
Standardized Program Evaluation Protocol [SPEP] Report

Broward Youth Treatment Center

Youth Services International, Inc

(Contract Provider)

8301 South Palm Drive, Building #2

Pembroke Pines, Florida 33025

***Primary Service: Impact of Crime (IOC): Addressing the Harm to Victims
and the Community***

SPEP Review Date(s): January 26-29, 2016



Florida Department of Juvenile Justice

Report Date(s): 3/24/2017

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: Broward Youth Treatment Center
Provider Name: Youth Services International, Inc
Location: Broward County / Circuit: 17
Review Date(s): January 26-29, 2016

QI Program Code: 1269
Contract Number: R2120
Number of Beds: 28
Lead Reviewer Code: 138

Persons Interviewed

<input checked="" type="checkbox"/> Program Director	<input checked="" type="checkbox"/> Corporate QI/QA staff	<u>3</u> # Program Supervisors
<input checked="" type="checkbox"/> DJJ Monitor	<u>2</u> # Case Managers	<u>5</u> # Youth
<input checked="" type="checkbox"/> DHA or designee	<u>1</u> # Clinical Staff	_____ # Other (listed by title): _____
<input type="checkbox"/> DMHCA or designee	<u>1</u> # Healthcare Staff	

Documents Reviewed

<input checked="" type="checkbox"/> Written Protocol/Manual	<input checked="" type="checkbox"/> Logbooks	<u>5</u> # Personnel Records
<input checked="" type="checkbox"/> Fidelity Monitoring Documents	<input checked="" type="checkbox"/> Program Schedules	<u>5</u> # Training Records/CORE
<input type="checkbox"/> Internal Corrective Action Reports	<input type="checkbox"/> Supplemental Contracts	<u>3</u> # Youth Records (Closed)
<input checked="" type="checkbox"/> Staff Evaluations	<input checked="" type="checkbox"/> Table of Organization	<u>5</u> # Youth Records (Open)
<input type="checkbox"/> Accreditation Reports	<input checked="" type="checkbox"/> Youth Handbook	_____ # Other: _____
<input type="checkbox"/> Contract Monitoring Reports	<u>5</u> # Health Records	
<input type="checkbox"/> Contract Scope of Services	<u>5</u> # MH/SA Records	

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: 20 Points
POS: 20 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 Impact of Crime (IOC): Addressing the Harm to Victims and the Community. The program was awarded 15 points because the Primary Service is identified as a Group 3 Service. The specific Sub-Component Service Type identified is Social Skills Training. The Primary Service was identified as this type of service as it focuses on developing social skills required for an individual to interact in a positive way with others.

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: 20 Points POS: 20 Points POP: 100%
<i>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.</i>	

Sum of all Indicator Scores (a – g below): 9 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: 1 Point(s) Maximum Possible Score: 1 Point
<i>All facilitator(s) of the Primary Service must have received formal training specific to the intervention or model/protocol.</i>	

The program had three facilitators trained in the Impact of Crime (IOC) curriculum during this annual compliance review period. The designated mental health clinician authority (DMHCA) is also trained. Reviewed documentation supported all three facilitators conducted groups during this review period. Each facilitator was formally trained by a qualified trainer.

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

The program uses the Department's Impact of Crime (IOC) 2.0 curriculum, to all applicable youth admitted to the program. An interview with the designated mental health clinician authority (DMHCA) confirmed the facilitators use the IOC manual to conduct each group. The manual is detailed to the extent that it explains how each specific session is delivered and there is a script or outline for each session. The manual contains the order of the lessons to be delivered, lesson plans for each session, and delivery guidelines for the facilitator. Each group session contains an outline, worksheets, a guided group discussion activity, and a conclusion/wrap-up discussion about the material covered.

c. Observed Adherence to the Manual/Protocol	Basic Score: 1 Point(s) Maximum Possible Score: 1 Point
<i>Upon observation of the Primary Service by the Quality Improvement reviewer, the facilitator of that service adhered to the written protocol/manual.</i>	

The review team member was able to observe a lesson. The facilitator provided a copy of the lesson plan to the review team member prior to the presentation of the class. The facilitator did

not read the lesson verbatim, but used his own words to convey the meaning of the topic and does so in an easy to follow manner. The facilitator adheres to the lesson plan in every aspect, but did not complete the lesson within the required sixty-minute time frame. The facilitator brought snacks and crayons to the group to have the youth draw and/or color when they were distracted. Interviews indicated this has reduced group disturbances and has helped youth be more engaged.

d. Facilitator Turnover	Basic Score: 1 Point(s) Maximum Possible Score: 2 Points
<i>Measures the extent to which facilitators of the specific intervention/service have changed as well as gaps in service of that Primary Service.</i>	

Reviewed documentation and an interview with the designated mental health clinician authority (DMHCA) confirmed there has been turnover of facilitators since sessions during the review period. For the IOC cohort beginning on September 29, 2015, the facilitator resigned and completed her last session on November 6, 2015. The DMHCA took over the cohort and the service continued uninterrupted until the cycle ended on January 21, 2016.

The program can earn 2 points if there is no facilitator turnover impacting a group cycle.

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

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

Reviewed documentation indicated the designated mental health clinician authority (DMHCA) performed monthly fidelity monitoring for each IOC facilitator. The program had an internal process to conduct internal fidelity monitoring specific to IOC and they utilized an IOC-specific fidelity adherence checklist. Each reviewed checklist found there was a corrective action follow-up component, which incorporated any applicable recommendations identified during fidelity monitoring. These signed documents were maintained in an IOC binder along with the IOC sign-in sheets.

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

An interview with the designated mental health clinician authority (DMHCA) verified there is a process for corrective action based on the fidelity monitoring observations. Reviewed documentation found fidelity monitoring was conducted monthly by the DMHCA, who was trained by a qualified trainer. The program has not had any applicable issues requiring corrective actions; however, the fidelity monitoring tools provided for the observer to document feedback and recommendations in the event deficiencies were observed.

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

A review of the facilitator annual performance evaluations found an entry for evaluation of the staff's performance in delivering the primary service Impact of Crime (IOC). A review of each of the IOC trainer's annual performance evaluations confirmed each staff is evaluated regarding the provision of the primary service. These included an evaluation of the facilitator's skill and quality of work and also comments on any strengths or weaknesses in which the facilitator should be aware.

3. Amount of Service - Duration

Basic Score: 6 Points

Program Optimization Score: 10 Points

Program Optimization Percentage: 60%

Research indicates the target duration of 16 weeks for this type of service. Of the 13 youth in the sample, 77% (10 of 13) 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 24 contact hours for this type of service. Of the 13 youth in the sample, 92% (12 of 13) 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: 25 Points

Program Optimization Score: 25 Points

Program Optimization Percentage: 100%

Percentage of Youth with Moderate, Moderate-High, and High-Risk Levels to Reoffend: 100%

Moderate to High Score: 12 Points

Program Optimization Score: 12 Points

Program Optimization Percentage: 100%

Table 1		
Moderate	=	3 youth
Moderate-High	=	5 youth
High	=	5 youth
<u>Total Youth in Sample</u>	=	<u>13 youth</u>

Percentage of Youth with High-Risk Level to Reoffend: 38%

High Score: 13 Points

Program Optimization Score: 13 Points

Program Optimization Percentage: 100%

Table 2		
High	=	5 youth
Total Youth in Sample	=	13 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, 100% (13 of 13) youth scored Moderate to High-Risk to reoffend, for a score of 12 points.

Of the SPEP sample, 38% (5 of 13) 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	20	20	100%
Quality of Service Delivery	20	20	100%
Amount of Service: Duration	6	10	60%
Amount of Service: Contact Hours	8	10	80%
Risk Level of Youth Served	25	25	100%
Totals	79	85	93%

This SPEP report evaluates Impact of Crime, an intervention delivered at Broward Youth Treatment Center.

The program scored High for Quality of Service Delivery. This score can be optimized by minimizing the impact of facilitator turnover.

The program earned 6 points for Amount of Service: Duration. Of the 13 total youth sampled, 12 included dosage with end dates in the EBS Module. Of those youth with correct dosage, 10 received at least the recommended weeks of service. Youth in the sample completed between 15 and 19 weeks of service, with an average of 18 weeks.

The program earned 8 points for Amount of Service: Contact Hours. Of the 13 total youth sampled, 12 received at least the recommended hours of service. Youth in the sample completed between 22 and 38 hours of service, with an average of 34 hours.

The program was awarded 25 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 prior to the youths' admission.

RECOMMENDATION(S):

Broward Youth Treatment Center can optimize their SPEP Quality of Service Delivery score by minimizing facilitator turnover.

Broward Youth Treatment Center can optimize their SPEP Amount of Service score by ensuring that dosage for all youth is recorded accurately in EBS and by ensuring that youth receive the full targeted dosage of service.