

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Baseline

Name of Program and Service: Hempfield Behavioral Health-Multisystemic Therapy (MST)

Cohort Total: 14

SPEP ID: 50

Selected Timeframe: Jan. 1, 2013-Dec. 31, 2013

Date(s) of Interview(s): Jan. 9, 2014

Lead County & SPEP Team Representatives: Nicole Mattern, Dauphin Co. & Shawn Peck, EPISCenter

Person Preparing Report: Shawn Peck & Nicole Mattern

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)*

Hempfield Behavioral Health is a provider of various evidence-based behavioral health prevention and treatment services in central Pennsylvania. A SPEP Interview was facilitated on the service of Multisystemic Therapy (MST,) provided through the Harrisburg Program located at 2019 North 2nd Street.

MST is a goal-oriented, comprehensive treatment program designed to serve multi-problem youth in their community. MST is a family-focused and community-based treatment program that is developed for chronic, some violent, delinquent behavior, emotional problems, truancy, academic problems as well as drug and alcohol problems. Youth are referred to MST through Juvenile Court and Social Services for Children & Youth as an alternative to placement. MST is not intended to work in tandem with other services; therefore youth receiving MST are typically not participating in other treatment interventions. MST is not suited for youth who are diagnosed with depression, trauma related issues, autism or psychiatric disorders, and referrals are declined as a result.

MST is based on the theory that behavioral change in youth is reached through the process of addressing their ecological factors, such as neighborhood, school, peers, and family. As a result, attention is given to these “drivers” of behavior at the onset of treatment in order to ensure that the undesired behaviors are addressed. MST adheres to Analytical Model to identify a “Fit Circle” and recommends that this is applied in all aspects of treatment. The Analytical Model is also applied to supervision of Clinician’s and is integrated within the organizational culture of Hempfield Behavioral Health.

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 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: 6

Points received for Dosage or Number of Hours: 6

Total Points Earned: 12 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.

11/12 youth in the cohort are Moderate, High or Very High YLS Risk Level for a total of 10 points

1/12 youth in the cohort are High or Very High YLS Risk Level for a total of 0 points

Total Points Earned: 10 Total Points Possible: 25

Basic SPEP™ Score: 62 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: 73% 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 Hempfield Behavioral Health MST program scored a 73% Program Optimization Percentage. It is classified as a family counseling program. The program could improve its capacity for recidivism reduction through:

Recommendations:

1. Communicate developer's recommendations to referring agency to ensure that the JPO placing the youth is aware of the Amount of Service required to reduce recidivism.
2. Enhance knowledge of the Youth Level of Service Assessment completed by the Juvenile Probation Office to better understand the criminogenic needs that are linked to the delinquent behaviors that treatment provided through Multi-Systemic Therapy can address.
3. Determine if MST is appropriate for High Risk Youth, if so collaborate with Juvenile Probation to further examine which High Risk Youth are most appropriate.
4. Collaborate with the Juvenile Probation Office on engagement efforts for those cases that do not reach the amount of service.