and training.
- Dogs are connected with adoptive families.



Reentry

Reentry

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Lives

- What is Reentry?
 - *Reentry* is the planning activities and/or functions that promote the successful transition of a youth from confinement or out of home placement to their respective communities and homes with the assistance of a collective support team.
- Seven Key Reentry Domains (David Altschuler, 2010)
 1. Family/Living Arrangements
 2. Peer Groups/Friends
 3. Mental/behavioral/physical health
 4. Substance Abuse
 5. Leisure/Recreational/Avocation Activities
 6. Employment
 7. Education/Vocational



Reentry Domains

Integrated Treatment Assessment

Family/Living
Arrangements

Family Relationships

Peer Group/Friends

Peer Relationships

Mental-Behavioral
Physical Health

Mental Health

Substance Abuse

Drug/Alcohol

Education

Education

Employment/Vocation

Employment/Vocation

Leisure/Recreational/
Avocation

Use of Free Time



Supporting Reentry

- Reentry Team Meetings
 - JR has developed and implemented a reentry orientation program for every individual as she or he enters and exits a JR facility.
 - Reentry team meetings are focused on specific reentry domains and individualized to each youth and their family.
 - Ensures a collaborative approach to identify needed resources, supports and outlines crisis services for successful reintegration.
 - Provides input from youth and family. (client/family driven)

Example Reentry Plan

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Lives

██████████ Reentry Plan, February 2016

| | |
|--|--|
| <p>Where I plan to live</p> <p>My Family & Important Adults in my life</p> | <ul style="list-style-type: none"> I am leaving RCF on 2/5/16. State transportation will drive me to the Vancouver parole office. My mom is picking me up there. My family and I are planning a home visit for the weekend of January 22nd to get ready for my return. I will be living with my mom, dad and brothers at ██████████ My family and I talked about our house rules. All of us committed to support our agreements. |
| <p>My Health & Safety Plan</p> | <ul style="list-style-type: none"> My parents are committed to supporting me in my treatment. My parole counselor is arranging a meeting with my family to talk about Functional Family Therapy. I plan to return to my previous family doctor and mental health services at NW Behavioral. I will keep taking my Citalopram. We have an appointment for 3/1/16 at NW Behavioral to see my psychiatrist and refill my meds. I have (Name of) medical insurance through my father's work. I will use my ACCEPT and TIPP skills to manage my anxiety and to keep myself safe. |
| <p>My Friends & other people in my life</p> | <ul style="list-style-type: none"> I have lots of positive friends and family members. My family is committed to spending time with these positive family influences. I plan to hang out with my best friend ██████████. My parents know her and support our friendship. |
| <p>My Sobriety Plan or Safety Plan</p> | <ul style="list-style-type: none"> I plan to attend aftercare when I return home. I will go to an NA meeting within 1 week of returning home and I find a sponsor within two weeks. I plan to attend 20 meetings in 40 days. My parents and parole counselor have agreed to help me with this plan. I am committed to sobriety. I will use my Urge Surfing, ACCEPTS and Burning Bridges skills to help with my emotions and urges, and to steer clear of old friends who use. |

Reentry Plan, February 2016

| My Education Plans | <ul style="list-style-type: none"> I completed my GED and COMPASS testing for college placement. I plan to attend Clark Community College in the spring quarter. My counselor is helping me register and my mom will help me with enrollment. I plan to earn an AA and then get a degree in psychology. | | | | | | | | | | | | | | | |
|---|---|------|------|------|-----------|---|--|-------------------|---|--|----------------------|---|--|------------------|--|---|
| My Work Plans | <ul style="list-style-type: none"> I will continue working with a DVR counselor when I return home, with the help of my parole counselor. I want to work with youth as a counselor after I get my psychology degree. I researched the job market in Yakima, created a resume, and submitted several applications. I plan to use what I learned when I look for part-time work back home in Vancouver. My goal is to submit 4 applications within a month of returning home. | | | | | | | | | | | | | | | |
| My Plan for having fun | <ul style="list-style-type: none"> I enjoy artsy activities like making bracelets and drawing. I also like swimming, working out, and running. My mom has agreed to work out with me two times each week. I love animals and plan to volunteer at the Humane Society. My parole and probation counselors will help me find Community Service options. My family plans to have dinner together at least twice each week, game nights, Sunday hikes and camping. We plan to go to the community center more often also. | | | | | | | | | | | | | | | |
| My Legal Obligations | <ul style="list-style-type: none"> I will be on parole for six months. My parole counselor is [REDACTED] I will make a payment plan with the county clerk for my 850.00 restitution within the first month of returning home. I have my Washington State ID. I plan to apply for a drivers permit. | | | | | | | | | | | | | | | |
| Important Documents I have or Need are: | <table border="1"> <thead> <tr> <th>Type</th> <th>Have</th> <th>Need</th> </tr> </thead> <tbody> <tr> <td>WA St. ID</td> <td>x</td> <td></td> </tr> <tr> <td>Birth Certificate</td> <td>x</td> <td></td> </tr> <tr> <td>Social Security Card</td> <td>x</td> <td></td> </tr> <tr> <td>Driver's License</td> <td></td> <td>x</td> </tr> </tbody> </table> | Type | Have | Need | WA St. ID | x | | Birth Certificate | x | | Social Security Card | x | | Driver's License | | x |
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MyJOBS (My Journey Out Beyond)

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Lives



Employment Pathway Program My Journey Out Beyond (My JOB)

- Job preparation
- Career exploration
- Partnership with Local School Districts, Voc Rehab, Work-Force Development Council

- Contracted through PAC Mtn. Workforce Development Council
- Offered at all three institutions
- Focuses on youth with IEPs and 504 plans through school

Juvenile Rehabilitation Manufacturing Academy Pilot (2015-2016)

Green Hill School



JR Manufacturing Academy



Transforming
Aerospace Lives



Pilot Outcomes (77 youth) :

- 63% Employment Rate
- 445 Industry Certifications
- 87 High School Credits

Combined with JR treatment and behavioral stabilization = Job-ready youth

In 2016 began different model at the Community Reentry Skills Center

Community Reentry Skills Center

Transforming
Lives

- Occupational Training/Manufacturing Academy
- Pioneer Human Services/Community Reentry Skills Center – a residential reentry model
- Young adults 18-20 years old
- 20 week program
- Certifications
 - Basic First Aid
 - CPR
 - OSHA-10/MSDS
 - Warehouse Flagger
 - Forklift
 - Aerospace Joint Apprenticeship Committee (AJAC)
 - LEAN Manufacturing



Business Relations Development

Transforming
Lives



- Connections to employers for youth to have jobs after release.
- Creating specific partnerships with employers who pay living wage jobs and accept youth with histories.

Community Programs

JR Community Facilities

Transforming
Lives

- 20% of JR residence transition to a Community Facility.
- Allows youth to pursue employment and academic options.
- Gives youth opportunity to practice skills in a less restrictive setting.
- Contracted sex offense specific treatment providers.
- Contract with a variety of community resource services for continuing care.



JR Community Facilities

Transforming
Lives

Touchstone SCF

- Located in Olympia, WA.
- Funded capacity of 14 beds
- Does not house youth with sex offenses.
- Connections with South Puget Sound Community College.



JR Community Facilities

Transforming
Lives

Oakridge SCF

- Located in Lakewood, WA.
- Funded capacity of 15 beds
- Connections with Pierce College.
- Contracts with certified sex offense specific treatment provider.



JR Community Facilities

Transforming
Lives

Woodinville SCF

- Located in Kirkland, WA.
- Funded capacity of 15 beds
- Contracts with certified sex offense specific treatment provider.



JR Community Facilities

Transforming
Lives

Ridgeview SCF

- Located in Yakima, WA.
- Funded capacity of 10 beds
- Females only.
- Contracts with certified sex offense specific treatment provider.



JR Community Facilities

Transforming
Lives

Parke Creek SCF

- Located in Ellensburg, WA.
- Funded capacity of 14 beds
- Younger males.
- Contracts with certified sex offense specific treatment provider.



JR Community Facilities

Transforming
Lives

Canyon View SCF

- Located in Wenatchee, WA.
- Funded capacity of 15 beds.
- Contracts with certified sex offense specific treatment provider.



JR Community Facilities

Transforming
Lives

Sunrise SCF

- Located in Ephrata, WA.
- Funded capacity of 13 beds.
- Does not house youth with a sex offense.
- connection to Job Corps in Moses Lake, WA.



JR Community Facilities

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Lives

Twin Rivers SCF

- Located in Richland, WA.
- Funded capacity of 15 beds.
- Contracts with certified sex offense specific treatment provider.



End of Sentence Review Juvenile Sub-committee

End of Sentence Review Juvenile

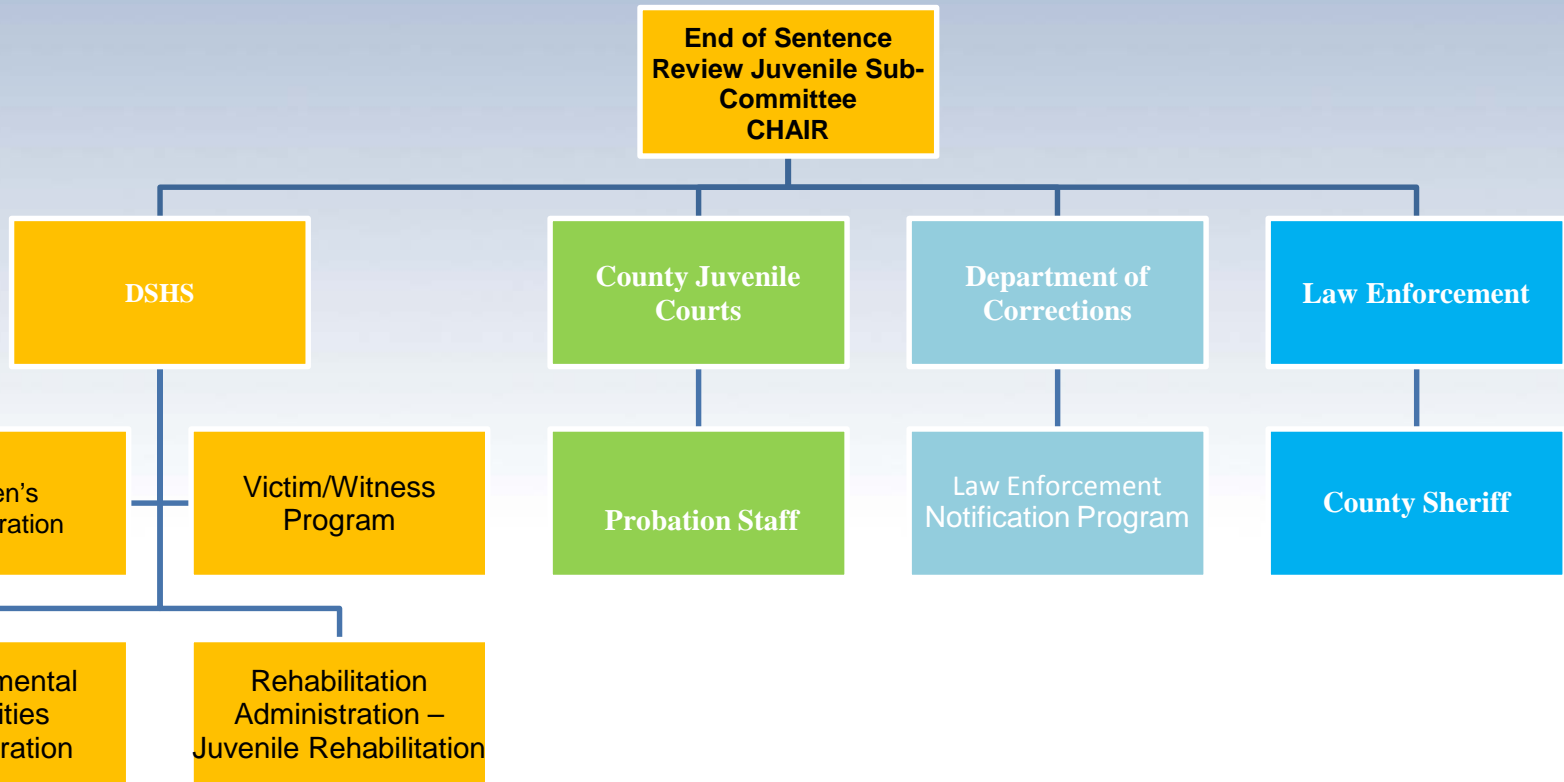
Sub-committee



- An administrative review sub-committee established as a result of the 1990 Community Protection Act
- RCW 72.09.345
- Juveniles reviewed at sub-committee:
 - Juveniles releasing with a registerable sex offense from the Department of Social & Health Services (JR Institutions, Community Facilities).
 - Juveniles, following disposition, under the jurisdiction of a county juvenile court for a registerable sex offense (SSODA, local sanctions).
 - Juveniles found to have committed a sex offense and accepted from another state under a reciprocal agreement under the interstate compact for juveniles authorized in chapter 13.24 RCW.

End of Sentence Review Juvenile Sub-committee

Transforming
Lives



How is the Notification Level Determined for Juveniles?

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- For juvenile offenders, Washington State currently utilizes the Washington State Sex Offender Risk Level Classification (WSSORLC) tool.
- Assessment captures both dynamic and static risk factors.
- Static risk factors include: # of sex convictions, felony convictions, # of victims, age of offender, forced used, age of victims, early school history, prior treatment, prior substance use and offenders age of release from confinement.
- Dynamic risk factors include: sex offense treatment progress, institutional/detention behavior, substance abuse treatment progress, release environment.

How is the Notification Level Determined for Juveniles?

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Lives

- Notification Considerations
 - A) Victim(s) of the non-familial sex conviction were particularly vulnerable or incapable of resistance due to physical or mental disability or ill health. Yes or No?
 - B) Sex convictions was/were of a predatory nature or the non-familial offender used a position of community trust, (i.e., coach, teacher, group leader, or police officer), or professional relationship to facilitate the commission of a non-familial sex offense(s). Yes or No?
 - C) Offender continued to act out his/her sexual deviancy during incarceration. Yes or No?

WSSORLC Scores

Baseline Notification Level

| WSSORLC | Baseline Notification Risk Level |
|---|---|
| Score of 46 or less and no notification considerations | Level I |
| Score of 46 or less and/or 1-2 notification considerations | Level II |
| Score of 46 or less and/or 3 notification considerations, or score of 47 or higher | Level III |

Once the baseline level is established, the ESRC reviews the file for other factors that may mitigate or aggravate the offender's risk to sexually reoffend within the community at large.

Mitigating Factors

- Familial or known sex offense victim(s)
- Current offense is not sexual in nature
- Previously released or classified as Risk Level I
- 24-hour supervised placement
- Disability or terminal illness that decreases ability to sexually re-offend
- Non-contact sex offense (e.g. possession of pornographic depictions)
- Sexual offending appears opportunistic in nature (unplanned)
- Documented information that may decrease risk for sexual re-offense

Additional factors considered by Juvenile Sub-Committee

- 24 months parole/probation services
- Understands risk factors (vulnerabilities) and risk management strategies (protective factors)
- Support services through other DSHS Administrations to include housing and treatment

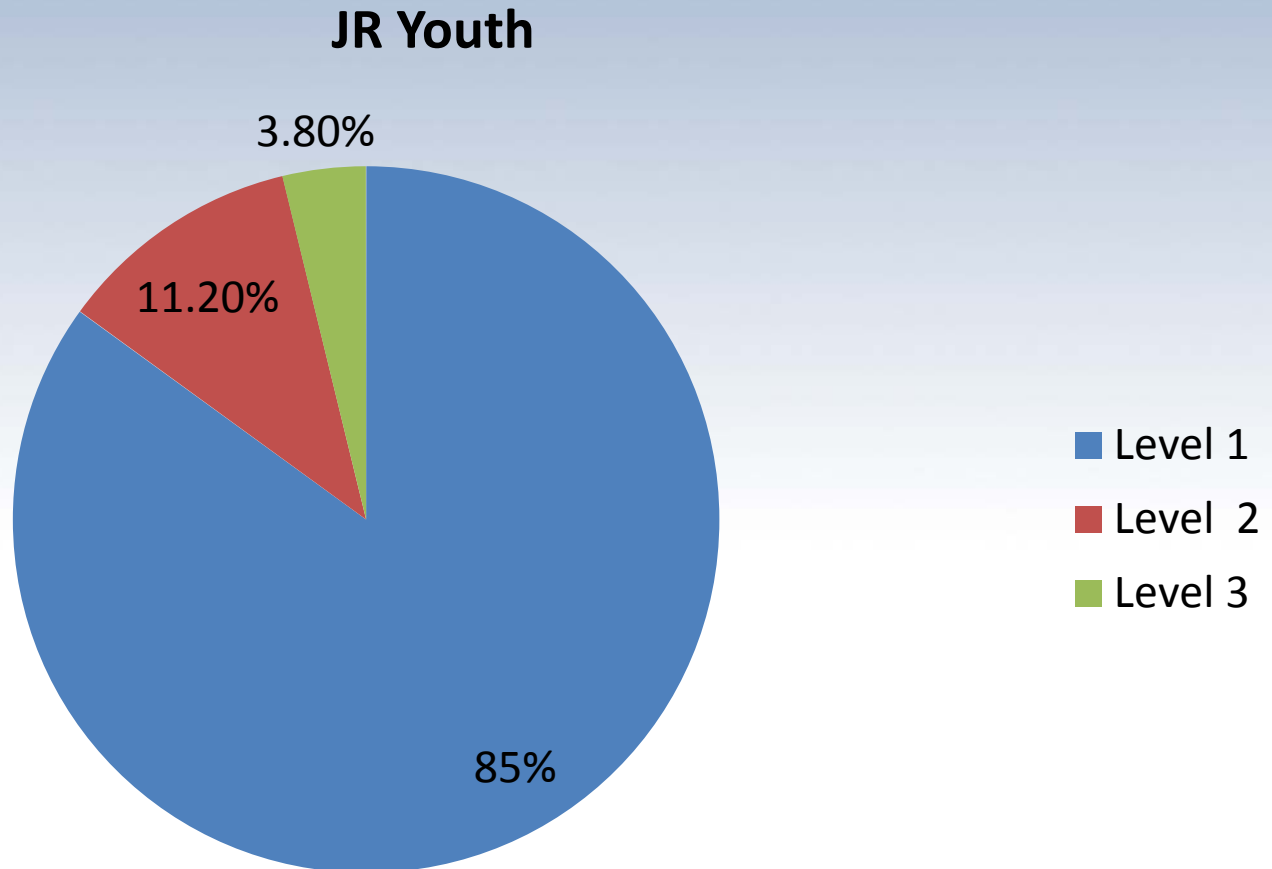
Aggravating Factors

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Lives

- Statements of intent/threat to sexually re-offend
- Past interventions and/or treatment have not deterred sexually deviant behavior
- Pattern of behavior that increase risk for sexual re-offense
 - Inability to control impulses
 - Repeated pattern of placing self in high risk situations and/or locations in order to gain access to individuals of similar age/circumstance as prior sex offense victims
 - Deviant sexual preoccupation/acting out during incarceration
- Documented information that increases risk for sexual re-offense
- Relationship with sex offense victim(s) was established or promoted for the primary purpose of victimization
- Offender used a position of community trust (e.g. coach, teacher, group leader, clergy, or police officer) to gain access to sex offense victim(s)

Current Level Decisions of the ESRC Juvenile Sub-committee 2016

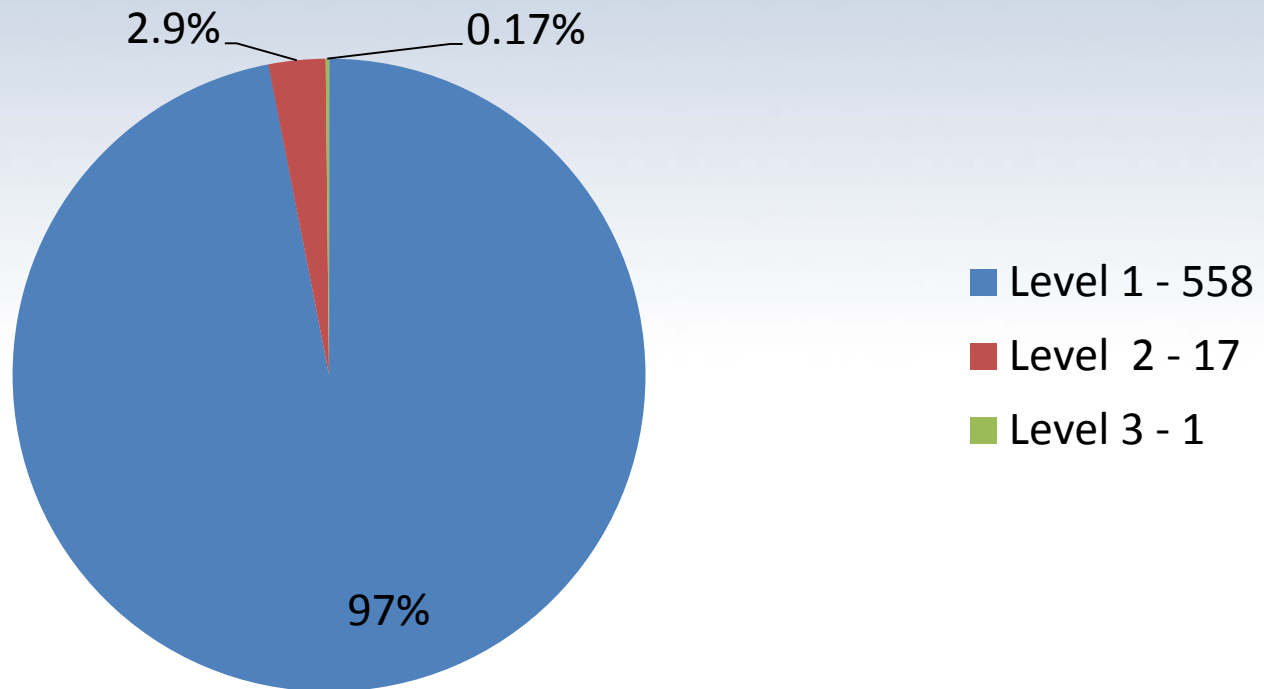
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Current Level Decisions of the ESRC Juvenile Sub-committee 2012-2016

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County Youth (576)



2016 Study of Washington State Juvenile YSO recidivism (WSU)

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| Outcome | Total (N=2,217) | Female (n=70) | Male (n=2,147) |
|---------------------|-----------------|---------------|----------------|
| Any Recidivism 2yr | 20.1 | 21.4 | 20.1 |
| Any Recidivism 3yr | 27.8 | 27.1 | 27.9 |
| Felony 2yr | 10.5 | 5.7 | 10.7 |
| Felony 3yr | 15.7 | 11.4 | 15.8 |
| Violent Felony 2yr | 4.6 | 2.9 | 4.6 |
| Violent Felony 3yr | 6.2 | 4.3 | 6.2 |
| Property Felony 2yr | 4.0 | 1.4 | 4.1 |
| Property Felony 3yr | 5.6 | 2.9 | 5.7 |
| Drug Felony 2yr | 0.3 | 0.0 | 0.3 |
| Drug Felony 3yr | 0.9 | 0.0 | 0.9 |
| Sex 2yr | 2.4 | 2.9 | 2.4 |
| Sex 3yr | 3.2 | 4.3 | 3.2 |
| Registry 2yr | 3.9 | 2.9 | 4.0 |
| Registry 3yr | 7.5 | 5.7 | 7.5 |

Significance of Community Notification Risk Levels

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- Housing
- Employment
- Education
- Accessing services in the community
- Additional Scrutiny and Lack of Privacy
- Increased Verification Checks
- Increased Dissemination of Information including Placement on Public Website

Challenges Assessing Sexual Recidivism in Adolescent Youth

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Lives

- Base rates of sexual recidivism for youth who sexually offend are low (3-12%).
- Neurological brain development of juveniles continues into their 20's.
- Adolescents are more responsive to treatment.
- Dynamic factors constantly changing (home environment, pro-social supports, treatment, relationships etc.) “moving targets.”
- Since youth who sexually offend have rapidly changing dynamic factors, research suggest that youth be re-assessed every 6-12 months.
- Clinical assessments and actuarial assessments.

Community Supervision

JR Community Supervision

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Who qualifies for parole?

- Youth who have been convicted of the following sex offenses are placed on 24 months of Sex Offender Parole supervision (RCW 13.40.210).
 - Rape 1
 - Rape 2
 - Rape of a Child 1
 - Rape of a Child 2
 - Child Molestation 1
 - Indecent Liberties w/Forcible Compulsion
- Supervision can be extended up to 36 months based on individual treatment needs and/or risk to the community.

JR Community Supervision

Who Qualifies for Parole?

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Lives

- **SOP – Sex Offender Parole**
 - 24-36 months in length. Driven by RCW 13.40.210.
- **ATP – Auto Theft Parole**
 - 20 weeks in length. Youth adjudicated for: Theft of a Motor Vehicle 1, Possession of a Stolen Motor Vehicle, Taking a Motor Vehicle without Permission 1.
- **FP – Firearm Parole**
 - For youth Committed to JR after 6/12/2014 for the following offenses: Unlawful Possession of a Firearm 1 or 2; Possession of a Stolen Firearm, Theft of a firearm, and Drive-by Shooting.
- **FITP – Family Integrated Transitions Parole**
 - Youth in counties with FIT Providers (Snohomish, King, Yakima, Benton, and Franklin County)
 - 20 weeks in length.
 - Youth with co-occurring disorders
- **IP – Intensive Parole**
 - 26 weeks in length
 - 25% of highest risk juveniles
 - Risk Assessment Recidivism (RAR)
 - Males who have a Risk Assessment Recidivism (RAR) score of 65 and higher.
 - Females who have a RAR score of 95 and higher.
- **FOSP – From other State Parole**
 - Youth from other states receiving Parole supervision in WA per Interstate Compact.

Parole Programming for Youth Who Sexually Offend

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- Functional Family Parole (FFP)
 - Based on Functional Family Therapy (FFT) Core Principles
 - Working Alliance
 - Relational (Family) Focused
 - Strength Based
 - Respect
 - Matching
 - Delivered in Three Phases
 - Engagement and Motivation – 4-6 weeks; weekly meetings with family.
 - Support & Monitor – 8-12 weeks; minimum of monthly meetings.
 - Generalization – 4-8 weeks; 2-4 meetings.

Resources For Youth on Parole

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- Sex Offense Specific Treatment
 - Individual or group counseling with a contracted community treatment provider.
 - Weekly sessions (increase or decrease as needed).
- Functional Family Therapy
 - Trained FFT Therapist providing family counseling.
 - 12 week program.
 - Family meets with therapist in family home weekly.
- Substance Abuse Treatment
 - Referrals made to local community outpatient providers.
 - Designated JR regional staff conducting assessments.
- Mentoring
 - JR Mentor Coordinators located in each region.
 - Matches mentor to mentee as early as possible in the JR continuum.
- Mental Health
 - Referrals made to local community mental health providers.
 - Mental Health Coordinators located in each region to assess needs and facilitate appropriate care.



Challenges

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- Length of Sentence
- Complex Needs
- Housing Resources
- Educational Opportunities
- Placement
- Partnerships



Building Stronger Community Supports

Transforming
Lives



Areas of need:

- Supportive community when youth returns
 - Welcoming
 - Housing
 - Jobs
 - Mentoring
 - Education advocacy
- Mentoring
 - More formal relationships
- Culture and Recreational activities
 - Institutions
 - Community facilities (Tacoma, Woodinville, Olympia, Yakima, Wenatchee, Klickitat, Richland, Ellensburg)



Questions?