The Standar	dized Program	<b>Evaluation</b>	Proto	col (SPEPTM):	
Service Score Resu				TM ID and Contact Time:	
Agency/Program Name:	Bureau of Juvenile Justice Se	ervices (BJJS), Loysvil			
Service Name:	Behavior Modification Syste				
Cohort Total:	Cohort data unavailable *				
Cohort Time Frame:	N/A				
Referral County(s):	N/A				
Feedback Report Delive	ry: February, 29, 2024				
County/Probation Office	er(s) Involved: Joe Gifford a	and Matt Foster, Dauph	in		
	Sue Claytor,	York			
EPIS SIS(s): Lisa Freese					
moderate to high risk in youth, however, only 2 addresses individualized Treatment programming	lopment Center (LYDC) males. The facility consist cottages are currently hed treatment issues along ng is consistent across all	ets of four 12-bed cousing youth. The state with learning and 13 areas housing you	ottages as Secure Ur displaying outh.	well as a secure unit to well as a secure unit to the secure unit to t	that can house 18 6-20 and al behavior.
assigned a mentor whi referred to with differe accepts their placement is earned with at least privileges and addition behavior, working on a socks, etc.). Residents extra mattress (in Alle can achieve. They get when no one is looking input on rewards earned resident reviews by sta	the Behavior Modification och is a resident on one of the ent names, but essentially at, is able to follow expect 2 weeks of good behavioral hygiene product select treatment and rewards into on Level 4 are mentoring gheny), higher quality piextra clothing, can stay used. The Secure Unit has a suff and residents must be alls, hygiene selection and	the highest levels. Thave the same formations and recognitions and recognition are rewards. Leading the new residents and allow, can wear a wallow, can wear a wall at highest leading the hour of the slightly different leading the new residents and a slightly different leading the new residents and the slightly different leading the new residents and the slightly different leading the new residents and the new resid	Within the mat. Leve zes that no ability to the evel 3 is a ress (in Zhare commatch, etc.) I are and the Rewarevel systems.	ne two residential cotta el One is achieved when no one is coming to residentellow basic expectation achieved with consistentials. B) or higher quality clamitted to treatment; resulted to the highest large expected "to do the red Room each week. Rem that includes week!	ages, each level is on the resident scue them. Level 2 cons. Gym nt positive othing (t-shirts, wards include an level a resident ne right thing tesidents can have by individual
The four characterist	ics of a service found to be t	he most strongly relate	ed to reduc	ing recidivism:	
	pe: Behavioral Management		¥.7		
If so, what is the Serv	alysis, is there a qualifying sice Type? Mentoring	suppiemental service?	Yes		
	l service provided? No	Total Points	Possible fo	or this Service Type:	30
	-	otal Points Received:	25	<b>Total Points Possible:</b>	35
positive impact on rec	Research has shown that pridivism reduction. Monitoring drift from service delivery is a	ograms that deliver segon of quality is defined b		high quality are more like	

20

**Total Points Possible:** 

**Total Points Received:** 

**20** 

3. Amount of Service: Score was derived by calculating the total number of weeks and hours received by each youth in the service. The amount of service is measured by the target amounts of service for the SPEP <sup>TM</sup> service categorization. Each SPEP <sup>TM</sup> service type has varying amounts of duration and dosage. Youth should receive the targeted amounts to have the greatest impact on recidivism reduction. Targeted duration and dosage for this service is 24 weeks, 72 hours.						
youth in the cohort of youth in the cohort of of received the targeted Duration or Number of Weeks for a total of $\frac{N/A^*}{N/A^*}$ points points						
Total Points Received:	N/A* Total Points Possible: 20					
4. Youth Risk Level: The risk level score is compiled by calculating the total % of youth that score above low risk, and the total % of youth who score above moderate risk to reoffend based on the results of the YLS. The Risk Levels of youth admitted to the program were: low risk, moderate risk, high risk, and very high risk						
youth in the cohort of youth in the cohort of are Moderate, High, Very High YLS Risk Level for a						
Total Points Received:	N/A* Total Points Possible: 25					
* Due to limited availability of qualitative and/or quantitative data, generated. Any data that has been shared is strictly for information offered to the service provider in regard to SPEP <sup>TM</sup> Performance In the future.	nal purposes. Technical assistance will be					

## The SPEP<sup>TM</sup> and Performance Improvement

The intended use of the SPEP<sup>TM</sup> is to optimize the effectiveness of reducing recidivism among juvenile offenders. The service could improve its capacity for recidivism reduction by addressing the following recommendations:

- 1. Regarding Primary & Supplemental Service Types:
  - a. BMS as a Behavior Management service does have qualifying supplemental services as shown in the research. If BMS was enhanced by or tied to a mentoring, mixed counseling, or remedial academic service, an additional 5 points could be added to the service type score, and the service's capacity for recidivism reduction is increased.
- 2. Regarding Quality of Service Delivery:
  - a. Written Protocol:
    - i. Develop a Behavior Modification System that is consistent across all cottages/units, including names and numbers of levels.
  - b. Staff Training:
    - i. Create a training specific to the use of the BMS.
    - ii. Include in the policies and procedures manual the requirement that staff receive the training, as well as document when the training occurs.
    - iii. Develop booster training to occur at pre-determined timeframes.
  - c. Staff Supervision:
    - i. Performance reviews should address the fidelity and quality of service delivery concerning the BMS.
  - d. Organizational Response to Drift:
    - i. Develop a policy that includes specific steps to address when the BMS is not delivered in the manner intended. This can include additional training and/or observation, coaching, etc.
    - ii. Develop a system for evaluating the fidelity and quality of service delivery for the BMS. Including resident input through exit surveys, data collection such as average number of days residents remain on each level, types of infractions, rewards and sanctions could help to improve consistency among cottages/units in the delivery of the BMS and identify where adaptations might need to occur.
- 3. Regarding Data Collection:
  - a. Develop a tracking system for dosage or number of hours residents and staff are addressing the BMS. This could include group or individual time spent with residents.