The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Baseline

SPEP™ ID and Time: 297-T01

Agency Name: George Junior Republic Preventative Aftercare Inc.

Program Name: Preventative Aftercare Family Based Mental Health Services

Service Name: Family Based Mental Health Services

Cohort Total: 29

Timeframe of Selected Cohort: All delinquent youth who began this service on/after July 1, 2018 and ended this service on/before March 1, 2020

Referral County(s): Montgomery

Date(s) of Interview(s): April 16, 2020

Lead County: Montgomery

Probation Representative(s): Andrew Backlund

EPIS Representative: Kevin Perluke

Description of Service:

George Junior Republic Preventative Aftercare Family Based Mental Health Services (PACFBS) is an intensive, team delivered service that utilizes EcoSystemic Structural Family Therapy (ESFT), initially developed by Marion Lindblad-Goldberg through The Philadelphia Child and Family Therapy Training Center. ESFT is a strength based, context sensitive, developmentally informed, family therapy model that builds on and supports the emotionally sustaining relationships of children, adolescents, adults and their families. ESFT was developed to serve children and young adults exhibiting mental/behavioral health symptoms with co-occurring issues, inclusive of substance use and delinquent behaviors that place them at imminent risk for out of home placement and/or legal involvement. Research shows that these severe symptomatic patterns are directly linked to the child and families' experience with hardship, tragedy and trauma, including but not limited to, neglect, abuse, poverty, addiction, community violence and social injustices. The ESFT treatment approach utilizes four targets of assessment and change and four treatment stages. The four targets of assessment and changes are Attachment, Co-Caregiver Alliance, Executive Functioning, and Self-Regulation (ACES). This approach helps the clinician and team work with caregivers to construct a nurturing environment for their suffering child. The four stages of ESFT consist of Constructing the Therapeutic System (Stage I); Establishing a Meaningful Therapeutic Focus (Stage II); Creating Key Growth-promoting Interpersonal Experiences (Stage III) and Solidifying and Extending Changes (Stage IV). Each stage is an essential component to ESFT treatment adherence, while the team, family and community actively work to maintain the symptomatic child within the family's natural and least restrictive environment. PACFBS has a typical treatment duration of eight months, but can fluctuate based on the child and family's need. Each PACFBS team consists of a minimum of one Master's level Mental Health Professional (MHP) and can include one Bachelor's level Mental Health Worker (MHW). A clinician within the agency is on-call 24/7 for families in need of support during a crisis. PACFBS clinicians receive a minimum of 1.5 hours of team and/or individual clinical supervision per week and 1.5 hours of group supervision per week (3 hours total). PACFBS clinicians are enrolled in a 3-year certification training program in ESFT to ensure model fidelity and competency. In Montgomery County, PACFBS specializes in working with children and families who are actively involved with the juvenile justice system to decrease the need for on-going court supervision, specifically by repairing the ruptures between the family and their community members due to their child's behavior (i.e. via informal and/or formal support systems). It is essential that the teams utilize the four targets of assessment and change to shift into Stage IV by simultaneously supporting the newly enhanced nurturing environment, while "anchoring" the family to community-based resources. Medical Assistance is a critical ingredient to facilitating this process and implementing clinically sound, individualized and sustainable aftercare plans for each family. Hence, the treatment team provides collaborative case management when needed to further assist families with processing their child's eligibility for Medical Assistance (MA). The team continues to utilize the caregivers and take a "professional as collaborator" approach instead of a "professional as expert" position in order to support the caregivers' leadership role. The stakeholders then support the child's primary caregivers inclusive of JPO, school personnel, provider agencies, and community members to sustain the relational shifts that occurred throughout the course of treatment. Family Therapy/Counseling: Approximately 1-2 hours of Family Therapy takes place weekly. It is essential that at least one participating adult family member participates throughout the course of treatment. Family interventions are provided in the family's natural environment, including the home, school, and community. Participating family members or "family supports" are defined by anyone who the caregivers deem as a supportive and intricate part of their child's age appropriate development and well-being. Relational treatment goals are assessed by identifying the family's Core Negative Interactional Pattern (CNIP) that sustains the systematic behavior of the child, which has ultimately placed them at risk for out of home placement. ESFT interventions are rooted in the four targets of assessment and change in which a Core Positive Interactional Pattern (CPIP) is identified prior to engaging the family in Stage III of treatment. The family's long-term goals are documented on their Relational Treatment Plan. These relational treatment objectives are reviewed every 30 days to ensure that the caregivers, treatment team and stakeholders are working together collaboratively to further enhance the caregivers' ability to support their child in all aspects of their emotional and psychological development. Individual Therapy/Counseling: Approximately 1 hour of Individual Therapy takes place weekly, as identified by the Relational treatment plan. Individual Therapy is provided by the team and/or the lead clinician in the child's natural environment. Individual treatment goals are rooted in decreasing the referral behaviors and replacing them with age appropriate coping skills via the four targets of assessment and change. In addition to identifying the family's CNIP that sustains the child's symptomatic behavior, individual assessments are also completed to determine trauma history, risk needs and responsivity factors. In order for ESFT to be effective, as evidenced by a child's sustainable behavioral change, it is essential that the PACFBS team maintain fidelity to the ESFT model. The child's illegal/symptomatic behavior ruptured the family's relationship with the community (resulting in the child becoming the "identified patient"). However, at no time does individual or family therapy exist as autonomous entities throughout the course of ESFT treatment and the individual therapy sessions do not serve as "individual psychotherapy". ESFT ensures that the four targets of assessment and change (ACES) allow both individual and family sessions to cohesively inform one another, in which family therapy enhances individual therapy, and individual therapy enhances family therapy. Hence, the clinical team, caregivers and community stakeholders must remain developmentally informed and relationally focused in order to achieve positive outcomes.

The four characteristics of a service found to be the most strongly related to reducing recidivism:

1. SPEP™ Service Type: Family Counseling

Based on the meta-analysis, is there a qualifying supplemental service? No

If so, what is the Service Type? There is no qualifying supplemental service

Was the supplemental service provided? N/A **Total Points Possible for this Service Type:** 20

Total Points Received: 20 **Total Points Possible:** 35

2. Quality of Service: Research has shown that programs that deliver service with high quality are more likely to have a positive impact on recidivism reduction. Monitoring of quality is defined by existence of written protocol, staff training, staff supervision, and how drift from service delivery is addressed.

Total Points Received: 20 **Total Points Possible:** 20

3. Amount of Service: Score was derived by calculating the total number of weeks and hours received by each youth in the service. The amount of service is measured by the target amounts of service for the SPEP™ service categorization. Each SPEP™ service type has varying amounts of duration and contact hours. Youth should receive the targeted amounts to have the greatest impact on recidivism reduction.

Points received for Duration or Number of Weeks: 6
Points received for Contact Hours or Number of Hours: 8

Total Points Received: 14 **Total Points Possible:** 20

4. Youth Risk Level: The risk level score is compiled by calculating the total % of youth that score above low risk, and the total % of youth who score above moderate risk to reoffend based on the results of the YLS.

26 **youth in the cohort are Moderate, High, Very High YLS Risk Level for a total of** 10 **points**
3 **youth in the cohort are High or Very High YLS Risk Level for a total of** 0 **points**

Total Points Received: 10 **Total Points Possible:** 25

Basic SPEP™ Score: 64 total points received out of 100 points. Compares service to any other type of SPEP™ therapeutic service. *(e.g. individual counseling compared to cognitive behavioral therapy, social skills training, mentoring, etc.)*

Note: Services with scores greater than or equal to 50 show the service is having a positive impact on recidivism reduction.

Program Optimization Percentage: 75% This percentage compares the service to the same service types found in the research. *(e.g. individual counseling compared to all other individual counseling services included in the research.)*

The SPEP™ and Performance Improvement

The intended use of the SPEP™ is to optimize the effectiveness of reducing recidivism among juvenile offenders. Recommendations for performance improvement are included in the service Feedback Report, and these recommendations are the focus of the Performance Improvement Plan, a shared responsibility of the service provider and the juvenile probation department.

1. Regarding Quality of Service Delivery:
   a. Written Protocol:
      i. Ensure the written protocol/manual is reviewed and updated at pre-determined time frames and not only when an update is warranted through Magellan.
      ii. Collaborate with Montgomery County Juvenile Probation on how to crosswalk the YLS and the 4 Pillars of ESFT.
   b. Staff Training:
      i. Plan and develop a comprehensive training manual for staff who deliver this service.
      ii. Utilize existing checklists and timelines to ensure the training manual addresses all component of the ESFT Model.
      iii. Collaborate with Montgomery County Juvenile Probation to develop and deliver a training on how to crosswalk the YLS and the 4 Pillars of ESFT.
      iv. Ensure that booster trainings are developed to incorporate these changes.
   c. Organizational Response to Drift:
      i. Improve the existing processes to better utilize the Treatment Adherence Scale to further measure the fidelity of ESFT across the agency.
      ii. Ensure the organization's policies and procedures incorporates these changes.
2. Regarding Amount of Service:
   a. Improve communication with Juvenile Probation to better match research recommendations for the targeted amount of service.
3. Regarding Risk Level of Youth Served:
   a. All youth referred to George Junior Republic Preventative Aftercare Family Based Mental Health Services should continue to receive the service despite their risk level according to the Youth Level of Service/Case Management Inventory.

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