
Standardized Program Evaluation Protocol [SPEP] Report

Challenge Youth Academy
Eckerd Youth Alternatives, Inc.

(Contract Provider)
201 Culbreath Road
Brooksville, Florida 34602

Primary Service: Trauma Focused Cognitive Behavior Treatment (TF-CBT)
SPEP Review Date(s): May 10-11, 2017



Florida Department of Juvenile Justice

Report Date(s): 8/8/2017

Introduction

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

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

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

A **Program Optimization Percentage (POP)** rate is derived from the Basic Score and Program Optimization Score. The POP rate is a percentage score that indicates where the rate of effectiveness of the Primary Service is when compared to its potential effectiveness if optimized to match the characteristics of similar Primary Services found to be most effective in the research. The POP rate is likely more meaningful to service providers as it represents how close the program's Primary Service is to its potential for that Primary Service Type. For example, a POP rate of 55% would indicate that the program's Primary Service is operating at 55% of its potential effectiveness for recidivism reduction that has been found for a similar Primary Service Type with research evidence of effectiveness.

Program Name: Challenge Youth Academy
Provider Name: Eckerd Youth Alternatives, Inc.
Location: Brooksville County / Circuit: 5
Review Date(s): May 10-11, 2017

MQI Program Code: 76
Contract Number: 10208
Number of Beds: 60
Lead Reviewer Code: 144

Persons Interviewed

<input type="checkbox"/> Program Director	<input type="checkbox"/> Corporate QI/QA staff	_____ # Program Supervisors
<input type="checkbox"/> DJJ Monitor	_____ # Case Managers	_____ # Youth
<input type="checkbox"/> DHA or designee	<u>4</u> # Clinical Staff	_____ # Other (listed by title): _____
<input checked="" type="checkbox"/> DMHCA or designee	_____ # Healthcare Staff	

Documents Reviewed

<input checked="" type="checkbox"/> Written Protocol/Manual	<input checked="" type="checkbox"/> Logbooks	_____ # Personnel Records
<input checked="" type="checkbox"/> Fidelity Monitoring Documents	<input checked="" type="checkbox"/> Program Schedules	<u>5</u> # Training Records/CORE
<input type="checkbox"/> Internal Corrective Action Reports	<input type="checkbox"/> Supplemental Contracts	_____ # Youth Records (Closed)
<input checked="" type="checkbox"/> Staff Evaluations	<input type="checkbox"/> Table of Organization	_____ # Youth Records (Open)
<input type="checkbox"/> Accreditation Reports	<input type="checkbox"/> Youth Handbook	_____ # Other: _____
<input type="checkbox"/> Contract Monitoring Reports	_____ # Health Records	
<input type="checkbox"/> Contract Scope of Services	_____ # MH/SA Records	

Observations During Review

☒ Group/Session of Primary Service(s)
☐ Program Activities
☐ Recreation
☐ Social Skill Modeling by Staff
☐ Staff Interactions with Youth
☐ Staff Supervision of Youth
☐ Transition/Exit Conferences
☐ Treatment Team Meetings

1. Primary Service and Supplemental Service Types

Basic Score: 35 Points
POS: 35 Points
POP: 100%

There are five Primary Service Types that have been classified into Groups with a maximum number of points possible for rating purposes. Some Primary Service Types may also have qualifying Supplemental Service Types that could earn a program an additional 5 points.

The Primary Service for this program is Trauma Focused Cognitive Behavior Treatment (TF-CBT). 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%
<i>The Quality of Service Delivery Score is the sum of the scores for the seven treatment quality indicators. The Program Optimization Percentage Rating determines the Overall Quality of Service Level: Indicator Sum Score 0-3 = Low; Sum Score 4-7 = Medium; Sum Score 8-10 = High.</i>	

Sum of all Indicator Scores (a – g below): 9 Points

Overall Quality of Service Delivery Level:

- ☐ Low (Raw Score = 5)
☐ Medium (Raw Score = 10)
☒ High (Raw Score = 20 Points)

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

The documentation reviewed and interviewed showed evidence that the program has a formal training protocol that is provided through a qualified trainer, both in and outside of the agency. The program has three staff who are trained to conduct this intervention. Three staff serve as regular facilitators. All staff have received training in the combined curricula.

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

The clinical director has a copy of the manual of the combined resources and the MQI reviewer was provided a copy during this review. There are no workbooks for the youth. The manual contains lessons plans and varied topics which are determined by staff planning and campus dynamics with basic instructions for implementation and discussions. There is no specific assigned lesson for each session.

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

This MQI reviewer observed a session of TFCBT during this review period. The lesson agenda was discussed with the reviewer before the session and briefed upon session closure. The facilitator had healthy communication with youth and followed the fidelity of the product.

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

The reviewed documents and discussion with the clinical director showed no evidence of facilitator turnover. The program has a policy in place for turnover as well as two facilitators who serve as back up for the purpose of reducing any issues of gaps in service.

e. Internal Fidelity Monitoring	Basic Score: 1 Point(s) Maximum Possible Score: 2 Points
<i>The program has a process to monitor the delivery of the intervention to examine how closely actual implementation matches the model protocol.</i>	

This MQI reviewed documents and found evidence of a process to monitor the delivery of the TFCBT intervention for the last twelve months. Although there was evidence fidelity monitoring had taken place during the reviewed period, fidelity monitoring documentation was inconsistent or incomplete and the team was unable to ascertain with any certainty the number of months fidelity monitoring was conducted and by whom. The Clinical Director updated the fidelity form and process upon being notified of this issue.

The program can earn 2 points by ensuring that internal fidelity monitoring is conducted at least monthly for all facilitators.

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

f. Corrective Action based on Fidelity Monitoring	Basic Score: 1 Point Maximum Possible Score: 1 Point
<i>The program has a process by which corrective action is applied and demonstrated based on the fidelity monitoring of the delinquency intervention/therapeutic service.</i>	

An interview with the clinical director provided a clear plan for correction action based on fidelity monitoring. There were no corrective actions needed during the last twelve months.

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

An interview with the clinical director provided an understanding that the program has included specific interventions and facilitator deliverance skills as a part of the performance evaluations.

3. Amount of Service - Duration

Basic Score: 0 Points

Program Optimization Score: 10 Points

Program Optimization Percentage: 0%

Research indicates the target duration of 15 weeks for this type of service. Of the 23 youth in the sample, 0% (0 of 23) 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 23 youth in the sample, 0% (0 of 23) 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: 22 Points

Program Optimization Score: 25 Points

Program Optimization Percentage: 88%

Percentage of Youth with Moderate, Moderate-High, and High-Risk Levels to Reoffend: 96%

Moderate to High Score: 12 Points

Program Optimization Score: 12 Points

Program Optimization Percentage: 100%

Table 1		
Moderate	=	4 youth
Moderate-High	=	11 youth
High	=	7 youth
<u>Total Youth in Sample</u>	=	<u>23 youth</u>

Percentage of Youth with High-Risk Level to Reoffend: 30%
 High Score: 10 Points
 Program Optimization Score: 13 Points
 Program Optimization Percentage: 77%

Table 2		
High	=	7 youth
Total Youth in Sample	=	23 youth

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

Of the SPEP sample, 96% (22 of 23) youth scored Moderate to High-Risk to reoffend, for a score of 12 points.

Of the SPEP sample, 30% (7 of 23) youth scored High-Risk to reoffend, for a score of 10 points.

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

Summary and Recommendations

Category	Basic Score	Program Optimization Score	Program Optimization Percentage
Primary and Supplemental Service Type	35	35	100%
Quality of Service Delivery	20	20	100%
Amount of Service: Duration	0	10	0%
Amount of Service: Contact Hours	0	10	0%
Risk Level of Youth Served	22	25	88%
Totals	77	100	77%

This SPEP report evaluates Trauma Focused Cognitive Behavior Treatment (TF-CBT), an intervention delivered at Challenge Youth Academy. 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 data entered into the Juvenile Justice Information system (JJIS) Evidence-Based Services (EBS) module for any sampled youths. With no JJIS data to review, the SPEP score was reduced. The program must enter dosage data into JJIS in order to receive any score in this area.

RECOMMENDATION(S):

Challenge Youth Academy can optimize their Quality of Service Delivery scores by ensuring internal fidelity monitoring is conducted at least monthly for all facilitators.

Challenge Youth Academy can optimize their SPEP Amount of Service score by ensuring that dosage for all youth is recorded accurately in EBS and by ensuring that youth receive the full

targeted dosage of service. There appears to have been no data entry in the EBS Module of JJIS for any intervention since 2015. The program is strongly encouraged to contact their contract manager and local Data Integrity Officer (DIO) in order to address any identified barriers to accurate data entry.