

2016 Report
Executive Summary

Study of the Service Coordination Team and
its influence on chronic offenders

Research and Report by:

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Introduction

The 2016 Report is the 8th evaluation of the Service Coordination Team (SCT) by the capstone students of PSU. The purpose of this evaluation is to continue to provide policy-makers with information on the performance of the SCT relative to its mission, and to make recommendation where appropriate for maximizing program effectiveness. This evaluation will examine the impact of the SCT on crime reduction for participants, with specific regard to the level of participants' engagement in the program, as assessed by length of stay and termination type. The current evaluation will examine the impact of administrative and policy changes that have occurred within the program over the past several years. In addition, the evaluation will attempt to identify the profiles of successful and unsuccessful participants to determine if these factors relate to characteristics of participants or of SCT service delivery.

In addition, the evaluation will also examine the costs versus benefits of the SCT, through participant interviews and assessment of the monetary impact of offenders' criminal behavior, the costs of SCT treatment, housing, and supervision, and estimates of criminal justice interventions (arrest, jail, prosecution, conviction/sentencing, etc). This will replicate a methodology established through a 2008 Regional Research Institute study. The data will allow for comparisons of the participant populations and program costs over time.

The 2016 report will build on the findings of the previous works, so as not only to affirm those findings but to provide a more in-depth analysis. The previous works, from 2009 to 2015 established a number of baseline performance measures as well as dynamic participant factors and program impact assessments. This baseline data will provide a number of assumptions upon which the 2016 report will expound. For reference, these include:

- Two-thirds (67%) of subjects in SCT treatment cohorts (subjects engaging in treatment within 6 – 9 months of each other) had reduced bookings during a 24-month post-treatment period. One-third of those (23%) had reductions of 100% (zero bookings) in the post period.
- Engagement in SCT programming, defined as housing and day treatment, has been shown to have positive and incremental impact on reducing future arrests. Treatment episodes of at least 30 days are associated with a 28% reduction in future arrests during the post period. Treatment episodes of 180 days or more are associated with a 98% reduction.
- SCT participants in general:
 - Average 44.45 years old, compared to state-wide average of 38.9 years;
 - Have had 3.5 prior treatment episodes
 - Average 3.77 arrests per year, spending an average of 77.7 days in custody per year, or 20.6 days per arrest.
 - Engage in 0.9 property crimes per day, and 0.85 drug crimes per day
(Compiled from participant interviews).

Summary of Findings

Quantitative Analysis:

Data were provided for subjects participating in the program during the 2014 calendar year, excluding those subjects with lengths of stay less than 30 days. The data was organized into two groups:

- Completions—those subjects who met all program requirements and were successfully discharged;
- Exits—those subjects who were terminated for cause prior to successful completion

The purpose of this research is to examine the impact of the Service Coordination Team's program at producing long-term behavioral changes in participants. Performance and outcome measures of the program will be examined across the participant group, with special regard to the experiences of high and low performing subjects. This will enable the development, for comparative purposes, of profiles of successful and unsuccessful participants. The research will also include an examination of participant interaction with police to provide a window for observing possible correlations between distinct demographic groups and rates of success of individual participants. Analysis of the performance measures and their outcomes, as well as the demographics of the participants, will help to ascertain whether or not the program is currently organized to meet the needs of the target population.

Methodology:

The data utilized in the analysis was from 82 participants in the SCT program during 2014, and who engaged in the program for at least 30-days. Data included time in the program as

well as the nature of their termination (completion or exit). The number of police contacts pre and post program will be calculated for all subjects as follows: the 12 months preceding entry into the program will be the pre-program period, and the months following program exit will be the post-program period.

Results

The average age of the population was 44.17 years (Standard deviation of 11.51), with a range from 26 to 64. Almost 80% (79.27%) was male and 20.73% was female. The majority were white, 60.98%, followed by African-American at 30.49%, Native American at 3.66% and Hispanic at 4.88%. The average length of stay in the program was 170 days, with significant differences for subjects who completed the program (307 days) versus exiting (110 days).

Table 1 provides a summary of initial findings indicating differences across the completion versus the exit groups. Differences were found across the variables including age, ethnicity, length of stay, and drug of choice. Drugs of choice were broken into categories; the major ones are included in the table. Participants whose self-reported drug of choice was Opiates comprised 25.6% of the total sample, 20% of participants who completed the program, and 28% of those that exited the program. Similarly, methamphetamine was indicated for 21.95% of the total sample, and varied only slightly across the two groups (20% for the completion group and 22.8% for the exit group). The significance of these differences will be examined further.

Table 1: Statistical Summary

	Average Age	Gender (% Male)	Ethnicity	Average Length of Stay (days)	Drug of Choice
Total Sample (n = 82)	44.14 SD 11.47	79.3%	White: 60.9% Black: 30.5%	170.08 SD 136.78	Meth: 21.95% Alcohol: 20.7% Opiates: 25.6% Cocaine: 12.2%
Completions (n = 57)	48.4 SD 11.06	84%	White: 44% Black: 44%	307.36 SD 125.97	Meth: 20% Alcohol: 24% Opiates: 20% Cocaine: 24%
Exits (n = 25)	42.88 SD 9.83	77.2%	White: 68.4% Black: 24.6%	109.87 SD 90.33	Meth: 22.8% Alcohol: 19.3% Opiates: 28% Cocaine: 7%

Police Contacts:

In a separate analysis, the amount of police contact that participants experienced before and after entering the program were examined with regard to their length of stay, drug of choice, and offense type. An outcome variable was created that could be used to measure how much police contact had changed after the treatment period, the CRQ (Crime Reduction Quotient). While the data included all police contacts, including assistance to intoxicated persons or those suffering from mental illness, only those contacts which resulted in an arrest were utilized in the analysis. The non-custodial contacts did not provide any meaningful information regarding differences between subjects or groups. The CRQ is calculated by subtracting the number of police contacts post-program from the number of contacts pre-program, and dividing that number by the number of contacts pre-program.

The total sample included seventy-three individuals. The sample initially included eighty-three, but ten were removed from their respective groups for reasons that will be stated later. The

sample had 681 contacts total, 396 pre-program (58.1%), and 256 contacts post-program (37.6%). This represents a 35.36% reduction in contacts pre to post program. Additionally, 74% of participants had reduced police contacts post program. There were also 29 contacts of subjects while in the program (4.3%) that did not result in termination (See Table 2). The mean number of contacts pre-program was 5.6 (with a standard deviation of 6.6), while the mean number of contacts post-program was 4.3 (with a standard deviation of 7.4). The CRQ was calculated for each individual in the total sample and found a mean CRQ of .44 (with a standard deviation of .70). The most frequent types of offenses from the contact data were examined for the total sample (only including statistically significant offenses), and found that Warrant/Fugitive made up 23.6 % of both pre and post-program offenses, and Drinking in Public made up 21.6% of both pre and post-program offenses.

Groups	Avg.# Pre	STDEV Pre	Avg. # Post	STDEV Post	Avg. CRQ	STDEV CRQ	Highest # Contact Type
Total Sample: n=73	5.6	6.6	4.3	7.4	0.44	0.70	Warrant/Fugitive
Completions: n=20	2.4	4.6	1.3	0.5	0.81	0.34	Warrant/Fugitive
Exits: n=53	6.4	7.1	6.7	8.6	0.30	0.75	Warrant/Fugitive

The Completion group included twenty individuals. It should be noted that initially this group contained twenty-six individuals, but six were eliminated as we conducted our analysis (three had contacts that explicitly fell outside the scope of our data, while three had no counts of custody/arrest). The group had 84 police contacts total, 72 contacts pre-program (85.7%), 9 contacts post-program (10.7%), and 3 contacts while in the program (3.6%). This represents an 87.5% reduction in contacts. The mean number of contacts pre-program was 2.4, while the mean number of contacts post-program was 1.3. This represents a 45.84% reduction. The CRQ for each individual was calculated and resulted in a mean CRQ of .81 (and a standard deviation of .34). This translates to an average reduction in police contact of 81% across the Completions

group. Program completion was also found to be a significant predictor of reduced police contact post program. ¹

Examining the most frequent types of offenses from the contact data for the Completions group (only including statistically significant offenses) indicated that Drug Offenses made up 21.4% of all police contacts and 23.6% of pre-program contacts (See Table 3). Drinking in Public made up 17.9% of all contacts and 18.1% of pre-program contacts. The largest number of contacts was for Warrant/Fugitive, which made up 22.6% of all contacts, 22.2% of pre-program and 33.3% of post program contacts.

Table 3. Police Contacts by Type and Status

	Pre-Treatment		Post Treatment		Total	Exits	Completions
Total	396		256		652	571	81
	Exits	Completions	Exits	Completions			
Drinking in Public	67	13	58	1	139	125	14
Warrant/Fugitive	83	18	53	3	157	136	21
Drug Offenses	53	16	17	1	87	70	17

The Exits group of participants included 53 individuals for the contact analysis. It should be noted that initially this group contained 57 individuals, but four were eliminated from the data as we conducted our analysis (two were outliers with extremely high counts of police contact, two had no arrest/custody counts for their roles). This group had 597 police contacts total, 324 contacts pre-program (54.2%), 247 contacts post-program (41.4%), and 26 contacts while in the program (4.4%). This represents a 23.77% reduction in police contacts. The mean number of

¹ A Chi-Square test was performed to examine the relationship between CRQ and the two groups of participants in the data, Exits and Completions groups. The data from the Chi-Square test examining the relationship between CRQ and Exits/Completions had degrees of freedom of 1, produced a Chi-Square value of 10.12, and had a *p*-value of .0015. The results from this Chi-Square test provided a Cramer’s Phi of .4034, which indicates that successful completion/exiting from the program accounts for about 40% of the variance in data. The results indicated that the CRQ and group membership are not independent

contacts pre-program was 6.4, while the mean number of contacts post-program was 6.7. The apparent increase in contacts is due to a high number of post program contacts for a few subjects. The CRQ is an individualized measure and is a more appropriate measure. In addition, the average number of pre-program contacts for the Exits Group is 2.5 times greater than for the completions group. The average number of post-program contacts for the Exits Group is 5 times greater than in the Completions Group.

The most frequent types of offenses from the contact data for the Exits group were Drug Offenses (16.4% of pre-program offenses), and Drinking in Public (20.7% of pre-program offenses and 23.5% of post-program offenses). The largest number of offenses was for Warrant/Fugitive, which made up 25.6% of pre-program and 21.5% of post-program offenses. The relationships between Length of Stay (LOS) and Drug of Choice (DOC) with CRQ were examined through contingency tables (see Tables 4 and 5). The total sample average length of stay of 170.08 days was used in the analysis. Table 4 illustrates the frequency of participants who had above average lengths of stay and above or below average CRQ's. Of those 26 participants, 88.5% had above average CRQ's. Conversely, of participants with below average lengths of stay, 51% had above average lengths of stay. The differences are significant ($p = .0033$) and indicate that all things being equal, length of stay accounts for 37% of program's effect on future criminal conduct². The data indicate that participants with less than 170.09 days LOS are 4 times (odds ratio) less likely to benefit from SCT program participation as measured

² The data from the Chi-Square test examining the relationship between CRQ and LOS had degrees of freedom of 1, produced a Chi-Square value of 8.64, and had a p -value of .0033. The results from this Chi-Square test provided a Cramer's Phi of .374, which indicates that LOS accounts for about 37% of the variance in the contacts data. The results indicated that the CRQ and LOS are not independent.

by a decrease in criminal conduct. This effect is independent of a subject's termination status (completion or exit).

	LOS Above Avg.	LOS Below Avg.
CRQ Above Avg.	23	24
CRQ Below Avg.	3	23

	Opiates	Cocaine	Meth	Alcohol
CRQ Above Avg.	15	8	12	5
CRQ Below Avg.	5	1	6	8

Table 5 illustrates the relationship between CRQ and the drug of choice (DOC). The data indicate significant differences based on the participants drug of choice. For example, 75% of participants who indicated Opiates as their drug of choice had above average CRQ's compared to only 38.5% of participants who had alcohol as their drug of choice. Of the participants who identified Cocaine as their drug of choice, 88.8% had above average CRQ's. In addition, two-thirds (67%) of participants with Methamphetamine as their drug of choice had above average CRQ's. The results indicated that DOC and CRQ are not independent such that participants identifying alcohol as their DOC are more than two times (odds ratio) less likely to benefit from participation in the program as measured by a decrease in criminal conduct.³ A third analysis

³ The data from the Chi-Square test examining the relationship between CRQ and DOC had degrees of freedom of 3, produced a Chi-Square value of 7.28, and had a *p*-value of .0635. The results of the Chi-Square test provided a Cramer's Phi of .3483, which indicates that DOC accounts for about 35% of the variance in contact data.

was done to examine the relationship between LOS and DOC, once again utilizing the four most common drugs of choice. Table 6 illustrates the significant differences in length of stay by drug of choice. Most significant among the findings were that only 23% of participants with alcohol as their drug of choice had above average lengths of stay. For methamphetamine, 50% had lengths of stay above average; for Cocaine and Opiates the results were mixed (88.8% and 30% respectively). The results indicated that observed differences across DOC and LOS were statistically significant, such that all things being equal, DOC accounts for 44% of a participant's length of stay in the program. ⁴ In addition, participants who identify alcohol as their drug of choice are two times less likely to remain in the program past the average length of stay (170.08 days).

Table 6. Contingency Table for LOS and DOC				
	Opiates	Cocaine	Meth	Alcohol
LOS Above Avg.	6	8	9	3
LOS Below Avg.	14	1	9	10

Examining differences between high and low performers

Using the CRQs of the entire sample, the participants were sorted according to the reduction in police contacts following program participation. The mean and standard deviation of the CRQ were used to determine high and low cut-off scores. Participants with a CRQ of 1.0 or higher (no police contacts post program) would be included in the high performers group, while

⁴ The data from the Chi-Square test examining this relationship had degrees of freedom of 3, produced a Chi-Square value of 11.5524, and had a p-value of .009085. The results of the Chi-Square test provided a Cramer's Phi of .4387, which indicates that taking co-variance into consideration, the two variables tested account for approximately 44% of variance in the data.

all participants with a CRQ of 0 or lower (no improvement or more police contacts post program) would be included in the low performers group. Twenty-nine (29) participants had zero contacts in the post period and comprised the high performers. This group included 80% (16) of participants who completed the program, and 24.5% (13) participants were exited prior to completion. Nineteen (19) participants were in the low performing group and all had exited the program prior to completion.

Table 7 illustrates the results of the comparisons between the high and low performers. The groups varied across almost every variable that was measured. The sample size and condition of the variables was not conducive to more complex analysis; however the comparisons between the groups are instructive.

Table 7. Secondary Analysis	High Performers (n = 29)	Low Performers (n = 19)
Average Age	46.06	43.32
Std. Deviation Age	12.27	11.95
Gender (% Male)	93.11	68.42
Ethnicity	<ul style="list-style-type: none"> • White 55.17% • African-American 41.38 • Latino 3.45% 	<ul style="list-style-type: none"> • White 63.16% • African-American 21.05% • Latino 10.53% • Native-American 5.26%
Average Length of Stay	228.03 days	106.36 days
Std. Deviation LOS	140.87	97.42
Crime Reduction Quotient	1.0 (avg) (100% reduction)	-0.6 (60% increase)
Std Deviation CRQ	0	.56
Drug of Choice	<ul style="list-style-type: none"> • Alcohol 3.45% • Meth 31.03% • Opiates 27.58% • Cocaine 20.68% • Poly 13.79% 	<ul style="list-style-type: none"> • Alcohol 31.58% • Meth 26.32% • Opiates 10.53% • Cocaine 0.0% • Poly 26.32%
Offense Type	<ul style="list-style-type: none"> • Drug Offenses 16.8% • Warrant/Fugitive 13.8% • Drinking in Public • Larceny/Shoplifting 6.47% • Disorderly Conduct 6:03% 	<ul style="list-style-type: none"> • Drug Offenses 5.8% • Warrant/Fugitive 12.12% • Drinking in Public 24.24% • Larceny/Shoplifting 11.9%

High performers had a slightly higher average age of 46.1 compared to an average of 43.3 for low performers. High performers were 93% male compared to 68% male in the low performers. High performers had a significantly higher proportion of African-American participants than in the low performing group (41.38% versus 21.05%). The proportion of white participants was greater in the low performers group than the high performers (63.16% versus 55.17%).

The average length of stay varied widely between the groups with the higher performers averaging 228 days (SD of 140.87) compared to 106.4 days (SD of 97.42) for low performers (less than half of the average for high performers). Average CRQ for high performers was 1.0 (SD of 0, no variance) while the average CRQ for low performers was -0.6 (SD of .564).

Drug of choice varied significantly across the groups. Subjects identifying alcohol as their drug of choice comprised only 3.45% of the high performers, but 31.58% of the low performers. Participants with cocaine as their drug of choice comprised 20.68% of the high performers, and none (zero) were present in the low performers group. Methamphetamine as the drug of choice was roughly equal across the groups and Opiates as the drug of choice comprised 27.58% of the high performers and 10.53% of the low performers.

The offense types showed a high number for drug offenses (39 or 16.81%) and warrant/fugitive (32 or 13.79%) for high performers, while low performers saw a high number for drinking in public (96 or 24.24%), warrant/fugitive (48 or 12.12%), and larceny/shoplifting (47 or 11.87%).

Overall, the most significant differences between these two groups can be found from gender, length of stay, and drug of choice. The gender makeup of the low performing group features a

significant number of women (31.6%), and the significant number of women in the sample group overall reflects efforts to integrate more women into the treatment program in recent years. The average length of stay for low performers is significantly lower than high performers (it would have been even lower if participants who spent less than thirty days in the program had been included), evidence that supports Chi-Square tests for police contact information indicating that performance in the program (measured by a reduction in police contacts) is correlated with length of stay. Differences in CRQ reflect not only decisions made for sorting the sample population into high and low performers (only individuals with a CRQ of 1.0 or higher were included in the high performer group), but also the significant variance in police contact for low performers. A significant percentage of low performers have alcohol as a DOC, which correlates with the large percentage of drinking in public offenses for the same group.

Comparative Analysis

As the Service Coordination Team has been subject to evaluation by the PSU Capstone Program since 2009, performance and demographic data are available from which to view and interpret the current results. A comprehensive evaluation of the SCT was last conducted in 2011. That analysis covered a timeframe of 2008 through 2010. A summary of the 2011 report and the current data revealed several significant differences (see Table 8). Most significant among these differences was the percentage of males (91% in 2011 and 81.25 in 2016), and the percentage of African-Americans (70.5% in 2011 and 30.5% in 2016). The average age of the participants was unchanged. These differences seem to reflect recent policy changes in the SCT that expanded eligibility across the city, and the targeted services for women. Differences in the length of stay in treatment were also observed. However, the 2016 does not include subjects who had lengths of stay less than thirty days, a limitation that was not placed on the analysis for the 2011 sample.

While the measure has changed for the current analysis, it is important to note changes in the number of police contacts for participants (described as bookings in the 2011 report). The total number of bookings in 2008 (pre-program) was 665, with an average of 3.55 bookings per participant. The total number of bookings in 2010 (post-program) was 527, with an average of 2.79 bookings per participant. For the current analysis (with data from the contacts section restricted to police custody/arrest), the total number of contacts pre-program was 396, with an average of 5.42 contacts per participant. The total number of contacts post program was 256, with an average of 3.50 contacts per participant.

Table 8. Comparative Analysis	2011	2016
	n=187	n=80
%Male	91.00%	81.25%
%African-American	70.50%	30.50%
Average Age	44.14	44.25
Average Length of Stay	131.73	170.95
Average Bookings Pre-Treatment	3.55	5.42
Average Bookings Post-Treatment	2.79	3.5

Summary and Conclusions

The results indicate that despite demographic changes within the SCT participant population, specifically gender and ethnicity, the program continues to perform at a high level.

- 74% of participants who engaged in the program at least 30 days had reduced arrests post-program (average reduction per participant was 44%).
- 39.7% of participants who engaged in the program for at least 30 days had no (zero) arrests post program (This included 80% of participants who completed the program)
- The completion rate for subjects engaging in the program for at least 30 days was 27.4%.

These results suggest that participants are developing skills to manage their behavior through participation in the SCT. Further, that these benefits are derived even in participants who did not complete the program. The results also indicate that length of stay in the program is a key indicator of post-program behavior. Participants whose length of stay is less than 170 days are four times more likely to have post-program arrests than participants whose stays are longer than 170 days. Participants who completed the program averaged 307 days compared to 110 days for participants who exited prior to completion. Results from the secondary analysis revealed differences between high and low performers with regard to demographics. Specifically, women made up only 7% of high performers and 31% of low performers. African-Americans made up 41.4% of high performers and 21% of low performers. While the results indicate that fewer women performed well in the program, the small sample size prevents any generalizations at this time. With regard to African-Americans, the results suggest that they continue to benefit well from the program.

The results indicated one group that did not perform well in the program. That is participants for whom Alcohol was the DOC. This group comprised 20.73% of all participants, but only 3.45% of high performers and over 31% of low performers. This group had significantly lower lengths of stay, and significantly more pre and post program police contacts. An examination of the relationship between CRQ and DOC found that participants identifying alcohol as their DOC are more than two times (odds ratio) less likely to benefit from participation in the program as measured by a decrease in criminal conduct (CRQ).

Section Two: Cost Benefit Analysis

Purpose and Methodology

The objective of this research is to examine the SCT program's influence on the lives and behavior patterns of participants. The specific focus will be an examination of participants' pre-program criminal behavior and substance abuse. The purpose of which will be to quantify the costs of such behavior to the crime victims, the community, and the system to compare against program costs. The work replicates a previous study conducted by the Regional Research Institute (2008) for Central City Concern.

The research will consist of a structured interview (see Appendix C) administered to SCT participants who have completed phase I of the program and are now residing in drug-free housing at the Estate Hotel . The interview will examine participant demographics, program experience, substance abuse and criminal activity in the 12-months prior to entry into the program, and a series open ended question regarding concerns and issues, and general impression of the program.

Twenty (20) SCT participants were interviewed on February 11, 2016 at the Estate Hotel. Participants were provided information about the study (see Appendix B for Cover letter), and reviewed and signed an informed consent form (see Appendix A). Upon completion of the interview, participants were given a \$10 Fred Meyer Gift Card.

The cost benefit analysis was conducted using SCT budget information, Multnomah County Jail data on average daily costs and length of stay, and crime and system costs as established in a cost-budget methodology prepared for the State of Oregon (Wilson (2009)).

Results

Table 9 illustrates the results of the interviews with the 2015 data included for comparison purposes. The participants were mostly male (65%), but significantly less than in 2015. The percentage of African-Americans increased by 50% from last year, while the percentage of white participants was constant. The 2016 sample averaged 43 years old which was an increase from 39 years in 2015. Considerably fewer participants (15%) were currently employed from 2015.

Table 9	2016	2015
% Male	65%	89%
% White	55%	53%
% Black	37%	25%
Avg. Age	43.4 yrs.	39.26 yrs.
% Employed	15%	42%

The participants were long-time Portland residents, who spent an average of 6.76 months in the program (see Table 10). The participants averaged over 3 prior treatment episodes. Almost two-thirds reported a previous mental health diagnosis, increased from 47% in 2015. For 30%, SCT was their first time experiencing any form of treatment. The causes of criminal behavior were fairly spread out. Ten percent identified with “homelessness” as one of the causes of drug use; 15% identified “life stressors” as the cause for drug use; and 25% identified the influence and association with peers as a cause. However the largest identifiable cause was “childhood trauma” with 40% identifying it as a cause. It is important to note that some of these causes can commonly overlap or occur all at once.

Table 10	2016	2015
Time in PDX	24.2 yrs	23.4 yrs
Time in SCT	6.76 mos.	6.5 mos.
Prior Tx	3.96	3.1
Prior MH Diag	60%	47.40%

The participants were asked about their drug and alcohol use. The results are indicated in Table 11. Most participants used multiple substances; however the percentages in the table illustrate the drugs of choice across the interviewees in 2015 and 2016. The data illustrate a significant shift in substance abuse patterns over the past two years. Specifically, there was a significant decrease in methamphetamine and cocaine use and an increase in heroin use.

Table 11	2016	2015
Drug Of Choice		
Alcohol	45%	74%
Marijuana	25%	79%
Meth	35%	69%
Heroin	45%	32%
Cocaine	25%	58%
Amount Spent on Drugs per week	\$601.50	\$564.17
Crimes committed per person per day	.886	1.21

Subjects reported they spent an average of \$600 per week on alcohol and drugs, and engaged in .886 crimes per person per day (excluding drug crimes) to support their addictions. In annual terms, each participant would engage in 258 crimes (.886 crimes per day less the 74 days spent in custody across 5.6 arrests), and spend almost \$25,000 on alcohol and drugs. Using a conservative estimate of the cash value of stolen property at 33%, the dollar amount of property stolen per person per year is approximately \$75,000. These statistics are consistent with the data

obtained from participant interviews since 2009. They underscore that fact that SCT participants are high-risk and prolific offenders. Further, their history suggests that standard social and criminal justice interventions have been unsuccessful.

In the more qualitative portion of the summary clients were asked for opinions and feedback on a small sample of questions focused on their personal interpretations of their future, their feelings regarding the program as well as an example of this and how they feel differently today than they had in previous programs. The feedback that they provided was positive, not surprising and congruous in direction for the individual and the group as a whole.

The first question focused on what barriers did they feel lay ahead of them as they continued the process by stepping out into the world. Almost every subject was concerned with finances and recuperating healthy financial credit following the damage from their experiences with crime and drugs. These types of answers tended to focus most largely on finances, slightly less on permanent housing and followed by health (both physical and mental).

When asked what measures or steps could be taken in the program for improvement they all seemed happy with the current measures and only wanted more of what was already included. They would like to see more check-ins, more case managers and more job placement. In line with this, participants also requested a wider base for accepting new patients and more open opportunities for members of their community that do not fit the requirements for entry.

When participants were asked if they were happy with the program, it was a unanimous yes. The most common reason given for their like of the program were the same as what they had stated separates this program from experiences that they have had in previous rehabilitative environments. There is a greater emphasis by the staff to encourage independent responsibility

and individualism. They noted that the staff was caring and focused on the success of themselves as patients and people. The overall feeling of this portion of the summary was that this encouragement further developed the participant's will to succeed.

When asked at final how the participant felt today than they had in other treatment programs the same feeling of independence, commitment and stable open mindedness was the running theme. Others felt that they were more open to change and were seeking greater help from others than they had previously allowed for themselves.

Cost and Benefit Analysis 2016

Crime and program costs were calculated using methodology derived and adapted from a 2009 Oregon Criminal Justice Commission report (Wilson, 2009), and the Service Coordination Team Budget. Rates of crime are derived from the results of the interviews. Additionally, costs related to the average number of bookings per person per year and average jail days per booking (13.2 days) will be added.

Methodology: Two models are presented using two samples. The first will examine data from the subjects interviewed, applying the related costs, and determining the net impact and costs of the program. The second model will apply these costs across outcome data for subjects receiving SCT services in 2014.

- Model 1 assumes that there has been no criminal/drug activity for these subjects in the last 193.45 days
- Model 2 assumes a reduction in criminal/drug activity of 44% for these subjects in the last 170.95 days.

Cost of Crime: The cost to the victim and the community due to property crimes. These costs include the direct victimization (value of the property stolen/damaged), lost productivity, mental health, social services and medical care, and quality of life (This estimate is based on a NIJ report, (Miller, Cohen, and Wiersema, 1996)).

- \$2,046 cost per crime , adjusted for inflation is now \$2,252.35

Costs of Drug Use: \$601.50 per person/week (based on participant interviews)

Previous research has yielded the following estimates

2012. Office of National Drug Control Policy: \$374.20 per week

2011 Capstone Analysis: \$603.28 per week

2014 Capstone Analysis: \$667.00 per week

2015 Capstone Analysis: \$564.17 per week

2008 Regional Research Institute Study: \$1442 per week

Cost of Arrest: Utilizing the methodology from the Oregon Criminal Justice Commission Report, the cost of an arrest includes: Police, District Attorney, Court, Court Staff, Jail Staff, and Defense Counsel. \$6098.00 cost per arrest

Cost of Jail: \$170.00 per day

Cost of SCT Housing and Treatment: \$127.67 per client per day (Includes ancillary services and administrative costs)

Crime Costs:

- Model 1 (20 offenders engaging in .886 crimes per day for 193.45days at \$2252.35 per crime) = \$7,720,907.14

- Model 2 (80 offenders engaging in .886 crimes per day for 170.95 days at \$2252.35 per crime) = \$27,291,580.80

Policing Costs:

Model 1(Arrests/Bookings of 20 offenders, plus jail costs = \$495,514.8

Model 2(Arrests/Bookings of 80 offenders, plus jail costs = \$1,748,483.20

SCT Program Costs:

- Model 1 (Housing, Treatment, and Administrative costs (127.67) for 20 offenders for 193.45 days) = \$493,955.23
- Model 2 (Housing, Treatment, and Administrative costs (127.67) for 80 offenders for 170.95 days) = \$1,746,014.92

Cost-Benefit Ratio = Program Costs divided by (Avoided Cost of Crime plus policing costs).

Cost-benefit ratio:

- (Model 1) .06, for every \$1 in program costs, there is a corresponding impact of \$16.63 in victim, community, and system costs.
- (Model 2) .136, for every \$1 in program costs, there is a corresponding impact of \$7.35 in victim, community, and system costs.

Table 12 illustrates the results of the cost benefit analysis. Model 1 estimates the benefit derived from the SCT assuming a 100% success rate at \$16.63 for every \$1 in program costs. Model 2 estimates the benefit assuming a 44% success rate at \$7.35 for every \$1 in program costs. Since the model does not include participants with stays of less than 30 days, it is likely the actual cost-benefit ratio may lie between \$5.49 and \$7.32. However, it is important to note

that these estimates are based on the 2014 budget. With the recent structural changes to program, including the decentralization of treatment services, the per client per day costs has been reduced by 41%. Assuming the SCT success rates are stable, the estimated cost benefit ratio under the new budget would increase to \$12.40 for every \$1.

Table 12

	Model 1 20 interview subjects	Model 2 80 SCT Participants (2015 data)
Crime Costs	\$7720907.14	\$27291580.80
System Costs	\$495514.8	\$1748483.20
Program Costs	\$493955.23	\$1746014.92
<u>Avoided Crime Costs</u>	\$7720907.14	\$12,008,295.55
<u>Avoided System Costs:</u>	\$495514.8	\$769,332.60
<u>Cost to benefit ratio</u>	.06 \$1 cost = \$16.63 savings	.136 \$1 cost = \$7.35 savings

Summary and Recommendations

The results of the 2016 analysis affirm the findings of previous research as to the general rate of effectiveness of the Service Coordination Team. The cost-benefit analysis illustrated the prolific nature of the average SCT participant in terms of criminal behavior. Further, the results indicate the real public safety savings that are realized through participation in the program. The research revealed some trends and changes in the nature of the average SCT participant and identified those characteristics most strongly associated with a positive program outcome. The results are presented for internal review and discussion. No specific programmatic recommendations are being made. However, to facilitate the program's ability to better track outcomes and performance, it is recommended that the SCT develop a number of "dashboard" indicators. These will help guide the data collection and analysis process, and will help focus attention on key performance measures. For each of these measures, it is recommended that a benchmark be established.

- 1) Engagement Rate: This is the percentage of participants who engage in the program for at least 30 days. The SCT invests considerable time and effort to identify and receive these subjects, and this work should be measured.
- 2) Completion Rate: The percentage of all participants who complete the program. The current percentage reflected in this report omits those subjects with stays of less than 30 days.
- 3) No arrests post program: This is the percentage of participants who, regardless of termination type, had no arrests since leaving the program.
- 4) Average length of stay: This is the average time participants spend in the program.

Key Performance Measures (Dashboard)

Engagement Rate	Completion Rate	No Arrests Post-Program	Average Length of Stay
<ul style="list-style-type: none">• Current percentage of incoming subjects with LOS greater than 30 days• Program Benchmark	<ul style="list-style-type: none">• 27.4% currently• Program Benchmark	<ul style="list-style-type: none">• 39.7% currently• Program Benchmark	<ul style="list-style-type: none">• 170 days currently• Program Benchmark

Appendix A

Portland State University Evaluation of Criminal Justice UNST 421-572 Informed Consent Form

Thank you for agreeing to take part in a research study that is examining the Service Coordination Team Program. This study is being conducted by Portland State University. The purpose of this study is to collect information from participants in the program regarding their perceptions of the program, and the effect the program on substance abuse and criminal activity.

Your Involvement in the Study

By volunteering to take part in this experimental study, you are agreeing to answer all questions honestly and thoroughly to the best of your beliefs. Participation in this study will take less than 30 minutes and involves answering a series of questions regarding demographics, personal history, various programs attended, your perception of their effectiveness or quality, including the impact on substance abuse and criminal behavior.

Risks/Benefits

There are no risks to this interview, as each interview is kept anonymous and confidential. This study will not directly benefit you. However, this information will be used to make modifications to the program, and to assist in the benefit of others in the future when seeking out effective treatment programs.

Confidentiality

Aside from signing this consent, all information will be kept anonymous and confidential. All responses will be summarized, and no individual names will be released. All responses are treated as confidential, and in no case will responses from individual participants be identified. Rather, all data will be pooled and published in summarized or aggregate form.

Participating In and Withdrawing From the Study

If you choose to take part in this study, your participation is voluntary. You are also free at any time to stop participating in the study, without any effect on your relationship with the Service Coordination Team. You will not incur any penalties if you choose not to take part in this study.

If you have further questions about this study, or your rights, or wish to lodge a complaint or concern, you may contact Professor Don Trapp at (503) 504-1957.

I have read (or someone has read to me) and understand the information provided above. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction. If I requested a copy of this form, it has been given to me.

By signing this form, I willingly agree to participate in the research it describes.

Participant Signature: _____

Printed Name: _____

Date: _____

Interviewer Signature: _____

Printed Name: _____

Date: _____

Appendix B

Portland State University
Criminal Justice Evaluation Capstone
Survey Introduction

Portland State University is conducting an evaluation of the Service Coordination Team. As part of the evaluation, we would like to invite you to participate in an interview about your experience. We are interested in asking questions about your involvement with the program, some background information on you, and the extent to which these programs have helped reduce substance abuse and criminal activity. Our goal is find out how to improve the system, so it can serve you and future clients better.

In order to protect your confidentiality and to allow you to be open and honest during the interview, please be advised that your answers will be strictly confidential and will only be known to the research team at Portland State University. The research staff will combine your answers along with the answers of the other participants of the survey to help the Service Coordination Team provide better service to its clients. All answers will be reported as general numbers and at no time will your name or answers be identifiable. This survey will take approximately thirty minutes to complete. Thank you for your assistance. All participants will receive a \$10 Fred Meyer Gift Card upon completion of the interview.

If you have any question or problems about this survey please feel free to contact:

Don Trapp at 503-504-1957

INTERVIEWS TO BE CONDUCTED ON THURSDAY, FEBRUARY 11, 2016 FROM

2 – 3:30PM.

Appendix C

2016 SCT Participant Interview Questions

- 1) What is your gender? Male____ Female____ Other _____
- 2) What is your age? _____
- 3) Which do you best identify with?
- | | |
|--|------------------------------|
| 1. ___ White (non Hispanic) | 8. ___ Hispanic-Puerto Rican |
| 2. ___ African American (non Hispanic) | 9. ___ Other Hispanic |
| 3. ___ Native American | 10. ___ Asian |
| 4. ___ Alaskan Native | 11. ___ Southeast Asian |
| 5. ___ Asian or Pacific Islander | 12. ___ Mixed |
| 6. ___ Hispanic-Mexican | 13. ___ Other _____ |
| 7. ___ Hispanic-Cuban | |
- 4) What is the highest level of school that you have completed? _____
1. ___ Less than high school 2. ___ Highschool Diploma 3. ___ GED completion
4. ___ Some College 5. ___ College degree 6. ___ Trade school certificate
- 5) Have you worked in the past 2 years? Have you ever been gainfully employed?
- ___ Yes ___ No ___ Yes ___ No
- If so, where and for How long?
- _____
- 6) Are you currently employed? ___ Yes ___ No
- 7) How long have you lived in the Portland Area? _____ Yrs. _____ Months
- 8) How long have you been in the program? _____ Months
- b) How long have you been clean? _____
- 9) Had you been in treatment before _____ yes _____ no
- a) How many times? _____

b) What is your longest period of sobriety before this? _____

10) Have you ever been diagnosed with a Mental Illness? _____yes _____no

a) Have you had any treatment? _____

If yes, at what age? _____

b) Have you ever been hospitalized? _____

If yes, many times? _____

11) Q: How would you categorize why you began or started your criminal behavior and/or drug use?

A) Homeless_____ B) Stressor (EX: loss of job, loved one, etc.) _____

C) Association/Influence_____ D) Trauma/medical crisis_____

E) Childhood Trauma_____

Now I would like to ask you some questions about your activities in the prior year, specifically about substance abuse and criminal activity. This is to get an idea about how this program has impacted you in these ways.

12) a.) How many arrests have you had in the last 12 months?

b.) How many days have you spent in jail in the last 12 months?

13) In the year prior to your involvement in this program how often did you use drugs? What was your drug(s) of choice? _____

(DO NOT list all these drugs, wait for respondent to tell you themselves)

	Everyday	Weekly	Occasionally	Age at	first use
2. ___Alcohol	_____	_____	_____	_____	_____
3. ___Marijuana	_____	_____	_____	_____	_____
4. ___Amphetamine/Meth	_____	_____	_____	_____	_____
5. ___Heroin	_____	_____	_____	_____	_____
6. ___Cocaine	_____	_____	_____	_____	_____

- 7. ___ Crack _____
- 8. ___ Hallucinogen _____
- 9. ___ Ecstasy _____
- 10. ___ Morphine _____
- 11. ___ Methadone _____
- 12. ___ Inhalants _____
- 13. ___ Rx drugs Abuse _____

b.) What was your drug of choice? _____

14) In the year prior to your involvement in the program how did you support your drug habit?

(NOTE: the purpose of this question is to assess the efficacy of the program on the participants, not to further prosecute the client or anything like that. Try to assuage their understandable concerns)

(DO NOT list all these drugs, wait for respondent to tell you themselves)

	Every day	Weekly	Occasionally	Age at first use
1. ___ Stole property/robbery	_____	_____	_____	_____
2. ___ Shoplifted	_____	_____	_____	_____
3. ___ Passed bad checks	_____	_____	_____	_____
4. ___ used un-authorized Rx	_____	_____	_____	_____
5. ___ Stole ID/used False ID	_____	_____	_____	_____
6. ___ Physical assault	_____	_____	_____	_____
7. ___ Robbed someone	_____	_____	_____	_____
8. ___ Buying illegal drugs	_____	_____	_____	_____

9. ___ Sold illegal drugs _____

10. ___ Exchanged sex for
Drugs _____

11. ___ Exchanged
sex for Money _____

14) If the criminal behavior you just described did not support your drug use, what was your main source of funding for your drug use?

1. ___ Family 2. ___ Job 3. ___ Other _____

15) Age at first arrest? _____ For what crime? _____

16) How much money per week did you spend on your drug use in the year prior to your involvement in this program? \$ _____

17) What do you think your biggest challenges will be post-graduation? If you've already graduated, what are your biggest challenges currently? (*Staying clean, keeping a job, staying out of the system etc.*)

18) What was your favorite part of the program? What changes do you feel could be made to make the programs more effective in helping people that are in the system stay out of it?

19)

(a) How is SCT different from other treatment programs you've participated in?

(b) Would you recommend this program to others? What would you say about it?

(c) How are YOU different this time?

Thank you for your participation.