



LOS ANGELES COUNTY PROBATION DEPARTMENT

PROGRAM EVALUATION OFFICE MANUAL 2008

TABLE OF CONTENTS

100 INTRODUCTION AND OVERVIEW

- 101 INTRODUCTION
- 102 SCOPE OF QUALITY ASSURANCE SERVICES
- 103 LEVELS OF QUALITY ASSURANCE

200 ADMINISTRATIVE STRUCTURE

- 201 INTRODUCTION
- 202 CHAIN OF COMMAND
- 203 BUREAU CHIEF
- 204 DIVISION DIRECTOR
- 205 SUPERVISING DEPUTY PROBATION OFFICER
- 206 DEPUTY PROBATION OFFICER II
- 207 INTERMEDIATE TYPIST CLERK
- 208 EBP PROGRAM EVALUATION TEAMS

300 DUTY STATEMENTS

- 301 GENERAL DUTIES OF STAFF
- 302 BUREAU CHIEF DUTIES
- 303 DIRECTOR DUTIES
- 304 SDPO DUTIES
- 305 DPO II DUTIES
- 306 ITC DUTIES

400 QUALITY ASSURANCE OVERVIEW

- 401 INTRODUCTION
- 402 BACKGROUND
- 403 OVERVIEW

500 QUALITY ASSURANCE DEVELOPMENT PLAN

- 501 INTRODUCTION
- 502 PRINCIPLES
- 503 COMPONENTS

600 QUALITY ASSURANCE INDICATORS

- 601 INTRODUCTION
- 602 PRINCIPLES
- 603 COMPONENTS

700 QUALITY ASSURANCE PROCESSES

- 701 INTRODUCTION
- 702 PRINCIPLES
- 703 COMPONENTS

800 PROGRAM EVALUATION OVERVIEW

- 801 INTRODUCTION
- 802 PRINCIPLES
- 803 COMPONENTS

900 EVALUABILITY ASSESSMENT

- 901 INTRODUCTION
- 902 PRINCIPLES
- 903 COMPONENTS

1000 PROGRAM EVALUATION PROCESSES

- 1001 INTRODUCTION
- 1002 PROCESS EVALUATION
- 1003 PRINCIPLES
- 1004 COMPONENTS
- 1005 FORMATIVE EVALUATION
- 1006 PRINCIPLES
- 1007 COMPONENTS
- 1008 OUTCOME EVALUATION
- 1009 PRINCIPLES
- 1010 COMPONENTS
- 1011 CASELOAD EVALUATION
- 1012 PRINCIPLES
- 1013 COMPONENTS
- 1014 CORRECTIONAL PROGRAM CHECKLIST EVALUATION
- 1015 PRINCIPLES
- 1016 COMPONENTS

1100 EMPLOYEE POLICIES AND PROCEDURES

- 1101 INTRODUCTION
- 1102 EMPLOYEE ORIENTATION
- 1103 EMPLOYEE TIME
- 1104 COMMUNICATIONS
- 1105 COMPUTER EQUIPMENT AND DATA SECURITY
- 1106 EMPLOYEE CONDUCT
- 1107 SAFETY AND SECURITY

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: PROGRAM EVALUATION OFFICE MANUAL INTRODUCTION AND OVERVIEW	Section Number: PEOM-100
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	Approved By: Dave Leone, Bureau Chief Quality Assurance Services Bureau

101 INTRODUCTION

The primary purpose of the Quality Assurance Services Bureau is to monitor the quality of services being provided to clients and to evaluate programs of the Department to ensure the fidelity of evidence based practices.

This manual describes the tasks and sets the standards for the Quality Assurance Services Bureau and the Program Evaluation Office, which is consistent with the Departmental goals and values in support of the Department's mission.

The Probation Department has embarked on an organizational change, from a monitoring and control model to a behavioral change and treatment approach using evidence based practices

The Program Evaluation Office (PEO) was formed to provide the Department with the infrastructure needed to evaluate the Department's programs, functions, and social services contracts dependent on the scope of the Department's quality assurance function.

102 SCOPE OF QUALITY ASSURANCE SERVICES

- Interventions: programs that are designed to (a) address criminogenic needs and (b) reduce recidivism and delinquent or criminal behavior.
- Activities: programs that are designed to address the non-criminogenic needs (e.g., life skills, recreation, etc.) of juvenile delinquents or adult offenders.
- Operations: the line functions of the juvenile halls, juvenile camps, juvenile and adult probation field offices in order to determine effectiveness and efficiency of processes/systems/staffing, to assess their alignment with EBP principles, and to identify areas for improvement.
- Contracts: the social services contracts with community-based organizations that provide services to the Department's juvenile emerging adult, and adult probationers and their families for contract compliance and alignment with EBP.

INTRODUCTION AND OVERVIEW**103 LEVELS OF QUALITY ASSURANCE**

In assuring the quality of the Department's programs, the PEO incorporates the following quality assurance tasks in its program assessments:

Evaluability screening: A survey to identify whether or not a program is suitable.

Fidelity assessment: A process to assess the degree to which EBP programs are implemented as designed,

Program evaluation: A process that can be used to evaluate programs either as process-based or outcome-based.

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: PROGRAM EVALUATION OFFICE MANUAL ADMINISTRATIVE STRUCTURE	Section Number: PEOM-200
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201 INTRODUCTION

The administrative structure defines the areas of responsibility for managers and the supervision of staff. It also establishes the chain of command for the bureau.

202 CHAIN OF COMMAND

The chain of command will be followed in all operational matters. Supervisors are directly responsible for those whom they supervise. Most requests, problems, and complaints can be handled at the direct supervisor level, but may progress to the next order of rank indicated in the chain of command should it become necessary.

In descending order, the supervisory levels are Bureau Chief, Division Director, Supervising Deputy Probation Officer (SDPO), and Deputy Probation Officer II (DPOII).

It is the responsibility of staff at all levels to communicate information and issues up and down the chain of command to ensure effective communication and to expedite the resolution of problems.

203 BUREAU CHIEF

The Bureau Chief is responsible for the overall administration and operation of the Quality Assurance Services Bureau (QASB). The Bureau Chief reports directly to the Chief Deputy Probation Officer due to the complexity, high visibility, and sensitive nature of the assignment. The position is intended to address vital Departmental issues associated with the implementation of the key strategic goals of positively changing adult and juvenile criminal behavior and reducing recidivism. These issues include strategic planning, organizational and management restructuring; juvenile and adult risk assessment, case supervision and case management techniques, interventions and treatments; process and outcome evaluation; and the communication of evaluation of research findings, conclusions and recommendations to senior and middle managers, as well as external stakeholders, for policy and resource allocation decision making.

ADMINISTRATIVE STRUCTURE**204 DIVISION DIRECTOR**

The Probation Director position reports directly to the Chief, Quality Assurance Services Bureau, who has oversight responsibility for both the Program Evaluation Office (PEO) and the Strategic Planning Office. This director will manage the day-to-day work of an evidence-based program evaluation function consisting of four (4) program evaluation teams that will systematically monitor and evaluate the operations, programs and outcomes of the Department's six operating bureaus, including the services of other County departments, local agencies, and community-based organizations (CBOs) and other vendors that provide services related to juvenile delinquents' and adult offenders criminogenic (individual and environmental factors statistically correlated with delinquent and criminal behavior) and non-criminogenic needs. These needs can include, but are not limited to, cognitive-behavioral, educational, health, mental health and social services.

205 SUPERVISING DEPUTY PROBATION OFFICER

The Supervising Deputy Probation Officer (SDPO) positions report directly to the PEO Probation Director, who has day-to-day responsibility for operation of the PEO function. SDPO positions will directly supervise the work of their respective probation evaluation team, which will consist of six (6) DPOs assigned to each team.

206 DEPUTY PROBATION OFFICER II

The Deputy Probation Officer II (DPO II) positions report directly to their respective SDPO position, who has day-to-day responsibility for his/her respective program evaluation team. The DPO II positions will handle the day-to-day evidence-based program evaluation of all of the Department's programs and operations. Each individual Program Evaluation Team will consist of six DPO IIs and one SDPO.

207 INTERMEDIATE TYPIST CLERK

The Intermediate Typist Clerk (ITC) positions report directly to the PEO SDPO and the SMO Program Analyst. The ITCs will be assigned to assist the EBP program evaluation teams in the gathering of performance data throughout the Department.

208 EBP PROGRAM EVALUATION TEAMS

Duties of the EBP program evaluation teams include the monitoring of tasks, processes, standard, client outcomes, and evidence-based and best practices. These audit teams are expected to be simultaneously in multiple bureaus, and will provide routine monthly reports to the Assistance Chief Probation Officer and the Bureau Chiefs, as well as to line managers and SDPO.

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: PROGRAM EVALUATION OFFICE MANUAL DUTY STATEMENTS	Section Number: PEOM-300
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301 GENERAL DUTIES OF STAFF

In addition to the specific duties dictated by their assignments, all staff is responsible for a number of general duties. During their initial orientation and training, staff is notified that these duties include but are not limited to the following expectations:

- Protecting County property from damage or destruction
- Treating the staff and public with courtesy
- Maintaining professionalism
- Maintaining security of Probation records
- Maintaining confidentiality of case information
- Ensuring assignments are completed as directed
- Maintaining a safe workplace
- Complying with the policies set forth in the Probation Department Policy Manual
- Wearing authorized identification, visible at all times, while in the facility

302 BUREAU CHIEF DUTIES

Under the direction of the Chief Probation Officer, the Bureau Chief works as the head person over the bureau and provides direction and oversight to all functions, policies and procedures of the Quality Assurance Services Bureau.

The Bureau Chief will perform the following duties:

- Provide administrative oversight and direction to the Strategic Planning and Program Evaluation Offices.
- Ensure the development, revision and implementation of the Department's annual strategic plan.

DUTY STATEMENTS

- Foster strategic thinking and action by both executive staff and the heads of operational bureaus.
- Evaluate the implementation of the strategic plan.
- Communicate on a regular basis with the Chief Deputy Probation Officer, the Assistant CPO for operations, and the operations Bureau Chiefs regarding the evaluation of their respective operations and programs in terms of evidence-based practices.
- Assist Bureaus in establishing methodologies and processes for reporting of evidence-based performance indicators and client outcomes
- Review evidence-based indicators and outcomes with senior management to guide the institution of strategic policy and the efficient and effective use of resources.
- Direct the evaluation of Department's progress in implementing evidence-based practices in juvenile and adult probation.
- Identify corrective actions necessary to address deficiencies in the Department's line operations.

303 DIRECTOR DUTIES

Under the direction of the Bureau Chief, the Director is responsible for oversight of the Program Evaluation Office SDPO's and the Strategic Management Office Program Analyst. The Director is responsible for the oversight of operations in both offices.

The Director will perform the following duties:

- Work closely with the QASB Chief and the operations Bureau Chiefs to develop strategies and work plans for conducting evaluations of (a) the fidelity of line staff's use of assessment tools, case management practices, interventions and treatments in terms of evidence-based practices; and (b) the effectiveness and efficiency of departmental programs and initiatives in terms of evidence-based practices.
- Guide, advise, and supervise the four program evaluation team leaders on the execution of assigned program evaluations, including approval of changes in timing and/or evaluation methodology, review of evaluation milestones on a periodic basis, and resolution of any significant issues encountered by Program Evaluation Teams in the course of their work. This also includes completion of personnel evaluations to reflect regular counseling of program evaluation team leader performance.

DUTY STATEMENTS

- Work closely with the operations Bureau Chiefs and Information Systems Bureau (ISB) staff to develop alternatives and strategies for collecting the data on client outcomes and/or performance indicators needed for program evaluations.
- Review, revise, and concur with the findings, conclusions, and recommendations contained in program evaluation reports and help the QASB Chief communicate program evaluation results to line managers as well as senior and executive management of the Department.
- Provide monthly report of activities conducted in the PEO and SPO.

304 SDPO DUTIES

Under the direction of the Director, the Supervising Deputy Probation Officer will serve as the lead person of their program evaluation team. The SDPO will be responsible for the daily operations and timekeeping of the staff on their team.

The SDPO will perform the following duties:

- Assign, supervise, and review the work of subordinate employees (DPO IIs) assigned to his/her program evaluation team.
- Plan, schedule and coordinate work operations to ensure compliance with program evaluation requirements of the Department.
- Ensure that program evaluation policies and procedures are carried out; interface/coordinate with line level managers and SDPOs throughout the Department to ensure compliance with the program evaluation process.
- Develop, oversee, and ensure the timely submission of the more complex overarching statistical reports that are prepared based on the performance data developed by the program evaluation team.
- Provide staff training and development, and evaluate employees' work performance; provide training in the program evaluation function and documentation requirements, as well as policies and procedures; Conduct monthly staff meetings and ad hoc meetings to meet workload requirements.
- Provide monthly feedback report to the Director.

DUTY STATEMENTS**305 DPO II DUTIES**

Under direction of the Supervising Deputy Probation Officer, the Deputy Probation Officer II will work as a member of a program evaluation team assigned to evaluate programs, functions and caseloads of the department.

The DPO II will perform the following duties:

- Collect, compile, review, and analyze client outcome and agency performance indicator data and other information retrieved from computers systems, client files, clients, other County departments and local agencies, CBOs, contracting service providers/vendors and other appropriate sources regarding the functioning of Department operations and programs being evaluated against evidence-based practices.
- Review and evaluate the impact of Department policies, processes, and procedures on the effectiveness and efficiency of placement, detention, supervision, interventions/treatments, and aftercare services provided by the Department, other County departments and local agencies, CBOs and contracting service providers to juvenile and adult probationers.
- Prepare and present reports regarding team evaluation of (a) the fidelity of Probation's detention/camp/field office assessments, supervision, interventions, treatments and aftercare to the principles of evidence-based practices; (b) the effectiveness and efficiency of ongoing programs and new initiatives; and (c) ongoing reporting of client outcomes and performance indicators by the operating bureaus.

306 ITC DUTIES

Under the direction of the SDPO, the ITC will provide administrative support to the staff of their assigned program evaluation team, and assist the SDPO with the overall administration of the unit, which includes timekeeping, and updating of staff files.

The ITC will perform the following duties:

- Assist the EBP evaluation team DPO IIs in the more routine large scale monitoring, collecting, and gathering of performance data (regarding tasks, processes, standards, client outcomes, and evidence-based/best practices) and other information retrieved from computer systems, client files, clients, CBOs, programs, and other appropriate sources regarding the functioning of all line operations in the Department.
- Record gathered data and information appropriately.

DUTY STATEMENTS

- Assist the EBP evaluation team DPO in the preparation of routine and complex monthly reports regarding the performance of assigned monitoring operations.

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: PROGRAM EVALUATION OFFICE MANUAL QUALITY ASSURANCE OVERVIEW	Section Number: PEOM-400
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401 INTRODUCTION

The Probation Department has embarked on an organizational change from a monitoring and control model to a behavioral change and treatment approach using Evidence-Based Practices (EBP). The Department is researching, developing and implementing EBP throughout Probation and is now establishing an emphasis on the following:

- Conduct appropriate risk/needs assessments.
- Treat criminogenic needs in order to change delinquent/criminal behavior, reduce recidivism, and improve public safety.
- Include responsivity factors in program design and staff training.

Design quality assurance programs are designed to support implementation efforts and to ensure accurate replication and implementation of, in this case, EBP. This manual provides and includes a straightforward approach to implementing a quality assurance plan for EBP.

A comprehensive quality assurance plan is an invaluable tool in implementing EBP. The plan provides a clear blueprint of the Department's goals and how they will be accomplished. From the outset of the Department's implementation of EBP, quality assurance components have been incorporated. The goal is to create a culture of quality within the Department. This manual can be used as a reference tool throughout the EBP process in order to establish and achieve goals for maximum quality.

402 BACKGROUND

The Quality Assurance Services Bureau (QASB) came into existence following the Board of Supervisors' September 26, 2006 instruction to the Chief Probation Officer to:

- Evaluate all contracts and change all future Requests for Proposals (RFPs) to ensure they are consistent with Evidence-Based Practices (EBP) and that they state clear expectations for community-based organizations and others contracting with the Probation department.
- Evaluate all existing programs, excluding the department's public safety tools (e.g., public protection programs) to ensure the programs

QUALITY ASSURANCE OVERVIEW

are consistent with EBP; and prepare and provide the Board within 60 days a program evaluation schedule and a written evaluation schedule and a written evaluation of each program. This evaluation must explain both how the programs support changing outcomes and how they are tracking success. Existing programs should not be expanded until they are evaluated by the Department.

- Provide quarterly updates on the implementation of the damp redesign project, outlining achievements and outcomes.

The Board of Supervisors directed the Auditor Controller in September 2004 to initiate a program and management audit of the Probation Department. Two organizations, Thompson, Cobb, Bazillo and Associates (TCBA) and the Child Welfare League (CWLA), conducted the audits, issuing reports in December 2005 that contained numerous recommendations.

In May 2006, the Auditor Controller hired The Resource Company (TRC) to work with the Department to implement the management and program audit recommendations contained in the TCBA and CWLA reports. Since the instruction from the Board in September 2006, TRC and the Department have been implementing EBP, with QASB acting as a check and balance to ensure fidelity of EBP implementation.

403 OVERVIEW

The Program Evaluation Office consists of units whose responsibilities are to collect, analyze, and report evidence on whether or not EBP implementation plans are being carried out with fidelity to both EBP staff skills training and EBP intervention/treatment programs. QASB staff will also evaluate the Department's programs and functions, in order to improve their effectiveness and efficiency, and it will measure outcomes to be compared against targets and standards set by the Department.

EBP is the cornerstone of the major change that the Department has undergone since September 2006, and consists of eight basic principles highlighted by The National Institute of Corrections:

- 1 Assess Actuarial Risk/Needs:** Assessing offenders' risk and needs (focusing on dynamic and static risk factors and criminogenic needs) at the individual and aggregate levels is essential for implementing the principles of best practice.
- 2 Enhance Intrinsic Motivation:** Research strongly suggests that use of motivational interviewing techniques, rather than persuasion tactics, effectively enhances motivation for initiating and maintaining behavior changes.
- 3 Target Interventions:** Interventions should be aligned with the following components:

QUALITY ASSURANCE OVERVIEW

- **Risk Principle:** Prioritize supervision and treatment resources for higher risk offenders.
 - **Need Principle:** Target interventions to address criminogenic needs.
 - **Responsivity Principle:** Be responsive to temperament, learning style, motivation, gender, and culture when assigning to a program and/or services.
 - **Dosage Principle:** Apply interventions to use 40% to 70% of the high-risk offender's time for three to nine months.
 - **Treatment Principle:** Integrate treatment into comprehensive sentence/sanction requirements.
- 4 **Skill Training with Directed Practice:** Provide evidence-based programming that emphasizes cognitive-behavioral strategies and is delivered by well-trained staff.
 - 5 **Increase Positive Reinforcement:** Apply four positive reinforcements for every one negative reinforcement for optimal behavior change results.
 - 6 **Engage Ongoing Support in Natural Communities:** Realign and actively engage pro-social support for offenders in their communities for positive reinforcement of desired new behaviors.
 - 7 **Measure Relevant Process/Practice:** A foundation of EBP is accurate and detailed documentation of case information and staff performance, along with a formal and valid mechanism for measuring outcomes.
 - 8 **Provide Measurement Feedback:** Providing feedback builds accountability and maintains integrity, which ultimately improves outcomes.

Through research and application, it has been shown that when the eight Evidence-Based Principles are implemented with fidelity, they will reduce recidivism. Changing the Department's culture in order to implement the eight principles is a complex process that involves specialized objectives. In order to achieve the goal of reducing recidivism, each organizational change objective must align with the eight principles, and the change must be sustained over time. An efficacious Quality Assurance Plan can serve as a roadmap for upholding fidelity to the eight principles.

This manual serves as a guide in developing and implementing Quality

QUALITY ASSURANCE OVERVIEW

Assurance Services Bureau's comprehensive quality assurance plan for enhancing the way in which the Department detains, supervises, and treats its juvenile and adult probationers in all areas of probation.

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: PROGRAM EVALUATION OFFICE MANUAL QAULTY ASSURANCE DEVELOPMENT PLAN	Section Number: PEOM-500
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501 INTRODUCTION

A quality assurance plan provides a clear blueprint of an organization’s goals and how they will be achieved. Quality assurance is a process used to ensure the fidelity and effectiveness of program implementation with its design and protocols. It is to measure client outcomes against targets and standards set by the Los Angeles Probation Department, and evaluates the department’s programs and functions in order to improve their effectiveness and efficiency. A quality assurance plan requires effort and detail with a timeline for implementation.

The purpose is to give the department the opportunity to succeed in improving quality, productivity and efforts towards improved process outcomes. It requires effort, attention to detail and staff commitment. It is the responsibility of all the individuals in the department. Quality is important to the clients receiving our services. It is also a concept of continuous process improvement. This manual will provide a detailed plan of quality assurance with the components as well as the principles necessary for success.

502 PRINCIPLES

The following are principles used to develop a plan for quality assurance:

- Create culture of quality.
- Precisely define outcomes and indicators from the outset. In order to accurately compare data over time, definitions must remain consistent.
- Ensure that systems for reporting and maintaining records are efficient.
- Incorporate data into ongoing practice. Once data is collected and analyzed, decide how it will impact policies, procedures, and expectations at all organizational levels.

503 COMPONENTS

The quality assurance and program evaluation process includes the following elements:

- **Program Steering Committee:** The quality assurance process should be overseen by a committee, rather than an individual. The committee

QUALITY ASSURANCE DEVELOPMENT PLAN

should steer the process in order to effectively manage team evaluation efforts.

- **Program Logic Model:** This is a schematic diagram that outlines resources being used, what is expected to happen in the program, and the expected outcomes.

The steps in the quality assurance and program evaluation process are as follows:

- 1 Determine the program's outcomes and indicators of outcome achievement.**
 - Define goals (outcomes). Define how goals will be measured (outcome indicators).
 - Choose outcome indicators. The following issues should be taken into consideration when selecting outcome indicators.
 - Timeline. Some data are available more quickly than others.
 - Ease of reporting. The easier that data is to gather and report, the more likely it will be reported quickly and accurately.
 - Predictive value. Some data are more accurate in truly informing the progress toward achieving a longer-term outcome.
- 2 Develop a strategic plan for measuring key indicators.** Once chosen, develop an action plan for creating, implementing, and maintaining a data collection system.
- 3 Develop a procedure for peer review of staff performance and progress toward outcomes.** Be sure to provide a supportive environment, thorough feedback, and clear training in order to promote quality improvement.
- 4 Develop a procedure for assessing client satisfaction.** Conduct surveys to determine whether or not the clients find the services to be beneficial and satisfying.
- 5 Conduct ongoing program evaluation.** Collect, review, and evaluate data on outcome indicators and program process (implementation) measures. This will determine whether the program is meeting its goals.

QUALITY ASSURANCE DEVELOPMENT PLAN

- 6 Conduct ongoing appraisals of staff performance.** Keep in mind that individual staff performance has a significant effect on the quality of services provided. Further, ongoing staff appraisal keeps both staff members and supervisors informed on the levels of staff performance, strengths, weaknesses, and ongoing training needs.
- 7 Incorporate quality assurance data into practice.** Assess, based on the data collected, root causes of an issues, as well as steps needed to resolve it.

Recommended reading: *Implementing Evidenced-Based Practice in Community Corrections*, which can be found on the National Institute of Corrections website: <http://www.nicic.org/Library/019342>

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: PROGRAM EVALUATION OFFICE MANUAL QUALITY ASSURANCE INDICATORS	Section Number: PEOM-600
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601 INTRODUCTION

Many correctional programs now exist in a political and fiscal environment that requires that programs demonstrate effectiveness to sustain their funding. This is creating challenges for program administrators who have limited fiscal and human resources to gather and interpret information. While this paradigm shift is often attributed to “what works” literature, it is that same literature that can help programs to survive the change and to improve the lives of their clients as well.

Information such as quality assurance indicators must be embedded in the culture of our institutions. According to the guide “Evidence Based Practice: A Guide to Effective Practice”, the search for quality is a process of sustained and persistent improvement to ensure that the totality of features and characteristics of services provided continue to satisfy the needs and requirements of users.

When evidence-based practice is implemented on a large scale, there may be hundreds of outcomes that indicate success in various parts of the program, and thousands of pieces of data that indicate progress towards those goals.

If too much data is collected it can be overwhelming, time consuming, and counter productive. If not enough data is collected, then you do not have an accurate sense of progress in the program and what areas need improvement.

Developing a set of key indicators and institutionalizing a process for monitoring those measures will assist in gauging progress towards implementation of evidence-based practices. Part of the process is to ensure the fidelity and quality of service while focusing on the key indicators; therefore maintaining integrity and accuracy when reporting results or outcomes.

An indicator is a measure for which data is available that reflects achievement of an outcome or program result; a program indicator answers the question: “What did we achieve? Or how do we know that the change or result we wanted occurred?”

602 PRINCIPLES

The following are principles used to develop a plan for quality assurance:

QUALITY ASSURANCE INDICATORS

- **Identify reliable key measures:** Choosing the right measure to monitor is essential to tracking the progress towards goals. The program logic model should be used to identify key program processes.
- **Create an efficient system to disseminate information:** To collect accurate data in a timely manner, all staff must be committed to the process and incorporate it in their daily routine.
- **Institutionalize measurement monitoring and discussion:** Formal training, communication, and modeling should be a part of the overall culture so that staff understand and feel a part of the process.
- **Create a reward system:** To maintain morale and to keep all parties a part of the process it is important to reward quality work and achievement.

603 COMPONENTS

The quality assurance and program evaluation process includes the following elements:

Choosing reliable measures is key to the overall fidelity of the program. The concept of reliability refers to the consistency of information that a measure produces for the same person in the same situation (Murphy and Davidshofer, 2005). For example, the use of a program logic model provides information on the processes and outcomes of a certain program. It is a tool for understanding the reasoning behind a program. The model puts the program under scrutiny so that it must clearly define the theory and assumptions, the correlation between the theory, and predicted outcomes, and how and why things are done within that program.

The logic model should be used to identify intermediate measures, benchmarks or checkpoints, and should be user friendly so that anyone could decipher the information that is tracked on a regular basis. Some examples of measurements are assessments, offenders that were employed, case plans that address the top three criminogenic needs, revocations to jail or prison and those high risk offenders referred to treatment programs. (see attached example forms)

When choosing appropriate measures for programs or client performance, the agency should identify both process measures and outcome measures. Examples of process measures include such indicators as the number of contacts with clients, and length of stay. Examples of outcome indicators include such measures as changes in antisocial thinking, risk to re-offend, employment, and recidivism.

QUALITY ASSURANCE INDICATORS

All staff should be properly trained in the policies and procedures of the program and should adhere to all dates and deadlines. However to maintain morale and keep staff members committed to the process, it is important to celebrate quality work and achievement. This is important for the overall progress of the evaluation, and the total quality assurance of the program.

While many agencies are not able to conduct regular evaluations of their programs, they can monitor the quality of their programs (Latessa et al., 2002). This is especially important in light of Lowenkamp and Latessa's (2002) finding that programs that monitor quality tend to have lower recidivism rates. In the field of corrections, standards and regulations are most often centered on facility sanitation and security. Programs are rarely audited for their adherence to evidenced-based practices and the extent to which they address the criminogenic needs of their clients. Therefore correctional agencies should create a learning culture where problems can be identified and all information shared at all levels of the institution.

After data is gathered create a system to report the information or feedback, which would then be put into action. (See attached sample)

The action plan should meet five criteria:

- Action taken
- Action steps
- Deadline for the action plan
- Measurable steps
- Staff participation

First, all staff should describe the actions to be taken in concrete terms. Second they need to choose action steps that are feasible within the program structure and resources. Third, they need to establish a deadline for completion of the action plan. Forth, the action steps need to be measurable. And finally the staff with the most knowledge about the problem should definitely be involved in the process. This empowers line staff to engage in problem-solving in a way that uses data to inform operational decision-making. (Mabry et al, 2003)

Program administrators must assist in the implementation of evidence-based practice by not only using words such as "evidence-based", but by incorporating these efforts into the culture of the program. The bottom line is that practitioners and researchers need to adopt a shared vision where both parties are responsible for expanding the knowledge base of "what works" and for transforming the field into one of evidence-based practice.

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: PROGRAM EVALUATION OFFICE MANUAL QUALITY ASSURANCE PROCESSES	Section Number: PEOM-700
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701 INTRODUCTION

Quality Assurance is an integral part of an effective program. By monitoring the quality of services being provided to clients, Quality Assurance procedures can help to increase program fidelity and effectiveness. The goal is to create a *culture of quality* that becomes a positive reflection of the selected program.

This manual contains protocols for various quality assurance activities to be used throughout programs offered by the Los Angeles County Probation Department. The **Quality Assurance Process** consist of a set of internal program checks that includes monitoring and assessment of program implementation, review of client files, and service needs-orientated record tracking (see attached work sheets).

The monitoring and assessments program progress ensures that all services available to clients are consistent and correspond directly to the clients needs. Routine documented observation and/or monitoring of staff with regard to delivery of treatment services and programming will allow for written feedback to be provided to staff. This will ensure that staff will have the opportunity to provide not only feedback as to staff performance, but allow for program adjustments so as to maintain defined standards. Program adjustments allow for the program to run continuously, maintains participation, and preserves consistency.

For the purposes of this manual, the internal program checks are comprised of a series of check sheets, each with a specific purpose as it relates to a particular part of a program. These “check sheets” use a compiled list of indicators that track specific duties that are to be conducted by the assigned facilitator, client, or supervisory staff. Indicators can be broken down into two types; Performance and Compliance Indicators. The **Performance Indicator** rates on how well a program is performing in a certain area or phase, generally using a numeric-point scale system that illustrates a certain level of performance. The “Performance Indicator” for example, can be broken into various performance categories such as; superior performance, satisfactory performance, partial performance, and non-performance. The second indicator is called a **Compliance Indicator** which is rated based on whether the program’s policies, procedures, and practices are in accordance with department policy. This system too, can be based on a numeric point scale, but can also be divided into various verbal descriptive ratings such as: non-compliance, substantial-compliance, and full-compliance. Compliance

QUALITY ASSURANCE INDICATORS

Indicators can also rate with simple “yes” or “no” so as to determine if compliance is being achieved and maintained. Examples of these indicators are displayed throughout the various internal program check sheets attached. It is important to recognize that quality assurance is an on-going process and should include multiple measures of various services and activities being provided within programs. The usage of the internal checks allows for staff to work together as a collective body to implement effective programming in the onsite location. Quality Assurance promotes consistency among staff members in the enforcement of rules and implementation of programming which is critical to success. It also allows staff, supervisors, and managers to become a stakeholder in the program.

The Quality Assurance Process can be broken into four separate, but distinct categories that illustrate the benefits of using the Quality Assurance Process.

For the purposes of this Quality Assurance Manual, this “Quality Assurance Process” section will be divided into the four noted categories that include the following:

- Assessments
 - Assessment Processes
 - Audits
 - Training Assessments
 - Process Indicators
- Facilitation of Risk Reduction Group
 - Observations
 - Audits
 - Client Feedback
 - Staff Feedback
- Staff Competencies
 - Observation
 - Audits
 - Client Feedback
 - Annual Evaluation

QUALITY ASSURANCE INDICATORS

- File Documentation
 - Audits

Just as Quality Assurance should occur across all domains of programs and services, it should also occur at multiple levels such as individual evaluation, program evaluation, or facility audits. As such, many of the processes contained in this manual may be used for multiple purposes. Although the Quality Assurance Process is broken into four distinct, yet separate categories, all share a common set of “Principles” that guide the overall “Quality Assurance Process.”

702 PRINCIPLES

The Principles of Quality Assurance are intended to facilitate effective and efficient quality assurance activity (standards) that is conducive to the enhancement of the quality of probation services; thereby enriching staff’s experience and supporting the development of a competent and skilled workforce (see principles).

Please see examples of the listed “Principles” below that are shared in the Quality Assurance Process.

- Assessments should be conducted as designed (why and importance)
- All key stakeholders must be committed to ongoing quality assurance, with the goal of creating a “culture of quality.”
- Data should be incorporated into the ongoing practice.
- Staff should be trained and have the necessary skills relating to service delivery and job performance.
- Case files should be completed as intended to ensure a quality case management system that will provide valuable information as intended, including records for the collection of all relevant data.
- Staff at all levels should receive feedback and be able to express suggestions so as to address improvements key to improving program effectiveness.
- The more rigorous the evaluation methodology, the more reliable the results.
- Performance reviews should be explicit, ongoing, and measurable.
- Performance reviews should focus on positive behavior and provide opportunities for improvement of skill deficiencies.

QUALITY ASSURANCE INDICATORS

- Assessments should be valid, reliable, practicable, and assessment results should be in line with qualifications criteria.
- Responsibility for quality assurance should be devolved to centre where this is consistent with the maintenance of department standards.

703 COMPONENTS**Assessments Process**

Assessments are the evaluation process used to measure the performance or effectiveness of a system's elements and are used to denote any of the following: audits, performance evaluations, and peer reviews. The **Audit** is defined as a systematic evaluation used to determine the conformance to quantitative specifications of an activity (service) or duty. In addition, it serves as a qualitative and quantitative evaluation of the documentation and procedures associated with measurements to verify that the resulting data are of acceptable quality. It serves to confirm if the defined duties required are being achieved in conjunction with the actual service activity carried out by the facilitator.

The **Performance Evaluation** serves as a type of audit in which specified data is obtained independently and compared with routinely obtained data so as to evaluate the proficiency of a facilitator. The facilitator will at times be observed by a fellow staff, or supervisory in what is termed a Peer Review. The **Peer Review** is conducted to ensure that activities are technically adequate, competently performed, properly documented, and to satisfy established quality requirements. The Peer Review is conducted by qualified individuals, who are collectively equivalent to those who performed the original work. The types of processes used to conduct a Peer Review are *Observation, Audits, Training Assessments* and *Process Indicators*.

- **Observation:** Staff should periodically be observed as they conduct assessments. This process will help to insure that interviews are being conducted in an appropriate manner.
 - The Assessment Observation Sheets are used to monitor interview skills of the facilitator as they relate to assessment practices illustrated.
 - The sheets serve as a tool that can be used by members of the peer review team, a supervisor, or members of the Quality Assurance Unit.
 - The Assessment Sheets can be conducted on a quarterly to yearly basis.

QUALITY ASSURANCE INDICATORS

- The assessments should be conducted at the onsite (hall, camp, office) location, as staff conducts the interview.
- Please see attached form entitled “Assessment Observation”
- **Audits:** Completed assessments should be periodically reviewed to check for the accuracy of completed assessments. This type of review should consider whether individual items are rated correctly, whether default scoring is completed correctly, and whether total scores or final ratings are correctly calculated.
 - The Assessment Audit Sheet is used to monitor the accuracy of how the assessment sheets are completed within required parameters.
 - The audit sheet can be utilized to audit both, an individual (facilitator) or selected program as a whole.
 - Audit Sheets can be used by a member of the peer-team, supervisor, or member of the Quality Assurance team.
 - Consequently, if used at an on-site location the audit is used in conjunction with open files, however, if used at headquarters then is used with closed files.
 - Please see attached form entitled “Assessment Audit”
- **Training assessments:** In addition to having interviews and assessments reviewed, staff should periodically complete training assessments. This process requires staff members to view a videotaped assessment or read a detailed vignette and complete an assessment. This process will help to monitor inter-rater reliability and provide feedback to staff on scoring issues.
- **Process Indicators:** Assessment data should be compiled and reviewed on a regular basis to monitor compliance and identify area needing improvement.

Group Facilitation Processes

Group Facilitation is a moderated discussion on the practice and theory of a particular concept or idea. The facilitators guide and encourage the clients to share ideas, questions, and advice on group problem solving, decision making, group development, running meetings, and related topics. For the purposes of this manual Group Facilitation can be utilize with a variety of evidence based practices that incorporate key therapy concepts such as: the Social Learning Model, Cognitive Behavioral Therapy, and Motivational Interviewing.

QUALITY ASSURANCE INDICATORS

- **Observation:** Group Observation should be conducted on a regular basis to make certain that facilitators are adhering to the curricula as designed, effectively use behavioral techniques, and to ensure that participants are engaged in the group process. Observations can occur either through direct observation or via video-tape.
 - The group observation form is to assess the program integrity, facilitation skills, and group processes.
 - This form can be used by a member of the peer review team, a supervisor, or a member of the Quality Assurance team.
 - The observation sheet is to be used on a quarterly to annual period basis.
 - The location for its usage is designed to be used either at the on-site location or via video-tape review.
 - Please see attached form entitled “Group Observation Form”
- **Audits:** Case files, treatment plans, or progress notes should be reviewed to identify the groups participants have been referred to and the results of those referrals. (*See Attached Group Referral Review Sheet*).
 - The Group Referral Review is used to logistically track group participation and status.
 - Audits forms can be used by a peer review member, supervisory, and Quality Assurance.
 - The Audit form can be used on a weekly, quarterly, or annual period and is to be used at the on-site location.
 - Please see attached form entitled “Group Referral Review”
- **Client Feedback:** Participants should be given regular opportunities to provide feedback regarding the group session. This type of feedback will allow staff to assess the level of participant engagement in the group process and to monitor client progress.
 - Client Feedback sheets are used to monitor the length to which group participants feel engaged in the group process and if they find the content meaningful.
 - Client Feedback forms can be used by the participants, reviewed by group facilitators, supervisors, or PEO staff.

QUALITY ASSURANCE INDICATORS

- Client Feedback form should be completed at the end of every group session and then reviewed quarterly.
- The form completion should be conducted on-site and can be reviewed on-site or off-site.
- Please see attached form entitled “Client Feedback on Group Session”
- **Staff Feedback:** Group Facilitators should rate each group session according to the level of participation, engagement, and involvement on the part of the group members. This type of process will assist staff in monitoring client progress and provide feedback on the group process.
 - The purpose of the Facilitator Evaluation of Group Session is to evaluate the overall participation of the group responsiveness, participation, and material feedback.
 - The forms are to be completed at the end of each group session.
 - The forms are to be used by the participants, reviewed by group facilitators, supervisors, QA or PEO Staff.
 - Please see attached form entitled “Facilitator Evaluation of Group Session”

Staff Competencies Processes

Staff Competencies Process pertains to policies and protocols to facilitate and ensure that employees (facilitators) are appropriately qualified and experienced to meet responsibilities pertaining to the execution of the job description; in particular the execution of group facilitation, required documentation, and individual services. The review of staff competency involves peer reviews and assist in continued upgrading of credentialing abilities, ongoing monitoring of staff performance, and continuous systems improvements.

- **Observation:** Staff should be observed conducting assessments during group facilitation. Please see the Assessment and Facilitation of Group section worksheets of this manual for examples of tool description related to observational processes.
 - The Competencies Process allows staff to demonstrate an understanding of the principles of group facilitation.
 - The Competencies Process allows for supervisors and managers to participate and be involved in suggesting comments and provide engagement with staff.

QUALITY ASSURANCE INDICATORS

- Audits: Case files, treatment plans, or progress notes should be reviewed to ensure that records are being kept as required.
- Audits ensure that continual improvement of treatment services and programming in the on-site location.
- **Client Feedback:** Participants should be given regular opportunities to provide feedback regarding treatment plans, treatment team meetings, assessments, and group processes. This type of feedback will help identify systemic concerns among program participants and will provide feedback to staff regarding the quality of the services they provide.
 - The utilization of feedback allows for program modifications and improvements when appropriate.
- **Annual Evaluation:** Staff should receive a yearly evaluation completed by their immediate supervisor. This type of evaluation should identify strengths and recommendations for improvement for staff members. It should cover both service delivery skills and job performance measures.
 - Annual Evaluations are designed to assess service delivery skills of staff members.
 - The evaluation forms are to be used by the supervising officer.
 - The evaluations can be conducted on a yearly basis or at the end of the probationary period.
 - Please see attached form entitled “Annual Evaluation”

Files Process

The File Process involves a number of various procedures to assess the quality and content of the client files to ensure that thorough records are being kept and that service practices are being completed as intended. The benefit of reviewing the files are to determine weaknesses, lapses in performance, and missing or inadequate documentation, etc., This File Process will enable Peer-Reviewers, Supervisors, or members of Quality Assurance to clearly identify lapses of compliances with regards to service practices. Once completed, those areas of weakness can be addressed and adjustments made accordingly.

- **Audits:** Files should be reviewed on a regular basis to ensure that records are maintained as required. Audits may occur for an individual staff member as part of staff evaluation or for a program as a whole. Similarly, audits may review files in their entirety or may focus on

QUALITY ASSURANCE INDICATORS

particular documentation such as case plans, termination summaries, or assessments.

- The purpose of the File Review Audit Sheet is to ensure that client files are being maintained as directed.
- The forms are to be used by the Peer Review Team, Supervisors, and the Quality Assurance Team.
- Audit sheets may be conducted quarterly or annually and tracked on-site or at headquarters.
- Please see attached forms entitled "File Review Audit Sheet," "Treatment Plan Audit" & "Termination Summary Audit"

Reports Process

- **Standardized Reporting:** Quality Assurance processes would be meaningless if the evaluator did not provide timely and meaningful feedback. Feedback should give stakeholders information which should lead to improved program performance. Feedback is not always negative and should include positive reinforcement for the processes that have fidelity.
 - The purpose of the report is to provide feedback for stakeholders to increase the fidelity and effectiveness of programs, functions and caseloads.
 - Reports should be characterized by standardized and relevant indicators.
 - Reports should be written by the lead program evaluator and be discussed with team members and managers before dissemination.
 - The report should be discussed with program managers and supervisors in an exit conference so that they may discuss any discrepant issues or report inconsistencies.
 - The final report signed off by the Director shall be disseminated to the appropriate Bureau for review.

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: PROGRAM EVALUATION OFFICE MANUAL PROGRAM EVALUATION OVERVIEW	Section Number: PEOM-800
	Effective Date: 4/17/08
	Approved By: Dave Leone, Bureau Chief Quality Assurance Services Bureau

801 INTRODUCTION

Program evaluation allows new best practices to be created, as an organization cites evidence to prove its success. For example, a thoughtful evaluation can avoid the pitfalls of the hurdle-mentality that attempts to *prove* the worth of a program, and can instead focus attention on the desire to *learn, adjust, and improve*. Also, it allows a program to be tracked from development through implementation, to ensure that it has been implemented faithfully. It requires that stakeholders carefully define success and decide how to measure it. Additionally, it measures a program's progress towards its goals and objectives, letting stakeholders know when success has been achieved, or when change is necessary.

Program evaluation is a method of inquiry that attempts to document the formation, implementation, and outcome of a service or program. It can help address the developmental issues of program start-up, program monitoring and modification, and the culmination of program activities in particular outcomes. If the evaluation is implemented correctly it can increase knowledge, point to improvements, guide decision-making, reaffirm goals, and create a dialogue among staff members and the community participants. Ultimately, this allows programs to adapt and develop according to changing needs and circumstances.

There are numerous program methodologies to use when defining and measuring success through the use of program evaluation. An evaluation strategy can be tailored to the type of program, its size, goals, and available resources. Evaluations are most often used in three ways: to pilot test, adapt materials and adapt programs, called *formative evaluation*; which test the implementation of a program, called *process evaluation*; which measures progress towards the outcomes, called *outcome evaluation*.

However, there are several other types of evaluations, such as *evaluability evaluation*, which determines whether a program can in fact be evaluated. This type of evaluation deals directly with the specific circumstances surrounding a program and examines whether or not it is ready for an evaluation. In other words, this evaluation looks at the program and asks: What existing elements enhance the utility of an evaluation? Another is an *efficiency evaluation*, which often refers to an administrative time, facilities, equipment, and other resources which are examined to determine whether a program achieves its objectives at a reasonable cost. The goal of this evaluation is often to assess whether costs can be reduced without loss of

PROGRAM EVALUATION OVERVIEW

effectiveness or what cuts would be least disruptive to the program management and effectiveness. *Efficiency evaluations* seem to be particularly difficult in social services because it is often difficult to reduce client outcomes to dollars; however, many benefits of the program may be intangible and some of the costs may be indirect, but some type of efficiency assessment is often required if the program is to be sustained.

802 PRINCIPLES

- ***Evaluation planning should begin when program planning begins.*** The evaluation process is much easier, more comprehensive, and more accurate if evaluation activities are incorporated into the program from the outset. Also, the systematic process of designing and implementing an evaluation often results in ongoing program improvements.
- ***All key stakeholders should be involved in the development of the evaluation plan.*** Input from many people will help ensure that the optimal evaluation design is chosen, and that staff and resources will be committed to following through with the evaluation.
- ***A knowledgeable evaluator should guide the process.*** Evaluations can be very complex, and many decisions must be made to balance the needs of stakeholders, available resources, and sound research. An experienced evaluator is required to do this successfully.
- ***The more rigorous the evaluation methodology, the more reliable the results.*** The more careful the evaluation is conducted, the more meaningful the results are. This can have implications not only for determining if the program was successful, but also for evaluating the fidelity to the program model, whether or not a new “best practice” has been created, and whether the program is a good candidate for funding or replication.

803 COMPONENTS

The process of program evaluation may consist of one or more of the following:

- Formative Evaluation
- Process Evaluation
- Outcome Evaluation
- Evaluability Evaluation
- Efficiency Evaluation

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: PROGRAM EVALUATION OFFICE MANUAL EVALUABILITY ASSESSMENT	Section Number: PEOM-900
	Effective Date: 4/17/08
	Approved By: Dave Leone, Bureau Chief Quality Assurance Services Bureau

901 INTRODUCTION

An Evaluability Assessment (EA) is a systematic process that is used to help identify whether a program evaluation is justified, viable and likely to provide useful information. An EA not only determines whether a program can be readily be evaluated, but it will also show whether the evaluation conducted will produce information likely to improve program management and performance.

EA is a formal process that requires program staff to have an extensive knowledge of and commitment to the program. The assessment can take several weeks to complete by a program evaluator. It is important for a program evaluator to have a strong background in evaluation and criminal justice. In order to achieve a successful EA it is necessary for program documentation and case files be accessible and ready for review. Additionally, program staff should be available to interview. All of these program pieces will enable an evaluator to understand what a program does on a day-to-day basis.

An EA has many similarities of a process evaluation; however, there are two distinct differences. The EA determines if the program is capable of producing information required for a process evaluation and whether the program meets the criteria to begin an outcome evaluation.

902 PRINCIPLES

- A program needs to have a design or model that lays out its goals and objectives and their relationship to the program activities.
- A program should serve the population for whom it was designed.
- A program should have the resources discussed in the program design.
 - Well trained staff
 - Equipment
 - Space

EVALUABILITY ASSESSMENT

- Program activities should be implemented as designed in order for the evaluation to attribute outcomes of the program itself.
- Program data should document the activities of clients, staff members and services provided using forms such as intake assessments, progress reports, pre/post tests, and formal records.
- The program must have the capacity to develop procedures to generate data required for a program evaluation.

903 COMPONENTS

An EA is comprised of five essential tasks that a Program Evaluator must complete:

- **Task One:** Study the program history, design and operation.
- **Task Two:** Watch the program in action,
- **Task Three:** Determine the program's capacity for data collection, management and analysis,
- **Task Four:** Assess the likelihood that the program will achieve its goals and objectives,
- **Task Five:** Document whether or not an evaluation will or will not benefit the program and its stakeholders.,

A critical element to a successful EA is for the program evaluator to understand the program's design and theoretical basis for the model, as well as to understand why supporters believe the program will achieve the desired goals. Interviews of the program's staff are critical, because feedback provides plausible insight into the linkages between the program statement, activities and goals.

Prior to conducting the assessment, the evaluator should collect contact information for the program manager(s), program staff, and stakeholders to discuss the scope of the EA, the parameters of the program and activities to be conducted and decide the individuals to be interviewed.

Task One: Study the Program History, Design, and Operation

The evaluator should request all program documentation before scheduling a site visit. The information should be read and any theoretical information regarding design, implementation strategies and program validity should be researched and clearly understood. Once the evaluator has a clear understanding of the program's goals and objectives, a meeting should be scheduled with the program staff to discuss the following:

EVALUABILITY ASSESSMENT

- The purpose of the EA;
- Where the program fits within the agency or organizational structure;
- The nature of the stakeholders commitment to the EA; and
- Who should be interviewed as part of the EA.

The entrance conference should familiarize the staff with the EA process and provide the evaluator with preliminary information about the program, which will enable the evaluator to schedule site visits and interviews to answer the following questions:

- Program History
 - What was the momentum for creating the program?
 - What is the problem that the program was designed to address?
 - How did the program start?
 - How long has the program been operating?
- Program Design
 - What are the program's goals and objectives?
 - What is the theoretical basis?
 - Has the program been validated?
 - Is there a program statement/logic model?
 - What resources are in place to implement and operate the program (staff, facilities, funds)?
 - What is the capacity of the program?
 - What is the length of the program?
 - What measurements are used to determine outcomes?
 - Are there intermediate outcomes?
- Program Operation
 - How are clients' needs assessed?

EVALUABILITY ASSESSMENT

- What Evidence-Based Practices (EBP) interventions are provided?
- How is staff trained for program implementation and ongoing operation?
- Is there an implementation plan?
- What concerns do the stakeholders have?

Task Two: Observe the Program in Action

Interviews with staff and reviews of documentation should be validated through observation to determine if the program on paper differs from the program in practice. If an evaluator fails to observe the program in practice, s/he will not obtain a complete picture of how the program works, and instead may be relying on inaccurate perceptions of staff and stakeholders.

Task Three: Determine the Program's Capacity for Data Collection, Management and Evaluation

In order to determine if the program's desired outcomes are met, there must be a sufficient amount of valid and quality data to collect and analyze. For an evaluator to determine evaluability of a program, it is important that s/he determines the following:

- Data
 - What data are collected?
 - How are data entered and stored?
 - Are the data qualitative, quantitative, or both?
 - Who enters the data (qualifications)?
- Analysis
 - How are the data analyzed?
 - Will the evaluation require additional data collection?
 - Are the data reliable?
 - Who analyzes the data (qualifications?)
 - Is funding contingent upon successful outcomes?

EVALUABILITY ASSESSMENT**Task Four: Assess the Likelihood That the Program Will Achieve its Goals and Outcomes.**

An evaluator must determine if a program has realistic goals and outcomes and if they are likely to be achieved. A program with unrealistic goals and outcomes is likely to fail no matter how well it performs. Therefore, it would be unwise to undertake a program evaluation only to conclude the program is a failure based upon its inability to achieve unrealistic goals and outcomes.

Task Five: Show Why an Evaluation Will or Will Not Help the Program and Its Stakeholders

Once all of the other tasks are completed and the evaluator knows as much as possible about the program, a final report should be produced. The report should state whether or not an evaluation would provide useful information to the program's managers and funders. A detailed analysis based upon all pertinent information (site visits, interviews, data) should be included to support the final determination.

A Sample Interview Questionnaire used for an EA of a Juvenile Justice Program written by The Office of Juvenile Justice and Delinquency Prevention's Juvenile Justice Evaluation Center and Justice Research and Statistics Association is attached. (Appendix)

Once the program evaluator has determined a program is ready for evaluation, the program evaluation team will determine which type of evaluation to use.

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: PROGRAM EVALUATION OFFICE MANUAL PROGRAM EVALUATION PROCESSES	Section Number: PEOM-1000
	Effective Date: 4/17/08
	Approved By: Dave Leone, Bureau Chief Quality Assurance Services Bureau

1001 INTRODUCTION

The Program Evaluation Office (PEO) will use various types of evaluations to provide feedback on the quality of services to those who can make changes or who decide which EBP interventions are to be implemented. These evaluation methods include the *Process Evaluation*, *Formative Evaluation*, *Outcome Evaluation*, and *Caseload and Function Evaluation*, and *Correctional Program Checklist Evaluation*. Each type of evaluation is summarized below.

1002 PROCESS EVALUATION

This type of evaluation is used to measure the implementation of a program to determine whether it was implemented as intended, whether the intended audience participated, and whether participants were satisfied with the program. It is usually conducted in a specified time frame. It has an external as well as internal audience. Most evaluators consider process evaluation a pre-requisite for a meaningful outcome or impact assessment. In addition, it is important because it helps link the program theory or logic model to the impact assessment by illuminating program activities and outputs. Furthermore, if the impact evaluation fails to determine positive results, the process evaluation will demonstrate whether a flawed implementation model may have been responsible

1003 PRINCIPLES

Process Evaluations are used as pre-requisites for determining program outcomes/effectiveness, and its' immediate outputs. The types of studies used to determine program are as follows:

- **Outcome Assessment-** this study focuses on the on the long-term aspects or outcomes of program activities.
- **Cost Benefit analysis-** this is conducted only when impact evaluation has yielded measurable positive program impacts.

Some possible test question could be as follows: What are the goals of this evaluation? How is the program being implemented? Is the program operating as planned?

PROGRAM EVALUATION PROCESSES**1004 COMPONENTS**

The three steps to determine *Process Evaluation* are as follows:

1. Determine An Approach

- **Description-** Involves thorough documentation of program activities
- **Discrepancy-** Examine how program implementation matches the original program plan.
- **Comparison of Sites-** compares program implementation factors across multiple sites.

2. Determine How Data is going to be used

- **Target participation-** Critical program criteria include determination of what percentage of the target population is being served; whether program participants are members of the target population; and whether any targeted sub-groups may be over or under represented.
- **Delivery of Intervention-** Evaluating programs and its' focus on program activities. Criteria should include external measures that impact program implementation.

3. Determine How Data is going to be collected

- As with process evaluation approaches, data collection methods vary and are selected according to approach taken and the information sought. Some methods to consider are the primary advantages and disadvantages of each, which include: Document review, Primary Quantitative Data Collection, and Observational techniques.

1005 FORMATIVE EVALUATION

In its most basic form, formative evaluation is the process of assessing the efforts of a program and soliciting feedback, with the intention of improving upon those efforts. Generally, the formative evaluation method is used when assessing human service programs. For example, a human service provider might contract an anger management company to provide services to its clients. Before the human service provider commits to these services on a long-term basis, the human service provider might require that the anger management service provider implement the program on a small-scale (pilot program). This small-scale implementation will give the human service provider an opportunity to evaluate the program. During this phase, the formative evaluation model is used to (a) determine the value of the program,

PROGRAM EVALUATION PROCESSES

(b) identify areas of improvement and strength, and (c) implement and monitor program improvements.

Human service providers use formative evaluations on programs that are being “piloted” to test the program’s effectiveness. During the evaluation, feedback is usually collected in qualitative forms, through questionnaires, interviews and/or focus groups. The feedback allows evaluators the opportunity to analyze the program on a superficial level, to help determine points of improvement, restructure, or modification. By using the formative evaluation model, programs are able to maximize their resources, while simultaneously maintaining their value. It is a reflective process that keeps the stakeholders in tune with the direction, and progress of a program.

Types of Formative Evaluations

The following are types of formative evaluations that key in on specific components of a program:

Planning Evaluation. The planning evaluation clarifies and redefines the program’s plan. Are the goals and timeline realistic? Are the methods to obtain each goal realistic? Furthermore, the Planning Evaluation can be used to identify and set benchmarks and milestones for the program.

Implementation Evaluation. The Implementation Evaluation’s purpose is to ensure that the program is proceeding according to the plan. Information gathered at this stage can be used to modify either the plan or the program.

Monitoring Evaluation. An outside evaluator usually conducts a Monitoring Evaluation during the course of the program. This helps ensure objectivity and program fidelity. The Monitoring Evaluation creates to the opportunity for experts to assess the program from a non-biased standpoint and give critical feedback.

Progress Evaluation. A Progress Evaluation assesses a program’s progress. During this evaluation the evaluator might be able to assess the attitudes of all parties involved in the program, as well as, what’s working and why.

1006 PRINCIPLES

The following are principles of each type of *Formative Evaluation*:

- **Constant Feedback**

A constant flow of feedback and input from stakeholders is a critical component to success. Information must be communicated through the proper channels to be analyzed and discussed

- **Documentation**

PROGRAM EVALUATION PROCESSES

Proper documentation of feedback and data must be present, and the data must be reliable. Data collection forms and interviews must be conducted objectively and accurately

- **Improvement Planning**

Developing new processes, program ideals, and methods of operation are essential to maintain program efficacy

- **Implementation of Improvements**

After implementing improvements, stakeholders must monitor and maintain those changes to ensure program success

1007 COMPONENTS

The process:

- **Constant Feedback**

Stakeholders will carefully draft open-ended questionnaires that allow unrestricted responses

Conduct individual interviews with clients, facilitators, and evaluators

Conduct focus groups with clients, facilitators, and evaluators

- **Documentation**

Evaluators will accurately and objectively record feedback and responses on approved forms

Evaluators will allow clients, facilitators, and evaluators the opportunity to document their responses independently without influence or pressure

- **Improvement Planning**

Stakeholders will identify if the program is in alignment with the program plan

Stakeholders will reconsider program goals and plans in an effort to get the program back in alignment with the program plan, as necessary

Stakeholders will gather the data to analyze and identify areas of weakness and strength

Stakeholders will develop plans to improve upon the identified

PROGRAM EVALUATION PROCESSES

weaknesses

Stakeholders will develop plans to celebrate and expand upon strengths

- Implementation of Improvements

Stakeholders will communicate and implement program changes and improvements

Stakeholders will identify benchmarks and milestones to help monitor program changes

Stakeholders will continually monitor the progress of the program changes and improvements

Stakeholders will continually seek to maintain the program changes and improvements

1008 OUTCOME EVALUATION

Outcome evaluation involves developing and analyzing data to assess program impact and effectiveness, whether a program has achieved its stated goals. The basic value of outcome evaluation lies in providing the best information possible about program performance. It further determines whether offenders have changed.

The most common approach to outcome evaluation is to examine how well participants perform after the program is over. A basic outcome evaluation that uses comparisons within a program allows the researcher and program administrator to address the question "Did the program make a difference?" While it doesn't explain what would happen if the program was not implemented, it does provide information regarding program impact and program effects.¹

The outcome evaluation will help to clarify underlying factors affecting the situation, highlight unintended consequences (positive and negative), recommend actions to improve performance in future programming and partnership building, and generate lessons learned. Outcome evaluations will provide timely and valuable contributions to support strategic decision-making in the development of upcoming program interventions and discussions with stakeholders.

The program evaluation team should be expected to produce a report that highlights the findings, recommendations and lessons learnt, and give a rating of performance.

PROGRAM EVALUATION PROCESSES**Approaches to Outcome Evaluations**

- **Single-Group, Nonexperimental Outcome Evaluation Design:** The Pretest-Posttest Designs is used when stakeholders want to know whether the participants improved while being served by the program; observation occurs before and after the Program. This design is best for inexpensive program that are fairly standard and does not require complex evaluations.
- **Single-Group, Descriptive Designs:** A Posttest-Only evaluation is satisfactory when trying to determine whether the participant has obtained a specific skill and/or if the participant has changed in a particular direction that the program was planned to encourage. For example, did the participant retain certain skills during job training?
- **Quasi-Experimental Approach to Outcome evaluation:** There is no standard approach to planning quasi-experimental evaluation. The varying quasi-experimental designs are used when the validity of outcome evaluations seeks to test casual hypotheses. Time-Series Designs observe participants at additional times before and after the program. Nonequivalent Control Group Designs observe additional natural groups of people who have not experienced the program. Regression-Discontinuity Design use variety of variables, some are expected to be affected by the program and others not expected to be affected. Combination of Time-Series and Nonequivalent Control Groups increase internal validity to a greater extent.

1009 PRINCIPLES

- Evaluation Planning:

The first step in conducting an outcome evaluation is to determine which of the program's outcomes should be measured. A particular design should be determined. Are we investigating short-term goals, such as the degree on competence obtained in one session of a program, or a longer-term outcome, such as recidivism? Longer-term evaluations are more useful when trying to determine whether or not the program implemented was successful or not; however, short-term outcome evaluations are less resource intensive.

- Data Collection

The second step is determining how the data will be collected. There are different methods to choose from in order to collect data, however, this will be dependant on the resources available. It is important to determine which approach and design would appropriately measure the pre-determined outcome and/or increase internal validity; i.e. Nonexperimental Outcome Evaluation Design; Single-Group,

PROGRAM EVALUATION PROCESSES

Descriptive Design; or Quasi-Experimental Approach

- Feedback/ Recommendations

Recommendations should include those related to Strategies for continuing/concluding assistance towards the outcome; linking outputs to outcomes. The program evaluation team should be expected to produce a report that highlights the findings, and lessons learned, make recommendations and give a rating of performance. This might be summarized into an Action List with a description of best practices used, or whether or not a new best practice have been created.

1010 COMPONENTS

- Evaluation Planning

- Make a clear statement about what changes are expected
- Select appropriate measures for tracking such change
- Assess organizational and operational effectiveness of the projects in terms of their contribution to the rehabilitation and sustainable development of the program in accordance to the projects' objectives
- Provide a platform for evidence-based strategic decision-making
- Build knowledge, learning and ownership amongst all stakeholders

- Data Collection

- Measure the amount of knowledge participants gained in a session; comparing offenders who completed treatment to those who did not.
- Determine which approach and design would satisfy measuring determined outcome
- Establish a mechanism to collect reliable data about these outcomes

- Feedback/Recommendations – The following questions should be able to be answered during the evaluation:

- Are the stated outcome, indicator and targets appropriate for the situation based on risk levels?

PROGRAM EVALUATION PROCESSES

- Answer what is the current status and prospects for achieving the outcome with the indicated inputs and within the indicated time frame?
- What are the main factors (positive and negative) within and beyond program's interventions that are affecting or that will affect the achievement of the outcome?
- How have or will these factors limit or facilitate progress towards the outcome?
- Are the program's proposed contributions to the achievement of the outcome appropriate, sufficient, effective and sustainable?
- Interpret answers
- Make analyses and recommendations

1011 CASELOAD EVALUATION

A caseload can be described as the number of cases handled by a probation officer, either at any given moment or over a stated period. Caseloads are generally specific in nature and consist of probationers with similar criminogenic needs and court conditions. (Ex. Domestic Violence Offenders)

When evaluating a caseload the goals of the specific caseload should be defined. In other words why was the caseload created? The reasons a caseload was created could be to treat an underserved population, to place an organization in a position to receive specific grants or to eliminate or reduce specific criminal behavior through prevention, treatment or suppression.

The goals of a caseload should have concrete measurable outcomes and indicators. For example, the goal of a sex offender caseload may be to prevent re-offending behavior of probationers by 100 percent. Outcomes can be measured by victim reporting, probationer self reporting, law enforcement reporting etc.

The effectiveness of a caseload is evaluated by determining if the caseload meets the specific criminogenic needs of the probationer. A caseload designed for drug users would be considered inappropriate for probationers convicted of drug sales. An accurate assessment of the needs of the client is essential for proper placement. Effective caseloads are void of the "one size fits all" ideology.

The ability to meet the needs of the probationer can also be jeopardized by a poorly constructed caseload type. The number of cases assigned to a case manager can interfere with consistent professional service. Caseloads that are not properly streamlined can create delays and bureaucracy nightmares.

PROGRAM EVALUATION PROCESSES

Open and effective communication with clerical staff, probation officers, courts and key stakeholders within the community is needful.

When evaluating a caseload the cooperation of the case manager is recommended. Case managers may be resistant to the evaluation process and they may believe their work will be criticized and that their positions in jeopardy.

The case manager is an excellent resource for program information and their interpretation of reviewed data and caseload management is beneficial.

Caseload Management can be defined as the duties and responsibilities of a probation officer in relation to their caseload. These duties and responsibilities may consist of but are not limited to court report writing, community and office contacts with probationers, contacts with other law enforcement agencies, correspondence with community based organizations, drug testing, searches etc.

A caseload management evaluation is the process of determining if a caseload manager also known as the probation officer has exercised their duties and responsibilities in a timely, consistent and professional manner.

1012 PRINCIPLES

- Probationers are placed on caseloads dependent upon proper assessment of criminogenic needs and responsivity factors
- Caseload probation officers are properly trained in the skills needed to effectively manage specific caseloads.
- Supervision (frequency of contact) of clients is dependent upon the goals and objectives of the caseload.
- Case documentation is thorough and contains relevant, timely information pertaining to the participant's progress and/or completion of probation.
- Case planning is developed and referrals for evidence based interventions are based upon the targeted risk/needs of the client.
- Case planning is ongoing and clients are reassessed for changes in criminogenic risk/needs and/or behavior.
- Reporting progress to the court is consistent with client progress and caseload goals and objectives.

PROGRAM EVALUATION PROCESSES**1013 COMPONENTS**

- Create and examine a flow chart of how cases and communication about cases handled between clerical, probation officers and courts.
- Determine caseload goals (outcomes), and chose indicators of goals (including intermediate measures) “Caseload Checklist.”
 - Assure the case manager that the goal of evaluation is to improve service to the client which can reduce the case manager resistance. In addition caseload evaluation can reduce case manager’s workload by identifying duplicate work.
- Develop procedure for review of staff performance and progress toward outcomes.
 - Interview Caseload DPO's
 - Assure the caseload DPO that the goal of evaluation is to improve service to the client which can reduce resistance. In addition caseload evaluation can reduce case manager’s workload by identifying duplicate work.
 - Time studies may be initialized to evaluate the optimum amount of cases assigned to a case manager.
 - Interview probationer to assess client satisfaction with probation services.
 - Review training records to ensure staff are properly trained.
- Case file audit
 - File review and Data collection
 - Case plan targets criminogenic risk/needs
 - Case plan is updated as required
- Additional tools can be instituted to determine the type of services a probationer needs to achieve successful rehabilitation.
- Outcome evaluation:
 - Evaluating the effectiveness of a caseload may be determined by assessing offender relapse, number of offenders who completed probation, number of monthly contacts between the offender and caseload manager, case manager’s job

PROGRAM EVALUATION PROCESSES

satisfaction and changes in the offender's attitude or personal associations.

- Provide feedback and technical assistance to promote quality improvement.

1014 CORRECTIONAL PROGRAM CHECKLIST EVALUATION

Correction program assessment evaluates the effectiveness of an existing program in an institution or in the community. It measures the overall effectiveness of the programs outcomes in reducing criminal behavior and ensures the program is implemented as designed.

The Correctional Program Checklist, (CPC), is the assessment tool utilized to measure the programs outcomes, and to ensure program fidelity. The Correctional Programs Checklist is based on principles of effective interventions including meta-analyses, and outcome studies. During the evaluation, feedback is usually collected in qualitative forms. The feedback allows the evaluators to analyze the overall effectiveness of a program. By using the Correctional Programs Checklist, evaluators are able to determine points of improvement for an existing program, the criteria to develop a new program, and an opportunity to demonstrate the effectiveness of the program thereby facilitating the justification for funding.

1015 PRINCIPLES

The Correctional Programs Checklist is based on the principle of feedback, qualitative research that is based on empirical evidence measures the programs Capacity and Content

- Capacity
 - Leadership and Development evaluates the involvement and qualifications of the program director, implementation and design of the program, and the support for the program
 - Assessment of staff considers the type of the staff, their education, training, experience, and involvement
 - Quality Assurance monitors program activities, reassesses the offenders, and evaluates the program as a whole
- Content
 - Offender assessment assesses whether the program selected the appropriate type risk level of offenders to benefit from the program, if an appropriate assessment is being made of the offenders, and the manner in which the offenders are assessed

PROGRAM EVALUATION PROCESSES

- Treatment assessments detail if the criminogenic behaviors are targeted, the type of intervention is used, how the treatment is delivered and the provision of aftercare

1016 COMPONENTS

The following methods are used to evaluate a program based upon the CPC:

- Tasks
 - Structured interviews of staff and participants
 - Observation of groups and staff
 - Review of materials such as policy manuals, program curriculum, case files, and staff surveys
 - Score domains for an overall score: highly effective, effective, needs improvement, ineffective
- Report - A result of the scoring produces a report that identifies:
 - Strengths and weaknesses of areas that need improvement
 - Recommendations
 - Ratings and scores
 - Content and capacity scores
 - Overall score
 - Comparison of program scores to average scores across all programs assessed

LOS ANGELES COUNTY PROBATION DEPARTMENT

Subject: PROGRAM EVALUATION OFFICE MANUAL EMPLOYEE POLICIES AND PROCEDURES	Section Number: PEOM-1100
	Effective Date: 4/17/08
	Approved By: Dave Leone, Bureau Chief Quality Assurance Services Bureau

1101 INTRODUCTION

This section highlights various Departmental policies and procedures that impact the day to day routine of PEO staff members. This section is by no means all-inclusive of policies and procedures pertaining to the Department's employees. Staff members are urged to review both Directives and other Departmental manuals (such as the Probation Department Policy Manual, the Administrative Services Bureau Manual, and the Information Systems Bureau Manual) to keep abreast of the most current policies and procedures in place for Department employees.

1102 EMPLOYEE ORIENTATION

New employees assigned to the Quality Assurance Services Bureau will receive an orientation regarding the philosophy and the mission of the bureau by the Director.

Employees newly assigned to the Program Evaluation Office will be oriented to their new position by their immediate supervisor, SDPO.

Orientation of their new assignment will include:

- Discussion of their assigned duties, performance expectations, and work schedule
- Discussion of adherence to the policies and procedures set forth in the Probation Department Policy Manual and the Quality Assurance Services Policy Manual
- Introduction to the staff and a tour of the facility
- Assignment of working space, equipment, keys and program evaluation materials
- Distribution of applicable Probation Department Directives and signature of receipt
- Completion of all required forms (see below)

EMPLOYEE POLICIES AND PROCEDURES**Forms**

In addition to the verification of applicable Probation Department Directives, there are several forms that require signature by the employee from various bureaus regarding the validity of requesting systems, reimbursement of mileage, issuance of county property and updating of personnel files.

The following forms are distributed during orientation, which are to be completed immediately and returned to the SDPO. The SDPO will have the secretary or ITC make a copy for the employee and forward the original, signed document to the proper authority:

- Mileage Permittee (Human Resources Management Office (HRMO))
- Outside Employment (HRMO)
- Receipt of Sexual Harassment Information (QASB)
- Employee Information Update (HRMO)
- Systems Registration (Information Systems Bureau (ISB))
- Key(s) Issuance (QASB)
- Material(s) Issuance (QASB)
- Alternative Work Schedule (Payroll)
- Parking Permit Request (QASB)
- Network Computing Policies (ISB)

1103 EMPLOYEE TIME

In accordance with the limits set forth by the County government and the Memoranda of Understanding applicable to the job assignment, the Office Head (Director) sets the work schedule at his/her location and may authorize deviations based upon the needs of the Department and unit assignments. All employees are expected to adhere to their assigned work schedule.

Overtime and Work Hours

According to Probation Department Directive 1120, authorization of overtime is subject to pre-approval by the Bureau Chief. Pre-approvals shall specifically document the need, timeframe, duration, and personnel assigned.

With respect to working overtime at a different location, Directive 1120 states:

EMPLOYEE POLICIES AND PROCEDURES

Overtime worked at a location other than the employee's usual work assignment shall be subject to the same documented manager pre-approval requirements....The employee's usual work location manager and the overtime location manager must each pre-approve the specific assignment when overtime is worked outside of the employee's usual Bureau. Employees shall not act independent of their usual work location manager to "shop" for overtime opportunities – rather, in a timely manner employees will keep their usual manager informed in advance of overtime to be worked in other work assignments. Documentation verifying overtime pre-approval shall be forwarded by the supervisor/manager from the overtime location directly to the supervisor/manager at the usual work assignment prior to approval of the employee's pay-period timecard. The employee who worked the overtime shall not be involved in the forwarding/handling of overtime documentation to his/her usual supervisor.

Employees are expected to arrive and depart the workplace as scheduled by the office head (Director). The employee is responsible for notifying his/her immediate supervisor when arriving or departing other than as scheduled.

California Labor Code (with the exception of some peace officer assignments supervising detained youth in halls or camps) requires that employees take a meal period of at least 30 minutes in length if the employees work day exceeds 5 hours. Meal periods are not part of the eight (8) hour shift. An eight-hour workday consists of eight hours of work plus the required 30-60 minute meal period. Therefore, an eight (8) hour workday is not 7 or 7 ½ hours of work plus 1 to ½ hour lunch.

Reporting Absences

Employees are responsible for notifying their immediate supervisor of any unscheduled tardiness or absences. If the immediate supervisor cannot be reached, employees are required to contact the unit secretary, who will notify the employee's supervisor.

In accordance with Probation Department Policy Manual section 5.3, "For post positions, timely notification must be made as soon as possible, but not later than one hour prior to the start of shift."

Additionally, "an employee may be required to show proof of need to be absent in accordance with provisions outlined in the Salary Ordinance."

Time Cards

Employees are responsible for the coding and submission of their time card to their immediate supervisor. Time cards shall be coded for absences according to the payroll codes indicated on the back of their time card. Time cards are due on the last working day prior to the close of the pay period or as indicated by the Department's payroll unit.

EMPLOYEE POLICIES AND PROCEDURES**Sick Time**

In accordance with Probation Department Policy Manual 5.5, "One hundred percent sick time may be used, as accrued, for any illness or injury which incapacitates employees for duty, or for medial or dental care."

Additionally, up to 24 hours of sick time may be used as "personal sick," which would not require the employee to disclose the nature of his/her illness or injury.

Any other sick time is subject to verification at the direct supervisor's discretion.

Vacation Time

Request for the use of accrued vacation time should be submitted to the immediate supervisor on a Vacation Request form available on Probnnet. Approval of vacation requests shall depend on the Office Head's perception of what will constitute an adequate work force needed during the vacation time requested

Extended Leave

All extended leave requests shall be handled by the Department's Return to Work Unit. Any questions regarding the type of leave and/or requests for extended leave shall be submitted to the immediate supervisor who will contact the Return to Work unit. The Return to Work unit staff member will advise the employee of all applicable extended leave procedures.

1104 COMMUNICATIONS

It is the policy of the Department to maintain free, open, and direct communication. Although adherence to the chain of command should be observed, it should not restrict downward, upward and lateral communication in the Department. The effectiveness of operations within the Probation Department may require immediate and direct communication among staff outside the formal chain of command whenever the need arises; however, this information should also be communicated to the employee's direct supervisor, who oversees the operations and correspondence of the employee.

Employee Responsibilities

Employees are expected to recognize the need to pass on important information in a timely manner when appropriate. When an employee believes that he/she has firsthand knowledge of a matter that may reflect positively or negatively on the Bureau or anticipate a matter that may become controversial, it is his/her responsibility to contact his/her immediate supervisor as soon as possible. The employee must also follow-up with a

EMPLOYEE POLICIES AND PROCEDURES

written memo to the Director.

Employees should always maintain courtesy and professionalism when corresponding on behalf of the Department and Quality Assurance Services Bureau. Employees shall be trained in customer service to establish expectations for handling the public.

Employee communication directed to any external users stating a departmental vision, viewpoint, or philosophy must be specifically authorized by the Chief Probation Officer. Specifically, inquiries from the Los Angeles Board of Supervisors or the media must be sent to the Public Information Officer, who will refer the inquiry to the Chief Probation Officer or his/her designated representative.

Confidentiality of Information

The Quality Assurance Services Bureau receives requests to investigate highly sensitive Probation issues and has access to private, secure records. All case information is confidential and employees must exercise discretion regarding the disclosure of confidential information.

Employees are required to ensure non-disclosure and physical security of all Probation information, including the criminal records of Probation clients.

1105 COMPUTER EQUIPMENT AND DATA SECURITY

Employees of the QASB are given access to County-owned computer equipment, systems, and confidential data. Employees are responsible for protecting and maintaining the security of these systems and data.

Network Computing Policies

Directive 1127 details policies and procedures that govern the use of Probation Department information technology resources.

All employees are given a copy of the Network Computing Policies during orientation and are expected to read and acknowledge receipt by completing Attachment V, *Confidentiality and Security Policy Acknowledgement* form and the last page of the policy, which is the agreement to maintain any and all "CONFIDENTIAL" information or data during the course of duty.

1106 EMPLOYEE CONDUCT

As outlined in the Probation Department Policy Manual, employees are required to conduct themselves in an exemplary manner aligned with standards governing County employment and expectations stated by the Chief Probation Officer. Sworn personnel are held to even higher standards than other employees who do not have peace officer status.

EMPLOYEE POLICIES AND PROCEDURES**Professional Development/Training Directive**

Directive 1101 establishes training guidelines and expectations when employees are participating in a training course that is part of their work assignment.

Employees of the Quality Assurance Services Bureau are required to attend ongoing training in order to acquire the knowledge and skills of various job assignments they are expected to evaluate. Therefore, as outlined in the directive, employees are expected to adhere to the following:

- Arrive on time and stay for the duration of the training session.
- Sign the roster
- Attend enrolled classes only
- Return from breaks and lunch on time
- Dress appropriately
- Exhibit professional behavior
- Complete course evaluation form
- Observe rules
- Bring materials

Professional Appearance Directive

Directive 1113, *Staff Dress Code and Grooming Standard*, clarifies the appropriate dress and grooming standards to enable employees to dress and groom themselves in a manner that is professionally acceptable.

All employees are given a copy of Directive 1113 during orientation and are expected to adhere and refer to this document when needed.

Sexual Harassment

During orientation, employees are given a copy of the *Information for Employees on Sexual Harassment* brochure developed by the County of Los Angeles Office of Affirmative Action Compliance.

It is the policy of the County of Los Angeles that sexual harassment is unacceptable and will not be tolerated. A definition of sexual harassment and the responsibilities of all County employees are stated in the brochure. All Quality Assurance employees are expected to read the brochure and sign the

EMPLOYEE POLICIES AND PROCEDURES

orientation letter to acknowledge receipt and understanding of the County's policy on sexual harassment.

Discipline/Corrective Action

According to the Probation Department Policy Manual, the Department generally practices progressive discipline when job-related behavior does not meet expected and communicated performance standards.

The primary purpose of progressive discipline is to help the employee understand that a performance problem or opportunity for improvement exists.

However, this practice does not preclude the Department from proceeding with disciplinary action when a serious infraction occurs.

The first level of formal disciplinary action is a *Letter of Warning*, which is written and signed by the immediate supervisor after consulting with the Director and Discipline Unit. The *Letter of Warning* will describe the specific act of misconduct or performance problem, summarize the employee's response to the charge, clarify expectations regarding future performance or conduct, advise the employee of consequences for continued misconduct or performance problems. The *Letter* will also inform the employee of his/her right to respond in writing to the letter and that the response will be made a part of the work location personnel folder in accordance with respective MOUs. Additionally, the *Letter of Warning* will be referenced in the employee's performance evaluation for the period the letter was issued. It shall be removed from the personnel folder after the evaluation is completed.

A *Letter of Reprimand* is more severe than the *Letter of Warning*. It follows the same protocol for the *Letter of Warning*; however, a *Letter of Reprimand* becomes a part of the employee's Master Personnel File.

A *Letter of Suspension* is a disciplinary action that results in an employee's temporary removal from duty, without pay for cause, up to 30 days.

Reduction in rank, or demotion, is imposed on an employee when there has been unsatisfactory work performance or misconduct associated with the duties and responsibilities of the employee.

Discharge is the last action, which is permanent removal from the Department and County service for cause. *Discharge* results either from unsatisfactory work performance or failure to correct continuing misconduct. *Discharge* may also occur when an incident of misconduct renders an employee unsuitable for employment in the Department and County service.

Grievance Process

Prior to filing a grievance, the employee is encouraged to discuss with his/her immediate supervisor any complaint regarding the interpretation or

EMPLOYEE POLICIES AND PROCEDURES

application of provisions set forth in a union contract or rules and regulations governing personnel practices or work conditions.

A formal written grievance (Probation Form 745) may be submitted within ten (10) business days from the occurrence on which the grievance is based or the knowledge of such occurrence, after the employee has discussed the complaint in a meeting with his/her immediate supervisor and the issues has not been resolved.

The employee is required to complete three (3) copies of the grievance form, which clearly articulates the specific action(s) being grieved and remedy requested. Two (2) copies shall be submitted to the immediate supervisor and one (1) copy is retained by the employee.

The immediate supervisor is required to respond in writing on the original copy of the grievance to the employee within ten (10) business days.

The employee retains the right to appeal the decision of the immediate supervisor within ten (10) business days to the Director, using the returned original copy of the grievance form.

The Director or designated representative not involved in the grievance shall meet and discuss the grievance with the grievant and his/her representative, consult with the level one supervisor, and within ten (10) business days render a decision to the employee on the original copy of the grievance form. The Director or designee shall forward a copy to the Department's Grievance Hearing Officer.

Within ten (10) business days of the Director's decision, the employee may appeal with the Grievance Hearing Officer, who will meet with all applicable parties and present a written decision to the employee.

1107 SAFETY AND SECURITY

Employees are expected to comply with occupational safety and health standards applicable to their work assignments.

Building Security

The Director and supervisors of QASB shall ensure that security-related systems and procedures are in place for matters such as:

- Employee access to the work location
- The issuance and storage of keys
- Control of payroll warrants

EMPLOYEE POLICIES AND PROCEDURES

- Public access/egress within the facility
- Building Emergencies

During orientation, employees receive a tour of the facility and are issued keys to secured office space. Additionally, parking permits for secured parking access are issued when applicable.

The Director's secretary is responsible for dissemination of employee payroll warrants that are securely delivered via County messenger in a locked package. Only the Director has the key to access the locked package.

Building Safety

The Director or designee collaborates with the facility's building emergency coordinator to establish procedures for evacuation and notification to the Department's Risk Management section in the event of an emergency. The Director's secretary is responsible for initiating a roll call of employees evacuated from the building and checking the welfare of employees in the field, who will be notified that they are not to report back to facility until the emergent situation has been resolved.