

# VADJJ Implementation of the Standardized Program Evaluation Protocol (SPEP™) – A Validated, Data-Driven Tool for Evaluating Services Provided to Juvenile Justice-Involved Youth

CSA Conference  
October 16, 2024



**Virginia Department of  
Juvenile Justice**



# Disclaimer

This presentation was developed by the Virginia Department of Juvenile Justice (VADJJ) Quality Assurance (QA) Unit, in collaboration with Dr. Gabrielle Chapman, Vanderbilt University.

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# SPEP™ Research





# What is SPEP™?

The Standardized Program Evaluation Protocol (SPEP™) is a validated, data driven evaluative tool for determining how well an existing program matches to research evidence for the effectiveness of reducing the recidivism of juvenile offenders.

# Juvenile Justice Challenges



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

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

- A high proportion of the youth 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 in the juvenile justice system can make things worse for those youth.

# Juvenile Justice Solutions



**The juvenile justice system needs to be able to do 3 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.**

# Using the Research



- 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)

# SPEP™ Development



- SPEP™ was created in the early 2000s by Dr. Mark Lipsey; further defined in 2008 by Dr. Gabrielle Chapman
- Dr. Lipsey saw a need to optimize services delivered to youth in the juvenile justice system in an effort to reduce recidivism
- Initiated and validated in North Carolina and Arizona; recently validated in Pennsylvania



# Expanding the SPEP™ Footprint



## 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 (2008)
- Queensland, Australia (2016)
- Georgia (2017)
- Virginia (2019)
- Maryland (2022)

## Evidence-Based Decision Making Certificate Program (with Georgetown Center for Juvenile Justice Reform)

- Oregon (2018)
- San Diego (2019)

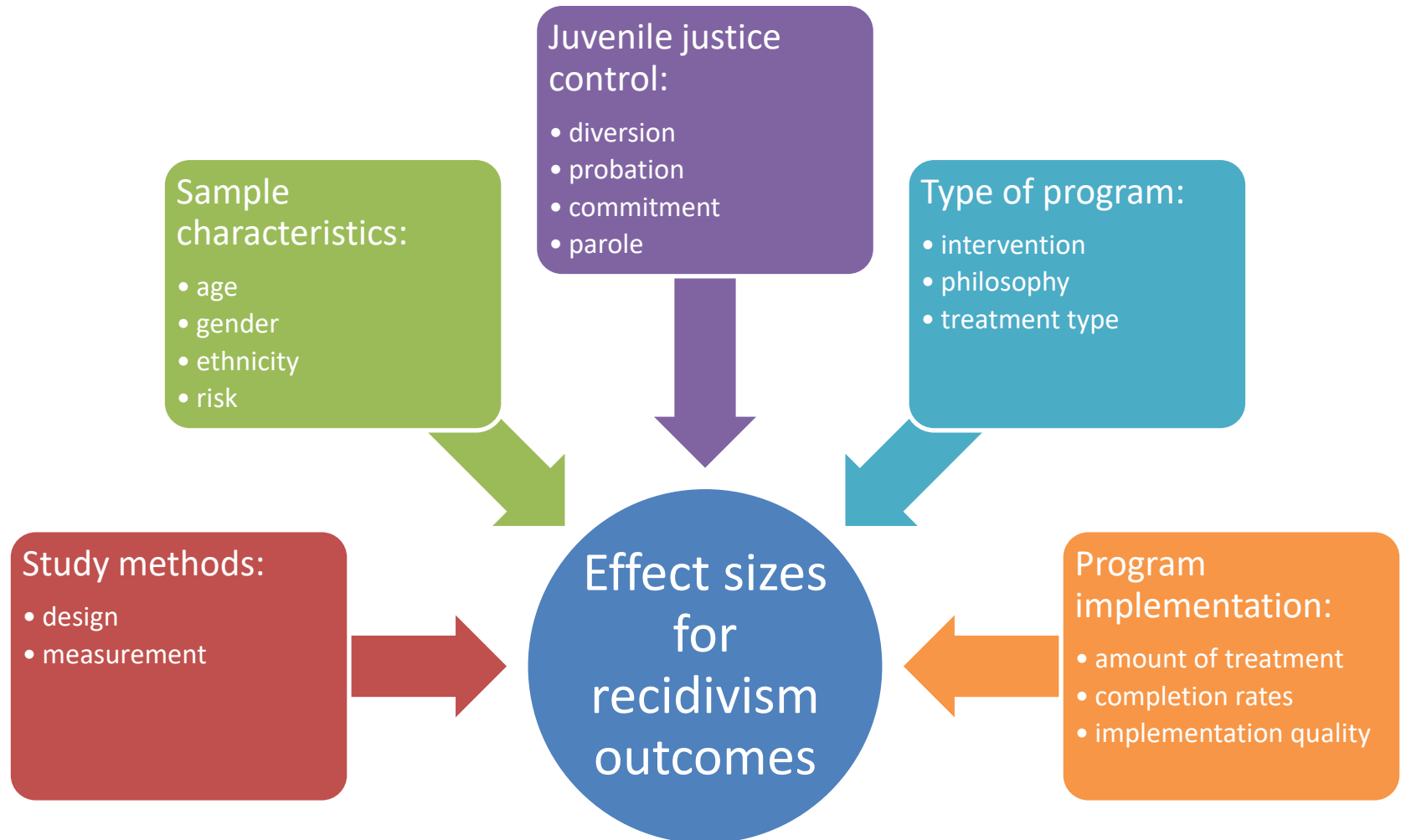


# SPEP™ Research



- A comprehensive collection of studies of interventions for juvenile offenders
- Meta-analysis of delinquency intervention research:
  - Studies: 700+ controlled studies of interventions with juvenile offenders
  - Outcomes: Focus on the programs' effects on recidivism (reoffending)

# Meta-Analysis Methodology



# Two Primary Types of Services



- Most services are classified as either evidence-based programs or programs developed internally by a provider
- Brand name vs home-grown
- Note: for purposes of SPEP™, we refer to each individual program as a service

# Evidence-Based Programs



- The prevailing definition of an evidence-based program: A certified “model” program
- The program part: A ‘brand name’ program
  - Functional Family Therapy (FFT)
  - Multisystemic Therapy (MST)
  - Aggression Replacement Training (ART)
- The evidence-based part: Credible research supporting that specific program certified by
  - Blueprints for Healthy Youth Development
  - OJJDP Model Programs Guide
  - CrimeSolutions.gov
  - NREPP (National Registry of EB Programs & Practices)



# Limitations of EBPs

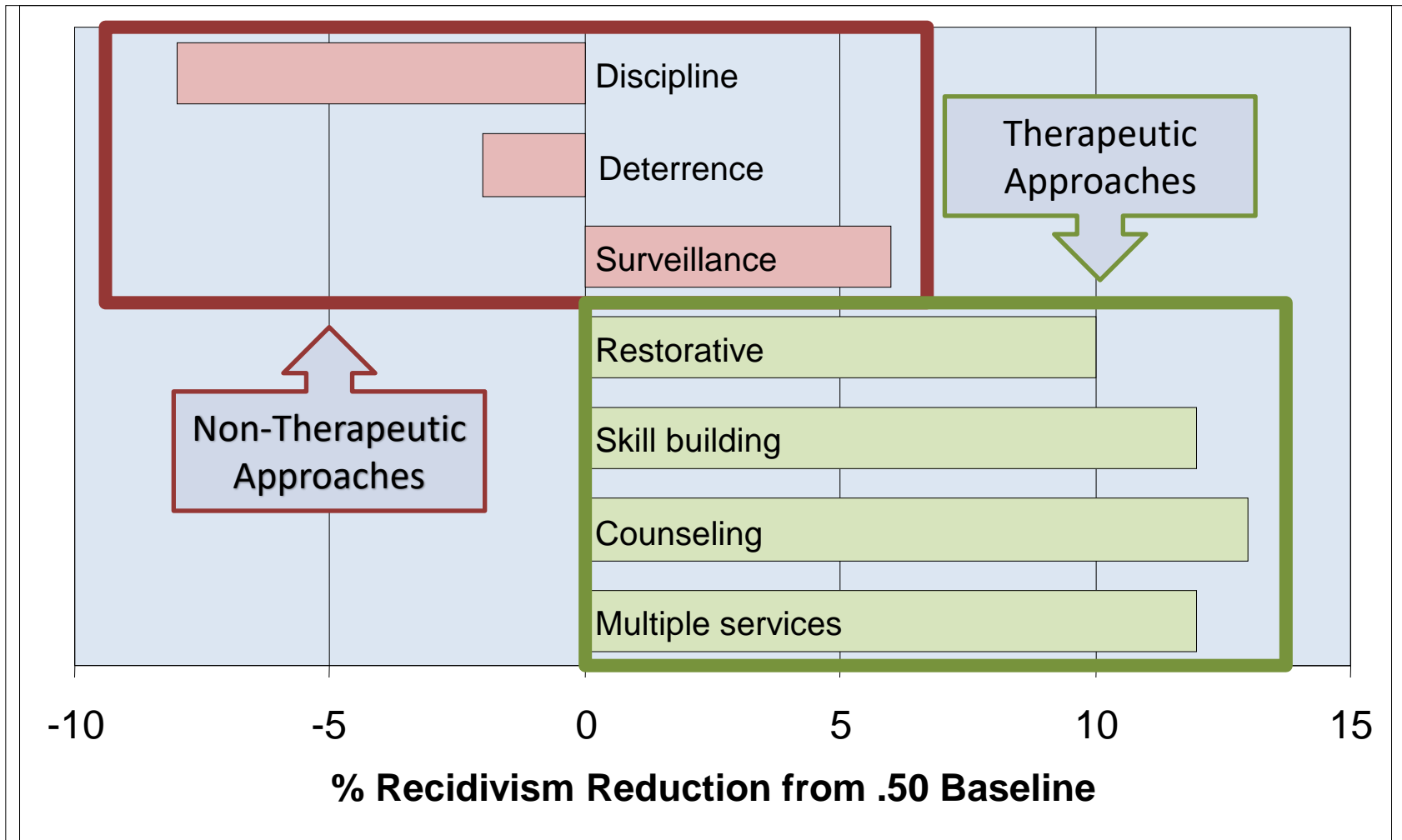
- Limited uptake of certified model programs by juvenile justice practitioners
  - The Blueprints and OJJDP Model Programs EBP registries have operated for 17-20 years, but fewer than 8% of the programs used by JJ systems are found on these registries
  - Limited repertoire of evidence-based model programs relative to diverse needs of clientele
  - Cost of licensing, training, and maintenance
  - Reluctance to replace valued home-grown 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

# Broadening the Perspective



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

# Service Types Sorted by General Approach Based on Recidivism Effect



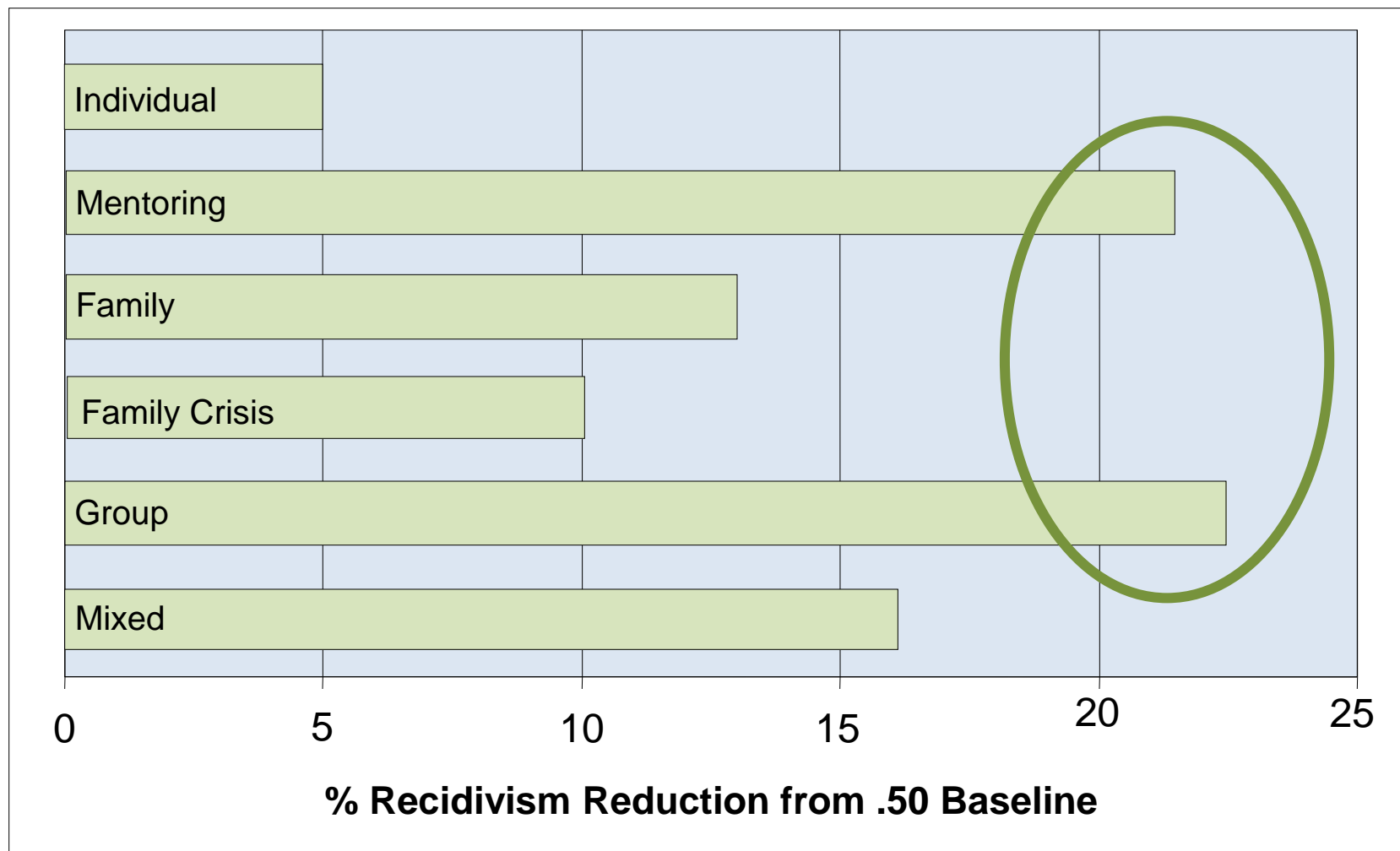


# Therapeutic Services

The following service types have at least 10 studies and positive recidivism effects, on average:



# Service Type Further Sorted by Intervention Type - Counseling

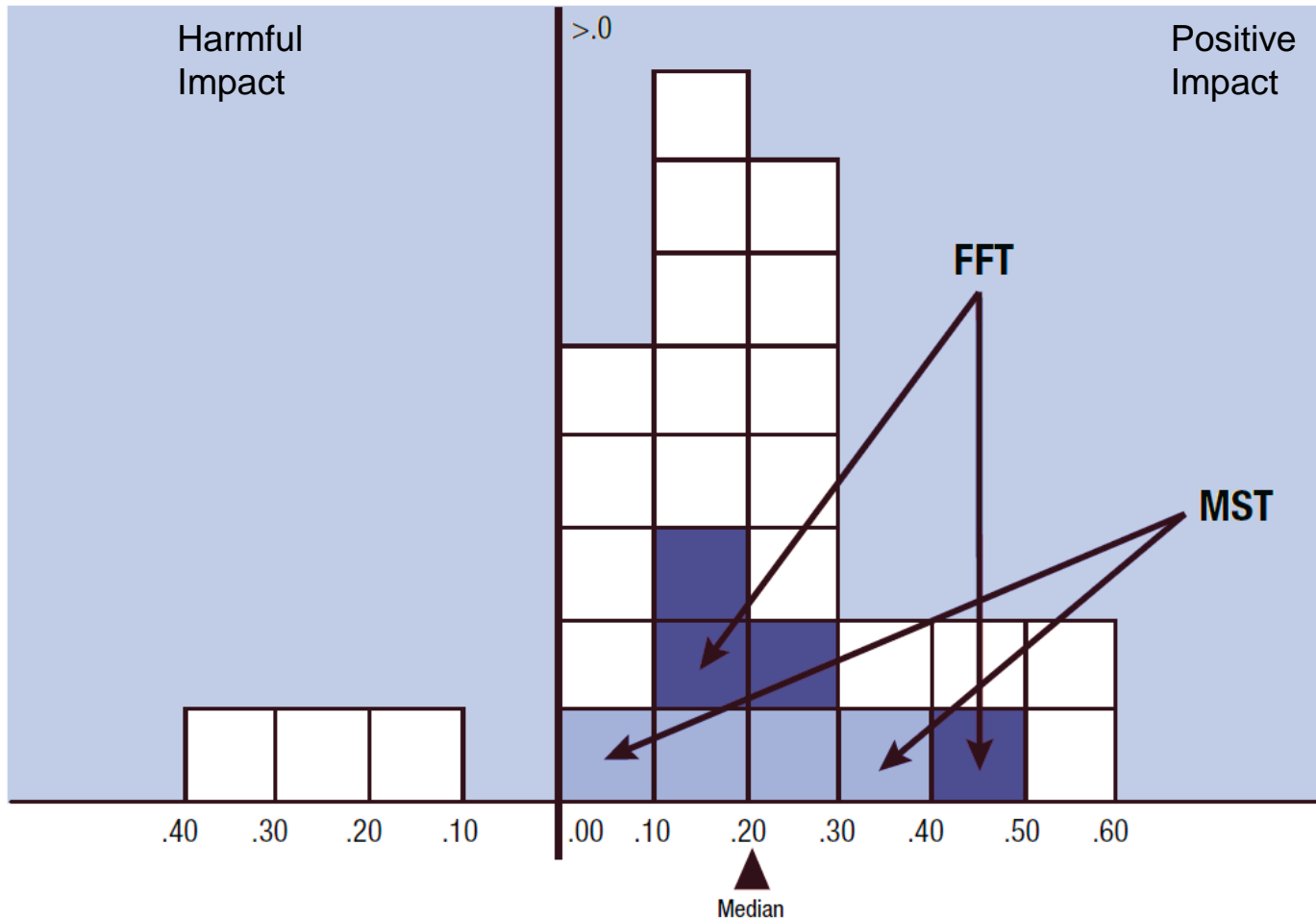


# Key Characteristics of Effective Services



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

# Recidivism Effects for Family Therapy



21 provider-developed  
4 MST  
4 FFT

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29 Total

# Why is SPEP™ so useful?



- Designed specifically for juvenile justice delinquency populations
- It is an ongoing process; not a one and done tool or an “audit” or a “gotcha game”
- An evaluation of services; not a grading scheme of a provider or individual staff
- An evaluation of all therapeutic services based on research to ensure an array of services



# Why is SPEP™ so useful?

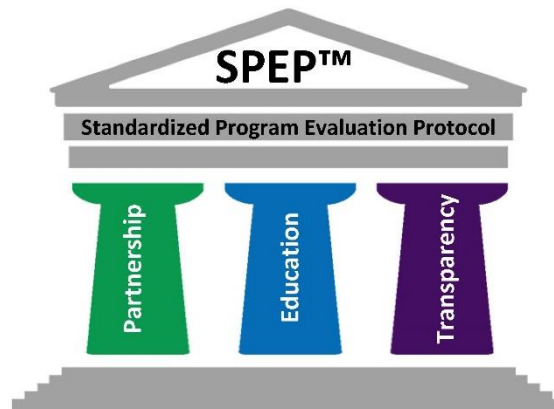
- The SPEP™ process makes hundreds of research studies useful to practitioners to drive changes needed for reform
- Identifies effective service types and fidelity guidelines for both brand name and provider-developed
- Works within an existing system, recognizing and optimizing current positive practices
- Juvenile justice staff can be trained to maintain the process on their own

# The SPEP™ Practice Pillars



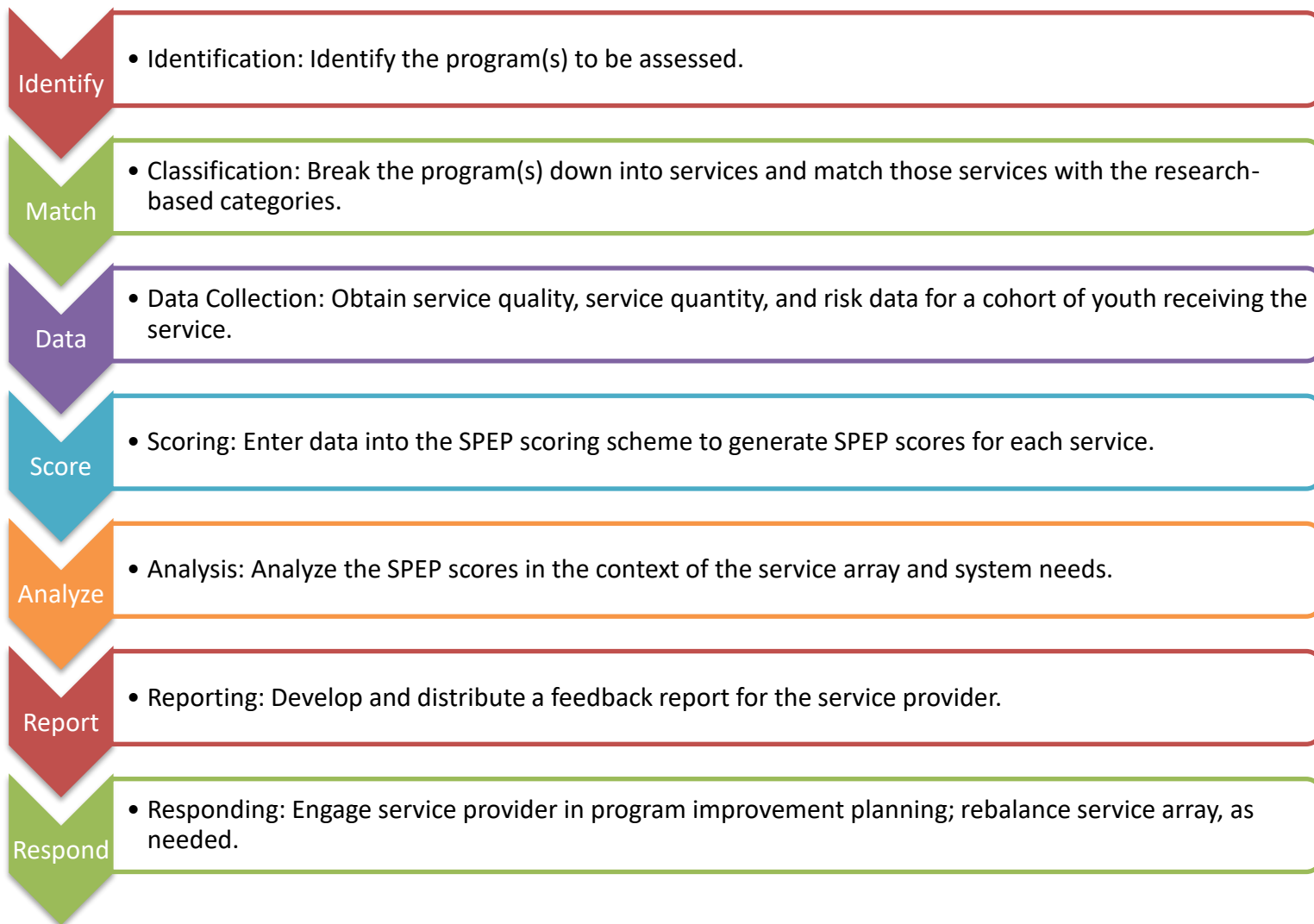
- Designed to be used by government entities in *partnership* with service providers
- Designed to promote *education* and enhance *transparency* among all agencies and stakeholders in the juvenile justice system
- Designed to promote sustainable change from within

All while building and reinforcing the 3 practice pillars of SPEP™ :





# SPEP™ Life Cycle

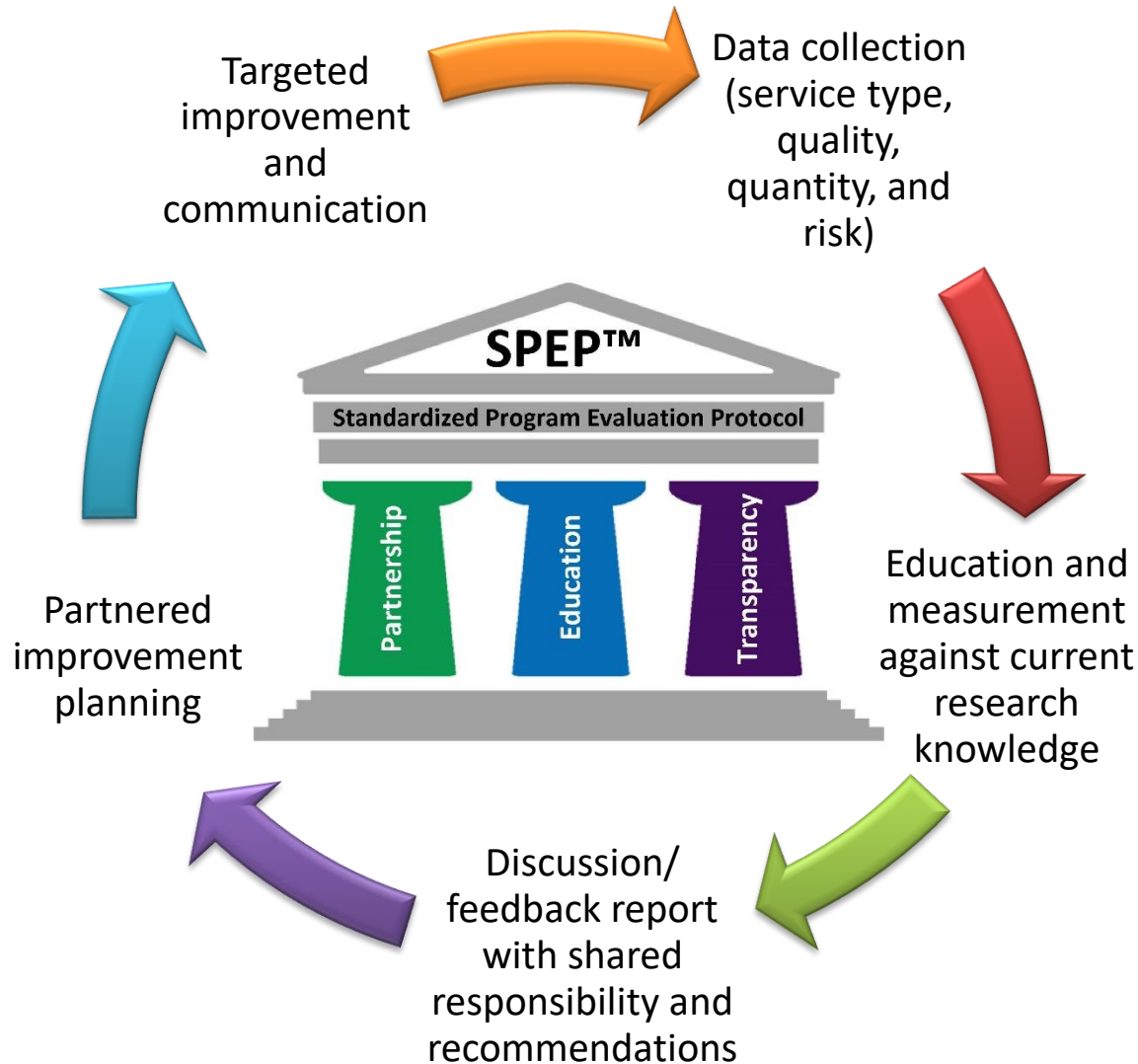




# VADJJ SPEP™ Life Cycle



# The SPEP™ Process



# Overview of DJJ



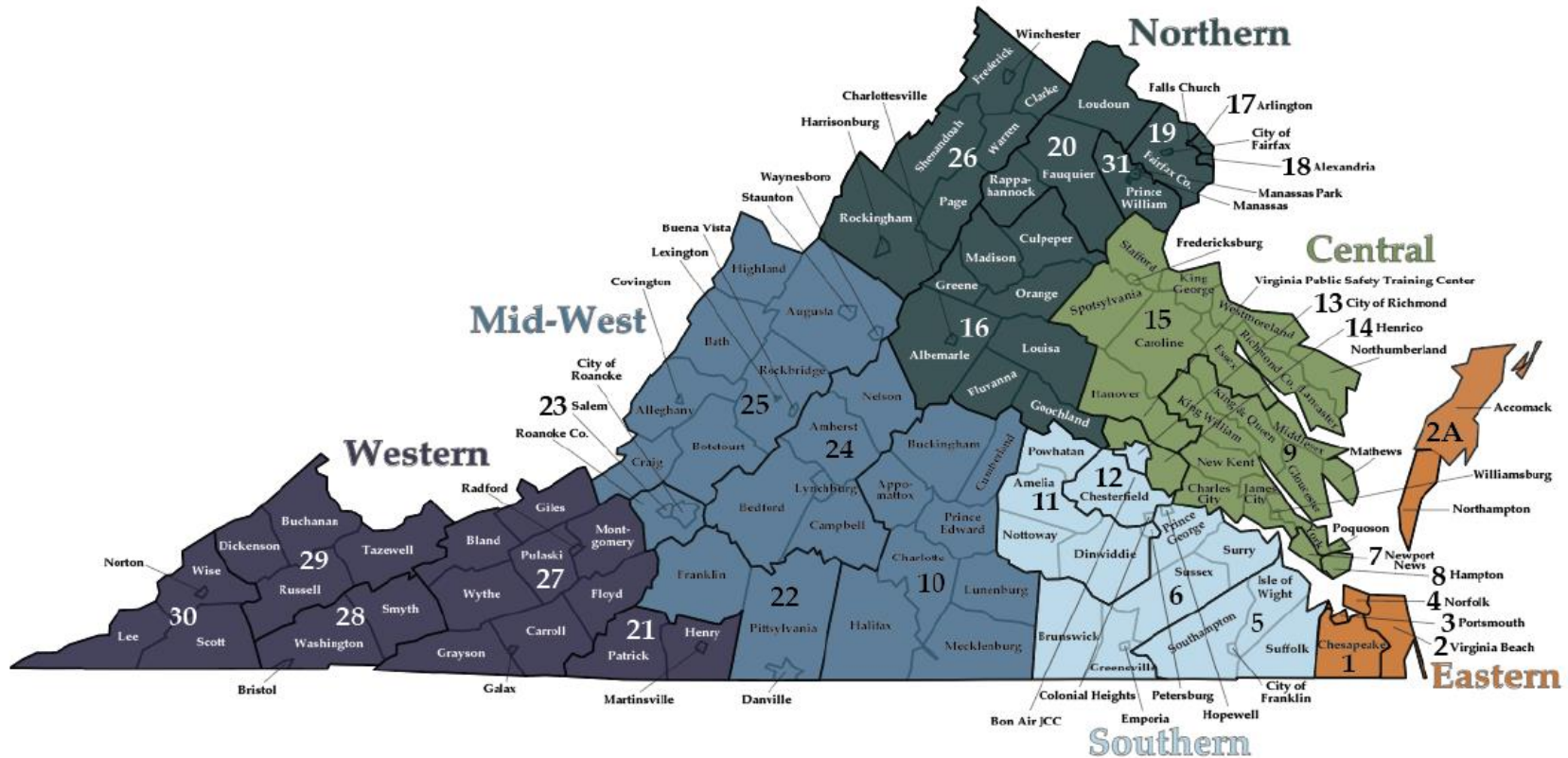


# Virginia Department of Juvenile Justice

- DJJ operates and provides regulatory oversight of 30 court service units and 1 juvenile correctional center
- DJJ also provides regulatory oversight of:
  - 2 locally-operated court service units
  - 24 juvenile detention centers
  - 13 group homes/shelter care/independent living programs
  - 3 transitional living programs



# Administrative Regions



Central	Eastern	Mid-West	Northern	Southern	Western
CSUs: 7, 8, 9, 14, 15	CSUs: 1, 2, 2A, 3, 4	CSUs: 10, 22, 23, 24, 25	CSUs: 16, 17, 18, 19, 20, 26, 31	CSUs: 5, 6, 11, 12, 13	CSUs: 21, 27, 28, 29, 30

# DJJ Funded Services



- Prevention and diversion programs through VJCCCA
- Direct care beds in local detention centers
  - CAP Intake
  - Community Placement Programs (CPPs)
  - Individual Bed Placements (IBPs)
  - Detention Reentry
- A regional service coordination (RSC) model of community and residential providers for probation, committed, and parole youth

# SPEP™ in Virginia



# History of SPEP™ in Virginia



2019

- Kick-off events with Dr. Lipsey & Dr. Chapman
- First Level I classroom training

2020

- Partnership with PA for training

2021

- Initiated SPEP pilot with Merrimac CPP & VB CPP
- Developed and piloted VA SPEP™ materials

2022

- Completed SPEP at Merrimac CPP & VB CPP
- Initiated Level II training
- 1<sup>st</sup> VA Level I classroom training
- Initiated SPEP™ pilot with VJCCCA provider

2023

- Completed SPEP™ Level II Training



# SPEP™ Reviews



## Merrimac CPP

- Aggression Replacement Training
- Male Individual Therapy
- Female Individual Therapy
- Male Substance Abuse
- Female Substance Abuse
- Family Therapy
- Girls Circle
- Behavior Management
- Career Readiness
- Trustee Program

## Bon Air Juvenile Correctional Center

- Aggression Replacement Training
- YSB Anger Management
- YSB Individual Therapy
- YSB Group Therapy
- Individual Therapy
- Cannabis Youth Treatment
- VOICES
- Dialectical Behavior Therapy

## Virginia Beach CPP

- Aggression Replacement Training
- Substance Abuse
- TCC Job Training Program
- Behavior Management

## Chesterfield CPP

- Aggression Replacement Training
- Moral Reconciliation Therapy

# SPEP™ Reviews



## Prince William CPP

- Aggression Replacement Training
- Substance Use
- Individual Therapy
- Behavior Management

## Rappahannock Area Office on Youth

- Community Service Work
- Anger Management
- Decision Points
- Restorative Justice
- Substance Use Disorder Treatment Group

## Chesterfield CPP

- Aggression Replacement Training
- Moral Reconciliation Therapy

## Blue Ridge CPP (active)

- Aggression Replacement Training
- Substance Use
- Individual Therapy

# SPEP Process



# SPEP™ Life Cycle



# What is Classification?



The Classification process is utilized to identify the distinct services provided to the youth in each program to then determine how the service classifies, or matches, to one of the therapeutic SPEP™ service types identified in the research evidence



# Therapeutic Services

- Research shows that services are more effective when they use a “therapeutic” approach aimed at internalized behavior change
- Additionally, within a therapeutic category, some service types are more effective than others (e.g., CBT, mentoring, group counseling)
- For SPEP™, we refer to each individual program as a service
  - A program is a defined package of services delivered by a provider
  - A service is a single, identifiable treatment modality or behavioral intervention delivered to a juvenile
- Services may either be brand name or provider-developed



# Therapeutic Services

## Restorative Services

- Restitution/Community service
- Mediation

## Counseling Services

- Family counseling
- Family crisis counseling
- Group counseling
- Individual counseling
- Mentoring
- Mixed counseling

## Skill Building Services

- Behavior management
- Challenge program
- Cognitive behavioral therapy
- Remedial academic program
- Social skills training
- Job-related training – vocational, job training, job placement

# Classification Interview



- The Classification Interview is a qualitative interview to determine what services the youth are receiving
- Referred to as “unpacking” the program
- SPEP<sup>TM</sup> team will ask questions to gain comprehensive information on the provider, population served, and each service provided to DJJ youth



# Service Example



# SPEP™ Life Cycle



# How is Quality of Service Assessed?



Quality of Service is assessed by conducting interviews to ascertain how well the provider supports and monitors the quality with which the services being assessed are delivered

# Service Quality Effects on Recidivism



- Based on the research, effects on recidivism are associated with quality implementation of:
  - Explicit service protocol
  - Staff training in the service
  - Monitoring of service delivery
  - Corrective action for drift in delivery

# Quality Measures Interview



- 20 standard questions that have been approved by Vanderbilt University
  - *Written Protocol*: the existence of a written protocol that describes the intended services and the way it is to be delivered
  - *Staff Training*: staff delivering the service have the qualifications appropriate for providing the service and have been trained in the service being delivered
  - *Staff Supervision*: written processes are in place to monitor staff adherence to the written protocol and quality of service delivery
  - *Organizational Response to Drift*: written processes are in place and used to take corrective action when there are significant departures from the written protocol or lapses in quality of service delivery

# SPEP™ Life Cycle



# How is Amount of Service Assessed?



Amount of Service is assessed by ascertaining each youth's dosage and duration within the service

# Amount of Service Effects on Recidivism



- Based on the research, effects on recidivism are associated with duration and total exposure
  - *Duration of service*: Time between the first and last day the service is provided to each youth
  - *Contact hours*: The total number of contact hours each youth has with the service
- Each SPEP™ service type has an optimal duration and dosage identified based on research





# SPEP™ Data Cohort

- The first step is to identify a SPEP™ data timeframe; generally, the 12-18 months prior to the Classification Interview
- The next step is to identify the SPEP™ data cohort – all youth who received the service during the identified timeframe
  - The youth must be in the juvenile justice system
  - The youth must have a YASI assessment prior to starting the service
  - The youth must have a start date and close date in the service



# Data Compilation

- Youth and session data will be compiled into a standardized spreadsheet, either by the SPEP™ team or by the provider
- Session information can come from a myriad of locations
  - BADGE
  - Sign-in sheets
  - Spreadsheets
  - Internal electronic records
  - Case files
  - Logbooks
- If sessions are not documented with dosage and duration, the SPEP™ team can review any documentation that is available

# How is Risk Level Assessed?



Risk Level is assessed by  
ascertaining each youth's overall  
YASI risk score

# Risk Level Effects on Recidivism



- The meta-analysis has shown that, on average, there are *larger positive effects on recidivism with higher risk youth* than with their lower risk counterparts
- As a result, youth risk scores are included in the SPEP™ rating

# Risk Level Compilation



- We utilize the *overall risk* for rating and reporting feedback as this is the primary score utilized in Virginia
- Once the dosage and duration data is complete, the SPEP™ team will pull the YASI scores for each youth
  - Utilize the YASI completed within 90 days on or before the youth's service start date
  - The YASI scores may be captured within a pre-adjudication screening, pre-screening, or full assessment.

# SPEP™ Life Cycle

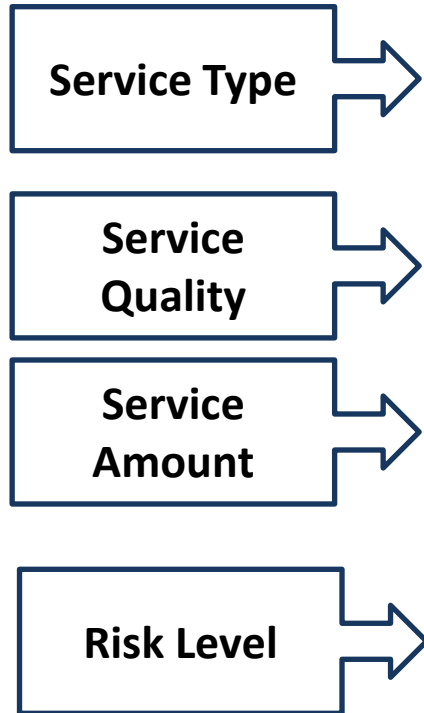




# Analysis

- The SPEP™ team will analyze all of the findings upon completion of the quality interviews and compilation of data and risk levels

# VADJJ SPEP™ Score Card



Virginia Department of Juvenile Justice Standardized Program Evaluation Protocol (SPEP™) Score Card for Services Delivered to Juvenile Offenders			
Provider:		Report Date:	
Population:		Cohort Dates:	
Service:		Cohort Size:	
	Basic Points Possible	Basic Points Received	POP Score
<b>Primary and Supplemental Service Types</b> (According to definitions derived from research)			
<i>Primary Service Type for Programs Being Rated</i> 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	
<i>Qualifying Supplemental Service Type</i> Yes or N/A - 5 points No - 0 points		5	
<b>Quality of Service Delivery</b> (Determined from a systemic assessment of the relevant features of the service provider)			
<i>Rated Quality of Services Delivered</i> Low (0-9 points) - 5 points Medium (10-19 points) - 10 points High (20-28 points) - 20 points		20	
<b>Amount of Service</b> (Based on data derived from research and youth specific data submitted by the service provider)			
<i>Duration - % of youth who received the minimum target weeks of service:</i> 0% - 0 points      40% - 4 points      80% - 8 points 20% - 2 points      60% - 6 points      99% - 10 points		10	
<i>Contact Hours - % of youth who received the minimum target hours of service:</i> 0% - 0 points      40% - 4 points      80% - 8 points 20% - 2 points      60% - 6 points      99% - 10 points		10	
<b>Risk Level of Youth Served</b> (Determined from youth specific risk scores from a validated risk assessment tool. For purposes of SPEP, VA DJJ utilizes the overall risk score from the Youth Assessment and Screening Instrument (YASI))			
<i>Moderate and High Risk - % of youth with moderate or high risk scores:</i> 0% - 0 points      50% - 5 points      85% - 10 points 30% - 2 points      75% - 7 points      95% - 12 points		25	
<i>High Risk - % of youth with high risk scores:</i> 0% - 0 points      20% - 5 points      30% - 10 points 15% - 3 points      25% - 8 points      35% - 13 points			
<b>Total SPEP Scores</b>		100	0



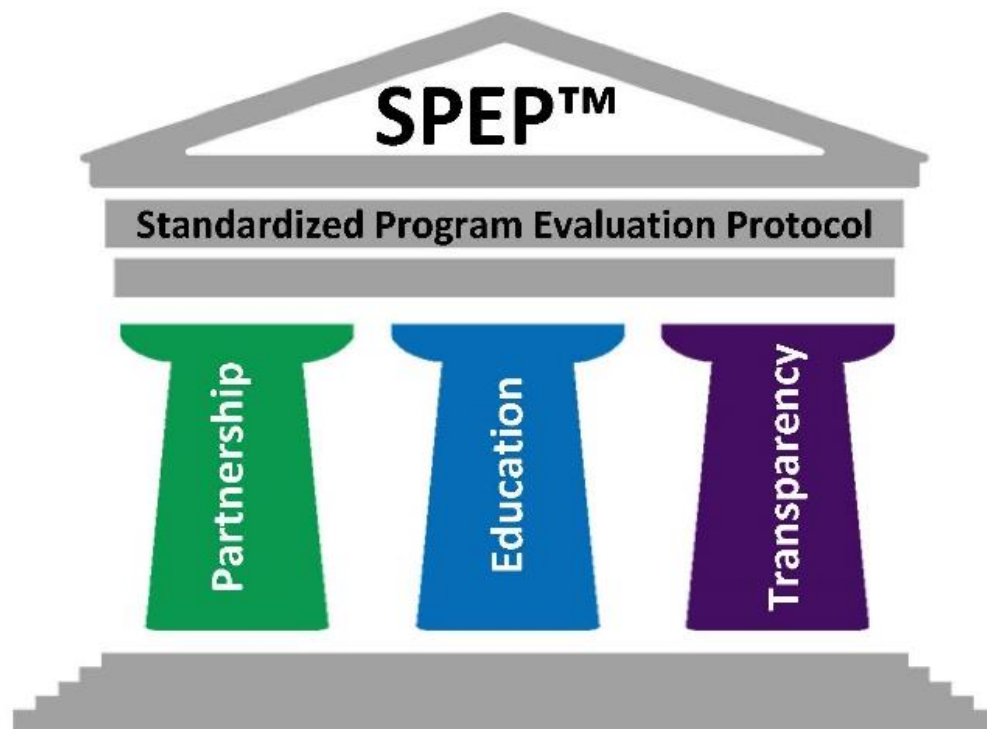


# Findings

- The SPEP™ team will develop a SPEP™ Summary with findings and recommendations for each service
- The team will present the report at a feedback meeting with the provider and begin discussing ways to optimize service implementation

# Findings

Feedback reinforces the 3 practice pillars of SPEP™



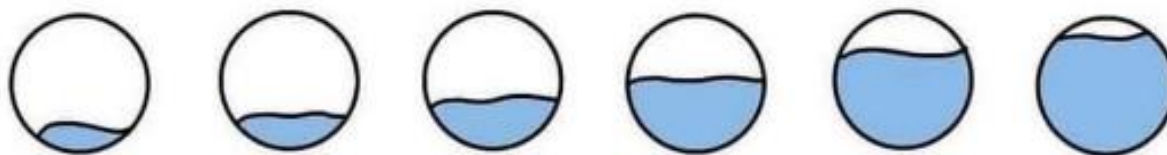
# SPEP™ Service Optimization Plan



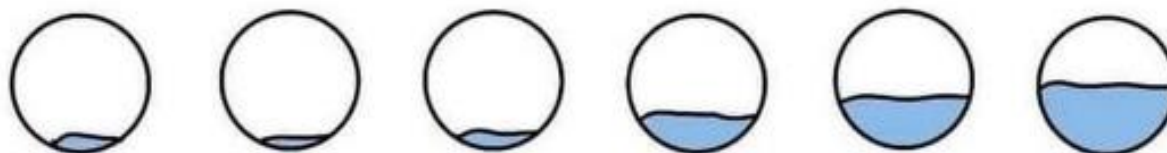
- One SPEP™ Service Optimization Plan for each service with goals and action steps
- Meet with the provider to finalize the Service Optimization Plan
- Meet quarterly with the provider to review progress on the Service Optimization Plans

# CQI Outcomes

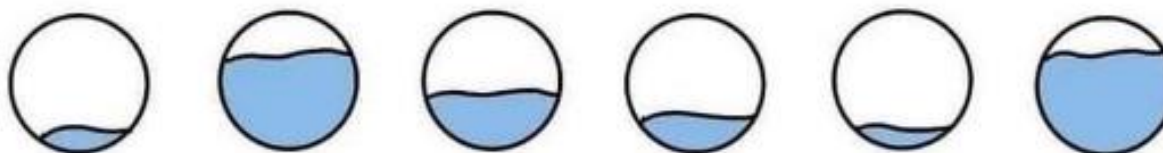
This is progress



This is also progress



And so is this



# Questions?

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