

DRAFT/FINAL REPORT
EVIDENCE-BASED CORRECTIONAL PROGRAM
CHECKLIST (CPC 2.0)

Families First
Salt Lake City, Utah
Second District

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Assessment Conducted: September 29, 2016
Draft Report Submitted: March 7, 2017
Final Report Submitted:

INTRODUCTION

Research has consistently shown that programs that adhere to the principles of effective intervention, namely the risk, need, and responsivity (RNR) principles, are more likely to impact criminal offending. Stemming from these principles, research also suggests that cognitive-behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism (see Andrews & Bonta, 2010 and Smith, Gendreau, & Swartz, 2009, for a review). Recently, there has been an increased effort in formalizing quality assurance practices in the field of corrections. As a result, legislatures and policymakers have requested that interventions be consistent with the research literature on evidence-based practices. Within this context, Families First was assessed using the Evidence-Based Correctional Program Checklist (CPC 2.0). The objective of the CPC assessment is to conduct a detailed review of the program's practices and to compare them to best practices within the correctional treatment literature. Program strengths, areas for improvement, and specific recommendations to enhance the effectiveness of the services delivered by the program are offered.

CPC BACKGROUND AND PROCESSES

The Evidence-Based Correctional Program Checklist (CPC) is a tool developed by the University of Cincinnati Corrections Institute (UCCI) for assessing correctional intervention programs. The CPC is designed to evaluate the extent to which correctional intervention programs adhere to evidence-based practices (EBP) including the principles of effective intervention. Several studies conducted by UCCI on both adult and juvenile programs were used to develop and validate the indicators on the CPC. These studies produced strong correlations between outcome (i.e., recidivism) and individual items, domains, areas, and overall score. Throughout our work, we have conducted approximately 1,000 program assessments and have developed a large database on correctional intervention programs. In 2015, the CPC underwent minor revisions to better align with updates in the field of offender rehabilitation. The revised version is referred to as the CPC 2.0.

The CPC 2.0 is divided into two basic areas: content and capacity. The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: Program Leadership and Development, Staff Characteristics, and Quality Assurance. The content area includes the Offender Assessment and Treatment Characteristics domains, and focuses on the extent to which the program meets certain principles of effective intervention, namely RNR. Across these five domains, there are 73 indicators on the CPC, worth up to 79 total points. Each domain, each area, and the overall score are tallied and rated as either Very High Adherence to EBP (65% to 100%), High Adherence to EBP (55% to 64%), Moderate Adherence to EBP (46% to 54%), or Low Adherence to EBP (45% or less). It

should be noted that all five domains are not given equal weight, and some items may be considered not applicable in the evaluation process.

The CPC assessment process requires a site visit to collect various program traces. These include, but are not limited to, interviews with executive staff (e.g., program director, clinical supervisor), interviews with treatment staff and key program staff, interviews with offenders, observation of direct services, and review of relevant program materials (e.g., offender files, program policies and procedures, treatment curricula, client handbook, etc.). Once the information is gathered and reviewed, the evaluators score the program. When the program has met a CPC indicator, it is considered a strength of the program. When the program has not met an indicator, it is considered an area in need of improvement. For each indicator in need of improvement, the evaluators construct a recommendation to assist the program's efforts to increase adherence to research and data-driven practices.

After the site visit and scoring process, a report is generated which contains all of the information described above. In the report, the program's scores are compared to the average score across all programs that have been previously assessed. The report is first issued in draft form and written feedback from the program is sought. Once feedback from the program is received, a final report is submitted. Unless otherwise discussed, the report is the property of the program/agency requesting the CPC and UCCI will not disseminate the report without prior program approval.

There are several limitations to the CPC that should be noted. First, the instrument is based upon an ideal program. The criteria have been developed from a large body of research and knowledge that combines the best practices from the empirical literature on what works in reducing recidivism. As such, no program will ever score 100% on the CPC. Second, as with any explorative process, objectivity and reliability can be concerns. Although steps are taken to ensure that the information gathered is accurate and reliable, given the nature of the process, decisions about the information and data gathered are invariably made by the evaluators. Third, the process is time specific. That is, the assessment is based on the program at the time of the assessment. Though changes or modifications may be under development, only those activities and processes that are present at the time of the review are considered for scoring. Fourth, the process does not take into account all "system" issues that can affect the integrity of the program. Lastly, the process does not address the reasons that a problem exists within a program or why certain practices do or do not take place.

Despite these limitations, there are a number of advantages to this process. First, it is applicable to a wide range of programs. Second, all of the indicators included on the CPC have been found to be correlated with reductions in recidivism through rigorous research. Third, the process provides a measure of program integrity and quality as it provides insight into the black box (i.e., the operations) of a program, something that an outcome study alone does not provide. Fourth, the results can be obtained relatively quickly. Fifth, it provides the program both with an idea of current practices that are consistent with the research on effective interventions, as well as those practices that

need improvement. Sixth, it provides useful recommendations for program improvement. Furthermore, it allows for comparisons with other programs that have been assessed using the same criteria. Finally, since program integrity and quality can change over time; it allows a program to reassess its progress in adhering to evidence-based practices.

As mentioned above, the CPC represents an ideal program. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories. Overall, 7% of the programs assessed have been classified as having Very High Adherence to EBP, 17% as having High Adherence to EBP, 31% as having Moderate Adherence to EBP, and 45% as having Low Adherence to EBP. Research conducted by UCCI indicates that programs that score in the Very High Adherence categories look like programs that are able to reduce recidivism.

SUMMARY OF THE FAMILIES FIRST PROGRAM AND SITE VISIT PROCESS

The Families First program, headquartered in Salt Lake City, Utah, is one of several programs operated by the Utah Youth Village. The program provides in-home, family-based services to youth and their families for 8-10 hours a week over an 8-12 week period (though the number of weeks can be extended based on need and progress toward established goals). The in-home services are based on an adaptation of the Teaching Family Model (i.e. Teaching Family Curriculum). The program has been providing in-home services to transitioning and struggling youth and families since 1993, and serves both male and female youth. The goal of Families First is to provide services to meet the family's needs, stabilize the family and help families' stay together through skill development.

Throughout the year, the program serves approximately 100 court-involved youth referred by the 2nd, 3rd and 4th Judicial Districts, representing about one-fourth of the youth and families served by Families First. For the purposes of this assessment, the CPC is looking at the youth who are being served in 2nd Judicial District only. Currently the program employs one program director, one assistant program director, and 34 family specialists and/or coordinators (this is an increase from years past). The Families First program operates on an annual budget of \$2 million, with \$84,000 geared towards Second District youth. Additional funding comes from internal sources, insurance, private pay and fundraising.

The assessment process consisted of a series of structured interviews with staff members and program participants during an on-site visit to Families First on September 29, 2016. Additionally, data was gathered via the examination of thirteen representative files. Generally, ten open and ten closed cases are examined. However, only three open cases and nine closed cases were examined for this assessment because they were the only cases from the Second Judicial District, which is where this evaluation was focused. In addition to this, other relevant program materials (e.g., manuals, assessments, curricula, resident handbook, etc.) were also inspected. Finally, two home site visits were observed. Data from the various sources were then combined

to generate a consensus CPC 2.0 score and specific recommendations, which are described below. This is the seventh CPC assessment of this program, but the 1st CPC 2.0 assessment.

FINDINGS

Program Leadership and Development

The first sub-component of the Program Leadership and Development domain examines the qualifications and involvement of the program director (i.e., the individual responsible for overseeing daily operations of the program), his/her qualifications and experience, his/her current involvement with the staff and the program participants, as well as the development, implementation, and support (i.e. both organizational and financial) for the program. Wayne Arner is identified as the program director for the purpose of this report.

The second sub-component of this domain concerns the initial design of the program. Effective interventions are designed to be consistent with the literature on effective correctional services, and program components should be piloted before full implementation. The values and goals of the program should also be consistent with existing values in the community and/or institution, and it should meet all identified needs. Lastly, the program should be perceived as both cost effective and sustainable.

Program Leadership and Development Strengths

Mr. Arner possesses a bachelor's degree in Criminal Justice and a master's degree in Mental Health Counseling (CMHC). While completing his degree in Criminal Justice, Mr. Arner took classes specifically related to corrections. In addition he is certified in the Teaching Family Model, the Boys Town Family Preservation model, trauma and loss and sex specific treatment (i.e. NOJOS).

Mr. Arner is experienced and has been working with juvenile justice populations within the Families First organization for approximately 18 years. He has been in his current position as the program director for 12-13 years.

Mr. Arner is directly involved in hiring direct service delivery staff. He is involved in screening applicants and is part of the interview and decision-making process.

Families First maintains a focus on what works principles. A strength of the program is that it is based on the research and all staff are immersed in the literature on effective interventions. Methods for distributing this information include trainings and staff meetings. Topics include mental health, body language, bullying, drugs, gangs, and autism. Literature reviews are ongoing with much of their information coming from the University of Utah.

Families First regularly pilots changes to the program. To illustrate, the program piloted their skills cards. At the end of the pilot period, a feedback session was held, data

collected, and the processes altered to best fit the program's needs. In this example, they ended up changing the number of cards from 30 to 23, thus allowing them to streamline their resources and giving them more time with the youth and families.

The program has support from criminal justice stakeholders. Families First works closely with Juvenile Court Probation, Juvenile Justice Services (JJS), the Division of Children and Family Services (DCFS), Temporary Assistance for Needy Families (TANF) and Systems of Care. They keep in close contact with workers through direct contact, email and phone calls. Families First also has support from community partners. Schools, churches and neighborhood groups are examples of community support. Families First encourages the youth in their program to be actively involved in their communities. This could mean playing sports, working, attending school or volunteering in their community.

Program funding is adequate to implement the program as designed and there have been no major shifts in funding within the past two years. Also, the program has been in existence since 1992, indicating that Families First meets the criterion of being established for at least three years.

Program Leadership and Development Areas in Need of Improvement and Recommendations

Mr. Arner is involved in pre-service orientation with new specialist once they are hired, but defers a majority of the initial training to his assistant program director and coordinators. Mr. Arner works with the coordinators on subsequent training for their specialists, but does not provide direct observation and training to new specialists.

Recommendation: Mr. Arner should conduct some formal training for new direct service delivery staff. This could possibly include: direct training, shadowing new staff and/or observing and providing feedback to new staff in day-to-day activities.

Mr. Arner is very involved in the day-to-day operations of the program. However, he is not involved in providing direct services to youth on an ongoing basis. Mr. Arner works with 1-2 families per year but does not maintain a caseload all year long.

Recommendation: Mr. Arner should provide direct services to youth by carrying a small caseload of youth throughout the entire year. This will help keep him up-to-date with youth population shifts and programmatic changes.

Staff Characteristics

The Staff Characteristics domain of the CPC concerns the qualifications, experience, stability, training, supervision, and involvement of the program staff. Staff considered in this section includes all full-time and part-time internal and external providers who conduct groups or provide direct services to the clients. Excluded from this group are

support staff and the program director, which was evaluated in the previous section. In total, 36 staff were identified as providing direct services. This includes the program director, the assistant program director, six coordinators and family specialists. Although this assessment is for the 2nd Judicial District only, specialists are assigned based on many different criteria and youth and families from that district could be assigned to any specialist.

Staff Characteristics Strengths

The majority of Family First staff have at least an Associate's Degree or higher in a helping profession. Over 80% of staff fit into this category, with the majority of degrees in psychology or family studies.

Families First hires staff who have skills and values beyond just the basic qualifications. These skills include leadership, the ability to effectively teach a skill and role play with both youth and adults. Other values are honesty, consistency, and a positive personality. Additionally, background checks are completed on all staff prior to being hired by this program.

All program staff are required to attend weekly meetings where a variety of topics are covered. An agenda is followed which can include subjects such as program announcements, successes that staff have had, training, and staffing cases.

Families First requires that all specialists are evaluated on their service delivery skills throughout the year. This occurs at least once each quarter where the coordinator shadows the specialist on a home visit. The evaluations look at the progression of the relationship between the family and specialist and the specialist's ability to effectively communicate and role play skills. These quarterly observations are incorporated into their yearly evaluations where their progress in their own personal skill development is documented.

Families First provides extensive training to new staff. This includes approximately one month of what is known as "Pre-Service Training." This includes a new hire orientation, training on the Teaching Families Model and the philosophy of the program. During this time, and through the first six months of the staff member's employment, that person shadows other specialists on their cases. After the shadow period, staff have the opportunity to split a case, known as a 50/50 family. During this time, there is an even split of co-facilitation and feedback on service delivery.

Staff report that approximately 40 to 50 hours of ongoing training are provided to each staff member annually. This training includes topics such as how to read body language, how to identify adverse effects from punishers, autism, drugs, and gangs. There are also several trainings each year on the RNR model, as well as the Teaching Families model, and how to work with high risk families. These trainings are conducted at staff meetings, conferences and outside trainings run by other organizations.

Staff report they have input into the program and are able to make modifications with approval by management. This can be done through anonymous feedback forms, annual reviews, or a facility wide open-door policy. The input must go through each level of management and ultimately be approved by Mr. Arner. One example that was given by staff was that a specialist wanted to try to contract with military families. This had to be approved by each level of management and the staff member was currently working with Wayne to finalize this contract.

It was consistently reported that staff are supportive of the goals and values of Families First. There were consistently high rankings on this item from all staff members who were interviewed as well as observation from the home visits.

There are ethical guidelines for staff. Each staff member that was interviewed was aware of these guidelines and where they could find a copy.

Staff Characteristics Areas in Need of Improvement and Recommendations

While several staff members have experience in treatment programs, roughly one-third of staff have less than two years of experience. This is, in part, due to the program having no minimum experience requirement upon hiring.

Recommendation: When hiring, preference should be given to candidates who have at least two years of experience working with offender populations.

Cases are regularly staffed with coordinators during the weekly consultation. However, not all coordinators are licensed practitioners who are qualified to provide clinical supervision.

Recommendation: There should be at least monthly clinical supervision by a licensed supervisor to all specialists and coordinators who work with the youth enrolled in Families First. This would be someone who is certified as an ACS, CCS, LICDC-CS, or something similar.

Offender Assessment

The extent to which participants are appropriate for the services provided and the use of proven assessment methods is critical to effective correctional programs. Effective programs assess the risk, need, and responsivity of participants, and then provide services and interventions accordingly. The Offender Assessment domain examines three areas regarding assessment: (1) selection of participants, (2) the assessment of risk, need, and personal characteristics, and (3) the manner in which these characteristics are assessed.

Offender Assessment Strengths

Youth who are referred to Families First are appropriate for these services offered. Staff suggest that fewer than 5% of offenders who are referred to this program are inappropriate for the services. The main reasons cited for someone to be inappropriate for treatment were a lack of motivation/participation, an active substance abuse problem that they were not receiving additional treatment for, or that the youth had ran away from the family prior to starting treatment with Families First. Despite these few types of cases, the vast majority of youth are deemed appropriate for this program.

To help ensure that Families First receives the correct type of participants, the program has formal exclusion criteria in place. Exclusionary criteria include active substance abusers, youth with suicidal tendencies, and those with severe mental health concerns.

When a youth is referred to Families First, the probation officer provides the risk level to the program from the Protective and Risk Assessment (PRA). This is a standardized, validated risk assessment that each youth is given prior to being referred and that information is consistently provided to the program. Most youth referred to Families First receive a PRA risk level of moderate or high, although in some cases with a high needs youth, low risk cases are also accepted.

In addition to risk, the needs of a youth are also assessed using the PRA. The PRA gives a score for ten different domains. The higher the score, the higher a youth's needs correlate to that domain. Examples of some of the assessed needs are peers, school/employment, antisocial attitudes, family, and leisure time.

While the PRA only assesses risk and need, Families First employs different tools to assess the responsivity factors which may be impeding the ability of a youth to succeed. The first tool is called the Motivation for Youth's Treatment Scale (MYTS). This assesses the level of motivation that a youth has to change. Families First also uses the Jesness Inventory-Revised (JI-R). The responses and scores across the nine personality subtypes are used to inform potential reasons why certain behaviors may be occurring.

The vast majority of youth who are referred to Families First are classified as Moderate or High risk by the PRA. The review of open and closed files verified this assertion by staff.

The risk/need tool that is used by Families First is the PRA. The PRA was originally validated for youth in Utah in 2008 and was revalidated in 2016. This validation was done as a combined effort of the Juvenile Court and Juvenile Justice Services to ensure youth coming through the system were being assessed using the appropriate tool.

Treatment Characteristics

This Treatment Characteristics domain of the CPC examines whether the program targets criminogenic behavior, the types of treatment (or interventions) used to target these behaviors, specific intervention procedures, the use of positive reinforcement and punishment, the methods used to train justice-involved participants in new prosocial thinking and skills, and the provision and quality of aftercare services. Other important elements of effective intervention include matching the participant's risk, needs, and personal characteristics with appropriate programs, intensity, and staff. Finally, the use of relapse prevention strategies designed to assist the participant in anticipating and coping with problem situations is considered.

Treatment Characteristics Strengths

In order to reduce the likelihood that offenders will recidivate, those characteristics associated with recidivism (criminogenic needs) must be targeted. Families First offers services that target criminogenic needs in numerous areas, including: decision making, accepting consequences, applying rewards and consequences, dealing with frustration, family communication skills, antisocial peers, use of free time, antisocial attitudes, emotional regulation and coping skills. As such, the program is spending at least 50% of its time targeting criminogenic need areas, and the focus on criminogenic needs vs. non criminogenic needs is at least 4 to 1.

Families First is developing individualized case plans for each youth in the program. These case plans are derived from the specialist's review of the youth and family's needs and individual goals, completed assessments, discussion with referring probation officers and meetings with the youth and their family. The case plans are developed by the specialist with the youth and family based on the results from the assessments and interviews, and are updated regularly as the clients accomplish their phase goals.

The program is consistently utilizing evidence-based interventions. These include The Teaching Families Model, SODAS worksheets and a skill-based Phases Model. The program is using cognitive behavioral interventions in its core services. The program also provides regular, consistent training and supervision on their models and interventions, which leads to little drift and consistent application of services by specialists.

Currently, Families First requires that youth in the program be involved in structured, supervised activities 70% of the time, including during the summer when school is not in session. Youth and families, on average, spend eight hours a week with their specialist working on skill development and treatment. While in the program, community whereabouts of the youth and the remaining time in structured, supervised activities are monitored by the referring probation officers and/or parents

There is a detailed program manual for all program staff. Further, all core services targeting criminogenic needs are based on manual-based curricula. These include The

Teaching Families Model, as well as a structured phase model that identifies expectations for skill demonstration to move to the next phase. These manuals are consistently followed by specialists, and there is an involved training and supervision structure within Families First that assures constancy in delivery of the program model. Also, the program has developed an electronic 'app' that specialists can utilize while out in the community which assists in intervention delivery.

Families First uses a validated responsivity assessment (JI-R) and other factors, such as personality characteristics, gender and language to match youth to the specialist with which they are most likely to respond. They also conduct an assessment on each youth to determine readiness for treatment (MYTS) to address any motivation issues before beginning to work on interventions designed to address criminogenic needs and teach skills. Further, all specialists are trained in the treatment model, and the program delivers the same model to all participants consistently. Specialists conduct appointments with their clients around the family's schedule, which provides for a flexibility to accommodate the family's needs.

Families First invites and values youth and parent's feedback in many respects. Clients have a formal mechanism to provide program input through a feedback form with a stamped envelope that can be mailed to, or turned into, the program at any point during their treatment. Specialists reported that participant feedback is incorporated into their formal evaluations and ongoing skill development sessions with their supervisors.

With regard to reinforcers and punishers, the program adheres to the evidence by providing ongoing training of the use and process of administration of positive and negative consequences. This was evident in interviews with the specialists working directly with the family and documented in the program manual. Families First has allotted sixty dollars per family to be used by the specialist to provide rewards/incentives to encourage positive behavior and change. For example, specialists reward target behaviors with the incentives that have been identified by the family/youth like a fun activity, a family outing, or favorite soda/treat. Rewards are most valuable when they are received as close in time to the target behavior as possible and the program specialist teaches the parent/guardian application of praise/verbal affirmation immediately when the target behavior is performed within the home. After interviewing staff, participants and direct observation of family sessions of staff during in home sessions; it is clear to the assessors that Families First adheres to the research in administration of rewards at a 4:1 ratio required by the CPC.

In addition to appropriate rewards, good behavior management systems have a range of punishers available to promote behavioral change and are appropriately applied. In this regard, Families First has an array of punishers available for use. For example, specialists utilize punishers and train the family on appropriate use of verbal warnings and redirection, withholding/loss of privileges or activities, additional role plays or skill worksheets or report made to probation when applicable. Families First provides all specialists with training prior to working with families on appropriate use of punishers and setting up appropriate rewards/punishers with the family is part of the phases

teaching model utilized by the program. The Families First program manual and training on the effect of punishers alerts staff to recognize any negative or unintended effects. For example, specialists indicated that following the use of punisher they assess the effectiveness by watching for signs withdrawal, lack of motivation, increase in aggression/mood changes, or continues to repeat the target behavior.

The successful completion rate at the time of the visit was approximately 82% which falls at the upper end of the required range which is between 65% and 85%. Successful completion criteria includes completion of all phases within the Teaching Families Model, ability to use/demonstrate skills within each phase, completing homework assignments, participation during visits and maintaining scheduled visits.

The Families First program model is built on cognitive restructuring and structured skill building (i.e., skill modeling, youth practice, and graduated practice) on a weekly basis with the youth and family. Program specialist identifies and challenges risky thinking and problem behavior throughout the sessions. The specialist explains the skill, demonstrates the use of the skill by modeling it for the youth/family, the youth/family practicing the skill through role play and assignment given to use the skill prior to the next session. Homework assignments (i.e., SODAS worksheets) are used to encourage youth to practice skills by applying prosocial or alternative options to risky behaviors during problem situations that arise throughout the week. The skill and assignment is reviewed at the following appointment along with feedback from the specialist. A discharge summary is also provided to the family and referring worker at the end of the program, spelling out the skill development progress of each client while they participated in the program.

As mentioned previously in the report, Families First provides service to the youth referred to the program as well as their family, including siblings. The parent/guardian participate in skills practice with the specialist individually in addition to family sessions.

Treatment Characteristics Areas in Need of Improvement and Recommendations

The most effective interventions last between three and nine months. On average, participants from Families First remain in the program for two months. This does not include aftercare offered by the program.

Recommendation: Families First should structure their interventions to ensure that youth and families are receiving services from the program for at least three months in length, exclusive of aftercare.

While Families First only accepts youth to the program who are moderate or high risk, the dosage and duration of service should vary according to the client's risk level. The program does not provide more intensive services to higher risk participants. Clients who are at higher risk for recidivism, by definition, have more criminogenic needs. These clients should be required to attend additional services, dictated by the needs identified on the PRA assessment. Thus, clients identified overall as high risk for

recidivism should have longer and more intense services than those identified as moderate risk.

Recommendation: Families First should include a plan in the design of the program to provide more service dosage to higher risk youth, based on their criminogenic needs.

Research demonstrates that aftercare is an important component of effective programs, when the goal is to help clients maintain long-term behavior change. Upon discharge, the specialist meets with the family and youth to set up discharge plan. This plan includes attainment of phases, any identified risk reduction, and outcomes of the treatment goals. One month after the youth/family completes Families First, the specialist follows up with a face to face visit with the family for “skill refresher” and “what is working or what’s not working” since completing the program. The specialist is “on call” for a year after the family completes the program. Specialist indicated that the “on call” interaction is initiated by the youth or family as needed for up to a year after completion of the program.

Recommendation: The program should explore options for systematically ensuring aftercare or booster services once youth/family complete the program. To ensure that high quality aftercare is delivered, the program should consider the following: (1) increasing the number of home visits from the one time scheduled 30 day home visit to additional time lapsed visits during the initial six months following discharge based on the youth’s risk level; (2) reassessment of risk/needs levels with the Protective Risk Assessment; (3) and variation of the duration and intensity of aftercare by level of risk.

Quality Assurance

This CPC domain examines the quality assurance and evaluation processes that are used to monitor how well the program is functioning. Specifically, this section examines how the staff ensure the program is meeting its goals.

Quality Assurance Strengths

Families First has a management audit system in place that includes: (1) quality assurance processes such as file reviews; (2) regular observation of staff delivering services with feedback provided; and (3) a mechanism to provide the offenders feedback on their progress in the program.

Some ways Families First meets these expectations are as follows: Supervisors observe staff on home visits with clients and provide feedback during a monthly meeting with each staff. It is also accomplished through regular reviews of files and case plans. Staff provide feedback to clients through regular progress meetings, where they review case plan goals and are provided pre and post tests for key interventions. Youth are also expected to meet certain benchmarks to move to higher program statuses. During

these measurement points, youth are provided feedback on their progress in the program.

The program collects formal offender feedback on service delivery and uses the data to inform programming. This includes pre and post assessments which are included in the client's file. Some examples of this are the Youth Outcomes Questionnaire (YOQ) and the Protective Factors Survey (PFS). Follow up surveys are also given to the parents. This information is then used to establish trends in their program and address any ongoing issues that may occur.

Families First has a periodic, objective and standardized re-assessment process in place to determine if offenders are meeting target behaviors. Indicators include establishing a baseline, administering pre and post assessments, reassessing as needed and monitoring a detailed treatment plan. Some ways Families First maintains these standards are establishing a baseline risk level, provided by Probation through a Protective and Risk Assessment (PRA), administering pre and post testing on target behaviors as well as using standardized instruments like the YOQ. They also monitor progress through a detailed treatment plan, making changes in the plan on a regular basis to reach target goals.

Families First underwent a formal evaluation that was conducted by the Utah Criminal Justice Center (UCJC) and Utah Youth Village in 2011. This evaluation found that the Families First group had a significantly lower recidivism rate than the risk-adjusted Juvenile Court group, based on a 1-year follow-up of new misdemeanor or felony offenses.

Quality Assurance Areas in Need of Improvement and Recommendations

Families First does not gather participant re-arrest, reconviction, or reincarceration data.

Recommendation: Families First should collect recidivism data 6 months or more after participant termination from the program, regardless of completion status. A third party may conduct this; but, the program should work with that party to assure that they understand the data and are examining it over time to identify trends.

Families First does not retain an evaluator whose primary responsibility is evaluating the program.

Recommendation: Families First should retain an evaluator (contracted or in-house) to assist with research/evaluation. If a program staff member is used, evaluation should be their primary job responsibility and they should be qualified for the position. Regular evaluation reports/data should be provided to the program.

OVERALL PROGRAM RATING AND CONCLUSION

The program received an overall score of 86.3% on the CPC 2.0. This falls into the Very High Adherence to EBP category. The overall capacity area score designed to measure whether the program has the capability to deliver evidence based interventions and services for the participants is 81.3%, which falls into the Very High Adherence to EBP category. Within the area of capacity, the program leadership and development and domain score is 84.6% (Very High Adherence to EBP), the staff characteristics score is 81.8% (Very High Adherence to EBP) and the quality assurance score is 75% (Very High Adherence to EBP). The overall content area score, which focuses on the substantive domains of assessment and treatment, is 90.2%, which falls into the Very High Adherence to EBP category. The assessment domain score is 100% (Very High Adherence to EBP) and the treatment domain score is 87.5% (Very High Adherence to EBP).

It should be noted that the program received Very High Adherence to EBP scores in every category. Families First should be proud of the changes they have implemented since the beginning of the CPC assessment process. While recommendations have been made in four of the five CPC domains, most of the areas in need of improvement relate to the domain of treatment characteristics. These recommendations should assist the program in making the necessary changes to increase program effectiveness. Certainly, care should be taken not to attempt to address all "areas needing improvement" at once. Programs that find the assessment process most useful are those that prioritize need areas and develop action plans to systemically address them. The Administrative Office of the Court is available to work closely with the program to assist with action planning and to provide technical assistance as needed. Evaluators note that the program staff are open and willing to take steps toward increasing the use of evidence-based practices within the program. This motivation will no doubt help this program implement the changes necessary to bring it further into alignment with effective correctional programming.

Figure 1: Families First CPC Scores

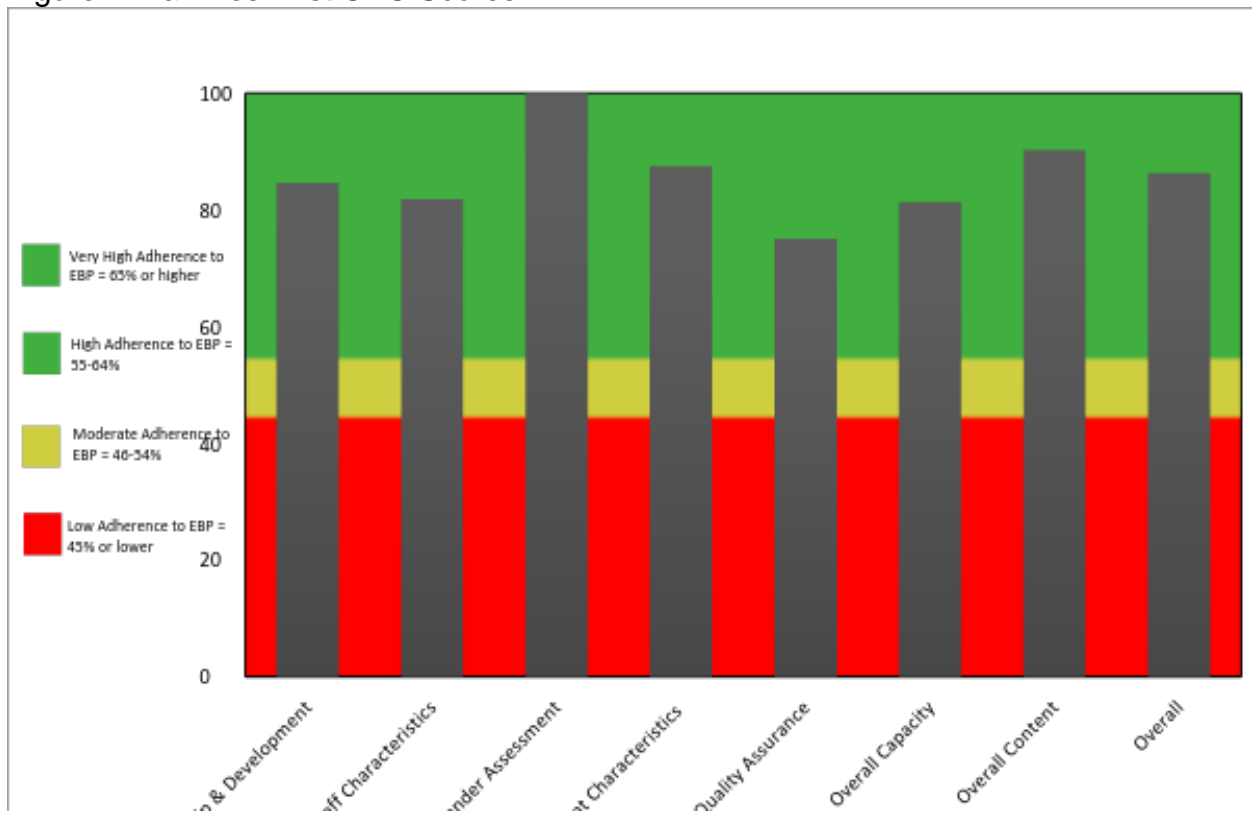
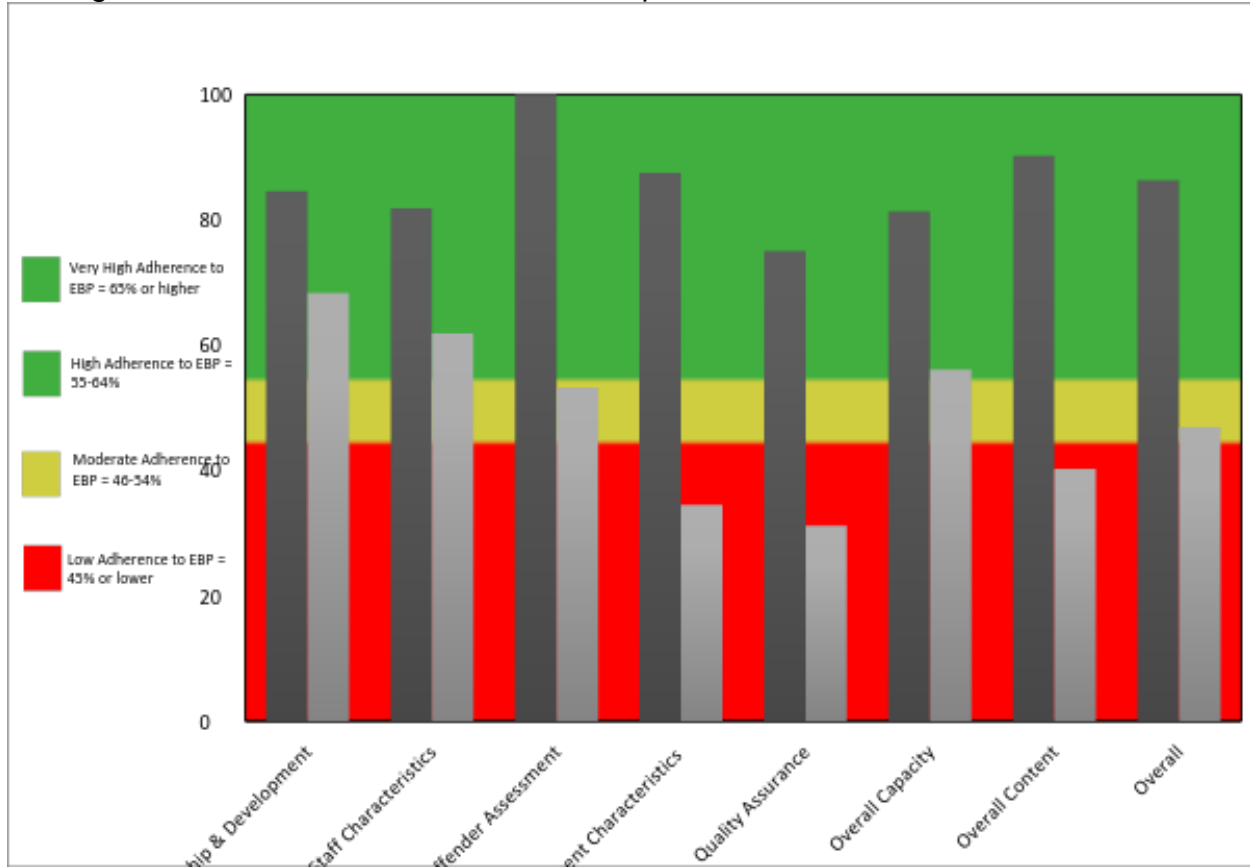


Figure 2: Families First CPC Scores Compared to the CPC Average Scores - CPC Average Scores based on 318 assessments performed between 2005 and 2015



i In the past, UCCI has been referred to as the University of Cincinnati (UC), the UC School of Criminal Justice, or the UC Center for Criminal Justice Research (CCJR). We now use the UCCI designation.

ii The CPC is modeled after the Correctional Program Assessment Inventory (CPAI) developed by Paul Gendreau and Don Andrews. The CPC, however, includes a number of items not included in the CPAI. Further, items that were not positively correlated with recidivism in the UCCI studies were deleted.

iii A large component of this research involved the identification of program characteristics that were correlated with recidivism outcomes. References include:

Holsinger, A. M. (1999). Opening the 'black box': Assessing the relationship between program integrity and recidivism. Doctoral Dissertation. University of Cincinnati.

Lowenkamp, C. T. (2003). A program level analysis of the relationship between correctional program integrity and treatment effectiveness. Doctoral Dissertation. University of Cincinnati.

Lowenkamp, C. T. & Latessa, E. J. (2003). Evaluation of Ohio's Halfway Houses and Community Based Correctional Facilities. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

Lowenkamp, C. T. & Latessa, E. J. (2005a). Evaluation of Ohio's CCA Programs. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

Lowenkamp, C. T. & Latessa, E. J. (2005b). Evaluation of Ohio's Reclaim Funded Programs, Community Correctional Facilities, and DYS Facilities. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.

iv Several versions of the CPAI were used prior to the development of the CPC and the subsequent CPC 2.0. Scores and averages have been adjusted as needed.

v Programs we have assessed include: male and female programs; adult and juvenile programs; prison-based, jail-based, community-based, and school-based programs; residential and outpatient programs; programs that serve prisoners, parolees, probationers, and diversion cases; programs that are based in specialized settings such as boot camps, work release programs, case management programs, day reporting centers, group homes, halfway houses, therapeutic communities, intensive supervision units, and community-based correctional facilities; and specialized offender/delinquent populations such as sex offenders, substance abusers, drunk drivers, and domestic violence offenders.