THE VIRGINIA INTENSIVE PAROLE PROGRAM

Virginia is one of the eight states that participated in the development of an intensive aftercare program (IAP) for high-risk juvenile offenders. The model for the program was developed by David Altschuler, Ph.D. of the Institute for Policy Studies, Johns Hopkins University, in conjunction with Troy Armstrong, Ph.D., Associate Professor at California State University at Sacramento. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) funded the research and development of the model in direct response to growing concerns nationally about the high rate of recidivism, overcrowding in secure juvenile facilities, the spiraling cost of confinement, and lack of resources for aftercare services.

The Virginia Intensive Parole Program (IPP) is based on the IAP model, which is summarized on page 26. The Virginia Department of Juvenile Justice launched a prototype Intensive Parole Program (IPP) in June 1993 following training on the national IAP model. Beaumont Juvenile Correctional Center and the City of Norfolk were selected as the initial sites for implementation of the pilot. Beaumont is Virginia's largest juvenile correctional facility serving mostly older male offenders, many of whom have been committed previously. Norfolk, a metropolitan area with a population of over 263,000 (1990 census data), had the highest commitment rate in the state at the time. One hundred forty-nine youth were committed in Fiscal Year 1993. This rate increased by 65% between 1988 and 1992 as a result of escalating juvenile crime, much of it involving drug trafficking and guns. Norfolk was also selected because of its existing comprehensive interagency initiatives.

Specifically, the Norfolk Youth Network was formed. This network consists of the Norfolk Court Service Unit, Norfolk Social Services, Norfolk Public Schools, Norfolk Public Health Department, Norfolk Community Services Board (Mental Health, Substance Abuse Services and Mental Retardation Services) and Norfolk Juvenile Justice Services Bureau (detention and group home system). Several Community Assessment Teams (CATs) were created with representation from each agency to discuss multi-problem youth. These efforts initially focused on youth who had severe emotional

disorders. Development of the IPP model added an emphasis on serious delinquents.

An interagency planning team, representing the different DJJ organizational entities, selected community agencies from the City of Norfolk and representatives from the Virginia Department of Correctional Education (DCE)—which provides educational services committed juveniles—collaborated in the development of the model for nine months prior to implementation. The Virginia model initially served committed male youth from Norfolk who were age 16 or older. Sixteen is the age at which youth were likely to be placed at Beaumont Juvenile Correctional Center. The age requirement was removed in March 1996 and youth placed at Hanover Juvenile Correctional Center (often younger wards) are now also screened for the project. The youth receive specialized assessments and treatment from the point of commitment, throughout the period of confinement and upon release to parole supervision. An extensive evaluation process has been designed to measure the success of the model.

To ensure the selection of the targeted group, the model requires clearly defined selection criteria and standardized assessment to measure the criteria. Data supplied from previously committed Norfolk youth was used to develop the risk assessment instrument used to screen youth for this program. The Risk Assessment Screening Instrument focuses on six areas that were found to be most prevalent among previously committed youth who reoffended: (1) total number of offenses, (2) number of times on probation; (3) number of DJJ commitments; (4) gang involvement; (5) delinquent peer association; and (6) siblings' history of incarceration.

The risk assessment is completed at the time of commitment. For evaluation purposes, a control group of Norfolk youth with comparable scores are tracked through the institutional and parolee phases. They receive all of the required (traditional) treatment services. Their case managers typically have higher caseloads and see them less frequently. Individual case assessments and case planning is a critical part of the IPP project and it occurs during four stages of the commitment process:

- a) the initial Community Assessment Team staffing (CAT);
- b) as part of the Reception and Diagnostic Center staffing;
- c) by the Institutional Treatment Team; and, finally,
- d) by the CAT just prior to and following release from the institution.

Upon commitment, each juvenile's case is staffed with a Norfolk CAT. The CAT includes representation from the human services agencies listed previously that are part of the Norfolk Youth Network. A parent representative also serves on the team. The CAT team reviews the status of atrisk youth in the city and assists with appropriate case planning for the youth and family. If IPP eligible, the CAT then addresses:

- 1. What types of treatment does the youth need while incarcerated?
- 2. What types of services can be offered to the family while the youth is away and what agencies are responsible for this? and
- 3. What types of services will the youth need upon return to the community?

This level of planning does not typically occur at this stage for the nonIPP youth.

The second assessment occurs when the youth reaches the Department of Juvenile Justice Reception and Diagnostic Center (RDC). An IPPtrained counselor is assigned. A complete assessment (physical, psychological and educational) occurs during the youth's three to four week stay. The youth is given an orientation to the IPP and the initial sessions of a life skills curriculum that has been developed by the IPP staff for use with these wards. At the completion of the assessment, a staffing occurs that is attended by the committing probation officer from Norfolk who presents the recommendations from the CAT. Treatment goals are identified. The IPP counselor is also present to meet the youth, to participate in goal development, and to provide an overview of the IPP process. NonIPP youth receive the same assessments without the attendance of the IPP counselor and the committing probation officer.

The third phase includes case planning which begins with the treatment team meeting at the institution. The Norfolk IPP parole officer, the parent, the juvenile,

and the IPP counselor meet with the treatment team (which consists of DCE school representatives and cottage life staff) to develop the treatment plan for the youth. The RDC evaluation results (including the CAT recommendations) are incorporated into this comprehensive plan. The plan not only includes what will happen with the youth, but also what will happen with the parents and other family members during the youth's period of incarceration.

The institutional IPP counselor serves as case manager and is responsible for implementing the treatment plan objectives that are to occur while the youth is incarcerated. There is daily contact between the counselor and the youth. The IPP counselor will follow the youth throughout his commitment, even when the youth is placed in a specialized treatment cottage with other staff assigned. Reports from treatment counselors will be forwarded to the IPP counselor. This counselor will also provide group work using the curriculum that was developed for the project.

The fourth phase of case planning begins with the CAT sixty days prior to the youth's discharge from either institution. The CAT meets to review the case, identify needs, and determine what resources will be needed for a successful reintegration into the community. The CAT is the avenue chosen to provide the hub of service brokerage and linkage for the IPP youth upon discharge from the institution. The IPP counselor may seek transitional services such as inhome counseling, additional supervision, psychological services, and individual counseling. These services may be funded either by the Department of Juvenile Justice or by the Norfolk Youth Network. They are typically funded for four to six months and may be extended. All IPP wards are transitioned through a halfway house or local group home. All necessary referrals begin at this point so that the programs are in place upon release. The CAT also reviews the case thirty days after discharge and as needed thereafter.

Treatment efforts are intensified at all points in the IPP process. While the youth is at Beaumont or Hanover, they have twice-weekly counseling sessions, group sessions and daily contact with the IPP counselor. The IPP counselor has weekly contact with the parole officer, monthly contact with the parents, and participates in the CAT review and all release planning activities. The counselor makes monthly visits to Norfolk to see the parents. The counselor's caseload is limited to fifteen clients to ensure that this level of contact and service delivery can be maintained. Other in situational

counselors rarely visit the communities and typically have a caseload ranging between 35-40 youth.

Upon discharge, intensified treatment efforts are implemented through a phase system of parole supervision that allows for a gradual return to the community with increased freedom and responsibility. Phase One is the Orientation Phase. This occurs the first 30-60 days of a youth's release from a juvenile correctional center. It includes placement in a halfway house, local group home or day treatment program with electronic monitoring. The parole officers work closely with the youth, the family and the staff of the placement facility to provide a smooth transition to the community.

Phase Two of the community supervision phases, known as the Freedom Phase, includes the juvenile returning home (if possible), structured daytime activities, a strict curfew, urine drug screens, frequent parole contact and surveillance and preparations for the next phase.

Phase Three, known as the Outreach and Tracking Phase, includes frequent contact from the parole officer and other service providers. A strong focus is placed on the youth's interactions with parents, the school and/or work. Mentors are used and group activities are frequent. Freedom is increased as the juvenile beings to show progress.

Phase Four, known as Regular Parole Supervision, includes a decrease in parole officer contact and a focus on completing court requirements and treatment plan goals. Community service is encouraged. Support networks should be in place and the juvenile is preparing for termination from parole. The aim is to complete all phases within six months. These phases sometimes require more time for completion.

Several efforts are in place to provide continuity in the treatment program that begins in the institution. The life skills curriculum begins for the youth at the RDC, is taught in its entirety at the Correctional Center, and shared with the parents through group sessions while the youth is in the facility. The same curriculum continues with the youth upon release. It is facilitated by the IPP officer and reinforced by the parent. This curriculum addresses peer group issues, violence, anger control, and includes a substance abuse component.

The parole officers visit the youth while in the institution at least monthly. Their caseloads are maintained at 15 maximum (institution and community) to allow for frequent contact with the youth, parents and

other service providers. As previously mentioned, the agencies represented on the CAT are responsible for identifying the services needed upon discharge. These representatives assist the Intensive Parole Officer in arranging needed services. Services are sought that specifically address the treatment needs of the offender as well as provide the appropriate amount of supervision and help prepare the youth for his overall reintegration into the community. The representatives assume responsibility for personally handling referrals within his or her agency.

A system of graduated sanctions and incentives was developed by the Norfolk Court Service unit and is used as part of the program. A list of typical offenses with corresponding sanctions was developed along with a list of rewards for the parolees when positive behaviors are exhibited. Sanctions have been developed to respond more appropriately to certain types of misconduct and technical violations. Sanctions must be swift and immediate, and they also must be graduated.

In order to use graduated sanctions effectively, there also must be a system for rewarding positive behaviors and improvement. The court service unit has attempted to incorporate into the program rewards that have some significance, importance and impact for the parolees.

The use of a system of balanced incentives and sanctions coupled with the imposition of realistic and enforceable conditions allows the parole officer to recognize immediately when infractions, as well as achievements, have taken place. In addition, it also provides the parole officer with other opportunities to impose sanctions rather than relying on filing a petition for violation of parole. The proper use of this system greatly enhances the supervision process. The institutions have a strong sanction system; however, more emphasis is now placed on the use of rewards with the IPP youth while incarcerated

The Virginia projects remain a pilot program. We were one of four states funded with a demonstration grant from OJJDP in 1995 to fully implement the project and provide some enhancements. The program is also participating in an evaluation effort underway by the National Council on Crime and Delinquency. That effort includes a process evaluation as well as an outcome evaluation. No outcome data are yet available. The program is being implemented as designed and modifications have occurred. The management team and other agency representatives meet fairly often to discuss the program and make any necessary modifications. Elements of the community supervision phase are also

being used with another intensive parole pilot project in twenty-three communities throughout Virginia. The elements seem sound; however, we continue to work with a very challenging population. The efforts of many in the community are needed to address the numerous individual and family needs of our high-risk offenders.

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REFERENCE

Altschuler, D.M. & Armstrong, T.L. (1994). Intensive Aftercare for High-Risk Juveniles: A Community Care Model. Program Summary. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention, United States Department of Justice.