The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Baseline

Name of Program and Service: Keystone Adolescent Center-Primary Skill Building

Cohort Total: 12

Selected Timeframe: Jan. 19, 2016-Mar. 31, 2017

Date(s) of Interview(s): Apr. 27, 2017

Lead County & SPEP Team Representatives: Pamela Farkas, Mercer Co., Lisa Freese & Heather Perry, EPIS

Person Preparing Report: Pamela Farkas, Lisa Freese & Heather Perry

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)

Keystone Adolescent Center (KAC) is a non-profit organization that has been providing services to youth and families throughout Mercer County, and surrounding areas, since 1993. The components of the program are to provide Short Term Shelter Care, Long Term Residential Care, Education through local school districts, as well as the Keystone Charter School, Transitional Living programs, foster care, and/or Community Based programs for both delinquent and dependent, male and females, ages 8-21. Due to its community based nature and emphasis on family preservation, KAC also offers constructive behavior modification, therapeutic counseling, and educational opportunities to youth by involving family in the treatment process. They focus on emotional, behavioral, academic, and family problems within the home, school, or in the community. Referrals are accepted from Juvenile Probation, Children and Youth, as well as private organizations. KAC’s office is located at 201 Main Street, Greenville, PA 16125.

The focus of this report is Primary Skill Building, which is a skill building service drawn from the Brief Intervention Tools (BITS) curriculum. According to the Primary Skill Building Policies & Procedure manual, BITS helps adolescents address key skill deficits in short, structured interventions. BITS are an established cognitive-behavioral intervention developed by the Carey Group and are designed to be used when a spontaneous, “teachable moment” arises. They are used to target problematic behavior patterns. Keystone uses the BITS during individual sessions with the youth. The typical training techniques are instruction, modeling of behavior, practice and rehearsal, feedback, and reinforcement. Youth are assigned homework to be completed before the next session.

BITS address six offender skill deficits that were identified through research involving corrections professionals. These six areas were identified as the most versatile and therefore, the most important to teach youth. The six BITS that are focused on include Decision Making, Overcoming Automatic Responses, Overcoming Thinking Traps, Problem Solving, Thinking Traps and Who I Spend Time With.

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

   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: 20

   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**: 10  
**Points received for Dosage or Number of Hours**: 6  

Total Points Earned: **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.

<table>
<thead>
<tr>
<th>Youth Risk Level</th>
<th>Points Earned</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate, High, Very High YLS Risk Level for a total of 12 youth</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>High, Very High YLS Risk Level for a total of 6 youth</td>
<td>6</td>
<td></td>
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</tbody>
</table>

Total Points Earned: **25**  
Total Points Possible: **25**

**Basic SPEP™ Score**: 81 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.)*

**Program Optimization Percentage**: 96% 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 SYPEP and Performance Improvement**

The intended use of the SYPEP 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. Enhance the duration and dosage to meet research standards.
2. Develop a protocol for supervisors to regularly monitor adherence to the protocol and quality of service delivery. Findings should be documented and written feedback should be provided to the delivery staff. Monitoring should occur at predetermined time-frames.
3. Investigate ways to collect process or outcome data, or feedback from youth or families directly related to the service.
4. Investigate ways to evaluate the effectiveness of the service as well as enhance the service delivery.
5. Continue to accept referrals for Moderate and High Risk youth for this service.
The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Reassessment 1

Agency Name: Keystone Adolescent Center
Program Name: Keystone Adolescent Center
Service Name: Primary Skill Building
Cohort Total: 19, 18 with YLS
Timeframe of Selected Cohort: August 1, 2018 - March 7, 2020
Referral County(s): Beaver (2); Crawford (1); Mercer (16)
Date(s) of Interview(s): March 2, 2020; June 19, 2020
Lead County: Mercer
Probation Representative(s): Pamela Farkas
EPIS Representative: Shannon O’Lone

Description of Service:

Keystone Adolescent Center is a non-profit organization that has been providing services to youth and families throughout Western Pennsylvania and North Eastern Ohio since 1993. The components of the program are to provide Short Term Shelter Care, Long Term Residential Care, Education through the Keystone Charter School or local school districts, Transitional Living Programs, and/or Community Based Programs for both delinquent and dependent, male and females, ages 8-21. Keystone Adolescent Center (KAC) provides 24-hour care and supervision for delinquent and dependent male youth. The facility is a 20 bed, residential and shelter facility that houses male youth form the ages of 8-21. The facility is located at 60 South Race Street, Greenville, PA. Keystone Female Services (KFS) provides 24-hour care and supervision for delinquent and dependent female youth. The facility is a 24 bed, residential and shelter facility that houses female youth from the ages of 8 to 21. The facility is located at 95 South Race Street Greenville, PA.

Due to its’ community-based nature and emphasis on family preservation, Keystone Adolescent Center offers constructive behavior modification, therapeutic counseling, educational opportunities, and various treatment modules to youth. While in placement, focus is placed on the emotional, behavioral, academic, and family problems the youth is experiencing. KAC and KFS work closely with placing agencies and, when possible, involve the family in the treatment process. Realizing the importance of family preservation, these facilities encourage weekly phone calls and visitation from the family by designating times for this purpose. The program offers on site education and counseling options based on the child’s specific needs. Two full time master level therapists, as well as additional counseling support, allow for regular individual therapy. Education opportunities are provided through Keystone Charter School or local school districts. When necessary, youth can be enrolled in outsource GED programs. Referrals to Keystone Adolescent Center are accepted from Juvenile Probation and Children and Youth. Their office is located at 201 Main Street, Greenville, PA 16125.

For the purposes of this report, our focus will be on Keystone Adolescent Center’s Primary Skill Building service. Primary Skill Building is offered to all youth and is intended to effectively address key skill deficits through the use of brief structured interventions. Various approaches including Motivational Interviewing and BITS (Brief Intervention Tools Sheets) are utilized during individual sessions. The youth and his/her “primary” staff meet at least twice weekly to discuss and strengthen skill deficits that have been identified through recent behaviors. BITS are an evidence-based tool which can be utilized with low, moderate, and high YLS risk levels. These are used to target problematic behavior patterns and promote discussion. The topics include: Decision Making, Overcoming Automatic Responses, Overcoming Thinking Traps, Problem Solving, Thinking Traps, and Who I Spend Time With.

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
   Total Points Possible for this Service Type: 20

<table>
<thead>
<tr>
<th>Was the supplemental service provided?</th>
<th>Total Points Received: 20</th>
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<tbody>
<tr>
<td>N/A</td>
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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, 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: | 4 |
| Points received for Contact Hours or Number of Hours: | 6 |
| **Total Points Received:** | **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.

| 14 youth in the cohort are Moderate, High, Very High YLS Risk Level for a total of | 7 points |
| 6 youth in the cohort are High or Very High YLS Risk Level for a total of | 10 points |
| **Total Points Received:** | **17** |
| **Total Points Possible:** | **25** |

**Basic SPEP™ Score**: 67 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**: 79% 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.)*

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**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. Develop a review schedule to update the protocol/policy on a regular basis and ensure the most current version and associated curriculum/tools (BITS) is being utilized.
   b. **Staff Supervision**:
      i. Determine if a single process/mechanism would be beneficial to document observations of all components of this service and provide written feedback to each employee.
      ii. Incorporate into the yearly evaluation form a section to address quality of service delivery specific to the Primary Skill Building service.
   c. **Organizational Response to Drift**:
      i. **Program Enhancement (Policies and Procedures manual)**:
         1. Enhance/develop if-then approach that are detailed to include responses to interruption of service, missed sessions, and steps to review and correct drift for the Primary Skill Building service.
      ii. Enhance the existing client exit survey to include qualitative responses to elaborate on the service’s effectiveness.

2. **Regarding Amount of Service**:
   a. Improve communication with JPO referring counties to better match research recommendations for the target amount of service and appropriate length of stay for each youth.

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