The Standardized Program Evaluation Protocol (SPEPTM):

Name of Program and Service: Alternative Rehabilitation Communities Inc.-Chambers burg Secure-Criminal Addictive Thinking Group

SPEP ID: <u>55</u>

Service Score Results: Baseline

Cohort Total: 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: 6 Points received for Dosage or Number of Hours: 0
	Total Points Earned:6 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.
	$ \frac{14/15}{8/15} $ youth in the cohort are Moderate, High or Very High YLS Risk Level for a total of $ \frac{10}{9/15} $ points points
	Total Points Earned: 23 Total Points Possible: 25
	Basic SPEP TM Score: 69 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: 73% 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:

The A.R.C. Chambersburg Secure service of Criminal Addictive Thinking Group scored a 73% Program Optimization Percentage. It is classified as a Group 4 service; Group counseling. The quality of the service is delivered at a medium level. The risk levels of youth admitted to the program are 6% youth as low risk, 40% as moderate risk, and 53% as high risk. The amount of service provided to the clients was 60% of the recommended targeted weeks of duration and 5% of the recommended target contact hours for this service type. A.R.C. Chambersburg Secure could improve its capacity for recidivism reduction through:

- 1. Development and incorporation of staff training directly for the use, knowledge, and implementation of the Criminal and Addictive Thinking curriculum. The training should be specific to the service being delivered. All training efforts should be included in documentation.
- 2. Develop a process for supervision of staff who delivers the service. This should include written feedback provided by the supervisor that includes adherence to the facilitator manual and protocol for delivering the service.
- 3. Creation of policy/procedure to identify drift in the service being delivered and a way to apply this policy/procedure to those delivering the service. Consideration should be given to documenting all applications of the developed policy/procedure.
- 4. Consideration should be given to the implementation and collection of data on the service provided. This data could then be utilized to improve or change the service based on whether the service being delivered is effective. Development of an exit interview may be helpful
- 5. It is very common for a student to step down to an open residential program from the Chambersburg Secure Program. As such, consideration should be given to the process of transferring from one facility to another and how treatment services are transitioned with those students.
- 6. A.R.C. should have a minimum education requirement for those staff delivering services to the students within their program.