WSCCR Highlights

Why WSCCR did the study

The original WSIPP recommendations for EBPs recommended regular evaluations of the program for effectiveness. Juvenile courts have also shown an interest in outcomes and data. However, no evaluations have been done on FFT since the original study in 2004. This gap left an EBP system without accountability, due to unreported outcomes.

What WSCCR Recommends

We offer six recommendations to improve data quality for future studies. The single program related recommendation is to set goals to improve treatment completion rates, as program completion was the greatest factor in recidivism reduction among participants. The other five recommendations address data quality improvements to ensure reporting and evaluations are accurate, evaluating the EBP subject selection process, and creating a regular system of FFT evaluations and reporting. We are currently undertaking studies, in conjunction with WSU, to examine treatment eligibility, factors that lead to program completion, and nonrecidivism outcome measures.

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Functional Family Therapy in a Probation Setting What WSCCR Found

Functional Family Therapy (FFT) has been on the Washington State Institute of Public Policy (WSIPP) Inventory of Evidence Based Program (EBP) since its inception in 2012, based upon Barnoski's 2004 study of EBPs. WSIPP's most recent reports concluded they have the second-best benefit-cost ratio (\$8.94:\$1) among programs for juvenile probationers. However, this Washington State program for juvenile probationers has not been evaluated in over a decade.

Our study examined felony recidivism rates for subjects that started FFT between January 1, 2010 and September 30, 2012, compared to a group of youth eligible for FFT during the same timeframe, but did not start FFT or any other EBP. We found mixed results regarding recidivism with a statistically significant increase in: overall recidivism, recidivism among males, high risk juveniles, and those age 15 and under. There was a statistically significant reduction in recidivism for those that completed FFT compared to those that started, but did not complete. No other statistically significant changes were found. Additionally, we also found a decrease in overall recidivism from the 2004 study to now. The 2004 FFT study sample had a 25.5% felony recidivism rate compared to a 16.2% felony recidivism rate for our study's FFT sample.

Despite the original focus on recidivism, we wish to underscore the data quality issues we encountered. During this study, we were forced to exclude a large number of potential subjects based on data quality factors. We excluded 8 of the 30 counties, and were not able to include therapist adherence scores due to missing or non-verifiable data. Efforts made by counties, programs, and WSCCR to rectify probation and EBP data have begun to address some of these issues. We believe that subsequent studies will benefit from improved data quality. In addition, statistically significant findings are harder to come by due to lower overall recidivism since the last study and increased attention and programming for all juvenile offenders, regardless of EBP participation.