

The Standardized Program Evaluation Protocol (SPEP™):

Service Score Results: Baseline

Name of Program and Service: Mars Home for Youth (MHY) Family Services-Multisystemic Therapy-Family Counseling
Cohort Total: 41 SPEP ID: 103-T01
Selected Timeframe: Apr. 3, 2014-Dec. 1, 2016
Date(s) of Interview(s): Apr. 19, 2016
Lead County & SPEP Team Representatives: Julie Bullard, Venango Co. & Heather Perry, EPISCenter
Person Preparing Report: Julie Bullard & 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)*

Sixteen years ago Mars Home for Youth (MHY) Family Services began delivering services to at risk juveniles in Venango County through Multi-Systemic Therapy (MST). This was the implementation of their first community based service. The founder and director at that time was Kurt Golden and the CEO was Rob Scheckle. MHY Family Services has since expanded MST into additional counties including Allegheny, Beaver, Butler, Clarion, Forest and Lawrence. MST referrals from Venango, Butler or external counties can originate from Juvenile Probation Office (JPO) or Children, Youth and Family Services (CYF). MHY employs two MST therapists in Venango County, one MST therapist in Clarion County, four MST therapists in Allegheny County, two MST therapists in Butler County, three MST therapists in Beaver County and two MST therapists in Lawrence County. MHY Family Services described their program as follows: MST services are targeted for youth, ages 12-17, who are at risk for placement outside the home or who are returning home following an out-of-home placement. In addition, these are youth who are primarily demonstrating externalizing behaviors, such as conduct disorder, antisocial or illegal behavioral or acts, and AD/HD issues that lead to costly and oftentimes ineffective out-of-home services or excessive use of child-focused therapeutic support services. Depression and other disorders are considered as long as the existing mental and behavioral health issues manifest in outward behaviors that impact multiple systems (i.e., family, school, community). Youth with substance abuse issues may be included if they meet the criteria below and MST is deemed clinically more appropriate than focused drug and alcohol treatment. On average, a youth receives MST for three to five months, and typically no longer than six months. The therapist meets with the youth or family at least weekly, but often multiple times per week, depending on need. Families typically see therapists less frequently as they get closer to discharge. On average, families receive about 60 hours of face-to-face treatment over a four-month period, as well as about 35 hours of non-direct contact provided to the ecology of the youth (e.g., consultation and collaboration with other systems). Services occur in the family's home or community at times that are convenient for the family. Staff members are expected to work on weekends and evenings, for the convenience of their clients. Therapists and/or their Supervisors are on-call for families 24/7. Supervisors are available to therapists around-the-clock for support.

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? n/a

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.

34 youth in the cohort are Moderate, High or Very High YLS Risk Level for a total of 7 points

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

Total Points Earned: 7 Total Points Possible: 25

Basic SPEP™ Score: 61 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: 72% 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 data collection
 - Include reasons for why youth were discharged or successfully closed early through collaboration with the probation department.
4. 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. This could be enhanced by the probation department completing updated YLS scores for the youth at the time of referral.