

**Community Partners Reinvestment
Program (CPR)**

Volunteers of America – Oregon

**OUTCOMES IN BRIEF
Final Full Sample
Evaluation Report
January 1, 2005 - June 30, 2010**

August 31, 2010

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**Full evaluation at
www.voaor.org/CPR_Outcomes**



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CPR PROGRAM DESCRIPTION

Community Partners Reinvestment (CPR) is a program of Volunteers of America Oregon. It is designed to help young men with substance abuse issues transitioning from prison to live in Multnomah County. A collaborative of providers serve the young men, age 18-25, and their families starting 3 to 6 months prior to release and continuing with more intensive services for at least one year post-release. Services and evaluation planning for CPR started in 2001 with the first evaluation plan drafted in 2003. Initial funding was secured in 2004.

An evaluation of CPR activities was conducted by the Portland State University (PSU) Regional Research Institute for Human Services (RRI) from January 1, 2005 to June 30, 2009. Additional evaluation interviews were conducted by CPR staff from July 1, 2009 to June 30, 2010. This document is a report of the evaluation findings from data collected by both RRI and CPR.

CPR, a program of VOA Oregon, serves young men returning to Multnomah County from prison.

CPR's community based partners include(d): Volunteers of America Oregon (VOA), Metropolitan Family Service (MFS), SE Works, Cascadia Behavioral HealthCare, Irvington Covenant Community Development Corporation, and Better People. Public Partners include: Multnomah County Department of Community Justice (DCJ), the Oregon Department of Corrections (DOC), and the Oregon Youth Authority (OYA).

CPR funders include: the US Substance Abuse Mental Health Services Administration (SAMHSA), the Robert Wood Johnson Foundation, Meyer Memorial Trust, the Bill and Melinda Gates Foundation, Northwest Health Foundation, the JEHT Foundation, VOA National, Multnomah County Department of Community Justice (DCJ), the Oregon Department of Corrections (DOC), the Oregon Psychiatric Security Review Board, and the Portland Development Commission (PDC) formerly BHCD.

OUTCOME EVALUATION METHODOLOGY

During the five year evaluation period (January 2005 - June 2010), 326 young men enrolled in CPR services. Of those, 238 CPR participants enrolled in the CPR evaluation and were interviewed at intake into the project (baseline). Of those evaluation participants, 144 were located and interviewed 6 months later (6 months post-baseline).

Findings presented in the outcome sections of this report are based on the interview data from the 144 participants with completed interviews at both baseline and 6-months post-baseline. Recidivism data for those participants was provided by the Oregon Department of Corrections and Multnomah County Department of Community Justice.

Three standardized outcome measures were included in the client interviews: the *Addiction Severity Index* (ASI), the *Behavior and Symptom Identification Scale* (BASIS-32), and the *Level of Services/Case Management Inventory* (LS/CMI). The Addiction Severity Index (McLellan et al., 1992) is a multidimensional instrument designed to provide an overview of a number of problem areas related to substance use. It is widely used to identify areas in need of treatment and as a measure of treatment outcomes (Donovan, 1995). The BASIS-32 (Eisen, 1996) is a commonly used outcome measure that assesses psychiatric symptoms, as well as functioning abilities. The LS/CMI (Andrews, Bonta, & Wormith, 2004) is a survey of attributes of offenders and their situation that is valid for use with persons aged 16 and older. The information is gathered by client interview and staff knowledge of their case. The LS/CMI is used by many states to predict risk for recidivism, parole outcomes and success in community-based housing.

238 of the 326 CPR participants enrolled in the CPR evaluation between January 2005 and June 2010.

BRIEF SUMMARY OF OUTCOME FINDINGS

January 1, 2005 through June 30, 2010

PARTICIPANT DESCRIPTION

Two hundred thirty-eight participants enrolled in the CPR evaluation between January 2005 and June 30th, 2010. At the time of their baseline interview, the typical participant was 22.8 years old and never married (93.7%). The participants identified themselves as white (54.2%), African American (34.9%), Native American (10.5%), Hispanic or Latino (9.7%), Native Hawaiian (0.8%), Asian (0.8%), and Alaskan Native (0.4%). Nearly two-thirds (65.5%) were incarcerated at the time of the baseline interview. Most of the participants were returning to the community from prison for the first time (78.6%). They were incarcerated for an average of 27.6 months. Two-thirds (67.2%) had a high school diploma or a GED. Approximately one-third (32.4%) of the participants ended their education between 8th and 11th grade. The majority of CPR participants had a very high (50.0%) to high (36.6%) risk to recidivate, as measured by the *Level of Service/Case Management Inventory* (LS/CMI; Andrews, Bonta, & Wormith, 2004).

94.5% of the young men entering CPR had a high or very high risk of returning to criminal activity.

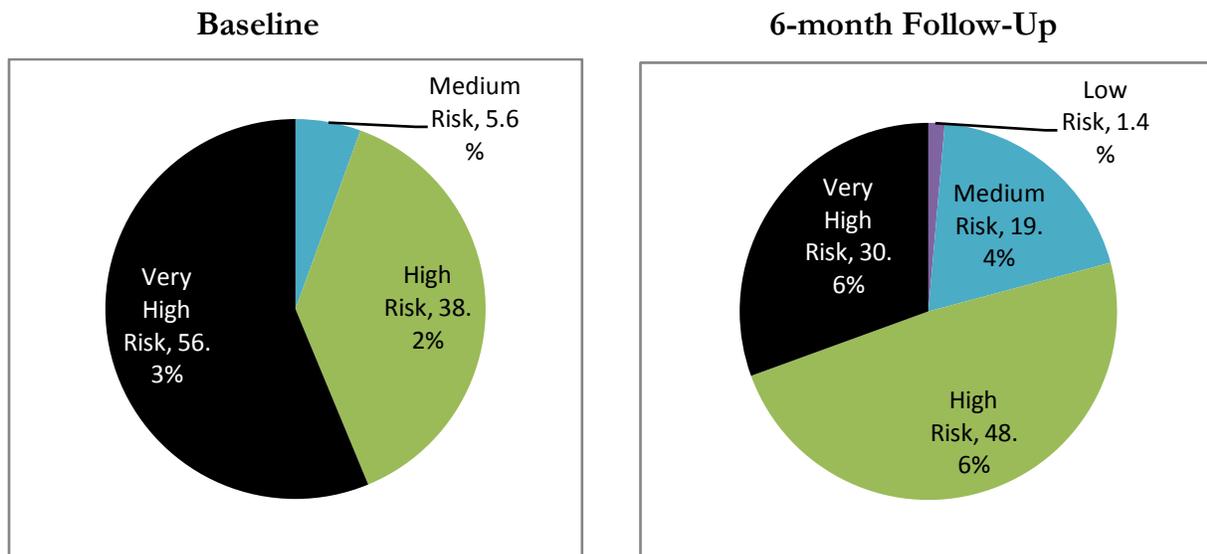
PROJECT OUTCOMES THROUGH JUNE 30TH, 2010

The following outcomes are for the 144 CPR participants interviewed both at baseline and 6-months post-baseline.

Risk factors for re-offending were reduced significantly.

- The overall risk of re-offending decreased significantly ($p < .001$), as measured by the LS/CMI at intake and follow-up. Six of the eight LS/CMI subscales showed a statistically significant decrease in risk at 6-months ($p < .001$): *Antisocial Pattern, Companions, Education/Employment, Family/Marital, Leisure/Recreation, and Procriminal Attitude/Orientation*.

Percent of Participants Falling into each Risk Level at Baseline and Follow-up by Total LS/CMI Score (n=144)



The majority of these high risk offenders were NOT reconvicted of a felony.

- The majority (75.2%, n=177) of this high-risk population were NOT reconvicted of a felony through June 30, 2010.
- Overall, 58 (24.8%) of CPR participants were reconvicted of a felony between January 2005 and June 2010.
- The average time from release to reconviction was 13.6 months (ranging from 2 to 38 months).
- Two-thirds (38 out of 58) of the participants who recidivated, did so within the first 18 months post-release.

Substance use and the severity of addiction were reduced.

- 93.8% had not experienced any alcohol or drug related health, behavioral or social consequences in the past 30 days.
- 83.3% had not used illegal drugs in the past 30 days.
- 62.5% had not used alcohol or illegal drugs in the past 30 days.
- There was a statistically significant ($p < .01$) reduction in the overall severity of addiction, as measured by the *Addiction Severity Index* (ASI; McLellan et al., 1992), including statistically significant reductions in the following two ASI composite scores: *Employment Status* ($p < .001$) and *Psychiatric Status* ($p < .01$).

The severity of addiction and mental health symptoms were reduced at 6 months.

Mental health symptoms were reduced.

- There was a statistically significant overall reduction of mental health symptoms ($p < .05$), as measured by the *Behavior and Symptom Identification Scale* (BASIS-32; Eisen, 1996).
- The reductions in four of the five subscales were statistically significant: *Relation to self and others* ($p < .05$), *Depression-anxiety* ($p < .05$), *Impulsive-addictive behavior* ($p < .01$), and *Psychosis* ($p < .01$). The remaining subscale, *Daily Living Skills*, also showed a reduction.

Mental Health at Baseline and Follow-Up (BASIS-32 Scores)

BASIS-32 Subscale	Average Score ¹		Mean Difference ²	Change in Severity
	Baseline	Follow-Up		
Relation to self and others (n=143)	.44	.32	.12*	↓
Depression-anxiety (n=144)	.42	.30	.12*	↓
Daily living skills (n=144)	.34	.29	.05	↓
Impulsive-addictive behavior (n=144)	.20	.11	.10**	↓
Psychosis (n=144)	.08	.01	.07**	↓
Overall Mean Score (n=144)	.32	.25	.07*	↓

¹Higher scores indicate more risk: 0=No Difficulty, 4 = Extreme Difficulty * $p < .05$

²Baseline score minus Follow-Up score.

Education, employment and housing situations improved.

- 61.1% were currently employed or attending school, compared to 20.8% at baseline.
- 25.7% had a valid driver’s license, compared to 9.0% at baseline, and 21.9% had an automobile available to them on a regular basis, compared to 6.9% at baseline.
- 77.7% were living in their own or someone else’s home, compared to 29.2% at baseline.