

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Baseline

Name of Program and Service: Children's Home of Reading - Traditional In Home Service(s)
Cohort Total: 17 SPEP ID: 71-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 who are experiencing significant issues at school, home and/or in 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 primary difference is the amount of contact per week. The In-Home Service (IS) is the least intensive and includes 3 individual contacts per week by a Community Interventionist, it is client focused and there is no family counseling component. This program is designed for youth who are stepping down from a more intensive community-based service or as a re-entry component to supervision following an out of home placement. The Family Program (FP) consists of 2 contacts per week and one family contact. There is a separate Community Interventionist and a Family Interventionist, with only one identified client in the home. The Intensive Family Program (IFP) consists of five contacts per week; 2 by each Community Interventionist (one for each identified youth as clients) and 1 by the Family Interventionist. They share the same Family Interventionist. The Family Program (FP) and the Intensive Family Program (IFP) are designed to provide an in home service for unstable family systems. CHOR also offers the Residential Prevention Program (RPP), a service essentially the same as the In-Home Service however, contacts with youth and/or family are increased to 5 times per week, as determined by the referral source. This service was designed to provide intensive intervention in an effort to prevent out-of-home placement.

All tracks of the Traditional In-Home Services are eligible for weekly group, but this is not mandatory. It is up to the referral source or CHOR to determine if beneficial to the client. The group is run by the Community Interventionists and transportation can be provided. Youth work on anger management, life skills, BARJ topics, and substance abuse. Each psycho-educational group is 4 weeks and pre and post tests measure information retained. CHOR staff is on-call 24 hours a day to assist with any issues that may arise. Services are available to both male and female youth from ages 12-20. bi-lingual services in Spanish are available as well. Other than the Residential Prevention Program (RPP), services are not meant for high risk youth. A typical youth would be considered moderate risk with identified criminogenic needs in Family, Personality/Behavior and/or Attitudes/Orientation.

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

1. **SPEP™ Service Type:** Individual 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: 10

Total Points Earned: 10 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: 0

Points received for Dosage or Number of Hours: 4

Total Points Earned: 4 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

Basic SPEP™ Score: 41 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: 55% 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:

1. The inclusion of written descriptions of the service and target population of youth to receive the service in the policy/procedure manual.
2. A review of the completed service description and type of youth appropriate for the service, with both staff delivering the service and referral sources, would further enhance the capacity for recidivism reduction.
3. 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.
4. Consideration to extend the service to 25 weeks in length. Increasing the duration of the service by one week will positively impact dosage as well; increasing the number of youth who meet the targeted 30 hours for individual 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 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: 0071-A01-T02

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

Service Name: Traditional In-Home Program - Individual Therapy

Cohort Total: 4 (*)

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

Referral County(s): Lehigh (4)

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 Individual 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 In-Home Service is designed to be utilized as a free-standing community intervention model, a stepdown from more intensive community programming, or as aftercare assisting with the transition of the youth returning to the community from residential placement. 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.

The Community Interventionist (CI) will act as a change agent, liaison, and advocate for the identified youth. The client will receive life skills training, alcohol and other drug prevention/intervention, anger management/emotional regulation, and community/victim awareness. If the youth is not present for a scheduled session, at least one additional contact will be made to make up for the missed session. The CI works in conjunction with the Family Interventionist. They collaborate together in order to stabilize the family.

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

1. **SPEP™ Service Type:** Individual 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: 10

Total Points Received: 10 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 25 weeks, 30 hours.

0	youth in the cohort of	4	received the targeted Duration or Number of Weeks for a total	N/A*	points
0	youth in the cohort of	4	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, 4 moderate risk, 0 high risk, and 0 very high risk

4	youth in the cohort of	4	are Moderate, High, Very High YLS Risk Level for a total of	N/A*	points
0	youth in the cohort of	4	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 Traditional Individual Therapy should be delivered.
 - ii. Note in the manual what type of youth are most appropriate for Individual 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 Community 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 Traditional Individual 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 an individual 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.