

### **Juvenile Justice and Delinquency Prevention Program Profile**

Welcome to the Pennsylvania Juvenile Justice Program Profile. The Program Profile is a series of questions where service providers and juvenile probation office personnel can share information on the programs offered within an agency that provides services to youth involved in Pennsylvania's juvenile justice system and/or child welfare system.

Completion of the profile is encouraged but is voluntary. Should you decide to complete the profile, the information you provide will be included in a publicly available database in the Program and Practice Effectiveness Toolkit, where court personnel and other juvenile justice practitioners can search for programs for PA youth who are alleged to be, or who have been adjudicated delinquent. Providers that offer delinquency prevention programs are also invited to complete the profile, as users of the Toolkit may also be in search of delinquency prevention programming as well. Participation in the profile is a great marketing opportunity for service providers!

The Program Profile will enable users of the Toolkit to learn which juvenile justice programs address risk and need factors within the eight domains of the Youth Level of Service/Case Management Inventory (YLS/CMI). Users can also search by county where service is currently available, program location(s), gender and age of youth served, and specific information about your organization's program or intervention. Users of the Toolkit will also have access to any known research that supports the level of effectiveness of the program or intervention.

**Internet Explorer 7 and above is the recommended browser for viewing the questionnaire.** You will notice that some fields within the contact information sections are mandatory (noted by an asterisk). Failure to answer these questions will result in a rejection of all submitted responses. The profile should take approximately 30 minutes to complete. The amount of time may vary based upon information readily available to the person completing the profile.

**IMPORTANT: Should you decide to complete a Program Profile, we recommend printing a blank copy of the questions prior to entering any information in the electronic version. This will allow you to gather the information necessary to complete the Profile in its entirety. Once you begin to answer the profile questions electronically, you cannot save your work, exit and return to the questions later.** Listed below is some of the information you will need.

1. Specific location of program by PA county or other state
2. All PA counties that contract with your agency to provide the program
3. Approximate number of youth served per county in past twelve months
4. Information on type of data collected
5. Target population
6. Criminogenic risk factors addressed if applicable
7. Specific services offered within a program (primary and secondary)
8. Program description
9. Number of Youth Level of Service (YLS) completed by referring agency and received by the service provider
10. Specific information on evaluation of the service provided, if it has occurred

11. For delinquency prevention, risk factors addressed

Once you click “Submit”, the information is sent to PCCD for review and inclusion into the database. Editing can only occur with the permission of PCCD. Participants will have an opportunity annually to edit/update the information.



## PROGRAM AND PRACTICE EFFECTIVENESS TOOLKIT

### Program Profile

\*indicates mandatory fields

Section 1: Contact Information	
1. What is the name of your Organization/Agency?*	
2. What is the name of the Program?*( <i>(A program is defined as a package of services; for example: JusticeWorks YouthCare, Inc. Violation Initiative Program or George Junior Republic's Special Needs Program)</i> )	
3. Name of the person completing the profile*	
4. What is your title?	
5. Phone number of the person completing the profile*	
6. E-mail address of the person completing the profile*	

Section 2: Program Contact Information	
7. Name of the program contact person*	
8. Title of the program contact person	
9. Phone number*	
10. E-mail address*	
11. Program Website	

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## Section 3: Program Information

12. In what county or counties is this program located? (Select all that apply)

Adams	Cameron	Delaware	Juniata	Monroe	Somerset	York
Allegheny	Carbon	Elk	Lackawanna	Montgomery	Sullivan	
Armstrong	Centre	Erie	Lancaster	Montour	Susquehanna	
Beaver	Chester	Fayette	Lawrence	Northampton	Tioga	
Bedford	Clarion	Forest	Lebanon	Northumberland	Union	
Berks	Clearfield	Franklin	Lehigh	Perry	Venango	
Blair	Clinton	Fulton	Luzerne	Philadelphia	Warren	
Bradford	Columbia	Greene	Lycoming	Pike	Washington	
Bucks	Crawford	Huntingdon	McKean	Potter	Wayne	
Butler	Cumberland	Indiana	Mercer	Schuylkill	Westmoreland	
Cambria	Dauphin	Jefferson	Mifflin	Snyder	Wyoming	

13. For this particular program, our agency contracts with the following county or counties.

Adams	Cameron	Delaware	Juniata	Monroe	Somerset	York
Allegheny	Carbon	Elk	Lackawanna	Montgomery	Sullivan	
Armstrong	Centre	Erie	Lancaster	Montour	Susquehanna	
Beaver	Chester	Fayette	Lawrence	Northampton	Tioga	
Bedford	Clarion	Forest	Lebanon	Northumberland	Union	
Berks	Clearfield	Franklin	Lehigh	Perry	Venango	
Blair	Clinton	Fulton	Luzerne	Philadelphia	Warren	
Bradford	Columbia	Greene	Lycoming	Pike	Washington	
Bucks	Crawford	Huntingdon	McKean	Potter	Wayne	
Butler	Cumberland	Indiana	Mercer	Schuylkill	Westmoreland	
Cambria	Dauphin	Jefferson	Mifflin	Snyder	Wyoming	

14. Define your program \* :

Juvenile Justice Intervention
Delinquency Prevention
<input checked="" type="checkbox"/> <b>We serve both populations</b>

15. Can the program accommodate non-English speaking youth?

<b>Yes</b>	If yes, please specify each language on a separate line. To enter a separate line, press ENTER:
<b>No</b>	
	<input type="checkbox"/> <b>English</b> <input type="checkbox"/> <input style="width: 100%;" type="text"/>

16. What is your daily program capacity (beds/slots)?

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17. Does the program have a curriculum or manual describing the nature, quality and amount of service to provide?

<b>Yes</b>	<b>If yes, is there regular observation of staff delivering the service and other on-going quality assurance checks? <i>Please describe.</i></b>
<b>No</b>	

18. Please select the option which best describes the data being collected for this program. (Select all that apply)

<b>Process data:</b> <i>Example would be number of youth served</i>	<b>Duration of Service:</b> <i>The length of time the youth was provided the program service</i>
<b>Client satisfaction data</b>	<b>Contact hours:</b> <i>The total number of hours of service that were provided to the participating youth</i>
<b>Intermediate outcome data:</b> <i>Such as pre and post assessments</i>	<b>Recidivism data</b>
<b>Sustained outcome data:</b> <i>Shows success or lack thereof post successful program completion at 6 and/or 12 months</i>	<b>If you chose Recidivism data, indicate the number of months furthest from a date of discharge (for example: if a program tracks recidivism at 6 and 12 months, the provider would answer "12")</b>

19. Does your agency have an electronic data collection system that captures duration or length of service, and total number of hours the service is delivered for each youth?

<b>Yes</b>
<b>No</b>

20. In what type of setting is this program delivered? If you choose "other" please explain. (Select only one)

Shelter Care Facility	Group Home Facility
Secure Detention Facility	Non-Secure Residential Facility
Day Treatment Center	Secure Residential Facility
Evening Reporting Center	Residential Treatment Facility (RTF)
Community Based Program	Other:

21. Select the *most appropriate* descriptor. If you choose "other" please explain. (Select only one)

Diversion Program	Post-Adjudication Program
Pre-Petition Alternative to Juvenile Court	Other:
Pre-Adjudication Program	

## Section 4: Target Population

22. Indicate the youngest acceptable age for your program

23. Indicate the oldest acceptable age for your program.

24. Is this program designed for? (Select one)

Males only
Females only
Both

25. How would you describe the level of restriction/confinement provided by this program? Click on category for definition. (Select one)

<b>Low:</b> Informal Community-based Supervision; Self-monitoring
<b>Moderate:</b> Community-based Supervision, Electronic Monitoring, Daily or Weekly contact; Curfew
<b>Moderate to High:</b> Non-Secure Confinement; Unlocked facility
<b>High:</b> Secure Confinement; Locked Facility

26. Describe the characteristics of the program’s target population? (Select all that apply) If you choose Other, please describe.

Pre-Delinquent/At-risk	Substance Abuse Involved Youth
Universal application (any youth, not just “at risk”) Pre-K	Truant/Drop out
Universal application (any youth, not just “at risk”) Elementary	Youth with Mental Health Needs
Universal application (any youth, not just “at risk”) Middle School/Junior High School	Other:
Universal application (any youth, not just “at risk”) High School	

27. Does this program serve special populations? (Select all that apply) If you choose Other, please describe.

Youth with Mental Health Needs
Gang-involved Youth
Sex Offenders
Substance Abuse Involved Youth
Other:

**28. Which of the following dynamic *criminogenic risks* and/or needs does this program target? (Select all that apply)**

<b>Family Circumstances/Parenting</b>	<b>Leisure Recreation</b>
<b>Education/Employment</b>	<b>Personality/Behavior</b>
<b>Peer Relations</b>	<b>Attitudes/Orientation</b>
<b>Substance Use</b>	

**Description of each Criminogenic risk:**

<b>Family Circumstances/Parenting</b> – Current stressors at home; conflict; lack of pro social reinforcement; non-caring or lack of warmth; parenting styles from harsh control to neglect; lack of accountability; past or current victimization from family member(s) .
<b>Education/Employment</b> – Poor academic achievement and attendance; inability to focus; conflict with school authority; lack of support for concept of achievement through education; poor work history; inability to keep job; poor attendance; conflict at work; lack of support for concept of achievement by working from bottom up.
<b>Peer Relations</b> – Associates with peers with delinquent histories and antisocial lifestyles; they reinforce antisocial thinking; they provide positive affirmation for antisocial acts; isolation from pro social others.
<b>Substance Use</b> – drug/alcohol abuse; history of drug/alcohol abuse in home; lack of support to maintain sobriety.
<b>Leisure Recreation</b> - Lack of interest in appropriate social or recreational outlets; significant amounts of idle time; lack of structure in day, especially between the hours of 3 pm and 9 pm.
<b>Personality/Behavior</b> – Difficulty with problem solving, emotional regulation and anger management; exposure to high risk situations; impulsive; easily bored; skill deficits such as knowing how to ask for help, apologize, etc.
<b>Attitudes/Orientation</b> – Blames others; lack of respect for authority; power and control thinking; falls into thinking traps such as “all or nothing”, “pride”, “helplessness”, “jump to conclusions”.

**29. In Question 28 you identified the primary criminogenic risk or need the program targets. From the same list, indicate the risk and/or need addressed as a primary or secondary service of this program.**

<b>Family Circumstances/Parenting</b>	<b>Primary / Secondary</b>
<b>Education/Employment</b>	<b>Primary / Secondary</b>
<b>Peer Relations</b>	<b>Primary / Secondary</b>
<b>Substance Use</b>	<b>Primary / Secondary</b>
<b>Leisure Recreation</b>	<b>Primary / Secondary</b>
<b>Personality Behavior</b>	<b>Primary / Secondary</b>
<b>Attitudes/Orientation</b>	<b>Primary / Secondary</b>

## Section 5: Program Description

30. The results of the Youth Level of Service (YLS) Inventory (*the most commonly used assessment instrument in PA's juvenile probation office*) assign to each youth a level of recidivism risk of Low, Moderate, High, or Very High, based on the domains listed in Question 28. Please indicate the youth level of risk your program is designed to serve. Select all that apply.

Low 0-8
Moderate 9-22
High 23-34
Very High 35-42
Not sure

31. Of the total number of youth who entered the program, indicate the approximate number of completed YLS assessments or YLS case plans received by the agency prior to or at the time of admission/beginning of program?

None
Less than half of all youth served
More than half of all youth served
All or almost all youth served

32. The following categories were taken from the Standardized Program Evaluation Protocol (SPEP). To the best of your ability identify the components/services that are available or occur with youth participating in the program. Please note that one program for youth may consist of multiple components/services. For example, the "Being a Good Citizen" program might include community service, mentoring, and social skills training components. (Select all that apply)

*For additional information on the Standardized Program Evaluation Protocol (SPEP), please visit: <http://www.episcenter.psu.edu/juvenilejustice/spep>*

Cognitive Behavioral Therapy	Restitution; Community Services	Social Skills Training
Mentoring	Individual Counseling	Mediation
Family Counseling	Group Counseling	Remedial Academic Program
Mixed Counseling	Behavioral Contracting; Contingency Management	Job related training
Challenge Programs	Family Crisis Counseling	

33. Over how many weeks is the service designed to be delivered?

1-10	21-30
11-20	31 or more

34. How many hours of contact are to be provided for a youth to complete the service?

1-20	41-60
21-40	61 or more

**35. Select one of the following descriptors that most accurately reflects your program design. If you choose Other, please describe.**

<b>Independent Evaluation of Effectiveness – Tier I</b>	<b>Agency Developed</b>
<b>Independent Evaluation of Effectiveness – Tier II</b>	<b>Pilot Program</b>
<b>Theory-based</b>	<b>Other:</b>

**Description of each choice:**

<p><b>Independent Evaluation of Effectiveness – Tier I (Typical of Blueprints Model Programs list)</b></p> <p>Program has been tested for effectiveness using rigorous evaluation methods, including combinations of the following:</p> <ul style="list-style-type: none"> <li>• Multiple randomized-control trials</li> <li>• Replication of program effectiveness in more than one population or setting (e.g., tested in urban and rural settings; white and minority youth; classroom and after-school context)</li> <li>• Program demonstrates sustained change of 1 year or more</li> <li>• Use of rigorous statistical methods including: controlling for pre-existing differences, appropriate missing data analysis, intent-to-treat analysis</li> </ul> <p>In addition to improvements in program targets, program impacts other important outcomes as well (e.g., designed to reduce substance use, but also increases academic achievement)</p>
<p><b>Independent Evaluation of Effectiveness – Tier II</b></p> <p>Program has been tested for effectiveness using sound evaluation methods, including the following</p> <ul style="list-style-type: none"> <li>• Randomized-control trials or quasi-experimental designs</li> <li>• Evaluation of change from pre-test to post-test</li> <li>• Improvements demonstrated in program targets at post-test</li> <li>• Program demonstrates sustained change of at least 6 months</li> </ul>
<p><b>Theory-based</b> – Program design is based upon approaches that have been researched and shown to be effective but this program has not been independently evaluated</p>
<p><b>Agency Developed</b> – Program was created or developed by the service provider and is demonstrating positive intermediate and/or long-term outcomes</p>
<p><b>Pilot Program</b> - Program was created or developed by the service provider has defined it’s intended intermediate outcomes but has not yet collected and analyzed data</p>

**36. Which of the following supplemental services or activities are available or occur with youth participating in the program? (Select all that apply) If you choose Other, please describe.**

<b>Academic-basic</b>	<b>Cognitive Behavioral Therapy</b>	<b>Group counseling</b>	<b>On-site school programs and services</b>	<b>Wrap around service</b>
<b>Academic-alternative services for truant/suspended youth</b>	<b>Drug and alcohol prevention/education</b>	<b>Individual Counseling</b>	<b>Parenting classes</b>	<b>Other:</b>
<b>Academic-educational advocacy services</b>	<b>Drug and alcohol treatment</b>	<b>Job-related training</b>	<b>Remedial Academic Program</b>	
<b>Behavioral contracting; Contingency management</b>	<b>Employment opportunities</b>	<b>Mediation</b>	<b>Recreational programming</b>	

Case management services	Family crisis counseling	Mentoring	Social skills training	
Challenge Programs	Gang involvement/avoidance education	Mixed counseling	Victim awareness education	

37. Please select the risk factors that are addressed in this program. (Select all that apply)

Availability of Drugs	Family History of the Problem Behavior	Friends Who Engage in the Problem Behavior
Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime	Family Conflict	Early Initiation of the Problem Behavior
Transitions and Mobility	Family Management Problems	Rebelliousness
Availability of Firearms	Favorable Parental Attitudes and Involvement in the Problem Behavior	Favorable Attitudes Toward the Problem Behavior
Media Portrayals of Violence	Academic Failure Beginning in Late Elementary School	Constitutional Factors
Low Neighborhood Attachment and Community Disorganization	Lack of Commitment to School	
Extreme Economic Deprivation	Early and Persistent Antisocial Behavior	

38. Please identify the funding used to support your prevention program. (Select all that apply) If you choose "Other", please describe.

County Children and Youth funding (Needs Based Budget)	State-PA Department of Education
County Juvenile Probation	State-PA Department of Drugs and Alcohol Programs
County Drug and Alcohol	State- PA Department of Health
County Mental Health	State- PA Department of Welfare
County-Other Funds	Local, State, or National Philanthropic Organizations (i.e., Foundations, Lions Club, Shriners, etc.)
State-PA Commission on Crime and Delinquency	Other:

\*\*\*\*\*Thank you for participating in the Program Profile!\*\*\*\*\*