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)

George Junior Republic (GJR) was established in 1909 as a private, nonprofit residential treatment community for disadvantaged youth by philanthropist William Ruben George. There are three different levels of care and services within the GJR program that are being considered in the SPEP process. The highest (most secure) is the Intensive Supervision Units (ISU). There are currently 3 Intensive Supervision Units. The next lower level of care is the Special Needs (SN) Units. There are currently 18 Special Needs Units. The final level of care being considered is the General Residential (Open Campus) program. There are currently 27 homes in the General Residential program. All levels of care are programs of out-of-home services for dependent and delinquent youth from Pennsylvania and other states across the country. The goal of all the programs is to “integrate appropriate behaviors into a youth’s daily routine for the youth to be successfully discharged back into the community setting.” In the ISU and SN units, the individual and group therapy occur within the residential building. In the General Residential program, all youth attend their individual and group counseling sessions at the Pew Counseling Center on the GJR campus. Delinquent and dependent kids are mixed throughout the cottages. Residents are required to achieve level 2 before they are granted a home pass. Level 2 takes approximately 2-3 months to achieve. One phone call is scheduled each week, with the option for more if necessary. Youth can earn home passes throughout the year. In the ISU and SN programs, the youth attend individual therapy with their Treatment Team Coordinator (TTC) assigned to the residential building. A TTC is a Masters level therapist who supervises the implementation of a program within the unit, supervises the staff on the unit, and provides the individual therapy to youth in the unit. In the ISU and SN programs, youth are scheduled to attend 2 sessions of individual therapy per week. In the General Residential program, the youth are assigned to an individual therapist, who is also a Master’s level therapist, and are scheduled to attend a one hour session weekly. Youth may be assigned to more sessions with their therapist if clinically warranted. Assigned caseloads can be up to 11 youth in the ISU and SN program and 24 youth in the General Residential programs. Treatment staff contact family at least once a month, but families can visit every weekend and are encouraged to communicate often with the treatment staff. The placing agency and parents are invited to the ISP conference that typically lasts one hour and is where plan goals are created. The structure of individual sessions includes behavior discussions, treatment goals, education, community service, restitution, the level system, and any clinical issues.

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 Earned: 10
   - Total Points Possible: 10

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:** 2

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.

- **32** youth in the cohort are Moderate, High or Very High YLS Risk Level for a total of 12 points
- **7** youth in the cohort are High or Very High YLS Risk Level for a total of 5 points

Total Points Earned: 17 Total Points Possible: 25

**Basic SPEP™ Score:** 43 total points awarded 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.)

**Program Optimization Percentage:** 58% 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. 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:

George Junior Republic’s Individual Counseling program scored a 43 for the Basic Score and a 58% Program Optimization Percentage. It is classified as a Group 1 service –Individual Counseling service type. The program could improve its capacity for recidivism reduction through:

1. Identify the target population best suited to receive the service and include this, as well as a “last revised date” within the manual.
2. Enhance the IC training process by developing a training checklist as it relates to the IC shadowing process.
3. Enhance staff supervision by developing a standard method to provide written feedback to delivery staff after they are monitored.
4. Enhance Organizational Response to Drift by documenting procedures that specifically address steps to be taken should staff fail to deliver individual counseling as it is intended to be delivered; and ensure that these procedures are systematically implemented.
5. Enhance data collection through collecting process or outcome data, peer reviews, or feedback from youth and families. Evaluate the effectiveness of the service and use these evaluations to enhance the service.
6. Investigate ways to enhance amount of service to reach 25 weeks and 30 hours.
The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Reassessment 1  
SPEP™ ID and Time: 91-T03

Agency Name: George Junior Republic  
Program Name: All Programs  
Service Name: Individual Counseling  
Cohort Total: 59 Amount of Service/58 Risk Level  
Timeframe of Selected Cohort: All delinquent youth who began this service on/after July 1, 2018 and ended this service on/before June 30, 2019.  
Referral County(s): Adams; Allegheny; Berks; Bucks; Chester; Clarion; Clinton; Dauphin; Delaware; Erie; Jefferson; Lehigh; Lycoming; McKean; Monroe; Montgomery; Warren; Washington; Westmoreland; York  
Date(s) of Interview(s): April 29, 2020 & May 19, 2020  
Lead County: Montgomery  
Probation Representative(s): Lisa Fetzer  
EPIS Representative: Kevin Perluke

Description of Service:

George Junior Republic (GJR) was established in 1909 as a private, nonprofit residential treatment community for disadvantaged youth by philanthropist William Ruben George. The organization was driven by his dream of creating an environment where youth would receive the guidance, education and skills needed to become productive citizens in society. GJR’s goal is to “integrate appropriate behaviors into a youth’s daily routine in order for the youth to be successfully discharged back into the community setting.” GJR provides out-of-home services for dependent and delinquent youth from Pennsylvania and other states across the country. Delinquent and dependent youth are mixed throughout the buildings/programs. Dozens of buildings are on the campus, and each is licensed separately. There are several different levels of care within the GJR residential program: Intensive Supervision Units (ISU); Special Needs Units and Special Needs RTF (SN); General Residential; 90 Day; Licensed Drug & Alcohol Treatment Unit; Diagnostic Unit; and Shelter Care.

Individual Counseling: In the ISU and SN programs, youth are scheduled to attend 2 sessions of individual therapy a week with their Treatment Team Coordinator (TTC) assigned to the residential building. A TTC is a Masters level therapist who supervises the implementation of the program within the unit, supervises the employees of the unit, and provides individual therapy to the youth in the unit. In the General Residential Program, youth are assigned to an individual therapist and are scheduled to attend a one-hour session weekly. Assigned caseloads can be up to 11 youth in the ISU and SN program and 24 youth in the General Residential programs. Treatment Staff contact family on monthly basis, but families can visit every weekend. The placing agency and parents are invited to the Individual Service Plan (ISP) conference which typically lasts one hour and is where treatment goals are created. The structure of individual sessions includes discussions on behavior, treatment goals, education, community service, restitution, any "clinical issues" and current level.

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? No  
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 which 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 contact hours. 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 Contact Hours or Number of Hours: | 2 |
| **Total Points Received**: | 8 |
| **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.

- 54 youth in the cohort are Moderate, High, Very High YLS Risk Level for a total of 10 points
- 21 youth in the cohort are High or Very High YLS Risk Level for a total of 13 points

| **Total Points Received**: | 23 |
| **Total Points Possible**: | 25 |

**Basic SPEP™ Score**: 61 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**: 81% 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. 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 juvenile probation department.

1. **Regarding Quality of Service Delivery**:
   a. Written Protocol:
      i. Create a process to show how the manual is utilized.
      ii. Ensure that the manual updated yearly with revision date.
   b. Staff Training:
      i. Create a booster training schedule.
      ii. Ensure that the supervisor is trained to deliver the service.
   c. Staff Supervision:
      i. Establish a supervision process to ensure quality of service delivery.
      ii. Certify that documentation occurs by the supervisor who are monitoring the service.
   d. Organizational Response to Drift:
      i. Create a more service specific drift policy.
      ii. Establish a service specific if-then approach to address departure from fidelity and quality of service delivery.
      iii. Create a data mechanism on the fidelity and quality of service delivery.
      iv. Use data to help adapt or improve service delivery.

2. **Regarding Amount of Service**:
   a. Establish ways to enhance amount of service to reach the targeted amounts of 25 weeks and 30 hours.

3. **Regarding Risk Level of Youth Served**:
   a. Continue to communicate with Juvenile Probation Department referral sources regarding the research-supported targeted risk population recommended for this service type; there are larger positive effects on recidivism with high risk juveniles.