

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Attempt (Alternative) SPEP™ ID and Contact Time: 0377-A01-T01

Agency/Program Name: Adelphoi Community-based/In-Home Services

Service Name: In-Home Prevention, Treatment, & Aftercare (IHPTA)

Cohort Total: Cohort data unavailable *

Cohort Time Frame: N/A

Referral County(s): N/A

Feedback Report Delivery: May 14, 2024

County/Probation Officer(s) Involved: Fayette - Amanda Sturgill & Janelle Gates

EPIS SIS(s): Shannon O'Lone & Christa Park

Headquartered in Latrobe, PA, Adelphoi has programs in over 30 counties, including residential group homes, foster & adoptive care, education services, and in-home treatment options. Adelphoi serves 1200 children, youth, and families each day. In-Home services are designed to address the specific needs of the child & family within a home environment and offer opportunities for family preservation and growth. The following interventions are identified under the In-Home Services umbrella: Community Independent Living, Family Preservation, Family Relationship Coaching, PTSD Aftercare, Prevention, Treatment & Aftercare Services, Aggression Replacement Training®, Multisystemic Therapy®, High Fidelity Wraparound Services, Family Advocacy and Support

The Prevention, Treatment and Aftercare Program provides in-home services to youth and their families based on the referral reason, assessed need, and identified treatment plan goals. Youth referred to the program are adjudicated delinquent or have an open case with Children & Youth Services (CYS) and reside with a family member, foster parent or are in an independent living arrangement. The program coordinates and executes multiple services & interventions to meet the needs of youth and their families while maintaining continuity of care throughout.

In-home Prevention, Treatment & Aftercare (IHPTA) was developed to help youth transition from a residential setting back into the home/community. Through its evolution, the service is appropriate for the spectrum of youth in the juvenile justice system – from first-time offenders placed on Consent Decree to offenders who have been in out-of-home placements. Targeted treatment areas include, but are not limited to: truancy, trauma, independent living, problem sexual behaviors, etc. Master’s Level therapists deliver the service, with caseload sizes no greater than 7 youth. Bachelor’s level therapists with a strong clinical background who are pursuing a Master’s Degree can also be eligible as facilitators. Service dosage/duration is intended to be 2 hours (face-to-face) per week. Sessions are held both individually with youth or combined with family/caregivers. Additional contact time may be provided via phone calls or in other community settings (e.g., school). Service delivery is guided by a matrix which specifies the phase, duration (number of days), objective/targeted criminogenic need, session type, dosage (number of hours), and intervention/treatment (e.g., specific assessments or modalities). The average length of service is 5-6 months; service length may be increased for youth with problem sexual behaviors. IHPTA is currently offered in Butler, Fayette, Washington, Franklin & Cumberland Counties. Frequent contact is maintained between the therapist and the assigned juvenile probation officer (JPO). Monthly updates are provided to both the referral agent(s) and families; court reports are written when needed/requested.

While the service includes both individual and family sessions, IHPTA is primarily targeted to meet the individual needs of the youth. Treatment plans are developed shortly after admission and are the primary driver of the type of sessions (e.g., individual and family) provided. Family engagement is encouraged for all youth, but the frequency of family counseling sessions varies. Tailoring the service to the youth’s specific needs offers therapists latitude with what is covered in sessions, but consistency in service delivery is maintained via the IHPTA Service Matrix.

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: 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, 30 hours.

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

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

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

*** Due to limited availability of qualitative and/or quantitative data, 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. Within the applicable policy included in the service binder, identify a particular timeframe for the review/revision of the service binder (e.g., review/revision to occur every three years).
 - b. Staff Training:
 - i. Update training requirement in the manual to align with current practice and requirements of education level for IHPTA therapists.
 - c. Organizational Response to Drift:
 - i. Develop an overarching policy/procedure that describes how drift from the fidelity & quality of service delivery will be identified.
 - ii. Ensure documentation is developed and utilized to verify implementation of the drift policy/procedure.
 - iii. Within the drift policy/procedure, include an “if-then” approach for corrective action steps to be taken if service delivery departs from what is intended (e.g., drifts from the fidelity and quality of service delivery).
2. Regarding Data Collection:
 - a. Monitor facilitation and group size to ensure identified youth have the opportunity receive this service