
Standardized Program Evaluation Protocol [SPEP] Report

Bartow Youth Academy

G4S Youth Services, LLC

(Contract Provider)

2145 Bob Phillips Road

Bartow, Florida 33830

Primary Service: Life Skills Training (LST)

SPEP Review Date(s): October 4-5 & 10-11, 2016



Florida Department of Juvenile Justice

Report Date(s): 6/8/2017

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: **Bartow Youth Academy**
Provider Name: **G4S Youth Services, LLC**
Location: **Polk** County / Circuit: **10**
Review Date(s): **October 4-5 & October 10-11, 2016**

MQI Program Code: **1268**
Contract Number: **R2118**
Number of Beds: **28**
Lead Reviewer Code: **132**

Persons Interviewed

<input checked="" type="checkbox"/> Program Director	<input checked="" type="checkbox"/> Corporate QI/QA staff	<u>2</u> # Program Supervisors
<input checked="" type="checkbox"/> DJJ Monitor	<u>2</u> # Case Managers	<u>5</u> # Youth
<input type="checkbox"/> DHA or designee	<u>2</u> # Clinical Staff	_____ # Other (listed by title): _____
<input checked="" 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>10</u> # Personnel Records
<input checked="" type="checkbox"/> Fidelity Monitoring Documents	<input checked="" type="checkbox"/> Program Schedules	<u>15</u> # Training Records/CORE
<input type="checkbox"/> Internal Corrective Action Reports	<input checked="" type="checkbox"/> Supplemental Contracts	<u>5</u> # Youth Records (Closed)
<input 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 checked="" type="checkbox"/> Contract Monitoring Reports	<u>5</u> # Health Records	
<input checked="" 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 Life Skills Training (LST). 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): 10 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>	

A review of documentation regarding this primary service, indicated the program has a training protocol for the Life Skills Training (LST) intervention which requires off-site training by a qualified trainer. Program policy and procedure stipulate only clinical staff are to provide delinquency intervention services. A review of staff training files and the Department's Learning Management System, SkillPro, documents in the past year the program had one new staff who completed the required training on January 15, 2016, to facilitate Life Skills Training group sessions. Prior to 2016, there were three staff previously certified to facilitate the LST sessions, including the director of clinical services and two clinical care managers. The clinical director and one of the clinical care workers have since left the program. The acting clinical director is LST certified and the new clinical care manager has completed LST facilitator training again ensuring there are three certified LST facilitators in the program. The clinical care managers are responsible for the provision of LST services and each manager has provided LST services in the past calendar year. Additionally, documentation was provided indicating the current acting director of clinical services, who supervises several programs, has, on at least one occasion, provided LST services to the youth in the program when a substitute facilitator is needed. Program practice is for one facilitator to assume responsibility for one cycle of LST training rather than both trained facilitators to provide the service to the same group of youth. The program does not use co-facilitators in the delivery of this service.

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 has the brand-name manual for Life Skills Training (LST) for Middle School Youth Level one and also provides the associated LST student workbooks/manuals for each youth. A review of the facilitator manual, bound in a three-ring binder with tabbed sections, showcased the LST curriculum with the provision of instructions as to how the service is to be provided, the order

the lessons are to be presented, as well as, highly detailed documentation of all of the eighteen lesson plans of the curriculum. The manual outlines each lesson plan providing a script, lesson plan vocabulary to introduce to the youth, materials needed for the lesson, specific steps in the delivery of the lesson, and a review of the goals of the lesson. There are also DVD's in front pocket of the manual to be used in specific lesson plans.

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>	

During this annual compliance review of the SPEP for Life Skills Training, one group session was observed by a member of the annual compliance review team. Prior to the group session, the facilitator ensured the review team member was provided with a copy of the lesson plan and briefly reviewed the goals of the session. There were ten youth present in the observed session. Each youth seemed aware of the group process, expectations of the facilitator, and the format of the lessons. Each youth was provided their own workbook to follow along with the facilitator. The facilitator presented the lesson vocabulary and stimulated the youth to engage in discussions as stated on the lesson plan. At no time, did the facilitator read the lesson verbatim, instead, they chose words to be sure they were easily understood by the youth and often reiterated content to help these youth, all with intellectual deficits, comprehend the meaning of the lesson. Though the facilitator skipped over two specific exercises that were specified in the lesson plan, they covered all of the lesson goals and objectives, choosing to present the required information in a different way, for example, foregoing a group exercise, keeping in mind the needs and abilities of the youth in the group. Asked about the skipped exercises, the facilitator indicated LST training stressed the importance of addressing the lesson objectives and did not require each and every lesson plan be presented as written.

d. Facilitator Turnover	Basic Score: 2 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 has a policy and procedures in place to ensure certified LST facilitators (clinical care workers) are not assigned into group cycles who do not intend to maintain employment through to the end of the LST cycle. Additionally, if, for some reason, a certified LST facilitator leaves the program unexpectedly, there is a plan to replace the departing facilitator with a second trained facilitator on staff, who is familiar to the youth. This second trainer would then assume the group with minimal disturbance in the delivery of the service. While one trained facilitator left the program during this twelve-month review period, a review of documentation and an interview with one of the trained facilitators who was present in the program during the transition indicated the turnover of the trained facilitator did not adversely impact the youth in the program. The clinical care worker's departure was timed to occur after a group cycle was completed and before another cycle began, thereby eliminating any risk of disruption in the delivery of the LST services. Additionally, when the clinical director, also a trained LST facilitator, left the program, there was no impact to the delivery of LST services because he was never accountable to facilitate a group cycle or to work directly with the youth in the delivery of the service. Over the past year there were brief gaps in the provision of LST services, specifically eleven days after the completion of the first

cycle in February, 2016, twenty-five days after the completion of the second cycle and thirty-nine days after the completion of the third cycle in July, 2016. The interviewed certified trainer indicated the reason for the first two gaps was preparation for the next cycle. The primary reason for the more extended gap was reported to be the lack of enough youth in the program to effectively begin a new LST cycle (the program prefers ten youth) during the gap period. However, a review of pertinent documentation indicates each of the ten youth enrolled in the next group on August 22, 2016, had admission dates ranging from April 1, 2016 through June 23, 2016, weeks prior to the completion of the third cycle on July 13, 2016. The lack of an adequate number of youth manuals on hand, was also provided as a reason for the delay in starting the next group cycle in August, 2016.

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>	

The program has an in-house process to perform monthly internal fidelity monitoring of the delivery of LST services by the clinical director, a certified LST facilitator. Program practice requires the clinical director, or most recently, the acting clinical director to attend and observe one randomly selected group session each month. During the monitored sessions, the clinical director completes an internal LST fidelity checklist. The program provided documentation indicating the required monthly fidelity monitoring for this primary service was consistently conducted from October, 2015 through August, 2016 by the clinical director and in September, 2016 by the acting clinical director for each of the program's three trained facilitators who provided LST services during this time period.

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>	

The program's monthly fidelity monitoring for LST service delivery provides the basis for the in-house corrective action process. First, each completed fidelity monitoring requires the monitor to document their observations and to offer feedback and recommendations for the facilitator to enhance his/her delivery of the service. Second, the monitor, usually the clinical director who is the immediate supervisor of the LST facilitators, discusses the feedback and recommendations, if any, with the facilitator and, if warranted, documents a corrective action plan. Lastly, ongoing fidelity monitoring is conducted to determine if the needed correction has been made. Improvements or additional corrective action recommendations are then documented on the fidelity monitoring checklist. None of the reviewed monthly fidelity monitoring sheets for any of the certified facilitators documented any need for a corrective action.

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

The program conducts employee evaluations ninety days after hire and annually in October. One facilitator received an annual evaluation, which addressed their ability to deliver the primary service. The other two facilitators received a ninety-day evaluation; however, the evaluation did not indicate the employee was evaluated on how they delivered the primary service.

3. Amount of Service - Duration

Basic Score: 0 Points

Program Optimization Score: 10 Points

Program Optimization Percentage: 0%

Research indicates the target duration of 16 weeks for this type of service. Of the 20 youth in the sample, 0% (0 of 20) 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: 0 Points

Program Optimization Score: 10 Points

Program Optimization Percentage: 0%

Research indicates a target of 24 contact hours for this type of service. Of the 20 youth in the sample, 0% (0 of 20) 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: 95%

Moderate to High Score: 12 Points

Program Optimization Score: 12 Points

Program Optimization Percentage: 100%

Table 1		
Moderate	=	0 youth
Moderate-High	=	7 youth
High	=	12 youth
<u>Total Youth in Sample</u>	=	<u>20 youth</u>

Percentage of Youth with High-Risk Level to Reoffend: 60%

High Score: 13 Points

Program Optimization Score: 13 Points

Program Optimization Percentage: 100%

Table 2		
High	=	12 youth
Total Youth in Sample	=	20 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, 95% (19 of 20) youth scored Moderate to High-Risk to reoffend, for a score of 12 points.

Of the SPEP sample, 60% (12 of 20) 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	0	10	0%
Amount of Service: Contact Hours	0	10	0%
Risk Level of Youth Served	25	25	100%
Totals	65	85	76%

This SPEP report evaluates Life Skills Training (LST), an intervention delivered at Bartow Youth Academy.

The program scored High for Quality of Service Delivery.

The program earned 0 points for Amount of Service: Duration. Of the 20 total youth sampled, all included dosage with end dates in the EBS Module. Of those youth with correct dosage, none received at least the recommended weeks of service. Youth in the sample completed between 7 and 14 weeks of service, with an average of 9 weeks.

The program earned 0 points for Amount of Service: Contact Hours. Of the 20 total youth sampled, all included dosage in the EBS Module. Of those youth with correct dosage, none received at least the recommended hours of service. Youth in the sample completed between 8 and 15 hours of service, with an average of 15 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):

Bartow Youth Academy 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.