

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Baseline

Name of Program and Service: Community Solutions, Inc., Multisystemic Therapy (MST)
Cohort Total: 21 SPEP ID: 94-T1
Selected Timeframe: Jan. 1, 2014 - Sep. 30, 2015
Date(s) of Interview(s): Dec. 9, 2015
Lead County & SPEP Team Representatives: Tracie Davies, Lehigh Co. & Lisa Freese, EPISCenter
Person Preparing Report: Lisa Freese

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)*

MST 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 or display chronic or violent delinquent behavior, emotional problems, truancy, academic problems as well as drug and alcohol problems. Clinical interventions are delivered in the home and include strategic and structural family therapy, behavioral parenting training and cognitive behavioral therapy. MST 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 and 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. MST is not appropriate for youth where sexual issues are the primary behavior. 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.

In the Allentown CSI office, there is 1 MST team: 1 supervisor and 4 therapists assigned to Lehigh and Northampton Counties. Referrals are made by both juvenile probation departments and county children and youth agencies. Clients can be male or female and typically be between the ages of 12-17. If a client is under the age of 12 and demonstrate behavioral problems, they will consider youth on a case by case basis. The average length of treatment is approximately 4 months, and each family is seen 2-3 times a week for a total of 3.5 to 5 hours weekly. Therapists typically have between 4 and 6 families on their caseload. Although service delivery is always consistent among youth, CSI is challenged with a diverse population both culturally and demographically. One therapist is bi-lingual. CSI is considered a network partner with MST; one of approximately 10 network partners nationwide.

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: 4

Points received for Dosage or Number of Hours: 4

Total Points Earned: 8 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.

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

4 youth in the cohort are High or Very High YLS Risk Level for a total of 5 points

Total Points Earned: 15 Total Points Possible: 25

Basic SPEP™ Score: 63 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: 75% 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:

1. Collaborate with the juvenile probation office to ensure that youth are receiving a minimum of 30 hours of service over a minimum of 13 weeks.
2. Review the YLS results of all referrals and target youth who are of moderate or higher risk for MST.

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Reassessment 1

SPEP™ ID and Time: 0094-T02

Agency Name: Community Solutions, Inc. (CSI)

Program Name: Community Solutions, Inc. (CSI)

Service Name: Multisystemic Therapy (MST)

Cohort Total: 17

Timeframe of Selected Cohort: September 30, 2016 - Mar. 1, 2018

Referral County(s): Lehigh

Date(s) of Interview(s): April 9, 2018

Lead County: Lehigh

Probation Representative(s): Tracie Davies

EPIS Representative: Lisa Freese

Description of Service:

Community Solutions Inc. (CSI) became the first licensed provider of Multi-Systemic Therapy (MST) in central Connecticut in 1999. In 2002 CSI came to Pennsylvania and received a grant from the PA Commission on Crime and Delinquency (PCCD) to deliver Multi-Systemic Therapy (MST), and now serve youth in 13 counties across the state. MST 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 problems. Clinical interventions are delivered in the home environment and include strategic family therapy, structural family therapy, behavioral parenting training and cognitive behavioral therapy. MST 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 and 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. MST is not appropriate for youth where sexual issues are the primary behavior. 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.

In the Allentown CSI office, there is 1 MST team: 1 supervisor and 4 therapists assigned to Lehigh and Northampton Counties. Referrals are made by both juvenile probation departments and county children and youth agencies. Clients can be male or female and typically be between the ages of 12-17. If a client is under the age of 12 and demonstrate behavioral problems, they will consider youth on a case by case basis. The average length of treatment is approximately 4 months, and each family is seen 2-3 times a week for a total of 3.5 to 5 hours weekly. Therapists typically have between 4 and 6 families on their caseload. Although service delivery is always consistent among youth, CSI is challenged with a diverse population both culturally and demographically. Two therapists are bi-lingual. CSI is considered a network partner with MST; one of approximately 10 network partners nationwide.

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: 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: 6
Points received for Contact Hours or Number of Hours: 4

Total Points Received: 10 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, 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 5 points

Total Points Received: 17 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.

MST received a 67 for the Basic Score and a 79% Program Optimization Percentage. The Basic Scores represent an increase of 4 point(s) from the initial SPEP™ Assessment. The POP Scores represent an increase of 4 percentage point(s) from the initial SPEP™ Assessment.

The program could continue to improve its capacity for recidivism reduction through:

1. Continue to work toward increasing number of service hours to 30 over a 13-week period.

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Reassessment 2

SPEP™ ID and Time: 94-T03

Agency Name: Community Solutions, Inc. (CSI)

Program Name: Community Solutions, Inc. (CSI)

Service Name: Multisystemic Therapy (MST)

Cohort Total: 21

Timeframe of Selected Cohort: All delinquent youth who began this service on/after 3/1/2018 and ended this service on/before 3/31/2020

Referral County(s): Lehigh

Date(s) of Interview(s): May 6, 2020

Lead County: Lehigh

Probation Representative(s): Tracie Davies

EPIS Representative: Lisa Freese

Description of Service:

Community Solutions Inc. (CSI) became the first licensed provider of Multisystemic Therapy (MST) in central Connecticut in 1999. In 2002 CSI came to Pennsylvania and received a grant from the Pennsylvania Commission on Crime and Delinquency (PCCD) to deliver Multisystemic Therapy (MST), and now serve youth in 16 counties across the state. MST 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. MST 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. MST is not appropriate for youth where sexual issues are the primary behavior. 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 to ensure that the undesired behaviors are addressed. In the Allentown CSI office, there is one MST team: 1 supervisor and 4 therapists assigned to Lehigh and Northampton Counties. Referrals are made by both juvenile probation departments and county children and youth agencies. Clients can be male or female and typically are between the ages of 12-17. If a client is under the age of 12 and demonstrate behavioral problems, they will consider youth on a case by case basis. The average length of treatment is approximately 4 months, and each family is seen 2-3 times a week for a total of 3.5 to 5 hours. Therapists typically have between 4 and 6 families on their caseload. Although service delivery is always consistent among youth, CSI is challenged with a diverse population both culturally and demographically. One therapist and the supervisor are both bilingual. CSI is considered a network partner with MST; one of approximately 10 network partners nationwide.

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: 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: 6

Points received for Contact Hours or Number of Hours: 6

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.

18 youth in the cohort are Moderate, High, Very High YLS Risk Level for a total of 10 points

8 youth in the cohort are High or Very High YLS Risk Level for a total of 13 points

Total Points Received: 23 **Total Points Possible:** 25

Basic SPEP™ Score: 75 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: 88% 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.

MST received a 75 for the Basic Score and a 88% Program Optimization Percentage. The Basic Scores represent an increase of 8 point(s) from the previous SPEP™ Reassessment and an increase of 12 point(s) from the initial SPEP™ Assessment. The POP Scores represent an increase of 9 percentage point(s) from the previous SPEP™ Reassessment and an increase of 14 percentage point(s) from the initial SPEP™ Assessment.

The service was classified as a Group 3 service; Family Counseling Service Type. There is no qualifying supplemental service found in the research. The Quality of Service was found to be at a High Level. For Amount of Service, 71% of the youth received the recommended targeted weeks of duration and 62% of the youth received the recommended targeted contact hours for this service type. The Risk Levels of Youth admitted to the service were: 14% low risk, 48% moderate risk, 28% high risk, and 10% very high risk. The service could improve its capacity for recidivism reduction by addressing the following recommendations:

1. Regarding Amount of Service:

- a. Collaborate with juvenile probation staff to maintain youth in the service for 13 weeks and 30 hours of service.