

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Baseline

SPEP™ ID and Time: 168-T01

Agency Name: Pathways Adolescent Center
Program Name: Individual and Group Counseling Provided by Craig Psychological
Service Name: Mixed Counseling
Cohort Total: 10
Timeframe of Selected Cohort: Jul. 2, 2017 to Aug. 24, 2018
Referral County(s): Butler (1), Clearfield (2), Lawrence (1), Venango (1), and Washington (5)
Date(s) of Interview(s): Mar. 23, 2018
Lead County: Venango and Mercer
Probation Representative(s): Julie Bullard, Venango Co., Pam Farkas, Mercer Co.
EPIS Representative: Heather Perry

Description of Service:

Located in Oil City Pennsylvania, Pathways Adolescent Center (PAC) is a privately owned residential facility provider that serves PA youth referred by CYS and JPO. Their campus consists of a 28 bed male residential unit, a 28 bed female residential/transitional living unit named New Beginnings, two 12 bed male transitional living units, an 8 bed female transitional living home, a counseling center, a recreation facility, and a private academic school. Also on the grounds is an Emergency Shelter Program that is designed specifically to provide a facility for the shelter, care, assessment, and counseling of dependent and delinquent youths. Craig Psychological Services provides treatment and counseling on site that includes family, individual and group counseling, as well as Seeking Safety. Specialized treatment, such as Grief Counseling, D&A, or Sexual Abuse Curriculum must be approved by the referring agency. Each youth has the opportunity to complete Community Service Projects, Court Ordered Community Service, Restitution/Payment Plans/Personal Banking, Employment, and Money Management Skills. PAC offers Behavioral Modification Programming while incorporating CBT techniques with counseling services. Staff also provide youth with Cross Roads training, and group counseling. The Ansell Casey Testing, which identify strengths, weaknesses, and deficient areas that need to be addressed, is completed to aid in making an individualized transitional living plan. The Transitional Living component offers the resident the ability to obtain employment, attend public school and activities, and have additional counseling services that entail basic life skills with an adaptation to the ISP to meet his/her discharge needs. The focus of this report is the therapeutic Mixed Counseling services provided by Craig Psychological Services, in conjunction with PAC, which include Individual Counseling and Family Counseling. All youth that are referred to the Residential program at Pathways are required to have a Psychological Evaluation completed by Robert Craig, PhD. Referrals from the evaluation will be made by Dr. Craig, but it should be noted that at any given time while in the residential program, referrals can be made for therapeutic services by staff at the unit, JPO's, Self-Referral, Judges, Parent(s)/Guardians, etc. Each youth that receives services through Craig Psychological, will have a treatment plan that is reviewed regularly, and changes will be made as needed to meet the needs of the youth. Sessions usually last one (1) hour twice a week, but can be longer depending on the severity of issues and topics that are being discussed with the youth and/or family. Family sessions can be done face to face, over the phone, or through video conferencing if applicable. Youth and/or families who are actively in services with Craig Psychological Services may opt to continue Individual and Family Counseling with them, or seek services elsewhere.

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

1. **SPEP™ Service Type:** Mixed Counseling

Based on the meta-analysis, is there a qualifying supplemental service? Yes

If so, what is the Service Type? Behavioral Management

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

Total Points Received: 15 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: 5 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: 4

Points received for Contact Hours or Number of Hours: 6

Total Points Received: 10 **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.

9 youth in the cohort are Moderate, High, Very High YLS Risk Level for a total of 10 points

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

Total Points Received: 23 **Total Points Possible:** 25

Basic SPEP™ Score: 53 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: 63% 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.

Individual and Group Counseling, or Mixed Counseling, provided by Craig Psychological at Pathways Adolescent Center scored a 53 for the Basic Score and a 63% Program Optimization Percentage. It is classified as a Group 3 Counseling service – Mixed Counseling service type. The program could improve its capacity for recidivism reduction through:

1. Service Type: Develop and utilize behavior contracts with youth consistently.
2. Quality of Service Delivery
 - a. Written Protocol:
 - i. Enhance current process by creating a formal manual that describes; the service to be delivered; the service by process/topic/lesson/session; the target population; and includes a policy to ensure the manual is being reviewed annually at minimum.
 - b. Staff Training:
 - i. Develop a formal training process (for example, a shadowing checklist) and ensure that all staff and supervisors have been formally trained.
 - ii. Document training topics that are offered to staff.
 - iii. Consider educating staff on the YLS, Case Plan and other JJSES topics as well as topics specific to group counseling.
 - c. Staff Supervision:
 - i. Develop a document that will enable the supervisor to easily monitor delivery staff at regular time-frames (e.g. monthly, quarterly), and implement the process upon the completion of the manual. Ensure delivery staff are provided with a copy of the document.
 - ii. Begin to utilize staff performance evaluations at a regular basis during the year.
 - d. Response to Drift:
 - i. Develop a policy related to drift and include this in the manual/protocol.
 - ii. Enhance Data Collection by identifying process data to collect.
 - iii. Consider developing an exit survey to assist with evaluating the effectiveness of the service.
3. Amount of Service:
 - a. Continuing to collaborate with the probation departments to ensure that each juvenile reaches a minimum of 25 weeks of service and 25 contact hours.

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Reassessment 1 SPEP™ ID and Contact Time: 0168-T02

Agency/Program Name: Pathways Adolescent Center/Male Independent Living; Male PAC 1; Male PAC 2; Female Independent Living; Male PAC

Service Name: Integrated Counseling, formerly known as “Mixed Counseling” at T01

Cohort Total: 21

Cohort Time Frame: Youth that began the service on/after October 1, 2021 and ended on/before April 1, 2023

Referral County(s): Beaver (1); Butler (3); Cambria (1); Dauphin (1); Erie (2); Fayette (2); Jefferson (1); Lawrence (2); McKean (1); Mercer (3); Venango (2); Washington (1); Westmoreland (1)

Feedback Report Delivery: December 12, 2023

County/Probation Officer(s) Involved: Pam Farkas (Mercer); Alex Hromyak (Erie); Julie Bullard (Venango); Isaac Hastings (Venango)

EPIS SIS(s): Shannon O'Lone

Pathways Adolescent Center (PAC) is a privately owned residential facility provider that serves Pennsylvania youth referred by Children and Youth and Juvenile Probation. Pathways Adolescent Center offers both male (PAC) and female residential units (New Beginnings) which are both twenty-eight (28) bed, privately owned, residential facilities located in Oil City, Pennsylvania. Pathways also accommodates shelter youth within these programs. The boys' and girls' programs accept youth from ages 11-20 years of age. Pathways also offers a (12) bed step down male program (PAC 2) for youth ages 13-15 that have done well in the residential program. All programs provide comprehensive care in response to the individual needs of troubled youth and their families in close cooperation with other service providers.

As part of all residential programs, Pathways provides a privately licensed academic school. Youth have the opportunity to graduate from private school, graduate based on IEP goals, obtain a GED, attend public school/local CTE, and take college courses on site. During the first 30 days of a youth's stay, Pathways creates an Individual Service Plan to drive treatment based on the YLS, case plans, and psychological evaluation. This plan is updated every 6 months. Pathways' focus is to offer Behavioral Modification Programming while incorporating Cognitive Behavioral Therapy and Trauma-Informed techniques within counseling services offered.

As a main focus of all counseling services at Pathways, inclusion of the family in treatment, whenever possible, will assist the youth in a positive transition back to the home environment. Pathways has adjusted, in name only, this therapeutic approach into a more formalized service title called Integrated Counseling, formerly known as Mixed Counseling in the previous assessment. The components of this service remain the same with a focus on the balanced attention to both the youth and the family, and more specifically, in addressing the identified need area of the Family Circumstances/Parenting domain of the Youth Level of Service (YLS) assessment. This combination of individual and family counseling sessions may also address other risk factors identified on the youth's YLS assessment including Attitudes/Orientation, Personality/Behavior, Peer Relations, Substance Abuse, Education/Employment, and Leisure/Recreation, while keeping Responsivity of the youth in mind.

Youth complete a psychological evaluation with Dr. Robert P. Craig and complete an intake session with the assigned therapist. The therapist reviews the recommendations from the psychological evaluation, and incorporates the youth's YLS, and in some cases, the permanency plan to establish specific treatment goals and build professional alliance. Sessions may include a variety of topics that address: traumatic experiences, coping, codependency, PTSD, self-esteem, bullying, anxiety, depression, healthy relationships, setting effective boundaries, emotional regulation, positive relationships, relapse prevention, family dynamics/conflict resolution, and communication. A variety of cognitive behavioral therapies (Reality Therapy, CBT, DBT) in conjunction with Trauma-informed care approaches are utilized. Therapists will use clinical assignments such as journals, anger logs, and clinical workbooks in treatment sessions with both youth and families. Sessions typically occur twice weekly for an hour, and therapists target a minimum of 25 therapy hours with half of those hours being divided equally among individual and family sessions. Adjustments can be made given individualized youth needs and family involvement.

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

1. **SPEP™ Service Type:** Mixed Counseling

Based on the meta-analysis, is there a qualifying supplemental service? Yes

If so, what is the Service Type? Behavioral Management

Was the supplemental service provided? No **Total Points Possible for this Service Type:** 15

Total Points Received: 15 **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 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, 25 hours.

<u>13</u>	youth in the cohort of	<u>21</u>	received the targeted Duration or Number of Weeks for a total	<u>6</u>	points
<u>18</u>	youth in the cohort of	<u>21</u>	of received the targeted Dosage or Number of Hours for a total of	<u>8</u>	points

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. The Risk Levels of Youth admitted to the service were: 3 low risk, 16 moderate risk, 1 , high risk, and 1 very high risk.

<u>18</u>	youth in the cohort of	<u>21</u>	are Moderate, High, Very High YLS Risk Level for a total of	<u>10</u>	points
<u>2</u>	youth in the cohort of	<u>21</u>	are High or Very High YLS Risk Level for a total of	<u>0</u>	points

Total Points Received: 10 Total Points Possible: 25

Basic SPEP™ Score: 59 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: 69% 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. The service could improve its capacity for recidivism reduction by addressing the following recommendations:

1. Regarding Primary & Supplemental Service Types:
 - a. Consider the addition of Behavioral Contracting on a consistent basis to increase recidivism reduction benefits
2. Regarding Quality of Service Delivery:
 - a. Written Protocol:
 - i. Within the written protocol, identify a point person for tracking/documenting updates on all modalities/materials on a yearly basis
 - b. Staff Training:
 - i. Consider conducting a case study, yearly, to include all therapists as a Pathways booster training for consistency across clinical staff
 - c. Staff Supervision:
 - i. Consider formalizing feedback from weekly Supervisor meetings
 - ii. Include specific feedback regarding quality of service delivery in yearly performance evaluations (e.g. include within Pathways contract renewal process)
 - d. Organizational Response to Drift:
 - i. Create exit surveys specifically tailored to the Integrated Counseling service
3. Regarding Risk Level of Youth Served:
 - a. Continue to collaborate with referring counties on targeting moderate to high, and very high, risk youth for Integrated Counseling