What to Expect During the Standardized Program Evaluation Protocol (SPEP)™ Process

Division of Criminal and Juvenile Justice Planning

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Introduction

The *Standardized Program Evaluation Protocol (SPEP*[TM]*): A Users Guide* published by the Peabody Research Institute at Vanderbilt University describes the SPEP[TM] as, "a validated, data driven rating scheme for determining how well an existing service matches research evidence for the effectiveness of that particular type of intervention in terms of reducing the recidivism of juvenile offenders." The SPEP[TM] process is based on the analysis of more than 600 juvenile delinquency intervention studies using meta-analytic techniques. The meta-database that includes these studies has been developed by Dr. Mark Lipsey and his colleagues over the last 24 years. These analyses have shown that a program's service components, service amount (or dosage), quality of the service delivery, and risk level of the target juveniles are directly related to the service's impact on recidivism. The SPEP[TM] process detailed by Drs. Lipsey and Chapman in their 2013 User's Guide is the operationalization of this information and outlines an implementation plan allowing practitioners to directly apply research to juvenile justice practice. It allows both brand name programs (e.g., Functional Family Therapy, Aggression Replacement Training) and non-brand name programs or services (e.g., group therapy, social skills training) to be matched to a large body of experimental and quasi-experimental research on program effectiveness at reducing recidivism. Once matched, the SPEP[TM] can be used to compare the key characteristics of a specific program to the characteristics the research shows to be associated with programs that are effective for reducing recidivism.

Simply put, the SPEP[TM] serves as a practical way to evaluate services for juvenile offenders in a standardized, scientific, and sustainable manner. Dr. Lipsey has shown that the effects of juvenile delinquency interventions on recidivism are mainly related to four key aspects of an intervention: type of program/service, quantity or dosage amount, quality of service delivery, and juvenile risk level. These four predictors serve as the foundation of the SPEP[TM]. [1]

Why SPEP[TM]?

In recent years, evidence-based practices have been increasingly viewed as the effective approach to reducing recidivism. Unfortunately, the list of evidence-based programs is relatively short and brand name programs may be cost-prohibitive. The SPEP[TM] is a practical, evidence-based tool for evaluating eligible services, whether they are brand name or home grown. It will help Iowa services, the majority of which are not evidence-based, optimize their effectiveness with juvenile justice youth at no cost to the provider.

The SPEP[TM] has, for the first time, provided the juvenile justice system with a uniform means to evaluate services provided to delinquent youth for likely recidivism reduction. By developing recidivism reduction effectiveness through use of this ongoing evaluation, service providers and juvenile justice system officials will positively impact public safety, youth outcomes and the cost of delinquency. The SPEP[TM] also provides results to system officials which will assist them in assessing gaps in services, contracting practices, risk level of delinquent youth and other issues related to the overall service array and optimal functioning of the juvenile justice system. The SPEP provides an ongoing layer of accountability for juvenile justice system services and offers evidence-based standards for delinquency programs that have not previously been available in Iowa.

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[1] Lipsey, Mark & Chapman, Gabrielle. (May 2013). Standardized Program Evaluation Protocol (SPEP[TM]): A Users Guide. Peabody Research Institute, Vanderbilt University.

Step 1 - Service Selection/Eligibility

The first stage of the SPEP^{TM} process is to determine service eligibility.

Community-based Services
The Division of Criminal and Juvenile Justice Planning (CJJP) will work with Juvenile Court Services (JCS) in each of Iowa's eight Judicial Districts to map the services in use for youth involved in the juvenile justice system. A service must meet the following criteria to be considered for inclusion in the SPEP^{TM} process:

1. <u>Not</u> in a residential setting unless it serves only one Judicial District.
2. Admitted more than 10 juvenile justice involved youth into the service during a 12 month period. Any service with 10 or fewer youth is not eligible.
3. The service must fit one or more of the SPEP^{TM} service types (see Appendix A). If this is unclear during mapping, the service will be further examined to determine its eligibility.

Note: If a similar service is provided at multiple locations, even by the same agency, those services are considered separate for evaluation purposes.

Residential Services
Residential facilities will be selected by CJJP based on JCS usage, but will otherwise use the same eligibility criteria as community-based services. Because residential facilities offer multiple services within one setting, they will have multiple services eligible for the SPEP^{TM} process. Each of these services is evaluated separately.

Properly classifying a service, whether residential or community-based, into one of the SPEP^{TM} service type categories (Appendix A) requires collecting further information about the service from the provider (see Data/Information Collection – Service Type). More detailed information will result in a definitive determination about whether or not any given service is eligible.

Step 2 - Provider Orientation

Providers whose services have been included on the initial eligibility list established by JCS and CJJP will be contacted by JCS and provided this manual as a basic introduction to SPEP^{TM}. CJJP will then schedule an individual provider orientation meeting. This will be a time to discuss the provider's service(s) in greater detail as well as what providers can expect throughout the process and the benefits that will be derived from participation. Information about the provider's service(s) will be requested in preparation for the provider orientation meeting (see Data/Information Collection – Service Type).

Step 3 - Data/Information Collection

The SPEP^{TM} evaluation contains four distinct constructs: service type, quality of service, amount of service and risk level of youth**.**

1. **Service Type**

Providers will be asked to furnish the following information to ensure that the service is eligible and accurately classified.

Agency Name
Service for which information is being collected
Location service is provided
A general description of the service
An example of a daily schedule of services/activities for the juveniles receiving this service
A list of any supplemental services offered to those receiving the primary service above
(Supplemental services are services intended to boost the effectiveness of the service listed above.)
A demographic program profile~
- Age served
- Gender served
- Capacity (beds/spots)
- Geographical reach of the service
- The amount of treatment time each juvenile is expected to receive broken down as:
  - Duration: the <u>intended</u> interval between the first day the program/service is provided and the last day it is provided (e.g. 12 weeks)
  - Face-to face contact hours: the total number of contact hours <u>intended</u> for the service

2. **Quality of Service**

Providers will be asked to furnish the following information as well as how it is tracked/documented:

<u>Protocol for this Service</u>
Is there a written protocol or guide for staff?
If yes, which of the following elements are included:
- Script/outline for each session
- Order in which sessions should be delivered
- Frequency of service
- Duration of service
- Suggested population for which the service is appropriate
- Other guidelines for how to deliver the service (please list)
Please provide a copy of the written protocol/manual for this service.
What is the frequency of updates to the written protocol?
What is the date of last update?

<u>Staff Training for this Service</u>
What type of training is received?
What amount of training is received?
What was the date of the last training?
How often does training recur?
Who receives training?
Do supervisors receive the training as well?

How is training for this service documented?
What are the minimum educational requirements for staff delivering this service?
What is the educational, experiential (yrs.) and/or credential background of the current staff?

<u>On-Going Staff Supervision for this Service</u>
Is there a structure/process in place to provide regular supervision/oversight to staff providing the service that includes feedback about adherence to written protocols?
If so, please describe that structure or process, including how often it occurs, how it is documented and whether written feedback is provided to the staff involved.
Is the staff performance evaluation based, in whole or in part, on adherence to written protocols by individual staff?
Is a copy of the staff performance evaluation form available?

<u>Organizational Response to Drift for this Service</u>
What processes are in place to assist the agency/supervisors with determining when significant departures from written protocols have occurred?
Are these processes regularly scheduled or are they activated in response to circumstance?
If regularly scheduled, at what interval (e.g. annually)? If activated otherwise, please describe how.
What are the corrective action plans/procedures once departures have been identified?
Does the agency collect data for quality assurance purposes for this service?
Is client feedback collected for this service?
Has outside evaluation been utilized? If yes, please describe.
How are data, client feedback and/or outside evaluation used practically to improve the effectiveness of the service?

3. **Amount of Service**

The SPEP^{TM} research indicates that each SPEP^{TM} service type is associated with a target amount of service exposure. Treatment or service effect is optimized when duration and contact hour targets are reached.

In order to determine if juvenile justice youth in any given service are receiving the target amount of service exposure, CJJP will select a cohort of youth whose involvement in the service ended during a specified 12 month time frame using the Justice Data Warehouse. Agencies will be asked to provide actual duration and contact hours for each youth in the cohort.

4. **Risk Level**

The final data element required for the SPEP^{TM} is a risk assessment score for each juvenile receiving the service (the same juveniles for which amount of service is determined, as described above). The Iowa Delinquency Assessment (IDA) is the validated risk assessment tool in use in Iowa. There is both a short-form and a long-form IDA. The short-form determines the youth's level of risk to reoffend (i.e. low, medium or high) and is used for SPEP^{TM} purposes.

The IDA is completed by JCS and therefore service providers are not expected to supply this information, however, it is advisable for providers to request IDA information when JCS makes a referral. Short-form IDA scores for the selected cohort of youth are reviewed during a period 6 months prior to admit and 30 days after admit.

Step 4 - Review of Findings

The findings from the SPEP^{TM} evaluation process are reported using the same four constructs for which data/information was collected. Once the findings are determined and compiled by CJJP, they will be reviewed with both JCS and the provider of the service. In the case of the residential facilities, a group of independent reviewers will examine the findings prior to their being finalized. All findings will be delivered in the form of a Program Improvement Plan (PIP). A sample PIP can be found in Appendix B.

Program Improvement Plans

Program Improvement Plans (PIP) will be completed for each of the services that go through the evaluation process. These plans will include:

- Overall findings in the form of a Basic Score and Program Optimization Percentage (POP)
- Findings specific to each of the four SPEP^{TM} constructs – Service Type, Quality of Service, Amount of Service and Risk Level
- Recommendations to maximize recidivism reduction

Basic Score

The Basic Score compares the service to other intervention services found in the research, regardless of service type. It is meant as a reference for the expected overall recidivism reduction when compared to other service types.

Program Optimization Percentage

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 service providers as it represents how close the service is to its potential for that service 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.

Recommendations

Recommendations to maximize recidivism reduction will remain within the scope of the areas evaluated during the SPEP^{TM} process. The recommendations will also be the basis for quarterly check-ins (see below) that will occur after the findings are formally reviewed and delivered.

Performance Improvement Process

The SPEP^{TM} process is ongoing rather than a one-time evaluation. From the date of the review of findings and delivery of the PIP(s), CJJP will make quarterly contact with the provider of the service that was evaluated to inquire about any progress that has been made on recommendations and to determine if the provider needs any training and/or technical assistance that CJJP might be able to access. Approximately 18 months after the date of review of a particular service, CJJP will begin a new cycle of the SPEP^{TM} process for that same service using a new cohort of juvenile justice youth.

Recidivism Reports

Separate from but directly related to the SPEP™ findings/Program Improvement Plans, CJJP will conduct a study using the same cohort of juvenile justice youth for the service being evaluated to determine the recidivism rate of those youth. Because any study of recidivism requires a sufficient amount of time to elapse, the recidivism reports will not be available at the same time as the findings/PIPs.

Recidivism Definition

When studying recidivism over time, it is important to use a consistent definition for comparison purposes. Recidivism in association with cohorts evaluated by the SPEP™ will be defined and reported as:

> *Any misdemeanor or felony level offense filed in the juvenile justice system, the adult corrections system, or both, within a **12-month** period after date of discharge from service.*

The first time a service is evaluated by the SPEP™, a baseline report providing recidivism rates for participants in the program will be provided. After each subsequent SPEP™ evaluation, recidivism rates will be analyzed for the current cohort and reported to the service provider.

Appendix A: SPEP^{TM} Service Types

Cognitive-behavioral therapy - The goal of cognitive behavioral therapy is to correct an individual's faulty cognitions or perceptions of themselves or the world around them. Additionally, this type of therapy provides skills individuals can use to monitor their thought patterns and correct their behavior as situations unfold around them. This type of treatment element may also focus specifically on relapse prevention by having juveniles evaluate situations that may lead to a relapse of delinquent behavior and plan for how to either avoid them or cope with them effectively.

Group counseling - Any of a range of treatment techniques that focus on psychological or interpersonal problems or issues faced by an individual that involves a group of youths interacting with each other.

Mentoring - An individual provides support, friendship, advice, and/or assistance to the delinquent individual. The mentor spends time with the juvenile on a regular basis involving activities such as sports, movies, helping with homework, etc. The mentor does not necessarily have to be an adult, but may be an older youth.

Behavioral contracting; contingency management - Youth agrees to a contract that specifies certain rewards for certain positive behaviors or rewards and possible penalties are applied in response to positive or negative behaviors according to some predefined scheme. Token economies in residential facilities are one example of this type of program.

Family counseling - To include Family Counseling, Family Systems Intervention, Functional Family Therapy – Any of a range of treatment techniques that focus on family dynamics as a factor impacting delinquent behavior. This type of treatment may encompass the entire family, but at a minimum involves the child and his or her parent(s).

Family crisis counseling - The availability of a trained individual to respond either over the phone or in person to a crisis involving the juvenile and/or his or her family. This is often a short term treatment service.

Mixed counseling - Combinations of any counseling services listed in equal proportion and often involves individual, group, and/or family. May also include supplemental referrals for other services, a common form used for diversion services.

Social skills training - Based on the premise that individuals who lack appropriate social skills may be perceived as threatening, disruptive, or otherwise deviant. Interpersonal skill building is a treatment technique focusing on developing the social skills required for an individual to interact in a positive way with others. The basic skills model begins with an individual's goals, progresses to how these goals should be translated into appropriate and effective social behaviors, and concludes with the impact of the behavior on the social environment. Typical training techniques are instruction, modeling of behavior, practice and rehearsal, feedback, reinforcement. May also include training in a set of techniques, such as conflict resolution or decision making, that focus on how to effectively deal with specific types of problems or issues that an individual may confront in interacting with others.

Challenge programs - Interventions with therapeutic component(s) that provide opportunities for experiential learning by mastering difficult or stressful tasks. Juveniles participate in physically challenging activities such as hiking, ropes courses, or canoeing. The objective of these services, based in the philosophy of experiential education, is twofold: First, to teach self-esteem and confidence through the mastery of a progressively more difficult set of physically challenging tasks; and second, to introduce participants to the pro-social interpersonal skills (i.e., problem solving, communication, trust, etc.) required to work successfully as a group.

Mediation - Services that directly or indirectly involve parties with a stake in a specific offense or incident in a collective resolution that defines how the offense will be dealt with and the implications for the future. These interventions may also include a restitution component but to be a mediation program the service should focus on supervised pro-social communication between/among the parties in conflict and or an offender/victim. This service often results in offenders apologizing to their victims in spoken or written form and may meet with them under supervision.

Restitution; community service - Offenders provide financial compensation to the victims and/or perform community service. To be a restitution program the service should focus on making the offender accountable to the community through some form of service/payment, e.g., fines or payment/service to the victim; community service.

Remedial academic program - Any education designed to address deficits in a juvenile's education and bring him or her up to the level expected of children in his or her age group. (E.g. tutoring, GED programs).

Individual counseling - To include Individual Counseling, Therapy, Psychotherapy, Guidance – Any of a range of treatment techniques that focus on psychological or interpersonal problems or issues faced by an individual and that involves a one-on-one relationship with a therapist or counselor.

Job-related training - vocational counseling, job training, or job placement arranged to provide direct work experience. The overall emphasis is on preparing the juvenile to enter the work force. Service may include training job-related skills (e.g., interviewing), non-paid work service (non-restitution based), and other such employment related elements.

Appendix B: Findings/Program Improvement Plan Sample Report

Standardized Program Evaluation Protocol (SPEP^{TM}) Findings
Iowa Juvenile Justice Reform and Reinvestment Initiative
Report Completed by the Division of Criminal and Juvenile Justice Planning

Date of Review: January 2017	Program: *Name Used by Agency*
Juveniles in Cohort: 142	SPEP Service Type: Social Skills Training
Basic Score: 54 / 85	Organization: *Agency Name*
Program Optimization Percentage: 64%	Cohort Timeframe: Services ended Calendar Year 2012

Introduction

The Standardized Program Evaluation Protocol (SPEP^{TM}) 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. A scoring system allows providers to identify areas in which adjustments can be made to improve the effectiveness of their service at reducing the recidivism of the juvenile offenders served.

This report provides two types of SPEP^{TM} 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 Description

Brief narrative supplied by provider.

Sources: *Agency contact name*

Score Detail by SPEP Component

1. Service Type	Basic Score – 20/20	POP Score - 100%

The program was awarded **15 points** for being identified as a Group 3 Service – Social Skills Training. This group of services is based on the premise that individuals who lack appropriate social skills may be perceived as threatening, disruptive, or otherwise deviant. Interpersonal skill building is a treatment technique focusing on developing the social skills required for an individual to interact in a positive way with others. The basic skills model begins with an individual's goals, progresses to how these goals should be translated into appropriate and effective social behaviors, and concludes with the impact of the

behavior on the social environment. Typical training techniques are instruction, modeling of behavior, practice and rehearsal, feedback, reinforcement. May also include training in a set of techniques, such as conflict resolution or decision making, that focus on how to effectively deal with specific types of problems or issues that an individual may confront in interacting with others.

There is no qualifying supplemental service available. As a result, an additional **5 points** was automatically added to the score. This is the maximum amount of points that can be achieved in this category.

Sources: *Agency contact name*

2. Quality of Service	Basic Score – 10/20	POP Score - 50%

Points are awarded based on information received in the areas below. **Bold type** indicates the findings within each area, while the Basic and POP Scores for Quality of Service are a reflection of all four areas combined.

Protocol (level = high – **medium** – low - none)
What a High Level would look like: Written protocols that explicitly lay out how each session is to be delivered; script/outline for each session, the order in which the sessions should be delivered, and frequency as well as the suggested duration of service. Written protocols reviewed and updated within the last three years.

Recommendation – Determine if written materials include explicit directions for how sessions should be delivered –outlines for sessions, order, frequency, duration of delivery and resource materials to be used, etc.

Staff Training (level = high – medium – **low** - none)
What a High Level would look like: Supervisors and delivery staff trained in the specific intervention. Minimum education requirements are met by all staff and/or credentials/licensing of delivery staff are known to be Masters level or above. Recertification or booster training is required and all training is consistently documented.

Recommendation – Make booster training a requirement at regular intervals (e.g. annually) for delivery staff as well as supervisors.

On-going Staff Supervision (level = high – medium – **low** - none)
What a High Level would look like: Evidence of an established plan for systematic monitoring of staff for adherence to written protocols, which occurs at pre-determined time frames and provides written feedback to staff. Evidence of corrective action taken if/when needed and performance evaluations are based in part on adherence to protocols.

Recommendation – Document a plan for systematic monitoring of staff for adherence to written protocols that occurs at pre-determined time frames and provides written feedback to staff (e.g. individual and/or group supervision and/or annual performance evaluations).

Organizational Response to Drift (level = high – medium – **low** - none)
What a High Level would look like: Existing procedures for determining departure from protocols and corrective action, as well as documentation of its systematic use. Evidence of corrective action taken if/when adherence is found to be problematic. Documentation of client feedback received and analyzed consistently. Evidence of other evaluations/peer reviews solicited.

Recommendation – Formalize and document the corrective action process (e.g. create policy and procedures around issues of progressive discipline for staff). Schedule regular collection and analysis of client feedback that asks specifically about this service and explore evaluation of this service from outside the agency.

Sources: *Agency contact name*

3. Amount of Service	Basic Score - 6/20	POP Score - 30%

Points are awarded based on information received in the 2 areas outlined below.

Research indicates that each SPEP^{TM} service type is associated with a target amount of service exposure. Treatment or service effect is optimized when duration and contact hour targets are reached.

Duration: 6 / 10 points
SPEP^{TM} research indicates that the Social Skills Training service type should have a target duration of 16 weeks. Of the 142 youth sampled, 91 (65%) reached the target of at least 16 weeks.

Contact Hours: 0 / 10 points
SPEP^{TM} research indicates that the Social Skills Training service type should have a target of 24 hours. 16/142 youth (12%) in the program have achieved the recommended dosage.

Recommendation – Investigate the cause for the low contact hours within the amount of service category to determine any rectifiable cause. Duration could also be explored, but was less problematic.

Sources: *Agency contact name*

4. Risk Level of Cohort	Basic Score - 18/25	POP Score - 72%

The risk level score is compiled by calculating the total % of juveniles who score above Low Risk to reoffend and also the total % of juveniles who score above Moderate Risk to reoffend based on the results of the Iowa Delinquency Assessment***** (IDA). It is important to note that the IDA is delivered by Juvenile Court staff. IDA scores are a necessary component of the SPEP^{TM} score, but may not be obtainable if a current short-form assessment has not been completed by the courts.

For the *Name Used by Agency* cohort, 90/142 juveniles (64%) scored above Low Risk (i.e. moderate or high) for a score of **5 points** and 67/142 (48%) scored above Moderate Risk (i.e. high) for a score of **13 points**.

Juveniles in the Risk Level cohort:

Low= 5
Moderate = 23
High = 67
No Risk Score= 47
TOTAL = 142

Recommendation – The IDA risk level is not completed by Organization Name ***staff and is outside of their direct influence; therefore no recommendations will be made regarding absent risk scores. The courts are addressing the recency of IDA form completion.***

*Short form IDA scores were reviewed during a period 6 months prior to admit and 30 days after admit.

Sources: Data collected from the Justice Data Warehouse, which houses Iowa Court Information System data.

Overview

Basic Scores

Chart (bar graph) showing Name Used by Agency (blue) vs Total Possible (red):
- 1. Service Type: 20, 20
- 2. Quality of Service: 10, 20
- 3. Amount of Service: 6, 20
- 4. Risk Level: 18, 25
- TOTAL Basic: 54, 85

Program Optimization Percentages

Bar graph:
- 1. Service Type: 100%
- 2. Quality of Service: 50%
- 3. Amount of Service: 30%
- 4. Risk Level: 72%
- TOTAL POP: 64%
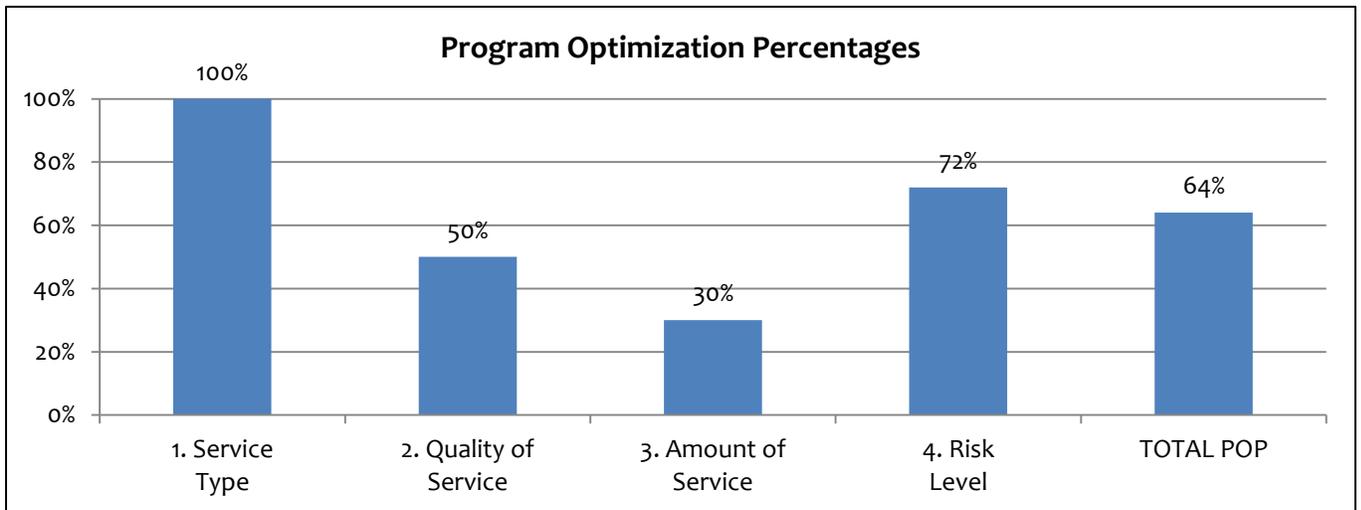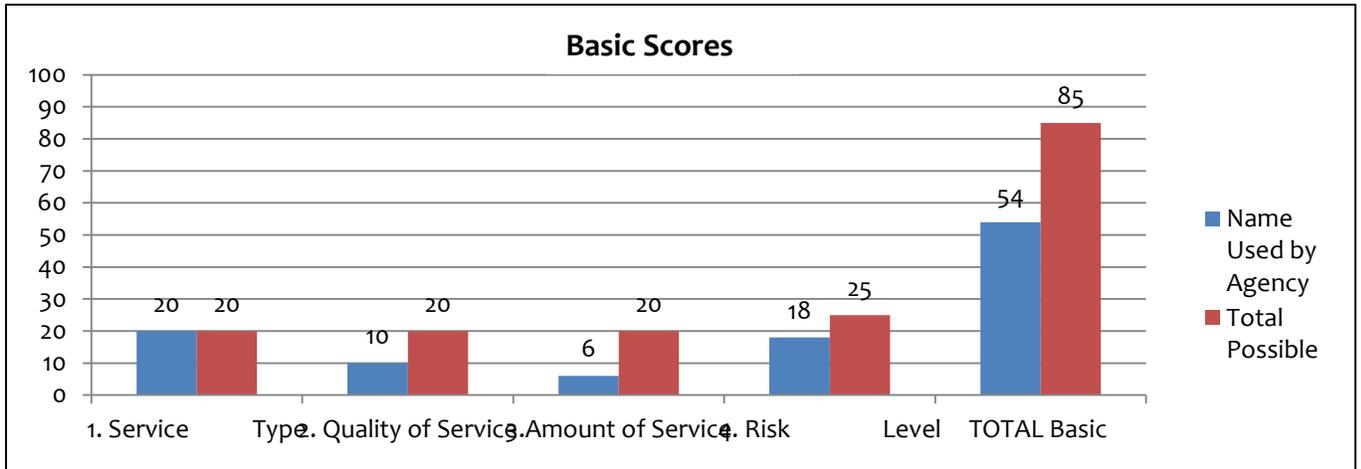
Recommendations to Maximize Recidivism Reduction

- Determine if written materials include explicit directions for how sessions should be delivered – outlines for sessions, order, frequency, duration of delivery and resource materials to be used, etc.
- Make booster training a requirement at regular intervals (e.g. annually) for delivery staff as well as supervisors.
- Document a plan for systematic monitoring of staff for adherence to written protocols that occurs at pre-determined time frames and provides written feedback to staff (e.g. individual and/or group supervision and/or annual performance evaluations).
- Formalize and document the corrective action process (e.g. create policy and procedures around issues of progressive discipline for staff).
- Schedule regular collection and analysis of client feedback that asks specifically about this service and explore evaluation of this service from outside the agency.
- Investigate the cause for the low contact hours within the amount of service category to determine any rectifiable cause. Duration could also be explored, but was less problematic.
- The IDA risk level is not completed by *Organization Name* staff and is outside of their direct influence; therefore no recommendations will be made regarding absent risk scores. The courts are addressing the recency of IDA form completion.

Appendix C: FAQs

1. **Who sees the findings/PIPs?**

   At this time, CJJP, JCS and the service provider being evaluated are involved in the process and view the findings/PIPs. The independent review team views only the findings/PIPs of the residential facilities. While information contained within the SPEP™ reports are not intended for use by outside parties, all reporting completed throughout the SPEP™ process is ultimately public information and can be requested.

2. **How does the SPEP™ process affect providers?**

   This process provides an evaluation of each service as implemented against a large body of research on program effectiveness that can in turn be used to guide program improvement. It allows the user to easily identify specific areas within which individual services can be modified to optimize recidivism reduction. JCS and service providers can then make improvements in service delivery without abandoning their existing service model.

3. **Is the SPEP™ meant to be used as a rating scheme for JCS to determine what contracts to renew?**

   The SPEP™ process is designed to help systems improve their existing array and quality of services. It is meant to be used as a diagnostic tool to guide program improvement. This does not preclude the possibility that JCS and/or the Department of Human Services may decide to use the SPEP™ as a mechanism to track program improvement.

4. **There are some aspects of the SPEP™ that providers have no control over, like the completion of the Iowa Delinquency Assessment (IDA). Since this is out of a provider's control, why is it included as one of the SPEP™ constructs?**

   The process seeks to identify ways in which existing services can be optimized in terms of their effect on recidivism reduction. Findings therefore reveal any issues or deficits in services, whether they are the result of system or provider functions. Scores need to be viewed from the perspective of the provider, as well as from the perspective of the system. Both partners have a role to play in maximizing recidivism reduction.

5. **Can the SPEP™ be used as a diagnostic tool to evaluate services for children outside the juvenile justice system?**

   The SPEP™ is based on Dr. Mark Lipsey's meta-analysis of controlled studies of interventions with juvenile offenders. The SPEP™ tool is therefore designed for use with services including delinquent youth. If there are non-delinquent youth receiving the same service, they will not be included in the analysis.

6. **Can all services received by delinquent youth go through the SPEP^{TM} process?**

Many services received by youth in the juvenile justice system are eligible for the SPEP^{TM} process and those that are not eligible at this time due to a lack of sufficient rigorous research using controlled studies may be added in the future.

There are some services that would not be eligible for the SPEP^{TM} process without a dramatic shift in the research. These are services that rely exclusively on deterrence or discipline perspectives (e.g. scared straight and boot camp programs). These types of programs have been shown to actually increase recidivism and are therefore not among the SPEP^{TM} service types.

Appendix D: Timeline for SPEP™ Process

Pre
- JCS maps community-based(CB) services used in the district and classifies the ones with more than 10 kids. Residential facilities(RF) will be chosen based on JCS usage
- JCS contacts providers

Mo. 1
- CJJP initiates contact with CB or RF provider to schedule orientation meeting
- CJJP confirms JCS classification of CB services and conducts classification of RF services using further information from provider

Mo. 1-2
- CJJP collects data and quality of service information directly from CB or RF providers
- Scores, PIPs and recidivism (variable based on cohort) reports completed

Mo. 2-3
- Review of findings with local JCS teams for CB services and independent review team for RF services
- Findings/PIP reports delivered to provider

Mo. 3-6
- Two week follow up call from CJJP to provider
- 3 month follow up from CJJP to provider(quarterly contact) and clock starts on the new cohort of youth for the next cycle of the SPEP™ evaluation process

Mo. 9-12
- 6 month follow up (quarterly contact)
- 9 month follow up (quarterly contact)

Mo. 13-15
- Earliest possible date for CJJP to begin recidivism study
- 12 month follow up (quarterly contact)

Mo. 18
- 15 month follow-up (quarterly contact)
- Mapping of CB services revisited with JCS to reflect any changes in services

Mo. 18
- Initiate new round of SPEP process