

JJ&RA - JUVENILE REHABILITATION
Evidenced-based Institutional Services
2015-17 BIENNIAL BUDGET



Reduction Option	FY16	FY17	15-17
FTE	(0.0)	(0.0)	(0.0)
GF-State	(\$689,000)	(\$689,000)	(\$1,378,000)
Total	(\$689,000)	(\$689,000)	(\$1,378,000)

REDUCTION OPTION SUMMARY

As required by 2015-17 Biennial Budget Instructions, the Juvenile Justice and Rehabilitation Administration (JJRA) is submitting the following reduction option that would eliminate Evidence-based Expansion (EBE) institutional services. By implementing this reduction, JJRA expects to eliminate 4.9 FTEs associated with delivering Evidenced-based programs (EBP) and a portion of contracted services for Family Integrated Transition services. Specifically, JJRA will no longer provide Anger Replacement Training (ART) to 288 youth per year. In addition, JJRA EBE quality assurance and oversight will discontinue and there will no longer be EBP outreach and training to our tribal partners.

REDUCTION OPTION DETAIL

Evidence-based programs, through scientific evaluation and rigorous outcome studies, have demonstrated effectiveness and have shown to significantly reduce future recidivism rates for youth that receive these services. Since the mid-1990's, the Washington State Institute for Public Policy (WSSIP) has undertaken comprehensive reviews of EBPs.

In October 2006, WSIPP published *Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates*. The report stated that if Washington can successfully implement a moderate to aggressive portfolio of evidence-based options, then a significant level of prison construction can be avoided, saving state and local tax payers about two billion dollars, and slightly lowering net crime rates. This report was a key driver for the Legislature approving a significant increase in funding for EBPs delivered by the county juvenile courts and the JJRA. This new funding was implemented during Fiscal Year 2008 and was known as the EBE. Supported by WSSIP and the University of Washington Evidence-based Practice Institute inventory, a range of effective approaches that could effectively reduce juvenile offender recidivism were identified. ART and Functional Family Therapy (FFT) are two EBES that are identified in this reduction proposal.

JJRA uses the EBE funding to deliver ART to eligible youth by using direct care staff as well as contracted services for Family Integrated Transition services. Eligible youth are those with aggression as a treatment target and who have a sentence length to support full program participation. JJRA established annual targets at each participating facility using a youth criteria formula. These targets are met or exceeded yearly.



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EBE funding supports the delivery of ART to 288 youth per year by specifically funding:

- ART facilitator training and certification
- 1.0 FTE ART facilitator backfill
- ART group materials
- 2.5 FTE ART Master Trainers for oversight and quality assurance of ART facilitators and programs to ensure fidelity to the model

Additionally, the funding also supports:

- 0.5 FTE EBE Administrator for oversight of all EBE programs in JJRA
- 0.25 FTE designated for tribal outreach to engage tribes in implementing EBP's
- 0.10 FTE FFT Administrator to provide quality assurance and consultation for JJRA FFT therapists
- 0.50 FTE Behavioral Health Specialists providing Adolescent Community Reinforcement Approach (A-CRA) Assertive Continuing Care (ACC) in Region 3

Eliminating the services listed above may create increased long term costs to the state as these programs have demonstrated effects of reduced future crimes for those that participate. It is particularly important to note that any prison reduction forecast relies heavily on these programs being funded at current levels.

The EBE services in this proposal are distinct programs delivered in JJRA. These programs are primarily delivered by direct care staff in the milieu. Reducing any of these programs would eliminate direct care staff.

STAKEHOLDER IMPACT

Legislators may have significant concerns about this proposed reduction as EBPs continue to be at the forefront of legislative decision making. The 2012 Substitute House Bill 2536, **Children and Juvenile Services-Evidence-based Practices**, tasked the Department of Social and Health Services (DSHS) to develop baselines for the use of evidence-based and research-based practices with children and juveniles. Yearly recommendations due to the Governor from DSHS must include strategies to reallocate resources to increase evidence-based and research-based practices to move beyond the original baseline established. It is JJRA's goal to reduce recidivism and EBPs have evidenced outcomes that support this goal.

Behavioral Health Providers, School districts and Families may have significant concern as over 68 percent of JR youth have co-occurring Mental Health and Substance Abuse Disorders. The 0.5 FTE Behavioral Health Specialist provides developmentally-appropriate behavioral treatment for youth with co-occurring disorders. Tribes may also have significant concerns about this proposal. The tribal outreach specialist who is engaging tribes in the integration and participation in EBPs will no longer be funded.



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