

Partners in Accountability

**Sixth Judicial District
Cedar Rapids, Iowa**

Process Evaluation: Final Report

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Submitted by

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Introduction:

This report presents results of a process evaluation of Partners in Accountability (PAC), a multi-agency program servicing families in Cedar Rapids, Iowa. PAC was established in September 1998, when Family Partnerships, Inc. formed to coordinate and streamline services to offenders and their families. Partnering agencies included: a) Area Substance Abuse Council (ASAC), Alternative Services, Foundation II, Four Oaks, Linn County Youth Services, Adult Correctional Services, and Kirkwood Community College. The project was initially funded by the Governor's Alliance on Substance Abuse, an agency charged with disbursing Byrne Memorial Fund monies. After receiving Byrne monies, the Department of Corrections for the Sixth Judicial District of Iowa contracted with the University of Cincinnati to conduct this process evaluation¹ and other research activities. The goals of this project were as follows:

¹ Although the original contract only called for a process evaluations, we are able to report some preliminary outcome data.

1. To design process and outcome performance measures to facilitate ongoing reporting of PAC activities and services.
2. To prepare a process evaluation accounting for services provided to all families served by PAC between 10/8/98 and 12/9/01²

The PAC model, itself, was designed to improve the integration of community services to families with multiple needs. In doing so, the program seeks to bring together community agencies to facilitate family access and outreach, coordinate assessments and services, improve communication among agencies, and avoid duplication of services. The program provides “wrap around” services to troubled families with at least one adult family member who is an offender under supervision with the community DOC. As such, the PAC model shares key features of a number of emerging community and family service models. For example, it’s focus on multi-agency services to offender families, along with its provision of family therapy, is similar to some aspects of Henggeler and Borduin’s Multisystemic Therapy (MST)(see Henggeler & Borduin, 1990; Borduin, Mann, Cone, Henggeler, Focci, Blaske & Williams, 1995; Henggeler, 1997). An impressive array of controlled studies find the MST approach to delinquency to be especially effective in reducing recidivism and improving family functioning.³ Apart from the provision of individual or family therapy, several Restorative Justice approaches also relate to the PAC model, including family group conferencing (Alder & Wondersitz, 1994), community problem-solving and reintegration (Van Ness & Heetderks Strong, 1997). Finally, recent initiatives to improve programming for women offenders favor community-based, holistic, and wrap-around services which target multiple needs (see Bloom & Owens, 2002; Chesney-Lind & Laidler, 1997; Covington, 2000; Reed & Leavitt, 2000). Regardless of form, however, past research suggests that multi-modal services to either offenders or families separates effective offender programs from ineffective ones (Palmer, 1992).

² At the beginning of the study, only 15 families had been admitted to PAC. University of Cincinnati researchers determined that the sample size would not permit an outcome study over the course of the contract period. The project did, however, identify a number of pre-tests/post-test measures that can be used for this purpose whenever project staff elect to do so.

³ The MST approach provides therapy to the family or to key members of the family, but also intervenes with other community systems (e.g., schools, work settings, peer groups, extended family) which impact family functioning (Henggeler & Borduin, 1990).

Program Description

Intensive case-management is the central feature of PAC's work with offender families. The program is staffed by a Family Coordinator and additional staff or "partners" from affiliated agencies. The Family Coordinator oversees assessments, case management, and monitoring for each family admitted into the program. The Coordinator serves as the central point of contact and a key source of information between the family and a myriad of community agencies. Partnering community agencies contribute "partners" or staff who work closely with assigned families to assist their utilization of community resources, and to provide crises management, transportation, child care, and other support services. The partners provide the major portion of the direct services to families.

From the beginning, PAC sought to be consistent with two emerging trends in criminal justice. First, the program participated with the Department of Corrections' emphasis on the principles of Restorative Justice, thereby requiring (where appropriate) and monitoring offender restitution and community-service. Second, PAC endeavored to focus on criminogenic needs. That is, consistent with the Principles of Effective Intervention (see Andrews, Bonta, & Hoge, 1990; Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990), the program was designed to target the major risk factors of future offending, including:

- Criminal associates.
- Criminal attitudes.
- Antisocial personality patterns.
- Family functioning.
- School/work.
- Substance abuse.
- Use of leisure time.

In addressing these criminogenic needs, PAC staff provide informal direct services to families and access services provided by partner agencies and other community service providers. Included in this wide array of resources are two licensed family therapists, additional treatment staff, and probation/parole agents and residential officers servicing the Department of Corrections for the Sixth Judicial District. For

purposes of planning and organization, PAC services are grouped according to four domains:

- Workforce and Educational Development Domain: This domain encompassed services designed to improve employability, job skills, and retention. The program provides intensive employment and educational services through Kirkwood Community College. These include access to career assessment and comprehensive career planning services. In addition, educational programs available through the educational center at the DOC and other community agencies afford opportunities for remedial educational, GED or college credits. Depending upon the nature of the plan, families may also utilize a variety of additional community-based job service agencies.
- Community Corrections Domain: Goals pertinent to Restorative Justice are addressed through the Department of Corrections. These include restitution and other forms of victim reparation, community service, service learning opportunities, and victim empathy classes. Additional services targeted to criminogenic needs include assessment of offender risk and needs and cognitive-behavioral programming.
- Mental Health, Health, and Substance Abuse Domain: Services falling under this domain are administered to the large proportion of correctional clients with substance abuse needs (between 60 and 80% of all offenders) and those with mental health needs (comprising approximately 20% of the offender population). PAC services in these areas involve not only referrals to outside agencies but monitoring clients' compliance with medication and other conditions of therapy.
- Social and Environmental Domain: This domain affords services to improve family functioning and community involvement. These services are often directly provided by the Family Partners. They could include in-home assistance to address needs of children, home health and safety considerations, and attention to basic needs of food, clothing and shelter. Partners also served as advocates to improve families' relationships with schools, public assistance, community recreation, and other community support agencies. Transportation and access to public transportation also fall under this domain. Finally direct services to improve dysfunctional family relationships through family therapy and crises management are key to this domain.

Program Goals:

The services listed above come together to address the following broad goals for clients:

- To strengthening the family unit.

- To strengthen the offender's and his/her family's involvement in the community.
- To address the principles of Restorative Justice.
- To utilize Principles of Effective Intervention (Andrews, Bonta, & Hoge, 1990; Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990; Andrews & Bonta, 1998) in addressing offender and family needs.

Program Processes and Service Delivery Model

This section details manner in which families progress through various stages of the PAC program. Our discussion follows the flow chart shown in Figure 1.

Program Intake and Selection: Referrals to PAC may come from multiple-entry points, i.e., any of the participating agencies. However, to be accepted into the program, families are required to meet the following 7 criteria:

- At least one adult in the family must be a state correctional client.
- Alternatively, families may be admitted to PAC if at least one child is in foster care and the family seeks reunification.
- Clients must be parenting at least one minor child in the home.
- At least one child must demonstrate some level of risk.
- The family must be assessed as having multiple needs, e.g., in at least three of the four domains.
- The family must demonstrate potential to benefit from PAC services, as demonstrated by favorable prognostic indicators from the CMC, LSI, or other assessments.
- The family must demonstrate an investment in family preservation.

Upon receiving a referral from either DOC or one of the other participating agencies, the family coordinator obtains DOC records and schedules an intake meeting. The meeting is attended by the Family Coordinator, representatives from the partner agencies, the offender's probation/parole officer, and one of the two family therapists servicing DOC. This first meeting begins a period of assessments and information

gathering which may last from 4 weeks to two months. Relevant assessments are conducted during this time period. These include the Level of Service Inventory (LSI) (risk/needs assessment), and any educational, vocational, mental health or other assessments deemed necessary.

This time period is not limited to assessment and information gathering. Crises management and other forms of assistance and referrals may be arranged as needed. Moreover, the offender and family members may have several contacts with the Family Coordinator, one of the family therapists, or an agency partner. Finally, probation or parole supervision will already have begun during this time period.

First Family Unity Meeting: Following the assessment and planning period, the first of several Family Unity Meetings is held. These meetings closely resemble the Family Unity Model developed in child welfare agencies of Oregon (see Graber & Nice, 1998). The model operates from a philosophy of utilizing and building upon family strengths and support systems. Every effort is made to avoid clinical practices which detract from family strength and autonomy. For example, language is structured to avoid advice giving, fixating upon “problems”, and referring to parents and children as “clients” or “cases.” In the place of such practices, problems become “concerns”, advice becomes “options”, and listening, complimenting, observing and encouraging takes the place of directing,

The Family Unity Meetings are attended by the offender, spouses/partners, other invited family members, and by other support persons. PAC also suggests the attendance of probation officers, family therapists and agency partners. The goal of the meeting is to prepare a plan for family support and service delivery along with short-term and long-term family goals. The plan is intended to be primarily family-generated. It identifies and coordinates community support and services. Finally, the plan lists the expectations of family members, community agencies, partners, and support people.

The Family Unity Meeting proceeds through the following steps: a) introductions, b) statements of purpose, c) identification of issues and concerns, d) discussions of family strengths, e) family members’ identification of options for ameliorating concerns, f) suggestions of additional options from staff and other group

members, g) construction of a plan for putting the options to work, and h) statements of commitment to the plan.

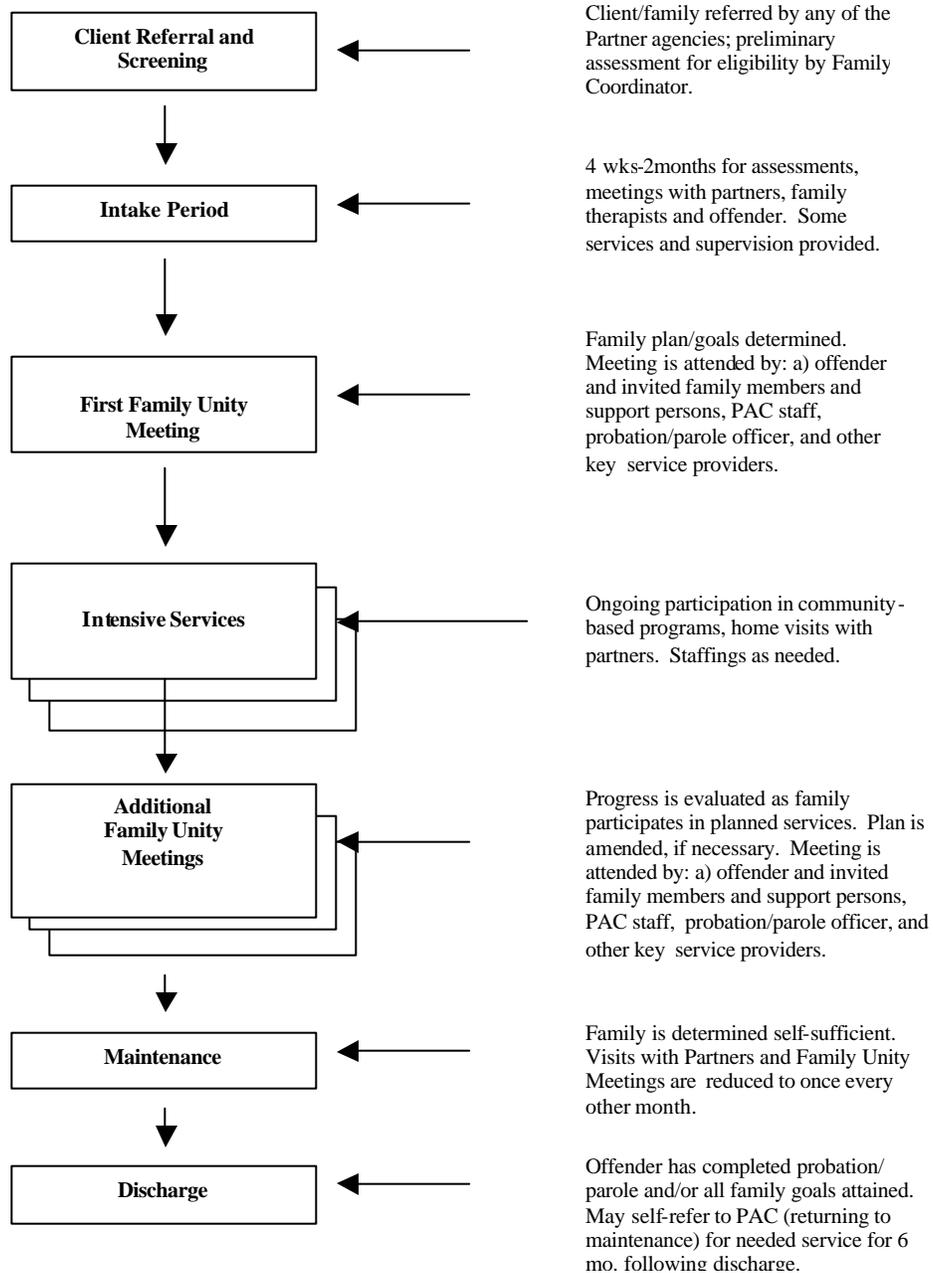
The philosophy of the Family Unity Model is that child welfare agencies and criminal justice agencies are over-utilizing litigation and under-utilizing collaboration, and negotiation to make healthy decisions for families and communities. The model draws from Family Group Conferencing (see Alder & Wondersitz, 1994), a Restorative Justice approach first developed in New Zealand.

Intensive Service-Delivery: The service plan involves frequent home visits by the agency partner and numerous referrals to community agencies and services. The Family Coordinator and the Partners hold staffings throughout this period. The plan can be amended over this most active phase of program participation. Additional Family Unity Meetings are held every month. During these meetings the plan is reviewed and amended (if need be). Progress toward meeting family goals is evaluated and discussed.

Maintenance: The family moves to a maintenance phase of the program when it begins to achieve goals identified on the service plan and when staff and family members consider the family to be self-sufficient. During this time period, the Partner's service to the family involves a home or office visit every other month or as initiated by the offender or a family member. Service provided by referral source may continue on an as-needed basis. Family Unity Meetings are held every other month.

Discharge: Upon the completion of probation or parole or upon the attainment of all family goals (whichever comes first), the client and the family is discharged from PAC caseloads. For a period of 6 months following discharge, however, families may use a self-referral to PAC staff for needed services or consultation. Again, service provided by other referral agencies may be ongoing.

Figure 1.
Flow Chart Client Service Delivery Model



Methodology

Typically, the methodology section of a technical report presents measurement, sampling, and data analysis strategies used in the evaluation. Readers view the methodology section as essential to their interpretation of the actual research findings. Nevertheless, methodological issues are considered to be peripheral to the actual research findings. For this project, however, the construction of performance measures along with a system for collecting data pertaining to them was one of its two goals. Much, if not most, of the time devoted to the project was given to the construction of a data management system which could be used on an ongoing basis to monitor PAC activities and accomplishments. Therefore, we devote considerable attention to describing the resulting system along with procedures used to construct it.

This section is divided into two parts. The first details the data management system, and the second discusses methodology used in the process evaluation reported in the subsequent results section of the report.

Data Management System

Background: This portion of the project endeavored to design process and outcome performance measures for use in a family service project such as PAC. The desired product was a system of instruments, and data collection procedures that could be placed on a menu-driven interactive computer platform. The clear advantage to such a system is that it can be used at any time to generate process or outcome reports for the agency and its stakeholders.⁴ The information system then obviates the need for inefficient hand counts every time a stakeholder issues a mandate for accountability. In addition, data can be accessed to generate evaluations at any point in time. With public sector agencies rapidly moving toward performance-based budgeting, these technologies are becoming essential.

Programs such as PAC present special challenges to evaluators because, in contrast to more traditional interventions, they are not linear. In other words, the

⁴ The contract with the University of Cincinnati was to develop the measures themselves. The contract did not involve a more expensive process of transferring these measures to computer software and platforms.

evaluation is not accounting for a simple beginning, where one treatment target is screened for, a middle, where the quality of one service is accounted for, and an end, where one to five outcomes are measured (see Van Voorhis, Cullen, & Applegate, 1995). Holistic, “wraparound,” multi-service, programs are much more complex---especially holistic family programs. Each family presents several clients, and the family itself is also considered a client. Treatment targets vary from one family to the next. Family members are then linked to a myriad of community agencies rather than to a single program.

Responses to the notion of measuring such complexity are interesting. We have heard or read all of the following. “You just have to measure everything.” “You are relegated to qualitative, observational studies.” “It can’t be done.” The issue of model complexity has most recently been raised with respect to Restorative Justice programs (see Presser & Van Voorhis, 2002).

Notwithstanding the inherent difficulties, it is naive to assume that policy-makers and funders will tolerate anything less than empirical findings. Our approach was to consult a number of existing models for evaluating family service approaches. We were especially informed by Scott Henggeler’s evaluations of Multisystemic Family Therapy (see Henggeler & Borduin, 1990; Borduin, Mann, Cone, Henggeler, Focci, Blaske & Williams, 1995; Henggeler, 1997) and by existing assessments and scales which tapped multiple needs, ideally of multiple persons. While it certainly is possible to evaluate a program with linkages to a network of community agencies, the evaluation model, and the data management system is always larger than a similar evaluation model for a single program, e.g., a cognitive intervention for high-risk offenders.

Our process toward developing a model for PAC involved collaboration with PAC staff over several meetings. We first sought an understanding of the workings of the program and its procedures. We then drafted several data collection instruments and assembled options for pre-tests and post-tests. These were reviewed and amended by PAC staff. Finally, we piloted the research instruments and identified additional ways in which the forms could be streamlined and adjusted further.

Instruments and Procedures: The project developed or adopted seven data collection forms. These forms, along with the data collection procedures are depicted in

Figure 2 and shown in Appendices A through F. As shown in Figure 2, the research design calls for administrating the various forms at time points corresponding to key program stages (see also Figure 1). Figure 2 assumes a pre-post evaluation design which is appropriate to situations where the findings are intended to be accessed on an ongoing basis. In a pre-test, post-test design, we compare program outcomes for participants to their pre-program status, rather than to the results for a comparison group.⁵

Of the seven instruments designed for this program, four contain process measures and three collect outcome measures. They are discussed below.

Process Measures

Process evaluations seek to describe programs in terms of the types of clients served and the types of services delivered. They should also address the quality of these services (see Van Voorhis, Cullen & Applegate, 1995). We can answer a host of questions on the basis of these measures, such as: a) Did the program provide services to the intended clients or did it end up serving a different target population?, b) What services were actually delivered?, c) Which community agencies were most likely to become engaged in delivering services?, d) Was the dosage of service adequate, i.e., did clients participate in program services for enough time to receive intended benefits?, e) Did clients demonstrate sufficient progress and effort toward completing program goals?, or e) In the estimation of clients or other service providers, were program staff effective?

Process evaluations often compare the results of process measures to standards established for our field, e.g., the principles of effective intervention (see Andrews, Bonta, and Hoge, 1990; Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990), Best Practices, or other correctional standards. One question however, does not get answered: Regardless of whether the services were good or bad, how did the clients change?

⁵ This data collection system could also be used with comparison groups for a more rigorous research analysis, but formation of the comparison groups is something that is more meaningful to one time evaluations rather than to ongoing data reporting to stakeholders.

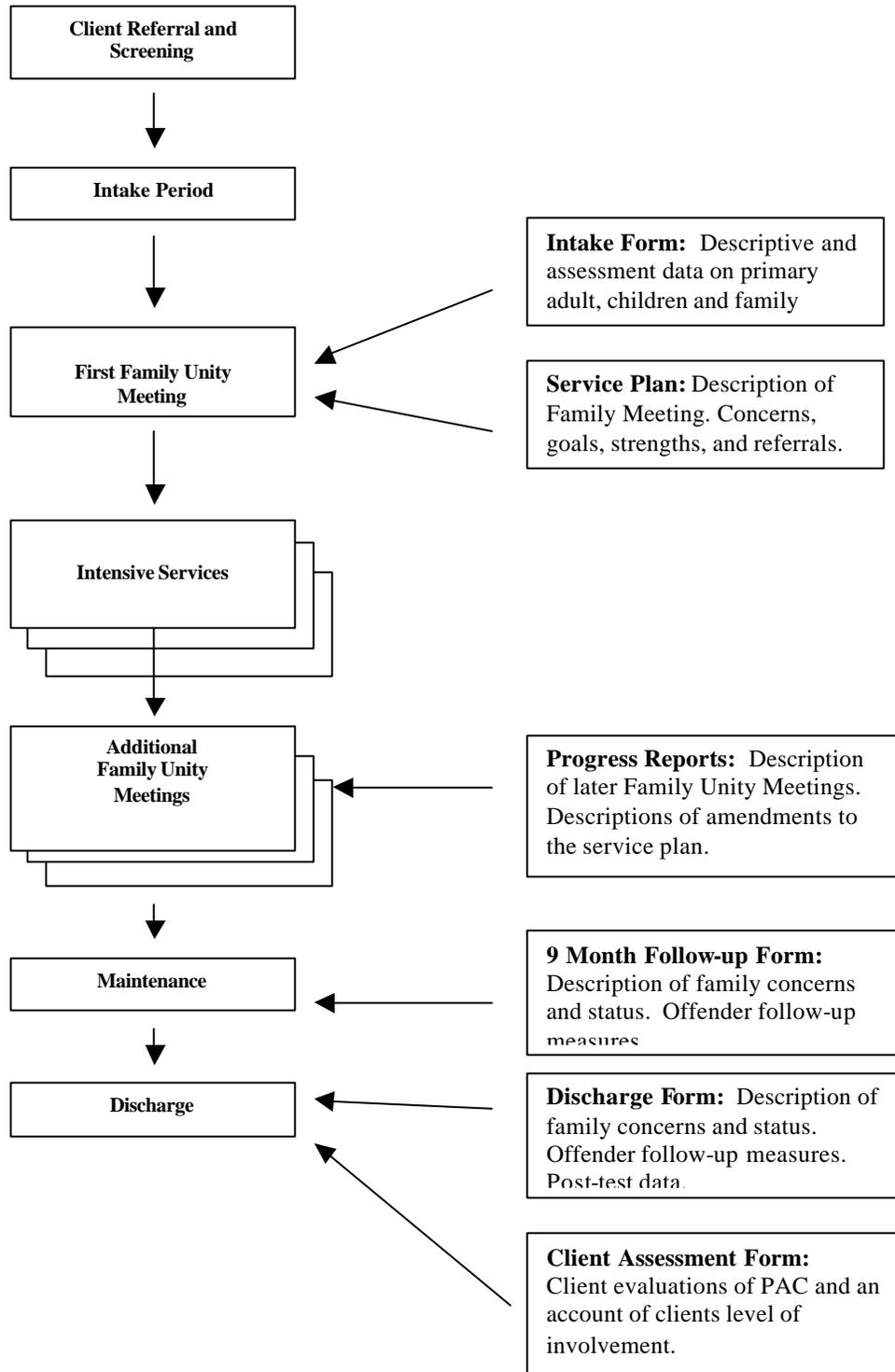
Process measures designed for PAC include; intake descriptions of families upon their entry into the program; descriptions of the service plan for each family; staff evaluations of clients' participation, and clients' assessments of the helpfulness of PAC staff and services. We discuss each form in turn.

Intake measures: Between the intake meeting and the completion of the First Family Unity meeting, PAC staff, usually the Partner assigned to the family, complete the Intake Form (see Appendix A) This form collects data pertaining to the primary adult (the adult family member with a criminal conviction who is responsible for the family being referred to PAC) and other family members. It describes: a) demographic characteristics, b) marital status (and role within the family), c) health and mental health, d) employment and financial assistance, e) assessment scores (e.g., LSI, Jesness, CMC, Iowa Matrix, and ASEM), and f) criminal record.

The intake form also furnishes data on children of the primary adult according to: a) demographic characteristics, b) whether or not they are living with the primary adult, c) school performance, d) involvement with juvenile courts or child protective agencies (as abused or neglected), e) health and mental health status, f) problematic behaviors, and g) social support.

Finally, the intake form characterizes the family according to: a) role(s) of other adults living in the home, b) criminal involvement of other adults, c) history of domestic violence, d) supportiveness of family relationships, e) needs pertinent to the family, and f) family income, and g) status with respect to family assistance.

Figure 2.
Data Collection Procedures and Instruments



Service Plan: An accounting of the service delivery model begins with the First Family Unity Meeting and is updated at every Family Unity Meeting thereafter. As shown in Figure 2, the Service Plan (see Appendix B) is completed after the First Family Unity Meeting. The Service Plan seeks to describe both the Family Unity Meeting and the treatment plan which results from this meeting. It is completed by the Family Coordinator or the Partner assigned to the family. The meeting is recorded in terms of: a) the time interval between intake and the First Family Unity Meeting, b) the roles of support persons attending the meeting, and c) staff ratings of the support extended to the family (on a scale ranging from 1 to 5). In addition, the Service Plan form collects data regarding family strengths and concerns demonstrated at the time of this meeting. Concerns are categorized according to whether they are concerns pertaining to the primary adult, the family, or to one or more of the children. Concerns are further recorded in terms of whether or not PAC will be targeting the concern for services.

The Service Plan form also lists the goals for the family and the domains under which the goals fall (e.g. as listed above, workforce/educational, social/environmental, substance abuse/health/mental health, and DOC). The form concludes with a listing of each programmatic referral made to outside community agencies with linkages to PAC.

Progress Reports: These are completed at each Family Unity Meeting held after the first one (see Appendix C). To cut down on computer space and facilitate interpretation of findings, the progress report variables are designed to be “written over” whenever a progress report meeting changes a goal or a referral. The data base, in other words, really contains only one progress report. If a goal is added or achieved, we add that to the template or change an earlier score. The data analysis and process evaluation then reports the progress as of program completion. In other words, we do not form this picture by comparing all progress reports; we build onto a single progress report template. Progress reports register the level of progress, on a scale of 1 to 4 of all goals set during the First Unity Meeting. They list all referral agencies and the level of participation shown by clients. Finally, the form records the number of direct contacts and staffings conducted since the previous Family Unity Meeting.

The only variables that are not written over by subsequent progress reports are those describing each Family Unity Meeting. The data base provides for a description of

each meeting according to: a) the time intervening between it and the previous meeting, b) the level of support shown to the family at the meeting, and c) the role of participants attending the meetings.

Participant Evaluations: The final process evaluation form completed by the primary adult client at discharge (see Appendix D). This is a client satisfaction form that assesses the quality of service delivery components of the program. Clients react to questions pertaining to: a) the relevance of programs they attended, b) the quality of their relationship with their partner (e.g., respect, honesty, helpfulness, reinforcement, enthusiasm, and clarity), c) level of support received from community and family members, and d) ongoing perception of avenues where help can be received. The questions inquire about the quality of the Family Unity Meetings. Finally, clients are asked about the quality of their family's relationships, their community involvement and their own level of participation in community activities.

Outcome Measures

Pre-test/Post-test Measures: A number of test were examined for their usefulness in showing individual or family change over the course of their involvement with PAC. We sought tests that would reflect multiple levels of service delivery that could either be administered to the primary adult, at risk children, or to the family as a whole. The LSI (Andrews & Bonta, 1995) was one such measure. When compared to the intake LSIs, discharge LSIs would measure whether risk scores for the primary adult had increased, decreased or stayed the same. The dynamic needs scores comprising the total risk score were relevant to PAC referrals and direct services. Moreover, the fact that PAC was an intensive case management model designed to target many criminogenic needs along with other family needs was also key to the structure of the LSI.

Similar, assessments were examined for children, since they too received some level of services. Children's assessments included the Achenbach Child Behavioral Checklist (Achenbach, 1991) and the Behavioral Assessment System for Children (Reynolds, & Kamphaus (1992). In addition, we reviewed the following family measures: a) a series of Family Inventories (Olson, Portner & Bell (1982), b) Parenting

Stress Index (PAR), c) Coping Scale for Adults/Children (PAR), d) the Family Relationship Questionnaire (Henggeler & Tavormina, 1980), and e) the Family Bonding Scale (Cernkovich & Giordano (1992).

Following this review, two assessments were recommended---the LSI-R (Andrews & Bonta, 1995), and the Family Adaptability and Cohesion Evaluation Scales-II (FACES II) (Olson, Portner & Bell (1982)(see Appendix E). The LSI-R was already being used on a wide scale throughout the State of Iowa. FACES-II is one of the instruments contained in the Family Inventories, cited above. It was chosen because it had established validity, and agencies similar to PAC had considered it sensitive enough to serve as a pre-test/post-test evaluation measure. Moreover, FACES was not affected by the class and race biases that often are seen with other child and family assessments. Finally, FACES-II tapped measures pertaining to community involvement as well as family functioning.

Follow-up Forms: Outcome data were also obtained through follow-up forms administered to families 9 months following the First Family Unity Meeting and at Discharge (see Appendix F). At both time points, these forms recorded LSI scores, whether or not the primary adult had moved to maintenance, during program recidivism or technical violations of the primary adult, employment status, and receipt of financial assistance. Measures pertinent to children included: a) out-of-home placements occurring while on the program, b) school performance, c) involvement with juvenile court or child protective services, d) PAC staff ratings of the quality of the relationship with the primary adult, and e) PAC staff ratings of the level of social support directed to the child. Finally, family outcome measures collected on this form identify: a) the types of outstanding concerns remaining by 9 months into the program and at discharge, b) marital status/number of adults living in the home, c) quality of support shown in adult relationships, d) receipt of financial assistance, e) family income, f) domestic violence, and g) criminal behavior of other family members

Data Analysis Plan:

Results of the process evaluation are presented in the next section. As with most process evaluations, these are univariate, descriptive tables of the adults, children and

families served along with the descriptive measures pertaining to the nature of the goals identified and services recommended.

Where possible comparisons of outcomes to pre-program measures are also presented. It is important to note, however, that University of Cincinnati contract was established when 15 families had already entered the program and some were close to discharge. This precluded any opportunity to obtain baseline assessments on the FACES-II test. Other pre-program measures including the LSI had to be reconstructed by PAC staff from client records. This would not have prevented a pre-post assessment of changes in LSI scores, but staff made no provisions to administer the LSI at discharge. In addition post tests of clients on the FACES II test, along with client satisfaction surveys were simply not administered.

Results

Description of Individuals and Families Served by Partners in Accountability:

This description of offenders and families is presented in three ways. First, we describe the group of primary adults whose conviction led to a referral to PAC. Second, we describe the families served by PAC, and third, we present data for all of the children participating in the program.

At the outset, PAC admitted 29⁶ families between 10/08/98 and 12/9/00. This figure gets considerably larger when the number of children and spouses/partners are added. Forty two children and 19 spouses/partners participated in PAC services.

Primary adults are described in Table 1. Most of these individuals were women (66.7 percent) and mothers (63.0 percent). One participant was a grandmother. PAC also

⁶ The evaluation secured data for 27 families. Of the two missing cases, one primary adult never participated in the program and another had an incomplete file which could not be reconstructed for research purposes.

Table 1: Social, Demographic, and Criminal Record Characteristics of the Primary Adult at Program Intake.

Intake Characteristic	N	Percent
<u>Social/Demographic</u>		
Sex		
Male	8	33.3
Female	18	66.7
Total	27	100
Age		
18-28	10	38.5
29-38	8	30.7
39-48	7	26.9
49-58	1	3.8
Total	26	100
Mean age	30.81	
Median age	31.00	
Family role of primary adult		
Mother	17	63.0
Father	8	29.6
Stepfather	1	3.7
Grandmother	1	3.7
Total	27	100
Race		
Black, African American	4	14.3
White, non-Hispanic	22	82.1
Multiracial	1	3.6
Total	27	100
Highest level of education attained		
Completed grade school	1	3.7
Some high school	14	51.9
Completed high school	4	14.8
Some school	7	25.9
Completed college	1	3.7
Total	27	100
Difficulty maintaining employment		
Yes	16	59.3
No	7	25.9
Don't know	4	14.8
Total	27	100

Table 1: Social, Demographic, and Criminal Record Characteristics of the Primary Adult at Program Intake (cont.)

Intake Characteristic	N	Percent
Employment (6 months prior to intake)		
Not working/Unemployed	7	25.9
Not working due to disability, student status or parenting responsibilities	5	18.5
Volunteer	4	14.8
Part Time	8	29.6
Full Time	3	11.1
Total	27	100
How long employed as of intake		
0-6 months	8	57.1
7-12 months	3	21.4
13-18	0	0.0
19- 24	1	7.1
More than 24 months	2	14.3
Total	14	100
Mean months employed	25.00	
Median months employed	5.00	
Reason for difficulty maintaining employment ^a		
Substance abuse	13	46.4
Mental Health Problems	8	28.6
Physical Disability	3	10.7
Felony Record	4	14.3
Arrest	5	17.9
Impulsivity	6	21.4
Lack of transportation	10	35.7
Lack of motivation	8	28.6
Lack of job skills	4	14.3
Other	21	75.0
Receiving financial assistance (e.g disability or unemployment)		
Yes	5	28.5
No	22	81.5
Total	27	100

^a This item has a response that requires respondents to check all that apply. Due to the possibility of multiple responses, the summed percentage may be greater than 100.

Table 1: Social, Demographic, and Criminal Record Characteristics of the Primary Adult at Program Intake (cont.)

Intake Characteristic	N	Percent
Mental Health Diagnosis^a		
None	16	57.1
Depression	9	32.1
ADHD	1	3.6
PTSD	2	7.2
Personality Disorder	1	3.6
MH diagnosis received past 5 yr.	10	35.7
Suicide attempt		
Yes	9	36.0
No	16	64.0
Total	25	100
Reasons for referral to PAC^a		
Non-domestic criminal offense	14	50.0
Domestic criminal offense	6	21.4
Drug/alcohol abuse	14	50.0
Child abuse/neglect	1	3.6
Abuse of spouse/partner	3	10.7
Serious Mental Health needs	4	14.3
Sex offender status	2	7.1
Chronic unemployment	7	25.0
Other	5	17.9
Traffic	1	3.6
Forgery	7	25.0
Class D Felony	1	3.6
Indecent Exposure	1	3.6
Referral source		
Department of Human Services	1	3.7
Department of Corrections	26	96.3
Juvenile Court	0	0.0
Other	0	0.0
Total	27	100
Level of Supervision Inventory		
Assessment not available	10	37.0

Table 1: Social, Demographic, and Criminal Record Characteristics of the Primary Adult at Program Intake (cont.)

Intake Characteristic	N	Percent
LSI total risk levels (Insufficient N)		
Highest risk (41-47 pts.)	3	16.7
Medium/High risk (34-40 pts.)	4	22.2
Moderate risk (24-33 pts.)	7	38.9
Low/moderate risk (14-23 pts.)	4	22.2
Low risk (0-13 pts.)	0	0.0
Total	18	
Criminogenic Needs as listed on LSI ^a (Insufficient N)		
Education	12	80.0
Financial	11	73.3
Family/Marital	14	93.3
Accommodation	4	26.7
Leisure/Recreation	7	46.7
Companions	9	60.0
Alcohol/Drug Problem	8	53.3
Emotional/Interpersonal	8	53.3
Criminal Attitudes	5	33.3
Iowa matrix designation (Insufficient N)		
Moderate Control/Mod. Treatment	1	11.1
Elevated Control/ Mod.Treatment	2	22.2
Elevated Control/Elevated Treatment	1	11.1
High Control/Undetermined	1	11.1
High Control/ Elevated Treatment	2	22.2
High Control/ High Treatment	2	22.2
Total	9	
Assessment not available	19	67.8
ASEM		
Assessment not available	27	96.4
Level 1	1	3.6
Total	28	100
Current offense ^a		
Drug/Alcohol Related Crime	15	55.5
Non-Domestic Violent Crime	7	25.9
Domestic Crime	2	7.4
Theft	7	25.9
Traffic	1	3.7
Forgery	7	25.9
Class D Felony	1	3.7
Indecent Exposure	1	3.7

Table 1: Social, Demographic, and Criminal Record Characteristics of the Primary Adult at Program Intake (cont.)

Intake Characteristic	N	Percent
Did the offense involve domestic violence?		
No	23	88.5
Yes, against spouse or live-in partner	2	7.7
Yes, against child/children	0	0.0
Yes, against an elderly adult	1	3.8
Total	26	100
Number of prior arrests		
None	0	0.0
One – two	8	29.6
Three – five	6	22.2
Six or more	13	48.1
Total	27	100
Mean	7.96	
Past conviction offenses		
Drug/Alcohol Related Crime	9	37.5
Non-Domestic Violent Crime	10	41.7
Domestic Crime	1	4.2
Theft	7	29.2
Forgery	3	12.5
Carrying concealed weapon	1	4.2
Disorderly conduct	1	4.2
Number of prior incarcerations		
None	5	20.8
One - Three	11	45.8
Four or more	8	33.3
Total	24	100
Mean	3.29	
Prior convictions for violent offenses		
None	16	64.0
Multiple domestic incidents	1	4.0
Multiple violent incidents not involving a family member	5	20.0
Multiple violent incidents involving family members and non-family members	1	4.0
One domestic violent incident	2	8.0
Total	25	100

admitted 8 fathers and one step-father (33.3 percent of the primary adults). Ages of the participants ranged from 19 to 58; most (69.2 percent) were less than 39 years of age. The majority of primary adults were white (82.1 percent).

Over half of these individuals did not graduate from high school, and only 11 (40.7 percent of the group) were employed on a part-time or full-time bases as of 6 months prior to their admission. Sixteen offenders (59.3 percent) were rated by staff as having difficulties maintaining a job, and 5 offenders were reported to be receiving financial assistance in the form of disability or unemployment benefits. The source of the employment problems were varied, however, most were attributable to substance abuse, lack of transportation, lack of motivation, or mental health problems.

Mental health diagnoses were present for 12 or 42.8 percent of the participants. Four of these were considered to represent serious needs. Specific diagnoses included: a) depression (N=9; 32.1 percent), b) attention deficit/hyperactivity disorder (N=1, 3.6 percent), c) post-traumatic stress disorder (N=2; 7.2 percent), and d) personality disorder (N=1, 3.6 percent). Nine of the primary adults had attempted suicide at least once.

Staff appeared to have only limited access to assessments that might have informed their service plans. For example, LSI scores were not available for 10 (37 percent) of the primary adults and Matrix scores were unavailable for 19 (67.8 percent). This may be attributable to a policy of conducting LSI assessment for only those offenders found to score as medium to high risk on the Iowa risk assessment instrument. Even so, assessment of low risk offenders would identify key criminogenic needs that could then assist the development of case plans. In addition, a comparison of pre-test and post-test LSI scores would be an extremely valuable outcome measure for PAC.

Of those offenders with LSI scores available, risk levels were as follows: Highest risk (41 to 47 points), 16.7 percent; medium/high risk (34 to 40 points), 22.2 percent; moderate risk (24 to 33 points), (38.9 percent); low moderate risk (14 to 23 points), 22.2 percent, and low risk (0 to 13 points), 0.0 percent. We should note, however, that group distribution on LSI total scores and need distributions are highly misleading due to the high proportions of missing data. The same might be said for Iowa Matrix scores, where data were missing for 19 or 67.8 percent of the sample. ASEM data were presented for only one family, a rather surprising finding given the large proportion of offenders with substance abuse issues.

Primary adults committed a total of 41 offenses. The majority of offenders were involved in substance abuse-related crimes (55.5 percent). In addition, non-domestic violent crimes (25.9 percent), theft (25.9 percent) and forgery (25.9 percent) also involved relatively high proportions of these participants. The overwhelming majority of referrals (96.3 percent) emanated from the Department of Corrections for the 6th Judicial District. Reasons for the referrals were somewhat broader than criminal behavior per se. As shown in Table 1, staff cited domestic discord, substance abuse, chronic unemployment, and serious mental health needs as among the additional reasons for referring offenders to PAC. A total of 3 offenders committed an offense involving domestic violence. Of these, 2 involved a spouse or live in partner and one involved an elderly adult.

PAC served adults with fairly extensive prior records. All primary adults had at least one prior arrests. All but 5 adults had served some time in jail or prison. Eight offenders (32.0 percent) had at least one violent offense on record. For 6 of these 8 individuals, prior records indicated multiple incidents.

Children (Family Counts): Caution must be taken in reading the percentage column in Table 2. We intended this section to describe PAC families in terms of the children living in them. Readers will note, however, that the base of the percentage figure changes rather frequently. One reason for this is that the family may not have needed to be assessed on the variable. For example, only families with school age children have school related information collected. Another reason for the “floating N” is missing data. If a data collector left an item blank, University of Cincinnati staff did not always know why this was done. There were some inconsistencies in the data collection instruments. Twenty-two (78.6 percent) of the families admitted to the PAC program had one or more children; 5 families (17.8 percent) had three or more children. Many of these families were parenting very young children. Sixty three percent of the families were parenting preschool children, and 54.5 percent were parenting children younger

Table 2: Demographic, Social, Educational, and Offender Characteristics of Children in Families Served by Partners in Accountability---Family Counts.

Intake Characteristic	N of Families	Percent
Number of children under age 18 living in the home at first family unity meeting (per home)		
None	6	21.4
One	10	35.7
Two	7	25.0
Three or more	5	17.8
Total of all families	28	100
Mean per home	1.50	
Median	1.00	
Age of Children ^a		
Two or younger	12	54.5
3 – 5 years of age	9	40.9
6-12 years of age	9	40.9
13- 18 years of age	6	27.3
Grade level of children ^a		
Preschool	14	63.6
Grades 1-6	9	40.9
Grades 7-9	5	22.7
Grades 10-12	1	4.5
Ethnicity of children ^a		
African American	2	9.1
White/Non-Hispanic	14	63.6
Hispanic	1	4.5
Multiracial	7	31.8
Number of adjudicated delinquents.		
None	11	91.7
One	1	8.3
Two or more	0	0.0
Total of families adjudicable age children.	12	100
Number of status offenses		
None	12	100
One	0	0.0
Two or more	0	0.0
Total of families with children.	12	100

Table 2: Demographic, Social, Educational, and Offender Characteristics of Children in Families Served by Partners in Accountability---Family Counts (cont.)

Intake Characteristic	N of Families	Percent
Number of incarcerated children		
None	11	91.7
One	1	8.3
Two or more	0	0.0
Total of families with adjudicable age children.	12	100
Number of children with mental health prob.		
None	14	66.7
One	4	19.0
Two or more	3	14.3
Total of families with children.	21	100
Children placed out of home, other than Detention or correctional setting.		
None	18	90.0
One	1	5.0
Two or more	1	5.0
Total of families with children	20	100
Children with school-related difficulties ^a		
Attendance problems	3	25.0
Aggression	2	16.7
Dropout	0	0.0
Learning disabilities	5	41.7
Poor relationships with children	4	33.3
Poor relationships with teachers	1	8.3
Poor school achievement	1	8.3
Total of families with school age children	12	
Children expelled from school		
None	9	75.0
One	3	25.0
Two or more	0	0.0
Total of families with school age children.	12	100
Children not in emotionally supportive Environment.		
None	16	80.0
One	3	15.0
Two or more	1	5.0
Total of families with children.	20	100.0

Table 2: Demographic, Social, Educational, and Offender Characteristics of Children in Families Served by Partners in Accountability---Family Counts (cont.)

Intake Characteristic	N of Families	Percent
Families involved in child abuse/neglect petitions.	10	66.7
Children with additional needs ^a		
Non-family criminal associates	2	16.7
Limited parental supervision	5	41.7
Poor peer relations	6	50.0
Poor use of leisure time	3	25.0
Aggressive behavior	3	25.0
Conflict with parents	4	33.3
Substance abuse	2	16.7
Criminal attitudes/orientation	1	8.3
Gang Involvement	1	8.3
Total of families with children.	12	

^a This item has a response that requires respondents to check all that apply. Due to the possibility of multiple responses, the summed percentage may be greater than 100.

than 2 years of age..

Racial distributions of children in families, find most families (63.6 percent) with white/non-hispanic children; seven families (31.8 percent) had multi-racial children.

Only one family was known to have at least one child who had been adjudicated a delinquent and this child had been incarcerated. This figure comprises 8.3 percent of all families with children old enough to be adjudicated and 4.5 percent of all families with children. No families were noted to have children declared status offenders. Seven families reported at least one child with a mental health diagnosis (33.3 percent of families with children). Two families (10.0 percent) had children placed out of the home in a placement other than a correctional facility.

Only three families (25.0 percent of families with school-age children) reported a child had been expelled from school. School problems were nevertheless apparent, as indicated by: a) attendance problems (25.0 percent of families with school-age children), b) aggression (16.7 percent of the families), c) learning disabilities (41.7 percent), d) poor

relationships with other children (33.3 percent), e) poor relationships with teachers (8.3 percent), and f) poor school achievement (8.3 percent).

Four families (20.0 percent) were rated by staff as having at least one child in an emotionally unsupportive environment. Even so, PAC staff reported that at least 10 families (66.7 percent) had children who were believed to have been involved in parental abuse or neglect. In addition to child safety, the following needs were detected among families: a) children with criminal peers (N=2; 16.7 percent), b) limited parental supervision of children (N=5 families, 41.7 percent), c) poor peer/friendship relationships (N=6; 50.0 percent), d) poor choices regarding use of leisure time (N=3; 25.0 percent), e) aggressive behavior (N=3; 33.3 percent), f) conflict with parents (N=4; 33.3 percent), g) substance abuse (N=2; 16.7 percent), h) criminal attitudes (N=1; 8.3 percent), and i) gang involvement (N=1; 8.3 percent).

Characteristics of all Children Served by PAC:

This section aggregates data differently than the previous section. We discuss the characteristics of the total population of children served by PAC. The families served by PAC had a total of 42 children below age 18. Their characteristics are presented in this section and reported in Table 3. If we appear to portray a more troubled picture than that presented with respect to families, above, it is because a single family may have numerous troubled children. This family is counted as 1 on Table 2; however, the family could account for several troubled children in the children counts shown in Table 3.

As for the demographic characteristics of the group of children being raised by families approaching PAC, approximately half of the children are quite young (below age 5)(52.4 percent), and an additional 33.3 percent are between the ages of 6 and 12. Fourteen percent are teenagers. The group evidenced a similar proportion of male (54.8 percent) and female (45.2 percent) children. Not surprisingly, most lived with their mothers (66.6 percent); this figure, however, was close to being equally divided between children who lived with: a) both parents, b) the mother only, and c) the mother and another adult. Twenty one percent of the children continued to live with both biological parents. Children living with fathers or with fathers and another adult comprised only 14.2 percent of all of the children served by the program. In contrast, 19 percent of the children lived with other adults.

Table 3: Demographic, Social, Educational, and Offender Characteristics of Children in Families Served by Partners in Accountability---Children Count.

Intake Characteristic	N	Percent
Age		
Below age 3	13	31.0
3-5 years of age	9	21.4
6-12 years of age	14	33.3
13 – 18 years of age	6	14.3
Total	42	100
Sex		
Male	23	54.8
Female	19	45.2
Total	42	100
Living arrangements		
Both parents	9	21.4
Mother only	11	26.2
With mother and other adult	8	19.0
Father only	4	9.5
With father and other adult	2	4.8
With relatives	8	19.0
With foster parents	0	0.0
Total	42	100
Grade level of children		
Preschool	20	48.7
Grades 1-6	13	31.7
Grades 7-9	6	14.6
Grades 10-12	1	2.4
Total	41	100
Ethnicity		
African American	8	19.0
White/Non-Hispanic	21	50.0
Hispanic	2	4.8
Multiracial	11	26.2
Total	42	100
Adjudicated delinquent		
Yes	1	3.2
No	30	96.8
Total	31	100
Status offenders		
Yes	0	0.0
No	39	100
Total	39	100

Table 3: Demographic, Social, Educational, and Offender Characteristics of Children in Families Served by Partners in Accountability---Children Count (cont.)

Intake Characteristic	N	Percent
Number of incarcerations		
None	29	96.7
One	0	0.0
Two or more	1	3.3
Total	30	100
Mental health prob.		
Yes	10	25.0
No	30	75.0
Total	40	100
Placed out of home, other than detention or correctional setting.		
Yes	8	25.0
No	32	75.0
Total	40	100
Evidence of learning problems		
Yes	10	47.6
No	5	23.8
Don't know	6	28.6
Total	21	100
Additional school-related difficulties ^a		
Attendance problems	6	28.3
Aggression	5	23.8
Learning disabilities	9	42.9
Poor relationships with children	8	38.1
Poor relationships with teachers	3	14.3
Poor school achievement	2	0.5
Expelled from school		
Never	13	76.4
Once	2	11.8
Two or more times	2	11.8
Total	17	100
Adequate emotional support from Adult		
Yes	33	86.8
No	5	13.2
Total	38	100

Table 3: Demographic, Social, Educational, and Offender Characteristics of Children in Families Served by Partners in Accountability---Children Count (cont.)

Intake Characteristic	N	Percent
Employed		
Yes	2	5.7
No	33	94.3
Total	35	100
Involved in parental abuse or neglect		
Yes	9	21.4
No	33	78.6
Total	42	100
Additional needs ^a		
Non-family criminal associates	11	26.2
Limited parental supervision	22	52.4
Poor peer relations	16	38.1
Poor use of leisure time	9	21.4
Aggressive behavior	15	35.7
Conflict with peers	17	40.5
Substance abuse	4	9.5
Criminal attitudes/orientation	2	4.8
Gang involvement	3	7.1
Adequate social support		
Yes	34	80.9
No	8	19.1
Total	42	100
Adequate community support		
Yes	22	52.4
No	20	47.6
Total	42	100

^a This item has a response that requires respondents to check all that apply. Due to the possibility of multiple responses, the summed percentage may be greater than 100.

Of the 42 children: a) 19 percent were African American, b) 50.0 percent were white, c) 4.8 percent were Hispanic, and d) 26.2 percent were multiracial.

Only one child was involved in the juvenile justice system and no children were noted to be status offenders. The adjudicated child had been incarcerated on two or more occasions. Ten (25 percent) of these children were noted by staff to have mental health

problems, and 8 of 40 children (20.0 percent) were placed out of home in a non-correctional assignment (with other relatives).

Learning problems affected 10 or 47.6 percent of these children. Additional school-related problems include: a) attendance (28.3 percent), b) aggression (23.8 percent), c) learning disabilities (42.9 percent), d) troubled relationships with other children (38.1 percent), e) troubled relationships with teachers (14.3 percent), and f) poor school achievement (0.5 percent). Four of the 17 school age children had records of school expulsions.⁷

Five children (13.2 percent) were perceived by PAC staff as not receiving adequate support from parents or parent figures. However, 9 children (21.4 percent) were noted to have been involved in parental abuse or neglect. Additional needs include: a) criminal peers (26.2 percent), b) limited parental supervision (52.4 percent), c) troubled peer associations (38.1 percent), d) dysfunctional use of leisure time (21.4 percent), e) aggressive behavior (35.7 percent), f) conflict with peers (40.5 percent), g) substance abuse (9.5 percent), h) criminal attitudes (4.8 percent), and i) gang involvement (7.1 percent).

Surprisingly, given the level of troubled situations experienced by many of these children, they were rated by staff as having adequate social support (80.9 percent) but many were noted to have limited community support (47.6 percent).⁸

Descriptions of Families: In underscoring the complexity of family service programs, it becomes readily apparent that some descriptors can only apply to the family as a unit unto itself. We note here that, 25.9 percent of the families were two parent homes where both parents were biological parents to their children. An additional 39.3 percent of the families lived in single parent homes. Regardless of family structure, however, only 33.3 percent of the families were living in situations where the relationships between adults seemed supportive. Three or more adults lived in 6 (24.0 percent) of the homes.

⁷ Data on school performance of these children were somewhat incomplete.

⁸ These seemingly inconsistent findings may be an artifact of the fact that data forms for at least 15 families were recreated. Support variables are difficult to recreate at a later point in time.

Table 4: Family Characteristics—Family Counts.

Intake Characteristic	N of Families	Percent of Families
<hr/>		
Living arrangements of primary adults		
Lives alone	11	39.3
Lives with child's other biological Parent	7	25.0
Lives with someone other than the child/Children's biological parent.	6	21.4
Other	4	14.3
Total	28	100
Criminal involvement of other family Members		
Another adult	9	32.1
A child	1	3.6
No other members involved	18	64.3
Total	28	100
Evidence of domestic violence ¹		
No evidence	13	48.1
Directed at children	8	29.6
Directed to adults	12	44.4
Directed towards elderly adults	0	0.0
Inflicted by children	1	3.7
Quality of primary adult's relationship With significant other.		
Primarily supportive	9	33.3
Primarily non-supportive	10	37.0
Not applicable	8	29.6
Total	27	100
How many adults live in the household?		
One	8	32.0
Two	11	44.0
Three or more	6	24.0
Total	25	100

Table 4: Family Characteristics—Family Counts (cont.)

Intake Characteristic	N of Families	Percent of Families
Identified family needs ^a		
Food	12	44.4
Housing	18	66.7
Financial	23	85.1
Medical	10	37.0
Recreation	15	55.6
Safety	13	48.1
Transportation	17	63.0
Domestic Violence	11	40.7
Family Relationship Skills	22	81.5
Household Skills	9	33.3
Parenting Skills	23	85.1
Resolution of adult to adult conflicts in the family	15	55.6
Resolution of adult to adult conflicts in the community	11	40.7
Resolution of adult to child conflicts	11	40.7
Resolution of child to child conflicts	9	33.3
Separation and/or divorce	14	51.9
Physical and/or emotional abuse	14	51.9
Annual family income at intake		
Less than \$10,000	14	51.9
\$10,001-20,000	10	37.0
\$20,001-30,000	3	11.1
Greater than \$30,000	0	0.0
Total	27	100
Is the family receiving financial Assistance?		
Yes	15	55.6
No	10	37.0
Don't know	2	7.4
Total	27	100
Is the family receiving disability insurance? ^a		
Private insurance	0	0.0
Social Security disability	7	25.9
Title IX	12	44.4
Employer provided insurance	1	3.7
County General Assistance	0	0.0
Hawk-I	1	3.7
No	12	44.4

^a This item has a response that requires respondents to check all that apply. Due to the possibility of multiple responses, the summed percentage may be greater than 100.

Exclusive of the primary adult, the adult admitted into the program for his or her current criminal conviction, 32.1 percent of the families had an additional adult involved in the justice system. Only 48.1 percent of these families, as a unit, appeared free of any form of domestic violence/abuse. In contrast to criminal records, noted in Table 1, this variable taps any evidence of domestic violence, rather than those cases which sustained a criminal conviction. Eight of the families (29.6 percent) showed evidence of abuse of children and 12 families (44.4 percent) incurred abuse among adult members.

As shown on Table 4, families' needs were extensive. In fact, most of the needs delineated in Table 4 pertained to most of the families. The profile depicts a families who experience much adversity. Although no category of need described less than 30.0 percent of the families, the highest categories related to family finances, transportation, abuse of other family members and limited parenting skills.

Notwithstanding levels of financial need noted to affect as many as 85 percent of the families, only 55.6 percent of the families were on family assistance, and all families reported family incomes of less than \$30,000 per year. Family assistance spanned social security disability payments, Title IX assistance, and Hawk-I assistance.

Program Services and Activities

Descriptions of Family Unity Meetings:

As noted above, initial and subsequent Family Unity Meetings assessed family strengths and concerns, developed action plans for addressing family concerns, and reviewed/evaluated progress made toward reaching family goals. Table 5 details important aspects of these sessions.

Our data account for 24 initial Family Unity Meetings and 102 subsequent Family Unity Meetings. Discharged cases (N=22) participated in an average of 3.81 Family Unity Meetings throughout the course of their involvement with PAC.

The first meeting was intended to commence by 2 months following intake. Table 5 shows that this was the case for 58.3 percent of the families. The majority of cases (87.5 percent), however, were moved to the initial meeting by the three months following intake, and the average time to the First Family Unity Meeting was 8.75 weeks.

Table 5: Characteristics of Family Unity Meetings.

Program Characteristic	First Meeting		Across Meetings	
	N	%	N	%
Time from intake to First Family Unity Meeting (weeks)				
0-4	5	20.8	45	44.1
5-9	9	37.5	46	45.1
10-14	7	29.2	9	8.8
15-19	2	6.9	2	1.9
20-24	1	4.2	0	0.0
Total	24	100	102	100
Average time to first meeting weeks)		8.75		8.20
Average Number of Family Unity Meetings (closed cases only)		N/A		3.81
Participants to Family Unity Meetings ^a				
Spouse	6	23.1	7	26.9
Girlfriend	4	15.4	3	11.5
Boyfriend	3	11.5	3	11.5
Mother	7	26.9	7	26.9
Father	2	7.6	3	11.5
Grandmother	3	11.5	4	15.4
Grandfather	1	3.8	2	7.6
Stepfather	1	3.8	0	0.0
Stepmother	0	0.0	0	0.0
Brother	0	0.0	0	0.0
Sister	3	11.5	0	0.0
Neighbor	2	7.6	3	11.5
Aunt	0	0.0	0	0.0
Uncle	0	0.0	0	0.0
Cousin	0	0.0	0	0.0
Adult children	0	0.0	4	15.4
Probation Officer	12	46.2	17	65.4
Therapist/Counselor	6	23.1	6	23.1
DHS	7	26.9	10	38.5
Attorney	1	3.8	2	7.6
Linn County Worker	0	0.0	1	3.8
Systems Unlimited Worker	0	0.0	1	3.8
Other	0	0.0	8	30.8

^a This item has a response that requires respondents to check all that apply. Due to the possibility of multiple responses, the summed percentage may be greater than 100.

Table 5: Characteristics of the Family Unity Meetings (cont.)

Program Characteristic	First Meeting		Across Meetings	
	N	%	N	%
Level of Social Support				
1 (no support)	3	12.5	9	8.9
2 (some support)	4	16.7	22	21.8
3 (good support)	9	37.5	61	60.4
4 (completely supportive)	8	33.3	9	8.9
Total	24	100	102	100
Average level of support	2.91		2.73	
Number of contacts between Family Unity Meetings	N/A		N/A	
Average number of contacts between meetings.	N/A		N/A	
Number of staffings between Family Unity Meetings	N/A		N/A	
Average number of staffings Between meetings	N/A		N/A	
Family Strengths ^a				
Strong family relationships	17	65.4	18	78.3
Strong neighborhood ties	3	11.5	4	17.4
Motivation	17	65.4	17	73.9
Sobriety	8	30.8	15	65.2
Housing	9	34.6	15	65.2
Food	6	23.1	12	52.2
Medical	5	19.2	7	30.4
Recreational Activities	5	19.2	5	21.7
Safety of Environment	5	19.2	6	26.1
Transportation	4	15.4	7	30.4
Household Skills	7	26.9	10	43.5
Parenting	11	42.3	12	52.2
Good problem solving skills	3	11.5	8	34.8
Good communication skills	5	19.2	12	52.2
Education	5	19.2	5	21.7
Strong job skills	9	34.6	11	47.8
Good external support system	4	15.4	9	39.1
Other	9	34.6	6	26.1
Budgeting	2	7.7	2	8.7
Change in peer groups	1	3.8	0	0.0
Children a priority	1	3.8	1	4.3
Church involvement	1	3.8	0	0.0

^a This item has a response that requires respondents to check all that apply. Due to the possibility of multiple responses, the summed percentage may be greater than 100.

Table 5: Characteristics of the Family Unity Meetings (cont.)

Program Characteristic	First Meeting		Across Meetings	
	N	%	N	%
Family strengths, continued.				
Good follow through	1	3.8	1	4.3
Honest insightful, optimism	1	3.8	1	4.3
Visitations with son	1	3.8	0	0.0
Work ethic	1	3.8	1	4.3

Subsequent Family Unity Meetings were held within 8 weeks of each other in 89.2 percent of the Family Unity Meetings. On average, the meetings were held every 8.2 weeks.

The meetings were attended by an impressive array of support persons. Most frequently these were agency representatives and probation officers. Spouses were in attendance for 23 percent of the families at the first Family Unity Meeting and over the course of the other meetings they were represented (at least once) in 26.9 percent of all of the Family Unity Meetings.⁹ Close to 40 percent of the primary adults had either a spouse or a boyfriend or girlfriend in attendance for at least two of the meetings. Participation figures for probation officers, DHS personnel, and other agency figures were also quite high.

Support demonstrated during these meetings was rated by staff as good, but not overwhelmingly so. On a scale from 1 (no support) to 4 (completely supportive) the average support scale was 2.92 for the First Family Unity Meeting and remained fairly consistent over time. The average across meetings was 2.73. This variable was not a composite figure, but a true average of each of the meetings.

The Family Unity Model is noted for its emphasis on family strengths, and this became an interesting area of inquiry. During the first meeting, staff portrayed families as motivated (65.4 percent), and many of them were characterized as having strong

⁹ This column attempts to give a summary presentation of meetings over time. To facilitate data processing, we created a composite meeting picture rather than summarized every meeting. The data base requires coders to update the meeting characteristics variables with each new meeting. Therefore, the data are interpreted in this case as the support person being present (or not present) for at least one Family Unity Meeting over the course of program participation. The First Family Unity Meeting is not represented in the composite variable.

family relationships (65.4 percent). The latter seems a bit overly complementary given rather high rates of child and partner/spouse abuse. Some families (42.3 percent) were noted to have strengths in the area of parenting children (42.3 percent). Just the same, it is important to recognize what is not observed in the way of family strengths. We do not for example, see many families portrayed as having strong neighborhood ties, good external support systems, problem solving or communication skills, or transportation options. Together these suggest an element of isolation from community and neighborhood ties.

What do these strengths look like across time? It is interesting to see that as meeting proceeded, family strengths appeared to increase on composite variables. We see increases on most categories over the course of program participation. In the column pertaining to “across meetings” variables are interpreted to mean that the specific strength was noted as present in at least one of the Family Unity Meetings following the first meeting.

Table 6 lists the family concerns identified during the assessment period proceeding the first meeting and during the meeting itself. We view these findings with caution, because it was not always easy to construct this information from case files. Even so, the findings underscore the need for a multi-service delivery model, given the wide array of concerns are listed for the primary adult, the family and children. Foremost among these concerns for the primary adult are: a) education (50 percent), b) financial (50 percent), c) family/marital relationships (54.8 percent), d) substance abuse (69.2 percent), and e) emotional and personal problems (which would include but not be limited to mental illness) (46.2 percent). Concerns for the family were also varied, but the predominate ones were: a) housing (61.5 percent), b) financial (50.0 percent), and c) parenting (50.0 percent). A second level of concerns recognize family conflict and physical and emotional abuse. Notwithstanding the earlier observations that some families were considered to be doing a good job of parenting (see family strengths, above) another group of parents (50.0 percent) were viewed as demonstrating problematic parenting.

Table 6: Concerns Identified at First Family Unity Meeting.

Concerns	Identified		To Be Addressed	
	N	%	N	%
Concerns of the Primary Adult ^a				
Education/Employment	13	50.0	10	38.5
Financial	13	50.0	10	38.5
Family/marital	14	53.8	10	38.5
Accommodation	6	23.1	2	7.7
Leisure/Recreation	2	7.7	2	7.7
Companions	7	26.9	4	15.4
Alcohol/Drug Problem	18	69.2	12	46.2
Emotional/Personal	12	46.2	10	38.5
Criminal Attitudes/Orientation	7	26.9	3	11.5
Gang Involvement	1	3.8	1	3.8
Other Addictions	2	7.7	1	3.8
Other	7	26.9	6	23.1
Concerns of the Family ^a				
Food	2	7.7	2	7.7
Housing	16	61.5	11	42.3
Financial	13	50.0	12	46.2
Medical	4	15.4	2	7.7
Recreation	3	11.5	2	7.7
Safety	5	19.2	3	11.5
Transportation	8	30.8	3	11.5
Domestic Violence	3	11.5	2	7.7
Family Relationship Skills	9	34.6	8	30.8
Household Skills	4	15.4	3	11.5
Parenting Skills	13	50.0	11	42.3
Resolution of adult to adult conflicts in the family	6	23.1	7	26.9
Resolution of adult to adult conflicts In the community	5	19.2	5	19.2
Resolution of adult to child conflicts	5	19.2	6	23.1
Resolution of child to child conflicts	6	23.1	4	15.4
Separation and/or divorce	4	15.4	5	19.2
Physical and/or emotional abuse	4	15.4	3	11.5
Other	8	30.8	7	26.9

^a This item has a response that requires respondents to check all that apply. Due to the possibility of multiple responses, the summed percentage may be greater than 100.

Table 6: Concerns Identified at First Family Unity Meeting (cont.)

Concerns	Identified		To Be Addressed	
	N	%	N	%
Concerns of Children ^a				
Non-family criminal associates	10	38.5	N/A	
Limited parental supervision	15	57.9	N/A	
Poor peer relations	10	38.5	N/A	
Poor use of leisure time	10	38.5	N/A	
Aggressive behavior	12	46.1	N/A	
Conflict with peers	17	65.1	N/A	
Substance abuse	4	15.4	N/A	
Criminal attitudes/orientation	5	19.2	N/A	
Gang involvement	4	15.4	N/A	
Poor academic performance	5	19.2	N/A	
Other addictions	2	7.7	N/A	

The situation of the children of these families fit a profile of limited parental supervision (57.9 percent), b) aggressive behavior (46.1 percent), c) antisocial associates (38.5 percent), d) troubled or limited friendships (38.5 percent), e) conflict with peers (65.1 percent) and f) poor use of leisure time (38.5 percent). Unfortunately, many of these issues are risk factors for future delinquency.

A thorough description of these cases must also call attention to what is not noted to be among the identified concerns. We see very little concern for health, food, gang involvement, and household skills. Domestic violence issues are not identified to the degree that we would expect given earlier findings pertaining do domestic violence within these families, but it may be that they are being addressed in different ways and therefore appear disbursed across variables.

Table 6 also suggest that, perhaps in an effort to prioritize services, PAC did not intend to address all of these concerns. We see, for example, the proportion of concerns to be addressed was lower than the proportion identified. The fact that none of the concerns identified for children were listed for attention is a short coming of our evaluation. Data collection forms do not list a column pertaining to whether the service would be addressed. If we look at referrals for family members in subsequent tables, however, we note that many referrals were pertinent to children.

Treatment Plans and Referral Services:

We move now to an accounting of how PAC actually responded to the concerns demonstrated above. Table 7 shows a list of goals and progress toward addressing those goals. The goals are organized according to the program domains discussed above. The goals are family goals, but some goals (e.g., sobriety) may speak to one family member more than to others. Consistent with identified concerns listed above, program plans most frequently set goals pertaining to: a) the strengthening of family relationships (47.8 percent), b) improving parenting skills (56.5 percent), c) building external support (21.7 percent), d) improving problem solving (21.7 percent), e) addressing financial concerns (30.4 percent) and improving job skills (69.5 percent), f) improving communication skills (30.4 percent), g) encouraging sobriety (73.9 percent), and addressing educational needs (39.1 percent). We present these data with caution because they were complete for only 23 of the families admitted to PAC.

Staff are asked to keep an ongoing accounting of progress toward meeting goals. At each family meeting they are asked to rate such progress on a scale ranging from 1 to 4: a) 1 indicates no progress, b) 2 some progress, c) 3 good progress, and d) goal has been accomplished. Averages shown in Table 7 are for the entire sample, the members of whom were in various stages of program completion. As a result the somewhat low progress ratings may be reduced due to the fact that some families have only begun to address some of these goals, and therefore would not have a score of 3 or 4. A clearer picture is shown in Table 8, because we describe only those families who had been discharged from the program. In Table 8, we observe higher measures of goal attainment, but averages seldom surpass a score of 3 suggesting some limitations to the number of goals attained.

In the course of addressing the various concerns and goals listed above, PAC arranged referrals to numerous community agencies. Table 9 arrays these according to service domains. An attempt was made to follow-up on these referrals to determine whether the primary adult or family members were actually participating in various programs.

The findings underscore the service possible through careful coordination and partnerships among community agencies. PAC accessed approximately 47 distinct

Table 7: Goals and Level of Progress .

Goals	Identified		Average Progress
	N	%	
<u>Social Environmental^a</u>			
Strong family relationships	11	47.8	2.27
Strong neighborhood ties	3	13.0	2.67
Motivation	1	4.3	3.00
Good problem solving skills	5	21.7	2.00
Good external support system	5	21.7	2.00
Parenting skill	13	56.5	2.57
Household skills	4	17.4	3.25
Recreational activities	4	17.4	2.00
Transportation	3	13.0	1.50
Safety of the environment	9	39.1	2.33
Housing	12	52.2	3.00
Good communication skills	7	30.4	2.43
Financial Concerns	7	30.4	2.14
<u>Substance Abuse, Health and Mental Health^a</u>			
Sobriety	17	73.9	3.24
Motivation	2	8.7	2.00
Food	2	8.7	4.00
Medical	8	34.8	2.63
Transportation	2	8.7	3.50
Extra Support	1	4.3	2.00
Therapy	1	4.3	2.00
<u>Employment and Education^a</u>			
Strong job skills	16	69.5	3.00
Education	9	39.1	2.67
Motivation	1	4.3	1.00
<u>Department of Corrections^a</u>			
Probation requirements	16	69.5	2.75

community agencies and services, exclusive of those directly performed by PAC staff or the separate programs available through DOC. Thirteen families (48.1 percent) participated in family therapy either through DOC or family therapy elsewhere in the community. Nine families (40.9 percent) had at least one member secure individual therapy exclusive of substance abuse, and cognitive behavioral programs. Seventeen

^a This item has a response that requires respondents to check all that apply. Due to the possibility of multiple responses, the summed percentage may be greater than 100.

Table 8: Goals and Level of Progress at Program Completion.

Goals	Identified		Average Progress	Made No Progress	
	N	%		N	%
<u>Social Environmental^a</u>					
Strong family relationships	9	50.0	2.44	1	11.1
Strong neighborhood ties	3	16.7	2.67	0	0.0
Motivation	1	5.6	3.00	0	0.0
Good problem solving skills	5	27.8	2.00	0	0.0
Good external support system	4	22.2	1.75	0	0.0
Parenting skill	11	61.1	2.67	0	0.0
Household skills	3	16.7	3.33	0	0.0
Recreational activities	3	16.7	1.33	1	33.3
Transportation	3	16.7	1.50	0	0.0
Safety of the environment	7	38.9	2.00	1	14.3
Housing	8	44.4	3.00	0	0.0
Good communication skills	6	33.3	2.67	0	0.0
Financial Concerns	6	33.3	2.17	1	16.7
<u>Substance Abuse, Health and Mental Health^a</u>					
Sobriety	15	83.3	3.14	0	0.0
Motivation	2	11.1	2.00	0	0.0
Food	2	11.1	4.00	0	0.0
Medical	8	44.4	2.63	1	12.5
Transportation	3	16.7	3.50	0	0.0
Therapy	1	5.6	2.00	0	0.0
<u>Employment and Education^a</u>					
Strong job skills	13	72.2	3.27	0	0.0
Education	7	38.9	2.57	1	14.3
Motivation	0	0.0	0.00	0	0.0
<u>Department of Corrections^a</u>					
Probation requirements	14	77.8	2.83	0	0.0

referrals to restorative programs were made. Substance abuse programming spanned residential and hospital settings, outpatient services, private therapists and they were extensive..

^a This item has a response that requires respondents to check all that apply. Due to the possibility of multiple responses, the summed percentage may be greater than 100.

Our data record a total of 164 referrals made to the 22 families who were discharged. These services were exclusive of those offered by DOC. If we add the DOC programming, the 164 count increases to 220. The services were distributed across primary adults, children, and families, but most of the referrals (43.0 percent) were made on behalf of the primary adult; children received 22.5 percent of all referrals, and families received 34.5 percent of the referrals. Another useful way to dichotomize these services would have been to note which were directed to criminogenic needs and which were not. These data do not afford an opportunity to do so.

Given the extensive use of community resources, it would be appropriate to inquire about the extent to which they were utilized. Staff were asked to indicate on a scale ranging from 0 (not used) to 5 (used to full potential) whether primary adults and families actually participated in the program they were referred to. Table 9 shows that these ratings were available for a portion of the referrals but not for all of them. Concerns for program integrity and whether these referrals actually happened, of course, would urge PAC staff to track referrals with requests to host agencies for an indication of attendance and participation. Of the 220 referrals presented above, participation data were available for 159 cases or 72.3 percent of all referrals. Unfortunately we do not know whether participation figures were obtained by the host agencies or through informal reporting at Family Unity Meetings. Of the reported participation figures, most appeared to be satisfactory. Some of the lower participation ratings were seen for restorative justice DOC requirement, attendance in DOC substance abuse, anger management, parenting, and youthful offender programs, ABBE outpatient programming (and other substance abuse programming), and some of the job development services such as Promise Jobs, Job Services of Iowa, Headstart, and Kirwood Community College.

Table 9. Referrals and Recipients of Referrals.

Referrals	Across Meetings		Average Participation	N of Responses
	N	%		
Social/Environmental			Mean	N
Boys & Girls Clubs	4	18.2	5.00	3
YWCA	5	22.2	5.00	3
Jane Boyd	1	4.5	5.00	1
Child Care	7	31.8	5.00	5
Assistance for Food and Clothing	3	13.6	5.00	3
Department of Human Services	11	50.0	5.00	7
Income Maintenance	2	9.1	5.00	1
House Repairs	2	4.5	0.00	2
Court Appointed Special Advocates	3	13.6	3.00	1
Child and Family services (abuse/neglect)	5	22.2	4.25	4
Emergency shelters –Domestic violence	1	4.5	5.00	1
HUD	1	4.5	3.00	1
Emergency shelters(not Domestic Violence)	2	9.1	No data	No data
LEASED Housing	7	31.8	4.67	5
General Assistance/Housing	1	4.5	3.00	1
Family Unification Project.	5	22.2	4.33	4
Churches	2	9.1	3.00	2
HACAP	7	31.8	5.00	5
Harambee House	1	4.5	No data	No data
Other	3	13.6	2.00	2
Total Number of Services Used	20			
Children	25	34.7		
Primary Adult	3	4.2		
Family	44	61.1		
Department of Corrections				
Probation/Parole	22	100	4.16	20
Community Service	5	22.2	2.00	3
Financial Restitution	8	36.4	4.57	6
Financial Management	1	4.5	5.00	1
Criminal Conduct in Substance Abuse	5	22.2	3.50	2
Family Therapy	10	45.5	4.83	6
Individual Therapy	9	40.9	4.60	5
Sex Offender Program	1	4.5	5.00	1
Treatment Alternatives to Street Crime	2	9.1	5.00	1
Relationship Building	1	4.5	5.00	1
Community Service Restitution	3	13.6	1.00	2
Other	1	4.5	2.75	1
Anger Management	2	9.1	1.50	2
SAFE Coalition/ Nurturing Parent Program	2	9.1	2.67	2
Batterer’s Education Program	1	4.5	4.00	1
Victim Empathy	1	4.5	5.00	1

Table 9. Referrals and Recipients of Referrals (cont.)

Referrals	Across Meetings		Average	N of
	N	%	Participation	Responses
Department of Corrections (cont.)				
Youthful Offender Program	1	4.5	2.00	1
Controlling Anger & Learning to Manage It	2	9.1	4.00	2
Social Thinking Skills I	1	4.5	5.00	1
Total Number of Services Used	19			
Children	6	7.5		
Primary Adult	51	63.8		
Family	23	28.8		
Substance Abuse, Health, Mental Health				
ABBE Center – Residential	2	9.1	No data	No data
ABBE Center – Outpatient	11	50.0	2.65	8
Hillcrest – Residential	0	0.0	No data	No data
Hillcrest – Outpatient	1	4.5	No data	No data
Cedar Centers	3	13.6	5.00	1
Foundation II	2	9.1	5.00	2
Family Therapy (other than through DOC)	4	18.2	4.67	3
Family Therapy through DOC	3	13.6	2.50	3
Tanager Place	1	4.5	4.00	1
St. Luke’s Hospital – Outpatient	6	27.3	3.00	5
Area Substance Abuse Counselors	8	36.4	3.33	8
AA/NA Support Groups	6	27.3	2.60	5
Jane Boyd	2	9.1	3.50	2
Lions Club	1	4.5	5.00	1
Linn Health	3	13.6	5.00	3
Transportation to medical referrals	5	22.7	4.20	5
Making medical appointments	4	18.2	3.80	4
Mercy Hospital	14	63.6	4.29	11
Mental Health Doctor	1	4.5	1.00	1
Borderline Personality Group	3	13.6	No data	No data
Visits to Doctor	1	4.5	4.67	1
GWAEA Parenting Classes	1	4.5	0.00	1
Total Number of Services Used	22			
Children	19	24.1		
Primary Adult	45	56.9		
Family	15	19.0		
Workforce and Education				
Family Investment Program	7	31.8	4.60	5
Metro High School	1	4.5	No data	No data

Table 9. Referrals and Recipients of Referrals (cont.)

Referrals	Across Meetings		Average Participation	N of Responses
	N	%		
Workforce and Education (cont.)				
Job Training Partnership Association	1	4.5	4.00	1
Grantwood Area Education Agency	2	9.1	5.00	2
DART School Connection	2	9.1	No data	No data
Delinquent Alternatives to Residential Treatment	2	9.1	4.00	2
Welfare to Work	2	9.1	5.00	1
Promise Jobs	4	18.2	3.00	3
Job Services of Iowa	2	9.1	0.50	2
Temp Agencies	6	27.3	3.67	4
Kirkwood Community College	1	4.5	3.00	1
Cornerstone	1	4.5	No data	No data
Headstart	1	4.5	0.00	1
Total Number of Services Used	14			
Children	8	29.6		
Primary Adult	12	44.4		
Family	7	25.9		

Client Outcomes

Although the present report was intended to be a process evaluation, we were nevertheless able to collect data pertinent to some client outcomes. These data do not comprise an outcome study, per se, for several reasons. First, there is no comparison group. Second, an alternative pre-test, post-test outcome evaluation could not be conducted because over half of the clients were already in the program when the evaluation commenced; as a result we could not administer base line, pre-test assessments. Third, the pre-test/post-test measure which we hoped would be available (the LSI) was not. Finally, the sample size remains quite small. Any statistical analyses of these data would require large effects in order to produce significant outcomes.

The original evaluation design called for the administration of follow-up forms to be administered at 9 months following the First Family Unity Meeting and again upon discharge. However, we obtained very few 9 month follow-up forms. It may have been that the 9 month time frame did not occur as a clear and convenient time point for purposes of administration. Moreover, with many of these forms completed

retrospectively using record data, the 9 month follow-up time point may have been difficult to recreate. Therefore, we devote all of our discussion to the 22 cases who were discharged from the program. We have discharge forms for 20 of these families. Of the 20 families, 14 were (70.0 percent) received favorable discharges, and 6 (30.0 percent) did not. Of the 6 unsuccessful discharges, 2 moved to other probation districts, and 4 elected to discontinue participation.

Table 10 reports program outcomes for the primary adults discharged from the program. Wherever possible we have compared outcomes to comparable measures obtained at intake. The intake column, of course is left blank if it is inapplicable or if there was no comparable measure.

During their period of supervision, the primary adults had a relatively high rate of technical violations (40.0 percent), but their arrests were generally not as extensive as the typical probation population. Of the 8 primary adults with technical violations: a) 5 (20.0 percent of all primary adults) were cited for drug use, b) 2 (10.0 percent) incurred employment-related violations, c) 2 (10.0 percent) failed to report, and d) 3 (15.0 percent) were cited for other reasons. Of the two primary adults receiving new arrests (10.0 percent), both were for drug-related offenses. One of these offenders was jailed the offense. No new convictions or arrests for domestic violence occurred during program supervision.

PAC services did not substantially impact upon the employment of this group of primary adults. In fact the proportion of unemployed primary adults increased from 26.3 at intake to 44.4 at discharge. Two adults achieved favorable changes in educational status during their participation in PAC. There were proportionately fewer adults receiving financial assistance at discharge than at intake. However, given the unemployment figures, it is unclear whether this is favorable or unfavorable.

Discharge occurs when the primary adult has been released from probation supervision or when the family achieves self-sufficiency, whichever comes first.. As discussed earlier, however, families may elect to continue to receive services for a short period of time following discharge. As shown on Table 10, 9 families (50.0 percent) were still on maintenance status as of their discharge from PAC. Four families had actually returned to maintenance shortly after having been discharged.

Table 10. Program Outcomes, Primary Adult.

Offender Characteristic	<u>Intake</u>		<u>Discharge</u>	
	N	%	N	%
Adults with at least one technical violation.				
None			12	60.0
One	N/A		3	15.0
Two			3	15.0
Three			2	10.0
Total			20	100
Nature of Technical Violations				
Absconsions			0	0.0
Electronic Monitoring Violations	N/A		0	0.0
Drug Use			5	25.0
Employments			2	10.0
Reporting			2	10.0
Programs			0	0.0
Fee/fine			0	0.0
Other			3	15.0
Number of Arrests				
None	N/A		18	90.0
One			2	10.0
Two			0	0.0
Total			20	100
Nature of the Arrest				
Crime against person	N/A		0	0.0
Property crime			0	0.0
Drug			2	10.0
Traffic			0	0.0
Other			0	0.0

Table 10. Program Outcomes, Primary Adult. (cont.)

Program Characteristic	Intake		Discharge	
	N	%	N	%
Number of Convictions for Domestic Violence				
None			19	100.0
One		N/A	0	0.0
Total			19	100
Jailed/incarcerated during this time				
No		N/A	18	94.7
Yes			1	5.3
Total			19	100
Disposition of Revocations				
No revocations			17	94.4
Violation		N/A	1	5.6
Prison			0	0.0
Total			17	100
Employment Status				
Not working	5	26.3	8	44.4
Not working, because of status, e.g., Student, parent, disability	2	10.5	2	11.1
Volunteer (no pay)	3	15.8	0	0.0
Part-time employment	8	42.1	5	27.7
Full-time	1	5.3	2	11.1
Other	0	0.0	1	5.5
Total	19	100	18	100
Difficulty maintaining employment				
Yes	13	76.5	10	62.5
No	4	23.5	6	37.5
Total	17	100	16	100
Favorable Change in Education Status				
Yes			2	11.1
No		N/A	16	88.9
Total			18	100
Social Support available for the primary adult				
Social support from family		N/A	15	85.3
Social support from friends			10	55.6
Community support, e.g., church			9	50.0

Table 10. Program Outcomes, Primary Adult. (cont.)

Program Characteristic	Intake		Discharge	
	N	%	N	%
Primary adult receiving financial Assistance				
Yes	4	21.1	2	10.5
No	15	78.9	17	89.5
Total	19	100	19	100

Table 11 presents outcomes for families. The proportion of families with children having school related problems is equal to their preprogram status or slightly higher. School dropouts occurred in of the families, and school related problems affected proportionately as many families as at the beginning of the program. Families with delinquent children and status offenders had increased slightly over the course of the program, but they were still in the minority. Three families became involved in abuse or neglect petitions, however, this figure compared with 8 families at the beginning of the program. The proportion of families addressing at risk children, as indicated by criminogenic needs of children within the family was similar and often higher than the needs observed at program intake. In part, this may reflect improved knowledge of the family. Staff ratings indicated that the number of children receiving emotional support from their families (92.3 percent) was higher than the figure for these children at the beginning of the program (78.6 percent). The proportion of families on assistance at the end of the family was similar to similar figures at intake.

Program discharges were not entirely clear. Four of these families had returned to maintenance after discharge, and of all of the families discharges, 50.0 percent were continued on maintenance.

Table 11. Program Outcomes, Families.

Family Characteristic	Intake		Discharge	
	N	%	N	%
Returns to Maintenance Levels of Supervision				
None	N/A		15	78.9
One			4	21.1
Total			19	100
Primary adults on Maintenance				
Yes			9	50.0
No	N/A		9	50.0
Total			18	100
Number of families with children at each grade level. ²				
Preschool	13	86.7	10	62.5
Grades 1-6	5	33.3	4	25.0
Grades 7-9	3	20.0	4	25.0
Grades 10-12	1	6.7	1	6.3
Child's Educational Status (number of families with children at each educational situation)				
Enrolled in school			8	88.9
Graduated			0	0.0
Dropout	0	0.0	1	11.1
School Related Problems (number of families with).				
Attendance problems	2	25.0	2	22.2
Aggression	1	12.5	3	33.3
Learning disabilities	4	50.0	4	44.4
Poor relationships with children	3	37.5	1	11.1
Poor relationships with teachers	0	0.0	4	44.4
Poor school achievement	0	0.0	2	22.2
Families with expelled children	3	37.5	2	22.2
Families with adjudicated delinquents	1	12.5	2	22.2
Families with a declared status offender	0	0.0	1	11.1
Families with children in detention center	missing		1	11.1
Families with children incarcerated during this time frame.	1	12.5	1	11.1

Table 11. Program Outcomes, Families. (cont.)

Family Characteristic	Intake		Discharge	
	N	%	N	%
Families involved in child abuse/neglect petitions.	8	57.1	3	18.8
Families with the following needs:				
Non-family criminal associates	1	12.5	2	22.2
Limited parental supervision	4	50.0	4	44.4
Poor peer relations	4	50.0	3	33.3
Poor use of leisure time	2	25.0	2	22.2
Aggressive behavior	2	25.0	5	55.6
Conflict with parents	3	37.5	7	77.8
Substance abuse	2	25.0	2	22.2
Criminal attitudes/orientation	1	12.5	2	22.2
Gang involvement	1	12.5	2	22.2
Other addictions	0	0.0	1	11.1
Families and social support available to children.				
Support from friends	No data		7	43.8
Support from family not living in home			13	81.3
Community support			3	18.8
Parents support of children				
Primarily emotionally supportive	11	78.6	12	92.3
Primarily non-supportive	3	21.4	1	7.7
Number of Children (<18 yrs.) living in the home.				
None	4	21.1	3	15.8
One	7	36.8	5	26.3
Two	6	31.6	7	36.8
Three	0	0.0	1	5.3
Four	2	31.5	3	15.8
Total	19	100	19	100
Family receiving financial assistance				
Yes	9	50.0	9	50.0
No	8	44.4	9	50.0
Don't Know	1	5.6	0	0.0
Total	18	100	18	100

Summary and Recommendations

The present evaluation describes services and outcomes for 27 families admitted to Partners in Accountability between October 8, 1998 and December 9, 2000. During this time the program addressed needs of 27 primary adults, 19 spouses or partners, and 42 children. This report accomplishes three things. First, a data management system is detailed; this system should facilitate ongoing record keeping and generation of process and outcome measures for PAC. Second, we devote much of this report to a process evaluation of PAC services. Third, the report presents preliminary outcome findings.

The evaluation, itself, should read with appropriate consideration for its methodology. Much of the data were obtained through a process of reconstructing records contained in client files. This is because nearly half of the families accounted for in this report were receiving intensive services by the time the University of Cincinnati became involved in this study. Additional time was needed to construct data collection forms. In completing the forms retrospectively, staff often noted that case files did not always contain the same information requested in the research forms. In other words, the findings are not as clear as they would be if staff filled out the forms at time points that coincided with the flow of cases through the program (see Figure 2).

Another concern for the accuracy of these data emanates from the fact that multi-service organizations are more difficult to measure and evaluate. The PAC staff did not have the support of agency research staff to oversee the data collection process and assure the completeness of every research form. Moreover, although the forms were designed to serve as programmatic records as well as research documents, staff appeared to separate the tasks, thereby doubling the effort of programmatic record-keeping. If, instead, the research forms were also used to register case decisions as they were made, in real time: a) both data collection and record-keeping might be more efficient, and b) the accuracy of research data would be improved.

Finally, we must also caution that the most constructive and useful program evaluations do not limit measures to staff perceptions. Some independent assessments and measures are needed in order to present a richer picture of program services and to allow greater confidence in the validity of the research finding. Such measures are available through client assessments, client surveys, and perhaps even observational data.

Client assessments and surveys were in the original evaluation plan but were not collected. We should note, however, that PAC currently has an evaluation design and instrumentation to conduct either a pre-test, post-test evaluation or a controlled study at some future point in time.

Notwithstanding these reservations, we were able to address a number of important programmatic issues. Our findings are organized according to broad questions and recommendations rather than as a summary of the research findings themselves.

How might we characterize the families and offenders served by PAC? Do these characteristics “fit” the screening criteria set for admission to PAC.

PAC families were low income families who were in clear need of support and services targeted to criminogenic needs. Approximately two thirds of the primary adults were women and mothers. Most (all but 3) were either unemployed or employed on a part-time basis and many were on family (55.6 percent) or individual assistance (28.5 percent). Four primary adults were characterized by staff as having serious mental health needs, however, 42.9 percent of the primary adults had a diagnosis of some form of mental illness. All of the primary adults had prior arrests on their records, and most had served some jail or prison time. Of the 27 admissions, 26 were referred by the Department of Corrections and 1 by the Department of Human Services. Admission requirements also targeted criminogenic needs. Although these needs were not systematically assessed, it appeared that they were present for both primary adults and their children. Primary adults were characterized with high rates of substance abuse problems (approximately 50 percent, depending upon the measure) and needs associated with employment, mental health, and family conflict. Many of the children were also high risk, having learning and school-related difficulties (47.6 percent), problematic relationships with other children (38.1 percent), and antisocial associates (26.2 percent). The children were reported to be experiencing inadequate levels of parental supervision (52.4 percent); 9 children (21.4 percent) were reported to have been abused or neglected. At intake 8 children were living outside of the home with relatives.

In addition to individual needs, families appeared affected by problems pertinent to housing (66.7 percent), financial adversity (85.1 percent), and transportation needs.

While not criminogenic risk factors, these are responsivity factors which if not addressed would prevent any attention being given to important risk factors.

In short, PAC services *appear to be targeted* to an appropriate target population. With the exception of 6 families who did not have children, PAC also appears to be adhering to its screening criteria. Unfortunately, individual needs and characteristics are not systematically assessed through standardized assessment tools. Our tables underscore one of the problems in this regard as we note some fluctuation in prevalence of a given risk factor across time periods and reporters.

- ***Recommendation:*** *PAC intake and service plans could benefit from assessments of risk and needs, particularly for primary adults.*
- ***Recommendation:*** *Because PAC provides intensive case management and must accurately identify offender needs the LSI should be administered to all offenders referred to PAC. This will necessitate waiving any DOC stipulations that the LSI be administered only to those offenders scoring medium to high risk on the Iowa risk assessment checklist.*
- ***Recommendations:*** *Increased use of assessments would also require improved coordination and communication between DOC and PAC on the issue of assessments.*

Do families and primary adults receive a sufficient amount of services to successfully intervene with needs?

Of the 27 families described in this report, 22 were discharge. These 22 families received services for durations ranging from 3 to 18 months (median 8.5 months). While this would seem like a lengthy period of time, there really is no simple answer to the question posed above.. On the one hand referrals were extensive. Table 9, for example, shows 58 referrals to children, 114 to primary adults, and 89 to families. We do not know how many referrals were actually made by PAC and how many were arranged directly by the family or by some other service provider. Regardless of which, families appeared extensively engaged in community services and activities.

Added to the services provided by social service agencies, direct services provided by agency partners (e.g., in the form of home visits, transportation, and telephone contacts) were conducted on an ongoing basis. These could not be reconstructed for this evaluation. The data collection system, however, has since been amended to ask partners to log such visits and contacts. It would be wise to maintain ongoing records of such contacts; an accounting of client contacts is a clear standard for case management practice. Moreover it is in the program's best interests to report such data to its various stakeholders.

Recommendations: *The program needs to maintain a system for logging/collecting data pertaining to the nature and duration of family contacts made by agency partners.*

Are families receiving appropriate services?

In one sense, these were at risk, families receiving services designed to address urgent financial needs, family abuse, mental health, and educational/employment needs. We identify some gaps in service delivery, but do so with caution for the realization that overwhelmed families are not going to be able to address all problems at once. Therefore, our observations are put forward for purpose of consideration only.

First, when we compare needs/concerns to actual services and referrals, we notice strong attention to family support and emergency services (e.g., hospitals, DHS). We also noticed considerable attention to substance abuse services and probation supervision. However, referrals to family therapy, educational, job development programs, restorative justice programs are somewhat less than we might expect given level of need and the program's stated intentions.

Second, with so many needs and services being coordinated, a system or policy is needed for prioritizing them. Related to this issue: How do we assure that criminogenic needs receive an appropriate level of attention? One reason for suggesting further attention to these matters stems from Tables 10 and 11, above. A preliminary view of client and family outcomes is not altogether promising.

Recommendation: *PAC staff and agency officials should develop policies that prioritize needs and services to families and primary adults.*

Recommendation: *In the course of designing these policies some attention should be devoted to ways to assure that criminogenic needs are addressed.*

Recommendation: *Assessments, especially for the primary adult, would be key to such policies, because they identify needs more accurately and can serve as a tool for client follow-up.*

Are families achieving stability over the course of their participation in PAC? Is there any evidence of improvement in these primary adults, families, and their children?

It is really too earlier to draw definitive conclusions, because only 22 families had been discharged from the program at the time these data were obtained. However, Table 11, above offers some preliminary comparisons of families at discharge to their intake status. These preliminary data *suggest* an improvement in levels of emotional support to children in these homes, as indicated by staff impression. However, school-related needs do not improve over time, and some problems (e.g., children's aggression and relationships with teachers) appear to characterize more families by discharge than at intake. In part, this may be because PAC staff achieved greater awareness of these difficulties over time. Other outcomes, such as abuse/neglect petitions may be more likely to occur *because* the family is under more observation.

Surprisingly, employment rates for primary adults do not appear to improve over time.

Even so, the criminal involvement of the 22 discharged families is not extensive. Over the course of treatment, 2 primary adults were arrested on drug charges, 1 child was declared a status offender, and the number of children with adjudicated delinquents increased from 1 (at intake) to 2.

Another important outcome concerns the rather understandable difficulties in discharging families from PAC. It is noteworthy, that many families (47.4 percent) are still on maintenance at discharge from probation and a considerable number (25.0 percent) are discharged and then elect to return to maintenance. This is somewhat understandable, given the intensive needs of these families. However, we must also

inquire about provisions for ongoing services to these families, especially those experiencing mental illness and extreme financial adversity.

Recommendation: *In the course of establishing service priorities, PAC should assess its services to children. Criminogenic needs and school-related issues appear to be important areas of consideration.*

Recommendation: *Clearly, PAC has provided services to some if not many families who will not get better. What provisions are to be made for families who will need ongoing involvement with social service agencies, or does PAC intend to stay involved indefinitely?*

Recommendation: *These findings also point to a need to assess and assure that adequate attention is given to criminogenic needs.*

What stands out as a favorable and defining feature of the PAC model?

Clearly, the Family Unity Meetings were an impressive feature of this program. Each family participated in an average of 3.81 meetings over the course of their participation. Key agency representatives and family members were in attendance and participants actively identified family needs and strengths. Observations about family strengths appeared to improve over time.

We would also commend the program for its hard work in securing community-based referrals. Their sheer number and variety would suggest intensive coordination and cooperation among agencies. This report shows how partnerships among agencies increase services available to families.

The data indicate some concern for program follow-up with these referrals, however. Their sheer number suggests that it would be extremely difficult to track all primary adults and children attending these services. We believe that Tables 8 and 9 could continue to serve as an ideal format for presenting process performance measures to stakeholders. However, at this initial stage, there was a good deal of missing data on these measures, suggesting either that: a) follow-up with referral agencies was limited, or b) results were not recorded clearly enough for data collectors to obtain meaningful measures.

Recommendation: Consider policies for assuring that referrals to community agencies receive consistent follow-up and assurances that primary adults and family members are attending and participating.

Recommendation: Wherever possible and appropriate, follow-ups should be made directly to the referral agency.

Our final comments concern DOC plans to make greater use of evidence-based practice, by enhancing information systems, developing performance measures, and reporting results/feedback to agency personnel and stakeholders. We believe that PAC has an evaluation design that can be used for future evaluation endeavors. Due to the multi-service, family-based approach, the PAC evaluation design is a much more complex than we would see for other DOC programs. Even so, our data analysis suggests room for additional ways to streamline these forms. The 9 month follow-up, for example, is not necessary. Moreover, it is likely that the Intake and Initial Service Plans could be combined.

The evaluation design also furnishes some measures which were designed for but not used in the present study, such as: a) pre-test, post-test LSI scores, b) pre-test, post-test FACES II scores, and c) the results of client surveys. Use of standard assessments would facilitate the accuracy of key measures, because it reduces the need for staff to make too many judgment calls.

Full utilization of any evaluation system, however, would greatly benefit from the services of a small DOC research unit within the 6th Judicial District. Ideally, data collection activities should be coordinated by research staff rather than by PAC staff. This does not mean that research staff are charged with completing all data collection instruments. Instead, research staff would assure timely completion of research form, monitor their level of completeness, correct inconsistencies, and either analyze results or serve as a liaison to outside contract researchers.

Data collection forms themselves should be completed by program staff at times which coincide with program activities. For example, the service plan is intended to be filled out at the First Family Unity Meeting rather than reconstructed from case files. Ideally, it should serve the dual purpose of client records and research data; these forms need not be “add ons” to the case managers’ record-keeping responsibilities.

The research forms could more effectively be used on computer platforms in the form of templates corresponding with intake, service planning, progress reporting, and discharge. The advantages here would be to provide greater consistency of information. Staff having visual access to previous data (e.g., an earlier progress report) might more readily recognize errors or inconsistencies.

In conclusion, this report portrays a hard-working, service-intensive program. It endeavors to describe PAC's clients and services in great detail. As with most process evaluations, however, we also put forward a number of recommendations for fine-tuning the service delivery model. We hope these prove helpful.

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PAR (xxx) Coping Scale for Adults/Children.

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^a Due to the nature of aggregation, by family, the summed percentage may be greater than 100.

^a This item has a response that requires respondents to check all that apply. Due to the possibility of multiple responses, the summed percentage may be greater than 100.

¹ This item has a response that requires respondents to check all that apply. Due to the possibility of multiple responses, the summed percentage may be greater than 100.

² Due to the nature of the aggregation proportions may not sum to 100.