

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Baseline

Name of Program and Service: KS Consultants, Inc., KS Multisystemic Therapy (MST), Family Counseling

Cohort Total: 11

SPEP ID: 45

Selected Timeframe: 1/1/2014 – 10/30/2014

Date(s) of Interview(s): 12/1/2014

Lead County & SPEP Team Representatives: Bucks County, William Batty & Heather Perry

Person Preparing Report: William Batty & 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)*

Since 2000, KS Consultants have been delivering services to at risk juveniles. In 2007, KS was selected and approved to provide Multisystemic Therapy (MST) through a partnership with Bucks and Montgomery Counties, PA Department of Welfare, and Adelphoi Village. KS Consultants includes other programs besides MST and they are Congregate Care and Truancy Prevention. The focus of this report is MST. The Organizational Manual described MST as follows: MST treats youth, ages 12-17, with serious anti-social behaviors and their families. MST therapist are full time employees with a caseload range of 4-6. A MST team consists of 2-4 full-time therapist and supervisor. MST is delivered in the natural environment (home, school, community). MST treatment is about 4 months, with multiple meetings between the family and therapist occurring each week. Families are the central focus of MST and caregivers are considered full collaborators in treatment. The MST treatment plan is designed in collaboration with family members and is therefore family driven rather than therapist driven. The scope of MST Interventions is not limited to the individual adolescent or the family system but includes difficulties between other systems as the family-school and family-peer systems. MST interventions include strategic family therapy, structural family therapy, behavioral parent training and cognitive behavioral therapies. The overriding goal of MST is to empower parents with the skills and resources needed to independently address the inevitable difficulties that arise in rearing teenagers and to empower youth to cope with family, peer, school and neighborhood problems. MST attempts to provide parents with the resources needed to parent effectively and to develop increased family structure and cohesion. MST assists parents in developing strategies to decrease youth's associations with negative peers and increase associations with positive peers. MST assists parents in developing strategies to monitor and promote youth's school performance. MST therapist are available 24 hours/day and 7 days/week. KS treats youth between the ages of 12-17 who are male and female and delinquent and non-delinquent. KS referrals are from Bucks and Montgomery County C&Y and JPO. KS therapist are full time employees with a caseload range of 4-6 youth. KS therapists are separated into 3 teams of 4 therapist/team and each team has its own supervisor. KS delivers its service in the natural environment (home, school, community). KS service is delivered within 3-5 months duration. KS serves families and meets with the caregiver (parent) and identified youth approximately 2 times/week for approximately 2 hours/meeting. KS's goal is for the family to function as its own unit and reduce reliance on formal systems/agencies such as C&Y and JPO.

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: 8

Points received for Dosage or Number of Hours: 6

Total Points Earned: 14 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 youth in the cohort are Moderate, High or Very High YLS Risk Level for a total of 12 points

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

Total Points Earned: 12 Total Points Possible: 25

Basic SPEP™ Score: 66 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: 78% 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. Enhancing written protocol/manual
 - Utilize language contained in the Youth Level Service/Case Management Inventory (YLS) to identify a target population.
2. Enhancing staff training
 - Collaborate with probation department to train staff in YLS
3. Enhancing staff supervision
 - Utilize the "Therapist Field Visit Before and After Form."
4. Enhancing data collection
 - Utilize the "alumni tracking" idea.
5. Attaining targeted dosage and risk level served
 - Collaborate with probation department to meet targeted dosage requirement for family counseling service type and increase referrals of moderate/high risk juvenile and decrease low risk referrals

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Reassessment

Name of Program and Service: KS Consultants, Inc.- KS Multisystemic Therapy (MST)

Cohort Total: 16

SPEP ID: 45-T02

Selected Timeframe: Mar. 17, 2015 - Mar. 22, 2016

Date(s) of Interview(s): May 17, 2016

Lead County & SPEP Team Representatives: W. Batty, N. Caramenico, S. Stewart, Bucks Co. & H. Perry, EPIS.

Person Preparing Report: William Batty & 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)*

Since 2000, KS Consultants have been delivering services to at risk juveniles. In 2007, KS was selected and approved to provide Multisystemic Therapy (MST) through a partnership with Bucks and Montgomery Counties, PA Department of Welfare, and Adelphoi Village. KS has recently expanded the areas it serves to include Lehigh and Northampton Counties. KS Consultants includes other programs besides MST and they are Congregate Care and Truancy Prevention. The focus of this report is MST. The Organizational Manual described MST as follows: MST treats youth, ages 12-17, with serious anti-social behaviors and their families. MST therapist are full time employees with a caseload range of 4-6. A MST team consists of 2-4 full-time therapist and supervisor. MST is delivered in the natural environment (home, school, community). MST treatment is about 4 months, with multiple meetings between the family and therapist occurring each week. Families are the central focus of MST and caregivers are considered full collaborators in treatment. The MST treatment plan is designed in collaboration with family members and is therefore family driven rather than therapist driven. The scope of MST Interventions is not limited to the individual adolescent or the family system but includes difficulties between other systems as the family-school and family-peer systems. MST interventions include strategic family therapy, structural family therapy, behavioral parent training and cognitive behavioral therapies. The overriding goal of MST is to empower parents with the skills and resources needed to independently address the inevitable difficulties that arise in rearing teenagers and to empower youth to cope with family, peer, school and neighborhood problems. MST attempts to provide parents with the resources needed to parent effectively and to develop increased family structure and cohesion. MST assists parents in developing strategies to decrease youth's associations with negative peers and increase associations with positive peers. MST assists parents in developing strategies to monitor and promote youth's school performance. MST therapist are available 24 hours/day and 7 days/week. KS treats male and female and delinquent and non-delinquent youth. KS referrals are from Bucks, Montgomery, Lehigh and Northampton County C&Y and JPO. KS service is delivered within 3-5 months duration. KS serves families and meets with the caregiver (parent) and identified youth approximately 2 times/week for approximately 2 hours/meeting. KS's goal is for the family to function as its own unit and reduce reliance on formal systems/agencies such as C&Y and JPO.

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: 8

Points received for Dosage or Number of Hours: 8

Total Points Earned: 16 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.

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

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

Total Points Earned: 12 Total Points Possible: 25

Basic SPEP™ Score: 68 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: 80% 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 KS MST program scored a 68 for the Basic Score and an 80% Program Optimization Percentage. It is classified as a Family Counseling service type. These scores represent an increase from the baseline findings of the initial SPEP™ scoring results. The program could continue to improve its capacity for recidivism reduction through:

1. Including/documenting the criminogenic needs that are being targeted by the Family Counseling service type into the Referral Form, Treatment Plans, Court Reports and KS Policies and Procedures Manual,
2. Inquiring from the PA Department of Human Services about including/documenting the criminogenic needs that are being targeted by the Family Counseling service type into the Service Description,
3. Conducting YLS booster training at least yearly for staff who deliver the service and offering other service type and service delivery specific training,
4. Continuing to submit Outcome Measure templates to the probation department for analysis every 90 days when delivering the service,
5. Collaborating with JPO to assist in overcoming engagement issues with the Alumni Tracking tool,
6. Collaborating with JPO to discuss different options available to handle participants who violate during the course of service delivery, and
7. Collaborating with JPO to establish criteria for court reports.

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Reassessment 2

SPEP™ ID and Time: 045-T03

Agency Name: K/S Consultants

Program Name: K/S Multisystemic Therapy (MST®)

Service Name: Family Counseling

Cohort Total: 25

Timeframe of Selected Cohort: Began the service on/after March 1, 2018 and ended the service on/before March 1, 2020

Referral County(s): Bucks

Date(s) of Interview(s): April 22, 2021

Lead County: Bucks

Probation Representative(s): Rich Kubicek

EPIS Representative: Kevin Perluke

Description of Service:

K/S MST®, Inc. was established in 2007 in Bucks and Montgomery counties. Lehigh county was added in 2015 and Northampton county in 2017. K/S MST®, Inc. is only located within these counties in PA. In addition to K/S MST®, Inc., several other services are provided. There is an In-Home Program that is offered in all counties. Referrals are made by the Office of Children and Youth Services (OCYS) or Juvenile Probation. There are two workers: a Masters level family therapist and a Bachelors level advocate/mentor. They accept male and female clients ages 5 through 17. The service is an average of 6 months. Family therapy is once per week and the mentor/advocate sees the youth as many as 8 visits per month. The Truancy Diversion Program is offered in all counties. It is a diversionary program that addresses truancy and referrals are made by the Office of Children and Youth Services. Once the referral is made, the case is closed by OCYS. This service is 3-5 months in length. There is a family therapist that meets once per week and an advocate that typically meets 2-4 times per week. The advocate will often assist in getting the children to school. Clients are both male and female and range in ages from 5-17. Also offered is a Trauma Focused Cognitive Behavior Therapy (TF-CBT). This is grant funded and available in all counties. Referrals are made through the Office of Children and Youth Services. The emphasis is the child and the caregiver. They accept both male and female clients ages 3-18. The focus is on processing trauma. There is a Master level therapist that meets with the family one to two times per week. Lastly is K/S MST®, Inc., which is the focus of this report, specifically for Bucks County probation referrals. K/S MST®, Inc. is a goal-oriented, comprehensive treatment program designed to serve multi-problem youth in their community. It is a family-focused and community-based treatment program that is developed for youth who display chronic or violent delinquent behavior, emotional problems, truancy, academic problems as well as drug and alcohol use and abuse. Clinical interventions are delivered in the home environment and include strategic family therapy, structural family therapy, behavioral parenting training, and cognitive behavioral therapy. K/S MST®, Inc. works with the family and youth to develop interventions to impact behavior and then assess how the intervention went. The MST® therapist is constantly assessing, developing, implementing and then reassessing. MST® is not intended to work in tandem with other services; therefore, youth receiving MST® are typically not participating in other treatment interventions. MST® does have exclusion criteria; it is not suited for youth who currently have suicidal/homicidal ideations or attempts, or who display psychotic behaviors. Youth on the autism spectrum or who have a borderline or below IQ are excluded as well. K/S MST®, Inc. is not appropriate for youth where sexual issues are the primary behavior. K/S MST®, Inc. 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 to ensure that the undesired behaviors are addressed. In the Bucks County office, there are four K/S MST®, Inc. teams: there are a total of 12 therapists and three supervisors. Two of the therapists have a Bachelor's degree with significant number of years of experience in the field. The other 10 therapists have a Master's degree and one therapist is bi-lingual. K/S MST®, Inc. has a guideline that there may only be once Bachelor's level therapist per team. Referrals are made by the juvenile probation department, county children and youth agencies, and other outside sources such as schools. Referrals cannot come directly from families. Clients can be male or female and typically are between the ages of 12-17. If a client is under the age of 12, but turning 12 within a month or two they will accept the client. They will also accept a client who will soon turn 18 as long as they have an active caregiver and are actively attending school. The average length of treatment is 3-5 months, and each family is seen 2-3 times per week and on average for 4 hours per week. Once our agency receives a referral, the IBHS process begins with the Written Order staff reaching out to the family to schedule the intake. The intake is conducted in the client's home, our agency office or via telehealth. During the intake, the licensed clinician determines a diagnosis and prescribes the appropriate service based on the interview with the youth and a caregiver as well as a review of information/documents received from the referral source (i.e. IEPs, previous evaluations, discharge summaries, school attendance and/or behavioral reports, probation intake packets). If MST® is prescribed, the case is assigned to the ongoing MST® therapist. The MST® therapist develops the Assessment based on the Written Order and other clinical information gathered during the first 15 days of treatment. The Assessment is similar to a Life Domain Evaluation. The Clinical Director's role under IBHS is to sign off on all Treatment Plans and provide general oversight of the of the MST® Program in collaboration with the Program Manager. It is important to note that a referral can come with a psychological evaluation recommending MST®, which will take the place of the Written Order. A referral can also come with a Written Order from another IBHS licensed agency, including a Primary Care Physician or another Mental Health Provider. In such cases, the case is immediately referred to the ongoing MST® therapist. The majority of our cases are funded by Magellan. In cases where families do not have Medical Assistance, K/S MST® staff assists the family in applying and obtaining MA. Referrals from JPO or CYS are locally funded until MA is processed, allowing us to start treatment immediately. Referrals from schools or other providers, treatment is delayed until the MA is processed.

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? No

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: 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: 4
Points received for Contact Hours or Number of Hours: 8

Total Points Received: 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.

25 youth in the cohort are Moderate, High, Very High YLS Risk Level for a total of youth 12 points
4 in the cohort are High or Very High YLS Risk Level for a total of 3 points

Total Points Received: 15 Total Points Possible: 25

Basic SPEP™ Score: 67 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: 79% 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.

1. Regarding Amount of Service:
 - a. Maintain communication between K/S MST® and Bucks County Juvenile Probation regarding youth being discharged early from the program without looking at the research recommended targeted amount of service.
2. Regarding Risk Level of Youth Served:
 - a. Continue to communicate with Bucks County Juvenile Probation regarding the research supported targeted risk population recommended for this service type; there are larger positive effects on recidivism with high risk juveniles.

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results:

Reassessment 3

SPEP™ ID and Contact Time: 0045-T04

Agency/Program Name: K/S Consultants/K/S MST®, Inc.

Service Name: Multisystemic Therapy (MST®)

Cohort Total: 25

Cohort Time Frame: Youth that began the service on/after July 1, 2021 and ended on/before February 1, 2023

Referral County(s): Bucks (14) and Montgomery (11)

Feedback Report Delivery: March 28, 2023

County/Probation Officer(s) Involved: Jennifer Ungarino-Montgomery County, Nick Caramenico & Rich Kubicek-Bucks County

EPIS SIS(s): Dawn Karoscik & Lisa Fetzer

K/S MST®, Inc. is a goal-oriented, comprehensive treatment program designed to serve multi-problem youth in their community. It is a family-focused and community-based treatment program that is developed for youth who display chronic or violent delinquent behavior, emotional problems, truancy, academic problems as well as drug and alcohol use and abuse. Clinical interventions are delivered in the home environment and include strategic family therapy, structural family therapy, behavioral parenting training, and cognitive behavioral therapy. K/S MST®, Inc. works with the family and youth to develop interventions to impact behavior and then assess how the intervention went. The MST® therapist is constantly assessing, developing, implementing and then reassessing. MST® is not intended to work in tandem with other services; therefore, youth receiving MST® are typically not participating in other treatment interventions. MST® does have exclusion criteria; it is not suited for youth who currently have suicidal/homicidal ideations or attempts, or who display psychotic behaviors. Youth with Autism who are not high functioning or who have a borderline or below IQ are excluded as well. K/S MST®, Inc. is not appropriate for youth where sexual issues are the primary and only behavior. K/S MST®, Inc. 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 to ensure that the undesired behaviors are addressed.

In the Warrington office, there are four K/S MST®, Inc. teams, which serve both Bucks and Montgomery County. Therapists are localized but can serve both counties depending on their region. There are a total of 13 therapists and four supervisors. One of the therapists have a Bachelor’s degree with significant number of years of experience in the field. The other 12 therapists have a Master’s degree and one therapist is bi-lingual. K/S MST®, Inc. has a guideline that there may only be once Bachelor’s level therapist per team. Referrals are made by the juvenile probation department, county children and youth agencies, schools and other providers. Referrals cannot come directly from families. Clients can be male or female and typically are between the ages of 12-17. If a client is under the age of 12, but turning 12 within a month or two they will accept the client. They will also accept a client who will soon turn 18 as long as they have an active care giver and are actively attending school. The average length of treatment is 3-5 months, and each family is seen 2-3 times per week and on average for 4 hours per week.

Once our agency receives a referral, the IBHS process begins with the Written Order staff reaching out to the family to schedule the intake. The intake is conducted in the client’s home, our agency office or via telehealth. During the intake, the licensed clinician determines a diagnosis and prescribes the appropriate service based on the interview with the youth and a caregiver as well as a review of information/documents received from the referral source (i.e. IEPs, previous evaluations, discharge summaries, school attendance and/or behavioral reports, probation intake packets). If MST® is prescribed, the case is assigned to the ongoing MST® therapist. The MST® therapist develops the Assessment based on the Written Order and other clinical information gathered during the first 15 days of treatment. The Assessment is similar to a Life Domain Evaluation. The Clinical Director’s role under IBHS is to sign off on all Treatment Plans and provide general oversight of the of the MST® Program in collaboration with the Program Manager.

It is important to note that a referral can come with a psychological evaluation recommending MST®, which will take the place of the Written Order. A referral can also come with a Written Order from another IBHS licensed agency, including a Primary Care Physician or another Mental Health Provider. In such cases, the case is immediately referred to the ongoing MST® therapist. The majority of our cases are funded by Magellan. In cases where families do not have Medical Assistance, K/S MST® staff assists the family in applying and obtaining MA. Referrals from JPO or CYS are locally funded until MA is processed, allowing us to start treatment immediately. Referrals from schools or other providers, treatment is delayed until the MA is processed.

*The SPEP™ requires that Group 3 service; Family Counseling be delivered for a targeted duration of 20 weeks and that each juvenile receive 30 contact hours. However, the developer of MST® recommends 16 weeks for the target duration only. Because MST® is identified as a Blueprint Model Program, Dr. Lipsey (SPEP™ developer) accepts duration at 80% of the developer’s recommendation. Since the developer did not specify the number of contact hours, it is reasonable to default to the research-based recommendations for contact hours for a Group 3; Family Counseling service type. Therefore, for the purposes of this analysis, the targeted duration will be 13 weeks (i.e., 80% of 16 = 12.8) and the targeted contact hours will be 30 hours. Please note, previous assessments did not incorporate the developer’s targeted duration.

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

1. **SPEP™ Service Type:** Family Counseling (MST)

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: 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 dosage. Youth should receive the targeted amounts to have the greatest impact on recidivism reduction. Targeted duration and dosage for this service is 13* weeks, 30 hours.

<u>17</u>	youth in the cohort of	<u>25</u>	received the targeted Duration or Number of Weeks for a total	<u>6</u>	points
<u>22</u>	youth in the cohort of	<u>25</u>	of received the targeted Dosage or Number of Hours for a total of	<u>8</u>	points

Total Points Received: 14 **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 service were: 4 low risk, 12 moderate risk, 9 , high risk, and 0 very high risk.

<u>21</u>	youth in the cohort of	<u>25</u>	are Moderate, High, Very High YLS Risk Level for a total of	<u>7</u>	points
<u>9</u>	youth in the cohort of	<u>25</u>	are High or Very High YLS Risk Level for a total of	<u>13</u>	points

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

Basic SPEP™ Score: 74 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: 87% 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. The service could improve its capacity for recidivism reduction by addressing the following recommendations:

1. Regarding Amount of Service:

- a. Maintain communication between K/S MST® and Montgomery County and Bucks County Juvenile Probation regarding research recommended targeted amount of service to ensure youth are not being discharged early.

2. Regarding Risk Level of Youth Served:

- a. Continue to communicate with Montgomery County and Bucks County Juvenile Probation regarding the research supported targeted risk population recommended for this service type; there are larger positive effects on recidivism with high risk juveniles.