

# The Standardized Program Evaluation Protocol (SPEP™):

**Service Score Results:** Baseline SPEP™ ID and Contact Time: 0337-T01

Agency/Program Name: Acadia Healthcare, Inc./Cove PREP

Service Name: Daily Living Group

Cohort Total: 11

Cohort Time Frame: Youth that began the service on/after January 1, 2021 and ended on/before June 30, 2022

Referral County(s): Allegheny (1), Columbia (1), Crawford (1), Erie (2), Lancaster (1),  
Mercer (1), Northampton (1), Northumberland (1), Tioga (1), and Warren (1)

Feedback Report Delivery: November 14, 2022

County/Probation Officer(s) Involved: Dauphin - Joe Gifford, Quality Assurance Officer  
Cumberland - Scott Shea & Chuck Hale and Westmoreland - Suzi Strenske

EPIS SIS(s): Christa Park & Lisa Freese

Acadia Healthcare is a network of mental health and addiction treatment facilities that provides care for patients of all ages, regardless of gender. Levels of care include acute inpatient hospitals, residential treatment centers, specialty programs such as partial hospitalization and drug and alcohol detoxification, intensive outpatient treatment and medication-assisted opioid treatment clinics. A number of disorders are treated: substance abuse, dual diagnosis, eating disorders, PTSD and trauma, behavioral health disorders, psychiatric disorders, developmental disorders and memory disorders. Their treatment network spans across the United States.

Cove PREP is a sexual offender residential treatment program for males ages 12 - 20. Youth must be adjudicated delinquent with a concerning sexual background. They operate four distinct and separate units. The unit divisions are based on sub-types within the sexual offender population as described below: a unit for Developmentally Disabled or Developmentally young juveniles- while the core programming content is the same, this sub group requires more repetition and a slower pace due to their cognitive processing limitations and requires more concrete presentation of materials; a unit for juveniles with co-morbid psychiatric concerns (e.g. Bipolar Disorder, history of self-mutilation; significant Mood Disorders; a unit for juveniles with more significant delinquency histories - these juveniles generally are older, have more aggressiveness associated with their sexual perpetration, and frequently have histories, which include other crimes against persons or property; an Honors unit for residents who have demonstrated significant therapeutic and behavioral progress and are moving toward successful discharge.

For youth who may demonstrate a combination of concerns, unit placement will be made based on the Treatment Team's assessment of where the youth can most effectively be served. Transfers to other units can occur throughout the course of treatment if appropriate.

Daily Living Group occurs after the dinner hour and is focused on different topics: conflict resolution, home & safety, leisure, substance use, self-care, and independent living. Conflict group is a structured agenda allowing youth to present conflicts, gather feedback from peers, and resolve issues. All conflicts shared in group are pre-approved by unit supervisors/staff. Home & Safety group topics are often seasonally-driven and relevant to current events (e.g. holiday celebrations & safety, etc.). Leisure groups often are activity-based with elements of competition, sportsmanship, and teamwork. D&A Use group focuses on common drugs of abuse. Self-care and Independent Living groups often have topics related to independent living skills and are driven by the needs of the youth at any given time. Binders are available, and facilitators have flexibility with choosing group topics. Groups often last about 30 minutes, with Conflict & Leisure groups typically running longer. The Activities Coordinator provides resources for groups; Behavioral Health Associates (BHA) facilitate groups. Progress notes are written.

\*Research indicates that more youth who sexually offended tend to recidivate non-sexually, rather than sexually (Caldwell, 2007; Chu & Thomas, 2010; McCann & Lussier, 2008), suggesting that it is important to consider general antisocial antecedents in addition to sexual offending risk factors. Although the YLS/CMI does not predict sexual offending, a recent meta-analysis by Olver, Stockdale, and Wormith (2009), which included unpublished dissertations, suggested that the YLS/CMI could have some utility for such a purpose.

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

1. **SPEP™ Service Type:** Social Skills Training

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: 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 dosage. Youth should receive the targeted amounts to have the greatest impact on recidivism reduction. Targeted duration and dosage for this service is 16 weeks, 24 hours.

<u>11</u>	youth in the cohort of	<u>11</u>	received the targeted Duration or Number of Weeks for a total	<u>10</u>	points
<u>11</u>	youth in the cohort of	<u>11</u>	of received the targeted Dosage or Number of Hours for a total of	<u>10</u>	points

**Total Points Received:** 20 **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: 4 low risk, 4 moderate risk, 1 , high risk, and    very high risk.

<u>5</u>	youth in the cohort of	<u>9</u>	are Moderate, High, Very High YLS Risk Level for a total of	<u>5</u>	points
<u>1</u>	youth in the cohort of	<u>9</u>	are High or Very High YLS Risk Level for a total of	<u>0</u>	points

**Total Points Received:** 5 **Total Points Possible:** 25

**Basic SPEP™ Score:** 50 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:** 59% 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 Quality of Service Delivery:

##### a. Written Protocol:

- i. Develop an overarching Written Protocol to clearly describe the fidelity & quality of service delivery, including how the group should be structured & facilitated and how each component/resource is intended to be utilized.
- ii. Within the Written Protocol, define a mechanism and timeframe to review materials on a pre-determined basis to ensure the most current materials are in use.

##### b. Staff Training:

- i. Identify specific training to support group facilitation/review of topics outlined in the Daily Living Groups and offer training on a regular basis; include periodic booster trainings to further develop/sustain competency in service delivery.

##### c. Staff Supervision:

- i. Outline current practices related to shift supervisor observations of group and include within the Written Protocol.
- ii. Develop and implement a process in which written feedback regarding service delivery can be provided to group facilitators and include service-specific feedback within the Performance Evaluation.

##### 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 data monitoring processes by creating/using resources to monitor service delivery (e.g., “Pre-/Post-Tests”).