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# Standardized Program Evaluation Protocol [SPEP] Report

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## **Escambia Boys Base**

***AMI Kids, Inc***

**(Contract Provider)**

**Bldg. 3780 Corry Station**

**Pensacola, Florida 32511**

***Primary Service: Aggression Replacement Training***

***SPEP Review Date(s): May 10-13, 2016***



**Florida Department of Juvenile Justice**

*Report Date(s): 5/3/2017*

## 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: Escambia Boys Base  
Provider Name: AMI Kids, Inc  
Location: Escambia County / Circuit: 1  
Review Date(s): May 10-13, 2016

QI Program Code: 1271  
Contract Number: 10079  
Number of Beds: 28  
Lead Reviewer Code: 127

**Persons Interviewed**

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

**Documents Reviewed**

- |   |   |                                   |
|---|---|-----------------------------------|
| <input 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 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: 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 Aggression Replacement Training. 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.*

<b>2. Overall Quality of Service Delivery Score</b>	<b>Basic Score: 20 Points</b> <b>POS: 20 Points</b> <b>POP: 100%</b>
<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)

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

An interview with the Designated Mental Health Authority (DMHA) confirmed five staff members are trained in Aggression Replacement Training (ART) for the program.

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

The program currently uses the Aggression Replacement Training (ART) manual which outlines the details of the curriculum. The ART groups are held every Monday, Wednesday, and Friday at 2:00 PM CST.

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

An ART group was observed prior to the annual compliance review. The group began with youth checking in with the group using a comparison to themselves and the weather. A white board and easel were used to write youth answers down during group discussion. The youth were divided into groups and performed a role play exercise in front of the group. The facilitator discussed the exercise asking youth and all group members about coping skills they observed.

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

There has been no reported facilitator turnover or gaps in service for this review period.

**e. Internal Fidelity Monitoring**

**Basic Score: 2 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 Designated Mental Health Authority (DMHA) is a Licensed Clinical Mental Health Counselor and she has received the necessary training to conduct fidelity monitoring of the facilitators. She observes each group for fidelity monitoring each month. In addition, the DMHA is required by AMIkids, Inc. to provide its own monthly observation reports to their headquarters.

**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.*

Interviews with the Designated Mental Health Authority (DMHA) reported that any fidelity monitoring observations are noted on the AMIkids checklist form. These observations are included in the weekly supervision notes. Should the DMHA feel that guidance or coaching is necessary for the facilitator, that facilitator would be paired up with a stronger facilitator for guidance. If the issue was not resolved, additional formal training would be sought. Any identified issues were applied and demonstrated during this review period.

**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.*

The Designated Mental Health Authority (DMHA) reports her evaluations on delivery of services, are included in the staff's performance evaluations. Staff receive performance evaluations for the first 45-days of hire, 90-days of hire, and then every year. A review of the staff evaluations reviewed during the annual compliance review, revealed that not all staff are receiving their evaluations according to the program's policy. In reviewing six staff records, two staff were missing evaluations. One of the two staff missing evaluations was a clinical staff who facilitates groups and he had not received an evaluations since October 2014.

The program can earn 1 point if each facilitator is evaluated specifically related to ART.

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: 4 Points  
Program Optimization Score: 10 Points  
Program Optimization Percentage: 40%

Research indicates the target duration of 10 weeks for this type of service. Of the 19 youth in the sample, 53% (10 of 19) 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 30 contact hours for this type of service. Of the 19 youth in the sample, 89% (17 of 19) 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: 23 Points  
Program Optimization Score: 25 Points  
Program Optimization Percentage: 92%

Percentage of Youth with Moderate, Moderate-High, and High-Risk Levels to Reoffend: 89%  
Moderate to High Score: 10 Points  
Program Optimization Score: 12 Points  
Program Optimization Percentage: 83%

Moderate	=	2 youth
Moderate-High	=	7 youth
High	=	8 youth
<u>Total Youth in Sample</u>	=	<u>19 youth</u>

Percentage of Youth with High-Risk Level to Reoffend: 42%  
 High Score: 13 Points  
 Program Optimization Score: 13 Points  
 Program Optimization Percentage: 100%

Table 2	
High	= 8 youth
<u>Total Youth in Sample</u>	<u>= 19 youth</u>

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, 89% (17 of 19) youth scored Moderate to High-Risk to reoffend, for a score of 10 points.

Of the SPEP sample, 42% (8 of 19) 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	20	20	100%
Amount of Service: Duration	4	10	40%
Amount of Service: Contact Hours	8	10	80%
Risk Level of Youth Served	23	25	92%
<b>Totals</b>	<b>90</b>	<b>100</b>	<b>90%</b>

This SPEP report evaluates Aggression Replacement Training, an intervention delivered at Escambia Boys Base.

The program scored High for Quality of Service Delivery.

The program earned 4 points for Amount of Service: Duration. Of the 19 total youth sampled, only 14 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 4 and 10 weeks of service, with an average of 9 weeks. The targeted number of weeks for this specific intervention is 10 weeks. In previous SPEP review years, ART was held to the same standard as other Group 5 Services (15 weeks); however, according to Dr. Lipsey's SPEP research, ART meets criteria for an exception to the standard SPEP 15-week dosage target. Youth are considered to have met the target if they achieve 80% of the dosage specified in the ART manual.

The program earned 8 points for Amount of Service: Contact Hours. Of the 19 total youth sampled, 17 received at least the recommended hours of service. Youth in the sample completed between 12 and 30 hours of service, with an average of 27 hours. The targeted number of hours for this type of intervention is 30 hours. In previous SPEP review years, ART was held to the same standard as other Group 5 Services (45 hours); however, according to Dr. Lipsey's SPEP research, ART meets criteria for an exception to the standard SPEP 45-hour dosage target. Youth are considered to have met the target if they achieve 80% of the dosage specified in the ART manual.

The program was awarded 23 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):**

Escambia Boys Base can optimize their SPEP Quality of Service Delivery score by ensuring performance evaluations address delivery of ART.

Escambia Boys Base 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.