

# VADJJ Implementation of the Standardized Program Evaluation Protocol (SPEP™)

A Validated, Data-Driven Tool for  
Evaluating Services Provided to Juvenile  
Justice-Involved Youth

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**Virginia Department  
of Juvenile Justice**

**Safety. Connection.  
Purpose. Fairness.**

# Agenda



- Research and Development
- The SPEP™ Process
- Alignment
- SPEP™ Implementation in Virginia

# Research and Development



# The juvenile justice challenge



- A high proportion of adult offenders (70-80%) were prior juvenile offenders who appeared in the JJ system first.
- They were on a path to continued criminal behavior that effective JJ intervention might have interrupted.

## **But, at the same time:**

- A high proportion of the juveniles who come into the juvenile justice system (70-80%) are not on a path to adult crime; they are just “afflicted with adolescence.”
- Over-involvement with the JJ system can make things worse for those juveniles.

# The juvenile justice challenge



**So, the JJ system needs to be able to do three things—**

1. Distinguish youth at high risk for continued criminal behavior from those at low risk.
2. Administer supervision and treatment programs to the high risk youth that protect public safety and reduce their risk.
3. Do no harm to the youth at low risk.

**And do all this in a consistent and sustained manner**

# We have research that can help meet this challenge



- Longitudinal research on the developmental pathways to criminality
  - Risk factors that predict the probability of criminal behavior
    - Static background factors & prior history
    - Dynamic factors that can be addressed to reduce the probability of criminal behavior (“criminogenic needs”)
- Evaluation research on the effects of intervention programs
  - Therapeutic services/programs that significantly reduce reoffense rates
  - Services that do not reduce reoffending and may increase it (punitive, disciplinary, deterrence oriented; transfer to CJ)

# Prevailing definition of an evidence-based program: A certified “model” program



- The program part: A ‘brand name’ program, e.g.,
  - Functional Family Therapy (FFT)
  - Multisystemic Therapy (MST)
  - Big Brothers/Big Sisters mentoring
  - Aggression Replacement Training (ART)
- The evidence-based part: Credible research supporting that specific program certified by, e.g.,
  - Blueprints for Violence Prevention
  - OJJDP Model Programs Guide
  - CrimeSolutions.gov
  - NREPP (National Registry of EB Programs & Practices)

# Failure of the brand name model program approach to improve outcomes in practice



Limited uptake of certified model programs by juvenile justice practitioners

- The Blueprints and OJJDP Model Programs EBP registries have operated for 17-20 years, but fewer than 8% of the programs used by JJ systems are found on these registries.
- Limited repertoire of evidence-based model programs relative to diverse needs of clientele.
- Cost of licensing, training, and maintenance.
- Reluctance to replace valued local programs with model programs not proven to be more effective in local context.
- Provider resistance to “by the book” requirements for strict fidelity to the model program protocol.



# A broader perspective on EBPs: Evidence-based generic program “types”



- Interventions with research on effectiveness can be described by the types of programs they represent rather than their brand names, e.g.,
  - Family therapy
  - Mentoring
  - Cognitive behavioral therapy
- These types include the brand name programs, but also many ‘home grown’ programs as well.
- Viewed this way, there are many evidence-based program types familiar to practitioners.

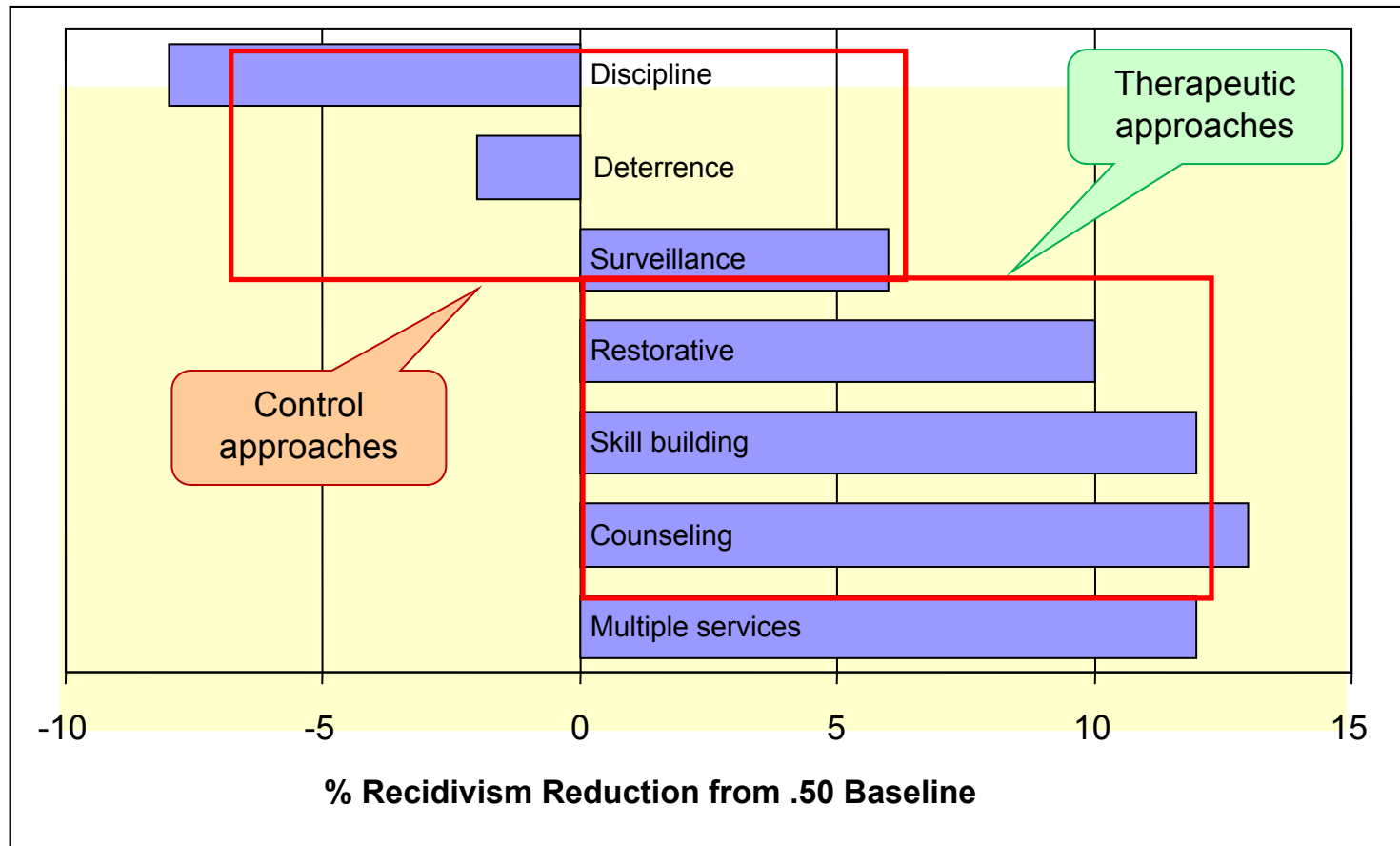
# The evidence base: A comprehensive collection of studies of interventions for juvenile offenders



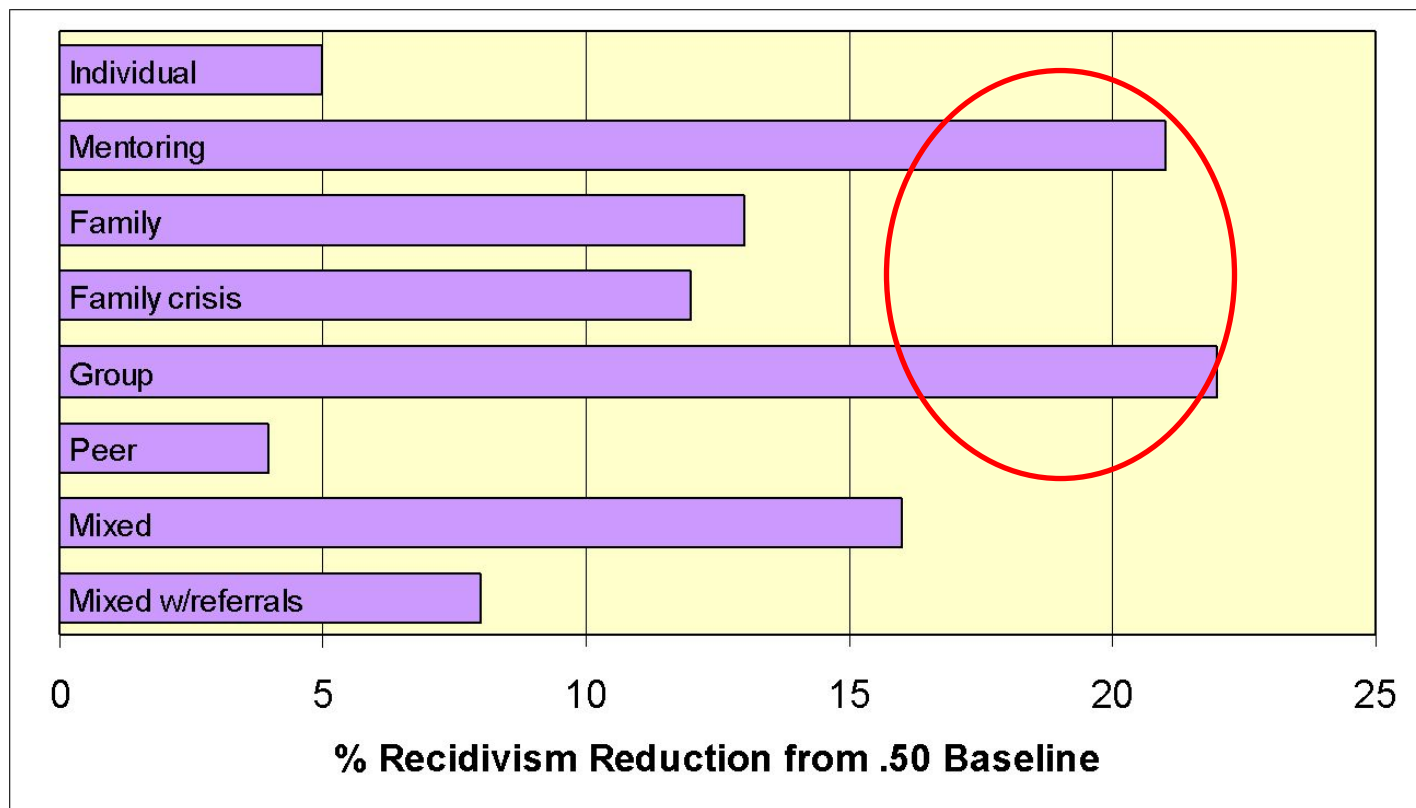
## Meta-analysis of delinquency intervention research:

- Studies: 500+ controlled studies of interventions with juvenile offenders.
- Outcomes: Focus on the programs' effects on recidivism (reoffending).

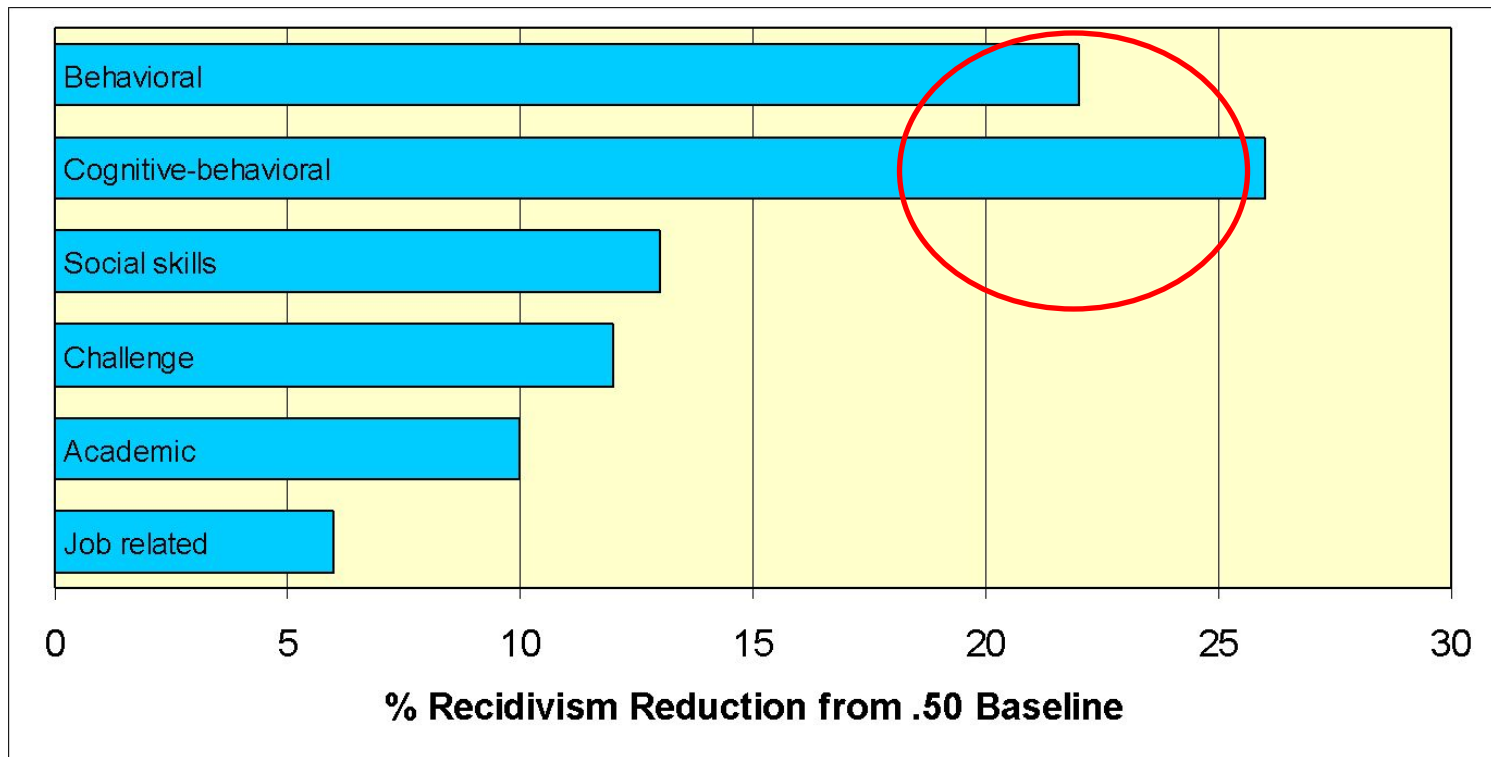
# Program types sorted by general approach: Average recidivism effect



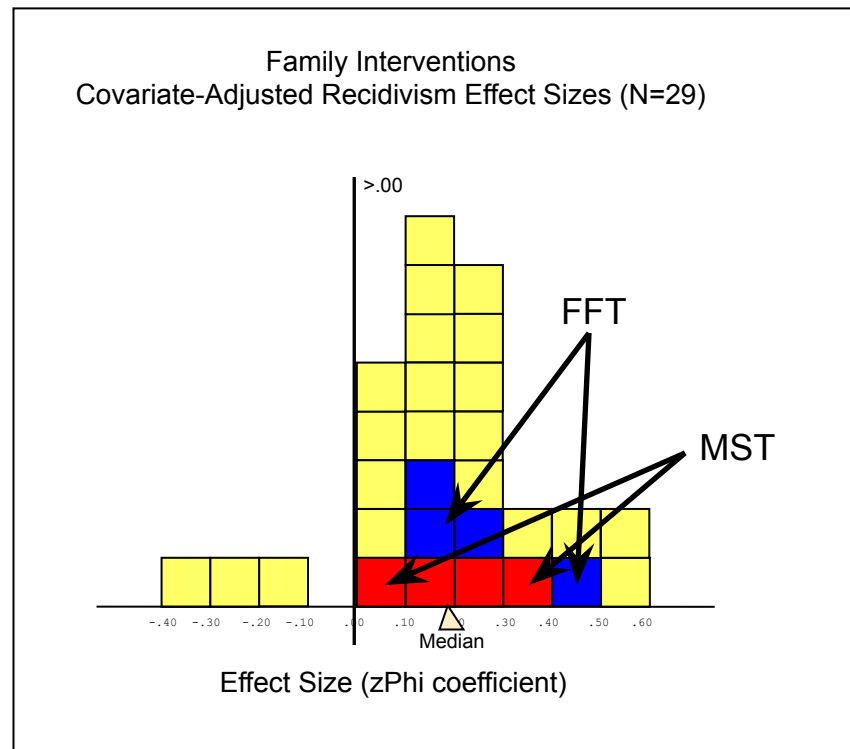
# Further sorting within intervention type, e.g., counseling approaches



# Further sorting within intervention type, e.g., skill-building approaches



# Recidivism effects for generic and brand name family therapy programs



# Key characteristics of effective programs



- Use a “therapeutic” approach aimed at internalized behavior change (vs. external control, deterrence).
- Within a therapeutic category, some program types are more effective than others (e.g., CBT, mentoring, family therapy).
- For a given program type, service must be delivered in adequate amounts (dose) and quality.
- The more effective programs have an explicit treatment protocol and procedures for monitoring adherence.
- Effects are largest with high risk cases.

# SPEPT™ Score Card

Instrument for rating how well a service profile matches the guidelines: The Standardized Program Evaluation Protocol (SPEPT™)

Points assigned proportionate to the contribution of each factor to recidivism reduction

Standardized Program Evaluation Protocol (SPEP) for Services to Juvenile Offenders® Recalibrated version, 2013			
	Points Possible	Points Received	
<b>Primary and Supplemental Service Types</b> [Identified according to definitions derived from the research]			
<b>Primary Service Type for Program Being Rated</b> Group 1 services (5 points)      Group 4 services (25 points) Group 2 services (10 points)      Group 5 services (30 points) Group 3 services (15 points)	30		
<b>Supplemental Service Type</b> Qualifying supplemental service used: Yes (5 points)      No (0 points)	5		
<b>Quality of Service Delivery</b> [Determined from a systematic assessment of the relevant features of the provider and provider organization]			
<b>Rated quality of services delivered:</b> Low (5 points) Medium (10 points) High (20 points)	20		
<b>Amount of Service</b> [Determined from data for the qualifying group of service recipients]			
<b>Duration</b> [Target number of weeks specified for each service type] % of youth who received at least the target weeks of service: 0% (0 points) 60% (6 points) 20% (2 points) 80% (8 points) 40% (4 points) 99% (10 points)	10		
<b>Contact Hours</b> [Target number of hours specified for each service type] % of youth who received at least the target hours of service: 0% (0 points) 60% (6 points) 20% (2 points) 80% (8 points) 40% (4 points) 99% (10 points)	10		
<b>Risk Level of Youth Served</b> [Determined from risk ratings on a valid instrument for the qualifying group of service recipients]			
% of youth with medium or high risk scores (greater than low): 0% (0 points) 75% (7 points) 30% (2 points) 85% (10 points) 50% (5 points) 95% (12 points)	% of youth with high risk scores (greater than medium): 0% (0 points) 25% (8 points) 15% (3 points) 30% (10 points) 20% (5 points) 35% (13 points)	25	
<b>Provider's Total SPEP Score</b>		100	(Insert Score)

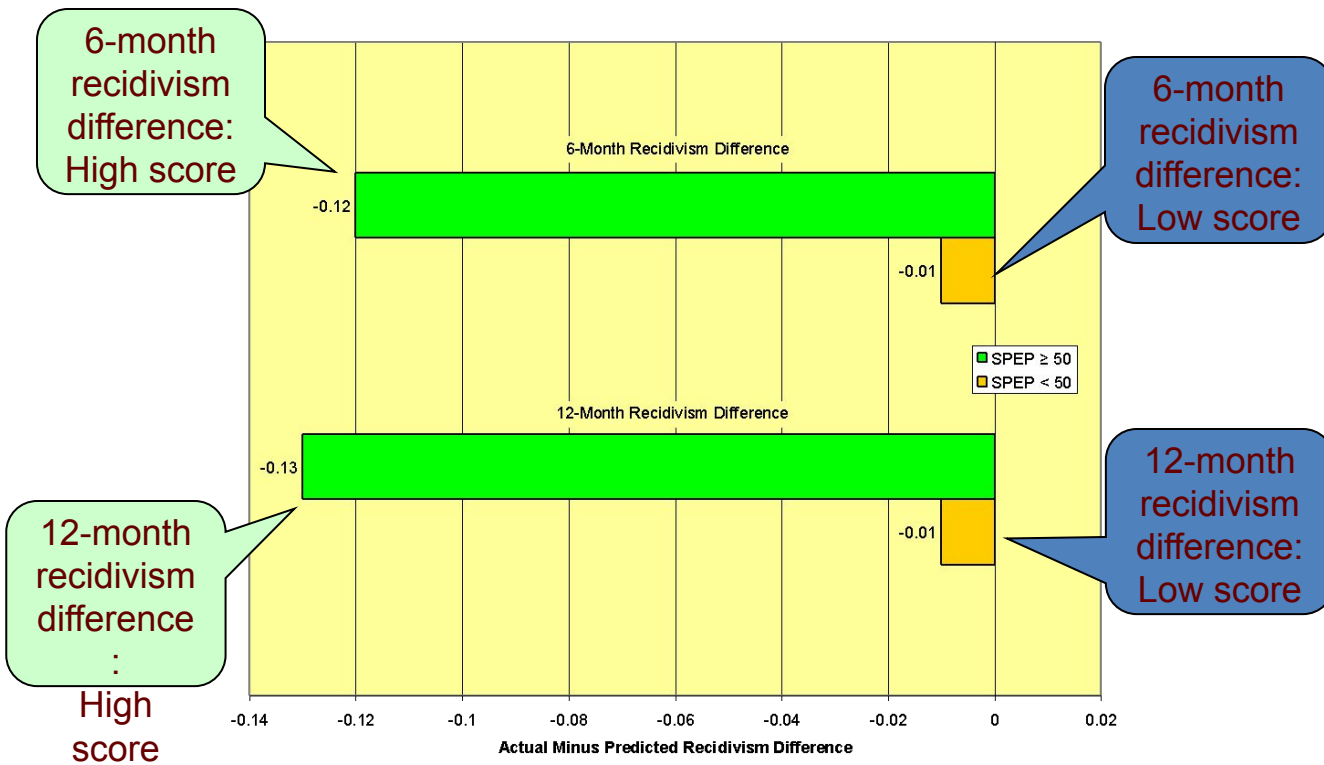


# Program types with at least 10 studies and average positive recidivism effects



- Cognitive-behavioral therapy
- Behavioral contracting; contingency management
- Social skills training
- Group counseling
- Family counseling; family crisis counseling
- Individual counseling
- Mentoring
- Challenge programs
- Victim-offender mediation
- Restitution; community service
- Remedial academic programs
- Job-related programs (vocational counseling, training, etc.)

# Validation study: More recidivism reduction with high SPEEP scores (AZ study)



# Expanding the SPEP™ footprint in juvenile justice



## **Original development sites**

- North Carolina (2004)
- Arizona (2006)

## **Juvenile Justice System Improvement Project (JJSIP) (with Georgetown Center for Juvenile Justice Reform) (2011)**

- Connecticut
- Florida
- Pennsylvania

## **OJJDP Justice System Reform & Reinvestment Initiative (with Georgetown Center for Juvenile Justice Reform) (2012)**

- Delaware
- Iowa
- Wisconsin (Milwaukee County)

## **Independent participants**

- Tennessee –residential services (2008)
- Queensland, Australia (2016)
- Georgia (2017)
- Virginia (2019)

# The SPEP™ Process



# Why is SPEP™ so useful?



- The SPEP™ process makes hundreds of research studies useful to practitioners.
- Provides evidence and fidelity guidelines for generic programs and services requiring an evidence-based framework.
- Works within an existing system, recognizing and then optimizing current positive practices.
- Scheme that can be applied consistently across diverse juvenile justice systems but can still be customized to meet jurisdictional needs.
- Serves as a window into existing systems through which gaps, redundancies and positive practices can be identified.
- Juvenile Justice staff can be trained to maintain the process on their own.

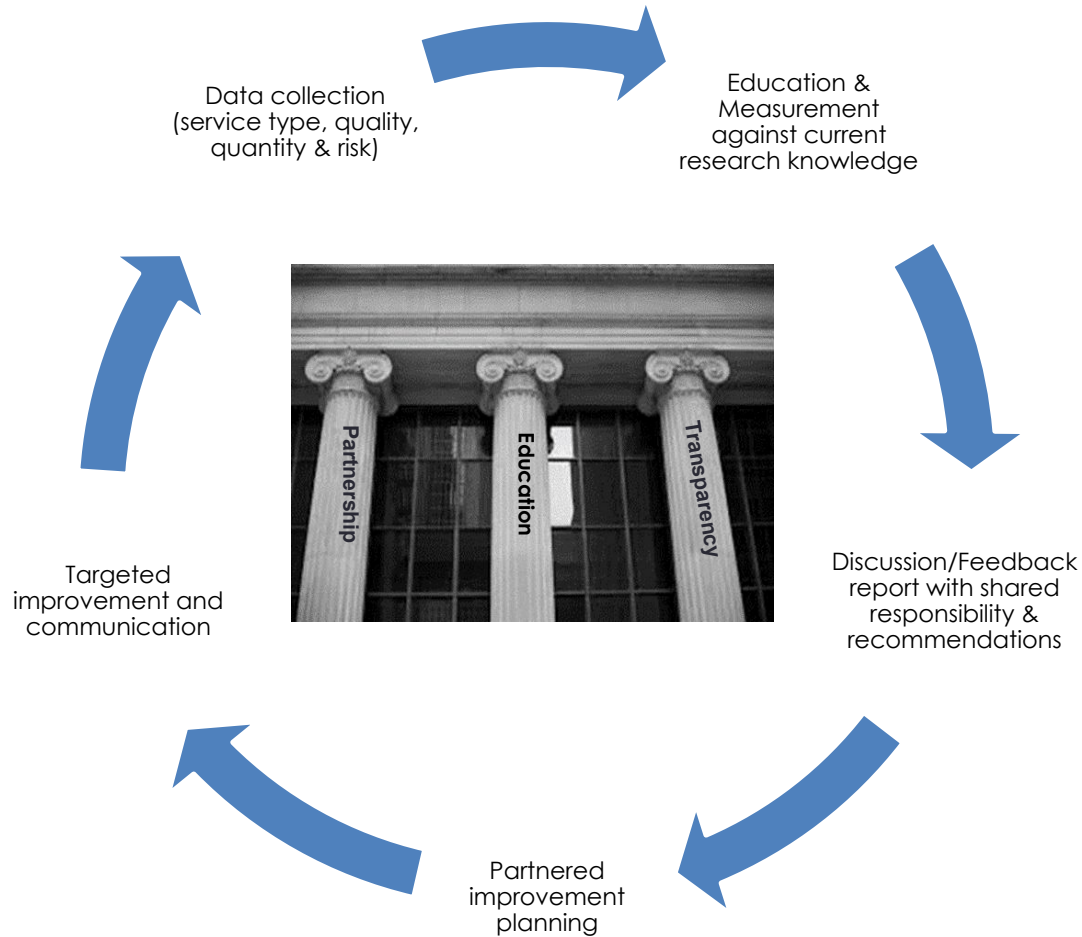
# The SPEP™ Process



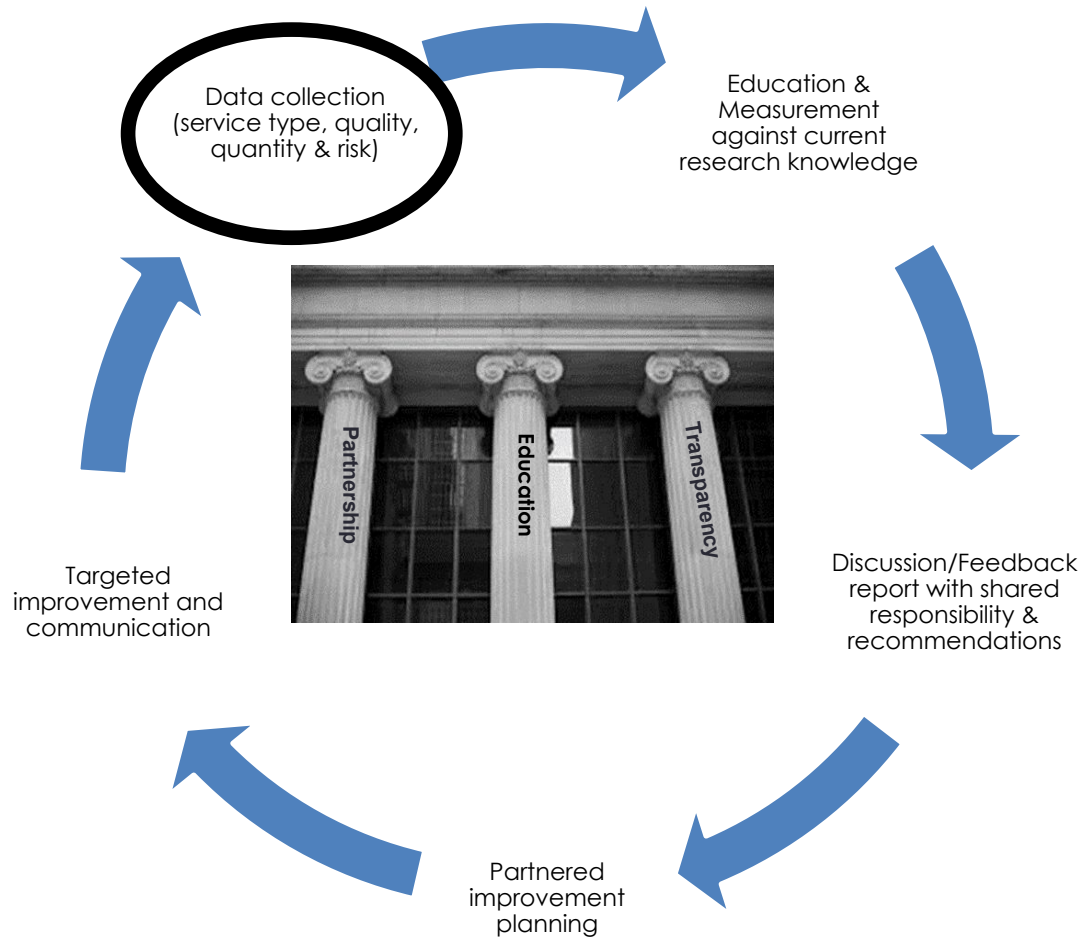
- Uses research-based evidence to drive changes needed for reform
- Uses a rating scheme to compare services in situ with research evidence for that specific service type
- Provides evidence-based recommendations for service optimization relative to recidivism reduction capability
- Continuous performance improvement process for both home grown and brand name services/programs
- Leverages what is currently “working” to support and strengthen existing best practice
- Designed to be used by government entities in *partnership* with private & nonprofit providers
- All while building and/or reinforcing a climate of:
  - **Partnership**
  - **Education**
  - **Transparency**



# The SPEP™ Process

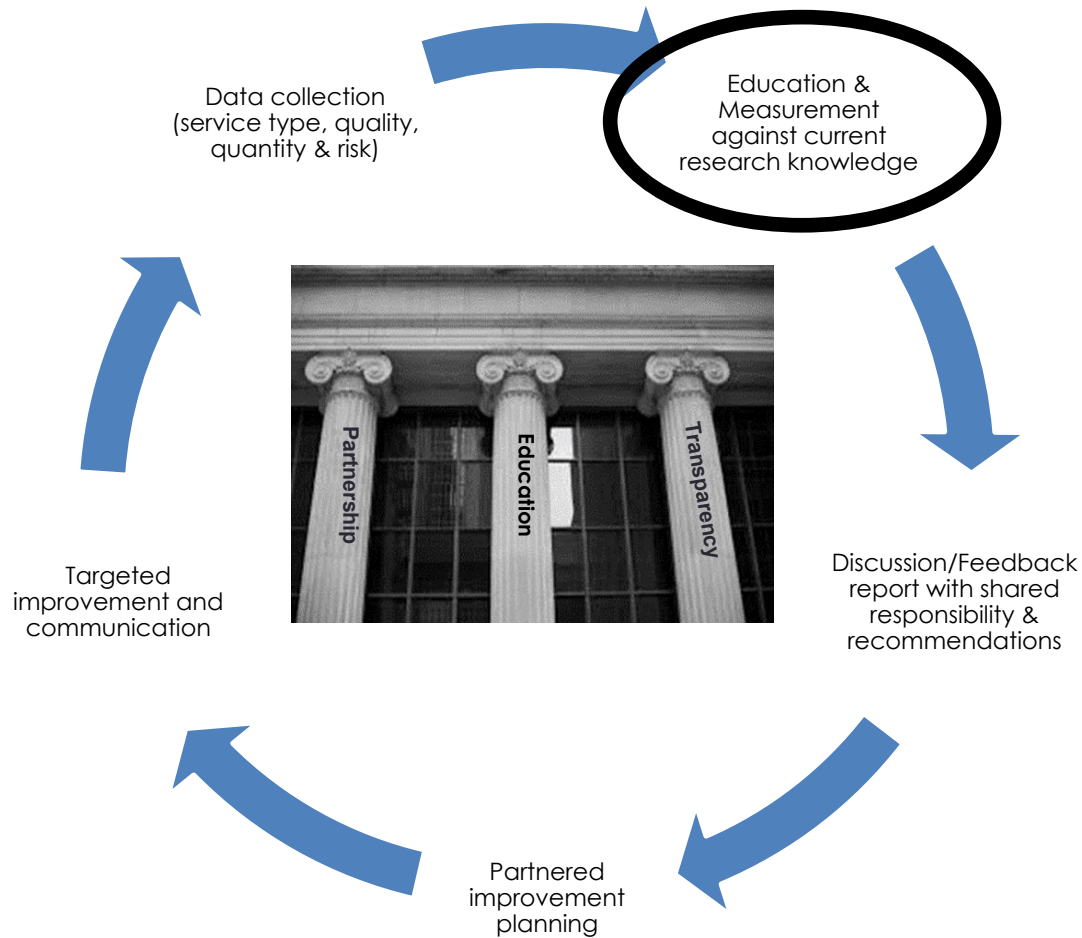


# The SPEP™ Process

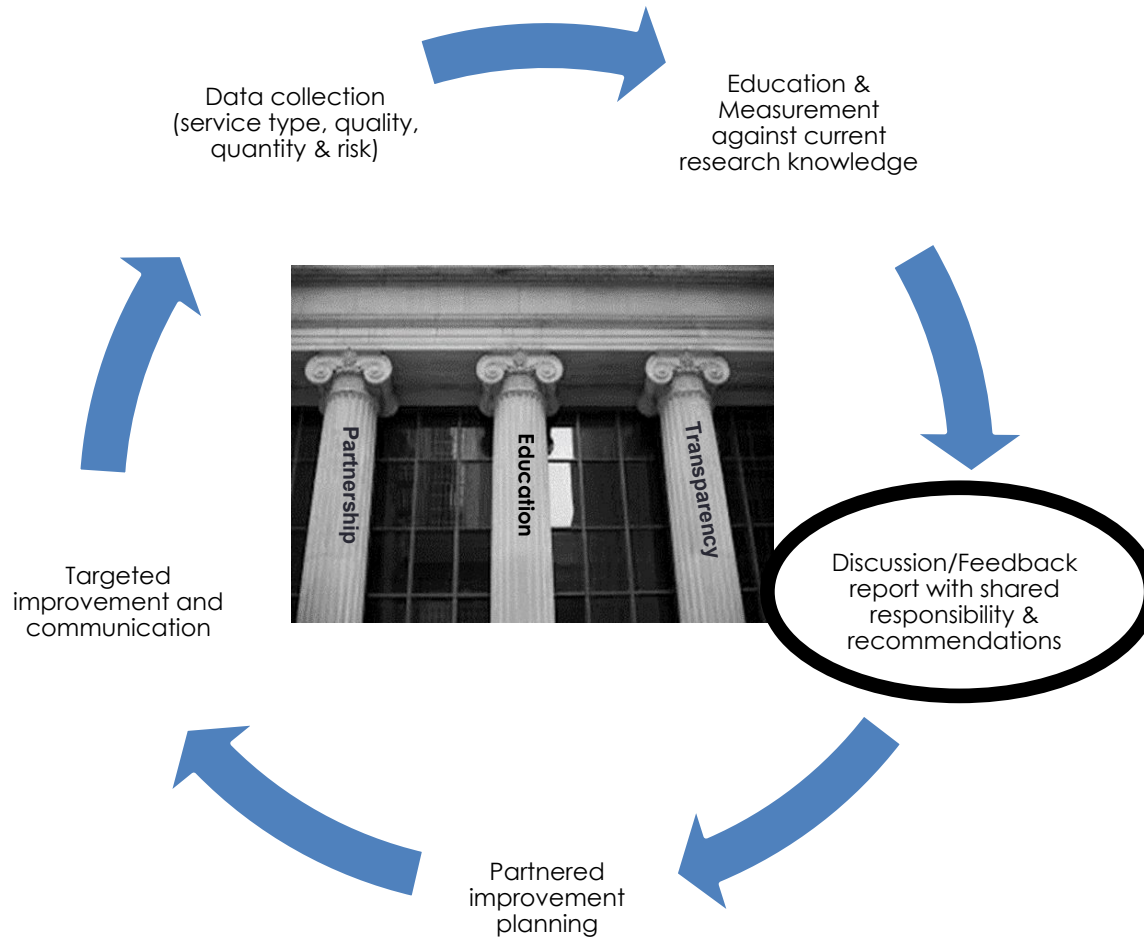




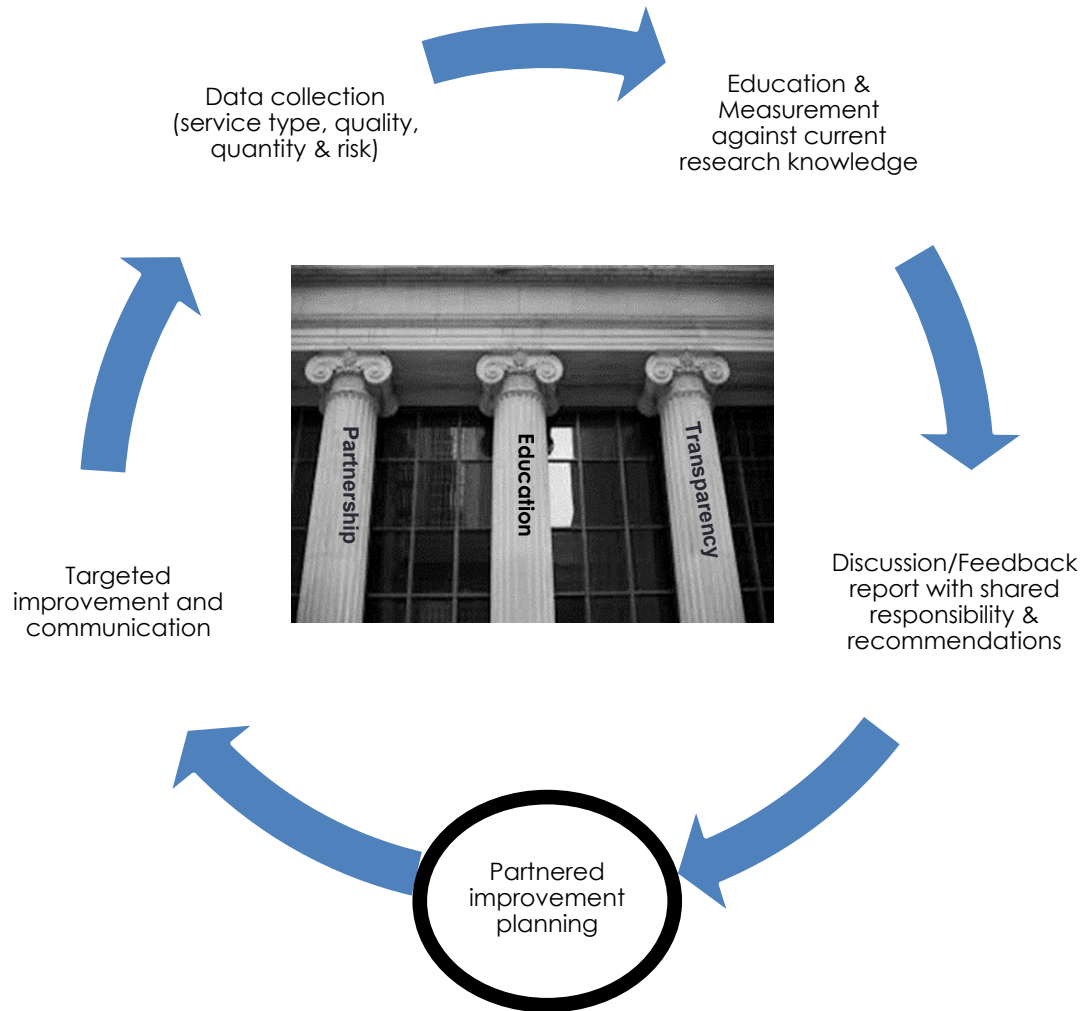
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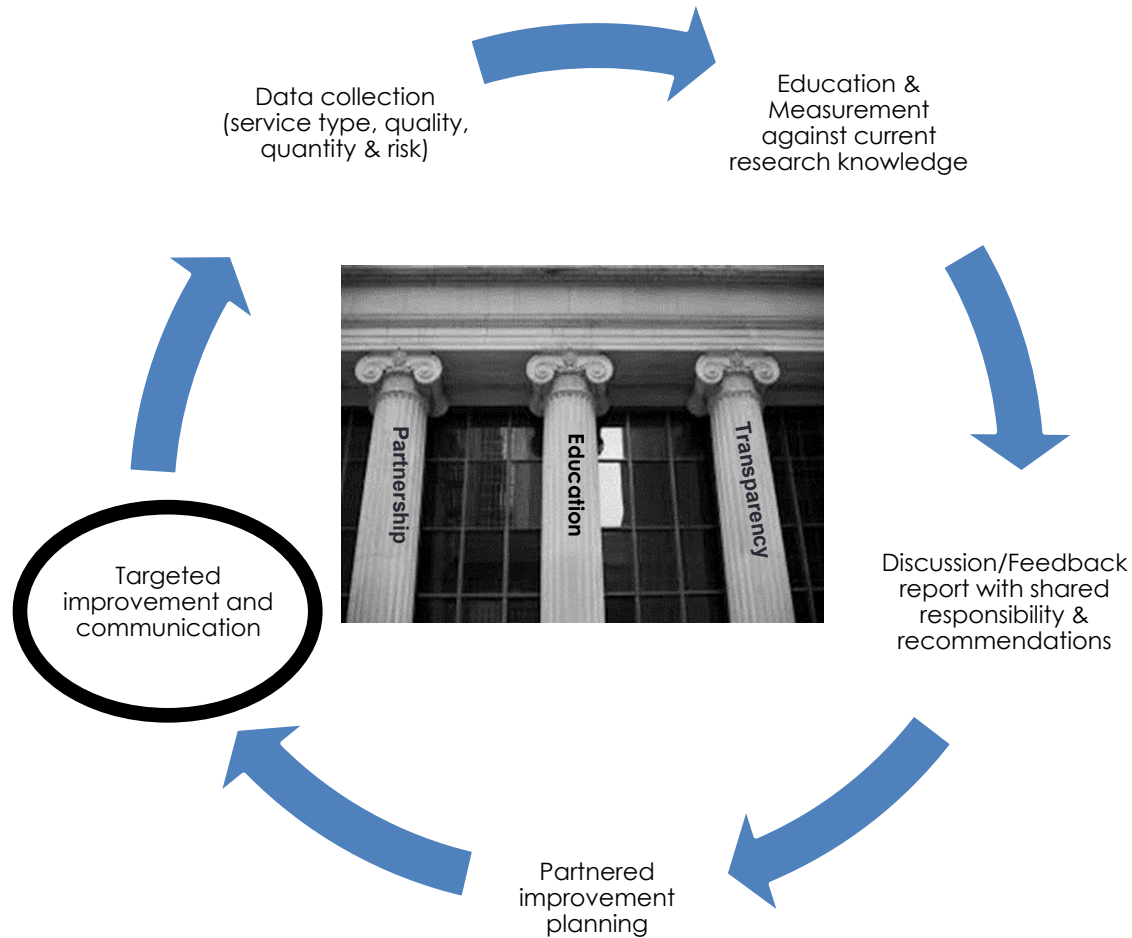
# The SPEP™ Process



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# The SPEP™ Process



# What SPEP™ is not ...



- Not designed for non-delinquent populations.
- Not designed to be an “audit” tool or “gotcha” game.
- The purpose of a SPEP™ rating is to inform service improvement NOT to grade a provider, program manager or facility.
- Providers/Program Managers are NOT scored – services (in specific locations) are rated in comparison to research evidence.
- SPEP™ is NOT an effort to make all services brand name – it is focused on change & optimization from within – work with what you have in place.
- The SPEP™ Process is not a stand alone reform initiative – it involves considerations that go well beyond the SPEP™ itself.



# Alignment



# Alignment with existing reform



- The reliability and validity of SPEP's Key Components has advanced through existing reform efforts
  - Service Type
  - Quality
  - Quantity
  - Risk for recidivism



# Alignment with existing reform



- The reliability and validity of SPEP's Key Components has advanced through existing reform efforts
  - Service Type
  - Quality
  - Quantity
  - Risk for recidivism
- SPEP's practice pillars fit well into existing reform structures
  - Partnership, Education & Transparency

# Alignment with existing reform



- The SPEP™ process fills in a remaining gap in the overall reform – a continuous, sustainable performance improvement process for services delivered to VA justice-involved youth (home grown and brand name)



# SPEP™ Implementation in VA



# Officially Launched in December 2019



- Dr. Chapman provided an overview of SPEP™ to the agency
- Cohort of 14 staff participated in level one classroom training
- Initiated a SPEP™ advisory charter and group
- Identified a community based and residential program to be early adopters, SPEP™ pilots
- Classroom training to be followed with guided practice and observation with the identified pilot sites

# COVID-19 Impact



- Impacted next steps with pilot sites
- Allowed for additional training opportunities and growth to focus on implementation
- Ongoing engagement with the pilot sites
- Continued advisory group meetings
- Creation of a learning community
- Relationship & Partnership with Pennsylvania
  - Shadowing, Debriefing, Training

# Early 2021 Resumed Pilot Process



- Focus on residential programs – Virginia Beach & Merrimac JDC community placement programs (CPPs)
  - Classification
  - Quality Measures
  - Data Collection
- Plan to finish a SPEP™ life cycle by the end of the year



# Next Steps

- Finish a full SPEP™ life cycle with both pilot sites by the end of the year.
- Establish an implementation plan across services at DJJ, internally and externally, with the advisory board and DJJ leadership.
- Move into to Level II SPEP™ training (train the trainer) to sustain and build capacity in VA.

# Questions and Comments



Thank you!

If you have any questions following this presentation, please contact Andrea McMahon at

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