
Standardized Program Evaluation Protocol [SPEP] Report

Broward Girls Academy
Youth Services International, Inc.

(Contract Provider)
8301 South Palm Drive
Pembroke Pines , Florida 33025

Primary Service: Dialectical Behavior Therapy (DBT)
SPEP Review Date(s): October 6-9, 2015



Florida Department of Juvenile Justice

Report Date(s): 3/21/2016

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: Broward Girls Academy
Provider Name: Youth Services International, Inc.
Location: Broward County / Circuit: 17
Review Date(s): October 6-9, 2015

QI Program Code: 1175
Contract Number: R2074
Number of Beds: 30
Lead Reviewer Code: 139

Persons Interviewed

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Program Director | <input type="checkbox"/> Corporate QI/QA staff | _____ # Program Supervisors |
| <input type="checkbox"/> DJJ Monitor | 2 # Case Managers | _____ # Youth |
| <input type="checkbox"/> DHA or designee | 3 # 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 type="checkbox"/> Fidelity Monitoring Documents | <input checked="" type="checkbox"/> Program Schedules | _____ # Training Records/CORE |
| <input type="checkbox"/> Internal Corrective Action Reports | <input type="checkbox"/> Supplemental Contracts | _____ # Youth Records (Closed) |
| <input 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 Dialectical Behavior Therapy (DBT). 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): 8 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 program had four clinical staff formally trained in Dialectical Behavior Therapy (DBT) working in the program during the annual compliance review period. Reviewed documentation indicated all four facilitators maintained certification by way of completion of a fourteen-hour, two-day training from the Tampa Bay Center for Cognitive Behavior Therapy in May 2014. Additionally, three staff therapists received a certificate of training with a twelve-hour training entitled “DBT Skills Group: A Closer Look at One Mode of the Treatment,” also completed at the Tampa Bay Center for Cognitive Behavior Therapy. The director of clinical services indicated program interns, who completed the DBT training, attended DBT sessions only as observers rather than as co-facilitators, as indicated on the sign-in sheets. It is important for this documentation to be accurate for future sessions.

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 DBT facilitators have a specific manual with lesson plans explaining the appropriate way to conduct the groups. The program utilizes the DBT Skills Training Manual by Dr. Marsha Linehan, and workbook by Drs. Matthew McKay, Jeffrey C. Wood, and Jeffrey Brantley.

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>	

Observations and interviews with the facilitator during the annual compliance review supported the primary service was delivered utilizing the DBT curriculum. A session of DBT was observed during the annual compliance review, which included a lesson from module one relating to assertiveness. The facilitator adhered to and followed the workbook exercises throughout the delivery of the session being observed. The DBT lessons were documented on the DBT attendance sheet. Additional material and exercises on assertiveness were provided by the facilitator as more in-depth exercises.

d. Facilitator Turnover	Basic Score: 1 Point(s) Maximum Possible Score: 2 Points
<i>Measures the extent to which facilitators of the specific intervention/service have changed as well as gaps in service of that Primary Service.</i>	

Reviewed documentation and an interview with the director of clinical services found there was turnover of facilitators since the primary service sessions were initiated. The facilitator of the primary service changed during service provision; however, the service continued uninterrupted. One of the trained clinical staff separated from the program in late August 2015. Documentation indicated the group experienced facilitator turnover as multiple trained staff facilitated each DBT group dependent upon staff schedules; however, there were no gaps in service during the specified review period. The group began services on April 6, 2015 and completed the curricula on July 29, 2015. The program overlapped a new DBT group, which initiated services on June 22, 2015 and was still in operation during the annual compliance review.

The program can earn 2 points if there was no facilitator turnover impacting a group.

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

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>	

The director of clinical services, who completed formal training in DBT by a qualified trainer, provides fidelity monitoring for the primary service and observes groups as a component of fidelity monitoring. The DBT specific fidelity adherence checklist includes a section for the facilitator's self-evaluation, ideas for self-improvement, and a listing of whether corrective action is needed.

One staff provided DBT services in the months of May, June, and August 2015; however, there was no documentation to support fidelity monitoring for this staff was provided. A second staff also provided services in the month of June 2015 without supporting documentation to validate the practice.

The program can earn 2 points if fidelity monitoring is completed every month for each facilitator.

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

The program has a process by which corrective action is applied and demonstrated based on the fidelity monitoring of the delinquency intervention/therapeutic service.

The program has a process to provide corrective action based on fidelity monitoring; however, none of the reviewed nine monthly fidelity reports indicated any required need for corrective action. These signed documents were maintained in a DBT binder along with the DBT Skills sign-in sheets.

g. Evaluation of Facilitator Skill Delivering the Intervention

Basic Score: 1 Point
Maximum Possible Score: 1 Point

Performance evaluations of the facilitators of the specific intervention/service include evaluation of skill in delivering the intervention/service.

There is evidence of biannual and annual performance evaluations of the therapists, including assessment of the therapist's proficiency in delivering DBT. One DBT facilitator's annual performance evaluation was not available because the staff member was no longer employed.

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 7 youth in the sample, 0% (0 of 7) 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 7 youth in the sample, 0% (0 of 7) 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%

Moderate	=	2 youth
Moderate-High	=	1 youth
High	=	4 youth
<u>Total Youth in Sample</u>	=	<u>7 youth</u>

Percentage of Youth with High-Risk Level to Reoffend: 57%
 High Score: 13 Points
 Program Optimization Score: 13 Points
 Program Optimization Percentage: 100%

Table 2	
High	= 4 youth
<u>Total Youth in Sample</u>	<u>= 7 youth</u>

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

Of the SPEP sample, 100% (7 of 7) youth scored Moderate to High-Risk to reoffend, for a score of 12 points.

Of the SPEP sample, 57% (4 of 7) youth scored High-Risk to reoffend, for a score of 13 points.

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

Summary and Recommendations

Category	Basic Score	Program Optimization Score	Program Optimization Percentage
Primary and Supplemental Service Type	35	35	100%
Quality of Service Delivery	20	20	100%
Amount of Service: Duration	0	10	0%
Amount of Service: Contact Hours	0	10	0%
Risk Level of Youth Served	25	25	100%
Totals	80	100	80%

This SPEP report evaluates Dialectical Behavior Therapy (DBT), an intervention delivered at Broward Girls Academy.

The program scored High for Quality of Service Delivery.

The program earned 0 points for Amount of Service: Duration. Of the 7 total youth sampled, only 4 included dosage with end dates in the EBS Module. Of those youth with correct dosage, 0 received at least the recommended weeks of service. Youth in the sample completed between 5 and 14 weeks of service, with an average of 10 weeks.

The program earned 0 points for Amount of Service: Contact Hours. Of the 7 total youth sampled, 0 received at least the recommended hours of service. Youth in the sample completed between 14 and 40 hours of service, with an average of 27.5 hours.

The program was awarded 25 available points for Risk Level of Youth Served. This is calculated using data from the Community - Positive Achievement Change Tool (C-PACT) assessment. This score reflects youths' most recent C-PACT score prior to placement at the program. The program itself has no control over youths' C-PACT risk level because the scored assessment was administered prior to the youths' admission.

RECOMMENDATION(S):

Broward Girls Academy can optimize their SPEP Quality of Service Delivery score by minimizing turnover and ensuring fidelity monitoring is completed monthly for each facilitator.

Broward Girls 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.