

Residential Commitment Program
PRIMARY SERVICES: Designation and Request to Change
Evidence Based Practices for the
Standardized Program Evaluation Protocol

The Standardized Program Evaluation Protocol (SPEP) is an assessment tool derived from meta-analytic research on the effectiveness of juvenile justice interventions. The tool is designed to compare existing intervention services, as implemented in the field, to the characteristics of the most effective intervention services found in the research. The SPEP scoring system is based upon the Primary Services that a provider uses in a program and the fidelity of the service delivery of those Primary Services. A separate SPEP evaluation is conducted, at the time of the program’s Quality Improvement Review, for each Primary Service provided by the program.

This information is kept on file for contract and Quality Improvement purposes. Once the requested designation or change is reviewed and approved, the Contract Manager will return the final form to the Provider and a copy will be kept in the contract file.

A separate designation form must be completed for each program component within a contract.

Instructions:

1. Complete Table 1: Provider Information. Use the Tab function to move between fields; *please sign electronically*.
2. **To Designate an Intervention as a Primary Service:**
 - a. To designate its Primary Services, the Provider will indicate which of its services, as enumerated in its contract, are a Primary Service.
 - b. Complete Table 2: Interventions and Primary Services. Not every intervention or primary service is listed in Table 2. If your intervention is not listed in Table 2, write it in the blank(s) provided.
 - c. For a new contract, use the contract effective date as the start date of the service.
 - d. Check those interventions which are to be considered a Primary Service.
 - e. Submit the completed form to the contract manager.
3. **To Discontinue an Intervention as a Primary Service:**
 - a. Update Table 2: Interventions and Primary Services.
 - b. Enter the date the intervention will be discontinued as a Primary Service.
 - c. Uncheck the intervention which no longer is designated as a Primary Service.
 - d. Follow the instructions *To Designate a Primary Service* if the discontinued intervention is being replaced with another service.
4. **To change a Primary Service:**
 - a. Follow the instructions *To Discontinue an Intervention as a Primary Service* and the instructions *To Designate an Intervention as a Primary Service*.
 - b. Submit the completed form to the contract manager.
 - c. The contract manager will schedule a meeting(s) with the Department’s review team and any requested meetings with the provider.
 - d. Once the request is reviewed by the team, Table 4 Approval will be completed.
 - e. The contract manager will notify the provider of the team’s decision, file this form in the contract file and submit the completed form to the provider, Programming & Technical Assistance, and the Office of Residential Services for SPEP record keeping purposes.
 - f. Should an amendment be required, Residential Services will initiate that process.
 - g. JJIS will be updated by the Office of Programming and Technical Assistance.

Program Name: <i>As it appears in the contract.</i>		
DJJ Contract #: <i>As it appears in the contract.</i>		
Provider’s Name: <i>As it appears in the contract.</i>		
Facility Administrator’s Name & Signature: <i>I am requesting the change(s) outlined as follows.</i>	Print Name:	Date
Clinical Director’s Name & Signature: <i>I am requesting the change(s) outlined as follows.</i>	Print Name:	Date
Corporate Officer’s Name, Title, & Signature: <i>I approve the requested change(s) outlined as follows.</i>	Print Name: Print Title:	Date

Table 1 Provider Information

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All Primary Interventions must appear on this list. Indicate in the Action field the action to be taken (e.g. Discontinue; Designate; None Taken).

Intervention	Action	Discontinuation date	Effective date
Anger Management for Substance Abuse & Mental Health Clients		Discontinue on:	Start on:
Aggression Replacement Training ® (ART)		Discontinue on:	Start on:
ARISE		Discontinue on:	Start on:
Boys Council		Discontinue on:	Start on:
Cannabis Youth Treatment (CYT)		Discontinue on:	Start on:
Dialectical Behavior Therapy (DBT)		Discontinue on:	Start on:
Female Health Relationships Bundle		Discontinue on:	Start on:
Girls Moving On (GMO)		Discontinue on:	Start on:
Impact Of Crime (IOC)		Discontinue on:	Start on:
LifeSkills Training (LST)		Discontinue on:	Start on:
Living in Balance		Discontinue on:	Start on:
Male Healthy Relationships Bundle		Discontinue on:	Start on:
Moral Recognition Therapy (MRT)		Discontinue on:	Start on:
Pathways		Discontinue on:	Start on:
Seeking Safety		Discontinue on:	Start on:
Seven Challenges		Discontinue on:	Start on:
Skillstreaming the Adolescent		Discontinue on:	Start on:
Talks My Father Never Had with Me		Discontinue on:	Start on:
Thinking for a Change (T4C)		Discontinue on:	Start on:
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)		Discontinue on:	Start on:
VOICES		Discontinue on:	Start on:
Voyage (sex offender treatment)		Discontinue on:	Start on:
Young Men’s Work		Discontinue on:	Start on:
		Discontinue on:	Start on:
		Discontinue on:	Start on:
		Discontinue on:	Start on:
		Discontinue on:	Start on:
		Discontinue on:	Start on:
		Discontinue on:	Start on:
		Discontinue on:	Start on:

Table 2 Interventions and Primary Services

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Table 3, Initial Approval

This table is to be complete for an initial primary services designation.

Requested Designation is:	Approved	Disapproved
Residential Services—Name & Signature: <i>This acknowledges that an internal review and decision has been made regarding the request to designate a primary service.</i>	Print Name:	Date

Table 4, Approval

This table is to be completed for a requested change in primary services.

Requested Change is:	Approved	Disapproved
Residential Services—Name & Signature: <i>This acknowledges that an internal review and decision has been made regarding the request to change a primary service.</i>	Print Name:	Date
		Amendment Needed? Yes No
SPEP Representative—Name & Signature: <i>This acknowledges that an internal review and decision has been made regarding the request to change a primary service.</i>	Print Name:	Date
		JJIS EBS Module will be changed? Yes No

Change Narrative:

CONTRACT MANAGER: Check here to indicate you will file this form in the SharePoint contract file and send copies to the provider, Programming & Technical Assistance, and the Office of Residential Services for SPEP record keeping purposes.