
Standardized Program Evaluation Protocol [SPEP] Report

Walton Youth Development Center
Gulf Coast Youth Services, Inc.
(Contract Provider)
286 Gene Hurley Road
DeFuniak Springs, Florida 32432

Primary Service: Anger Control
SPEP Review Date(s): March 15-18, 2016



Florida Department of Juvenile Justice

Report Date(s): 3/15/2017

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, Inc.**
Location: **Walton** County / Circuit: **1**
Review Date(s): **March 15-18, 2016**

QI Program Code: **1164**
Contract Number: **R2089**
Number of Beds: **39**
Lead Reviewer Code: **145**

Persons Interviewed

- Program Director
- DJJ Monitor
- DHA or designee
- DMHCA or designee

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

- _____ # Program Supervisors
- 7** # Youth
- 4** # Other (listed by title): **Direct Care Workers**

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
- _____ # 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: 5 Points POS: 20 Points POP: 25%
<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): 2 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
<i>All facilitator(s) of the Primary Service must have received formal training specific to the intervention or model/protocol.</i>	

The program has three trained mental health professionals which consists of a clinical supervisor, therapist, and a case manager. These three staff conduct the Anger Control curriculum. There is no formal training that was received for this primary service. The program reports informal training consists of the viewing the training manual and DVD for Aggression Replacement Training (ART). None of the staff is formally trained in ART. Anger Control is not ART.

The program can earn 1 point if staff are trained to deliver 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
<i>There is a specific written manual/protocol detailing delivery of the Primary Service.</i>	

The program does not have any materials for Anger Control. Instead they are using ART materials.

The program can earn 2 points if the maintain 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
<i>Upon observation of the Primary Service by the Quality Improvement reviewer, the facilitator of that service adhered to the written protocol/manual.</i>	

A group session was observed during the review. The group was run according to the ART manual. Since the facilitator is not trained in ART and ART is not Anger Control, it is not appropriate for this to occur.

The program can earn 1 point if trained staff adhere to the manual for the curriculum.

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

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>	

The program reports no gaps in service. One facilitator did leave during the review period, but another took over immediately. There was no documentation to explain if the transition impacted the group.

The program can earn 2 points if any turnover occurring does not impact group cycles.

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

e. Internal Fidelity Monitoring	Basic Score: 0 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 showed internal fidelity monitoring is being conducted monthly. No one is trained in the delivery of ART or Anger Control.

The program can earn 2 points if staff completing fidelity monitoring have been trained by a qualified trainer.

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: 0 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>	

The program's fidelity monitoring did not express a need for any corrective action. Unfortunately, the program does not have trained staff and uses materials they have not been trained to use.

The program can earn 1 point if any needed corrective actions are demonstrated and applied.

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

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>	

Annual evaluations were observed for the clinical supervisor, case manager, and therapist. There was an assessment of performance in Anger Control.

3. Amount of Service - Duration

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

Research indicates the target duration of 15 weeks for this type of service. Of the 11 youth in the sample, 82% (9 of 11) 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: 6 Points
Program Optimization Score: 10 Points
Program Optimization Percentage: 60%

Research indicates a target of 45 contact hours for this type of service. Of the 11 youth in the sample, 73% (8 of 11) 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: 91%
Moderate to High Score: 10 Points
Program Optimization Score: 12 Points
Program Optimization Percentage: 83%

Moderate	=	1 youth
Moderate-High	=	5 youth
High	=	4 youth
<u>Total Youth in Sample</u>	=	<u>11 youth</u>

Percentage of Youth with High-Risk Level to Reoffend: 36%
 High Score: 13 Points
 Program Optimization Score: 13 Points
 Program Optimization Percentage: 100%

Table 2	
High	= 4 youth
<u>Total Youth in Sample</u>	<u>= 11 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, 91% (10 of 11) youth scored Moderate to High-Risk to reoffend, for a score of 10 points.

Of the SPEP sample, 36% (4 of 11) 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	5	20	25%
Amount of Service: Duration	8	10	80%
Amount of Service: Contact Hours	6	10	60%
Risk Level of Youth Served	23	25	92%
Totals	<u>77</u>	<u>100</u>	<u>77%</u>

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

The program scored Low for Quality of Service Delivery. This score can be optimized by training facilitators to run Aggression Replacement Training or creating a separate training and protocol for Anger Control.

The program earned 8 points for Amount of Service: Duration. Of the 11 total youth sampled, only 9 included dosage with end dates in the EBS Module. Of those youth with correct dosage, 9 received at least the recommended weeks of service. Youth in the sample completed between 19 and 43 weeks of service, with an average of 29 weeks.

The program earned 6 points for Amount of Service: Contact Hours. Of the 11 total youth sampled, 8 received at least the recommended hours of service. Youth in the sample completed between 16 and 75 hours of service, with an average of 53 hours.

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):

Walton Youth Development Center can optimize their SPEP Quality of Service Delivery score by redesigning the delivery of Anger Control.

Walton Youth Development 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.