

# The Standardized Program Evaluation Protocol (SPEP™):

*Service Score Results:* Baseline

**Name of Program and Service:** Children's Home of Reading - Family Program

Cohort Total: 17

SPEP ID: 70-T1

Selected Timeframe: Jul. 1, 2012 – Dec. 31, 2013

Date(s) of Interview(s): Feb. 28, 2014

Lead County & SPEP Team Representatives: Tracie Davies, Lehigh Co. & Lisa Freese, EPISCenter

Person Preparing Report: Lisa Freese

**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. (350 character limit)*

The Traditional In Home Program is operated by Children's Home of Reading (CHOR) as a community-based service for youth in Lehigh and Northampton County who are experiencing significant issues at school, home and/or their community. Children's Home of Reading operates under a philosophy of trauma informed care through the Sanctuary Model. Staff includes a Program Director, 2 Family Interventionists and 6 Community Interventionists; part-time staff is also available if needed. There are 4 different levels of service and the amount of contact per week varies. The In-Home Service (IS) is the least intensive and includes 3 contacts per week by a Community Interventionist, it is client focused and there is no family counseling component. This program is designed for youth stepping down from a more intensive community-based service or as a re-entry component to supervision following an out of home placement. The service is for male and female youth, ages 12-20. The Family Program (FP) consists of 2 individual contacts per week. This service is for families who are in need of counseling or intervention to improve family relationships and encourage pro-social behavior among all family members. According to the program description provided by CHOR, the Family Interventionist fulfills a variety of roles beyond a typical counselor: case manager, liaison, advocate and change agent. The Family Interventionist assesses the family through observation, trauma assessment and a communication parenting survey. These assessments help the Family Interventionist gain insight into the family and identify problems expressing emotions, or if they are able to express emotions in an appropriate manner. Following the initial family assessment, the Family Interventionist and referring agency determine the level and type of intervention necessary. Parent and youth groups are available where appropriate as well.

Each Family Interventionist works in conjunction with the Community Interventionist. They collaborate together in order to stabilize the family. The Family Interventionist assists the parent in developing rules and consequences for their home and how to enforce them. They have the family establish their own goals and assist them in working toward them. The Family Interventionist is trained and certified in the Sanctuary Model of trauma informed care. Ancillary community support services are utilized as needed.

**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: 20      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: 2

Points received for Dosage or Number of Hours: 0

Total Points Earned: 2 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.

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

2 youth in the cohort are High or Very High YLS Risk Level for a total of 0 points

Total Points Earned: 7 Total Points Possible: 25

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**Basic SPEP™ Score:** 49 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:** 58% 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)

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## 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:

1. The inclusion of written descriptions of the service and target population of youth to receive the service in the policy/procedure manual. The review of the service description and type of youth served with staff delivering the service and referral sources would further enhance the capacity for recidivism reduction.
2. The inclusion of written policies for departure or drift from intended service delivery, or clearly written expectations for staff delivering the service with process for corrective action if necessary.
3. Consideration to extend the service to be no less than 20 weeks in length. Another option to consider is excluding youth who score low in family circumstances and parenting on the YLS, from receiving this service; providing solely the In Home Service to these youth. Twelve (71%) of the 17 youth in the cohort received 15 hours (50%) or less of the 30 targeted hours of service for family counseling. Alternatively, if duration cannot be increased, another option could be to increase the number of face-to-face contact hours during the time period the youth and family is receiving the service (e.g. lengthening the existing weekly session and/or meeting more than once/week).

# The Standardized Program Evaluation Protocol (SPEP™):

**Service Score Results:** Advisory (\*) SPEP™ ID and Contact Time: 0070-A01-T02

Agency/Program Name: Children's Home of Reading/Lehigh Valley Community Programs

Service Name: Traditional In-Home Program - Family Therapy

Cohort Total: 3 (\*)

Cohort Time Frame: Youth that began the service on/after September 1, 2020 and ended on/before September 30, 2022

Referral County(s): Lehigh (3)

Feedback Report Delivery: February 28, 2023

County/Probation Officer(s) Involved: Lehigh County - Tracie Henry, Quality Assurance Juvenile Probation Officer II & Eva Frederick, Juvenile Probation Officer II

EPIS SIS(s): Lisa Freese

The Children's Home of Reading was established in 1884 as a day nursery for working mothers and was located on Franklin Street in Reading. The first Board of Directors was organized in 1886; members were drawn from throughout Reading and Berks County. In 1888 the "Home for Friendless Children" was incorporated and was a privately-owned charitable organization. By 1947, the name of the Home for Friendless Children was officially changed to The Children's Home of Reading to better describe its atmosphere and purpose. The Home began to expand its programs to offer treatment-oriented care rather than custodial care. The Board of Directors amended The Children's Home Charter in 1974 to expand its function and accommodate more children with different and more serious kinds of problems such as abuse, neglect, truancy, and drug abuse. In 1997, The Children's Home of Reading established a second corporation, CHOR Youth & Family Services, Inc., (CHOR Services). The Children's Home of Reading continues to provide a treatment-oriented residential and community-based programming for children and teenagers.

The focus of this report is the Family Therapy component of the Traditional In-Home Program operated by Children's Home of Reading (CHOR) as a community-based service for youth primarily in Lehigh and Northampton Counties, as well as other counties on occasion, who are experiencing significant issues at school, home and/or in their community. The Traditional In-Home Program is designed for male and female youth ranging from 8 to 20 years of age. A continuum of care approach is utilized with varying levels of intensity. Their community-based services emphasize personal accountability and family involvement through a team-based approach. Various treatment approaches are utilized based upon the needs of each individual. The Youth Level of Service Inventory (YLS) is utilized to address areas of concern. A trauma-informed approach and cognitive behavioral techniques are used by staff to assist with healing and reframing impaired thought patterns. The use of community supports and resources is encouraged. There are 5 different levels of service within the Traditional In-Home Program: In Home Service (IS), Family Program (FP), Intensive Family Program (IFP), Residential Prevention Program (RPP), and Individual and Family Sessions.

These services are for families who are in need of counseling or intervention to improve family relationships and encourage pro-social behavior among all family members. The Family Interventionist (FI) fulfills a variety of roles beyond a typical counselor: case manager, liaison, advocate and change agent. The FI will meet with the family a minimum of one time a week. The FI primarily focuses on the parent(s). The FI will first assess the family through observation to gain insight into the family and as a means to see if the family has problems expressing emotion as well as if they are able to express emotions in an appropriate manner. Following the initial assessment of the family, the FI along with the referring agency determines the level and type of intervention necessary. Services are individualized to meet the needs of the identified youth and family member. Counseling each family is an integral part of weekly contacts utilizing a trauma-informed care approach. Each FI works in conjunction with the Community Interventionist. They collaborate together in order to stabilize the family. The FI assists the parent in developing parenting skills, and rules/consequence for their home and how to enforce them. The FI will also help to develop open communication and understanding. They have the family establish their own goals and assist them in working toward them. Ancillary community support services are utilized as needed to provide future support.

## 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: 10 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 dosage. Youth should receive the targeted amounts to have the greatest impact on recidivism reduction. Targeted duration and dosage for this service is 20 weeks, 30 hours.

0	youth in the cohort of	3	received the targeted Duration or Number of Weeks for a total	N/A*	points
0	youth in the cohort of	3	of received the targeted Dosage or Number of Hours for a total of	N/A*	points

**Total Points Received:** N/A\* **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. The Risk Levels of youth admitted to the program were: 0 low risk, 3 moderate risk, 0 high risk, and 0 very high risk

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

**Total Points Received:** N/A\* **Total Points Possible:** 25

**\*A minimum of 10 youth is required for data analysis to occur. Due to insufficient cohort size, a valid SPEP™ score could not be generated. Any data that has been shared is strictly for informational purposes. Technical assistance will be offered to the service provider in regard to SPEP™ Performance Improvement with the goal of reassessment in the future.**

### **The SPEP™ and Performance Improvement**

The intended use of the SPEP™ is to optimize the effectiveness of reducing recidivism among juvenile offenders. The service could improve its capacity for recidivism reduction by addressing the following recommendations:

#### 1. Regarding Quality of Service Delivery:

##### a. Written Protocol:

- i. Create a written protocol or manual that describes in detail (noting resources or other tools available) how Family Therapy should be delivered.
- ii. Note in the manual what type of youth are most appropriate for Family Therapy (for example: include YLS domains addressed by the service).
- iii. Document in writing, use of the manual, and develop a pre-determined timeframe to review and/or update the manual (annually for example).

##### b. Staff Supervision:

- i. Provide written feedback to each of the Family Interventionists on delivery of the service (this could be done following the monthly meetings as an example).
- ii. In the written performance review, provide feedback specific to the delivery of Family Therapy.

##### c. Organizational Response to Drift:

- i. Create a policy that specifically addresses how drift from service delivery will be corrected, and document when it is utilized. Include responses such as additional training, constructive written feedback, etc.

#### 2. Regarding Data Collection:

- a. Consider ways to increase the number of hours and weeks youth receive the service. This could include the targeted dosage and duration for a family counseling service through the SPEP™ on referral, marketing and court materials.
- b. Continue to aim to serve youth with a YLS risk level of moderate to very high.