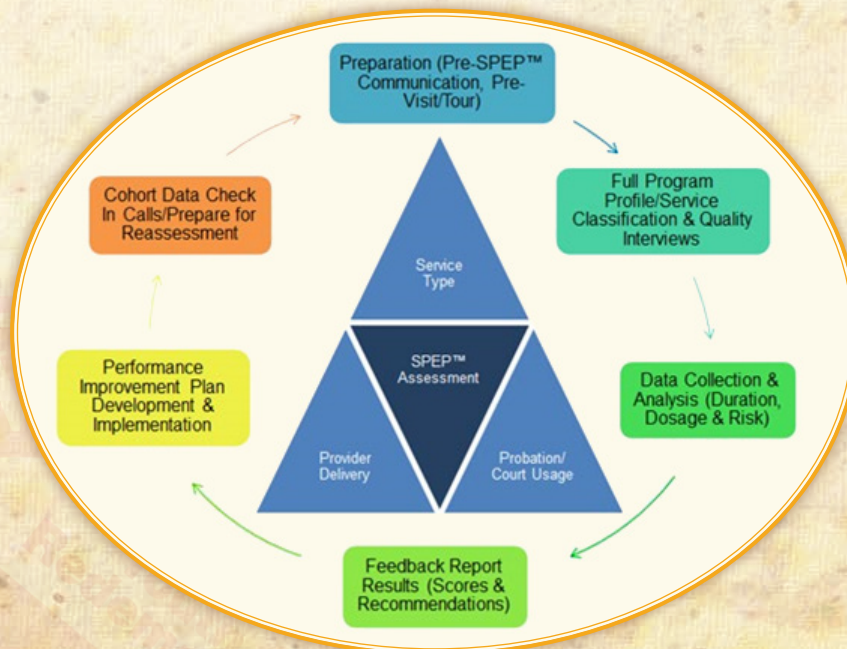


The Standardized Program Evaluation Protocol (SPEP™) is a data-driven rating system that assesses a service’s predictive impact on recidivism reduction. Dr. Mark Lipsey, from Vanderbilt University, developed the SPEP™ from his meta-analysis (examination of research studies) of ‘what works’ to reduce juvenile delinquency. The use of the SPEP™ has been validated in Pennsylvania, and is a Stage 3 (Behavioral Change) activity in the Juvenile Justice System Enhancement Strategy (JJSES). Use of the SPEP™ improves the system through an increased collaboration between service providers and juvenile probation to ensure that the **right youth are referred to the right services for the right amount of time.**

SPEP™ implementation is a partnership between county juvenile probation departments, service providers, and EPIS SPEP™ Implementation Specialists. The SPEP™ focuses on assessing and improving service delivery in four key areas, which are described in more detail below. Each assessment results in the delivery of a Feedback Report and a Performance Improvement Plan recommending strategies to better align the service to evidence based practices. This is particularly valuable for locally developed services in order to establish the necessary components that already exist within evidence based, prepackaged services.

As seen in the graphic below, SPEP™ implementation in PA occurs via a lifecycle founded on continuous quality improvement principles, which use data-driven reassessment to improve services over time.



Through his research, Dr. Lipsey identified four main factors most strongly related to recidivism reduction:

- **Program philosophy and service type:** SPEP™ identifies three therapeutic approaches – Restorative, Counseling and Skill Building – that comprise the 14 therapeutic services listed in the Amount of Service for SPEP™ Service Types chart on the following page. Additionally, SPEP™ distinguishes the “primary” service or main theme of a program from the “supplemental” services that reinforce or enhance the primary service. An example would be a mentoring service being enhanced with a behavior management component.

Recidivism reduction capacity can vary among service types, with all having some positive impact. Additionally, research indicates that non-therapeutic and control-oriented services (boot camps, scared straight programs, etc.) are ineffective for recidivism reduction and may actually increase recidivism.

- **Quality of service delivery:** Service quality is measured for each service by interviewing key service staff, such as supervisors and facilitators, to determine how a service is implemented. Research has shown services that monitor fidelity of implementation and emphasize continuous quality improvement are more likely to have



a positive impact on recidivism reduction. The four key elements of service quality are:

- The use of a **written protocol or manual** to guide service delivery
- Appropriate **staff training** for individuals delivering the service
- Monitoring the **fidelity & quality of service delivery**
- Organizational procedures for **responding to service drift** (i.e., service not being delivered as intended)
- **Amount of service:** For each therapeutic classification, SPEP™ identifies a corresponding amount of service for optimal recidivism reduction – broken out by duration (number of weeks a service is delivered) and dosage (the number of contact hours youth receive of the service). The actual amount of service the youth receive is measured against the target amount of service for the appropriate SPEP™ service category. Youth are encouraged to receive the targeted amount of service in order to have the greatest impact on recidivism reduction. The chart below outlines the current amount of service targets for a variety of SPEP™ service types; figures are subject to adjustment based on ongoing research.
- **Youth risk level:** According to Dr. Lipsey’s research, services aimed at higher risk youth have the most potential to impact recidivism reduction. Youth risk level in PA is determined through use of the Youth Level of Service Inventory (YLS 2.0), which also serves as a case management tool designed to identify and address a youth’s criminogenic needs and responsivity factors. The score in this category is derived by reviewing the risk levels of youth receiving the service within a specified amount of time (i.e. SPEP™ cohort).

Amount of Service for SPEP™ Service Types

Service Type & Service Name	Duration or Number of Weeks	Dosage or Number of Contact Hours
Restorative Services		
Restitution/Community Service	12	60
Mediation	4	8
Counseling		
Individual Counseling	25	30
Mentoring	26	78
Family Counseling	20	30
Family Crisis Counseling	4	8
Group Counseling	24	40
Mixed Counseling	25	25
Skill Building Services		
Behavior Management	24	72
Cognitive-behavioral Therapy	15	45
Social Skills Training	16	24
Challenge Programs	4	60
Remedial Academic Program	26	100
Job Related Training		
<i>Vocational Counseling</i>	20	40
<i>Job Training</i>	25	400
<i>Work Experience</i>	26	520
Exceptions to SPEP™ Targeted Amount of Service		
Aggression Replacement Training®(ART®)		
<i>Community-Based Setting</i>	8	24
<i>Residential Setting</i>	10	28
Multisystemic Therapy (MST)	13	30