

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Baseline

Name of Program and Service: Harborcreek Youth Services - Family Therapy

Cohort Total: 10

SPEP ID: 260-T01

Timeframe of Selected Cohort: Oct. 1, 2017 - Jun. 5, 2019

Date(s) of Interview(s): Sep. 5, 2018 & Mar. 26, 2019

Lead County & SPEP Team Representatives: MaryJo Battle, Erie Co.; Shannon O'Lone, EPISCenter

Person Preparing Report: MaryJo Battle, Erie Co.; Shannon O'Lone, EPISCenter

Description of Service: *This should include a **brief** overview of the service within the context of the program, the location and if community based or residential. Indicate the type of youth referred, how the service is delivered, the purpose of service and any other **relevant** information to help the reader understand the SPEP service type classification. (500 word limit)*

Located just outside of Erie in Harborcreek, Pennsylvania, Harborcreek Youth Services (HYS) has been serving families since 1911. Originally founded as the "Catholic Boys Protectory," the agency has changed with the needs of the community over the years serving for a time as an orphanage, a juvenile probation facility, and finally today as a trauma-informed Behavioral Health provider for Pennsylvania families and youth. Harborcreek Youth Services' 60-acre campus houses a Residential Treatment Program and two community programs for Erie County residents that serve both boys and girls from ages 5-18 and their families. HYS is certified as a Sanctuary Organization. This means HYS recognizes that virtually all of the youth they serve have experienced significant trauma in their lives, and that their unfortunate circumstances have, in part, evolved from these traumas. HYS fosters an atmosphere of mutual respect and concern for the well-being of others and provides a therapeutic environment that provides safety and security for the participants to avoid re-traumatizing the youth who come for treatment. Harborcreek Youth Services is licensed by the Pennsylvania Department of Human Services and is fully accredited by the Council on Accreditation.

Harborcreek Youth Services assigns each youth to a Master's Level therapist. Therapists are embedded on the living units enabling the youth to be actively engaged with therapists on a regular basis. Youth that have an identified family/resource will receive Family Therapy. Family Therapy sessions are provided, at a minimum, for one hour each week; this can occur with or without the youth. Therapists use a combination of Greenwald's Model "Fence Around", Good Lives Model and Sanctuary Model strategies to structure the Family Therapy session. The agency will assist with transportation for families in the surrounding areas. Family Therapy intervention includes face-to-face sessions and telephone sessions for those that are unable to participate in face-to-face sessions and home visits.

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 Earned: 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 and supervision, and how drift from service delivery is addressed.

Total Points Earned: 10 Total Points Possible: 20

3. **Amount of Service:** Score was derived from examination of weeks and hours each youth in the cohort received 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 dosage. Youth should receive the targeted amounts to have the greatest impact on recidivism reduction.

Points received for Duration or Number of Weeks: 8

Points received for Dosage or Number of Hours: 0

Total Points Earned: 8 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.

7 youth in the cohort are Moderate, High or Very High YLS Risk Level for a total of 5 points

2 youth in the cohort are High or Very High YLS Risk Level for a total of 5 points

Total Points Earned: 10 Total Points Possible: 25

Basic SPEP™ Score: 48 total points awarded out of 100 points. Compares service to any other type of SPEP therapeutic service. (eg: 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: 57% This percentage compares the service to the same service types found in the research. (eg: 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 local juvenile court. The recommendations for this service included in the feedback report are:

Family Therapy could improve its capacity for recidivism reduction by addressing the following recommendations:

1. Regarding Quality of Service Delivery - a. Written Protocol: i. Develop an overarching Written Protocol to clearly describe the fidelity & quality of how each component/resource is coordinated and intended to be utilized in Family Therapy (e.g., Ricky Greenwald's model, Good Lives, Sanctuary, etc.); ii. Within the Written Protocol, clearly describe how service delivery is to be documented, including use of various resources; iii. Within the Written Protocol, clearly describe how the written protocol is to be reviewed/updated at pre-determined timeframes; iv. Better integrate Youth Level of Service findings into the therapeutic process. b. Staff Training: i. Within the Written Protocol, clearly outline training requirements, including booster training to further develop therapists' skills; ii. Develop a specialized training based on Ricky Greenwald's model, Good Lives Model, and Sanctuary Model, for the delivery of this service that includes a booster training; iii. Develop a documentation process to ensure that staff receiving the training is documented; iv. Develop training content to ensure therapists deliver the specific modalities of this service; v. Ensure the supervisor of this service is trained to deliver the service. c. Staff Supervision: i. Within the Written Protocol, include mechanisms for supervisors to monitor therapists delivering the service to assess fidelity and quality as defined within the Written Protocol. d. Organizational Response to Drift: i. Develop an overarching policy/procedure that describes how drift will be identified; ii. Ensure the policy/procedure contains an "if-then" approach for corrective action steps if service delivery departs from what is intended; iii. Enhance existing data processes to assess service delivery.
2. Regarding Amount of Service: i. Improve communication with JPO from referring counties to better match research recommendations for the targeted amount of service and appropriate length of stay for each youth.
3. Regarding Risk Level of Youth Served: i. Increase collaboration between juvenile probation and Harborcreek Youth Services to consider the appropriate risk level for each youth; ii. Increase collaboration between juvenile probation and Harborcreek Youth Services to consider each youth's responsivity factors during treatment.