AGGRESSION REPLACEMENT TRAINING IN A PROBATION SETTING: OUTCOMES FOR YOUTHS STARTING TREATMENT JANUARY 2010 – SEPTEMBER 2012

Administrative Office of the Courts
Washington State Center for Court Research

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Produced by the Washington State Center for Court Research

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Recommended Citation:
Peterson, Andrew. (2017) *Aggression Replacement Training in a Probation Setting: Outcomes for Youths Starting Treatment January 2010 - September 2012.* Olympia, WA: Center for Court Research, Administrative Office of the Courts.

THE WASHINGTON ASSOCIATION OF JUVENILE COURT ADMINISTRATORS

www.wajca.org

February 8, 2017

Dear Washington Stakeholders,

The Washington Association of Juvenile Court Administrators (WAJCA) is pleased to release the attached substantive evaluation of Washington State's Aggression Replacement Training (WSART) and Functional Family Therapy (FFT) programs.

These programs were last evaluated in 2004 by Dr. Robert Barnoski of the Washington State Institute for Public Policy (WSIPP). While Dr. Barnoski recommended ongoing evaluation of Evidence Based Programs, a lack of funding for these evaluations has prevented implementation of this recommendation. Indeed, this study was only made possible thanks to funding from the McArthur Foundation secured by Washington State Center for Court Research (WSCCR).

These study results have proved valuable to WAJCA, and reaffirmed the importance of ongoing program evaluations in assessing the quality of services we provide to youth and families and our commitments to both policy makers and the tax payers who fund our programs.

This study looked at recidivism rates for youth in the ART and FFT programs as compared to recidivism rates for a matched comparison group of youth who did not receive ART or FFT. While the overall recidivism rates were not down as dramatically as anticipated, there was a statistically significant reduction in recidivism for youth who successfully completed the programs. One possible explanation for these mixed results may be the evaluation period of this study. The study assessed data from January 1, 2010 to September 30, 2012; however, WAJCA has implemented a number of significant changes with respect to data collection and quality assurance for our Evidence Based Programs. Therefore, we would expect that more current data may have yielded better overall results.

WSCCR made key recommendations as part of this study, which WAJCA is in the process of implementing as part of our ongoing commitment to improvement. We encourage policy makers and other stakeholders who read this report to continue their support of Washington's Juvenile Courts, including funding for ongoing evaluation of our Evidence Based Programs, so we can continually improve our delivery of services.

Thank you for taking the time to review this evaluation. Our goal is to assure that each child entering the juvenile justice system is provided the best opportunity to thrive which cannot be done without your continued support.

We look forward to your questions. Inquiries regarding this study are best made to Chad Connors, Cowlitz County Juvenile Court Administrator and Community Juvenile Accountability Act (CJJA) Chair at (360) 577-3100; Cory Redman, JRA Programs Manager and CJAA Vice-Chair at (360) 902-8079; or Dr. Carl McCurley, Manager of the Washington State Center for Court Research at (360) 705-5312.

Respectfully,

Michael Merringer, President
Washington Association of Juvenile Court Administrators

Introduction

In 2004, the Washington State Institute for Public Policy (WSIPP) and Robert Barnoski published an evaluation of several therapeutic programs for juveniles.[1] This evaluation was conducted in accordance with the Community Juvenile Accountability Act (CJAA) passed by the Washington State Legislature in 1997. The central objective of the CJAA was to promote effective approaches to reducing law violating behavior among Washington youth on probation supervision and establish which juvenile justice programs demonstrated reductions in recidivism on a cost-effective basis and could earn the label "research-based" or "evidence-based". This process, established by the CJAA, results in the list of evidence-based programs (EBPs), which is updated as new evidence becomes available.[2]

Key Takeaways

*** Recidivism decreased from 2004 study to current study time period**

*** Data quality and availability issues hampered the ability to draw definitive conclusions**

*** The EBP selection process needs to be consistent with recommended standards**

*** Periodic recidivism studies need to be conducted to monitor program effectiveness**

*** Future related studies include examinations of program eligibility criteria, factors that lead to program completion, and non-recidivism outcome measures.**

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1 Barnoski, R. (2004). Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders. Washington State Institute for Public Policy.

2 There are three categories included on the inventory of programs published by WSIPP. The current legal definition of the lowest category, "promising practices", includes a program where the preliminary information suggests the potential to move up to a "research-based" or "evidence-based" practice. Research-based programs have some research demonstrating their effectiveness, but they do not meet the highest level, evidence-based practices. The evidence-based programs have had multiple site randomized control trials across heterogeneous populations that demonstrate their effectiveness [WSIPP. (June 2013). Updated Inventory of Evidence-based, Research-based, and Promising Practices.]

Barnoski's evaluation found Aggression Replacement Training (WSART, or ART when referring to the program outside of Washington State) and Functional Family Therapy (FFT)[3] met these standards and reduced felony recidivism to the point that each of these programs demonstrated a positive return in the benefit-cost analysis.[4]

WSIPP also published recommendations for quality control standards regarding ongoing monitoring of these programs. The paper recommended the publication of annual reports detailing outcomes for research-based programs.[5]

WSIPP publishes periodic meta-analyses of various juvenile justice and criminal justice programs. Meta-analyses of published ART and FFT studies continue to show FFT and ART with substantial positive return on investment. The most recent WSIPP meta-analysis found that ART and FFT produced savings of $10.38 and $8.94, respectively, for every $1 spent on their program. However, there have not been periodic, repeated analyses of how these programs are performing in Washington State. The Washington State Center for Court Research (WSCCR), with support from the MacArthur Foundation, conducted the current research project to evaluate the effectiveness of these programs in Washington State. We examined WSART and FFT in an attempt to replicate the 2004 Barnoski study and provide updates for WSART and FFT felony recidivism outcomes in Washington State.[7] Our studies attempted to include important elements from Barnoski's work, such as including a therapist adherence score in the recidivism analysis so that outcomes from subjects with an adherent therapist were compared to the control group. We extended beyond the original study and added several demographic factors to the recidivism analysis.

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3 Except when otherwise mentioned, discussion of FFT refer specifically to the Washington State program only.

4 Two other programs were evaluated during the 2004 study, Coordination of Services (COS) and Multi-Systemic Therapy (MST). Barnoski found that COS achieved a positive benefit-cost return and MST did not have any findings associated with it due to problems implementing WSIPP's evaluation design.

5 WSIPP. (December 2003). Recommended Quality Control Standards: Washington State Research-Based Juvenile Offender Programs. p. 2.

6 WSIPP. (February 2015). What Works and What Does Not? Benefit-Cost Findings from WSIPP.

7 WSCCR had reached out to COS and MST to participate in the evaluation, but only received responses from WSART and FFT.

Data and Methodology

Study Eligibility

In addition to being the start of the EBP inventory for Washington State, Barnoski's study also benefitted from its timing. He was able to take advantage of a naturally formed control group created by the backlog of subjects put on waitlists for WSART and FFT. This semi-random selection process helped reduce potential bias in selection. Because Barnoski's research was conducted soon after these programs were implemented, Barnoski was able to find treatment cases without prior exposure to other EBP programs. Thus he was able to avoid possible bias caused by prior treatment.

Consistent with the 2004 evaluation, we used "intent-to-treat" to identify the treatment group, rather than evaluating only those that successfully completed the program, an approach known as the "per protocol". The intent-to-treat approach includes all eligible subjects that begin the program in the treatment group, regardless of whether or not they finish the program. This was done to give a fuller picture of outcomes for all EBP participants, not just those that successfully complete the program. Using the per protocol can hide program flaws and introduce bias. It also may not be representative of the general population, as individuals with more severe problems are more likely to drop out of the program prior to completion, resulting in an evaluation of only lower risk individuals (Heck, 2006; Heck & Roussell, 2007; Marlowe, 2010; NADCP, 2015; Peters, 1996; Rempel, 2006, 2007).

Differences from 2004 to Now

Our study is retrospective and does not enjoy the same circumstances as the original. WSART and FFT are now widely used across the state and no longer have waiting lists from which to draw a control group. In addition, there are now confounding factors such as multiple EBPs being started at the same time, subjects with previous experiences with EBPs, and an increase in local, non-EBP treatments that are not recorded into the statewide databases. The first of these two factors excluded a number of subjects from the evaluation.

To control for these confounding factors and ensure parity between the treatment and control groups, we employed rigorous social science and statistical modeling to minimize selection bias.[8] This included cleaning the data and excluding subjects from the control and treatment groups based upon

8 Further information regarding study eligibility and the methods used to minimize selection bias is in the Technical Appendix.

prior EBP starts, multiple EBPs from the same qualifying offense, and more than a six month delay from eligibility to program start. We also introduced propensity score matching, so that our control and treatment groups would be similar across a number of important demographic and risk factors.

Recidivism Clock

For subjects in the control group, the recidivism clock began at their program eligibility. For the treatment group the clock began at the program start date, rather than the program eligibility date.[9] This was done to exclude recidivism events that occurred between the program eligibility date and program start date. Delays between the program eligibility and program start are especially common in smaller jurisdictions where they may only have classes twice a year. If we had begun the treatment group's recidivism clock at program eligibility instead of program start, up to a third of their follow-up period may have passed before the subject had begun their treatment program.

The treatment group was anyone under juvenile justice probation supervision and assessed as program eligible[10] between January 1, 2010 and Sept 30th, 2012, who started a WSART program within six months of their eligible date. The control group consisted of those eligible for WSART during that same period, but did not start the program. September 30, 2012 was used as the end date to ensure the WSIPP definition of recidivism – an offense that occurred within eighteen months after their program eligibility date or program start date, and that resulted in a conviction within twelve months of the offense date – could be met. The start date was used to maximize the number of potential subjects and improve the study's statistical power, without going back to a time before large efforts were made to improve data quality. Although subjects in the control and treatment groups may have been eligible for more than one program based upon their qualifying eligibility, only youth without any prior EBP participation were selected for the control group.

9 A similar approach has been used by WSIPP in their EBP outcome evaluations. Fumia, D; Drake, E.; & He, L. (2015). Washington's Coordination of Services Program for Juvenile Offenders: Outcome Evaluation and Cost-Benefit Analysis.

10 There are specific requirements for an individual to be eligible for WSART and they are related to the results from the Positive Achievement Change Tool (PACT) risk assessment tool. For a full description of the programs and their requirements, please see the Technical Appendix.

Matching

In creating our own control group from those who were eligible but did not participate for specific reasons other than the program was at capacity, we introduce possible selection bias. To compensate for the possibility of selection bias, we opted for propensity score matching, using each of the domain scores from the PACT risk assessment instrument, gender, age, and the youth's county of residence. This approach is similar to that taken by Barnoski, who, though he did not use matching, weighted the control and treatment groups to compensate for differences between them. Propensity score matching balances our control and treatment groups and helps reduce the likelihood of potential selection bias. The impact of matching upon sample characteristics appears in Table 1.

WSART Control and Treatment Groups Demographic Comparison

	Pre-Matching WSART Control (N=1,624)	Pre-Matching WSART Treatment (N=1,600)	Matched WSART Control (N=951)	Matched WSART Treatment (N=951)
Male	74.5%	76.7%	75.5%	75.1%
Female	25.6%	23.3%	24.5%	24.9%
Average Age	15.9	15.3	15.7	15.6
Average Risk Scores				
Criminal History	8.1	7.4	7.7	7.8
Social History	8.4	8.7	8.6	8.7
Aggression	1.9	4.0	3.0	3.0
Drugs/Alcohol	13.4	10.1	12.3	12.4
Family	-0.9	0.3	-0.1	0.1
Prior Family	-0.5	-0.5	-0.5	-0.4
Mental Health	-5.7	-5.3	-5.7	-5.6
School	5.6	7.0	6.5	6.9
Moderate Risk Level	45.6%	45.8%	45.5%	45.1%
High Risk Level	54.4%	54.3%	54.5%	54.9%
Race				
White	57.8%	50.5%	56.8%	56.8%
Black	12.7%	15.8%	13.5%	15.9%
Hispanic	20.4%	16.5%	20.0%	19.2%
Age				
11-13	4.7%	10.5%	7.9%	7.1%
14	9.7%	18.5%	12.8%	12.3%
15	18.9%	23.3%	22.8%	21.8%
16	24.2%	25.8%	23.8%	30.1%
17	31.8%	19.5%	25.9%	25.2%
18	9.7%	2.4%	6.8%	3.6%

Outcomes

As discussed above, we considered a number of factors and their relationship to the recidivism results. We looked at the overall felony recidivism rate for the treatment and control groups, as well as felony recidivism rates for a number of sub-groups. Similar to Barnoski's 2004 study, we attempted to collect data on therapist adherence, but these data were unavailable for WSART therapists for the study period. Our findings were similar to Barnoski's, as well, with the majority of results having no statistical significance. According to the available evidence, participation in WSART during the study period was associated with an increased risk in recidivism. However, missing data and needed improvements in data quality should limit policy decisions made solely from this report. Additional analyses of demographic factors, including: age, sex, race, jurisdiction, and risk score, are included in the technical appendix.

Overall Recidivism

Our study shows ambiguous felony recidivism results. We excluded data where we not able to verify the juvenile's start date, the county where they were treated, and their completion status. This resulted in excluding several whole counties from the study that did not respond to our attempts to check state records against their data.[11] We found a 4.1% increase in recidivism between the control group (18.9%) and the treatment group (23.0%). This increase in recidivism was statistically significant.

WSART Recidivism Findings

	Number of Subjects	Misdemeanor Recidivism Percentages (%)	Felony Recidivism Percentages (%)	Violent Felony Recidivism Percentages (%)
Control Group	951	29.7	18.9	6.8
Treatment Group	951	27.4	23.0	8.5

11 Because of data quality concerns enumerated in the Technical Appendix, we relied upon the FFT database and individual county WSART databases for data concerning program start dates, county where the treatment occurred, and completion status. As of publication, Asotin/Garfield, Chelan, Grays Harbor, Mason, Pacific/Wahkiakum, Skagit, Stevens, and Yakima counties had not responded to the request for WSART data and all treatment and control subjects from those counties were excluded from the analysis. In addition, Ferry, Pend Oreille, San Juan, and Skamania counties either did not use WSART during the study period or did not have any subjects after the matching process was completed.

In Barnoski's 2004 study, there was a 4.0% reduction in recidivism for WSART from 24.8% to 20.8%, but the finding was not statistically significant.[12] However, it should be noted that Barnoski excluded the 1999 WSART cohort from his study, because there was a large turnover in instructors during this period and the results showed a statistically significant higher recidivism relative for the 1999 cohort in comparison to the 2000 cohort.[13] The degree of program flux during this study period is not documented.

Therapist Adherence

As demonstrated by Barnoski in 2004, there are measures beyond basic felony recidivism rates that provide meaningful indicators of a program's success. Barnoski included the therapist adherence measure to delve deeper into the overall recidivism findings and add more context. The decision to include a therapist adherence measure was crucial to the programs included on the EBP inventory. It was only after therapist adherence was added to the analysis and competent therapists were compared to the control group that Barnoski found a statistically significant reduction in felony recidivism for the treatment group.[14]

We were not been able to obtain WSART therapist adherence scores for the study's timeframe.[15]

12 Barnoski, R. (2004). Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders. Washington State Institute for Public Policy. p. 3.

13 Barnoski, R. (2004). Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders. Washington State Institute for Public Policy. p. 9.

14 Barnoski, R. (2004). Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders. Washington State Institute for Public Policy. p. 3.

15 If such numbers are made available to us, we will publish an addendum including analysis of how therapist adherence ratings affected the WSART felony recidivism percentages and statistical significance.

Discussion of Outcomes

As discussed, there are two central measures to Barnoski's 2004 report. The first is the comparison of overall felony recidivism rates between the treatment and control groups. The second is the comparison of felony recidivism rates between the treatment group with adherent therapists and the control group. In our study, we had to exclude over a quarter of the counties because of data quality issues, but we saw a statistically significant increase in overall felony recidivism. The second measure, therapist adherence, has not been completed due to missing therapist adherence scores from the period being studied.

In addition to issues of statistical significance, it is important to note that overall felony recidivism rates appear to have dropped since the 2004 report. Barnoski's WSART groups had felony recidivism rates of 24.8% and 20.8%, respectively. The WSART groups in our study had felony recidivism rates of 18.9% and 23.0% for the matched sample and felony recidivism rates for the population's control and treatment groups of 16.4% and 22.9%, respectively. The 2004 study's combined WSART felony recidivism rate was 22.5% for the entire sample, while the current study had a combined WSART felony recidivism rate of 19.6%.

Analyses of outcomes across groups defined by race, gender, age, program completion, and risk assessment results provided insight to how WSART affects groups differently.[16] However, only a few of these comparisons showed statistical significance in this study. There was a statistically significant increase in felony recidivism for treatment subjects fifteen years old or younger as compared to control subjects in that same age range. The increase in felony recidivism among White treatment subjects, male treatment subjects, and high risk treatment subjects also reached statistically significant levels relative to their respective control subjects. The only statistically significant decrease in felony recidivism for the WSART treatment group was among those who completed WSART compared to those that began the program, but did not complete it.[17]

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16 More detailed information regarding demographic analyses from this study are included in the Technical Appendix.

17 Our use of the intent-to-treat research approach would normally preclude a comparison of felony recidivism rates between completers and a control group. However, because there was a statistically significant, reduction in recidivism from those that started, but did not complete WSART to those that did complete WSART, we analyzed felony recidivism rates and performed a chi square test for the completers group relative to a control group sample matched to just the completers group. The outcome was not statistically significant (x^2=.540).

Chi-Square Tests for Statistical Significance with Difference in Average WSART Felony Recidivism Rates			
Statistical Comparison	**Number of Control Subjects**	**Number of Treatment Subjects**	**p-values**
Overall recidivism	951	951	.028*
Competent therapists v. Control	--	--	--
Highly competent therapists v. Control	--	--	--
Male	718	714	.017*
Female	233	237	.930
White	540	540	.035*
Black	128	151	.651
Hispanic	190	183	.847
15 and Younger	414	391	.005**
16 and Older	537	560	.624
Moderate Risk	433	429	.325
High Risk	518	522	.045*
Unmatched Completers v. Starters	498(starters)	1,101(completers)	<.0001***
Note: * p≤.05, **p≤.01, ***p≤.001			

Conclusions

Despite these results, we are not bearish on WSART's potential to reduce felony recidivism in Washington State. As we identified early in this paper, the reason these two programs (WSART and FFT) are being studied now is because of their success in the 2004 Barnoski study, as well as continued high marks in WSIPP's EBP Inventories.[18] They have had statistically significant success in Washington State and other locations across the United States. Further analysis will be needed to determine whether our findings are an anomaly or represent an issue that needs to be corrected with the WSART program.

Recommendations and Responses

While the obvious material for a recommendations section would focus on improving programs so that they reduce felony recidivism to a statistically significant level, we believe that more study and improvements in data collection and quality are needed before we can make an assertion related to program efficacy. We have devised a series of recommendations that WSCCR, counties, and WSART can undertake, which would give us a more definitive answer regarding the felony recidivism outcomes for these programs. The Washington Association of Juvenile Court Administrators (WAJCA) asked for the opportunity to work with WSCCR and develop responses to each recommendation, and their responses appear below.

18 WSIPP. (June 2013). Updated Inventory of Evidence-based, Research-based, and Promising Practices. Olympia.

1. ***Set goals to improve treatment completion rates.*** One item that could directly reduce felony recidivism outcomes is improving program completion rates or, at least, identifying which subjects are more likely to complete the program. Our analysis found a statistically significant reduction in felony recidivism rates for those who completed the programs as opposed to those who started, but did not complete. We recommend a joint examination with WSCCR and WSART to explore factors that lead to an individual completing the program. This process may also expand to include counties, as the program selection process may be one area that could be improved. If treatment approaches or participant selection can be improved so that the completion rates increase, our analysis suggests this could result in a reduction of felony recidivism.

WAJCA Response to Recommendation 1

Successful completion of treatment is influenced by an initial competent assessment of the Risk, Needs, and Responsivity (RNR) of clients, the level of accuracy of the assessment tool to identify youth and families best suited to the interventions, skillful preparation by case managers of youth and families for treatment, and rigorous screening for competent and highly competent treatment providers.

Several steps are being taken to address these needs. The Washington Association of Juvenile Court Administrators has approved further refinement of the risk assessment tool to add a needs assessment. The Case Management and Assessment Process (CMAP) Coordinator is working with the CMAP Quality Assurance Specialists (QASs) to provide further training to court staff in the RNR principle. The Washington Center for Court Research (WSCCR) with the Washington State Aggression Replacement Training (WSART) Coordinator and Functional Family Therapy (FFT) Coordinator are studying their respective provider assessment tools to determine how best to structure these tools to identify profiles of providers who have high completion rates and recidivism reduction. In addition, the Environmental Assessment group, which is a sub-group of the Community Juvenile Accountability Act (CJAA) Advisory Committee, is screening for successful completion rates as part of the environmental assessment of individual courts. Courts receiving feedback related to low completion rates receive targeted recommendations to help encourage better outcomes.

2. ***Program eligibility based upon empirical guidelines.*** The original guidelines for eligibility were created upon theoretical concepts of who the program should serve. Our follow up studies will include examinations of those that succeed and fail in WSART. Identifying these groups and their characteristics and comparing them to similar non-EBP participants should help identify factors such as PACT domain scores or age that allow treatment to have the greatest positive effect. This will also provide consistent guidelines for making program admission decisions. We believe this will result in greater program completion rates, lower recidivism outcomes, and easier program administration.

WAJCA Response to Recommendation 2

The criteria that are used in Washington State's Juvenile Court Assessment (implemented as the Positive Achievement Change Tool, or PACT) were initially determined based on the Assessments authors' theoretical expectations and not on an examination of empirical data. To date, the criteria have not been assessed using available data from the PACT—such an investigation could tell us whether and how to improve the process for assigning youth to programs. The objective would be to use existing PACT data to identify youth characteristics, such as age and patterns of criminogenic needs, that are related to positive responses to any particular intervention, such as WSART. WAJCA will seek to work with qualified researchers to examine eligibility criteria and, if warranted, make appropriate adjustments to the referral process.

3. ***Assess the validity of the therapist adherence scoring instruments.*** As we understand it, at present the WSART instrument has only a single county score based on a whole year. If, for example, there were four therapists in the county and two of them were highly competent and two were borderline competent, then the county was given a score of competent. This is the case regardless of the relative amount of therapy sessions for the individual therapists or changes in performance experienced during the year. Validating the scoring instrument can give us confidence that it is measuring what it is intended to measure with accuracy and precision.

WAJCA Response to Recommendation 3

The original evaluations of WSART and FFT conducted by Dr. Robert Barnoski in 2004

showed that provider adherence and competence to the treatment model was an important factor in determining program effectiveness. The recent updated evaluations conducted by Dr. Andrew Peterson highlight the need to take a closer look at the tools used by WSART and FFT to evaluate provider adherence. Specifically, these tools should be evaluated to assess their validity and then revised or rewritten as necessary based on these analyses. Once validity is established, accurate and up-to-date data should be kept so that this information can be used in future evaluations of WSART and FFT and to inform best practice.

Future evaluations of WSART and FFT in Washington State will be conducted by Dr. Amanda Gilman. In preparation for these evaluations, Dr. Gilman has been working with WSART and FFT State Coordinators Chris Hayes and Paula Hughes to discuss the feasibility of assessing each instrument. The next round of evaluations (to be conducted in the next 24 months) will include provider adherence data for both programs, as a first step in assessing their validity. Specifically, the analyses will determine if provider adherence scores are significantly related to program effectiveness (based on recidivism rates). This is an important advancement, as WSART provider adherence scores were not available for the most recent evaluation, and the results for FFT were counter to what was expected. As subsequent evaluations are undertaken, this issue of assessing the validity of provider adherence scoring instruments will remain an integral piece of the project.

4. ***Record the case number in risk assessment and EBP data sets.*** By including case numbers in risk assessment databases, we can connect the instant offense directly to the assessment, EBP eligibility, or any program starts. This would allow us to include more variables and not exclude so many subjects due to data quality issues. It would also ensure we are only including subjects who entered a program as a result of a conviction, rather than from a status or other non-criminal offense.

WAJCA Response to Recommendation 4

The CMAP Coordinator is working with Vant4ge (Assessments.com) staff to explore adding the case and referral numbers to each individual risk assessment in the Positive

19 Bonta, J., et. al. (2010). The Strategic Training Initiative in Community Supervision: Risk-Needs-Responsivity in the Real World 2010-01. Public Safety Canada.
20 Drake, E.K. (2011). "What Works" in Community Supervision: Interim Report (Document No. 11-12-1201). Olympia: Washington State Institute for Public Policy.

Achievement Change Tool (PACT). A statement of work will be given along with project cost. The Washington State Quality Assurance Committee will review for final approval.

5. ***Complete development of the probation environmental site assessments as a means to a) in general, promote probation departments' thorough implementation of the principles of risks/needs/responsivity (RNR) and b) specifically, improve the EBP assignment process, connecting youths to interventions.*** Implementation of RNR-based programs and practices are associated with improvements in community supervision outcomes. The Strategic Training Initiative in Community Supervision (STICS) model, developed from RNR, and evaluated by one of the creators of RNR principles, James Bonta, found a 35.7% percent reduction among subjects whose probation officers adhered to STICS principles as opposed to subjects who went through probation as usual.[19] In addition, Beth Drake and WSIPP conducted a meta-analysis of RNR supervision, intensive supervision with treatment, and intensive supervision without treatment. They found that RNR-based supervision was, on average, more successful at reducing recidivism than either of the two other models.[20]

The site assessments also act to improve communication between the state and county level operations, allowing them to assist and coordinate efforts to standardize data entry and use of risk assessment instruments. Over the course of this study we lost a number of subjects due to data quality. It appears, to us, that some of these data quality issues were common to specific counties during the timeframe of the study and could be addressed with improved communication and coordination. We also hope that improved communication can eliminate the need to exclude certain counties from the analysis, as we had to with the WSART analysis in this study.

WAJCA Response to Recommendation 5(a)

The Washington State Environmental Assessment Team (a subcommittee of the Community Juvenile Accountability Act Advisory Committee) is currently in the process of conducting environmental assessments of all the juvenile courts across the state. At the commencement of the current round of assessments, the team worked together to edit and rewrite the data collection instruments to ensure that they are adequately evaluating the extent to which managers, juvenile probation counselors, and EBP providers are utilizing the

RNR principles. Many questions were reworded and new questions were also added to ensure all of the RNR principles were represented in the assessment.

Additionally, the CMAP Coordinator has scheduled regular GoToMeetings (GTM) with all WA CMAP Quality Assurance Specialists (QAS). The State has been divided into four regions for these GotoMeetings. The focus of these online meetings is further training in RNR principles as they apply to the Case Management Assessment Process implemented at the juvenile courts. Following these trainings the QAS are to train their Juvenile Probation Counselors to better implement RNR principles as they practice CMAP.

WAJCA Response to Recommendation 5(b)

Best practice for youth assignment to treatment programs is to rely on guided decision making. The Washington Juvenile Court Assessment, currently implemented as the Positive Achievement Change Tool, or PACT, is a tool used to collect and arrange information about the needs and strengths of an individual youth that relate to the likelihood of further offending. The PACT is the foundation of appropriately therapeutic matching of youth to programs, and the program eligibility results from the PACT should be the primary factor used to match youth to programs.

However, there may be room for notable improvement in the calculation of program eligibility in the PACT. Current eligibility scoring is based on the guidance of experts about which risks and needs can be addressed by which interventions. For example, the risk factor of believing that violence is an acceptable way to resolve conflict is one of several indicators that increase the likelihood of the PACT recommending assignment to Washington Aggression Replacement Training. Yet the actual strength of the relationship between specific risks and beneficial therapeutic impact from specific programs has not been tested with the data gained from years of PACT assessments and tracking the recidivism of youth who were assessed and assigned to programs. It is likely that existing data can be used to recalibrate the calculation of eligibility, resulting in program eligibility and assignments that are more likely to benefit particular youth. To improve the match of youth to programs, the Juvenile Court Administrators have engaged with Washington State Institute for Criminal Justice at WSU

21 WSIPP. (2003). Recommended Quality Control Standards: Washington State Research-Based Juvenile Offender Programs. Olympia: Washington State Institute for Public Policy.

for analysis and recommendation of improvements to current program eligibility scoring.

6. ***Support regular reporting of outcomes and periodic evaluations of program effectiveness using valid comparison groups.*** The use of data, on an ongoing basis, is strongly connected to improved program outcomes - i.e., use of data is, itself, an evidence-based practice. Washington State has made a serious commitment to use research to guide courts in the implementation of research-based interventions consistently with the tested design, but has neglected to add the other necessary component associated with cost-effective program operation, performance management. WSIPP included a strong prescription for tracking intermediate and longer-term outcomes in its December, 2003 report.[21] As discussed earlier, WSIPP regularly conducts meta-analyses that find positive benefit-cost results for WSART.

   These results are complicated because of the quality and quantity of the studies. One of the three studies used in the meta-analysis is Barnoski's 2004 study and the other two are book chapters in a technical manual from 1995 published in Canada. This suggests that more studies are needed to measure ART outcomes in a context more proximal in time and location. We recommend that WSCCR continue to conduct analyses with a shorter recidivism follow-up period (6 to 12 months). In this study we found that more than 50% of the felony recidivism occurred within the first six months after program eligibility or program start, so a shortened time frame can still identify the majority of felony recidivism that occurs with the 18 month follow-up. Shorter, more frequent studies allow us to use data which we believe has better quality. Such studies will also be closer to real-time and increase the likelihood that recommendations can remedy existing, rather than past, problems.

WAJCA Response to Recommendation 6

Courts have an obligation to youth under their supervision to ensure that interventions are continually producing the anticipated benefits. As part of a commitment to continuous quality improvement (CQI), regular reporting of outcomes for treatment program starters and program completers (quarterly or semi-annually) will provide line staff, managers, and administrators information they require to monitor performance in the short-term and to make adjustments to improve performance if, for example, it appears that a particular intervention is under-performing or is being under-utilized. Outcomes for subgroups of

participants can be examined by treatment program, treatment provider, probation/diversion, age, gender, race and ethnicity, and risk level. The regular reporting of outcomes is being integrated into the annual probation report being produced by the Washington State Center for Court Research (WSCCR).

Periodic evaluations of program effectiveness using valid comparison groups is the only practice that can address the question of whether particular interventions are effective and with whom they are effective—i.e., whether assigning a youth to an intervention is likely to result in improved outcomes. Because of the time and expertise required to assemble the necessary data, including data about treatment provider quality, matched comparison group evaluations require more time to prepare, but should be available at least on a biennial basis. WSCCR has completed one such evaluation of the two most prevalent Evidence-Based Programs (EBPs) in the state, and with sufficient support, these evaluations can be conducted by WSCCR on a regular basis.

7. ***Make EBP decisions between the case manager and the juvenile.*** Currently, judges can mandate WSART as a condition of the juvenile's probation. While the juvenile must first be eligible for the program to be admitted, eligibility does not necessarily mean the program is a proper fit for the individual. Unfortunately, our study of the factors that correlate to successful completion of WSART is still in the planning stages. Until we can identify best practices for placing a juvenile in a program, we believe that the primary decision maker for EBP placement should be the probation case manager. This recommendation is consistent with the Risk-Needs-Responsivity model, as the case manager is more aware of the juvenile's needs and can identify the program to best address them. It is also consistent with best practices for evidence-based juvenile justice systems.[22]

WAJCA Response to Recommendation 7

The needs of the youth need to drive enrollment into an evidenced based program. If the youth and the intervention currently aren't a good match or if the youth isn't ready for the intervention, the likelihood of the youth reoffending may increase. As a result, the risk, needs and responsivity of the youth should be given primary consideration when making program

22 Howell, J.C.; Lipsey, M.W.; & Wilson, J.J. (2014). A Handbook for Evidence-Based Juvenile Justice Systems. Lexington Books: Lanham, Maryland.

assignment. The Washington Association of Juvenile Court Administrators in conjunction with the Community Juvenile Accountability Act (CJAA) committee will work with Case Management Assessment Process (CMAP) instructors and the Criminal Justice training commission to ensure the curriculum supports the needs of the youth dictating intervention assignment. Additionally, the risk, needs, responsivity model will be formally supported through the quality assurance specialists overseeing the evidence based programs through consultation and training, as well as through the Environment Assessment (EA) process. The CJAA committee will work with local courts to stress the importance of this principle and work to modify local quality assurance plans to codify this plan. The CJAA committee will work with the Superior Court Judges Association (SCJA) to recruit a judicial officer to serve on the CJAA committee so as to better engage, train, and support the work of the judicial officer. WAJCA will also work to partner with the SCJA to provide some on-going training for judicial officers around Evidence Based Program, Quality Assurance, CMAP, and issues around program assignment and retention. This will most likely occur at their annual education conferences.

We believe the above recommendations are consistent best practices in juvenile justice and represent the best opportunity to measure and understand effects of WSART on felony recidivism in Washington State. As a recent joint report from the Council for State Governments found in Texas,

> "As this study underscores, policymakers and practitioners are increasingly appreciating that realizing the potential of these evidence-based programs hinges on, among other things, targeting the right youth, matching the appropriate services and supervision to the risks and needs that the young person presents, and delivering services and supervision with the intensity and characteristics that the program model prescribes. Meeting any, let alone all, of these criteria is challenging for state and local juvenile justice systems that are overburdened and under-resourced. Accordingly, to achieve what the research says is possible in counties and states everywhere, a concerted national effort is necessary to close the gap between what the research demonstrates works and actual policy and practice. Further, to hold the field accountable, policymakers will need to track results, much as Texas has modeled with this analysis."[23]

23 Council for State Governments and Public Policy Research Institute (2015). Closer to Home: An analysis of the state and local impact of the Texas juvenile justice reforms.