

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Advisory (*) SPEP™ ID and Contact Time: 0342-A01-T01

Agency/Program Name: Children's Home of Reading/Lehigh Valley Community Programs

Service Name: Specialized In-Home Program - Family Therapy

Cohort Total: 6 (*)

Cohort Time Frame: Youth that began the service on/after September 1, 2020 and ended on/before September 30, 2022

Referral County(s): Lehigh (5); Northampton (1)

Feedback Report Delivery: February 28, 2023

County/Probation Officer(s) Involved: Lehigh County - Tracie Henry, Quality Assurance Juvenile Probation Officer II & Eva Frederick, Juvenile Probation Officer II

EPIS SIS(s): Lisa Freese

The Children's Home of Reading was established in 1884 as a day nursery for working mothers and was located on Franklin Street in Reading. The first Board of Directors was organized in 1886; members were drawn from throughout Reading and Berks County. In 1888 the "Home for Friendless Children" was incorporated and was a privately-owned charitable organization. By 1947, the name of the Home for Friendless Children was officially changed to The Children's Home of Reading to better describe its atmosphere and purpose. The Home began to expand its programs to offer treatment-oriented care rather than custodial care. The Board of Directors amended The Children's Home Charter in 1974 to expand its function and accommodate more children with different and more serious kinds of problems such as abuse, neglect, truancy, and drug abuse. In 1997, The Children's Home of Reading established a second corporation, CHOR Youth & Family Services, Inc., (CHOR Services). The Children's Home of Reading continues to provide a treatment-oriented residential and community-based programming for children and teenagers.

The focus of this report is the Family Therapy component of the Specialized In-Home Program operated by Children's Home of Reading (CHOR) as a community-based service for youth in Lehigh and Northampton Counties. The Specialized Family Program (SFP) is designed to provide intensive in-home and on-site family-based services for sexually acting out behavior by youth within a family system. The SFP program also works with youth with specialized co-occurring mental health issues. These clients may have a lower level of sexual acting out or victimization, but also possess other significant mental health concerns. The family and one identified youth are viewed as the client and as such, direct contacts are made with the family and the primary identified youth. In addition, polygraph testing is available for the Specialized In-Home Program. Polygraph tests are solely therapeutic in nature and permission from the parent or guardian is needed. Program length of stay varies depending on the complexities within the family and may last eighteen months or more. There are 5 different levels of service within the Specialized In-Home Program: Specialized In Home Service (SIS), Specialized Family Program (SFP), Specialized Intensive Family Program (SIFP), Specialized Residential Prevention Program (SRPP), and Individual and Family Sessions.

Within each of these different service levels the Family Interventionist (FI) will meet with the family a minimum of one time a week. The FI focuses on weekly struggles that arise and helps to identify strategies the family can utilize to manage those issues and behaviors. In addition, the FI will help the identified client implement what they learned in placement and apply it to their home environment. Psycho sexual education is also provided to the family unit as well as victimization therapy. The FI works in conjunction with the Community Interventionist to create and implement safety plans and reinforce what the Community Interventionist is addressing on a weekly basis. The FI will also focus on reunification from placement to home or from foster care to home. These services are for families who are in need of counseling or intervention to ensure safety, improve family relationships and encourage pro-social behavior among all family members.

The Family Interventionist (FI) fulfills a variety of roles beyond a typical counselor: case manager, liaison, advocate and change agent. The FI primarily focuses on the parent(s). The FI will first assess the family through observation to gain insight into the family and as a means to see if the family has problems expressing emotion as well as if they are able to express emotions in an appropriate manner. Following the initial assessment of the family, the FI along with the referring agency determines the level and type of intervention necessary. Services are individualized to meet the needs of the identified youth and family member. Counseling each family is an integral part of weekly contacts utilizing a trauma-informed care approach. Each FI works in conjunction with the Community Interventionist. They collaborate together in order to stabilize the family. The FI assists the parent in developing parenting skills, and rules/consequence for their home and how to enforce them. The FI will also help to develop open communication and understanding. They have the family establish their own goals and assist them in working toward them. Ancillary community support services are utilized as needed to provide future support.

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 Received: 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, 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 dosage. Youth should receive the targeted amounts to have the greatest impact on recidivism reduction. Targeted duration and dosage for this service is 20 weeks, 30 hours.

<u>2</u>	youth in the cohort of	<u>6</u>	received the targeted Duration or Number of Weeks for a total	<u>N/A*</u>	points
<u>0</u>	youth in the cohort of	<u>6</u>	of received the targeted Dosage or Number of Hours for a total of	<u>N/A*</u>	points

Total Points Received: N/A* **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. The Risk Levels of youth admitted to the program were: 1 low risk, 4 moderate risk, 1 high risk, and 0 very high risk

<u>5</u>	youth in the cohort of	<u>6</u>	are Moderate, High, Very High YLS Risk Level for a total of	<u>N/A*</u>	points
<u>1</u>	youth in the cohort of	<u>6</u>	are High or Very High YLS Risk Level for a total of	<u>N/A*</u>	points

Total Points Received: N/A* **Total Points Possible:** 25

***A minimum of 10 youth is required for data analysis to occur. Due to insufficient cohort size, a valid SPEP™ score could not be generated. Any data that has been shared is strictly for informational purposes. Technical assistance will be offered to the service provider in regard to SPEP™ Performance Improvement with the goal of reassessment in the future.**

The SPEP™ and Performance Improvement

The intended use of the SPEP™ is to optimize the effectiveness of reducing recidivism among juvenile offenders. The service could improve its capacity for recidivism reduction by addressing the following recommendations:

1. Regarding Quality of Service Delivery:

a. Written Protocol:

- i. Note in the manual what type of youth are most appropriate for Specialized In Home Services (for example: include YLS domains addressed by the service).
- ii. Develop a pre-determined timeframe to review and/or update the manual (annually for example) and document it on the manual.

b. Staff Supervision:

- i. Provide written feedback to each of the Family and Community Interventionists on delivery of the service (this could be done following the monthly meetings as an example).
- ii. In the written performance review, provide feedback specific to the delivery of Family Therapy for the Specialized In-Home Service.

c. Organizational Response to Drift:

- i. Create a policy that specifically addresses how drift from service delivery will be corrected, and document when it is utilized. Include responses such as additional training, constructive written feedback, etc.

2. Regarding Data Collection:

- a. Consider ways to increase the number of hours and weeks youth receive the service. This could include the targeted dosage and duration for a family counseling service through the SPEP™ on referral, marketing and court materials.
- b. Continue to aim to serve youth with a YLS risk level of moderate to very high.