



SPEP Overview & Process

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

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Historical Context of North Carolina's Juvenile Justice Evidence-Based Practices

- First State-wide community-based alternatives (CBA) ~ late 1970s
- First "wraparound" model in the US via Willie M. Program ~ 1979 class action lawsuit
- 1998 NC Juvenile Justice Reform Act ~ Second state to mandate evidence-based services

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Historical Context of North Carolina's Juvenile Justice Evidence-Based Practices

- First state to fully adopt the OJJDP Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders
- First legislated statewide, county-level Juvenile Crime Prevention Councils (also first statewide use of a risk factor assessment beginning in the late 1990's)
- Most effective statewide use of a juvenile offender risk and needs assessment instrument along with a disposition matrix to reduce confinement (Nov, 2001)

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Historical Context of SPEP in NC

- 1998 NC Juvenile Justice Reform Act required a statewide evaluation of programs funded through the JCPC
- The Standardized Program Evaluation Protocol ~SPEP~ was developed specifically for this purpose in NC. 2006
- First statewide Level II services based on SPEP primary service types (2010)

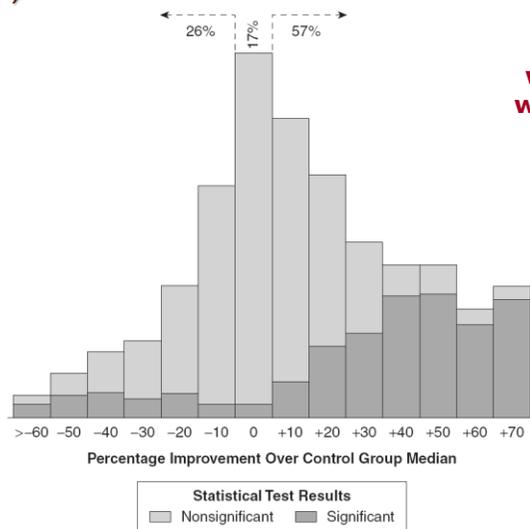
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Meta-Analysis of a Comprehensive Collection of Existing Studies of Interventions for Juvenile Offenders

- 500+ experimental and quasi-experimental studies
- Juveniles aged 12-21 in programs aimed at reducing delinquency
- Focus on the programs' effects on recidivism (reoffending)

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



**Here's
where we
want to be!**

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The Prevailing Definition of EBP: A Certified “Model” Program

The P part: A ‘brand name’ program, e.g.,

- Functional Family Therapy (FFT)
- Multi-systemic 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)

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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**

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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

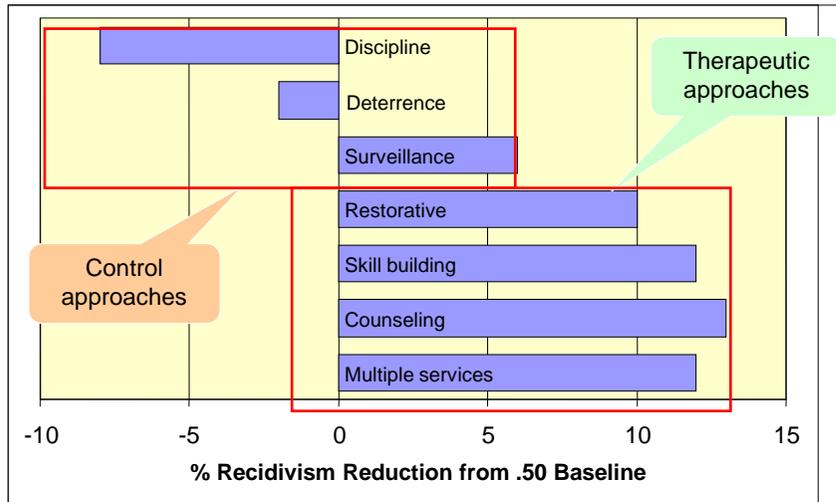
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Identification of “Philosophies” toward Altering Juvenile Behavior

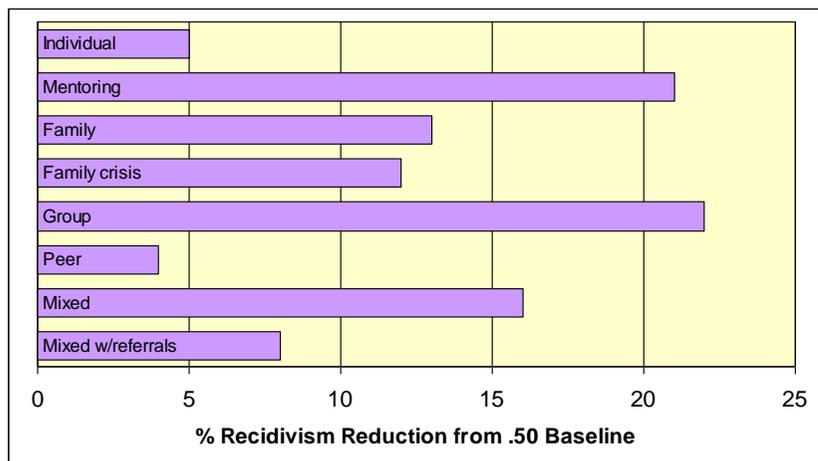
- Program Services Fall into 3 Broad Categories:
 - External Control Techniques
 - Behavioral change through instilling discipline, fear, or detection of bad behavior in the absence of treatment
 - Therapeutic Techniques
 - Behavioral change through improved skills, relationships, insight.
 - These are the only services for which SPEP ratings are completed.
 - Other :Services for which there is insufficient research to estimate the effects on recidivism

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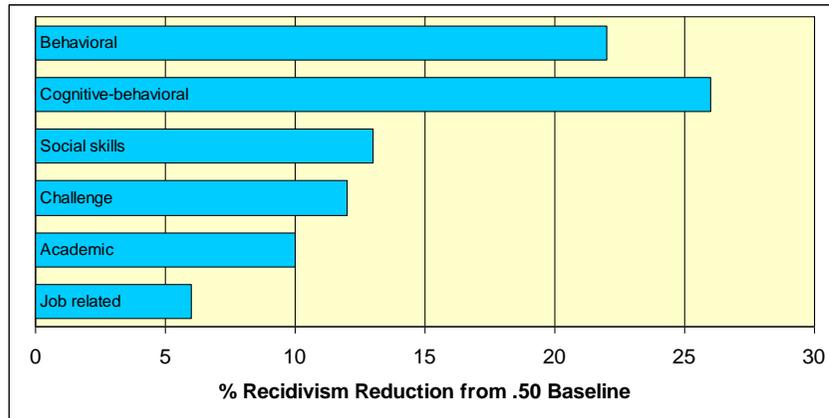
Program Types Sorted by General Approach: Average Recidivism Effect



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

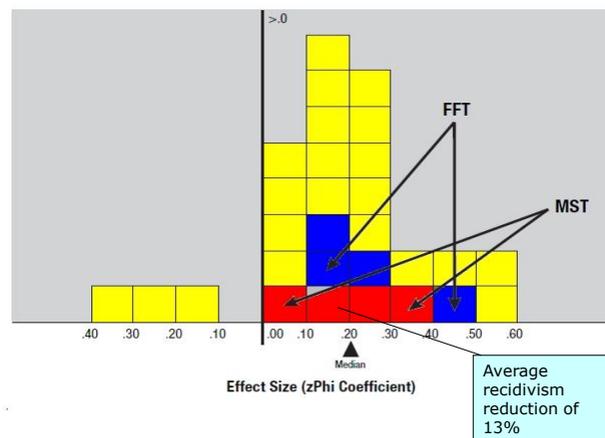


Further Sorting by Intervention Type within, e.g., Skill-building Approaches



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Example: Recidivism effects from 29 studies of family therapy intervention/Where are the model programs?



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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

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Service Amount and Quality Matters

Effects on recidivism associated with:

- Duration of service
- Total hours of service
- 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

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Risk Level Matters

- A validated risk assessment instrument/tool is used to provide juvenile risk level data on each juvenile receiving services
- In NC risk scores entered into NC ALLIES on each juvenile are either obtained from court services or taken from the risk assessment administered by the program.
- The risk assessment tool used by both Court Services and JCPC funded programs is the North Carolina's Assessment of Juvenile Risk of Future Offending~ a validated tool.

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To have good effects, interventions should be implemented to match the most effective practice as found in the research

- 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

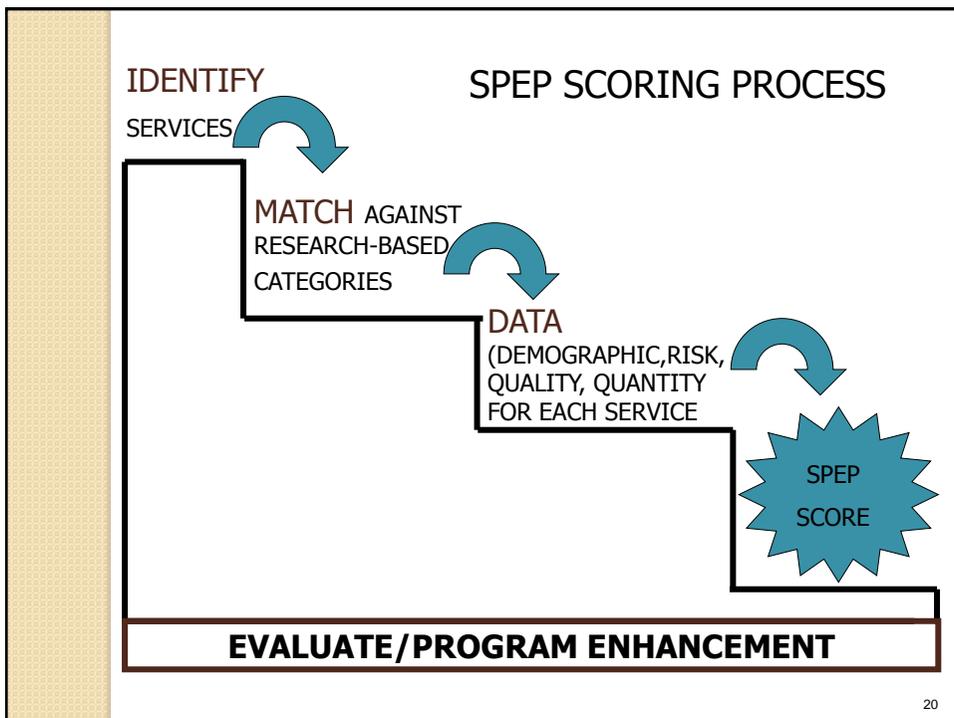
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Standardized Program Evaluation Protocol (SPEP) for Services to Juvenile Offenders® July 2015		
	Points Possible	Points Received
Primary and Supplemental Service Types [Identified according to definitions derived from the research]		
Primary Service 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	
Quality of Service Delivery [Determined from a systematic assessment of the relevant features of the provider and provider organization]		
Rated quality of services delivered: [Derived from the raw Quality of Service scores]	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) 20% (2 points) 80% (8 points) 40% (4 points) 90% (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) 90% (10 points)	10	
Risk Level of Youth Served [Determined from risk ratings on a valid instrument for the qualifying group of service recipients]		
% of youth with med or high risk scores (greater than low): 0% (0 points) 75% (7 points) 90% (9 points) 30% (3 points) 85% (10 points) 95% (12 points)	+	% of youth with high risk scores (greater than medium): 0% (0 points) 25% (8 points) 15% (5 points) 30% (10 points) 20% (5 points) 35% (13 points)
Provider's Total SPEP Score	100	

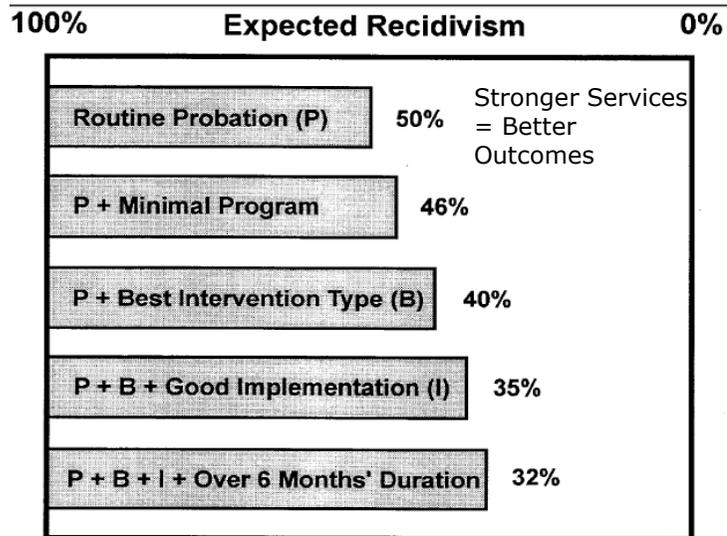
IDENTIFY / MATCH SERVICES

DATA (DEMOGRAPHIC, RISK, QUALITY, QUANTITY FOR EACH SERVICE)

SPEP is Data Driven



An Illustration: Incremental Improvements



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Stronger Services
=
Better Outcomes

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TRAINING OBJECTIVES

- Historical context of NC's EBPs
- Defining EBP and the Meta Analysis
- Program Characteristics that Impact Recidivism
- Review of the Tool
- SPEP Scoring Process