The Standardized Program Evaluation Protocol (SPEP™):

**Service Score Results:** Baseline

**Agency Name:** George Junior Republic  
**Program Name:** Intensive Supervision; Special Needs Unit; Special Needs Unit-RTF; General Residential  
**Service Name:** Life Skills  
**Cohort Total:** 65, 63 with YLS

<table>
<thead>
<tr>
<th>Timeframe of Selected Cohort</th>
<th>July 1, 2018 - June 30, 2019</th>
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<tbody>
<tr>
<td>Referral County(s)</td>
<td>Adams, Allegheny, Berks, Bucks, Butler, Chester, Clarion, Clinton, Dauphin, Delaware, Erie, Jefferson, Lycoming, McKean, Monroe, Montgomery, Warren, Washington, Westmoreland, &amp; York</td>
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<tr>
<td>Date(s) of Interview(s)</td>
<td>November 21, 2019 and July 29, 2020</td>
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<td>Lead County</td>
<td>Mercer</td>
</tr>
<tr>
<td>Probation Representative(s)</td>
<td>Pamela Farkas</td>
</tr>
<tr>
<td>EPIS Representative</td>
<td>Shannon O’Lone</td>
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</tbody>
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**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 kids are mixed throughout the cottages. 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 Program; 90 Day; Licensed Drug & Alcohol Treatment Unit; Diagnostic Unit; and Shelter Care.

Life Skills training occurs daily in the residential units between the youth, peers and employees. The environment is utilized to correct behavior and teach alternatives to inappropriate or unacceptable behavior. Life Skills workbooks are given to each youth. These workbooks, along with coaching from employees and teachers in school address daily living, taking care of one’s self, home life, study and work habits, as well community and relationships with others. Youth Level of Service (YLS) domains are addressed through 50 skills the manual offers. Youth can work independently on these workbooks, based on their individual skill need upon entry into the program, and throughout their stay. Some skills may take several days to complete, while others can be done in one day. Each of these skills are driven by the need of the youth and can be repeated whenever it is necessary. These workbooks are designed to meet the needs at any particular time, so they do not need to be completed in a sequential order. It should be noted that there is no hierarchy between the 3 books, however, the 3rd book tends to be “higher” level skills. Youth can earn positive points for completing Life Skills. Upon discharge, youth keep these workbooks as resources for them to utilize within their home life, and community.

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The four characteristics of a service found to be the most strongly related to reducing recidivism:

1. **SPEP™ Service Type:** Social Skills Training  
**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

<table>
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<tr>
<th>Was the supplemental service provided?</th>
<th>N/A</th>
<th>Total Points Possible for this Service Type: 20</th>
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<tr>
<td>Total Points Received: 20</td>
<td>Total Points Possible: 35</td>
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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: 10 | 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: | 8 |
| Points received for Contact Hours or Number of Hours: | 8 |

Total Points Received: 16  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.

| youth in the cohort are Moderate, High, Very High YLS Risk Level for a total of | 10 points |
| 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**: 69 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. Review and Update Manual at predetermined times which includes a date to identify that staff are using the most recent material.
   b. Staff Training:
      i. Create booster trainings, specific to Life Skills, to enhance the quality of service delivery to be offered on a yearly basis at minimum.
      ii. Ensure documentation that all staff delivering the service have attended/completed booster trainings for Life Skills.
   c. Staff Supervision:
      i. Enhance current supervision processes to include scheduled times of direct observation of service delivery.
      ii. Develop a fidelity monitoring form to be used during direct observation of service delivery.
      iii. Provide written feedback to staff regarding quality of service delivery.
      iv. Consider creating a formal mechanism within the performance evaluation form in which the supervisor could document service-specific feedback.
   d. Organizational Response to Drift:
      i. Develop an overarching policy/procedure that describe how drift will be identified specifically related to the Life Skills.
      ii. Ensure the policy/procedure contains an “if-then” approach for corrective action steps if service delivery departs from what is intended but which are not necessarily driven by employee performance.
      iii. Develop processes/mechanisms to collect data on fidelity monitoring of service delivery (i.e., is the service achieving what it is intended to do?), such as through consistent direct observation of service delivery.
      iv. Develop data collection processes related to the impact of service delivery for Life Skills.

2. Regarding Amount of Service:
   a. Continue your collaboration with Juvenile Probation Departments/JPOs to ensure the appropriate length of stay for youth in the service.

3. Regarding Risk Level of Youth Served:
   a. Maintain collaboration with referral JPO to consider the appropriate risk level for each youth.