

FINAL REPORT

**EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST
(CPC 2.0)**

**Families First
Statewide (All Judicial Districts)**

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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 their work, they 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 youth and their families, observation of direct services, and review of relevant program materials (e.g., client 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 in 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 Taylorsville, 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 six 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 can serve up to 60 court-involved youth at any given time, from all eight judicial districts in Utah. Currently, the program employs a program director, a director of community services, a training coordinator, six coordinators and 25 family specialists. The Families First program operates on an annual budget of \$2.7 million, \$500,000 of which comes from contracts with the Utah Juvenile Court. Additional funding comes from internal sources, insurance, private pay, and fundraising.

The assessment process consisted of a series of structured interviews with staff members during an on-site visit to Families First on March 12-13 and 19-20, 2019, as well as interviews with program participants in each judicial district with active cases March 21 - May 13, 2019. Additionally, data was gathered via the examination of 54 representative files. Generally, ten open and ten closed cases are examined. However, for the purposes of this assessment, only five open and five closed files were examined for each judicial district, if they existed. If less than five existed, all cases available were examined. In addition to this, other relevant program materials (e.g., manuals, assessments, curricula, handbooks, etc.) were also inspected. Finally, 11 in-home 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 eighth CPC assessment of this program, with the last two being CPC 2.0 assessments.

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 20 years. He has been in his current position as the program director for 15 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. He is directly involved in training new staff and facilitates several classes during pre-service orientation. He also facilitates two to four classes outside of pre-service orientation as well as ongoing training during staff meetings.

Mr. Arner supervises staff, provides feedback and completes in-home observations of direct service delivery staff. He is also involved in the day-to-day operations of the program. Mr. Arner carries a small caseload of one to two families, averaging around four families throughout the year.

Families First maintains a focus on the principles of effective intervention. 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

attending conferences, training and staff meetings. Topics include mental health, body language, bullying, drugs, gangs, and autism. Literature reviews are ongoing.

Families First regularly pilots changes to the program. To illustrate, the program piloted changes to their follow up and aftercare process. 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 follow up appointments for high-risk youth.

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.

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 or external providers who conduct groups or provide direct services to the clients. Excluded from this group is the program director, which is evaluated in the previous section. In total, 33 staff were identified as providing direct services. This includes the director of community services, the training coordinator, six coordinators, and 25 family specialists. This assessment includes specialists that are assigned to work with youth and families throughout the eight judicial districts within the State of Utah.

Staff Characteristics Strengths

The majority of Family First staff have at least a Bachelor's Degree or higher in a helping profession, with the majority of degrees in psychology, marriage and family studies.

Families First hires staff that have skills and values beyond the basic qualifications obtained through education. These skills include the ability to support youth and families through effectively teaching skills and role-playing to promote behavior change; the ability to problem solve and effectively communicate with families. Other values include flexibility and the ability to work with different personalities. Additionally, background checks are completed on all staff prior to being hired by this program.

The program director conducts weekly staff meeting which all program staff are required to attend. The program encourages attendance by allowing those traveling long distances to attend remotely. An agenda is followed which includes case staffing, staff sharing case successes, program announcements and training provided by the program director or guest speakers.

Families First staff are formally evaluated on their service delivery skills after six months with the program, and then annually. Coordinators conduct monthly in-home observations with the specialist during the first year and provide coaching through feedback which is incorporated into the six month evaluation and annual evaluations. After the initial year program staff are evaluated annually. The evaluation includes file reviews, role-playing, and modeling observations, as well as feedback on how staff have incorporated risk, need and responsivity within their treatment plans. It also includes the specialist's strengths and items to be improved upon.

Families First provides extensive training to new staff during the first year. 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, Stages of Change and the philosophy of the program. During this time, and through the first six months of the staff member's employment, that person shadows another specialist through the phases of an entire intervention with a family. After the shadow period, the specialist has the

opportunity to split a case, known as a 50/50 family. During this time, there is an even split of co-facilitation and coaching on service delivery performed by the coordinator.

Staff report that approximately 40 to 50 hours of ongoing training are provided to each staff member annually. This training includes topics such as trauma, self-care, mandatory reporting, risk and responsivity factors, suicide prevention, substance use and gangs. Program staff receive training throughout the year on the RNR model, the Teaching Families model, and on service delivery provided to the families. These trainings are conducted at weekly staff meetings, conferences and outside trainings run by other organizations.

Staff report the ability to provide input to make modifications within the program. This can be done by making a request through their coordinators, through surveys provided to staff, an email to the program director or in the weekly staff meetings. Staff report an open door policy in regards to providing input to management and modifications to the program must be approved by management with the ultimate approval from the program director. Staff reported recent program change, which is being piloted, is the increase of follow up visits with high-risk youth and their families.

The support of the goals and values of Families First was consistently reported throughout the interviews and demonstrated by the staff during home visits. Program staff consistently gave high ratings throughout the interviews to demonstrate their support of the program and in their belief that youth and their families can change.

The program has written ethical guidelines for staff. Staff reported in interviews that they are aware of the ethical guidelines and where a copy can be located.

Staff Characteristics Areas in Need of Improvement and Recommendations

While several staff members have experience in treatment programs, roughly one-third (thirty-five percent) 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 the services offered. Staff suggests 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; severe mental health and therapeutic concerns, an active substance abuse problem that they were not receiving additional treatment for, or that the youth had run 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 the PRA, sexual offending youth are assessed on the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR), Juvenile Sex Offender Recidivism Risk Assessment Tool (JSORRAT), and the Juvenile Sex Offender Assessment Protocol II (J-SOAPII), which are also validated risk and need assessment tools.

In addition to risk, the needs of 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, antisocial behavior, and family issues.

While the PRA assesses risk and need, Families First employs several additional tools to assess responsivity factors which can impede the ability of youth to succeed. The first tool is called the Motivation for Youth's Treatment Scale (MYTS); it assesses the level of motivation that youth have to change. The Jesness Inventory-Revised (JI-R); scores across the nine personality subtypes are used to inform potential reasons why certain

behaviors may be occurring. The Youth Outcome Questionnaire (YOQ); this questionnaire gathers information on youth mood and behavior. It is given as a pre and post-test to measure the youth's progress while in the program. The Families First Program also uses the Protective Factors Survey (PFS); this survey builds on the families strengths and promotes better outcomes. All of these tools provide information on responsivity factors which in turn assist the program to individualize plans and interactions with the youth.

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 found 91% of those referred were higher-risk offenders.

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 a number of 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 spends 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.

The program consistently uses evidence-based interventions. These include the Teaching Families Model, SODAS worksheets and a skill-based Phases Model. The program uses cognitive-behavioral interventions in its core services. The program also provides regular, consistent training and supervision on these interventions.

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 six hours a week with their specialist working on skill development and treatment. While in the program, the youth's whereabouts are monitored by the referring probation officers and/or parents. Probation monitoring may include random visits to the home, work, and school, random drug testing, curfew, etc.

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.

Families First uses a validated responsivity assessment (JI-R) along with 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 prior to beginning work on interventions designed to address criminogenic need and skill development. In addition, meetings are scheduled at the convenience of each family, thus providing flexibility in program delivery.

Families First invites and values feedback. Feedback forms are provided to participants along with a prepaid stamped envelope that they can send in at any point in their treatment. Staff reported that participant feedback is incorporated into their formal evaluations and ongoing skill development sessions with their supervisors.

Families First has a range of reinforcers available for their specialists to use with the youth and families they work with. They allot money per family that can be used by the specialist to provide tangible rewards/incentives to encourage positive behavior and change, and can also reward the youth, or work with the parents to reward the youth, with a fun activity, a family outing, increased privileges or a favorite soda/treat. The specialists can also reinforce prosocial behavior with positive reports about the youth to probation and the Court.

After interviewing staff, participants and direct observation of in-home sessions it is clear to the assessors that Families First administers rewards over punishments by at least a 4:1 ratio.

In addition to appropriate reinforcers, good behavior management systems also have a range of punishers available to promote behavioral change. In this regard, Families First has an array of punishers available for use. For example, specialists utilize punishers and train the family on the appropriate use of verbal warnings and redirection, withholding/loss of privileges or activities. Additional role plays, skill worksheets or reports made to probation, when applicable, are also utilized.

Families First has clear program completion criteria including completion of all phases within the Teaching Families Model, the youth and family possessing the ability to use/demonstrate skills taught within each phase, completing homework assignments, participation during visits and maintaining scheduled visits.

At the time of this assessment, the successful completion rate for Families First statewide was 82%.

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 participants are taught to identify and challenge risky thinking and problematic behavior throughout the sessions. The specialist explains the skill, demonstrates the use of the skill by modeling it for the youth and/or parents, the youth and/or family practice the skills 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 real problem situations that arise throughout the week. The skill and assignment are reviewed at the following [appointment, and feedback on how the

youth and/or family did is given by the specialist. If additional training is needed after application to real-life scenarios, the skill is reviewed and alternative responses are practiced through the model outlined earlier, and new homework is assigned.

As mentioned previously in the report, Families First provides services to the youth referred to the program as well as their family, including siblings when appropriate. The parent/guardian participate in mandatory individual skill practice sessions weekly with the specialist in addition to family sessions. These sessions cover the same skills that the youth is learning in their individual meetings, and are all brought together during the family sessions.

When nearing completion of the program, the specialist meets with the family and youth to create a discharge plan. This plan includes the attainment of phases, any identified risk reduction, skill development progress of the youth and family as well as outcomes of the treatment goals.

Families First has implemented mandatory aftercare for program participants that includes a structured check-in schedule varied by the youth's risk. For low-risk youth, the specialist follows up 30 days after program completion with a face to face visit for a "skill refresher" and "what is working or what's not working" since completing the program. For moderate and high-risk youth additional face to face visits that cover the same topics are added at the 60 and 90-day mark. The specialist will also follow up with a check-in phone call at 180 days after program completion. For all youth and families, the specialist is also "on-call" for a year after the family completes the program. Specialists indicated that the "on-call" interactions are initiated by the youth or family as needed for up to a year after completion of the program.

Treatment Characteristics Areas in Need of Improvement and Recommendations

Families First has a policy/process in which formal assessment results are used to develop offender case plans. 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. Though individual case plans are completed, they are often unknown to the youth and family. In interviews with the youth and families, they were unable to associate a case plan with their Families First involvement. They were sometimes able to identify goals they were working on and often referred to the case plan that was developed by probation. They did not have a clear understanding of the level system Families First uses or the time frame for completion of the program.

Recommendation: Case plans should be developed in conjunction with the youth and family. Families First specialists should be clear in their discussions with the youth and family that the goals they are working on are part of their case plan specific to their time in the Families First program. It should identify targets for change, goals and objectives, time frames for completion, and performance indicators.

While Families First only accepts youth to the program that are moderate or high risk, the dosage and duration of service should vary according to risk level. Evidence shows the most effective interventions last between 3 and 9 months, not to exceed 1 year, with dosage for moderate risk at 100-150 hours and high risk at 200+ hours. Only *therapeutic treatment* tasks aimed at reducing recidivism can be counted in this total. It was consistently reported by staff and families that, on average, participants remain in the program for 8-10 weeks, about 2 months. This does not include aftercare offered by the program.

Though a pilot study was conducted from Jan 2018 to May 2019 with the intent of providing additional services based on risk level, there does not appear to be an actual change in practice. Staff consistently reported that they might add an additional week if the youth is not progressing, but that there was no formal understanding that those that are moderate will remain in the program for an allotted amount of time and those that are high would have a higher expectation. It should also be noted that throughout the interview process, families consistently reported they did not know how long they were expected to be in the program.

Recommendation: Families First should structure their interventions to ensure that youth and families are receiving services for a minimum of three months, excluding aftercare. Furthermore, clients identified as high risk should have longer and more intense services than those identified as moderate. Youth that are at higher risk to recidivate, by definition, have more criminogenic needs that require additional intervention. This expectation should become part of practice and be communicated clearly to the youth and family.

Although Families First has a range of reinforcers available to use with youth and families, discrepancies exist statewide between specialist application of reinforcers. It was reported during program interviews that staff are trained on the appropriate application of reinforcers and while some specialists were observed applying reinforcers correctly during in-home sessions, many specialists were observed not applying reinforcers appropriately, or at all. In those instances, specialists mainly missed the steps of tying the reward/incentive back to a specific prosocial behavior or individualizing the reward to something that would be impactful for the youth/family.

Recommendation: The application of reinforcers to promote prosocial behavior is most effective when it includes four key elements; the reinforcer (1) comes immediately after the behavior, (2) is consistently and then intermittently applied after the appropriate behavior, (3) is individual to the youth/family, and (4) involves a discussion with the youth/family of the short and long term benefits of maintaining the particular behavior being reinforced.

Families First should review their current training for specialists on the application of reinforcers to assure all steps are covered and should incorporate this into their coaching model to assure staff are receiving feedback on their application of reinforcers. Families First should also assure that program staff understands that although they may teach the youth and families these steps as part of their skill

development, teaching the family and providing feedback is not the same as directly applying reinforcers to the youth and families. Specialists should be directly responsible for the application of reinforcers when prosocial behavior is observed.

As with reinforcers, although Families First has a range of punishers available to use with youth and families, discrepancies exist statewide between specialist application of punishers. It was reported during program interviews that staff are trained on the appropriate use of punishers as well as how to set up appropriate consequences with the family as part of the teaching model utilized by the program. Similarly to the above, while a few specialists were observed offering redirection or applying punishers correctly during in-home sessions, most specialists were observed not applying punishers when appropriate. In some instances, youth and parents were observed demonstrating anti-social or rule-breaking behavior/thinking with no response from the specialist, especially if the family had not yet been taught the 'effective consequences' skill. Further, some specialists reported during interviews with assessors that a specialist directly applying punishers or consequences to the youth would create a role confusion for the family, as the specialist is there to teach them how to do it, not actually do it for them.

Recommendation: Punishers are important to extinguishing antisocial behavior and promoting behavior change by showing the youth that behavior has consequences. The application of punishers for inappropriate behavior is most effective when it includes six key elements; the punisher (1) is inescapable, (2) is delivered at the maximum intensity needed to suppress the behavior, (3) is delivered at the earliest point in the inappropriate behavior, (4) is delivered consistently (i.e. after every occurrence of inappropriate behavior), (5) is immediate and not spread out and (6) involves teaching of alternative prosocial behaviors after the punishment is administered. Further, punishers should be varied.

Families First should review their current training for specialists on the application of punishers to assure all steps are covered and should incorporate this into their coaching model to assure staff are receiving feedback on their application of punishers. Families First should also assure that program staff understands that although they may teach the youth and families these steps as part of their skill development, teaching the family and providing feedback is not the same as directly applying punishers to the youth and families. Specialists should be directly responsible for the application of punishers when they observe the anti-social behavior.

Recommendation: After a punisher is administered, specialists should monitor for negative effects from the punisher. Negative effects may include: (1) emotional reactions, (2) avoidance/aggression towards punishers, (3) future use of punishment, (4) response substitution, and (5) punishment lacks generalization.

Research demonstrates that quality aftercare is an important component of effective programs when the goal is to help clients maintain long-term behavior change. Although Families First has incorporated a structure to their aftercare that includes planning during the treatment phase with the youth and family, a requirement for attendance and a schedule to vary the youth's face to face contacts with services based on low and moderate/high risk, there are additional elements of quality aftercare that should be incorporated into the structure.

Recommendation: To ensure that high-quality aftercare is delivered, the program should consider incorporating the following: (1) reassessment of risk and need levels with the Protective Risk Assessment; and (2) variation of the duration and intensity of aftercare by level of risk by differentiating requirements for moderate and high-risk youth.

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 ensures 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. Families First meets these expectations in the following ways: 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 and families are provided feedback on their progress in the program. Providing this feedback serves as both a reinforcer and motivator for continued engagement 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; by 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 and update those changes in the plan on a regular basis when targeted goals are met.

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 six 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 has not had a formal evaluation in the last five years that targets comparisons of treatment outcomes with a risk-control comparison group.

Recommendation: Families First should consider partnering with an entity that could help in providing this formal evaluation. The evaluation would include a formal report on outcomes of the program that includes an introduction, methods, results and discussion section and retained on file. The study's findings should show reductions in recidivism between the treatment and comparison group.

Families First does not retain an evaluator whose primary responsibility is evaluating the program. The focus of the research should relate to examining available program data, analyzing this data, and providing this information to the program so the program can make data-driven decisions.

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 82.1% 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 81.2%, which falls into the Very High Adherence to EBP category. Within the area of capacity, the program leadership and development and domain score is 100% (Very High Adherence to EBP), the staff characteristics score is 81.8% (Very High Adherence to EBP) and the quality assurance score is 50% (Moderate Adherence to EBP). The overall content area score, which focuses on the substantive domains of assessment and treatment, is 82.9%, 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 78.1% (Very High Adherence to EBP).

It should be noted that the program received Very High Adherence to EBP scores in all but one 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 three of the five CPC domains, quality assurance is the only domain that fell below the Very High Adherence score. 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 systematically 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 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

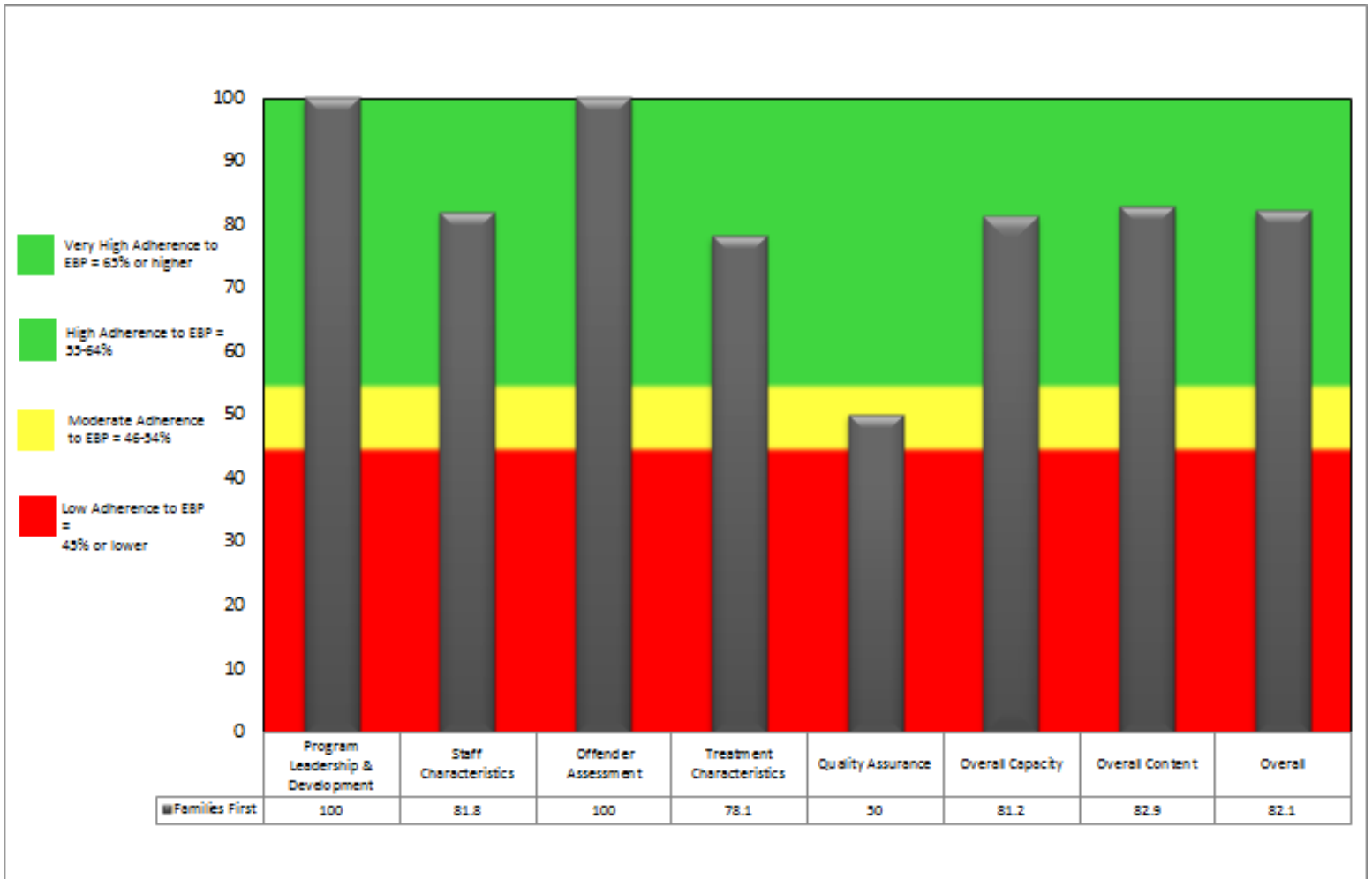
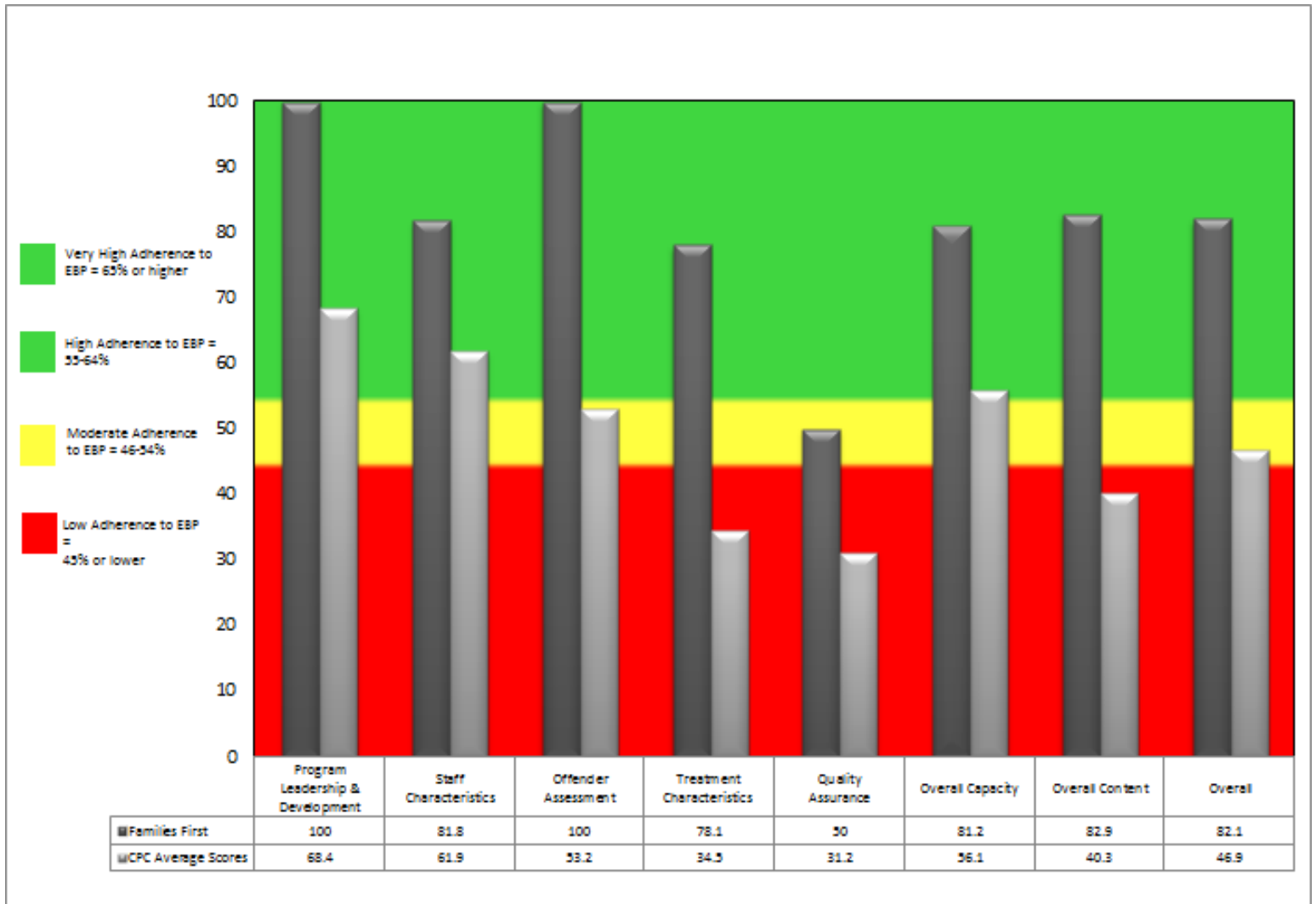


Figure 2: Families First CPC Scores Compared to the CPC Average Scores



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.