The Standardized Program Evaluation Protocol (SPEPTM): Service Score Results: Baseline SPEP™ ID and Time: 251-T01 Agency Name: Mid-Atlantic Youth Services Program Name: Western PA Childcare Facility Service Name: Forward Thinking Journals Cohort Total: 43 for amount of service; 42 for risk level Timeframe of Selected Cohort: Mar. 1, 2018 - Nov. 30, 2018 Referral County(s): Allegheny Date(s) of Interview(s): May 1, 2018 & Aug. 22, 2018

Lead County: Allegheny

Probation Representative(s): William Shultz

EPIS Representative: Christa Park

Description of Service:

The mission of Mid-Atlantic Youth Services, Corp. (MAYS) is to provide high-quality healthcare, education, and treatment services to youth through supportive partnerships with those served (e.g., courts, families, youth, and the community). At the Western PA Childcare Facility, MAYS accomplishes its mission by providing a safe, nurturing, and structured environment that promotes positive changes in the health and well-being of youth, allowing them to return to their communities while remaining alcohol, drug, and crime free. Consistent with Pennsylvania's juvenile justice system, the treatment philosophy of MAYS is grounded in Balanced and Restorative Justice Principles. To this end, MAYS will be consistent with the public's interest to provide programs of supervision, care, and rehabilitation for youth committing delinquent acts. MAYS programs provide balanced attention to the protection of the community, teach youth accountability for offenses committed, and enable youth to become responsible and productive members of their community. MAYS believes the youth in their care are experiencing severe emotional, behavioral, psychological, educational, and social problems which must be treated in a safe, structured, and comprehensive manner. Left untreated, these youth will continue to experience significant impairment in life functioning, resulting in continued drug/alcohol use, mental impairment/illness, and delinquency. When residential care is deemed necessary, an intensive approach to treatment must occur. MAYS believes residential care should be provided in close proximity to the youth's family, significant others, and community. This allows the youth and family the ability to receive family therapy and access continuing care support services that exist within their community. The environment at MAYS provides youth with a high degree of structure, utilizing clearly defined norms & expectations and logical consequences. In addition, all members of the treatment community are expected to model appropriate behaviors and provide mutual help to other youth. Each youth is expected to actively participate in his/her own treatment and participate as a member of a supportive, nurturing, and caring peer group. MAYS integrates residential living and the delivery of treatment with other program components such as security, medical, psychiatric, social, nutrition, education, and recreation services. MAYS utilizes Forward Thinking Journals as the vehicle for both individual and group services administered by Master's level therapists; the journals are used as the primary foundation of the counseling process. Youth receive a minimum of one hour of individual counseling each week. Caseload group counseling shall be provided for a minimum of two hours weekly. Additional individual/group counseling sessions shall be provided as required. The Forward Thinking Interactive Journaling Series (also known as Forward Thinking Journals), developed by the Change Companies, is a cognitive-behavioral intervention that uses evidence-based strategies to assist youth involved in the juvenile justice system in making positive changes to their thoughts, feelings and behaviors. Applying the information presented in the Interactive Journals to their own lives helps participants achieve their goals of responsible living. The Forward Thinking Series contains nine journals that correlate intervention with the most commonly used risk and needs assessments including the Youth Level of Service (YLS).

The four characteristics of a service found to be the most strongly related to reducing recidi	vism:
1. SPEPTM Service Type: Cognitive Behavioral Therapy	
Based on the meta-analysis, is there a qualifying supplemental service? N_0	
If so, what is the Service Type? There is no qualifying supplemental service	
Was the supplemental service provided? N/A	35
Total Points Received: 35 Total Points Possible: _	35
2. Quality of Service: Research has shown that programs that deliver service with high quality are more have a positive impact on recidivism reduction. Monitoring of quality is defined by existence of written programs.	•

staff training, staff supervision, and how drift from service delivery is addressed.

Total Points Received: 20 Total Points Possible: 20

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: 4
Total Points Received:10 Total Points Possible:20
4. <u>Youth Risk Level</u> : 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.
youth in the cohort are Moderate, High, Very High YLS Risk Level for a total of youth in the cohort are High or Very High YLS Risk Level for a total of points
Total Points Received: 15 Total Points Possible: 25
Basic SPEP TM Score: 80 total points received out of 100 points. Compares service to any other type of SPEP TM therapeutic service. (e.g. individual counseling compared to cognitive behavioral therapy, social skills
training, mentoring, etc.)
training, mentoring, etc.) Note: Services with scores greater than or equal to 50 show the service is having a positive impact on recidivism reduction.

3. <u>Amount of Service</u>: 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 SPEPTM service

The SPEPTM and <u>Performance Improvement</u>

The intended use of the SPEPTM 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.

Forward Thinking Journals could improve its capacity for recidivism reduction by addressing the following recommendations:

- 1. Quality of Service Delivery
 - a. Staff Supervision
 - i. Develop a supervision process to include direct observation for all aspects of this service.
 - ii. Determine a single mechanism for documenting observations of all components of this service and provide written feedback to employees.
 - iii. Enhance documentation processes for performance evaluations and monthly conferences to be specific to this service delivery.
 - b. Response to Drift
 - i. Develop/Coordinate existing procedures (i.e., "Administration Rules") into an overarching policy/procedure that describes how the service should be delivered.
 - ii. Confirm the policy/procedure contains corrective action steps to ensure an "if-then" approach, such as what to do if service delivery departs from what is intended .
 - iii. Develop a process to collect service-specific feedback from youth & employees with the intention of improving service delivery.
 - iv. Consider use of the developer's recommended pre-/post-testing measures to assess impact of service on youth.
- 2. Amount of Service
 - a. 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. Risk Level of Youth Served
 - a. Increase collaboration between juvenile probation and MAYS to consider the appropriate risk level for each youth.
 - b. Increase collaboration between juvenile probation and MAYS to consider each youth's responsivity factors during treatment.