The Standa	rdized Program	<b>Evaluation</b>	Proto	col (SPEPTM):	
Service Score Resu				OTM ID and Contact Time:	0364-A01
Agency/Program Name	Bureau of Juvenile Justice S	ervices (BJJS), Loysvill	e Youth D	evelopment Center (LYDC	
Service Name:	Behavior Modification Syste				
Cohort Total:	Cohort data unavailable *				
Cohort Time Frame:	N/A				
Referral County(s):	N/A				
Feedback Report Deliv	rery: February 29, 2024				
County/Probation Office	cer(s) Involved: Joe Gifford	and Matt Foster, Dauphi	n		
EDIC CIC(-)	Sue Claytor,	York			
EPIS SIS(s): Lisa Frees	e				
youth, however, only addresses individualiz Treatment programm	males. The facility consideration 2 cottages are currently by the determinant issues along the second consistent across along the Behavior Modification	ousing youth. The S g with learning and o l 3 areas housing yo	Secure Undisplaying outh.	nit is for youth ages 16 g appropriate pro-socia	5-20 and al behavior.
referred to with differ accepts their placeme is earned with at least privileges and addition behavior, working on socks, etc.). Residents extra mattress (in Allecan achieve. They get when no one is looking the care achieve.	ent names, but essentially nt, is able to follow expect 2 weeks of good behavioral hygiene product select treatment and rewards in son Level 4 are mentoring eigheny), higher quality post extra clothing, can stay ung". Youth on Levels 4 are ded. The Secure Unit has a sent reserved.	thave the same form etations and recognizer or in school and an action are rewards. Lea clude an extra mattrage new residents and llow, can wear a want up at night one hour	nat. Level zes that material to a level 3 is a ress (in Z are compatch, etc. later and the Reward to the Reward to the the tevel zero are compatch.	el One is achieved when no one is coming to result on one is coming to result of the consister of the consis	n the resident cue them. Level 2 ons. Gym nt positive othing (t-shirts, wards include an level a resident the right thing esidents can have
resident reviews by st	aff and residents must be	interviewed by staff	f to earn	Level 4. Behavior ince	entives include
extra time on phone c	alls, hygiene selection an	d food rewards.			
	tics of a service found to be type: Behavioral Management		d to reduc	cing recidivism:	
	nalysis, is there a qualifying	supplemental service?	Yes		
	vice Type? Mentoring al service provided? No	Total Points	Possible f	or this Service Type:	30
as the supplement		otal Points Received:	25	Total Points Possible:	35
positive impact on re	e: Research has shown that p cidivism reduction. Monitorin drift from service delivery is	rograms that deliver set g of quality is defined by	rvice with	high quality are more like	ely to have a

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	received the targeted Duration or Numbe of received the targeted Dosage or Numbe		$\frac{N/A^*}{N/A^*}$ points				
	<b>Total Points Received:</b>	N/A* Total Points I	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 are High or Very High YLS Risk Level for		N/A* points points				
_	<b>Total Points Received:</b>	N/A* Total Points P	Possible: 25				
generated. Any data that ha	y of qualitative and/or quantitative dan as been shared is strictly for informati der in regard to SPEP <sup>TM</sup> Performance	ional purposes. Technic	cal 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.