**DPS** N★C

Standardized Program Evaluation Protocol
**(SPEP)**
Overview and Process

Scoring North Carolina's
Juvenile Crime Prevention Council (JCPC)
Programs

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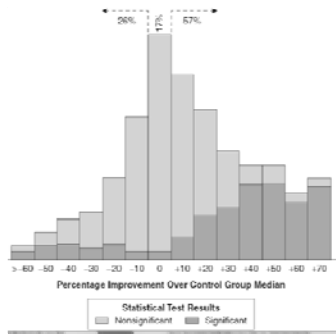Most (57%) JJ programs reduce recidivism:
Outcomes of 556 studies (Dr. Mark Lipsey, 2002)



26%  17%  57%

\> -60 -50 -40 -30 -20 -10 0 +10 +20 +30 +40 +50 +60 +70
Percentage Improvement Over Control Group Median

Statistical Test Results
Nonsignificant    Significant

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## The Prevailing Definition of EBP:
## <u>A Certified "Model" Program</u>

The P part: A 'brand name' program, e.g.,
- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)
- Big Brothers/Big Sisters mentoring
- Aggression Replacement Training (ART)

The EB part: Credible research supporting that specific
program certified by, e.g.,
- Blueprints for Violence Prevention
- OJJDP Model Programs Guide
- National Registry of Evidence-based Programs and
  Practices (NREPP)

## An Alternative Perspective on the P in EBP: 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

## Meta-Analysis of a Comprehensive Collection of Existing Studies of Interventions for Juvenile Offenders

- 500+ experimental and quasi-experimental studies

- Juveniles aged 12-21 in programs aimed at reducing delinquency

- Focus on the programs' effects on recidivism (reoffending)

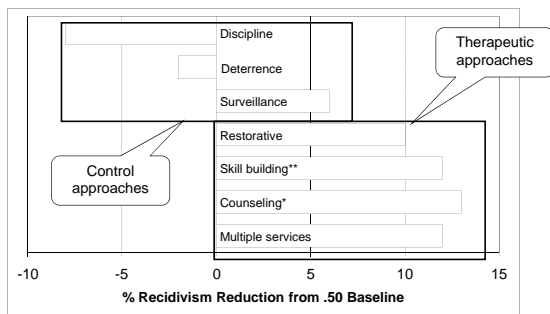## Program Types Sorted by General Approach: Average Recidivism Effect



Discipline
Deterrence
Surveillance
Control approaches

Therapeutic approaches
Restorative
Skill building**
Counseling*
Multiple services

-10   -5   0   5   10   15
**% Recidivism Reduction from .50 Baseline**

## Further Sorting by Intervention Type within, e.g., Counseling Approaches

Individual
Mentoring
Family
Family crisis
Group
Peer
Mixed
Mixed w/referrals

| 0 | 5 | 10 | 15 | 20 | 25 |
**% Recidivism Reduction from .50 Baseline**
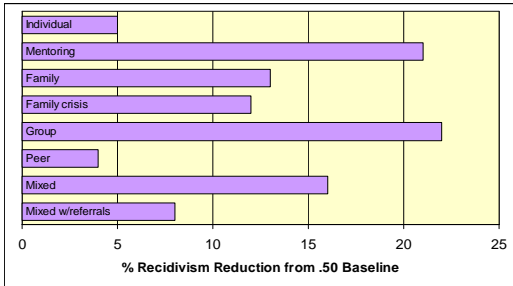
## Further Sorting by Intervention Type within, e.g., Skill-building Approaches

Behavioral
Cognitive-behavioral
Social skills
Challenge
Academic
Job related

| 0 | 5 | 10 | 15 | 20 | 25 | 30 |
**% Recidivism Reduction from .50 Baseline**
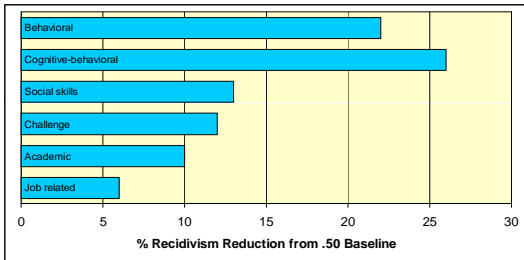
## Many types of therapeutic interventions thus have evidence of effectiveness....but there is a catch:

- Though their average effects on recidivism are positive, larger and smaller effects are distributed around that average.
- This means that some variants of the intervention show large positive effects, but other show negligible even negative effects.
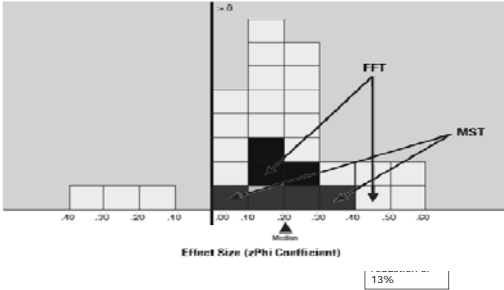
## Example: Recidivism effects from 29 studies of family therapy intervention/ Where are the model programs?



## As Noted, Type of Program Matters

- Programs using control approaches on average have small or even negative effects on recidivism
- Programs using therapeutic approaches on average have positive effects
- Within the therapeutic category, program types differ widely in their average effects with some notably more effective than others

## Service Amount and Quality Matters

Effects on recidivism associated with:
- Duration of service
- Total hours of service (Formerly frequency)
- **Quality of implementation** ⟵ *New to SPEP 2.0*
  - Explicit treatment protocol
  - Personnel trained in that treatment
  - Monitoring of treatment delivery
  - Corrective action for drift in delivery

## Some Characteristics of the Juveniles Matter

Effects on recidivism associated with:
- Delinquency risk (better outcomes)
- Aggressive history (somewhat less positive outcomes)

Effects on recidivism <u>not</u> associated with:
- Mean age
- Gender mix
- Ethnicity

## The Level of Juvenile Court Supervision Doesn't Necessarily Impact Program Outcomes

As long as risk is accounted for, effects on recidivism <u>not</u> associated with:
- No JJ supervision (prevention programs)
- Diversion
- Probation/parole
- Incarceration

## To have good effects, interventions should be implemented to match the most effective practice as <u>found in the research</u>

- Program Type: "Therapeutic" with some types more effective than others
- Quality of Service: Written Protocol, Monitoring and Staff Training
- Amount of Service: Dose, including total number of contact hours
- Risk: Higher risk = larger effects

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

Target values from the meta-analysis (generic) OR program manual (manualized)

**Standardized Program Evaluation Protocol (SPEP) for Services to Juvenile Offenders**

| | Points Possible | Points Received |
|---|---|---|
| **Primary and Supplemental Service Types** | | |
| Primary Service Type for Program Being Rated | 30 | |
| Supplemental Service Type | 5 | |
| **Quality of Service Delivery** | 20 | |
| **Amount of Service** | | |
| Duration | 10 | |
| Contact Hours | 10 | |
| **Risk Level of Youth Served** | 25 | |
| **Provider's Total SPEP Score** | 100 | |

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## Program vs. Structure

- Program – Active treatment ingredient
- Structure – Context that fulfills other needs
  - ✓ Foster/shelter care, detention, structured day
  - ✓ Graduated sanctions

  ✓ May have services delivered within the structure:

  **Group Home**   with   **Group Counseling**

  Structure              Primary Service

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## SPEP Process

- Match – existing program services with research-based categories
- Data – obtain demographic, risk, quality, and quantity data; service statistics and survey information
- Score – enter data into the SPEP instrument and generate the score

## Primary and Supplemental

| Standardized Program Evaluation Protocol (SPEP) for Services to Juvenile Offenders© Recalibrated version, 2012 | Points Possible | Points Received |
|---|---|---|
| **Primary and Supplemental Service Types** [Identified according to definitions derived from the research] | | |
| **Primary Service Type for Program Being Rated** 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 | |
| **Supplemental Service Type** Qualifying supplemental service used:   Yes (5 points) No (0 points) | 5 | |

# GROUP EXERCISE

## Time-Out. . .

- Using the **SPEP Primary Services/ Qualifying Supplemental handout**, take a moment to identify the program service currently provided
- Identify the supplemental service provided, if any
- Discuss with your group
- Record questions/observations

## Primary Service Considerations

- Under what circumstances might a provider consider changing the primary service?
- The type of service the provider wants to deliver doesn't match the needs of the target population. (Mentoring delivered to high risk, aggressive youth.)

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## Considerations Cont'd

- The dosage requirements are unachievable given therapists caseload size.
- The program is interested in adopting a more potent primary service.
- The type of service provided is unclassifiable

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## Considerations (cont'd)

- Would a new or different service type meet a need in the community?
- Would a new service match the provider agency mission?
- Would it come with a pre-set curriculum or set of clinical protocols? Is there a way to monitor fidelity?
- What would be the cost of training in the new service?

## Supplemental Service Considerations

- Which supplemental service will best match the primary service?
- Cost of training? Is it sustainable?
- Does it match the mission of the provider organization?
- What challenges might be posed in engaging and retaining clients?

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## Quality of Service Delivery

| 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) | 20 | |

**Derived from Checklist**

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# Amount of Service = Dosage

| Amount of Service [Determined from data for the qualifying group of service recipients] | | |
|---|---|---|
| **Duration** [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 | |
| **Contact Hours** [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 | |

*Hours??*

## The Great News About Dosage

- It is "low-hanging" fruit (significant increase in recidivism reduction without adopting a model program approach)
- It is easily measured and simple changes can make a big difference
- It recognizes the effectiveness of the treatment already being offered

## Dosage Considerations

- Treatment amount (Duration) – 50% of youth stay in treatment for 20 weeks or more. (5 points out of 10).
- Treatment contact hours (Frequency) – 0% of youth who are getting 30 hours of treatment. (0 points out of 10).
- What strategies would you suggest for improving dosage requirements? What might be some of the obstacles?

## Other Considerations Related to Improving Dosage

- Avoid removing juveniles on technical violations only; work with judges to remove only youth who pose serious threat to community.
- Consider modifying caseload sizes to match frequency requirements.
- Think through practical problems youth may be confronted with if treatment is intensified. (Transportation, time of day, location of service delivery.)

## Another dosage consideration

- Structure of setting (e.g., limitations of after school program)
- Must have a good strategy for engaging juveniles such as:
  - outreach,
  - simplified intake process,
  - contingency management plans, etc.

## Risk Level

| Risk Level of Youth Served<br>[Determined from risk ratings on a valid instrument for the qualifying group of service recipients] | | |
|---|---|---|
| % of youth with at least the target<br>    risk score set for the JJ system:<br>0% (0 points)        60% (15 points)<br>20% (5 points)       80% (20 points)<br>40% (10 points)     99% (25 points) | 25 | |

## Important Risk Level Considerations

- Demand higher risk clients!
- But….how high is too high? Consider:
  - Gang involvement of clients
  - Mental health issues of clients
  - Access to family crisis services

## Seven Key Considerations for Offender-Service Matching

- Early intervention along with a risk checklist
- Target multiple risk factors in multiple developmental domains
- Address both risk and protective factors
- Promote desistance (Pay Attn to hindering factors)
- Consider special offender types (sex offenders & substance abusers)
- Long term goal: Adjust services to constantly changing predictive domains

## Program Improvement Plans

- Require providers to submit Program Improvement Plans that address the areas identified on the programs' SPEP scores.
- Determine timeframe and method for
  - Improvement Plan submission
  - Process for approving/accepting providers' Plans
- Process for monitoring the progress and outcomes of the providers' Program Improvement Plans.
  - Integrate into current JCPC planning processes.

## Improvement Plan Example

| Category | Improvement Opportunity | Action Steps | Responsible Party | Target Date | Q1 | Q2 | Q3 | Q4 |
|----------|------------------------|--------------|-------------------|-------------|----|----|----|----|
| Amount of Service | Youth are dropping out in the first 3 sessions | Examine case records of program drop out patterns and demographics | Intern | Sept30 | Y | | | |
| Duration & Contact Hours | Improve retention of youth and families referred to the program | Present findings to treatment staff and brainstorm solutions | Ex Director | Oct 15 | | | | |
| | | Prioritize and select strategies for Implementation | All Program Staff | Oct 23 | | | | |

# Questions?

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# SPEP Quality of Services

Treatment Quality Indicators

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# SPEP Quality of Service Delivery

| Standardized Program Evaluation Protocol (SPEP) for Services to Juvenile Offenders© |
|---|
| Recalibrated version, 2012 |

**Primary and Supplemental Service Types**
[Identified according to definitions derived from the research]

**Primary Service Type for Program Being Rated**
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)

**Supplemental Service Type**
Qualifying supplemental service used:   Yes (5 points) No (0 points)

**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]

**Duration** [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)

## How To Measure Quality?

- Specific elements to be considered
- Information is verifiable
- Used in establishing a rating
  - Low
  - Medium
  - High

## Why do Quality Components Matter?

- Based on meta-analysis results, treatment quality is important
- Includes basic organizational quality indicators that are supported by meta findings
- Not meant to indicate a full QA/QI analysis

## SPEP Quality Components

- Whether the agency has an explicit written protocol for delivery of that specific service (e.g., a treatment manual with which the staff providing the service are familiar)

- Whether the staff persons providing the service have received training in that specific service type; amount of training; and whether or not training is repeated or updated on some regular basis.

- Whether the agency has procedures in place
  - (a) to monitor adherence to the protocol and other aspects of quality by those providing service and
  - (b) to take corrective action when significant departures from the protocol or lapses in quality are identified.

## Explicit Written Protocol

**High:** Program has a manual or protocol that describes the manner of service delivery that includes the suggested number of sessions, content and flow. Evidence may include: curriculum, workbook/instructor manual, lesson plan(s), script. Individual Service Plan shows evidence of involvement of youth and family in planning and includes client-specific concerns to be addressed, recommended frequency/duration of contact that follow the manual/protocol. 3 points

## Explicit Written Protocol cont.

**Medium:** Program has program policies and/or a handbook. Policies/handbook may not specify a particular flow, or the number of sessions; however, it may include an outlining of the services to be delivered, lesson plan(s), content of sessions or curriculum to be followed. Individual Service Plan shows evidence of youth OR parent involvement in planning, includes suggested length of stay and/or frequency of contact, and consistently includes a description of the services to be provided. (less individualized) 2 points

## Explicit Written Protocol cont.

**Low:** Program does not have a manual or protocol that defines the service delivery. Individual service plans are present and contain the required elements; however, there is little consistency in the content of service plans, and services provided may be unclear or unspecified. (less specific, individualized, consistent) 1 point

## Staff Training

**High:** Structured training in program service delivery requirements (or clinical supervision or consultation for clinically focused programs) is provided on a consistent basis with program staff. Direct program service staff possess licensing/ degrees/ credentials/ certifications required by the program service type and/or the specified model. Training sessions in program service delivery, clinical supervision, case staffing and/or consultation sessions are documented and maintained. Direct service staff are highly experienced and highly qualified. Trainers (or clinical supervisor/consultants) are highly experienced and highly qualified. 3 points

## Staff Training cont.

**Medium:** Structured training in program service delivery requirements (or clinical supervision for clinically focused programs) is provided; however, program staff and direct service receive sporadic training. Direct program staff possess licensing/degrees/credentials/certifications specific to the program service type and/or the specified model. Program has either experienced staff or highly qualified staff while meeting JCPC minimum standards. Training sessions in program service delivery are documented and maintained in personnel files. 2 points

## Staff Training cont.

**Low:** Program staff and direct service staff only receive episodic, inconsistent training (or clinical supervision/consultation for clinically focused programs) in the service model, curriculum or program type; however, staff receive in-service training on an annual basis as required by JCPC policy for the specific program type. Program has less experienced staff and lacks highly qualified staff. Training sessions lack adequate detail and are not maintained in personnel files. 1 point

## Staff Retention

**High:** Staff retention for the program has remained at a rate of 100% with no staff vacancies during the program fiscal year.  3 points

**Medium:** Staff retention for the program has remained at a rate of 75% or better with staff vacancies filled with a period of less than 90 days during the program fiscal year.  2 points

**Low:** Staff retention for the program has remained at a rate of 50% or better with high staff turnover and staff vacancies filled within a period of six (6) months during the program fiscal year.  1 point

## Staff Evaluation

**High:** Program staff are evaluated on a specified schedule for compliance with the program policies and model/protocol. Staff development plans are documented and implemented to address deviations and violations of program policies, model, or protocol. Overall work performance is formally and specifically appraised. Areas of improvement are identified to include knowledge, skills, and abilities necessary for enhancing program service delivery including customer service.  3 points

**Medium:** Program staff are routinely evaluated for compliance with program policies and model/protocol.  Staff development plans are informally addressed with minimal ongoing follow-up to address deviations from and violations of program policies, model, or protocol. Overall work performance is addressed in general terms and lacks detail on areas of improvement to enhance program service delivery. 2 points

## Staff Evaluation cont.

**Low:** Program staff are not regularly evaluated for compliance with program policies and model/protocol.  Staff development plans are not addressed and implemented. Overall work performance is not formally appraised, and there is no plan for professional development to enhance program service delivery skills.  1 point

## Group Exercise

Scoring SPEP Quality of Services
Checklist

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## Program Evaluation, Monitoring, & Corrective Action

- Program formal and informal evaluation – pre/post tests; surveys
- Staff formal/informal evaluation
- Does staff implement the program according to the protocol/curriculum? How is this monitored?
- How is corrective action implemented/documented?

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## Monitoring and Corrective Action

**High:** Program has an established process in which an individual monitors the delivery of program services to examine how closely actual implementation matches the model/ protocol. Program effectiveness is clearly determined and deviations from the model/protocol are addressed with corrective actions. Corrective actions are specified in writing, monitored and documented accordingly. 3 points

## Monitoring and Corrective Action cont.

**Medium:** Program has an established process defining the necessary actions to determine program effectiveness and adherence to the model/protocol. The process is limited to data collection to support measurable objectives as required by the JCPC; it does not measure specific effectiveness of the model/protocol. Corrective actions to address unmet measurable objectives are specified in writing, monitored and documented accordingly. 2 points

## Monitoring and Corrective Action cont.

**Low:** Program has a vague process to demonstrate program effectiveness through data collection. Data collection efforts are restricted to the minimally required data for the required JCPC measurable objectives. Corrective actions are specified; however, there is a lack of ongoing monitoring and documentation to adequately address unmet measurable objectives. 1 point

## SPEP Benefits
for
Programs and Participants

North Carolina's Approach to
Evidence-Based Practice

Effective Programs & Evidence-Based Practice =

- Desistance from Delinquent Behavior
- Increase in Skills & Positive Behavior
- Less Delinquency=Less Victimization
- Reduction of other problem behaviors
- Safer Communities

**S**ystematic

**C**orrection to

**O**ptimize

**R**ecidivism reduction

**E**ffectively
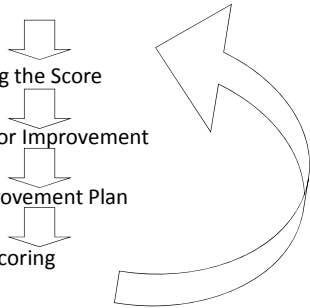
Scoring = Improvement Opportunity

- Initial Score

- Understanding the Score

- Implications for Improvement

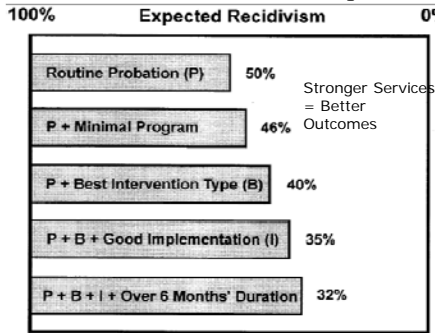- Program Improvement Plan

- Subsequent Scoring

- Repeat

## An Illustration: Incremental Improvements

**100%**　　　Expected Recidivism　　　**0%**

| | |
|---|---|
| Routine Probation (P) | 50% |
| P + Minimal Program | 46% |
| P + Best Intervention Type (B) | 40% |
| P + B + Good Implementation (I) | 35% |
| P + B + I + Over 6 Months' Duration | 32% |

Stronger Services = Better Outcomes

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*Example*

**Standardized Program Evaluation Protocol (SPEP)**
**for Services to Juvenile Offenders©**
Recalibrated version, 2012

| Parenting Skills Training (14 sessions; 2 hrs/wk)<br>N=25 terminated | Points Possible | Points Received |
|---|---|---|
| **Primary and Supplemental Service Types**<br>[Identified according to definitions derived from the research] | | |
| **Primary Service Type for Program Being Rated**<br>Group 1 services (5 points)　　Group 4 services (25 points)<br>Group 2 services (10 points)　　Group 5 services (30 points)<br>Group 3 services (15 points)<br><br>**Program receives 15 points because Parenting Skills is in Group 3 Service Types** | 30 | 15 |
| **Supplemental Service Type**<br>Qualifying supplemental service used:　Yes (5 points) No (0 points) | 5 | 5 |
| **Quality of Service Delivery**<br>[Determined from a systematic assessment of the relevant features of the provider and provider organization] | | |
| Rated quality of services delivered:<br>Low (5 points)<br>Medium (10 points)<br>High (20 points) **Program strictly follows an evidence-based curriculum** | 20 | 20 |
| **Amount of Service**<br>[Determined from data for the qualifying group of service recipients] | | |
| **Duration** [Target number of weeks specified for each service type]<br>% of youth who received at least the target weeks of service:<br>0% (0 points) 60% (6 points) **Program had 72% completion rate**<br>20% (2 points) 80% (8 points)<br>40% (4 points) 99% (10 points) | 10 | 6 |

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| **Amount of Service**<br>[Determined from data for the qualifying group of service recipients] | | |
|---|---|---|
| **Duration** [Target number of weeks specified for each service type]<br>% of youth who received at least the target weeks of service:<br>0% (0 points) 60% (6 points)<br>20% (2 points) 80% (8 points)<br>40% (4 points) 99% (10 points) | 10 | 6 |
| **Contact Hours** [Target number of hours specified for each service type]<br>% of youth who received at least the target hours of service:<br>0% (0 points) 60% (6 points)<br>20% (2 points) 80% (8 points)<br>40% (4 points) 99% (10 points) | 10 | 6<br><br>**6 of 10 potential points** |
| **Risk Level of Youth Served**<br>[Determined from risk ratings on a valid instrument for the qualifying group of service recipients] | | |
| % of youth with at least the target risk score set for the JJ system:<br>0% (0 points)　　　60% (15 points)<br>20% (5 points)　　　80% (20 points)<br>40% (10 points)　　99% (25 points) | 25 | 5<br><br>**5 of 25 potential points** |
| **Provider's Total SPEP Score** | 100 | 58 |

Program earned a Basic Score of . . . 58; so what does that mean? It depends on the maximum score possible for this program type and the risk level of clients it serves.

## Understanding and Reporting SPEP Scores

- The **Basic Score** compares the program to other intervention programs found in the research *regardless of the type of program.*

  – *Designed as* a reference for the expected overall recidivism reduction when compared to the best possible outcome expected with any program service type.
  – Ex. Parenting Program Y scored 58

## Understanding and Reporting SPEP Scores cont.

- The Program Optimization Percentage (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.
  – *Designed as* a reference for the expected recidivism reduction when compared to the maximum expected for that particular program type based on research.
  – Ex. Parenting Program Y scored 58, but the maximum score possible for the program type it provides is only 85; the POP would be 68%.

*Example*

| Standardized Program Evaluation Protocol (SPEP) for Services to Juvenile Offenders© Recalibrated version, 2012 | | |
|---|---|---|
| Parenting Skills Training (14 sessions; 2 hrs/wk) N=25 terminated | **Points Possible** | **Points Received** |
| **Primary and Supplemental Service Types** [Identified according to definitions derived from the research] | | |
| **Primary Service Type for Program Being Rated** 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)    **Program receives 15 points because Parenting Skills is in Group 3 Service Types** | 30 | 15 |
| **Supplemental Service Type** Qualifying supplemental service used:   Yes (5 points) No (0 points) | 5 | 5 |
| **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)  **Program strictly follows an evidence-based curriculum** | 20 | 20 |
| **Amount of Service** [Determined from data for the qualifying group of service recipients] | | |
| **Duration** [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)  **Program had 72% completion rate** 20% (2 points) 80% (8 points) 40% (4 points) 99% (10 points) | 10 | 6 |

| Amount of Service [Determined from data for the qualifying group of service recipients] | | |
|---|---|---|
| **Duration** [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 | 6 |
| **Contact Hours** [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 | 6 |
| **Risk Level of Youth Served** [Determined from risk ratings on a valid instrument for the qualifying group of service recipients] | | |
| % of youth with at least the target risk score set for the JJ system: 0% (0 points)          60% (15 points) 20% (5 points) 80% (20 points) 40% (10 points)          99% (25 points) **Program cannot qualify for more than 5 points because the county** | 25 | 5 **5 of 25 potential points** |
| **Provider's Total SPEP Score:** **serves services for low risk youth** | 100-35 **Max:65** | 58 |

Program Y scored 58; POP (58/65): 89%

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## Putting it all Together: Improving the Continuum of Prevention and Intervention Services



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## SPEP Summary – Next Action Steps

- Completion of the online survey for primary/supplemental service type
- Completion of the Quality of Services Treatment Indicators checklist
- Consultant review
- Scoring for FY 2013-14

Any questions?