

### **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	

[Privacy Policy](#) | [Security Policy](#)

### 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
✓ <b>Delinquency Prevention</b>
We serve both populations

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

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td></tr> <tr><td style="padding: 2px;">No</td></tr> </table>	Yes	No	<p>If yes, please specify each language on a separate line. To enter a separate line, press ENTER:</p> <div style="border: 1px solid #ccc; padding: 5px;"> <input type="checkbox"/> <b>English</b>  <input type="checkbox"/> <input style="width: 100%;" type="text"/> </div>
Yes			
No			

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

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

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

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 months")</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?

Yes
No

## Section 4: Target Population

20. Indicate the youngest acceptable age for your program

21. Indicate the oldest acceptable age for your program.

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

Males only
Females only
Both

23. 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	

## Section 5: Program Description

24. 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	

25. 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!\*\*\*\*\*