Outside In is a nonprofit corporation based in Bolivar, Pennsylvania that provides services for youth and families. Outside In offers a continuum of care that includes both residential and nonresidential services with the goal to interrupt nonproductive behavior patterns and establish successful and positive development in referred youth. Upon entering Outside In, students are placed in one of two residential programs on the campus. The two programs offered at Outside In are Pathway to Recovery and Voyagers. The Pathway to Recovery Program provides specific drug and alcohol treatment (in-patient). The Pathway to Recovery Program is an activity-intensive 58-bed, male only, residential program focusing primarily on pro-social adolescent development and skill building. The Pathway to Recovery Program utilizes a cognitive behavioral approach which challenges each student’s thinking and behavior patterns in three specific adolescent developmental areas: pro social skills, moral reasoning, and education. In the Pathway to Recovery Program, the stages of program movement are based on the Transtheoretical Model (TTM) of the change process. These stages incorporate all aspects of the student’s progress, including their behaviors, their attitude toward change, their readiness for change, treatment plan goals, family engagement, and progress on their Individualized Service Plan. All students begin at the Precontemplation stage, where they adjust to the program, focus on beginning the change process, and begin to identify sources of motivation. Next is the Contemplation stage, which can be achieved after a student has been in the program for a minimum of 5 weeks. This stage requires an 80% 5-week behavioral average. A student cannot have any poor marks “P” or failure grades “F” in school during the evaluation period. In addition, a student must have completed their impact statements and have made some progress on D&A treatment plan and ISP goals. The students are required to turn in an application and be assessed by a counselor and staff. Next is the Preparation stage, which can be achieved after a student has been in the program for a minimum of 10 weeks. This stage makes students eligible for home passes if the student has been in the program for a minimum of 12 weeks. This status requires an 85% behavioral average for a 5-week timeframe. A student cannot have any poor marks “P” or failure grades “F” in school during the evaluation period. In addition, a student must have completed their apology letters and have made significant progress on D&A treatment plan and ISP goals. The students are also required to turn in an application and be assessed by a counselor and staff. Next is the Action stage. This stage requires a minimum of 12-weeks in the program, a 90% 5-week behavioral average, and completion of one successful home pass.

The four characteristics of a service found to be the most strongly related to reducing recidivism:

1. **SPEP™ Service Type**: Behavior Management

   **Based on the meta-analysis, is there a qualifying supplemental service?** Yes

   **If so, what is the Service type?** Remedial Academic Program

   **Was the supplemental service provided?** No

   **Total Points Possible for this Service Type:** 30

   **Total Points Earned:** 25

   **Total Points Possible:** 35

2. **Quality of Service**: Research has shown that programs that deliver service with high quality are more likely to have a positive impact on recidivism reduction. Monitoring of quality is defined by existence of written protocol, staff training and supervision, and how drift from service delivery is addressed.

   **Total Points Earned:** 20

   **Total Points Possible:** 20
3. **Amount of Service:** Score was derived from examination of weeks and hours each youth in the cohort received the service. The amount of service is measured by the target amounts of service for the SPEP service categorization. Each SPEP service type has varying amounts of duration and dosage. Youth should receive the targeted amounts to have the greatest impact on recidivism reduction.

Points received for Duration or Number of Weeks: 0
Points received for Dosage or Number of Hours: 10

Total Points Earned: 10 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.

- 32 youth in the cohort are Moderate, High or Very High YLS Risk Level for a total of 10 points
- 8 youth in the cohort are High or Very High YLS Risk Level for a total of 5 points

Total Points Earned: 15 Total Points Possible: 25

**Basic SPEP™ Score:** 70 total points awarded out of 100 points. Compares service to any other type of SPEP therapeutic service. *(e.g. individual counseling compared to cognitive behavioral therapy, social skills training, mentoring, etc.)*

**Note:** Services with scores greater than or equal to 50 show the service is having a positive impact on recidivism reduction.

**Program Optimization Percentage:** 74% This percentage compares the service to the same service types found in the research.*(e.g. individual counseling compared to all other individual counseling services included in the research)*

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**The SPEP™ and Performance Improvement**

The intended use of the SPEP is to optimize the effectiveness of reducing recidivism among juvenile offenders. Recommendations for performance improvement are included in the service feedback report, and these recommendations are the focus of the performance improvement plan, a shared responsibility of the service provider and the local juvenile court. The recommendations for this service included in the feedback report are:

Behavior Management System scored a 70 for the Basic Score and a 74% Program Optimization Percentage (POP). It was classified as a Group 4 service; Behavioral Contracting; Contingency Management. The quality of service delivery was found to be at a high level. For amount of service, 17% of the youth received the recommended target weeks of duration and 100% of the youth received the recommended target contact hours for this service type. The risk levels of youth that received this service were 6% as low risk, 70% as moderate risk, 18% as high risk, and 6% as very high. This service could continue to improve its capacity for recidivism reduction through:

1. **Regarding Quality of Service Delivery:**
   a. **Written Protocol:**
      i. Include in written protocol the group process that exists in the W.I.L.D. – The Challenge Program where youth meet each day and discuss the ten categories, which is a process and planning group led by the students to include reflection of their daily performance that can be facilitated at the beginning or the end of the day.
   b. **Staff Supervision:**
      i. Include in staff supervision a signature line on the existing form for the supervisor of the service to verify that fidelity and quality of the treatment services are being documented.
   c. **Organizational Response to Drift:**
      i. Enhance existing drift policy to include a detailed step-by-step description of how the service is delivered.
      ii. Enhance existing “if-then” approach to describe the action steps to be taken operationally should there be drift in service delivery. This could be implemented during the MDT Meeting and could highlight the duties of specific staff.
      iii. Develop a documentation process to verify the application of the described steps.
      iv. Reference the use of outcome data within the drift policy.

2. **Regarding Amount of Service:**
   a. Improve communication with JPO from referring counties to better match research recommendations for the targeted amount of service.
   b. Discuss aftercare options to help with transition after residential treatment:
      i. Reconsider the “pre-release” option that increases frequency of home passes as youth approach discharge.
      ii. Initiate a transition plan for each student.

3. **Regarding Level of Risk:**
   a. Improve communication with JPO from referring counties to better match research recommendations for the Level of Risk.
   b. Increase collaboration between juvenile probation and Outside In to consider:
      i. Each youth’s responsivity factors during treatment.
      ii. Appropriate length of stay for each youth.

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