
Residential Alternative for the Mentally Challenged (RAM-C)
Twin Oaks Juvenile Development, Inc.
(Contract Provider)
11939 Northwest State Road 20
Greenville, Florida 32321

Primary Service: Moral Reconciliation Therapy (MRT)
SPEP Review Date(s): May 2-5, 2017

Florida Department of Juvenile Justice

Report Date(s): 11/21/2017
Introduction

The Standardized Program Evaluation Protocol (SPEP) is an assessment tool derived from meta-analytic research on the effectiveness of juvenile justice interventions. The tool is designed to compare existing intervention services, as implemented in the field, to the characteristics of the most effective intervention services found in the research.

The SPEP scoring system allows service providers to identify specific areas in which program improvements can be made to their existing Primary Services. These improvements can be expected to increase the effectiveness of those Primary Services in the reduction of recidivism for youth receiving the Primary Service. A separate SPEP evaluation is conducted, at the time of the program’s Quality Improvement Review, for each Primary Service provided by the program.

This report provides two types of SPEP scores: a Basic Score, equivalent to the number of points received, and a Program Optimization Score (POS) that is equivalent to the maximum number of possible points that could be received based on the SPEP domains under the control of the program. The Basic Score compares the Primary Service being evaluated to other intervention services found in the research to be effective, regardless of service type. It is meant as a reference to the expected overall recidivism reduction when compared to other Primary Services of any Type.

A Program Optimization Percentage (POP) rate is derived from the Basic Score and Program Optimization Score. The POP rate is a percentage score that indicates where the rate of effectiveness of the Primary Service is when compared to its potential effectiveness if optimized to match the characteristics of similar Primary Services found to be most effective in the research. The POP rate is likely more meaningful to service providers as it represents how close the program’s Primary Service is to its potential for that Primary Service Type. For example, a POP rate of 55% would indicate that the program’s Primary Service is operating at 55% of its potential effectiveness for recidivism reduction that has been found for a similar Primary Service Type with research evidence of effectiveness.
Program Name: Residential Alternative for the Mentally Challenged  MQI Program Code: 1085
Provider Name: Twin Oaks Juvenile Development, Inc.  Contract Number: R2108
Location: Madison County / Circuit: 3  Number of Beds: 40
Review Date(s): May 2-5, 2017  Lead Reviewer Code: 122

Persons Interviewed

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

Documents Reviewed

- Written Protocol/Manual
- Fidelity Monitoring Documents
- Internal Corrective Action Reports
- Staff Evaluations
- Accreditation Reports
- Contract Monitoring Reports
- Contract Scope of Services
- Logbooks
- Program Schedules
- Supplemental Contracts
- Table of Organization
- Youth Handbook
- # Health Records
- # MH/SA Records
- # Personnel Records
- # Training Records/CORE
- # Youth Records (Closed)
- # Youth Records (Open)
- # Other: _____

Observations During Review

- Group/Session of Primary Service(s)
- Program Activities
- Recreation
- Social Skill Modeling by Staff
- Staff Interactions with Youth
- Staff Supervision of Youth
- Transition/Exit Conferences
- Treatment Team Meetings
There are five Primary Service Types that have been classified into Groups with a maximum number of points possible for rating purposes. Some Primary Service Types may also have qualifying Supplemental Service Types that could earn a program an additional 5 points.

The Primary Service for this program is Moral Reconation Therapy (MRT). The program was awarded 30 points because the Primary Service is identified as a Group 5 Service. The specific Sub-Component Service Type identified is Cognitive Behavioral Therapy. The Primary Service was identified as this type of service as it is intended to correct faulty cognitions and perceptions and provides skills individuals can use to monitor thought patterns and correct behaviors.

An additional 5 points was awarded based on a Qualifying Supplemental Service. The Qualifying Supplemental Service was identified as None (automatic 5 points added to score), which was not demonstrated to have been implemented.

The Primary and Supplemental Service Raw Score is equal to the sum of the Primary Service points plus the Qualifying Supplemental Service points.

Note: Quality information is evaluated by the Bureau of Monitoring and Quality Improvement while on-site during the annual compliance review.
2. **Overall Quality of Service Delivery Score**

| Basic Score: 20 Points |
| POS: 20 Points |
| POP: 100% |

The Quality of Service Delivery Score is the sum of the scores for the seven treatment quality indicators. The Program Optimization Percentage Rating determines the Overall Quality of Service Level:

- Indicator Sum Score 0-3 = Low; Sum Score 4-7 = Medium; Sum Score 8-10 = High.

Sum of all Indicator Scores (a – g below): 10 Points

Overall Quality of Service Delivery Level:

- [ ] Low (Raw Score = 5)
- [ ] Medium (Raw Score = 10)
- [x] High (Raw Score = 20 Points)

### a. Facilitator Training

| Basic Score: 1 Point(s) |
| Maximum Possible Score: 1 Point |

All facilitator(s) of the Primary Service must have received formal training specific to the intervention or model/protocol.

Residential Alternative for the Mentally Challenged (RAMC) has five facilitators who have completed formal training in the primary service. Training was delivered by a qualified trainer.

### b. Treatment Manual/Protocol

| Basic Score: 2 Point(s) |
| Maximum Possible Score: 2 Points |

There is a specific written manual/protocol detailing delivery of the Primary Service.

Each of the five the facilitators utilize a manual when facilitating groups. The manual contains lesson plans and instructions to address how the curriculum is to be implemented. The manual is detailed to the extent it explains how each specific session is delivered and there is a script or outline for each session.

### c. Observed Adherence to the Manual/Protocol

| Basic Score: 1 Point(s) |
| Maximum Possible Score: 1 Point |

Upon observation of the Primary Service by the Quality Improvement reviewer, the facilitator of that service adhered to the written protocol/manual.

Upon an interview with three of the five facilitators, it was determined a manual is utilized when facilitating groups. The program provided a copy of the manual utilized for each session to the annual compliance review team member to show how the sessions are facilitated. Upon conducting an observation, it was determined the facilitators adheres to and follow the manual.
d. Facilitator Turnover

<table>
<thead>
<tr>
<th>Basic Score: 2 Point(s)</th>
<th>Maximum Possible Score: 2 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures the extent to which facilitators of the specific intervention/service have changed as well as gaps in service of that Primary Service.</td>
<td></td>
</tr>
</tbody>
</table>

There has been no gap in service delivery and no turnover of facilitator/therapist since the last SPEP evaluation.

e. Internal Fidelity Monitoring

<table>
<thead>
<tr>
<th>Basic Score: 2 Point(s)</th>
<th>Maximum Possible Score: 2 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>The program has a process to monitor the delivery of the intervention to examine how closely actual implementation matches the model protocol.</td>
<td></td>
</tr>
</tbody>
</table>

The program utilizes one fidelity monitor. The fidelity monitor has completed the formal training, which was delivered by a qualified trainer in MRT.

f. Corrective Action based on Fidelity Monitoring

<table>
<thead>
<tr>
<th>Basic Score: 1 Point</th>
<th>Maximum Possible Score: 1 Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>The program has a process by which corrective action is applied and demonstrated based on the fidelity monitoring of the delinquency intervention/therapeutic service.</td>
<td></td>
</tr>
</tbody>
</table>

There was no corrective action required; however, the facility has a process in place to address issues if they arise.

<table>
<thead>
<tr>
<th>Basic Score: 1 Point</th>
<th>Maximum Possible Score: 1 Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance evaluations of the facilitators of the specific intervention/service include evaluation of skill in delivering the intervention/service.</td>
<td></td>
</tr>
</tbody>
</table>

The program provided an annual performance evaluation for each of the five facilitators including assessment of the facilitators’ proficiency in delivering the primary service.
3. **Amount of Service - Duration**

Basic Score: 0 Points  
Program Optimization Score: 10 Points  
Program Optimization Percentage: 10%

Research indicates the target duration of 15 weeks for this type of service. Of the 11 youth in the sample, 0% (0 of 11) reached at least the indicated target duration. Further explanation is detailed in the Summary and Recommendations below.

*Note: Dosage information (duration) is calculated from the Juvenile Justice Information System (JJIS) Evidence-Based Services module. Duration is included for the youth in the SPEP sample.*

4. **Amount of Service – Contact Hours**

Basic Score: 0 Points  
Program Optimization Score: 10 Points  
Program Optimization Percentage: 0%

Research indicates a target of 45 contact hours for this type of service. Of the 11 youth in the sample, 0% (0 of 11) reached the indicated target contact hours. Further explanation is detailed in the Summary and Recommendations below.

*Note: Dosage information (contact hours) is calculated from the Juvenile Justice Information System (JJIS) Evidence-Based Services module. Contact hours are included for the youth in the SPEP sample.*

5. **Risk Level of Youth Served:**

Basic Score: 25 Points  
Program Optimization Score: 25 Points  
Program Optimization Percentage: 100%

Percentage of Youth with Moderate, Moderate-High, and High-Risk Levels to Reoffend: 100%  
Moderate to High Score: 12 Points  
Program Optimization Score: 12 Points  
Program Optimization Percentage: 100%

<table>
<thead>
<tr>
<th>Table 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td>0 youth</td>
</tr>
<tr>
<td>Moderate-High</td>
<td>4 youth</td>
</tr>
<tr>
<td>High</td>
<td>7 youth</td>
</tr>
<tr>
<td>Total Youth in Sample</td>
<td>11 youth</td>
</tr>
</tbody>
</table>
Percentage of Youth with High-Risk Level to Reoffend: 64%
  High Score: 13 Points
  Program Optimization Score: 13 Points
  Program Optimization Percentage: 100%

<table>
<thead>
<tr>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>High =  7 youth</td>
</tr>
<tr>
<td>Total Youth in Sample = 11 youth</td>
</tr>
</tbody>
</table>

The risk level score is compiled by calculating the total percent of the SPEP sample that score Moderate to High-Risk to reoffend and also the total percent of the SPEP sample that score High-Risk to reoffend.

Of the SPEP sample, 100% (11 of 11) youth scored Moderate to High-Risk to reoffend, for a score of 12 points.

Of the SPEP sample, 64% (7 of 11) youth scored High-Risk to reoffend, for a score of 13 points.

*Note: The latest Community Positive Achievement Change Tool (C-PACT) prior to the placement date was used in the derivation of the risk level score. This C-PACT provides the best indication of the risk to re-offend level of the youth when the youth was first placed in the program.*

**Summary and Recommendations**

<table>
<thead>
<tr>
<th>Category</th>
<th>Basic Score</th>
<th>Program Optimization Score</th>
<th>Program Optimization Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary and Supplemental Service Type</td>
<td>35</td>
<td>35</td>
<td>100%</td>
</tr>
<tr>
<td>Quality of Service Delivery</td>
<td>20</td>
<td>20</td>
<td>100%</td>
</tr>
<tr>
<td>Amount of Service: Duration</td>
<td>0</td>
<td>10</td>
<td>0%</td>
</tr>
<tr>
<td>Amount of Service: Contact Hours</td>
<td>0</td>
<td>10</td>
<td>0%</td>
</tr>
<tr>
<td>Risk Level of Youth Served</td>
<td>25</td>
<td>25</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>80</strong></td>
<td><strong>100</strong></td>
<td><strong>80%</strong></td>
</tr>
</tbody>
</table>

This SPEP report evaluates Moral Reconation Therapy (MRT), an intervention delivered at Residential Alternative for the Mentally Challenged (RAM-C).

The program scored High for Quality of Service Delivery.

The program earned 0 points for Amount of Service: Duration and Amount of Service: Contact Hours. There was no MRT data entered into the Juvenile Justice Information System (JJIS) Evidence-Based Services Module (EBS) Module for any of the sampled youth. The program must enter MRT dosage data into JJIS in order to receive any score in this area. The program was awarded 25 available points for Risk Level of Youth Served. This is calculated using data from the Community - Positive Achievement Change Tool (C-PACT) assessment. This score reflects youths’ most recent C-PACT score prior to placement at the program. The program itself has no control over youths’ C-PACT risk level because the scored assessment was administered just prior to the youths’ admission.
RECOMMENDATION(S):

Residential Alternative for the Mentally Challenged (RAM-C) can optimize their SPEP Amount of Service score by ensuring that MRT data is entered in the EBS Module and by ensuring that youth receive the full targeted dosage of service.