

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Baseline

Name of Program and Service: Pressley Ridge In Home Service
Cohort Total: 28 SPEP ID: 142-T01
Selected Timeframe: Sep. 15, 2015 - Aug. 30, 2016
Date(s) of Interview(s): Dec. 21, 2016
Lead County & SPEP Team Representatives: Susan Claytor, Danielle Salisbury, York Co. & Lisa Freese, EPIS
Person Preparing Report: Susan Claytor, Danielle Salisbury, York Co. & Lisa Freese, EPISCenter

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)*

The purpose of the In-Home Service to advocate for the positive values in family life, to assist in the development of productive family relationships, and to promote healthy individual development and satisfactory social functioning in all family members. Services are provided on an intensive schedule of 3 to 5 visits per week and lasting 1-2 hours per session. This is a team process wherein a family therapist and an advocate/mental health worker is assigned to each family.

Target population is families where direct and immediate intensive service is required to prevent placement of a child or families where at least one child has been placed and the goal is reunification. Treatment consists of teaching skills to increase the overall level of function of the child and family members. Individual, family and couples counseling is provided. The age range of referrals is birth to 18 or 21 if a JPO referral. The team will assess the risk factors for each family referred. A team works with a family for an average of 6 months. Visits can be 1-3 counseling/therapy sessions per week for approximately 1 hour or 1-3 parenting/life-skills sessions per week for approximately an hour. Family engagement is the focus.

During the first 30 days an assessment is done, and along with family input, the treatment plan is created. to create the treatment plan. At the 30 day mark a FRM -Family Report Meeting is held. The IFS team, family and referral source are to be present to review and revise the treatment plan if needed. Typically the family therapist and advocate/mental health worker are not working with the family at the same time. Sessions with the family therapist are 3 times a week for 1 to 1.5 hours each or 2 times a week with a longer meeting time. The advocate/mental health worker spends 2 hours a week with the family. An IFS family therapist is on call 24-7 to deal with any emergency situations. A FRM is held every 4 weeks to review the treatment goals, to assess measurable progress towards the goal, to identify changes or additions to the Family Plan and to assess any changes in the family circumstances. A Closing Summary detailing the outcomes of the treatment is completed and sent to the referral source within 30 days of discharge.

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: 4

Points received for Dosage or Number of Hours: 6

Total Points Earned: 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.

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

2 youth in the cohort are High or Very High YLS Risk Level for a total of 0 points

Total Points Earned: 10 Total Points Possible: 25

Basic SPEP™ Score: 50 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: 59% 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 program could improve its capacity for recidivism reduction through:

1. Development of written protocol for the family therapist and advocate/mental health worker that outlines their responsibilities and offers lessons and resources for certain topic areas. This could be given to staff during their initial training.
2. Consider setting predetermined timeframes by which the supervisors evaluate the staff and provide specific, written feedback to each team member.
3. Consider increasing the number of contact hours per week to increase the dosage component.
4. Inclusion of written policies for departure from drift, or the intended service delivery, and outline clear expectations for staff delivering the service.
5. Review the YLS of all referrals and target youth who are moderate risk or higher.