Juvenile Justice Reform and Reinvestment Initiative (JJRRI)
Standardized Program Evaluation Protocol (SPEP) Aggregate Report of Baseline Findings
January 2015

The JJRRI, conducted by the Division of Criminal and Juvenile Justice Planning in partnership with Juvenile Court Services, has sought to gauge the likelihood of recidivism reduction among services provided to delinquent youth using the SPEP. The SPEP is a tool derived from meta-analytic research that is designed to compare existing juvenile justice services to the characteristics of the most effective services found in the research.

At a system level, this diagnostic tool allows officials to assess the array of services available as well as any system-related areas for improvement. At a program level, it identifies areas in which providers can make adjustments to improve the effectiveness of their service in terms of reducing the recidivism of the juvenile offenders they serve.

As of Fall 2014, SPEP baseline findings have been collected on 71 services provided to youth in Iowa’s juvenile justice system. All of the community-based services evaluated are located in the 1st, 3rd or 6th Judicial Districts, while the four residential facilities evaluated serve youth from across Iowa.

Services Evaluated
52 services within four residential settings
19 services within nine programs in community-based settings

Gender and Race of Youth in Cohort
There were 912 youth represented within the services evaluated: 411 in residential and 501 in community-based settings. The timeframe used for the cohort of youth was “services ended during calendar year 2012”, meaning that youth who completed or otherwise discharged from one of the services during 2012 were
included. It is possible that a small number of these youth were in more than one setting (e.g. returned from a residential setting and began and ended a community-based service) all during calendar year 2012.

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**SPEP Constructs**

The SPEP tool consists of four constructs:

- Service Type
- Quality of Service
- Amount of Service
- Risk Level of Youth

Analyzing data and information in these four constructs yields two distinct SPEP scores, a Basic Score and a Program Optimization Percentage (POP). The Basic Score compares the service to other intervention services found in the research, regardless of type. It is meant as a reference for the expected overall recidivism reduction when compared to other service types. The POP is a percentage score that indicates where the service is compared to its potential effectiveness if optimized to match the characteristics of similar services found effective in the research. The POP score is likely the more meaningful score for providers as it represents how close the service is to its potential for that type. For example, a POP Score of 55% would indicate that the service is running at 55% of the potential effectiveness for recidivism reduction that has been found for a similar type of service with research evidence of effectiveness.

**Service Type Construct**

There are 14 SPEP service type or classification categories that represent types of therapeutic services which research has shown can reduce recidivism. In the research upon which the SPEP is based, therapeutically oriented services were the ones found to have the most positive (i.e. recidivism reduction) effects. All 14 of the SPEP service type categories are therapeutically oriented.

The control oriented services in the research include surveillance type services which have a lesser positive effect as well as discipline (e.g. boot camp) and deterrence (e.g. scared straight) type services which actually have a negative (i.e. recidivism increase) effect. None of the control oriented services are included in the SPEP tool.
The 71 Iowa services evaluated fell into nine of the 14 service type categories (Figure 1). There were other services used by JCS that were not eligible for the SPEP process for a variety of reasons (e.g. low numbers, poor data, service no longer existed, etc.).

There were five SPEP classification types that were not represented in any of the Judicial Districts or the residential facilities during the period of review: Behavioral Contracting, Family Crisis Counseling, Mixed Counseling, Challenge Programs and Mediation. These services may have existed, but could have been ineligible for review. Also, name-brand as well as generic services can be represented in all of the above classifications (e.g. Aggression Replacement Training = Cognitive Behavioral Therapy, Functional Family Therapy = Family Counseling, etc.).

**Quality of Service Construct**

The Quality of Service category has four components:

- Protocol
- Staff Training
- On-going Staff Supervision
- Organizational Response to Drift

Each of these components is scored separately before being combined to give an overall score of Low(5), Medium(10) or High(20). Quality of Service information is self-reported by service providers rather than via direct observation by evaluators, though written materials were reviewed when available. Recommendations were made to service providers for any of the four components that did not reach the “High” level.

Quality of Service outcomes for the 71 services evaluated appear in Figure 2.
Quality of Service most common challenges:

- Performance evaluations that failed to assess staff for adherence to protocols for the specific service they were providing.
- Initial and/or booster training regarding the specific service were not required for staff and supervisors.
- Individual and/or group supervision of staff was inadequate and/or not focused on staff performance.
- Use of objective third party peer-review or outside evaluation of specific services varied widely.
- Collection of client feedback about specific services was sporadic and formal follow through/analysis of client feedback was rare.
- A number of the lower scoring services had no written protocol for the specific service being evaluated.

**Amount of Service Construct**

Research indicates that each SPEP service type is associated with a unique target amount of service exposure. Treatment or service effect (i.e. recidivism reduction) is optimized when minimum duration and contact hour targets are reached. Exceeding duration produces diminishing returns, but is not harmful.

Each of the 71 services were evaluated based on the number of youth reaching the targets for both duration and contact hours. Amount of Service outcomes for the 71 services evaluated appear in Figure 3.
Amount of Service common challenges:

- A number of the community-based services that did not meet the amount of service threshold with a high number of youth were serving a larger number of youth with low Iowa Delinquency Assessment risk levels. This may have led to quicker progression through the service.
- Many of the services that did not meet the amount of service threshold with a high number of youth were below the minimum thresholds found in the research by design (e.g. a service type that should have a 15 week duration, may have been scheduled for only 10 weeks).
- Some community-based services were contracted for amounts of service that did not meet the minimum thresholds found in the research.

**Risk Level Construct**

The risk level score is compiled by calculating the total percentage of juveniles who score above Low Risk to reoffend and also the total percentage of juveniles who score above Moderate Risk to reoffend based on the results of the Iowa Delinquency Assessment (IDA) short form administered by Juvenile Court Services.

Risk Level outcomes for the 71 services evaluated appear in Figure 4.
Risk Level common challenges:

- There were several services generally though not exclusively intended for use with moderate or high risk level youth that were serving a sizeable number of low risk youth.
- In general, community-based services were more likely to have a timely risk score than residential services due to JCS practice for completion of the IDA. Risk level is obtained from the short-form IDA. Short-form IDA scores are updated when a youth obtains a new offense, while the long-form IDA is utilized for assessing needs and case planning for youth who move deeper into the system. Therefore, as a general rule, youth in placement will not have a current short-form risk level available for analysis.

Due to the lack of current IDA short form scores (see No Risk Score in Figure 5), the risk scores analyzed for a sizeable portion of the 71 services include short-form risk scores submitted between 365 days prior to admission and 60 days past admission. If a short-form score was not available during this timeframe, the risk score was estimated utilizing the criminal history score from the long-form IDA and the last known social score from a short form IDA. To receive an official full SPEP score report at least 80% of the juveniles in the cohort must have a risk score from a validated assessment within 30 days prior to admission and/or entry into the program/service being scored. Due to incomplete risk data, some scores are not considered official SPEP scores, but rather Preliminary Scores or markers that indicate areas for program improvement efforts until such time that the risk data exist to receive official SPEP scores.

Remedies for the lack of current IDA short form risk assessments are being pursued. Juvenile Court Services has been exploring the possibility of obtaining short form risk scores using the long-form IDA. CJJP has also been providing weekly updates to all eight Chief Juvenile Court Officers regarding the status of IDA completion on active cases.

Program Optimization Percentages

As indicated above, the POP is a percentage score that indicates where the service is compared to its potential effectiveness if optimized to match the characteristics of similar services found effective in the research. The developers of the SPEP tool have indicated that 50-60% is common for Baseline Findings.

Figures 5 and 6 show the average POP scores of all 71 services by SPEP service type and setting.
Expansion of the SPEP into the other five Judicial Districts is expected to begin in October of 2015. Scoring will be conducted no more than annually to allow service providers time to make program improvements.