Community Partners Reinvestment Program (CPR)

Volunteers of America – Oregon

Final Full Sample Evaluation Report

July 1, 2005 - June 30, 2010

August 31, 2010

Updated 10/7/10

Portland State
UNIVERSITY

Regional Research Institute for Human Services

This report was prepared for

Kathy Brazell Sévos, MPA, MNPM
CPR Program Director
Community Partners Reinvestment Program
Volunteers of America Oregon

by

Karen Cellarius, MPA,
Debi Elliott, PhD, and
Rebecca Ruston, BA

Regional Research Institute
for Human Services
Portland State University
P.O. Box 751
Portland, OR 97207-0751

1600 SW 4th Avenue, Suite 900
Portland, OR 97201
(503) 725-4180 (fax)

Debi Elliott, PhD
Senior Research Associate
(503) 725-5198 (voice)
elliottd@pdx.edu (email)

TABLE OF CONTENTS

TABLE OF TABLES AND FIGURES

CPR PROGRAM DESCRIPTION

The 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.

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

An evaluation of CPR activities was conducted by the Portland State University (PSU) Regional Research Institute for Human Services (RRI) from July 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.

The RRI evaluation over the past five years included a process and outcome evaluation comprised of interviews with participants at intake, 6-months and 12-months into the program, annual focused discussions with groups of staff and groups of participants, and interviews with key informants and project administration. Questions covered key outcome areas and general program feedback. Results from this data collection were shared with program staff at monthly managers meetings and through periodic research presentations and written reports. When program staff took over the evaluation interviews in 2009, questions regarding program satisfaction were discontinued to spare the respondent the discomfort of providing a program rating directly to provider staff.

CPR's community based partners include: Volunteers of America Oregon (VOA), Metropolitan Family Service (MFS), SE Works, Cascadia Behavioral HealthCare (Cascadia), Irvington Covenant Community Development Corporation (Irvington Covenant), and Better People. Public Partners include: Multnomah County Department of Community Justice (DCJ), the Oregon Department of Corrections (*DOC),* the Portland Development Commission (*PDC),* 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, the Oregon Department of Corrections (DOC), the Oregon Psychiatric Security Review Board, and the City of Portland PDC (formerly BHCD).

OUTCOME EVALUATION

July 1, 2005 and June 30, 2010

SECTION I: OUTCOME EVALUATION METHODOLOGY

During the five year evaluation period (July 2005 - June 2010), three hundred twenty-six young men enrolled in CPR services. Of those, two hundred and thirty-eight CPR participants enrolled in the CPR evaluation and were interviewed at intake into the project (baseline). One-hundred and forty-four of those evaluation participants were located and interviewed 6 months later (6 months post-baseline), and 37 were located and interviewed at 12 months post-intake[1]. In many cases, follow-up interviews also doubled as discharge interviews, for a total of 115 interviews completed with participants at discharge from CPR. Discharge interviews were a requirement of the grant funding from the U.S. Substance Abuse Mental Health Services Administration (SAMHSA) and not part of the original evaluation design. Twelve-month follow-up interviews were gathered whenever possible; however, due to funding reductions, the 6-month follow-up and discharge interviews were prioritized to satisfy SAMHSA requirements. Discharge occurred any time during the twelve-month post-release services phase.

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

Table 1: Count of Interviews Completed with CPR Participants (July 1, 2005 - June 30, 2010)

Interview Type	Number Completed
Baseline	238
6 Month post Baseline	144
12 Month post-Baseline	37
Discharge	115

Findings presented in the outcome sections of this report are based on the interview data from the 144 participants with both baseline and 6-month follow-up data and recidivism data 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, 1991) is a commonly used outcome measure that assesses psychiatric symptoms as well as

[1] Over time after the young men were released from prison, they were more difficult to locate for follow-up interviews.

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.

SECTION II: BRIEF SUMMARY OF OUTCOME FINDINGS

PARTICIPANT DESCRIPTION

Two hundred thirty-eight participants enrolled in the CPR evaluation between November 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 identify 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%). Over half (65.5%) were incarcerated at the time of the baseline interview. Many were returning to the community from prison for the first time (78.6%). They were incarcerated for an average of over two years (27.6 months). Two-thirds have a high school diploma or a GED (67.2%). Over one-third of stopped their education between 8th and 11th grade (32.4%). CPR participants have a very high (56.3%) to high (38.2%) 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.

- 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*.

Risk factors for re-offending were reduced at 6 month follow-up.

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),

The severity of addiction and mental health symptoms were reduced at 6 month follow-up.

including statistically significant reductions in the following two ASI composite scores: *Employment Status* ($p<.001$) and *Psychiatric Status* ($p<.01$).

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, 1991).
- 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, but it was not statistically significant.

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% had been living in their own or someone else's home, compared to 29.2% at baseline.

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

- 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.
- The majority (75.2%, n=177) of this high-risk population were NOT reconvicted of a felony through June 30, 2010.

SECTION III: PARTICIPANT DESCRIPTION

The CPR program enrolled males, age 18-25, who were returning to Multnomah County after being incarcerated. All CPR participants were identified by staff as having a drug or alcohol related issue at intake, including early and/or frequent use. They were also identified by the Department of Corrections as being high risk to recidivate after release.

CPR participants had a high to very high risk for re-offending at baseline.

Two hundred and thirty-eight CPR participants were enrolled in the CPR evaluation between November 2005 and June 2010. When entering the program, they had a very high (56.3%) to high (38.2%) risk to recidivate, as measured by the *Level of Service/Case Management Inventory* (LS/CMI; Andrews, Bonta, & Wormith, 2004). Areas falling in the high risk range were criminal history, antisocial patterns, and companions. Areas falling in the Medium to High Risk range were alcohol and drug problems; education and employment history; family and marital factors; and what participants did with their leisure time. Their attitude toward criminal activities fell in the Medium risk range, the lowest level of any category for CPR participants. The high ratings in multiple areas that contribute to re-offending placed CPR participants in the high to very high risk level for re-offending at baseline.

Figure 1: Percent of Participants Falling into each Risk Level by Total LS/CMI Score at Baseline

(n=238 CPR Participants)

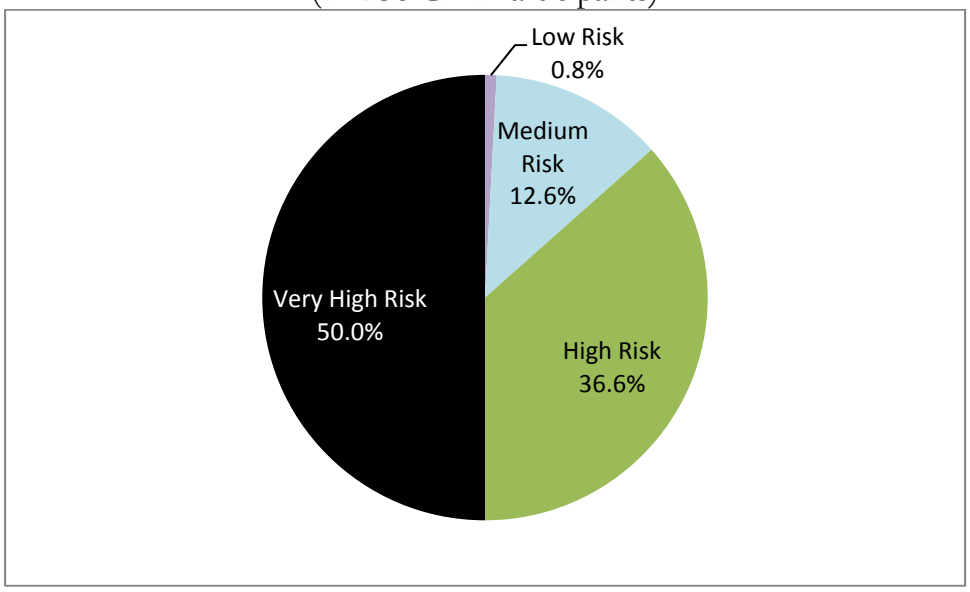


Table 2: Risk of Re-offending at Baseline (Average LS/CMI Scores by Risk area)

(n=238 CPR Participants)

Area of Risk	Risk Level and Scores *Score ranges vary by Area.*				
	Very Low ⇨	**Low** ⇨	**Medium** ⇨	**High** ⇨	**Very High**
Procriminal Attitude/ Orientation *(2.1 on a scale of 0-4)*			*2.1*		
Education/Employment *(5.5 on a scale 0-9)*			*5.5*		
Family/Marital *(2.5 on a scale of 0-4)*			*2.5*		
Leisure/Recreation *(1.5 on a scale of 0-2)*			*1.5*		
Alcohol/Drug Problem *(4.6 on a scale of 0-8)*			*4.6*		
Companions *(3.1 on a scale of 0-4)*				*3.1*	
Antisocial Pattern *(3.2 on a scale of 0-4)*				*3.2*	
Criminal History *(6.0 on a scale of 0-8)*				*6.0*	
Total *(28.5 on a scale of 0-43)*				*28.5*	

At the time of their baseline interview, the 238 participants ***described themselves*** in the following manner:

- The average age was 22.8 years.
- 93.7% were never married.
- 54.2% were white, 34.9% were African American, 10.5% were Native American, 9.7% were Hispanic or Latino, 0.8% were Native Hawaiian, 0.8% were Asian, and 0.4% were Alaskan Native. *(Total percentages equal more than 100% because multiple race/ethnicity designations could be selected by each participant).*

The average length of incarceration prior to entering CPR was just over two years.

- The average length of incarceration for participants was 27.6 months. Over half (65.5%) were incarcerated at the time of the baseline interview, and preparing for their release.
- 78.6% were returning to the community from prison for the first time.
- Two-thirds had a high school diploma or a GED (67.2%), while over one-third stopped their education between grades 8 and 11 (32.4%).

78.6% were returning to the community from prison for the first time.

- 20.8% were employed or attending school at baseline.
- 91.0% did not have a valid driver's license and 93.1% did not have an automobile available to them.

SECTION IV: CLIENT OUTCOMES

Baseline interviews usually occurred within 30 days of entry into CPR. Client outcomes for this report were measured as change between baseline and 6 months post-baseline. As a result, the outcomes for 144 respondents with data from both time points are described below.

A. RISK OF RE-OFFENDING WAS REDUCED

Risk of re-offending was measured using the *Level of Service/Case Management Inventory* (LS/CMI; Andrews, Bonta, & Wormith, 2004). The LS/CMI 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. The LS/CMI has been administered at multiple points over time and successfully measures longitudinal outcomes. The instrument assesses several subcomponents, which are grounded in research and are known to represent reasonable targets for intervention. Those form the following eight subscales: alcohol/drug problem, antisocial pattern, companions, criminal history, education/employment, family/marital, leisure/recreation, and procriminal attitude/orientation. The LS/CMI was administered as an interview with CPR participants at both baseline (from up to 3 months pre-release to 1 month post-release) and 6 months later. *[It was also administered at 12-months post-baseline and at discharge from the program (if timing is different than the scheduled follow-ups), but that data is not reported here.]*

Six of the eight LS/CMI subscales showed a statistically significant decrease in risk of re-offending at 6-months.

The findings for the 144 CPR participants with both baseline and 6-month follow-up LS/CMI data are:

- The proportion of participants in the high or very high risk levels went down from 94.5% at baseline to 79.2% at 6 month follow-up.
- The overall LS/CMI score showed a statistically significant decrease ($p<.001$) in risk from baseline to 6-months.
- 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*.
- The *Alcohol/Drug Problem* subscale showed a decrease in risk at 6-months that was not statistically significant.
- The *Criminal History* subscale showed a statistically significant increase ($p<.001$) during that time. It is important to note that this subscale is made up primarily of questions related to a respondent's history that cannot change. As a result, risk scores will most

likely stay the same or increase over time. This finding was also affected by 23 of the 144 CPR respondents being in jail or prison at the time of their follow-up interview.

Figure 2: Percent of Participants Falling into each Risk Level at Baseline and Follow-up by Total LS/CMI Score

(n=144)

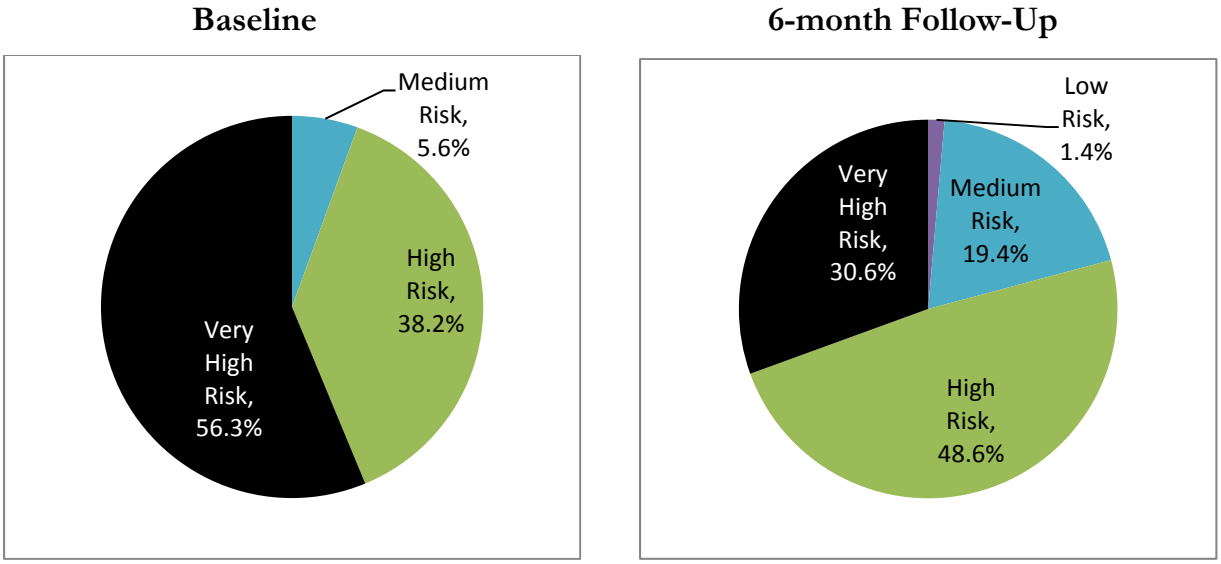


Table 3: Risk of Re-offending at Baseline (B) and 6 Month Follow-Up (F) (Average LS/CMI Scores by Risk area)

(n=144)

Area of Risk		Risk Level and Scores (*Score ranges vary by Area.*) Very Low ⇨ Low ⇨ Medium ⇨ High ⇨ Very High
Procriminal Attitude/ Orientation *** *(Scale: 0-4)*	B	2.3
	F	1.6 ⇦ Reduced
Education/Employ-ment*** *(Scale: 0-9)*	B	5.8
	F	4.8 ⇦ Reduced
Family/Marital*** *(Scale: 0-4)*	B	2.6
	F	1.7 ⇦ Reduced
Leisure/Recreation*** *(Scale: 0-2)*	B	1.6
	F	1.2 ⇦ Reduced
Alcohol/Drug Problem *(Scale: 0-8)*	B	5.0
	F	4.7 ⇦ Reduced
Companions*** *(Scale: 0-4)*	B	3.2
	F	2.2 ⇦ Reduced
Antisocial Pattern*** *(Scale: 0-4)*	B	3.3
	F	2.9 ⇦ Reduced
Criminal History [1] *(Scale 0-8)*	B	6.1
	F	6.7 ⇨ Increased
Total*** *(Scale: 0-43)*	B	29.9
	F	25.7 ⇦ Reduced

*p<.05 **p<.01 ***p<.001

[1]20 respondents were in jail or prison at the time of their 6-month interview.

B. Substance Use and the Severity of Addiction Were Reduced

Government Performance and Results Act (GPRA) Outcomes

The *Government Performance and Results Act Client Outcome Measures for Discretionary Programs* are required by SAMHSA and measure many of the areas that CPR is designed to address (https://www.samhsa-gpra.samhsa.gov/home/index. htm).

The following points summarize some of the addiction findings from the GPRA measures for the 144 CPR participants interviewed **at 6-months post-baseline**:

- 93.8% had not experienced any alcohol or drug related health, behavioral or social consequences in the past 30 days.

Six months after intake, 83.3% had not used illegal drugs 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.

Reported abstinence was slightly higher at baseline (91.0% had not used illegal drugs and 86.8% had used neither drugs nor alcohol in the past 30 days). However, at the time of the baseline interview, nearly two-thirds of the respondents were incarcerated and should have had no access to drugs or alcohol.

Addiction Severity Index (ASI) Outcomes

The *Addiction Severity Index* (ASI; 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). It is also the basis for many GPRA items. The ASI has a high degree of concurrent validity against measures of psychosocial problems (Hendricks et al., 1989), test-retest reliability (McCusker et al., 1994), and inter-rater reliability (Stoffelmayr et al., 1994). Composite scores are calculated for seven ASI domains: medical, employment, alcohol, drug, legal, family/social and psychiatric problems. These measures are mathematically derived and have shown reliability and validity in several settings. These composite scores are appropriate as change measures or outcome indicators in all standard analyses (McGahan, et al., 1990).

Employment, the addiction problem area with the highest severity rating, showed the greatest reduction.

The findings for the 144 CPR participants with both baseline and 6-month follow-up ASI data are:

- The overall ASI score showed a statistically significant reduction ($p<.01$) in the severity of addiction from baseline to 6-months.
- Two of the seven subscales showed a statistically significant reduction in addiction issues at 6 months: *Psychiatric Status* ($p<.01$) and *Employment Status* ($p<.001$).
- The subscale with the highest severity rating, Employment (.91 on a scale of 0-1) showed the greatest reduction (.69, a difference of .22)
- There was a slight increase in the severity of four composite scores: *Family/Social Status, Medical Status*, *Alcohol Use,* and *Legal Status,* though only the change in *Alcohol Use* ($p<.05$) was statistically significant.
- There was no change in the composite scores for *Drug Use.*

Table 4: Severity of Addiction at Baseline and Follow-Up (ASI Scores)

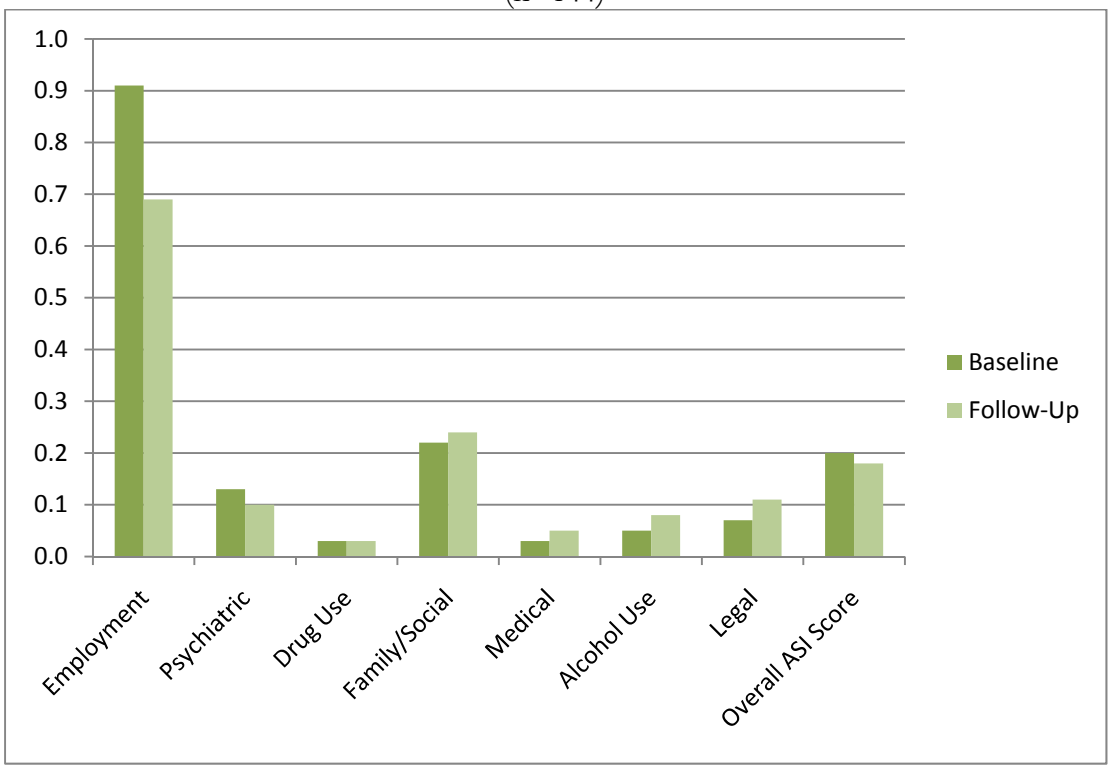
(n=144)

Addiction Severity Index Subscale[1]	Average Score[2]		Mean Difference[3]	Change in Severity
	Baseline	Follow-Up		
Employment Status (n=143)	.91	.69	.22***	⇩
Psychiatric Status (n=138)	.13	.10	.03**	⇩
Drug Use (n=144)	.03	.03	.00	⇔
Family/Social Status (n=134)	.22	.24	-.01	⇧
Medical Status (n=139)	.03	.05	-.02	⇧
Alcohol Use (n=143)	.05	.08	-.03*	⇧
Legal Status (n=138)	.07	.11	-.04	⇧
Overall ASI Score (n=120)	**.20**	**.18**	**.03****	⇩

[1]Subscale sample sizes differed due to a minimum number of missing items being required for the calculations.
[2]Higher scores indicate higher severity, maximum score = 1.
[3]Baseline score minus Follow-Up score.
*p<.05 **p<.01 ***p<.001

Figure 3: Severity of Addiction at Baseline and Follow-Up (ASI Scores)

(n=144)



C. MENTAL HEALTH SYMPTOMS WERE REDUCED

Both the ASI *Psychiatric Status* composite score (see previous section) and the *Behavior and Symptom Identification Scale* (BASIS-32; Eisen, 1991) showed a statistically significant reduction in mental health symptoms/status between baseline and 6-months post-baseline. The BASIS-32 is a commonly used outcome measure that assesses psychiatric symptoms as well as functioning abilities. It contains five subscales: relation to others, depression-anxiety, daily living and role functioning, impulsive and addictive behavior, and psychosis. Tests have found it to have good internal consistency and re-test reliability on most subscales (Klinkenberg, et al., 1998). Follow-up ratings indicated that it was sensitive to change in symptomology and functioning (Eisen, et al., 1999).

There was a statistically significant reduction in mental health symptoms from baseline to 6 month follow-up.

The findings for the 144 CPR participants with both baseline and 6-month follow-up BASIS-32 data are:

- The overall BASIS-32 score showed a statistically significant reduction ($p<.05$) of mental health symptoms from baseline to 6-months.
- 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, but it was not statistically significant.

Table 5: Mental Health at Baseline and Follow-Up (BASIS-32 Scores)

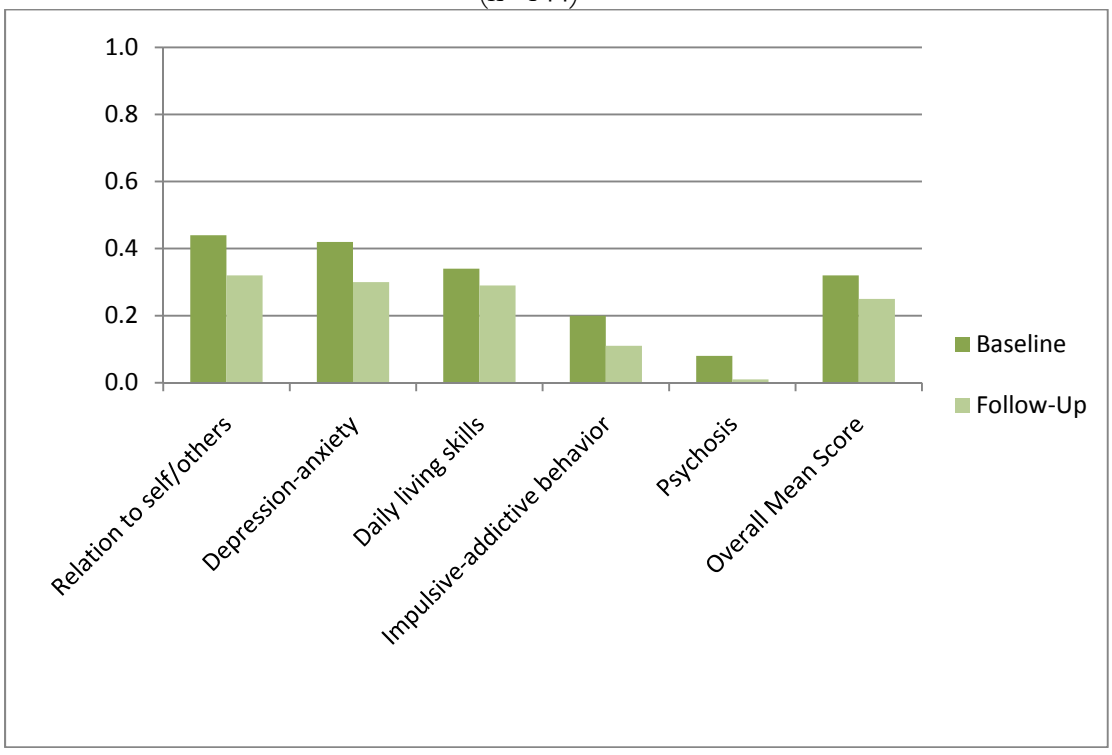
(n=144)

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***	⇩

[1]Higher scores indicate more risk: 0=No Difficulty, 4 = Extreme Difficulty
[2]Baseline score minus Follow-Up score.
*p<.05

Figure 4: Mental Health at Baseline and Follow-Up (BASIS-32 Scores)

(n=144)



D. EMPLOYMENT, EDUCATION AND HOUSING SITUATIONS IMPROVED

In the CPR process evaluation report that follows, housing and employment were identified by program staff, participants and community partners as two of the key issues facing young men returning to the community from prison.

61.8% of CPR participants were either employed or attending school at 6 months post-baseline.

Of the 144 CPR participants interviewed at six-months post-baseline, 61.8% were currently employed or attending school, compared to 20.8% at baseline. In addition, 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. The ASI *Employment Status* composite score for these respondents (see Section B) showed a statistically significant reduction ($p<.001$) in employment concerns between baseline and 6-month follow-up.

In the 30 days prior to their 6-month follow-up interview, 77.7% of the 144 CPR respondents had been living in their own or someone else's home, compared to 29.2% at baseline.

E. RECIDIVISM

For the purpose of this report, recidivism is defined as "being convicted of another felony after being released from prison." This is the same definition used by the Oregon Department of Corrections (DOC). For CPR, of the 234 participants released prior to June 30, 2010, 58 were reconvicted of a felony, resulting in a recidivism rate of 24.8%. The average time from release to reconviction was 13.6 months (ranging from 2 to 38 months). That means that 75.2% (177 young men) of this high-risk population were NOT reconvicted of a felony through June 30, 2010.

Only 24.8% of CPR's high risk offenders were reconvicted of a felony between January 2005 and June 2010.

To further understand recidivism, rates were calculated for each 6-month period post-release (up to three years or 36 months). For each time period included in the analysis, the participants considered are only those who had the potential of being reconvicted based on the time since their release (i.e., participants who were available to recidivate). For that reason, participants who had not yet been released from prison or who had been released from prison less than 6 months before June 30, 2010 were excluded from the analysis. The following breakdown identifies the distribution of the 238 evaluation participants were included in or excluded from the time period recidivism analysis.

Table 6: Status of Participants for Calculating Recidivism Rates

(n=238 CPR Evaluation Participants)

Participant Status	n
Released 6 months or more before 6/30/10	213
Released less than 6 months before 6/30/10	21
Not yet released as of 6/30/10 (Enrolled spring 2010)	4
Total	**238**

The following table presents the recidivism rates for each of six 6-month time periods post-release. This analysis includes the 213 participants who had been released at least six months before June 30, 2010. The release dates are included in the table to represent the participants available for the recidivism rate calculations. The number of participants available to recidivate gradually decreases as the duration since release increases. In addition, the number of participants reconvicted of a felony post-release only includes who were released during the date range for that reconviction period.

Table 7: Recidivism Rates for CPR Participants

(n=213 participants released at least 6 months prior to 6/30/10)

Release Dates for Participants Available during Reconviction Period	Reconviction Period: # of Months Post-release from Prison	# of Participants Available to Recidivate during Period *(Based on Release Date)*	# of Participants Reconvicted of a Felony Post-release during Period	Recidivism Rate: % of Available Participants Reconvicted of a Felony during Period
12/1/04 - 12/31/09	0-6 Months	213	8	3.8%
12/1/04 – 6/30/09	0-12 Months	186	30	16.1%
12/1/04 - 12/31/08	0-18 Months	178	38	21.3%
12/1/04 – 6/30/08	0-24 Months	147	40	27.2%
12/1/04 - 12/31/07	0-30 Months	117	39	33.3%
12/1/04 – 6/30/07	0-36 Months	78	25	32.1%

As evidenced in this table, the majority of CPR participants who were reconvicted of a felony were reconvicted within the first two years after being released. In addition, the critical time for intervening is within the first 18 months post-release, with the largest increase in number of reconvictions occurring between 6 and 18 months (increasing from 8 at the end of 6 months to 38 at the end of 18 months). Due to CPR services customarily lasting only 12 months post-release, it is possible that the recidivism rates in Table 7 could have been reduced if services had continued past 12 months.

In summary, the following can be said about CPR recidivism:

- The range of time to recidivism was from 2 to 38 months after being released.
- The average time from release to reconviction was 13.6 months.
- The majority (75.2%, n=177) of this high-risk population were NOT reconvicted of a felony through June 30, 2010.
- Two-thirds (38 out of 58) of the participants who recidivated, did so within the first 18 months post-release.

PROCESS EVALUATION

January 2005-June 2009

SECTION V: PROCESS EVALUATION METHODOLOGY

This final RRI process evaluation report includes feedback from CPR participants and partner agency staff who talked with us about their experiences between January 1, 2005 and May 31, 2009. It was originally submitted to CPR on June 30, 2009.

CPR staff members notified us of 194 CPR participants between January 2005 and May 2009. This final RRI process evaluation report includes feedback from the participants and staff who agreed to talk with us about their experiences during that time. During that period, 188 participants were interviewed at baseline (either pre-release or shortly after release) and 118 were interviewed at 6 month follow-up (post-baseline)[2].

This final RRI process evaluation report includes feedback from CPR participants and partner agency staff about their experiences between January 2005 and May 2009.

This report also includes information collected in individual telephone interviews with 62 different CPR partner agency staff (unduplicated respondents; individual telephone interviews conducted 2005-2008) and in focus groups with 28 participants and 14 family members of participants (focus groups conducted 2005-2007). Focus groups were discontinued in the last 2 years of the project and staff interviews were discontinued in the last year due to reduced funding for evaluation. Participant interviews were continued by RRI through May 2009. Feedback regarding Year 5 implementation was based solely on data gathered during participant interviews.

Table 8: Data Sources for Process Evaluation (2005-2009)

Respondents Type	In-person Baseline Interview	In-person 6 month Follow-up interview	Individual Phone Interview *(unduplicated)*	Focus Groups
CPR Participants	188	118	n/a	28
CPR Partner Agency Staff	n/a	n/a	62	N/A
CPR Family Members	n/a	n/a	n/a	14
Total	**188**	**118**	**62**	**42**

Tables 7 and 8 provide a more detailed breakdown of the types of respondents who participated in the phone interviews and group discussions in Years 1-4.

[2] The participant counts are higher than the previous sections of this report because, for the process evaluation, everyone who participated in the CPR evaluation were included, not just those whose services were funded through SAMHSA.

Table 9: Telephone Interview Respondents by Type and Year

Respondent Type	Year 1		Year 2		Year 3		Year 4	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Dept of Corrections/Oregon Youth Authority (DOC/OYA)	8	25.8%	5	12.5%	8	21.6%	7	24.1%
Program Administration	3	9.7%	6	15.0%	7	18.9%	6	20.7%
Substance Abuse, Mental Health, Case Manager	3	9.7%	11	27.5%	6	16.2%	5	17.2%
Family Services	3	9.7%	5	12.5%	5	13.5%	5	17.2%
Employment	7	22.6%	8	20.0%	6	16.2%	4	13.8%
Department of Community Justice (DCJ)	7	22.6%	3	7.5%	3	8.1%	2	6.9%
Housing	0	0.0%	2	5.0%	2	5.4%	0	0.0%
Total CPR Partner Agency Staff	**31**	**100.0%**	**40**	**100.0%**	**37**	**100.0%**	**29**	**100.0%**

Table 10: Focus Group Respondents Type and by Year

	Year 1	Year 2	Year 3	Year 4
Participant Focus Group	7	7	14	N/A
Family Member Focus Group	6	6	2	N/A

Qualitative analysis of the phone interviews and discussion groups was conducted using a thematic approach, identifying common themes and issues across all data, as well as summarizing the key points for primary items within the interviews and focus groups. Quantitative analysis was limited to frequency distributions, due to the small sample size.

A fidelity assessment was included in the original process evaluation plan to document how closely the program was implemented to the original model. However, due to the variability of the program model in the early years and budget constraints in the last two years, the assessment was never implemented.

SECTION VI: BRIEF SUMMARY OF PROCESS FINDINGS

In Year 1, CPR was viewed as a strong model that has great potential. The program was in its early stages of implementation and had more adjusting and growth to make before it was a solidly established program. The collaborative approach was viewed as key to program success, although some partner roles still needed clarification and ongoing information sharing improvements were necessary.

> *"CPR has helped me a lot."*
>
> - Participant

In Year 2, CPR experienced a lot of expansion and program changes. The expansion increased resources, services, and staff skills. Participants and partner staff were feeling the impact of the program. However, the program changes and added complexity created a need for greater communication at all levels (participants, staff, and partners) and improved role definition. Recruitment remained lower than expected, but multiple project partners actively worked on ways to improve it. Funders and partners wanted to start hearing more about project results, despite the low recruitment. In general staff and participants remained happy with the project goals.

In Years 3 and 4, there was an almost total turnover in program staff, including the Program Director. Recruitment efforts focused on the relationship with the Department of Corrections (DOC) and the Oregon Youth Authority (OYA). These efforts resulted in increased recruitment and a stronger partnership with DOC; however, the relationship with OYA did not last beyond Year 4. The increased recruitment created challenges for staff to meet the growing need. Program components changed in response to funding streams, programmatic decisions and staffing. Outcome data became available revealing a decrease in risk to re-offend for participants (see previous CPR Outcome Evaluation Reports).

> *By year 5 of the program, the model had stabilized and communication was going well. Participants were consistently satisfied with CPR.*

In Year 5, recruitment leveled off, and staff and partners told us the model had stabilized and communication was going well. Participants were consistently satisfied with CPR and attributed at least some of these changes to CPR.

SECTION VII: COMMON IMPLEMENTATION THEMES AND ISSUES

COMMON THEMES AND ISSUES - YEAR 1:

Year 1 was the start up year for CPR. Common themes revolved around program changes, communication needs, getting to know the project partners, marketing needs, the amount of staff time needed to plan a new program, scheduling challenges, and a mixed reaction to the use of incentives. Low recruitment was also an issue. The program appreciated the support of DOC, but experienced challenges in working with such a complex agency. When CPR began, the population to be served was different than expected. Family involvement, social support and the need for individualized service planning were also frequently mentioned as issues during the first program year.

At 6 months post-baseline, at least 94.4% of participants each year noticed positive changes in their life, sobriety or relationship. Consistently, at least 86% of those participants attributed some of those changes to CPR.

COMMON THEMES AND ISSUES – YEAR 2:

Respondents in Year 2 noted a number of changes within the program. Funding sources were added. Some staff left, new staff members were hired, staff positions were changed, and the overall size of the program and number of staff expanded. Cascadia Behavioral Health and the Psychiatric Security Review Board were added as community partners. Counterpoint replaced Matrix as the treatment model, and new services were added, including mental health, family counseling and housing. These changes created a need for greater written and oral communication. Despite the growth in services, recruitment was lower than expected, and increased coordination with the Multnomah County and DOC was needed.

COMMON THEMES AND ISSUES – YEAR 3:

In year 3, communication with the Oregon DOC improved and so did recruitment and retention. At the same time, some funding streams ended causing a reduction in incentives, housing options (Sellwood House), and partners (Better People). The family component of the project changed from involving parents or older family support persons to involving significant others and covering parenting issues. Participants, staff and partners were satisfied with the program overall, though some participants were not prepared for this loss of services, some of which had already been promised to them.

COMMON THEMES AND ISSUES – YEAR 4:

In Year 4, program enrollment remained high as funding sources continued to decrease. Staff and partners spoke of increased communication needs with Corrections and frustration with CPR service interruptions caused by pre-release participants being moved around. OYA (MacLaren) ceased to be a partner and few CPR participants who enrolled there returned to the program for post-release services. By the end of year 4, staff and partners told us they felt the program model have finally stabilized and communication and staff integration were working well.

COMMON THEMES AND ISSUES – YEAR 5:

In year 5, over 90% of participants reported being either satisfied or very satisfied with the program in their baseline and follow-up interviews. At least 94.4% had experienced positive changes since being in the program and over 95% of those with participants attributed those changes at least somewhat to the program. CPR services and staff support continued to be appreciated by participants. Ratings of service coordination for primary participant services increased somewhat in Year 5 (with an average rating of 3.91 to 4.63 on a scale of 1 (not at all) to 5 (a lot), but remained low for family member services (1.72 to 2.51). Ratings of referrals to outside providers remained low (1.62), possibly due to the comprehensive nature of the CPR program. As in previous years, respondents agreed that employment and substance abuse treatment services had been targeted to meet their needs with average agreement scores ranging from 3.68-4.08 at baseline and 3.37 and 3.63 at follow-up. While respondents at baseline and 6 months consistently reported that their families were involved in their lives (with an average rating of 3.90 to 4.74, participant ratings for family involvement in CPR fell to 2.21 at baseline and 2.98 at follow-up in Year 5.

Year 5 feedback from staff or partner agencies was not gathered due to funding constraints.

SECTION VIII: ITEM-SPECIFIC PROCESS FINDINGS

FROM STAFF/PARTNER INTERVIEWS (YEARS 1-4) AND CLIENT DISCUSSION GROUPS (YEARS 1-3 ONLY)

A. ENGAGEMENT

"Do you have any ideas that would assist in engaging participants new to CPR?"

Engagement was acknowledged as an issue in Years 2-4. Suggestions for improving engagement included: expanding and/or maintaining services and incentives, continued collaboration with Corrections and parole officers, and more pro-social activities. Developmentally-appropriate services, housing, employment, and educational services were also suggested. The following provides more detail about the suggested improvements for engagement.

Suggestions for Improving Engagement

(Comments from CPR Staff and Partners, Years 2-4)

- Increase communication and collaboration among *partner agencies*. Provide more information and clear expectations
- Provide conditional incentives with a clear way to get them
- Continue engaging participants pre-release through services, contacts, and program information
- Understanding the population: what it's like to be incarcerated at their age, how it affects life skills, development, and work readiness
- Expand the eligibility criteria, including a higher age limit
- Increase communication and support *between staff:* sharing methods that work, cross-training
- Employment: jobs would motivate clients who have them and encourage others
- Having resources available, such as housing and more intensive drug and alcohol treatment (PO as "resource broker")
- Engage family members
- Outreach to participants and families
- Follow-through with participants
- A program where graduates come back to mentor new participants
- Identifying eligible population
- More communication and cooperation with institutions
- Individualized program and services
- Assistance with real world skills and tools, applying for food stamps, bus schedules, etc.
- Make participation mandatory
- One main staff contact person for each participant

B. RETENTION:

"Do you have any ideas that would assist in retaining participants in the program?"

CPR staff and partners indicated that program retention improved as the program matured. Many of the suggestions provided during the staff and partner interviews were implemented by the program. The suggestions for improvement were clustered in the following categories:

Program retention improved as the program matured.

Staff/Partner Suggestions for Retention
(Comments from CPR Staff and Partners, Years 2-4)

- Incentives, especially money
- Housing, that is drug-free and a good environment
- Early contact and engagement pre-release
- Employment services
- Pro-social group activities to build community
- Family support and inclusion
- Services- accessibility, age specific, health care, drivers license, addiction, domestic violence
- Peer support and mentoring
- Aggressive follow-up, outreach
- Staff training
- Accountability, with clear program guidelines and expectations
- Consistency
- Collaboration between agencies
- Apprenticeship program
- Having a good release plan
- Understanding participants

In Years 2 and 3, CPR Participants said that participants who did not stay did so for internal reasons or because the program was not a good fit for them. They said that some participants were not ready to change, had difficulty with authority or had addiction issues. They said the structure could be good for participants who had been incarcerated a long time, but overwhelming for short-timers or for those with jobs with long hours. They predicted that the recent reduction in incentives may have also contributed to some participants dropping out. Suggestions for retaining participants in the program, from the participant perspective, included:

Participant Suggestions for Retention
(Participant Focus Groups, Years 2 & 3)

- Provide more incentives
- Revise class structure/schedules:
  - → Conduct classes less frequently
  - → Conduct one/day, rather than all on one day
  - → Conduct some classes just once/month
  - → Offer classes at times that match participant needs
  - → Provide evening classes for participants who work graveyard shifts
  - → Make accommodations for participants who have to work late unexpectedly, depending on the job
  - → Provide a 5 minute break during class for people to check their phone messages
- Provide alternatives for receiving incentive checks if participants have no address or bank account (for direct deposit)
- Expect success, not failure, from participants
- Provide childcare so family members can attend groups
- Family members would like services similar to those that the guys receive

C. WHAT'S WORKING WELL

"In your opinion, what is working well with the CPR Program?"

In Year 1, respondents felt that collaboration and communication, the involvement and quality of the Parole Officers, funding and the relationship with funders, and the ability to provide a wide range of intensive services were all positive aspects of CPR.

In Year 2, respondents mentioned good staff, good communication, team work, flexibility, commitment, the substance abuse model, new housing, and the wide range of services (the mental health component, family therapist, post-release groups, and skills training were specifically mentioned).

In Years 3 and 4, comments included the comprehensive and flexible program model, consistent and caring staff, collaboration with community partners, staff relationships with participants, pre-release services, communication, family engagement, recruitment, and the new program leadership.

Finally, in Year 4, respondents also commented on the solidification of the program model and positive program outcomes.

CPR Participants in Year 3, the last year focus groups were conducted, said that incentives, housing, job skills training, and the participation of their family members were all helpful services of CPR. Family members and girlfriends of participants said they appreciated being involved. They also said that the CPR staff took on the burden of making sure the guys were doing what they needed to, so the family member/girlfriend didn't always have to feel like they were pushing them too hard.

D. WHAT ISN'T WORKING WELL

"What isn't working well regarding the CPR Program?"

In Year 1, CPR's start up year, issues mentioned were related to difficult coordination and a sense of competition between CPR partners, as well as other programs; few participants, fewer family members and obstacles to participation; lack of clarity around services and requirements; and a desire for additional and higher quality services.

In Year 2, areas mentioned included the lack of participants, issues around policies and communication, and the difficult task of finding the right intervention for the target population. Staff roles and lack of training and engagement were also mentioned.

In Year 3, staff and partner comments included poor coordination and power imbalances among partners, loss of resources, staff turnover, limited incentives, employment services and housing, constant changes within program model, and lack of family engagement.

In Year 4, comments were focused on funding issues, OYA, staff turnover and morale, as well as limited employment and family services

CPR Participants in Year 3 varied in what they felt wasn't going well. Some said that the A&D class was not necessary. Others said that the environment can be oppressive, especially when they were told they would be asked to leave the program or that the staff would lock up their phone. Some said they felt forced to talk about things they did not want to talk about (although others said that had helped them).

E. THE BIGGEST ISSUES FACING YOUNG MEN RETURNING TO THE COMMUNITY

"What do you believe are the biggest issues that face young men re-entering the community in Multnomah County following incarceration?"

This question was asked in Years 2-4. Respondents consistently mentioned multiple issues, the most common of which were housing, employment, addiction, criminal acquaintances, family issues, lack of support, stigma, and lack of skills/education. The following list provides more detail about re-entry issues.

Housing, employment and lack of positive support were identified as key issues facing young men returning to the community.

The Biggest Issues Facing Young Men Re-Entering Multnomah County

(Comments from CPR staff and partners, Years 2-4)

- Housing was identified as a key issue upon re-entry into the community. The need for more transitional housing and drug-free housing was noted.
- Employment issues included the lack of employment and living wage jobs and the related financial problems that go along with it. Financial problems could be compounded by restitution requirements. The lack of job skills and the difficulty of having a criminal record were additional employment issues.
- Lack of positive support and limited social interactions with peers, family members or any other supportive person.
- Addiction issues included treatment needs, unresolved issues, the lack of residential treatment services and the need for a better environment for recovery.
- The age and developmental stage of this population was an issue because many of them had not grown up or matured fully. This also may be related in part to going to prison at such a young age.
- The stigma of incarceration and having a criminal record can result in bias by employers and in the general community.
- Lack of life skills related to the lack of life experience coming out of a structured environment. These could be concrete skills, such as balancing a checkbook and preparing a healthy meal, to more complex issues related to appropriate interactions and relationship skills. These needs could be compounded by the frustration and overwhelming nature of having to learning these skills as they adjust back into the community.
- Fear was mentioned as an issue for participants: Their fear of how re-entry will be for them, as well as the community's fear of young men who have been in prison.
- Education and job skills training: Participants often experienced an interruption in education and had few if any job skills or experience to help them get the employment they need.
- Feeling hopeful about the future and being able to see the long term while having realistic expectations was reported as difficult.
- Limited resources in Multnomah County.
- Avoiding old habits.
- Re-integrating into society.
- Medical care.
- Family problems.
- Culturally-specific services.
- Better communication between agencies serving this population was identified as needed.
- Continuation of services: working with the same staff during and after incarceration.

SECTION IX: PROGRAM RATINGS BY STAFF AND PARTNERS

In years 1 through 4, CPR staff and collaborating agency staff members were asked to rate the following items on a 5-point scale (4 = "very much" to 0 = "not at all") to describe the system of services provided by the CPR collaboration. The Table 9 provides a comparison of the ratings for each year, sorted in descending order by Year 4 Rating. Service integration and communication showed the greatest amount of improvement from Year 3 to Year 4.

Table 11: Comparison of Average Program Ratings Provided by CPR Staff and Partners

Extent to which you agree that CPR services, as currently provided, …	**Average Ratings** (4 = "very much" to 0 = "not at all")				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Change (Yr3 to Yr 4)**
1. expand your agencies ability to provide services to this population (Year 1only: culturally specific services)	3.21	2.70	3.25	3.46	↑ .21
2. are integrated	3.13	2.95	2.94	3.39	↑ .45
3. allow differing viewpoints to exist among providers	3.33	3.29	3.12	3.38	↑ .26
4. are comprehensive	3.33	3.26	3.06	3.33	↑ .27
5. are characterized by efficient and accurate communication regarding consumers	2.75	3.31	2.73	3.23	↑ .50
6. are coordinated	3.00	3.12	2.94	3.21	↑ .27
7. provide appropriate referrals for primary consumers	3.28	3.05	3.00	3.19	↑ .19
8. have increased your linkages with other agencies within the service system	3.21	3.05	3.31	3.17	↓ .14
9. follow through on referrals for primary consumers and their families	3.12	3.44	3.18	3.00	↓ .18
10. provide appropriate referrals for family members of the primary consumers	2.94	3.38	2.92	2.57	↓ .35

SECTION X: FEEDBACK FROM INDIVIDUAL CLIENT INTERVIEWS

A. SERVICE ACCESSIBILITY AND SATISFACTION

Participants at baseline and at 6 months post-baseline were asked to rate how *accessible* they believe the services received or needed through CPR were on a scale from 1 to 4, where 1 is "not accessible" and 4 is "very accessible." Over the course of the evaluation, the mean ($\bar{x}$) ratings remained above the midpoint of 3.0, though they were slightly lower post-release from prison (after the Year 1 start-up phase). The question asked at the baseline was "Overall, how accessible were all the services you received or needed through CPR while you were incarcerated?" The 6 month question was "Overall, how accessible were all the services you received or needed through CPR?" Table 10 itemizes the average ratings of service accessibility across the five years of the project evaluation.

Overall, over 90% of participants were either satisfied or very satisfied with the program at baseline. Scores at follow-up varied more by year, ranging from 72.5% to 95.5%.

Table 12: Participant Ratings of Service Accessibility at Baseline and Follow-up

How accessible were all the services you received or needed through CPR… (1 = "not accessible" 4 ="very accessible")	Average ($\bar{x}$) Ratings (4 = "very accessible" to 1 = "not accessible")									
	Year 1		Year 2		Year 3		Year 4		Year 5	
	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$
Accessibility while incarcerated (Baseline)	18	3.24	76	3.29	63	3.40	56	3.54	40	3.25
Accessibility overall (6 mo Follow-up)	17	3.41	29	3.21	22	3.27	52	3.02	35	3.06

Additional comments were offered by respondents to further describe how they felt about CPR services. A sample of the comments from year 3 is provided below:

- *"[CPR is] a wonderful program for those willing to change, and the support makes this seem possible."* –Year 3 Participant
- *"Since I've been doing CPR, my criminal thinking has gone lower and lower."* –Year 3 Participant
- *"The program is assisting in making me take a step in the right direction."* –Year 3 Participant

Participants were asked to rate their overall satisfaction with CPR on a scale from 1 to 4, where 1 is "very dissatisfied" and 4 is "very satisfied." Overall, over 90% of participants were either satisfied or very satisfied with the program at baseline. Scores at 6 month follow-up varied more by year, ranging from 72.5% to 95.5%. The year-by-year percentages are itemized in Table 11, as are the annual average ratings.

Table 13: Program Satisfaction at Baseline and Follow-Up

Please rate your overall satisfaction with CPR on a scale from 1 to 4, where 1 is "very dissatisfied" and 4 is "very satisfied."	**Percent either "Satisfied" or "Very Satisfied"**									
	Year 1		**Year 2**		**Year 3**		**Year 4**		**Year 5**	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Satisfaction at Baseline (%)	18	94.5	76	96.0	63	95.3	56	91.1	40	95.0
Satisfaction at 6 month Follow-up (%)	17	88.2	29	82.8	22	95.5	51	72.5	35	91.4

Please rate your overall satisfaction with CPR on a scale from 1 to 4, where 1 is "very dissatisfied" and 4 is "very satisfied."	**Average ($\bar{x}$) Ratings** (4 = "very satisfied" to 1 = "very dissatisfied")									
	Year 1		**Year 2**		**Year 3**		**Year 4**		**Year 5**	
	n	$\bar{x}$	*n*	$\bar{x}$	*n*	$\bar{x}$	*n*	$\bar{x}$	*n*	$\bar{x}$
Satisfaction at Baseline ($\bar{x}$)	18	3.18	76	3.38	63	3.37	56	3.38	40	3.53
Satisfaction at 6 month Follow-up ($\bar{x}$)	17	3.24	29	3.03	22	3.27	51	3.00	35	3.10

B. MOST POSITIVE PROGRAM ASPECTS

Respondents were asked what they believe to be the most positive part of CPR. During both baseline and 6 month follow-up interviews, they most often cited the support received from staff and peers, as well as CPR resources and services. The response areas in Table 12 (baseline) and Table 13 (6 month follow-up) are listed by year and sorted in descending order by the percent of respondents who mentioned them in Year 5.

> *"Having a counselor there when I'm in need and peers looking for positive change."*
>
> -Participant

Table 14: Baseline Reports of Most Positive Program Aspects

Most positive part of CPR	Year 1 (n=18)	Year 2 (n=76)	Year 3 (n=63)	Year 4 (n=58)	Year 5 (n=40)
Peer groups and support	27.8%	26.3%	25.4%	28.9%	35.0%
CPR resources and services - job assistance, incentives, housing, transportation, financial assistance, parenting class		35.5%	36.5%	39.1%	32.5%
Staff support and respect	11.1%	39.5%	46.0%	18.7%	32.5%
Structure of the program		2.6%	6.3%	3.4%	17.5%
Parole Officer relationship	16.7%	3.9%	4.8%	6.8%	10.0%
Skills for re-entry	22.2%		7.9%	8.5%	2.5%
Motivation				3.4%	
Knowledge of Expectations				1.7%	
Society				1.7%	
Sharing experiences			3.2%		
Someone aware of situation			3.2%		
Family support		3.9%	1.6%		
Having CPR come to them while in prison		1.3%	1.6%		
Positive relationships in the community			1.6%		
The whole program			1.6%		
Independence		2.6%			

Totals may not equal 100% due respondents offering either no response or multiple responses to the item.

Table 15: 6 Month Follow-Up Reports of Most Positive Program Aspects

Most positive part of CPR	Year 1 (n=17)	Year 2 (n=29)	Year 3 (n=22)	Year 4 (n=51)	Year 5 (n=36)
CPR resources and services - job assistance, incentives, housing, transportation, financial assistance, parenting class	17.7%	34.5%	31.8%	58.9%	50.4%
Peer groups and support	29.4%	34.5%	59.1%	38.0%	30.8%
Staff support and respect	29.4%	37.9%	54.5%	28.5%	16.8%
Structure of the program		3.4%		3.8%	11.2%
Family support				3.8%	5.6%
Parole Officer relationship	5.9%	6.9%	4.5%	1.9%	5.6%
Positive relationships in the community	5.9%			3.8%	
Sharing experiences	23.5%		4.5%		
Skills for re-entry	5.9%				
Independence		3.4%			

Totals may not equal 100% due to respondents offering either no response or multiple responses to the item.

C. WAYS CPR HAS HELPED

Participants were asked how the services of CPR have assisted them so far. At both baseline and follow-up, respondents most frequently mentioned support, structure or grounding, and assistance with basic needs. As housing options decreased, housing was no longer mentioned as a supportive service of CPR. Tables 14 (baseline) and 10 (follow-up) present the most common services mentioned each year, sorted in descending order by number of times mentioned in Year 5.

> *"They've taken a lot of stress off my shoulders, given me a PO that was understanding. They are like a guardian angel if I have problems when I get out"*
> -Participant

Table 16: How CPR Services Assisted Participants Reported at Baseline

(Areas mentioned by at least 5% of respondents)

How CPR Services Have Helped	Year 1 (n=18)	Year 2 (n=76)	Year 3 (n=63)	Year 4 (n=58)	Year 5 (n=40)
Staff support		11.8%	15.9%	8.7%	30.0%
Provided structure					17.5%
Supported adjustment in the community	16.7%	17.1%	17.5%	34.0%	12.5%
Food/Clothing /Practical Needs	16.7%	6.6%			12.5%
Good relationship with Parole Officer	11.1%	6.6%			7.5%
A&D treatment	5.6%	6.6%	6.3%	10.2%	5.0%
Helped to change self					5.0%
Stabilization/grounding/focus	33.3%	27.6%	22.2%	18.7%	
Tools/skills		14.5%	15.9%	17.0%	
Employment		15.8%	14.3%	6.8%	
Mental health counseling and support		10.5%	15.9%	5.1%	
Housing		13.2%	12.7%		
Transportation		7.9%	7.9%		
Financial assistance		6.6%			
Opened doors	5.6%				
In-depth services	5.6%				
Helped with understanding					

Totals may not equal 100% due respondents offering either no response or multiple responses to the item.

Table 17: How CPR Services Assisted Participants Reported at 6 Month Follow-Up

(Areas mentioned by at least 5% of respondents)

How CPR Services Have Helped	Year 1 (n=17)	Year 2 (n=29)	Year 3 (n=22)	Year 4 (n=51)	Year 5 (n=36)
Structure				7.7%	25.0%
Staff support			9.1%	5.8%	22.2%
Guidance/Advising				7.7%	19.4%
Stabilization/grounding/focus	35.3%	31.0	31.8%	7.7%	16.7%
Food/clothing/Resources		10.3	18.2%	17.3%	11.1%
A & D Treatment	5.9%				5.6%
Supported adjustment in the community	17.6%	20.7	18.2%	19.2%	
Mental health counseling and support	17.6%	17.2	9.1%	9.6%	
Peer support				9.6%	
Groups/Discussions				9.6%	
Housing	5.9%	6.9	27.3%	5.8%	
Financial assistance		6.9	13.6%		
Tools/skills	17.6%	13.8	13.6%		
Employment	5.9%		13.6%		
Incentives	11.8%	6.9			
Good relationship with Parole Officer	5.9%				

Totals may not equal 100% due respondents offering either no response or multiple responses to the item.

D. POSITIVE CHANGES ATTRIBUTED TO CPR

Starting in Year 2, *at least 90*% of CPR participants at baseline told us they had experienced positive changes in their life, sobriety or relationships. At 6 month follow-up, at least 90% of CPR respondents told us they had experienced positive changes in their life, sobriety or relationships each year. Table 16 shows the percent of participants who indicated they had experienced positive changes in their lives.

At least 90% of participants each year experienced positive changes in their lives, sobriety or relationships, and at least 94% of those who did attributed those changes at least somewhat to CPR

Table 18: Participants Experiencing Positive Changes at Baseline and Follow-Up

Participants Experiencing Positive Changes	**Year 1**		**Year 2**		**Year 3**		**Year 4**		**Year 5**	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Positive Changes at Baseline	*Not asked*		76	100.0	63	91.5	58	91.4	40	100.0
Positive Changes at 6 month Follow-up	*Not asked*		29	100.0	22	100.0	52	96.2	36	94.4

Of the participants at baseline who had experienced positive changes, at least 95% attributed at least some of those changes to CPR. Of the participants who told us the same thing at 6 month follow-up, 86% attributed at least some of those changes to CPR. Table 17 includes the percent of participants experiencing positive changes who attributed at least some of this change to CPR and the average amount of attribution they gave to CPR for that change. Using a five-point rating scale (1="not at all", 5="a lot"), the average ratings were all slightly above the midpoint of the scale, suggesting that CPR had a moderately positive impact on the lives of participants.

Table 19: Participants Attributing Positive Changes to CPR at Baseline and Follow-Up

To what extent do you attribute positive changes in your *life, sobriety or relationships at least somewhat to CPR?*	**Percent of Participants Attributing Positive Changes At Least Somewhat to CPR**									
	Year 1		**Year 2**		**Year 3**		**Year 4**		**Year 5**	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Attribution at Baseline (%)	*Not asked*		76	93.2	57	95.3	53	96.2	40	95.0
Attribution at 6 month Follow-up (%)	*Not asked*		29	93.1	22	95.5	50	86.0	34	97.1
	Average ($\bar{X}$) Attribution Ratings (1="not at all", 5="a lot")									
	Year 1		**Year 2**		**Year 3**		**Year 4**		**Year 5**	
	n	$\bar{X}$	*n*	$\bar{X}$	*n*	$\bar{X}$	*n*	$\bar{X}$	*n*	$\bar{X}$
Attribution at Baseline ($\bar{X}$)	*Not asked*		76	3.53	57	3.35	53	3.53	40	3.43
Attribution at 6 month Follow-up ($\bar{X}$)	*Not asked*		29	3.55	22	3.73	50	3.08	34	3.59

E. CURRENT PROBLEMS ATTRIBUTED TO LEAVING CPR

Starting in Year 3, participants who had left CPR were asked how much they attributed any current problems in their life, sobriety or relationships to having left CPR. The question only applied to participants who reported having left CPR at the 6 month follow-up interview. Using a five-point rating scale (1=not at all, 5=a lot), the average rating for this item in Years 3-5 was between 3.31 and 3.56, which falls slightly above the midpoint of the scale. Table 18 details the average ratings by year.

Table 20: Participants Attributing Current Problems to Having Left CPR

To what extent do you attribute any current problems in their life, sobriety or relationships to having left CPR*?*	**Average ($\bar{X}$) Attribution Ratings** (1="not at all", 5="a lot")									
	Year 1		**Year 2**		**Year 3**		**Year 4**		**Year 5**	
	n	$\bar{X}$	*n*	$\bar{X}$	*n*	$\bar{X}$	*n*	$\bar{X}$	*n*	$\bar{X}$
Attribution of Current Problems to Leaving CPR	*Not asked*				40.0	3.35	16	3.31	9	3.56

F. BARRIERS AND FACILITATORS TO PARTICIPATION

At the baseline and at the 6 month follow-up, respondents were asked to report factors that may have impeded or facilitated their participation and/or success in the program.

Barriers to Participation

In Years 1-3 of the project, respondents were asked what made it difficult to participate in CPR. In Years 2 and 3, almost one-half of the respondents at baseline (42.1% in Year 2 and 45.8% in Year 3) felt that nothing made it difficult for them to participate. Barriers increased as participants were released and moved into the community. Tables 19 (baseline) and 15 (follow-up) present the most common barriers mentioned each year, sorted in descending order by number of times mentioned in Year 3, the last year this question was asked.

Table 21: What has made it difficult for you to participate in CPR? (Baseline)

(Areas mentioned by at least 5% of respondents)

Question was not asked in Years 4 and 5

Barriers to Participation	Year 1 (n=18)	Year 2 (n=76)	Year 3 (n=59)
Nothing		42.1%	45.8%
Staff		7.9%	11.9%
Time		22.4%	11.9%
My job		9.2%	10.2%
Prison issues		5.3%	8.5%
Travel	11.1%	22.4%	6.8%
Burdensome schedule/length of day (classes, time, work)	16.7%		
Re-doing all cognitive courses	11.1%		
Attitude conflicts with other participants	5.6%		
Borrowing money all the time	5.6%		
Being run around without ever receiving services	5.6%		
Lack of professional expertise	5.6%		
Self		5.3%	

Totals may not equal 100% due respondents offering either no response or multiple responses to the item.

Table 22: What has made it difficult for you to participate in CPR? (6 Month Follow-Up)

(Areas mentioned by at least 5% of respondents)

Question was not asked in Years 4 and 5

Barriers to Participation	Year 1 (n=17)	Year 2 (n=29)	Year 3 (n=18)
Rules			16.7%
My job	5.9%		16.7%
Travel	11.8%	27.6%	16.7%
Peers			11.1%
Not helpful		10.3%	11.1%
Nothing	29.4%	20.7%	11.1%
Time	17.6%	27.6%	5.6%
Groups			5.6%
Use of drugs/alcohol	5.9%	6.9%	5.6%
Program inconsistent			5.6%
Staff			5.6%
Lack of support			5.6%
Forced to go	11.8%	10.3%	
Keeping head clear	11.8%		
Wasn't necessary	5.9%		

Totals may not equal 100% due respondents offering either no response or multiple responses to the item.

Facilitators to Participation

In Years 1-3 participants were asked what made it easier for them to participate in CPR. Over one-third of the respondents at baseline in Years 2 and 3 and at follow-up in Years 1, 2 and 3 mentioned staff support. Tables 21 (baseline) and 22 (follow-up) present the most common facilitators to participation mentioned each year, sorted in descending order by number of times mentioned in Year 3, the last year this question was asked.

Table 23: What has made if easier for you to participate in CPR? (Baseline)

(Areas mentioned by at least 5% of respondents)

Question was not asked in Years 4 and 5

Facilitators to Participation	Year 1 (n=18)	Year 2 (n=76)	Year 3 (n=59)
Support from staff		40.8%	37.3%
Program meets needs		13.2%	13.6%
Nothing		7.9%	11.9%
Flexibility		9.2%	10.2%
Support from friends/peers/new acquaintances	16.7%	19.8%	10.2%
Enjoyable services		6.6%	8.5%
Self/Personal growth (e.g., being open to change, accept assistance, express myself, being responsible	16.7%	5.3%	5.1%
Helpfulness of Staff (e.g., responsiveness, "good group of people," good relationships, patience)	38.9%		
Ease of parole/relationship with PO	11.1%		
Scheduling (e.g., schedule fits needs, fits around work)	11.1%		
Not having to pay for it	5.6%		

Totals may not equal 100% due respondents offering either no response or multiple responses to the item.

Table 24: What has made it easier for you to participate in CPR? (6 Month Follow-Up)

(Areas mentioned by at least 5% of respondents)

Question was not asked in Years 4 and 5

Facilitators to Participation (6 month Follow-up)	Year 1 (n=17)	Year 2 (n=29)	Year 3 (n=18)
Support from staff	41.2%	34.5%	33.3%
Support from friends/peers/new acquaintances		6.9%	11.1%
Flexibility	5.9%		11.1%
Self	5.9%	10.3%	11.1%
Program meets needs	5.9%	10.3%	11.1%
Independence		6.9%	5.6%
Support from family	5.9%	10.3%	5.6%
Transportation	5.9%	6.9%	5.6%
Group environment			5.6%
"Organization helps me be the same"	5.9%		
Keeping parole officer happy	5.9%		
Relationship with Larry/Case manager	17.6%	10.3%	
Nothing		6.9%	
Enjoyable services		6.9%	

Totals may not equal 100% due respondents offering either no response or multiple responses to the item.

G. OVERCOMING OBSTACLES TO RE-ENTRY

Respondents were asked to describe the obstacles they had overcome related to re-entry into the community at baseline and at 6 month follow-up. At baseline, the most frequently mentioned obstacle each year was "old friends and habits" (30.0% - 36.5% each year). At follow-up, "old friends and habits" was again mentioned most frequently, except in Year 5, where it remained among the top 3. "Job challenges" also ranked consistently high at 6 month follow-up (11.8% - 25.2% each year). "Self-management" was a topic that appeared in Year 5 only and received the most mentions that year (36.4%). Tables 23 (baseline) and 24(follow-up) present the most common obstacles overcome by participants each year, sorted in descending order by number of times mentioned in Year 5.

Table 25: What obstacles have you overcome related to your re-entry into the community? (Baseline)

(Areas mentioned by at least 5% of respondents)

Obstacles Overcome	Year 1 (n=18)	Year 2 (n=76)	Year 3 (n=63)	Year 4 (n=58)	Year 5 (n=40)
Old friends and habits	33.3%	35.5%	36.5%	35.7%	30.0%
Thinking things through			6.3%		22.5%
Addiction issues			9.5%	11.9%	12.5%
Societal re-acclimatization/"Change"	5.6%	9.2%	6.3%	8.5%	12.5%
Anger Management					10.0%
Taking Control					10.0%
Social conflicts		18.4%	11.1%		7.5%
Education					7.5%
Finding Employment	16.7%			8.5%	5.0%
None		21.1%	17.5%		
Dealing with Authority Figures	5.6%				
Lack of Trust from Staff	5.6%				
Job Challenges		7.9%			
Housing		5.3%			

Totals may not equal 100% due respondents offering either no response or multiple responses to the item.

Table 26: What obstacles have you overcome related to your re-entry into the community? (6 month Follow-up)

(Areas mentioned by at least 5% of respondents)

Obstacles Overcome (6 month Follow-up)	Year 1 (n=17)	Year 2 (n=29)	Year 3 (n=22)	Year 4 (n=51)	Year 5 (n=36)
Self Management					36.4%
Old friends and habits	29.4%	34.5%	54.5%	47.5%	30.8%
Job challenges	11.8%	20.7%	22.7%	11.4%	25.2%
Relapse of addiction	11.8%	6.9%		5.7%	25.2%
None		10.3%		9.5%	5.6%
Societal re-acclimatization		10.3%	9.1%	9.5%	
Thinking things through				9.5%	
Family	5.9%			5.7%	
"Trying will"	5.9%				
Meeting life on life's terms	5.9%				
Bills	5.9%				
Not to commit a crime	5.9%				
Drivers License	5.9%	6.9%			

Totals may not equal 100% due respondents offering either no response or multiple responses to the item.

Participants were also asked at baseline and at 6 month follow-up to describe what has helped during the period of returning to the community following incarceration. Terminology changed over the years, possibly reflecting a change in program language or focus. Self motivation as well as support from other people, including family, staff and friends consistently came up in one form or another. CPR and its various program aspects were also mentioned. Tables 25 (baseline) and 26 (follow-up) present the most common types of support mentioned each year, sorted in descending order by number of times mentioned in Year 5.

Table 27: What has helped during this period of returning to the community following incarceration? (Baseline)

(Areas mentioned by at least 5% of respondents)

What Has Helped During Re-Entry	Year 1 (n=18)	Year 2 (n=76)	Year 3 (n=63)	Year 4 (n=58)	Year 5 (n=40)
Self/Personal desire for change	5.6%	5.3%	22.2%		25.0%
Reflection				5.2%	20.0%
Support from family	38.9%	6.6%	34.9%	22.4%	15.0%
Self determination				8.6%	15.0%
CPR	27.8%		17.5%	17.2%	10.0%
Support from staff		40.8%	23.8%	5.2%	7.5%
Day to Day Needs (Food, Money, Transportation, etc)	11.1%			6.9%	5.0%
Problem solving					5.0%
Not Wanting to Return (to Prison)	5.6%			13.8%	
Turning Point				12.1%	
Counseling				6.9%	
Groups				5.2%	
School				5.2%	
Support from friends/peers/ acquaintances		13.2%	17.5%		
Nothing	5.6%	7.9%	7.9%		
Housing	11.1%		6.3%		
Talking to Others	11.1%				
Program meets needs		13.2%			
Flexibility		9.2%			
Enjoyable services		6.6%			

Totals may not equal 100% due respondents offering either no response or multiple responses to the item.

Table 28: What has helped during this period of returning to the community following incarceration? (6 month Follow-up)

(Areas mentioned by at least 5% of respondents)

What Has Helped During Re-Entry	Year 1 (n=17)	Year 2 (n=29)	Year 3 (n=22)	Year 4 (n=51)	Year 5 (n=36)
Bettering Self/Personal desire for change		10.3%	27.3%	26.9%	16.7%
Nothing		6.9%		7.7%	13.9%
Not Wanting to Return (to Prison)				7.7%	11.1%
Relationship with supportive and positive people/Positive influences	5.9%				11.1%
Time					11.1%
Support from family		10.3%	40.9%	15.4%	8.3%
Support from staff		34.5%	18.2%	7.7%	8.3%
CPR			31.8%	13.5%	5.6%
Referral to treatment	5.9%				5.6%
Support from friends/peers/ acquaintances		6.9%	31.8%	5.8%	
Freedom/Independence	5.9%	6.9%		5.8%	
Program meets needs		10.3%			
Case manager		10.3%			
Assistance with transportation and finances	5.9%	6.9%			
Enjoyable services		6.9%			
Work	5.9%				
Spiritual relationship with a High Power	5.9%				
Accepting that crime isn't the way	5.9%				

Totals may not equal 100% due respondents offering either no response or multiple responses to the item.

G. COLLABORATION AND SERVICE COORDINATION

CPR is a collaborative effort across a number of community agencies, as well as the Oregon Department of Corrections and Multnomah County Community Justice. PSU process evaluation interviews with CPR staff, partner agency staff and program participants documented some of the benefits and challenges of this collaboration. In July 2006, evaluators found that there was a lot of support for the program within each agency and agreement with the value of this collaboration as a means to work on the issues faced by project participants. However, there was an increased need to focus on communication across partners and knowledge of partner agency workings. In the following year, there was an increased focus on communication and cross-training, culminating in a project retreat held at Coffee Creek Correctional Facility in March 2007. Throughout the year, various issues were identified and problem solved, including those related to moving prisoners within the statewide system, locating prisoners within specific institutions providing CPR services, partner access to prisons, and recruitment into a competing out-of-state study. This focus on collaboration coincided with an increase in project enrollment and retention, as well as more cohesive activities within correctional facilities.

CPR Participants at 6 months post-baseline were asked by PSU to rate how all of the CPR staff had worked together to coordinate services received since the beginning. They were given a list of the partner agencies for that year, including: Volunteers of America (VOA), Metropolitan Family Services (MFS), Better People, Irvington Covenant CDC, SE Works, Cascadia, and Multnomah County Parole/Probation. The list was updated as partners changed each year. Ratings were made on a scale from 1 to 5, where 1 is "not at all" and 5 is "a lot." Tables 27 and 28 present the ratings for service coordination by year, sorted from the highest to lowest average rating in Year 5.

Items for which the rating scale was reversed, with the lower rating being more positive, are presented separately in the lower half of the tables.

Table 29: CPR Service Coordination at Baseline

(either pre-release or very soon post-release)

Service Coordination at Baseline	Mean ($\bar{x}$) Ratings (1="not at all", 5="a lot")				
	Year 1 (n=18)	**Year 2 (n=76)**	**Year 3 (n=60)**	**Year 4 (n=58)**	**Year 5 (n=40)**
***Higher* scores = More service coordination**	$\bar{x}$	$\bar{x}$	$\bar{x}$	$\bar{x}$	$\bar{x}$
The CPR team works together to help me	4.50	4.54	4.37	4.49	4.63
The CPR team seems to know all the different services I am involved in	4.67	4.36	4.12	4.28	4.50
The CPR team agrees on the kinds of help I need	4.35	4.28	4.08	4.28	4.41
The entire CPR team seems to agree on a single plan for me	4.25	4.03	3.83	3.84	4.26
Service providers both inside & outside of CPR seem to agree on a single plan for me	5.00	3.77	3.63	3.69	3.91
The CPR team works together to help my family	3.56	2.67	2.17	2.08	2.51
The CPR team seems to know all the different services my family is involved	2.87	2.08	1.66	1.60	1.72
The CPR team has helped me get services from other providers or programs	2.17	1.59	1.60	2.04	1.62
Lower scores = More service coordination*[3]*:	$\bar{x}$	$\bar{x}$	$\bar{x}$	$\bar{x}$	$\bar{x}$
When another service provider outside of CPR starts to help my family I have to tell that person things they should already know	2.00	1.23	1.12	1.09	1.04
The CPR team members who help me seem to be confused about what others at CPR are doing to help me	1.72	1.48	1.34	1.22	1.16
When another CPR team member starts to help my family I have to tell that person things they should already know	2.17	1.66	1.42	1.21	1.08
When another staff member starts to help me outside of CPR I have to tell that person things about myself I wish they already knew	1.00	1.75	1.89	1.56	1.85
When another CPR staff member starts to help me I have to tell that person things about myself that they should already know	2.35	1.90	2.14	1.62	1.38

[3] The bottom part of Tables 22 and 23 are listed separately because the rating scale is reversed, with the lower rating being more positive.

Table 30: CPR Service Coordination at 6 month Follow-up

Service Coordination at 6 month Follow-up	Mean ($\bar{x}$) Ratings (1="not at all", 5="a lot")				
	Year 1 (n=17)	**Year 2 (n=29)**	**Year 3 (n=22)**	**Year 4 (n=51)**	**Year 5 (n=36)**
***Higher* scores = More service coordination**	$\bar{x}$	$\bar{x}$	$\bar{x}$	$\bar{x}$	$\bar{x}$
The CPR team works together to help me	4.41	4.28	4.50	4.02	4.23
The CPR team seems to know all the different services I am involved in	4.59	4.48	4.68	3.98	4.10
The CPR team agrees on the kinds of help I need	4.29	4.11	4.40	3.90	4.09
The entire CPR team seems to agree on a single plan for me	4.73	4.15	4.10	3.76	4.29
Service providers both inside & outside of CPR seem to agree on a single plan for me	4.17	3.71	3.00	3.64	3.20
The CPR team works together to help my family	3.65	2.96	2.48	1.80	2.09
The CPR team seems to know all the different services my family is involved	3.00	2.62	2.10	1.33	1.79
The CPR team has helped me get services from other providers or programs	1.25	1.21	1.45	1.45	1.46
Lower scores = More service coordination*[4]*:	$\bar{x}$	$\bar{x}$	$\bar{x}$	$\bar{x}$	$\bar{x}$
When another service provider outside of CPR starts to help my family I have to tell that person things they should already know	2.20	1.75	1.18	1.00	1.11
The CPR team members who help me seem to be confused about what others at CPR are doing to help me	1.59	1.82	1.50	1.57	1.15
When another CPR team member starts to help my family I have to tell that person things they should already know	1.88	1.67	1.37	1.02	1.18
When another staff member starts to help me outside of CPR I have to tell that person things about myself I wish they already knew	2.75	2.40	2.05	2.00	1.78
When another CPR staff member starts to help me I have to tell that person things about myself that they should already know	2.53	2.54	2.00	1.94	1.53

[4] The bottom part of Tables 22 and 23 are listed separately because the rating scale is reversed, with the lower rating being more positive.

H. SERVICE CHARACTERISTICS

Respondents were asked to rate how much they agreed with statements that described key characteristics of the CPR service approach, as it was originally designed. The ratings were made on a scale from 1 to 5 where 1 is "not at all agree" and 5 is "agree a lot."

Over the years, respondents agreed that employment and substance abuse treatment services had been targeted to meet their needs with an average agreement score ranging from 3.03 to 4.08 each year at baseline and follow-up. Responses related to their family involvement and in their lives varied as the program changed.

The original program model included services for family members and tools for ensuring the continuation of family support for the participant after program exit. Over the years, respondents at baseline and 6 months consistently reported that their families were involved in their lives. The average rating of family involvement in the participant's life ranged from 3.90 to 4.67 at baseline and 4.34 to 4.74 at follow-ups. Those ratings were at their highest in Year 5. In contrast, participant ratings for family involvement in CPR fell after the first year. In Year 1, the average rating of family involvement in CPR was 3.50 at baseline and 3.59 at follow-up. In Year 5, that rating had fallen to 2.21 at baseline and 2.98 at follow-up.

Tables 29 and 30 present the service characteristics by year, sorted from the highest to lowest average rating in Year 5.

Table 31: CPR Service Characteristics at Baseline

CPR Service Characteristics at Baseline	Mean ($\bar{x}$) Rating: (1="not at all agree", 5="agree a lot")				
	Year 1 (n=18)	**Year 2 (n=76)**	**Year 3 (n=22)**	**Year 4 (n=58)**	**Year 5 (n=40)**
Higher* scores = *More agreement with a statement	$\bar{x}$	$\bar{x}$	$\bar{x}$	$\bar{x}$	$\bar{x}$
My family has been involved in my life while I receive other CPR services	4.28	4.38	4.21	3.90	4.67
My substance abuse treatment has been targeted to meet me where I am in my recovery	3.76	3.59	3.37	3.38	4.08
I met with CPR team member and talked about my service plan before I was released	4.06	3.87	3.75	3.41	3.82
My employment services have been targeted to meet my needs	3.28	3.42	3.54	3.30	3.68
My first month post release was dedicated to intensive outpatient treatment and life skills coaching that helped me readjust to the community	3.72	3.36	2.84	3.00	3.08
My family has been involved in CPR and supportive while I receive other CPR services	3.50	2.68	1.95	1.50	2.21
Overall Average Agreement Rating	3.77	3.55	3.28	3.08	3.59

Table 32: CPR Service Characteristics at 6 month Follow-up

CPR Service Characteristics at 6 month Follow-up	Mean ($\bar{X}$)Rating: *1=not at all agree, 5=agree a lot*				
	Year 1 (n=17)	Year 2 (n=29)	Year 3 (n=22)	Year 4 (n=51)	Year 5 (n=36)
Higher* scores = *More agreement with a statement	$\bar{x}$	$\bar{x}$	$\bar{x}$	$\bar{x}$	$\bar{x}$
My family has been involved in my life while I receive other CPR services	4.65	4.34	4.55	4.45	4.74
I met with CPR team member and talked about my service plan before I was released	4.35	3.93	3.81	3.59	3.91
My first month post release was dedicated to intensive outpatient treatment and life skills coaching that helped me readjust to the community	4.06	3.72	3.50	3.34	3.80
My substance abuse treatment has been targeted to meet me where I am in my recovery	3.71	3.59	3.41	3.31	3.63
My employment services have been targeted to meet my needs	3.12	3.03	3.55	3.10	3.37
My family has been involved in CPR and supportive while I receive other CPR services	3.59	3.14	2.32	1.73	2.08
Overall Average Agreement Rating	3.91	3.63	3.52	3.25	3.59

* * * * * * * *

Additional details from the process evaluation can be found in the individual reports submitted annually to CPR management. In Years 1 and 2, process evaluation findings from the participant interviews were reported in the outcome evaluation reports; whereas, in later years those findings were incorporated into annual process evaluation reports.

REFERENCES

Andrews, D. A., Bonta, J., & Wormith, J. S. (2004). *Manual for the Level of Service/Case Management Inventory (LS/CMI)*. Toronto, Canada: Multi-Health Systems.

Arrest and Conviction data, CISPro [datafile]. Portland, OR: Multnomah County Department of Community Justice.

Donovan, D. M. (1995). Assessment to Aid in the Treatment Planning Process. In *Assessing alcohol problems: A guide for clinicians and researchers*. National Institute on Alcohol Abuse and Alcoholism; Treatment Handbook Series 4.

Eisen S.V. (1996). Behavior and Symptom Identification Scale (BASIS-32). In: Sederer LI, Dickey B (Eds.), *Outcomes Assessment in Clinical Practice*. Baltimore, MD: Williams & Wilkins, 1996.

Eisen, S. V., M. Wilcox, et al. (1999). Assessing Behavioral Health Outcomes in Outpatient Programs: Reliability and Validity BASIS-32. *The Journal of Behavioral Health Services and Research*, 26(1): 5-17.

Hendricks, V. M., C. D. Kaplan, et al. (1989). The Addiction Severity Index: Reliability and Validity in a Dutch Addict Population. *Journal of Substance Abuse Treatment*, 6: 133-141.

Klinkenberg W.D., Cho D.W., Vieweg B. (1998). Reliability and validity of the interview and self-report versions of the BASIS-32. *Psychiatric Services*, 49:1229-1231.

McCusker, J., C. Bigelow, et al. (1994). Test-retest reliability of the Addiction Severity Index composite scores among clients in residential treatment. *American Journal of Addiction*, 3: 254-262.

McGahan, P. L., J. A. Griffith, et al. (1990). *Addiction Severity Index Composite Scores Manual*, The University of Pennsylvania/Veterans Administration Center for Studies of Addiction.

McLellan, A. T., H. Kushner, et al. (1992). The fifth edition of the Addiction Severity Index. *Journal of Substance Abuse Treatment*, 9: 199-213.

SAMHSA Center for Substance Abuse Treatment (2007, August). Government Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs, 5th Revision. Retrieved January 15, 2008, from https://www.samhsa-gpra.samhsa.gov/CSAT/view/docs/QxQ.pdf.

Stoffelmayr, B. E., B. E. Mavis, et al. (1994). The longitudinal stability of the Addiction Severity Index. *Journal of Substance Abuse Treatment*, 11: 373-378.