

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Baseline

Name of Program and Service: George Junior Republic- SNU & Gen Res. Group Counseling

Cohort Total: 30 (28 for risk)

SPEP ID: 33-T02

Selected Timeframe: Jul. 1, 2016-Apr. 30, 2017

Date(s) of Interview(s): Mar. 7, 2017

Lead County & SPEP Team Representatives: Jeff Gregro, Berks Co., Pam Farkas, Mercer Co., Julie Bullard, Venango Co., Bill Holt, Allegheny Co., Lisa Freese & Heather Perry, EPIS

Person Preparing Report: Jeff Gregro, Pam Farkas, Julie Bullard, Bill Holt, 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)*

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, group therapy occurs 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 Special Needs programs and the General Residential programs all youth attend clinical groups on a weekly basis for one hour a week. The groups run continuously on campus. Groups are designed to be 8 weeks in duration with a built-in makeup week. Youth are referred to the groups based on needs identified by their YLS, by the probation department, or on-campus staff. Each group is delivered by a Master’s level therapist and the process is overseen by a clinical director. Youth receive a certificate upon completion. In addition to the clinical groups, all three levels of care also receive supplemental groups which are held in the topics of Anger Replacement Therapy, Drug and Alcohol Prevention and Victim Awareness groups. These groups are facilitated in the living units. Groups are also delivered in the Intensive Supervision Units but are not considered for this SPEP as the process and delivery are not consistent with how they are delivered in Special Needs or General Residential.

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

1. **SPEP™ Service Type:** Group 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: 30

Total Points Earned: 30 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: 0

Points received for Dosage or Number of Hours: 0

Total Points Earned: 0 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.

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

6 youth in the cohort are High or Very High YLS Risk Level for a total of 5 points

Total Points Earned: 15 Total Points Possible: 25

Basic SPEP™ Score: 65 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: 69% 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. The development of a training curriculum for therapists that relates specifically to delivering Group Counseling.
2. The collection of outcome data and receiving feedback from youth participating in the groups and use that information to enhance the service delivery.
3. Finding ways to enhance the amount of service youth are receiving in Group Counseling in the areas of dosage (40 hours) and duration (24 weeks).

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Reassessment 1

SPEP™ ID and Time: 33-T03

Agency Name: George Junior Republic
Program Name: Intensive Supervision; Special Needs Unit; Special Needs Unit-RTF; General Residential
Service Name: Clinical Group Counseling
Cohort Total: 58 for amount of service / 57 for risk level
Timeframe of Selected Cohort: Jul. 01, 2018 - Jun. 30, 2019
Referral County(s): Adams; Allegheny; Berks; Bucks; Butler; Chester; Clarion; Clinton; Dauphin; Delaware; Erie; Jefferson; Lehigh; Lycoming; McKean; Monroe; Montgomery; Warren; Washington; Westmoreland; York
Date(s) of Interview(s): Nov. 12, 2019 & Jan. 14, 2020
Lead County: Allegheny County Juvenile Probation
Probation Representative(s): William Shultz
EPIS Representative: Christa Park

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.

All youth within the Intensive Supervision Unit; Special Needs Unit; Special Needs Unit-RTF; General Residential programs attend clinical group counseling on a weekly basis. The Clinical Group program occurs continuously, only taking breaks for holidays. All Clinical Groups are created as 8-week curriculums; group facilitators use the same curriculum regardless of program. Youth are assigned to a new group every 8 weeks; group assignments are based on the youths' presenting needs and risks. Each group also has designated handouts and supporting information to be used by the group's facilitator. There are 22 different topics included in the clinical group rotation. The topics address a variety of issues facing youth, including but not limited to: mental/emotional health, impulse control, gun violence, moral reasoning, family dynamics, addiction, trauma, aftercare planning, and cultural sensitivity. Youth receive a certificate of completion for each group attended.

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

1. SPEP™ Service Type: Group 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:** 30

Total Points Received: 30 **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, 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: 2

Points received for Contact Hours or Number of Hours: 0

Total Points Received: 2 **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.

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

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

Total Points Received: 20 **Total Points Possible:** 25

Basic SPEP™ Score: 72 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: 76% 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.

Clinical Group Counseling received a 72 for the Basic Score and a 76% Program Optimization Percentage. These Basic Scores represent an increase of 7 percentage point(s) from the initial SPEP™ Assessment. These POP Scores represent an increase of 8 percentage point(s) from the initial SPEP™ Assessment. The service could improve its capacity for recidivism reduction by addressing the following recommendations:

1. Regarding Quality of Service Delivery:

a. Written Protocol:

- i. Document in writing, current processes to adjust service delivery for youth who may not respond well to the group dynamic.
- ii. Enhance current processes to determine group assignments through inclusion of the YLS “responsivity” section.
- iii. Develop a formal process for review/revision of the “Clinical Group Counseling Training Binder” to occur at predetermined timeframes.
- iv. Within the review/revision process, specify group materials should be dated to ensure the most current version is in use.

b. Staff Supervision:

- i. Enhance current supervision processes to include scheduled times for direct observation of service delivery.
- ii. Develop a fidelity monitoring form to be used during direct observation of service delivery, which can be discussed with the group therapist during clinical supervision.
- iii. Consider creating a formal mechanism within the performance evaluation form in which the supervisor could document service-specific feedback.

c. Organizational Response to Drift:

- i. Enhance existing policies by including specific examples of departure from the fidelity/quality of service delivery which are not necessarily driven by employee performance.
- ii. Include an “if-then” approach for corrective action for these specific examples of departure from the fidelity/quality of service delivery which are not necessarily driven by employee performance.
- iii. Develop mechanism 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. Enhance existing data collection processes related to use of “end of cycle” group survey to impact service delivery on an aggregate level.
- v. Design & implement a data collection system to gather SPEP™-specific data (e.g., youth identifiable information including JID and amount of service).

2. Regarding Amount of Service:

- a. Identify & analyze opportunities to increase contact hours per week to better match research recommendations for the target amount of service.
- b. Increase communication with JPO from referring counties to better match research recommendations for the targeted amount of service and appropriate length of stay for each youth.

3. Regarding Risk Level of Youth Served:

- a. Maintain collaboration with referral JPO to consider the appropriate risk level for each youth.