

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Baseline

Name of Program and Service: Community Commitment, Inc. - Family Counseling

Cohort Total: 13

SPEP ID: 73-T1

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

Date(s) of Interview(s): May 16, 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)*

Community Commitment Incorporated (CCI) operates in Lehigh, Northampton and Bucks Counties. There are three components to CCI: “Youthwork,” Family Mediation and Peer Integration Therapy. This summary focuses on Family Mediation services provided by the family therapist in Lehigh County. CCI began in 1972, with the goal of bringing “social therapeutic services to the homes of at risk youth.” It was reported that CCI was started in a different era and that era continues to influence CCI’s operations. Coming on the heels of the “turbulent 60’s,” history suggests that an anti-establishment tone existed. CCI prefers flexibility over structure, and their “business culture discourages hierarchy and structure for its own sake.”

Once a problem is identified, youth workers and the family therapist formulate an intervention plan and the response is often considered to be nontraditional and can be subject to constant scrutiny. Furthermore, the manual identified Youthwork as being multidimensional and included the following: counseling, therapy, working with family, skills training, competency development, leadership training, learning social constraints and anger management. CCI employs three contracted family therapists. The therapists work closely with the assigned youth workers. Several of the staff members speak fluent Spanish. The therapists utilize a range of treatment techniques that focus on family dynamics as a factor impacting delinquent behavior. This type of intervention may include the entire family but at a minimum involves the child and his/her parents. The family therapists, also known as mediators, are required to have a Master’s degree. The process to determine which family mediator is best suited for a family includes the following: 1. Review of referral material sent by the juvenile probation department; 2. A clinical assessment completed by the Director; and, 3. Discussion of both at weekly clinical staff meetings.

Family mediators meet with families and establish a helping relationship. Each therapist has their own unique style or approach. CCI’s expectation is that sessions are held weekly. No youth or families are turned away for services; CCI will hire additional workers as needed. The therapists typically carry a caseload of 4-5 families per office. They work with male and female clients ages 12-18.

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: 10 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: 2

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 12 points

4 youth in the cohort are High or Very High YLS Risk Level for a total of 10 points

Total Points Earned: 22 Total Points Possible: 25

Basic SPEP™ Score: 56 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: 66% 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. Strengthen the “Youthwork” in Action Manual by:
 - Specify service to be provided as well as the target audience (for example: age range, level of risk). Review the completed service description and type of youth appropriate for the service with both staff delivering the service and referral sources.
 - Document use of the manual as a training tool and mandate its review by staff.
 - Verify that the youth worker has read the material through either a post test or worksheet completion.
 - Routine review and updates of the Youthwork in Action Manual, and documenting the review date.
 - Document the use of the Youthwork in Action Manual during service delivery.
 - 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.
2. Enhance the training opportunities for the staff by:
 - Create formal training opportunities for family mediators.
 - Educate family mediators on the YLS and how they can be utilized in service delivery.
 - Document and track continuing education credits.
 - Utilize clinical staff meetings for training purposes and documenting training topics and hours.
3. Consider extending the service to 20 weeks in length. This would involve a conversation with the juvenile probation office and/or juvenile court to increase the average length of involvement to a minimum of four-five months. Service dosage should increase to a targeted 30 hours 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 is receiving the service (e.g. lengthening the existing meetings or meeting more than once per week).
4. Collaborate with the Acting Director and family mediators to structure supervision.