Standardized Program Evaluation Protocol [SPEP] Report

Walton Youth Development Center

Gulf Coast Youth Services

(Contract Provider)
286 Gene Hurley Road
DeFuniak Springs, Florida 32435

Primary Service: Anger Control
SPEP Review Date(s): February 21 - 24, 2017

Florida Department of Juvenile Justice

Report Date(s): 11/13/2017

Introduction

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 allows service providers to identify specific areas in which program improvements can be made to their existing Primary Services. These improvements can be expected to increase the effectiveness of those Primary Services in the reduction of recidivism for youth receiving the Primary Service. 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 report provides two types of SPEP scores: a **Basic Score,** equivalent to the number of points received, and a **Program Optimization Score (POS)** that is equivalent to the maximum number of possible points that could be received based on the SPEP domains under the control of the program. The Basic Score compares the Primary Service being evaluated to other intervention services found in the research to be effective, regardless of service type. It is meant as a reference to the expected overall recidivism reduction when compared to other Primary Services of any Type.

A **Program Optimization Percentage (POP)** rate is derived from the Basic Score and Program Optimization Score. The POP rate is a percentage score that indicates where the rate of effectiveness of the Primary Service is when compared to its potential effectiveness if optimized to match the characteristics of similar Primary Services found to be most effective in the research. The POP rate is likely more meaningful to service providers as it represents how close the program's Primary Service is to its potential for that Primary Service Type. For example, a POP rate of 55% would indicate that the program's Primary Service is operating at 55% of its potential effectiveness for recidivism reduction that has been found for a similar Primary Service Type with research evidence of effectiveness.

Program Name: Walton Youth Development Center

Provider Name: Gulf Coast Youth Services

Location: Walton County / Circuit: 1

Review Date(s): February 21 - 24, 2017

MQI Program Code: 1164

Contract Number: R2089

Number of Beds: 39

Lead Reviewer Code: 127

Persons Interviewed

☒ Program Director
☐ DJJ Monitor
☐ DHA or designee
☒ DMHCA or designee

☐ Corporate QI/QA staff
_____ # Case Managers
1 # Clinical Staff
_____ # Healthcare Staff

_____ # Program Supervisors
_____ # Youth
_____ # Other (listed by title): _____

Documents Reviewed

☒ Written Protocol/Manual
☒ Fidelity Monitoring Documents
☒ Internal Corrective Action Reports
☒ Staff Evaluations
☐ Accreditation Reports
☐ Contract Monitoring Reports
☐ Contract Scope of Services

☐ Logbooks
☒ Program Schedules
☐ Supplemental Contracts
☐ Table of Organization
☐ Youth Handbook
_____ # Health Records
_____ # MH/SA Records

_____ # Personnel Records
2 # Training Records/CORE
_____ # Youth Records (Closed)
_____ # Youth Records (Open)
_____ # Other: _____

Observations During Review

☒ Group/Session of Primary Service(s)
☒ Program Activities
☐ Recreation
☒ Social Skill Modeling by Staff
☒ Staff Interactions with Youth
☒ Staff Supervision of Youth
☐ Transition/Exit Conferences
☐ Treatment Team Meetings

1. Primary Service and Supplemental Service Types	Basic Score: 35 Points POS: 35 Points POP: 100%

There are five Primary Service Types that have been classified into Groups with a maximum number of points possible for rating purposes. Some Primary Service Types may also have qualifying Supplemental Service Types that could earn a program an additional 5 points.

The Primary Service for this program is Anger Control. The program was awarded 30 points because the Primary Service is identified as a Group 5 Service. The specific Sub-Component Service Type identified is Cognitive Behavioral Therapy. The Primary Service was identified as this type of service as it is intended to correct faulty cognitions and perceptions and provides skills individuals can use to monitor thought patterns and correct behaviors.

An additional 5 points was awarded based on a Qualifying Supplemental Service. The Qualifying Supplemental Service was identified as None (automatic 5 points added to score), which was not demonstrated to have been implemented.

The Primary and Supplemental Service Raw Score is equal to the sum of the Primary Service points plus the Qualifying Supplemental Service points.

Note: Quality information is evaluated by the Bureau of Monitoring and Quality Improvement while on-site during the annual compliance review.

2. Overall Quality of Service Delivery Score	Basic Score: 10 Points POS: 20 Points POP: 50%
The Quality of Service Delivery Score is the sum of the scores for the seven treatment quality indicators. The Program Optimization Percentage Rating determines the Overall Quality of Service Level: *Indicator Sum Score 0-3 = Low; Sum Score 4-7 = Medium; Sum Score 8-10 = High.*	

Sum of all Indicator Scores (a – g below): 4 Points

Overall Quality of Service Delivery Level:
☐ Low (Raw Score = 5)
☒ Medium (Raw Score = 10)
☐ High (Raw Score = 20 Points)

a. Facilitator Training	Basic Score: 0 Point(s) Maximum Possible Score: 1 Point
All facilitator(s) of the Primary Service must have received formal training specific to the intervention or model/protocol.	

Anger Control is a curriculum developed by the designated mental health clinical authority (DMHCA) for Gulf Coast Youth Services. The facility utilizes the videos, workbooks, and manual for Aggression Replacement Training (ART) for this group and training purposes. None of the staff are formally trained in ART. The Anger Control training is a one-day, informal training and is not logged into SkillPro. ART DVDs and manuals are used to train the staff in Anger Control. The facilitators of Anger Control receive ART materials to use in their groups. This was verified during an interview with the DMHCA.

The program can earn 1 point if all facilitators are trained in a specific curriculum for Anger Control.

At the time of the review, the program did not meet criteria to earn a score of 1.

b. Treatment Manual/Protocol	Basic Score: 0 Point(s) Maximum Possible Score: 2 Points
There is a specific written manual/protocol detailing delivery of the Primary Service.	

Anger Control does not have a manual. The facility utilizes the Aggression Replacement Training (ART) worksheets and DVDs. The staff are not formally trained in ART, although the groups and sessions are run as ART groups are designed. The manual being used by the facility is the 3rd Edition Revised Aggression Replacement Training by Barry Glick and John Gibbs.

The program can earn 2 points if there was a detailed manual for the delivery of Anger Control.

At the time of the review, the program did not meet criteria to earn a score of 2.

c. Observed Adherence to the Manual/Protocol	Basic Score: 0 Point(s)

	Maximum Possible Score: 1 Point
Upon observation of the Primary Service by the Quality Improvement reviewer, the facilitator of that service adhered to the written protocol/manual.	

The facility runs Anger Control as an open group. Anger Control groups are held Mondays, Tuesdays, and Thursdays from 2:45pm-3:45pm and 3:50pm-4:50pm. Anger Control is only offered to the youth housed on the 100 and 200 mods; these mods house mental health overlay services youth. The groups average eight to ten youth daily and there are two main facilitators for Anger Control. After review of the attendance sheets for the review period it was determined that the group times average 30 to 45 minutes in length. An interview with the clinical supervisor verified that some sessions were 30 minutes in length and this was typically due to behavior of the youth, however the therapists try to extend the groups to 45 minutes. The attendance sheets were available for the full review period. The attendance sheets had a legend to dictate when a youth was absent. If a youth left the group the staff indicated why a majority of the time.

A session of Anger Control was observed. The facilitator provided the attendance sheet, the ART anger control session evaluation checklist, and a copy of the lesson prior to the group starting. The group session started at 2:45pm and ended at 3:45pm. The group rules are posted in the classroom where groups are held.

The group started with a check-in and addressed any issues. There was one youth care worker in the classroom who was a good support for the group. This lesson was the last of the anger control training in the Aggression Replacement Training (ART) manual. The youth completed their hassle logs and reviewed the anger control chain. The youth completed role plays based upon their hassle log. The youth listened during group and did not try to talk over one another. They assisted each other with questions and if there was a topic that they were struggling to understand. The youth were supportive of one another and showed respect with one another, the support staff, and the facilitator.

The facilitator did go through the lesson and utilized the manual, but was able to put the lesson in to her own words. The objectives for the lesson were met for an ART group.

The program can earn 1 point if there was a manual being followed for Anger Control.

At the time of the review, the program did not meet criteria to earn a score of 1.

d. Facilitator Turnover	**Basic Score: 2 Point(s)** **Maximum Possible Score: 2 Points**
Measures the extent to which facilitators of the specific intervention/service have changed as well as gaps in service of that Primary Service.	

The clinical supervisor and one of the therapists are trained in Anger Control. There have not been any gaps in service or facilitator turnover during the review period.

e. Internal Fidelity Monitoring	**Basic Score: 1 Point(s)** **Maximum Possible Score: 2 Points**
The program has a process to monitor the delivery of the intervention to examine how closely actual implementation matches the model protocol.	

The facility utilizes the internal fidelity monitoring forms for Aggression Replacement Training (ART). There were no signatures or names on the form. The suggestion was made to the clinical supervisor that the facilitator's name and the internal fidelity monitor's name with signatures should be on the internal fidelity form. The clinical supervisor for this facility and the clinical supervisor for a different Gulf Coast Treatment Center facility complete the internal fidelity monitoring for Anger Control. There are two therapists that facilitate anger control on a regular basis with the second therapist being used as a back-up facilitator. All internal fidelity monitoring forms were provided for review. Only one month, March 2016, was missing and the clinical supervisor did not have a copy for review.

The program can earn 2 points if staff are monitored monthly for a curriculum in which they are specifically trained. There are no staff known to be trained in ART or in a specific curriculum for Anger Control.

At the time of the review, the program did not meet criteria to earn a score of 2.

f. Corrective Action based on Fidelity Monitoring	Basic Score: 1 Point Maximum Possible Score: 1 Point
The program has a process by which corrective action is applied and demonstrated based on the fidelity monitoring of the delinquency intervention/therapeutic service.	

The clinical supervisor addresses any corrective actions during supervision meetings. There were no corrective actions indicated during the review period. There were suggestions made on four separate sheets, however the comments were not indicated as a corrective action.

g. Evaluation of Facilitator Skill Delivering the Intervention	Basic Score: 0 Point Maximum Possible Score: 1 Point
Performance evaluations of the facilitators of the specific intervention/service include evaluation of skill in delivering the intervention/service.	

One therapist had a yearly evaluation completed in December 2016. There are two sections that address group facilitation on the review. The therapist received appropriate scores for group facilitation.

The clinical supervisor received a yearly performance evaluation in December 2016. There are no sections on the performance evaluation regarding group facilitation.

The program can earn 1 point if each facilitator's performance evaluation includes discussion of their skill in delivering this primary service.

At the time of the review, the program did not meet criteria to earn a score of 1.

3. Amount of Service - Duration

Basic Score: 6 Points
Program Optimization Score: 10 Points
Program Optimization Percentage: 60%

Research indicates the target duration of 15 weeks for this type of service. Of the 14 youth in the sample, 71% (10 of 14) reached at least the indicated target duration. Further explanation is detailed in the Summary and Recommendations below.

Note: Dosage information (duration) is calculated from the Juvenile Justice Information System (JJIS) Evidence-Based Services module. Duration is included for the youth in the SPEP sample.

4. Amount of Service – Contact Hours

Basic Score: 8 Points
Program Optimization Score: 10 Points
Program Optimization Percentage: 80%

Research indicates a target of 45 contact hours for this type of service. Of the 14 youth in the sample, 93% (13 of 14) reached the indicated target contact hours. Further explanation is detailed in the Summary and Recommendations below.

Note: Dosage information (contact hours) is calculated from the Juvenile Justice Information System (JJIS) Evidence-Based Services module. Contact hours are included for the youth in the SPEP sample.

5. Risk Level of Youth Served:

Basic Score: 20 Points
Program Optimization Score: 25 Points
Program Optimization Percentage: 80%

Percentage of Youth with Moderate, Moderate-High, and High-Risk Levels to Reoffend: 79%
    Moderate to High Score: 7 Points
    Program Optimization Score: 12 Points
    Program Optimization Percentage: 58%

Table 1		
Moderate	=	1 youth
Moderate-High	=	2 youth
High	=	8 youth
Total Youth in Sample	=	14 youth

Percentage of Youth with High-Risk Level to Reoffend: 57%
    High Score: 13 Points
    Program Optimization Score: 13 Points
    Program Optimization Percentage: 100%

Table 2		
High	=	8 youth
Total Youth in Sample	=	**14** youth

The risk level score is compiled by calculating the total percent of the SPEP sample that score Moderate to High-Risk to reoffend and also the total percent of the SPEP sample that score High-Risk to reoffend.

Of the SPEP sample, 79% (11 of 14) youth scored Moderate to High-Risk to reoffend, for a score of 7 points.

Of the SPEP sample, 57% (8 of 14) youth scored High-Risk to reoffend, for a score of 13 points.

Note: The latest Community Positive Achievement Change Tool (C-PACT) prior to the placement date was used in the derivation of the risk level score. This C-PACT provides the best indication of the risk to re-offend level of the youth when the youth was first placed in the program.

Summary and Recommendations

Category	Basic Score	Program Optimization Score	Program Optimization Percentage
Primary and Supplemental Service Type	35	35	100%
Quality of Service Delivery	10	20	50%
Amount of Service: Duration	6	10	60%
Amount of Service: Contact Hours	8	10	80%
Risk Level of Youth Served	20	25	80%
Totals	79	100	**79**%

This SPEP report evaluates Anger Control, an intervention delivered at Walton Youth Development Center.

The program scored Medium for Quality of Service Delivery.

The program earned 6 points for Amount of Service: Duration. 71% received at least the recommend weeks of service, with sample youth completing an average of 16 weeks of service. The program earned 8 points for Amount of Service: Contact Hours. 93% received at least the recommended hours of service, with sample youth completing an average of 48 hours of service.

The program was awarded 20 available points for Risk Level of Youth Served. This is calculated using data from the Community - Positive Achievement Change Tool (C-PACT) assessment. This score reflects youths' most recent C-PACT score prior to placement at the program. The program itself has no control over youths' C-PACT risk level because the scored assessment was administered just prior to the youths' admission.

RECOMMENDATION(S):

Walton Youth Development Center can optimize their SPEP Quality of Service Delivery score by developing a specific protocol and quality controls for Anger Control, as opposed to utilizing curricula materials for Aggression Replacement Training (ART).

Walton Youth Development Center can optimize their SPEP Amount of Service score by ensuring that youth receive the full targeted dosage of service.