SPEP™ Informed: Understanding Research, Informing Practice

2019 James E. Anderson Pennsylvania Conference on Juvenile Justice

Shawn Peck, SPEP™ Project Manager, Penn State EPISC Center
Lisa Freese, SPEP™ Implementation Specialist, Penn State EPISC Center
Overview

Shawn Peck, SPEP™ Project Manager,
Penn State EPISCcenter
Overview of SPEP™ Training

- SPEP™ Informed Training Defined
- Background
- SPEP™ in Pennsylvania
- Emphasizing the Partnership
- The SPEP™ Process
- Understanding of the Research
- Understanding of the Score Sheet
- An Integrated Understanding
Overview of SPEP™ Training – Continued

- Probation/Provider Alignment
- Interpretation of Results & Understanding the Score
- Understanding Timelines
- Supporting Service Providers
- Communicating with Families
- Wrap-up
- Questions
SPEP™ Informed Training Defined

• Interpret SPEP™ research findings and implications to inform recommendations for dispositional hearings in terms of risk, need and responsivity factors

• Explain this information to:
  o judges
  o district attorneys
  o public defenders
  o placement liaisons
  o community based providers
SPEP™ Informed Training Defined – Continued

- Make more specific recommendations to the Court which match dosage and duration targets outlined in the research
  - This will assist communication with families in understanding length of stay or assigned weeks in community-based services
- Understand service provider needs as the alignment with juvenile probation and service provider becomes clear
- Decide if they want to attend the SPEP™ Level 1 training to administer the SPEP™ in their area.
Background

Shawn Peck
Balanced and Restorative Justice 1995
(Law and Mission)

• Balanced and Restorative Justice Goals
  • The protection of the community
  • The imposition of accountability for offenses committed
  • The development of competencies to help juveniles become responsible and productive members of the community
Elements of Pennsylvania’s
Models for Change Initiatives
Purpose Clause Revised in 2012

• Employing evidence-based practices whenever possible...by using the least restrictive intervention...consistent with the protection of the community, the imposition of accountability...and the rehabilitation, supervision, and treatment needs of the child....”
PA Juvenile Justice System Enhancement Strategy (JJSES) Framework

Achieving our Balanced and Restorative Justice Mission

Achieving our Statement of Purpose

JJSES Statement of Purpose

We dedicate ourselves to working in partnership to enhance the capacity of Pennsylvania’s juvenile justice system to achieve its balanced and restorative justice mission by:

- Employing evidence-based practices, with fidelity, at every stage of the juvenile justice process;
- Collecting and analyzing the data necessary to measure the results of these efforts; and, with this knowledge,
- Striving to continuously improve the quality of our decisions, services and programs.

SPEP™

The SPEP™ is an example of how PA is achieving the JJSES Statement of Purpose. For each of the components of the JJSES:

- These activities are evidence-based practices,
- Data is collected and analyzed to monitor our outcomes and drive our decision making,
- Continuous Quality Improvements (CQI) have been implemented to ensure the SPEP™ is implemented as intended, continuously and over time,
  - while identifying and correcting drift through quality assurance processes.
Pennsylvania’s Juvenile Justice System

**Mission:** To support and enhance the values, principles, and programs that advance the goals of Balanced and Restorative Justice while employing evidence-based practices whenever possible.

- **Goal 1:** Community Protection
- **Goal 2:** Accountability
- **Goal 3:** Competency Development
- **Goal 4:** Evidence-Based Practices
- **Goal 5:** Data-Driven-Decision Making
- **Goal 6:** Professional Development
SPEP™ in Pennsylvania

Shawn Peck
Expanding SPEP™ Footprint in Juvenile Justice

• Original development sites
  ▪ Arizona (2006)

• Juvenile Justice System Improvement Project (JJSIP)
  ▪ Connecticut (2011)
  ▪ Florida (2011)
  ▪ Pennsylvania (2011)

• OJJDP Justice System Reform & Reinvestment Initiative
  ▪ Delaware (2012)
  ▪ Iowa (2012)
  ▪ Wisconsin (Milwaukee County) (2012)

• Independent participants
  ▪ Tennessee (2008)
  ▪ Queensland, Australia (2016)
  ▪ Georgia (2017)
  ▪ Virginia (2019)

• Evidence-Based Decision Making Certificate Program (with Georgetown Center for Juvenile Justice Reform)
  ▪ Oregon (2018)
  ▪ San Diego (2019)
The Juvenile Justice System Improvement Project 2011

- Funded by Federal OJJDP
- The Center for Juvenile Justice Reform – Georgetown University
- Pennsylvania chosen as one of four states in the “Improving the Effectiveness of Juvenile Justice Programs” Project
- Berks County served as project pilot site
- Two major areas of focus based on the work of
  - Buddy Howell’s “Comprehensive Strategy” work
  - Mark Lipsey’s “Standardized Program Evaluation Protocol”
Pennsylvania SPEP™ Rollout Strategy

2011 – Berks County
- Pilot Site
- Initial implementation resources developed

2013 – Allegheny, Bucks, Dauphin, and Lehigh Counties
- Three SPEP™ Implementation Specialists’ hired
- Additional implementation resources developed
- Performance Improvement Process developed
- Level 1 and Level 2 Training Processes developed with Vanderbilt University

2015 – McKean, Mercer, Luzerne, Lycoming, Venango, and York Counties

2017 – Lebanon County

2018 – Chester, Erie, Franklin, Lancaster, and Montgomery Counties
- Four SPEP™ Implementation Specialists’ hired
- SPEP™ Project Manager and Administrative Assistant hired
- Level 3 Training Process developed with Vanderbilt University

2019 – Lawrence and Philadelphia Counties & SPEP™ Informed Concept throughout Pennsylvania
JJSES Leadership Team

- Oversees the training and technical assistance for the Juvenile Justice System Enhancement Strategy (JJSES)
- Responds to recommendations made by the SPEP™ Advisory Group
SPEP™ Advisory Group

- Discuss SPEP™ implementation challenges and successes
- Make recommendations to the JJSES Leadership Team regarding the SPEP™ Project
- Review resources developed for SPEP™ implementation
SPEP™ Learning Community (LC)

- Quarterly in-person meetings occur with EPISC Center staff and all probation staff trained as Level 1 SPEP™ Specialists or Level 2 SPEP™ Trainers
  - East and West Regions

- Monthly Technical Assistance Calls with Vanderbilt University
Support to Community Prevention Coalitions

Support to Evidence-based Prevention & Intervention Programs

Improve Quality of Local Innovative Programs and Practices

Intermediary and State-level Prevention Support System

Broad-scale Dissemination

High-quality Implementation

Valid Impact Assessment

Long-term Sustainability

Multi-agency Steering Committee (Justice, Welfare, Education, Health)

The EPISCenter is a project of the Prevention Research Center, College of Health and Human Development, Penn State University, and is funded by the Pennsylvania Commission on Crime and Delinquency and the Pennsylvania Department of Human Services.
SPEP™ in Pennsylvania

JJSES Leadership Team

SPEP™ Advisory Group

Learning Community

Juvenile Probation

Service Providers

EPISCcenter
The Systems Approach

Level of Supervision

- Counsel & release
- Diversion; Informal probation
- Probation
- Incarceration

Intervention Programs

- Program A
- Program B
- Program C
- Program D
- Program E
- Program F

Recidivism Outcomes

- T%
- U%
- V%
- W%
- X%
- Y%
- Z%

Prevention Programs

- Risk assessment & risk-based dispositions
- Needs assessment; match needs to program
- Effective programs

Minimize reoffending

Total Re-offense Rate

Adapted from Buddy Howell
The Continuum of Confidence

Programs can be placed along a continuum of confidence based on their evidence or theory.

- **Harmful (iatrogenic)**: "This program has been rigorously evaluated and shown to be harmful" - Very Confident
- **Discouraged Approaches**: "This program is similar to other ineffective or harmful programs, but has not been rigorously evaluated" - Ineffective
- **Ineffective**: "This program has been evaluated and shown to have no positive or negative effect" - unknown
- **Promising Approaches**: "This program is similar to other effective programs, but has not been rigorously evaluated" - Promising
- **Evidence-based**: "This program has been rigorously evaluated and shown to work" - Effective

How confident are we that this program or practice is a good use of resources AND improves outcomes for children and families?

*Bumbarger & Rhoades, 2012*
SPEP™ Informed = Informed Decision Making

3 pillars of SPEP™:

• Partnership
• Education
• Transparency
Emphasizing the Partnership

Lisa Freese, SPEP™ Implementation Specialist, Penn State EPISCenter
The Partnership

- Juvenile Probation Departments and Service Providers are equal partners in the SPEP™ process
- The SPEP™ Process brings stakeholders together from Pre-SPEP™ Planning to SPEP™ Reassessments
Probation’s Role in the Partnership

Planning
- Engage key stakeholders for the SPEP™ Process (courts, key JPO staff)
- Identify and prioritize Service Providers for the SPEP™ Process

Preparation
- Prepare Service Providers for the SPEP™ Process by initiating the conversation
- Administer the YLS and retrieve missing YLS Scores from other probation departments

Policy
- Communicate SPEP™ Assessment results across various levels of Juvenile Court/Probation
- Develop policies and procedures related to SPEP™
  - Incorporate SPEP™ into Service Provider contracts, program description and job descriptions

Practice
- Contribute to SPEP™ Interviews and the development of Feedback Reports and Performance Improvement Plans
- Act as an equal and collaborative partner in the Performance Improvement Process
Where SPEP™ Informed comes in…

Policy

- Communicate SPEP™ Assessment results across various levels of Juvenile Court/Probation
- Develop policies and procedures related to SPEP™
  - Incorporate SPEP™ into Service Provider contracts, program description and job descriptions
The SPEP™ Process

Lisa Freese, SPEP™ Implementation Specialist, Penn State EPISCenter
SPEP™ Lifecycle

Preparation (Pre-SPEP Communication, Pre-Visit/Tour)

Service Classification & Quality Interviews

Data Collection & Analysis (Duration, Dosage & Risk)

Feedback Report Results (Scores & Recommendations)

SPEP™ Assessment

Provider Delivery

Probation/Court Usage

Service Type

Performance Improvement Plan Development & Implementation

Probation/Court Usage
The SPEP™ Process

1. Preparation (Pre-SPEP™ Communication, Pre-SPEP Visit/Tours)
2. SPEP™ Interviews (Service Classification, Quality of Service Delivery)
3. Data Collection
4. Scoring
5. Feedback Report Review
   Meeting/Performance Improvement Implications
6. Performance Improvement Plan
   (development, implementation, progress/update calls)
Pre-Visit Checklist

http://episcenter.psu.edu/juvenile/appendix

- Helps Service Providers to understand:
  - Type of materials reviewed during SPEP™ Interviews
  - Data Collection
- Pre-Visit Checklist sent by Juvenile Probation Staff
Service Classification Interview

• A Full Program Profile is completed to identify all service activity within each program (Unpacking)

• Service Classification Interview(s) identify which services are eligible to go through the SPEP™ Process

• Information sharing between Service Provider Staff, Juvenile Probation Staff, and EPISCenter Staff
  o Discussion of program operations and schedules
  o Review of service description(s)
  o The Service Provider tells “the story” (details that could have been missed)
Types of Services within a Program

- **Primary service**: The main service a program provides - the one most characteristic of the program and/or on which the most time or effort is spent.

- **Supplemental service(s)**: Services that reinforce or complement the primary service.
Quality of Service Delivery Interview

- Quality of service delivery interviews are conducted for each service selected for the SPEP™
- Provides understanding of how service is delivered and monitored
- Review of materials used for service delivery
- Interviews may occur the same day as service classification or at subsequent meetings
- Length of time varies – approximately 1.5 hours
# Data Collection – Cohort Data Template

| Youth Number in Cohort | County Specific Juvenile ID Number (ID) from PaidCMS | Prenatal Postnatal Post Pregnancy | Youth Last Name | Gender | Race | Ethnicity | Committing County | Date of Birth (DOB) | Date Youth Was Admitted to the Program | Youth Service Start Date | Youth Service End Date | Total weeks of service | Total hours of service | Youth Level of Service (YLS) Risk Score | YLS Risk Level | Was YLS Finalized | Was there a YLS Override? | Was there Service Interruption? | Was youth escorted? | Was youth discharged? | Notes: For Example, Reasons for 
- YLS Override 
- Service Interruption 
- Early Discharge | YLS Flag |
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**NOTE:** DO NOT EMAIL CONFIDENTIAL INFORMATION!
What is a SPEP™ Cohort?

• A group of youth that received a service during a specific timeframe (but are no longer receiving the service)
  o Duration and Dosage are calculated for each youth
  o Each youth must have a YLS Score to be counted for Risk Level
• Youth must be delinquent, probation referred
• Minimum of 10 youth are necessary
• Youth must be from Pennsylvania
Amount of Service

• Effects on recidivism associated with:
  o Duration (weeks) of service
  o Dosage (face-to-face hours) of service
Level of Risk

- The meta-analysis research on delinquency intervention programs has shown that, on average, there are larger positive effects on recidivism with higher risk juveniles than with their lower risk counterparts.

- As a result, juveniles’ risk scores are included in the SPEP™ scoring scheme.
Feedback Report Summary & Recommendations

- Summarizes the findings of the service in light of recidivism reduction
- Identifies improvement recommendations for:
  - Quality of Service Delivery
  - Service Amount
  - Risk Level
- Example: Develop a supervision process that includes scheduled direct observation for fidelity monitoring
Feedback Reports

- Every service that goes through the SPEP™ receives a Feedback Report.
- The Feedback Report serves as the written record of the SPEP™ process regarding each service.

The Standardized Program Evaluation Protocol (SPEP)
Review and Recommendations

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Location:</th>
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<tbody>
<tr>
<td>Name of Program:</td>
<td>Name of Services:</td>
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<td>Cohort Size:</td>
<td>Timeline of Selected Cohort:</td>
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<td>Date of Interview:</td>
<td>County(ies):</td>
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<td>Report Prepared by:</td>
<td>Sources of Information:</td>
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Introduction

The Juvenile Justice System Enhancement Strategy (JJSES) is an initiative currently underway in Pennsylvania’s juvenile justice system. In the Statement of Purpose, the intention is to employ evidence-based practices with fidelity at all stages of the system, further enhancing its capacity to achieve its mission of balanced and restorative justice. The Standardized Program Evaluation Protocol (SPEP) falls within Stage Three: Behavioral Change. It provides guidance in aligning service needs with quality local programming.

The Standardized Program Evaluation Protocol (SPEP) is a tool derived from meta-analytic research that is designed to compare existing juvenile justice intervention programs to the characteristics of the most effective programs found in the research. A scoring system allows service providers, as well as county juvenile probation departments to identify areas in which improvements can be made to their existing programs that expect to increase effectiveness for reducing the recidivism of the juvenile offenders treated.

This report provides two types of SPEP scores, a Basic Score and a Program Optimization Percentage (POP). The Basic Score compares the program to other intervention programs found in the research, regardless of program type. It is meant as a reference for the expected overall recidivism reduction when compared to other program types. The POP is a percentage score that indicates where the program is compared to its potential effectiveness if optimized to match the characteristics of similar programs found effective in the research. The POP score is likely the more meaningful score for service providers as it represents how close the program is...
# Performance Improvement Plan

## Standardized Program Evaluation Protocol (SPEPTM) Performance Improvement Plan

<table>
<thead>
<tr>
<th>SPEP Identification Number and Time</th>
<th>1000 T1</th>
<th>Name of Organization</th>
<th>ABC Agency</th>
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<tr>
<td>Lead County</td>
<td>Any Town County</td>
<td>Name of Program</td>
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<td>Date of Feedback Report Review Meeting</td>
<td>May 28, 2018</td>
<td>Name of Service</td>
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<td>Date of PIP Finalization Meeting</td>
<td>June 28, 2018</td>
<td>Location</td>
<td>Any Town, PA</td>
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<td>Date PIP Goals Completed/Met</td>
<td>July 28, 2019</td>
<td>PIP Prepared By</td>
<td>Jane Doe</td>
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<td>Timeframe of Current Cohort</td>
<td>February 1, 2018-February 1, 2017</td>
<td>Lead JJSIS</td>
<td>Joe Smith</td>
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<td>Timeframe of Next Cohort</td>
<td>July 29, 2019-July 29, 2020</td>
<td>Lead JPO</td>
<td>Mike Jones</td>
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### SPEP Domain Goal Areas

#### Service Type

<table>
<thead>
<tr>
<th>Elements</th>
<th>Identified therapeutic service types (skill building, counseling, and restorative) and qualifying supplemental services.</th>
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| Recommendations from SPEP Feedback Report | Primary Service: Skill Building Services-Behavioral Contracting  
Secondary Service: Family Counseling is utilized on an as needed basis  
It is recommended that Family Counseling be utilized as a regular component to the primary service. Family Counseling will enhance the Behavioral Contracting service. |

#### Quality of Service Delivery

| Elements | Written Program Protocol  
Personnel Trained in the Program and Associated Protocol  
Monitoring the Quality of the Service Delivery  
Organizational Procedures for Responding to Departures from the Protocol |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations from SPEP Feedback Report</td>
<td>Enhancing training opportunities for the staff by: Co-creating formal training opportunities for youth workers by offering booster training regularly; Educating youth workers and supervisors on the YLS and how they can be utilized in staff meetings to identify youth needs;</td>
</tr>
</tbody>
</table>

#### Amount of Service

| Elements | Duration of Service  
Face to face contact hours |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations from SPEP Feedback Report</td>
<td>Collaborating with the probation department and investigating ways to meet targets by striving to ensure each youth receives 24 weeks of service and 72 hours of service</td>
</tr>
</tbody>
</table>

#### Risk Level

<table>
<thead>
<tr>
<th>Elements</th>
<th>The meta-analysis research on delinquency intervention programs has shown that, on average, there are larger positive effects on recidivism with higher risk juveniles than with their lower risk counterparts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations from SPEP Feedback Report</td>
<td>Collaborating with the probation department and investigating ways of targeting high risk youth and eliminating low risk youth referred to the program and ensuring YLS data is included in the referral packet from the probation department.</td>
</tr>
</tbody>
</table>
### Performance Improvement Plan

#### Goal Progress Update

<table>
<thead>
<tr>
<th>Goal Area</th>
<th>Amount of Service</th>
<th>Goal Number 1</th>
<th>Design a process to ensure that youth are receiving the targeted weeks and hours of the service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Step</td>
<td>Load</td>
<td>Target Date</td>
<td>Date Completed</td>
</tr>
<tr>
<td>Review group dosage/duration with counselors and mentor counselors on communication process regarding recommendations for continued stay based on client’s current dosage/duration for group</td>
<td>Clinical Director and Treatment staff</td>
<td>March 30, 2019</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate the items based on level of implementation</th>
<th>Q1 Meeting</th>
<th>Q2 Meeting</th>
<th>Q3 Meeting</th>
<th>Q4 Meeting</th>
<th>Q5 Meeting</th>
<th>Q6 Meeting</th>
<th>Q7 Meeting</th>
<th>Q8 Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>9/28/18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q1 Meeting Notes:** Clinical Director and staff reviewed tracking documents targets were being met. Any issues that were observed during this review were noted and discussed about the staff. These issues will also be discussed at the monthly staff meeting to determine steps that can be taken to address them and increase received duration/dosage.
Performance Improvement Process

Start: Feedback Report Meeting – Day 1
- Presentation and discussion of SPEP Feedback Report
- Overview of Performance Improvement Concepts
- Intro to SPEP Performance Improvement Plan (PIP)
- Establish Timeframe for PIP

1 to 30 Days
- Provider & Probation Collaborate to Improve Services
- PIP Created
- PIP Reviewed
- Phone Call to Establish Timeframes

30 Days to 12 Months
- PIP Implemented
- Progress Update Meeting/Calls occur
- Modifications are made to services per the PIP

12 Months to 24 Months
- Achievement of PIP Goals, Data Collection with New Cohorts Begin

6 Months to 24 Months
- SPEP Reassessment
Understanding the Research

Shawn Peck
SPEP™ Informed - An Integrated Understanding

- YLS referral
- dosage & duration
- service
- treatment/skill
- youth
- family

Recidivism reduction

YLS
Meta-analysis of a comprehensive collection of studies of interventions for juvenile offenders

- 700+ controlled studies*
- Focus on the programs’ effects on recidivism (reoffending)
- Published and unpublished from 1950 to 2014*
- Studies conducted in the U.S. and U.K.
- Recidivism defined as rearrests twelve months after the intervention
- Programs were for juveniles from 12-21 years old
- Programs were intended to reduce juvenile delinquency

*includes most recent update
700 studies of any program aimed at reducing delinquency

2000+ Effect sizes
Background

- Generic intervention types *abundant* in juvenile justice
- Research shows some types effective at reducing recidivism
- Main disadvantage of generic programs is they…
  
  “lack the specificity that comes with the protocol for a model program and the associated training and support systems that are also often available from the developer”

(p. 3).

Key Finding # 1: Philosophy Matters

Figure 1

Mean Effects on Recidivism for the Major Intervention Approaches

Therapeutic Services

Restorative
- Mediation
- Community Service / Restitution

Counseling
- Group
- Mentoring
- Mixed
- Family Crisis
- Family
- Individual

Skill Building
- Cognitive-behavioral Therapy
- Behavior Management
- Social Skills Training
- Challenge Program
- Remedial Academic Training
- Job-Related Interventions
- Job Placement
- Job Training
- Vocational Counseling
Therapeutic Services:

Restorative

Services aimed at repairing the harm caused by delinquent behavior

- Restitution/Community Service
- Mediation
Therapeutic Services:

Counseling

Services emphasizing relationship between responsible adult and offender, family or others, in an attempt to influence feelings, cognitions and behavior

- Individual Counseling
- Mentoring
- Family Counseling
- Family Crisis Counseling
- Group Counseling
- Mixed Counseling
Therapeutic Services:

Skill Building

Services aimed at providing instruction, practice, incentives, etc. to assist with behavior control and/or ability to participate in prosocial activity

- Behavioral Contracting/Contingency Management
- Cognitive Behavioral Therapy
- Social Skills Training
- Challenge Programs
- Remedial Academic Program
- Job Related Training
Cognitive-behavioral Therapy

Definition

- Corrects faulty cognitions or perceptions
- Provides skills to monitor and correct thought patterns and behaviors
- Focuses on relapse prevention

Example: Community Based Program

- Aggression Replacement Training® (ART®)
SPEP™ Scoring Groups

Group 5 service (Score=30)
  Cognitive-behavioral therapy

Group 4 service (Score=25)
  Group counseling
  Mentoring
  Behavioral contracting; contingency management

Group 3 service (Score=15)
  Family counseling
  Family crisis counseling
  Mixed counseling
  Social skills training
  Challenge programs
  Mediation

Group 2 service (Score=10)
  Restitution; community service
  Remedial academic program

Group 1 service (Score=5)
  Individual counseling
  Job-related training
    Vocational counseling
    Job training
    Work experience
Key Finding # 2: Comparable Impact*

Figure 4. Effect sizes for family counseling interventions with those for FFT and MST identified

Key Finding # 3: Four Main Factors

• Four factors most strongly related to recidivism reduction:
  o Youth risk level and aggressive/violent history*
  o Program philosophy, and type
  o Quality of service
  o Amount of service

*Strongest predictor of recidivism identified in the meta-analysis.

### Service Type

#### Primary and Supplemental Service Types

[Identified according to definitions derived from the research]

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Points Possible</th>
<th>Points Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>5 points</td>
<td>Group 4</td>
</tr>
<tr>
<td>Group 2</td>
<td>10 points</td>
<td>Group 5</td>
</tr>
<tr>
<td>Group 3</td>
<td>15 points</td>
<td></td>
</tr>
</tbody>
</table>

#### Supplemental Service Type

Qualifying supplemental service used: Yes (5 points), No (0 points)

- **Points:** 5

### Service Quality

#### Quality of Service Delivery

[Determined from a systematic assessment of the relevant features of the provider and provider organization]

<table>
<thead>
<tr>
<th>Quality of Services Delivered</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>5 points</td>
</tr>
<tr>
<td>Medium</td>
<td>10 points</td>
</tr>
<tr>
<td>High</td>
<td>20 points</td>
</tr>
</tbody>
</table>

- **Points:** 20

### Amount of Service

[Determined from data for the qualifying group of service recipients]

<table>
<thead>
<tr>
<th>Amount of Service</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td></td>
</tr>
<tr>
<td>% of youth who received at least the target weeks of service:</td>
<td>10</td>
</tr>
<tr>
<td>0% (0 points)</td>
<td>60% (6 points)</td>
</tr>
<tr>
<td>20% (2 points)</td>
<td>80% (8 points)</td>
</tr>
<tr>
<td>40% (4 points)</td>
<td>99% (10 points)</td>
</tr>
</tbody>
</table>

| Contact Hours | |
| % of youth who received at least the target hours of service: | 10 |
| 0% (0 points) | 60% (6 points) |
| 20% (2 points) | 80% (8 points) |
| 40% (4 points) | 99% (10 points) |

### Juvenile Risk

#### Risk Level of Youth Served

[Determined from risk ratings on a valid instrument for the qualifying group of service recipients]

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of youth with medium or high risk scores (greater than low):</td>
<td></td>
</tr>
<tr>
<td>0% (0 points)</td>
<td>75% (7 points)</td>
</tr>
<tr>
<td>30% (2 points)</td>
<td>85% (10 points)</td>
</tr>
<tr>
<td>50% (5 points)</td>
<td>95% (12 points)</td>
</tr>
<tr>
<td>% of youth with high risk scores (greater than moderate):</td>
<td></td>
</tr>
<tr>
<td>0% (0 points)</td>
<td>25% (8 points)</td>
</tr>
<tr>
<td>15% (3 points)</td>
<td>30% (10 points)</td>
</tr>
<tr>
<td>20% (5 points)</td>
<td>35% (13 points)</td>
</tr>
</tbody>
</table>

- **Points:** 25

### Total SPEP™ Score

**(Insert Score)**
Key Finding # 4: Score is Predictive

*Quality of service delivery not scored in this sample.

Understanding the Score Sheet

Lisa Freese
SPEP™ Score Sheet Outline

- SPEP™ Scoring instrument is both Qualitative and Quantitative

  o Qualitative components:
    - Service Type
    - Service Quality

  o Quantitative components:
    - Amount of Service
    - Juvenile Risk
### Primary and Supplemental Service Types

[Identified according to definitions derived from the research]

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Points Possible</th>
<th>Points Received</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Service Type for Program Being Rated</strong></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Group 1 services (5 points)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 2 services (10 points)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 3 services (15 points)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 4 services (25 points)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 5 services (30 points)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Supplemental Service Type</strong></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Qualifying supplemental service used: Yes (5 points)</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>No (0 points)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Quality of Service Delivery

[Determined from a systematic assessment of the relevant features of the provider and provider organization]

- Rated quality of services delivered:
  - Low (5 points)
  - Medium (10 points)
  - High (20 points)

### Amount of Service

[Determined from data for the qualifying group of service recipients]

<table>
<thead>
<tr>
<th>Duration</th>
<th>Points Possible</th>
<th>Points Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of youth who received at least the target weeks of service:</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>0% (0 points)</td>
<td>60% (6 points)</td>
<td></td>
</tr>
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<td>80% (8 points)</td>
<td></td>
</tr>
<tr>
<td>40% (4 points)</td>
<td>99% (10 points)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Hours</th>
<th>Points Possible</th>
<th>Points Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of youth who received at least the target hours of service:</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>0% (0 points)</td>
<td>60% (6 points)</td>
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</tr>
<tr>
<td>40% (4 points)</td>
<td>99% (10 points)</td>
<td></td>
</tr>
</tbody>
</table>

### Risk Level of Youth Served

[Determined from risk ratings on a valid instrument for the qualifying group of service recipients]

<table>
<thead>
<tr>
<th>Juvenile Risk</th>
<th>Points Possible</th>
<th>Points Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of youth with medium or high risk scores (greater than low):</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>0% (0 points)</td>
<td>75% (7 points)</td>
<td></td>
</tr>
<tr>
<td>30% (2 points)</td>
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<td>95% (12 points)</td>
<td></td>
</tr>
<tr>
<td>% of youth with high risk scores (greater than moderate):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0% (0 points)</td>
<td>25% (8 points)</td>
<td></td>
</tr>
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<td>15% (3 points)</td>
<td>30% (10 points)</td>
<td></td>
</tr>
<tr>
<td>20% (5 points)</td>
<td>35% (13 points)</td>
<td></td>
</tr>
</tbody>
</table>

### Total SPEP™ Score

100 (Insert Score)
Service Providers usually have more control over the *Qualitative* components of the SPEP™

### Service Type
(menu of services)

<table>
<thead>
<tr>
<th>Primary and Supplemental Service Types</th>
<th>Points Possible</th>
<th>Points Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Identified according to definitions derived from the research]</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Primary Service Type for Program Being Rated</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1 services (5 points)</td>
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</tr>
<tr>
<td>Group 3 services (15 points)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 4 services (25 points)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 5 services (30 points)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supplemental Service Type</th>
<th>Points Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualifying supplemental service used: Yes (5 points)</td>
<td>5</td>
</tr>
<tr>
<td>No (0 points)</td>
<td></td>
</tr>
</tbody>
</table>

### Service Quality
(delivery of services)

<table>
<thead>
<tr>
<th>Quality of Service Delivery</th>
<th>Points Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Determined from a systematic assessment of the relevant features of the provider and provider organization]</td>
<td></td>
</tr>
<tr>
<td>Rated quality of services delivered:</td>
<td>20</td>
</tr>
<tr>
<td>Low (5 points)</td>
<td></td>
</tr>
<tr>
<td>Medium (10 points)</td>
<td></td>
</tr>
<tr>
<td>High (20 points)</td>
<td></td>
</tr>
</tbody>
</table>
SPEP™ Score Sheet Outline

• Service Providers offer a menu of services
  o The SPEP™ *matches* these services as closely as possible to the characteristics of similar therapeutic services found in the research and assigns them to qualifying “Groups”

<table>
<thead>
<tr>
<th>Primary and Supplemental Service Types</th>
<th>[Identified according to definitions derived from the research]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Service Type for Program Being Rated</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Supplemental Service Type</strong></td>
<td></td>
</tr>
<tr>
<td>Qualifying supplemental service used: Yes (5 points)</td>
<td>No (0 points)</td>
</tr>
</tbody>
</table>
What is a Service?

- A single, identifiable treatment modality or behavioral therapy received by juveniles
- Often there is more than one service in a program
- Example: a program where all youth receive:
  - Individual Counseling
  - Group Counseling
  - Life Skills Training
**SPEP™ Score Sheet Outline**

- **Service Providers** have the most control over the quality and fidelity of service delivery
  - These services are rated based on Quality Interviews with Service Providers and the staff who deliver the service
  - The service is then measured and rated for quality based on a range of points

<table>
<thead>
<tr>
<th>Quality of Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Determined from a systematic assessment of the relevant features of the provider and provider organization]</td>
</tr>
</tbody>
</table>

Rated quality of services delivered:
- Low (5 points)  
- Medium (10 points)  
- High (20 points)  

<table>
<thead>
<tr>
<th></th>
<th>20</th>
</tr>
</thead>
</table>

69
Quality Measures Checklist

• Interviews are guided by 20 Questions regarding:
  o Written Protocol
  o Staff Training
  o Staff Supervision
  o Organizational Response to Drift

• Information gathered will be included in the Feedback Report

• Most of the PIP recommendations are regarding quality of service delivery
**SPEP™ Score Sheet Outline**

- Juvenile Probation usually has more control over the *Quantitative* components of the SPEP™

### Amount of Service
*(duration/dosage)*

<table>
<thead>
<tr>
<th>Duration</th>
<th>% of youth who received at least the target weeks of service:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0% (0 points)</td>
<td>0% (6 points)</td>
</tr>
<tr>
<td>20% (2 points)</td>
<td>80% (8 points)</td>
</tr>
<tr>
<td>40% (4 points)</td>
<td>99% (10 points)</td>
</tr>
</tbody>
</table>

### Juvenile Risk
*(YLS score)*

<table>
<thead>
<tr>
<th>Contact Hours</th>
<th>% of youth who received at least the target hours of service:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0% (0 points)</td>
<td>60% (6 points)</td>
</tr>
<tr>
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<tr>
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<td>99% (10 points)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Level of Youth Served</th>
<th>% of youth with high risk scores (greater than moderate):</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of youth with medium or high risk scores (greater than low):</td>
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<td>95% (12 points)</td>
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<td>30% (10 points)</td>
</tr>
<tr>
<td>20% (5 points)</td>
<td>35% (13 points)</td>
</tr>
</tbody>
</table>
**SPEP™ Score Sheet Outline**

- **Juvenile Probation** makes recommendations to the Court based on the youth’s needs and other factors, determining the timeline for youth in the service.
  - **Duration** = weeks youth receive the service
  - **Dosage** = contact hours per week youth receive the service

<table>
<thead>
<tr>
<th>Amount of Service</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[Determined from data for the qualifying group of service recipients]</td>
<td></td>
</tr>
<tr>
<td><strong>Duration</strong> [Target number of weeks specified for each service type]</td>
<td></td>
</tr>
<tr>
<td>% of youth who received at least the target weeks of service:</td>
<td></td>
</tr>
<tr>
<td>0% (0 points)</td>
<td>60% (6 points)</td>
</tr>
<tr>
<td>20% (2 points)</td>
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</tr>
<tr>
<td>40% (4 points)</td>
<td>99% (10 points)</td>
</tr>
</tbody>
</table>
SPEP™ Score Sheet Outline

- **Juvenile Probation** makes recommendations to the Court based on YLS results in terms of criminogenic needs

YLS risk scores = *Strongest predictor of recidivism identified in the meta-analysis*

---


---

### Risk Level of Youth Served

[Determined from risk ratings on a valid instrument for the qualifying group of service recipients]

<table>
<thead>
<tr>
<th>% of youth with medium or high risk scores (greater than low):</th>
<th>% of youth with high risk scores (greater than moderate):</th>
<th>25</th>
</tr>
</thead>
<tbody>
<tr>
<td>0% (0 points)</td>
<td>0% (0 points)</td>
<td>25% (8 points)</td>
</tr>
<tr>
<td>75% (7 points)</td>
<td>25% (8 points)</td>
<td></td>
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<td>30% (2 points)</td>
<td>15% (3 points)</td>
<td>30% (10 points)</td>
</tr>
<tr>
<td>85% (10 points)</td>
<td>20% (5 points)</td>
<td>35% (13 points)</td>
</tr>
<tr>
<td>50% (5 points)</td>
<td>50% (5 points)</td>
<td></td>
</tr>
</tbody>
</table>
An Integrated Understanding

Lisa Freese
SPEP™ Informed - An Integrated Understanding

- YLS referral
- Dosage & duration
- Service
- Treatment/skill
- Youth
- Family
- Recidivism reduction

YLs
SPEP™ Informed - An Integrated Understanding

• 30 years of research tells us:
  o Well designed programs that meet certain conditions can reduce recidivism

• JJSES Principles of Behavioral Change: *largely based on YLS*
  o Risk (who) – factors determining future probability for re-offense
  o Need (what) – factors which are predictive of future delinquent behavior
  o Treatment (which) – factors which determine right services to apply
  o Responsivity (how) – factors which influence ability/motivation to learn
SPEP™ Informed - An Integrated Understanding

• YLS
  o Directs case plan goals and referral process
  o Time sensitive - policies and procedures followed = valid assessment
  o Instrumental in determining larger goal of recidivism based on Lipsey’s research which outlines the targets of duration and dosage specific to service type
SPEP™ Informed - An Integrated Understanding

• Referral Process:
  o Based on Youth’s YLS assessment
    Criminogenic Needs
    +
    Responsivity Factors
  o Matching the right youth to the right service
    • Service Matrix
    • Disposition Matrix
Referral Process:

- Factors that can affect selection process:
  - Menu of services by Provider
  - County contracts/per diem rate
  - Bed availability/timeline
  - Distance from family
  - Internal JPO process of QA
  - Judicial decisions
  - Referring JPO’s experience with Provider
  - Other
SPEP™ Informed - An Integrated Understanding

• Duration and Dosage are specific targets outlined by the research which have been found to reduce recidivism rates
  o Outlined by service type in 3 areas (with 14 subcategories):
    ▪ Restorative
    ▪ Counseling
    ▪ Skill Building
**Amount of Service**

**Median** contact hours & median duration associated with the optimal (highest) recidivism reduction that can be anticipated from a program type.
## Duration & Dosage for Service Types

[http://episcenter.psu.edu/juvenile](http://episcenter.psu.edu/juvenile)

### Duration and Dosage for SPEP™ Service Types

<table>
<thead>
<tr>
<th>Service Type and Name of Service</th>
<th>Duration or Number of Weeks</th>
<th>Dosage or Number of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restorative Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restitution/Community Service</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>Mediation</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td><strong>Counseling</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Counseling</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td>Mentoring</td>
<td>26</td>
<td>78</td>
</tr>
<tr>
<td>Family Counseling</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Family Crisis Counseling</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Group Counseling</td>
<td>24</td>
<td>40</td>
</tr>
<tr>
<td>Mixed Counseling</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td><strong>Skill Building Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior Management</td>
<td>24</td>
<td>72</td>
</tr>
<tr>
<td>Cognitive-behavioral Therapy</td>
<td>15</td>
<td>45</td>
</tr>
<tr>
<td>Social Skills Training</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td>Challenge Programs</td>
<td>4</td>
<td>60</td>
</tr>
<tr>
<td>Remedial Academic Program</td>
<td>26</td>
<td>100</td>
</tr>
<tr>
<td><strong>Job Related Training</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational Counseling</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>Job Training</td>
<td>25</td>
<td>400</td>
</tr>
<tr>
<td>Work Experience</td>
<td>26</td>
<td>520</td>
</tr>
</tbody>
</table>
SPEP™ Informed - An Integrated Understanding

• Duration and Dosage targets are even more important when considering length of stay in residential facilities

• “Completion of service” needs to be emphasized in making recommendations to the Court
Probation/Provider Alignment

Lisa Freese
SPEP™ Informed - An Integrated Understanding
SPEP™ Informed - An Integrated Understanding
SPEP™ Informed - An Integrated Understanding

dosage/duration

referral

service
SPEP™ Informed – An Integrated Understanding

- Having the knowledge to inform decisions at every stage of the court process and for all stakeholders:
  - Youth/Families
  - Judges
  - District Attorneys
  - Public Defenders
  - JPO placement liaisons
  - Court personnel
  - Providers
  - Communities
  - New employees in Juvenile Justice
## Example Matrix – Berks County

<table>
<thead>
<tr>
<th>YLS Domains</th>
<th>Family Circumstances</th>
<th>Education/Employment</th>
<th>Peer Relations</th>
<th>Substance Abuse</th>
<th>Leisure &amp; Rec.</th>
<th>Personality/Behavior</th>
<th>Attitudes/Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Level Assessment Score</td>
<td>Parent/child relationship, parental supervision and discipline</td>
<td>Academic Performance, attendance/conduct/engagement/goals/employment history</td>
<td>Interaction with others, anger management/impulse control, peer influences/acquaintances</td>
<td>Reported use, prior or current treatment (outpatient or inpatient)</td>
<td>Interaction w/ others peer influence/leisure activities/future goals</td>
<td>Disruptive or self-destructive thoughts or behavior. Current or prior treatment/diagnoses</td>
<td>View/attitude toward crime/victim,authority, and/or pro-social rules</td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities and services for Low Risk/Need juveniles should be directed at increasing and enhancing protective factors. Involvement in programs such as Boy’s and Girl’s Clubs, community service, after school programs or activities, sports, art, Boy/Girl Scouts, employment, and faith based youth programs are recommended.</td>
<td>BITS/Carey Guides Family Counseling</td>
<td>BITS/Carey Guides School homework centers</td>
<td>BITS/Carey Guides Individual Counseling</td>
<td>BITS/Carey Guides SAP Referral</td>
<td>BITS/Carey Guides Community Activities</td>
<td>BITS/Carey Guides Clinical Evaluation</td>
<td>BITS/Carey Guides Eval/Counseling Stoplift (Theft Charges)</td>
</tr>
<tr>
<td>Moderate</td>
<td>Parenting classes</td>
<td>Charter school</td>
<td>Mentoring Programs</td>
<td>JPO D&amp;A Evaluation</td>
<td>Mentoring</td>
<td>Impact of Crime</td>
<td>Personal Responsibility</td>
</tr>
<tr>
<td></td>
<td>Justiceworks</td>
<td>Literacy Council</td>
<td>MAP</td>
<td>Increased Urine Screens</td>
<td>MAP</td>
<td>Personal Responsibility Program</td>
<td>Impact of Crime Class</td>
</tr>
<tr>
<td></td>
<td>MST</td>
<td>Empowerment Camp</td>
<td>Personal Responsibility class</td>
<td>TASC Referral Recovery Coaching</td>
<td>DREAM</td>
<td>Outpatient Counseling</td>
<td>Anger Mgt. Class</td>
</tr>
<tr>
<td></td>
<td>BCCYS Referral</td>
<td>GED Classes</td>
<td>Anger management</td>
<td>Outpatient /IOP</td>
<td>Justiceworks</td>
<td>Anger Management</td>
<td>Justiceworks</td>
</tr>
<tr>
<td></td>
<td>Electronic monitor</td>
<td>Career Link</td>
<td>DREAM</td>
<td>Intensive D&amp;A Sup.</td>
<td>Intensive Supervision</td>
<td>Viewing for a Change</td>
<td>Thinking for a Change</td>
</tr>
<tr>
<td></td>
<td>ACT Weekends</td>
<td>Evening Reporting Center</td>
<td>Electronic Monitoring</td>
<td>Electronic Monitoring</td>
<td>Inpatient Treatment (TASC)</td>
<td>Electronic Monitoring</td>
<td>Residential Placement</td>
</tr>
<tr>
<td>Other services to consider</td>
<td>Nurse Family Partnership, Mentoring, YMCA Baby College.</td>
<td>Justiceworks, EM, Pre-Apprentice Programs, AIM, DVR, Education Advocate, Psychological Evaluation.</td>
<td>Any activities such as those listed in “Low” category that involve associating with positive peers.</td>
<td>PTND (Project Toward No Drugs)</td>
<td>Any activities listed in “Low” category that involve positive activities associating with positive peers.</td>
<td>SAP Referral, SAM Referral, Brief Treatment, Partial Hosp. Programs, seek eval for possible RTF</td>
<td>Other programs to be considered in this category should have a cognitive restructuring component.</td>
</tr>
</tbody>
</table>
Interpretation of Results & Understanding the Score

Shawn Peck
Understanding Basic Score

• The **Basic Score** compares the service to the other services found in the research regardless of type of service. It refers to the expected overall recidivism reduction when compared to other service types.

Comparing:
- family counseling (Group 3)
- to
- cognitive behavioral (Group 5).
Understanding POP Score

• The **Program Optimization Percentage** (POP) can be described as a comparison score. This score tells us how well the service being assessed compares to the same service found in the research.

**Comparing:**
family counseling
to other family counseling services
Side-by-Side Comparisons of the Basic SPEP Score and the Program Optimization Percentage

Basic Score - 43

Program Optimization Percentage - 54%

![Bar chart showing program optimization](https://via.placeholder.com/150)

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Program Quality</th>
<th>Amount of Service</th>
<th>Risk Level</th>
<th>Total POP</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>10</td>
<td>8</td>
<td>10</td>
<td>43</td>
</tr>
<tr>
<td>35</td>
<td>20</td>
<td>20</td>
<td>25</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>50%</td>
<td>40%</td>
<td>40%</td>
<td>54%</td>
</tr>
</tbody>
</table>

![Bar chart showing scores](https://via.placeholder.com/150)

- **Points Received**
- **Total Possible**
SPEP™ Informed = Interpretation of Results

• Being able to speak about *results* of a SPEP™:
  
  o Locate information regarding Service Provider SPEP™ information on the PCCD website
  
  o Interpret these scores and findings:
    
    ▪ Different components of the SPEP™ score and determine what is under Probation vs. Provider control
    
    ▪ How the score does not tell the *whole* story and deeper knowledge of service should be considered when reviewing scores
The Standardized Program Evaluation Protocol (SPEP™)

Program   Organization   Service Classification   Location   Score Type

➤ Category : Community-based (55)
➤ Category : Residential (86)
Understanding Timelines

Shawn Peck
SPEP™ Informed = Understanding Timelines

- SPEP™ Informed = being able to speak about the SPEP™ Lifecycle:
  - Understand and inform local stakeholders about the length of the SPEP™ process
  - How this will affect scores in a reassessment
  - Understand and inform about the various components of the SPEP™ and time investment to ensure quality assessment at each stage of the process
SPEP™ Lifecycle

- Preparation (Pre-SPEP Communication, Pre-Visit/Tour)
- Service Classification & Quality Interviews
- Data Collection & Analysis (Duration, Dosage & Risk)
- Feedback Report Results (Scores & Recommendations)
- Performance Improvement Plan Development & Implementation
- Probation/Court Usage
- Provider Delivery
- SPEP™ Assessment
- Service Type
SPEP™ Lifecycle

Preparation (Pre-SPEP Communication, Pre-Visit/Tour)

Service Classification & Quality Interviews

Performance Improvement Plan Development & Implementation

Service Type

SPEP™ Assessment

Provider Delivery

Probation/Court Usage

Feedback Report Results (Scores & Recommendations)

Data Collection & Analysis (Duration, Dosage & Risk)
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Feedback Report Results (Scores & Recommendations)

SPEP™ Assessment

Service Type

Probation/ Court Usage

Provider Delivery

Performance Improvement Plan Development & Implementation
**SPEP™ Lifecycle**

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- **Data Collection & Analysis (Duration, Dosage & Risk)**
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- **Service Classification & Quality Interviews**
- **SPEP™ Assessment**
- **Provider Delivery**
- **Probation/Court Usage**

**Service Type**

- **Probation/Court Usage**
- **Provider Delivery**
- **SPEP™ Assessment**
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- Data Collection & Analysis (Duration, Dosage & Risk)
- Feedback Report Results (Scores & Recommendations)

105
Supporting Service Providers

Shawn Peck
SPEP™ Informed = Supporting Service Providers

• Providing recent YLS scores – within 90 days (or less) of service start date

• Following JPO policy/guidelines for YLS completion and updates
SPEP™ Informed = Supporting Service Providers

- Aligning discharges to match Duration and Dosage targets
- Communicating importance of “completion of service” during court recommendation process, especially in regard to Community-based Service Providers
  - Barriers:
    - Transportation
    - Multiple services at one time
    - Family issues
    - Other responsivity factors
Supporting Service Providers with YLS Data

- How YLS assessments are utilized for SPEP™
  - Determining Risk Level of Youth - section 4 of the SPEP™ scoring instrument = ¼ of score
  - Gathering data for completion of cohort spreadsheet
    - JPO SPEP™ Level 1 Specialists involved in a SPEP™ assessment may inquire in other county JPO departments about dates and JID #’s for specific youth that are currently in a cohort
SPEP™ Informed - Supporting Service Providers
Communicating with Families

Shawn Peck
SPEP™ Informed = Communicating with Families

• Being able to communicate adjusted length of stay with youth and families:
  
  o Explaining the targeted dosage and duration of services within a specific Service Provider prior to referral to include family in all aspects of the process.
SPEP™ Informed = Communicating with Families

- Being able to communicate adjusted length of stay with youth and families:
  - May have to communicate this adjustment while in the service due to missed service targets:
    - Example: Youth will stay an additional week to complete the targeted amount for duration and dosage for Group Counseling at ABC Facility
SPEP™ Informed - Communicating with Families

- Youth
- Family
- Service
- Referral
- Dosage & Duration
- Treatment/skill
- yls
- Recidivism reduction
PA Juvenile Justice System Enhancement Strategy (JJSES) Framework

Achieving our Balanced and Restorative Justice Mission

Wrap-up

Shawn Peck
SPEP™ Training Levels

- **SPEP™ Informed**
  - Trained to interpret and apply SPEP™ findings
  - Inform decision making within juvenile court
  - Assist with retrieval of YLS Scores and other data

- **Level 1 SPEP™ Specialists** – (Juvenile Probation)
  - Trained to implement the SPEP™ (generate SPEP™ scores & PIP)
SPEP™ Training Levels

- **Level 2 SPEP™ Trainers** – (Juvenile Probation)
  - Train Level 1 SPEP™ Specialists
  - 2014 – Jeff Gregro (Berks), Tracie Davies (Lehigh), Nicole Mattern (Dauphin)
  - 2019 – Bill Shultz (Allegheny), Sue Christner (Lebanon), Bill Keim (Berks)

- **Level 3 Master SPEP™ Trainers** – (EPISCenter)
  - Train Level 2 SPEP™ Trainers
  - 2018 – Lisa Freese, Shawn Peck
Level 1 SPEP™ Specialist

- **Shadowing Process** –
  - Level 1 SPEP™ Specialist observes Level 2 Trainer facilitate training topics
  - Training topics will be emphasized by Level 2 Trainer for discussion

- **Facilitation Process** –
  - Level 1 SPEP™ Specialist is observed Level 2 Trainer as they facilitate the SPEP™ Process
  - Level 2 Trainer will complete an Assessment/Evaluation to develop skill competency of Level 1 SPEP™ Specialist
  - Level 1 SPEP™ Specialist will complete a Self-assessment
Quality Control Strategies via the SPEP™

• Level 1 SPEP™ Specialists:
  o Expert understanding of the SPEP™
  o Ensure policy/procedure for referral process is followed
  o Monitor program via the partnership
  o Monitor the program via PIP Process

- Striving to continuously improve the quality of our decisions, services and programs
- Modify services to meet the needs of youth referred
Technical Assistance – SPEP™ Implementation Specialist(s)

• Provide support to juvenile probation departments according to their unique strengths and capacity:
  o Training
  o Key Leader Orientation (KLO) & Kick-off Meetings
  o Pre-SPEP™ Visits
  o Unpacking
  o Service Classification Interviews
  o Quality of Service Delivery Interviews
  o Data Collection
  o Calculation of SPEP™ Scores
  o Feedback Report Development
  o Feedback Report Review Meetings
  o Performance Improvement Process
  o Reassessment
  o Analysis of data to inform decision-making
Questions

Shawn Peck
Conclusion

The EPISCenter is a collaborative partnership between the Pennsylvania Commission on Crime and Delinquency (PCCD), the Pennsylvania Department of Human Services (DHS), and the Edna Bennett Pierce Prevention Research Center, College of Health and Human Development, Penn State University. The EPISCenter is funded by DHS and PCCD. This resource was developed by the EPISCenter through PCCD grant VP-ST-28935.

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