2018 Report

Study of the Service Coordination Team and

its influence on chronic offenders

Research and Report by:

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Introduction

This is the 10th evaluation of the Service Coordination Team (SCT) conducted by the Portland State University Capstone Class and it is fitting to begin with some retrospective. The first evaluation conducted in 2009, occurred when the SCT was funded with "one-time only" money. It was conducted amid a backdrop of negative media attention regarding concerns of disparate minority impact. Since that time, the SCT proven to an effective intervention for high-risk, chronic offenders. In 2010, a summary SCT program outcomes was included in then-Governor Ted Kulongoski's Reset Cabinet Report to eh Committee on Public Safety as a model for other programs (pages 15 – 16). Today the SCT is recognized as an important part of the continuum of criminal justice interventions.

It is also important to acknowledge and thank the Portland Police Bureau, current SCT Program Manager Emily Rochon, as well as her predecessors for the opportunity afforded PSU to conduct these evaluations and their continued confidence in the Capstone Program to provide a competent assessment. Programs like the Service Coordination Team represent a considerable investment in not just finances, but in the passion, skills, and efforts of many dedicated people. Program evaluations are critical assessments that must divest from emotion and rely on the evidence. These evaluations force programs to reconcile the differences that may exist between intended or expected results with the actual results. It has always been the intent to prepare and present these evaluations in a way that will facilitate ongoing program development and improving program outcomes. It has been gratifying to continue to provide this service to the Portland Police Bureau, and to have observed the Service Coordination Team grow and evolve to become an important part of criminal justice interventions in the City of Portland.

<u>Section One: Program Description of SCT; previous research; and</u>

<u>review of similar programs</u>

INTRODUCTION

Since 2003, the Service Coordination Team (SCT) has worked to address the issues of chronic offenders impacting the Portland Metro area through an innovative approach. The challenges presented by chronic offenders include: chronic substance abuse, mental health issues (which may precede or follow substance abuse), long-term homelessness, and frequent engagement in criminal behaviors. Most of these offenders have extensive arrest histories and multiple, yet unsuccessful, interventions with the criminal justice and community treatment systems. In summary, the challenges presented by chronic offenders require a coordinated, multi-dimensional response atypical of most criminal justice interventions. The SCT began as multi-disciplinary team representing key stakeholders across the criminal justice and community treatment and social service systems. The structure of which was to deliver comprehensive, evidence-based treatment to identified chronic offenders with particular emphasis on removing administrative barriers for access. The "low-barrier" policy for both housing and treatment is unique among similar programs, mostly due to the upfront program costs.

In 2015, the SCT ceased administering alcohol and drug treatment specifically for its participants and moved to a decentralized model for treatment. Participants are now referred to community-based treatment. The SCT provides cognitive-behavioral treatment, Moral Reconation Therapy, to address criminogenic risk factors as well as life skills, education, and links to employment services.

The ongoing challenge for the SCT will be effectively engage participants across the spectrum of demographics and criminogenic risk factors. Each client has their own personal abilities/aptitude, needs, and risk factors which must be addressed to effectively engage that person in the program. While the SCT has worked through years of unstable and limited funding and financially, they work with what is available to them and put in a large amount of effort that benefits the client and the community. Initially, the SCT was also the subject of criticism due to its program model, the "targeting" of specific offenders, and concerns over disparate minority treatment.

Over the years, the SCT maintained a commitment to ensure the program was administered with fidelity to its model and was achieving desired outcomes. They continually sought ways to improve their program to meet the needs of the clients, law enforcement, and the community. The SCT believes this method is more cost efficient to the city and relieves the stress for families of clients who have lost hope. Neighborhood livability crimes, driven by substance abuse and exacerbated by homelessness substantially affect the community. Managing these ongoing challenges by professionals within the program would reduce crime, jail bookings, and days served in jail. Lastly, it removes many homeless individuals from the streets and into a safe and secure living area where they can focus on treatment and resume productive lives in the community.

SCT Program Evaluations by PSU Capstone Program

In 2009, as part of that commitment to continuous quality improvement, the SCT worked with the Portland State University's Capstone Program to conduct an evaluation of their program. The PSU Capstone has conducted nine evaluations (from 2009 to 2017) on the SCT. The scope of these evaluations has included: developing outcome measures, identifying and

recommending data sources, examining outcome measures, and a cost benefit analysis. The evaluations have also explored minority over-representation and comparisons between the SCT and various specialized programs for offenders provided in Multnomah County. The results have found a consistent level of effectiveness towards real crime reductions and a continuing challenge to manage the diverse and changing dynamics of the SCT participants.

The first evaluation for the Service Coordination Team began in 2009 from students at PSU. They were tasked to analyze the impact of the SCT among high risk offenders located in Old Town downtown Portland to reduce the negative impact on neighborhood livability, focus on chronic offenders, and restore community's confidence in safety. Data from 108 offenders from post SCT programs and the Neighborhood Livability Crime Enforcement Program were analyzed. The results indicated that 71% of participants had reduced arrests post-program. A reduction in custody days shows the average from 170.19 (pre SCT) to 136.78 (post SCT), and the average bookings decreased from 7.94 (pre SCT) to 5.13 (post SCT). There has been a decrease of 303 bookings pre to post-SCT. This equals to about 3,608 jail bed days averaging 33 days per booking. There is strong link between treatment and a reduction in arrest rate, suggesting extensive treatment days reduce bookings and custody days. The Capstone of 2009 recommended that the issue of racial profiling be a subject for further research.

The second evaluation in 2010 addressed new issues and utilized improved research techniques. Outcome data from 189 subjects selected and identified as chronic offenders as of January 1st, 2008 were analyzed. African-Americans bookings post-SCT dropped significantly compared to whites (45% vs 24%). Also, African-Americans average number of jail days decreased 16.3%, while whites experienced a 1.5% increase. From 2006 to 2009 participants had a 36% decrease in bookings which is a reduction of 341 bookings. The average cost per booking

is $670.24, resulting in an avoided cost of $228,551.84. There was a 28% decrease in post-SCT

bookings across all subjects, which was a reduction of 532 bookings overall or a reduction from

10.2 pre-SCT to 7.4 post-SCT. This equals an average savings per person of $1,876.67. Subjects

who stayed 90 days or greater in housing were more likely to have reduced arrest rate which

contributed to 28% of decreased bookings. Among other issues mentioned were complications of

administrative policies for post-prison applicants. That is, offenders who might enter the program

immediately after being released from prison; and gentrification, to the extent that available and

affordable housing for SCT graduates was becoming limited. This study was at least partly

responsible for the program continued funding through the fiscal year 2011. A summary of the

results was also included as a model for other programs in Governor Ted Kulongoski's 2010

Reset Cabinet Report to the Subcommittee on Public Safety, (pages 15 -16).

In 2011, the evaluation expanded to topics covering cost effectiveness and improvements

on offender relationships. The SCT has made a difference in terms of cost and spending.

Approximately 187 subjects from SCT program not including those from NLCEP.

Demographically 91% were male and 70.5% were African American. Between 2008 to 2010

SCT experienced a 21% total decrease in bookings from 665 in 2008 to 527 in 2010. Also, a

25% total jail day decrease from 12,848 in 2008 to 9,536 in 2010. In addition, 75% of subjects

had decreased bookings from 2008 to 2010 and 30.5% had zero bookings in 2010. The

assessment also included a cost-benefit analysis indicating that for every $1 in program costs

there are $8 in corresponding system and community benefits—in terms of cost avoidance.

The 2012 SCT review used a comparative analysis to examine the SCT versus a

traditional caseload of high and medium risk offenders. This analysis also examined structural

and functional differences in program configuration, differences in dosage, and differences in

staffing and case coordination. The results indicated that SCT participants were older, of higher criminogenic risk, and had more prior arrests and treatment episodes than offenders on traditional caseloads. SCT participants also received a higher level of community supervision and more intensive treatment.

The 2013 SCT review expanded the comparative analysis from the 2012 review. This revised analysis included two probation and parole, domestic violence, and mentally ill offender units. This analysis included both quantitative and qualitative data. The results concluded SCT's mission compares to other programs in a positive light in regard to program participation, collaboration, and supervision.

The 2014 SCT review focused on specific research questions, including: the long-term behavioral impact of the SCT on participants, the development of profiles for successful and unsuccessful participants, and a cost benefit analysis. The results indicated that those participants that did well (had greatest reduction in post-SCT arrests), had rapid and sustained benefits in regard to decreased criminal activity. The data also indicated that participants who had a more violent criminal history, were more likely to fail the program compared to those with a less severe criminal history. The cost-benefit analysis revealed that for each $1 of program costs there was a corresponding reduction of $10 in victim/community costs and system costs. This affirmed the previous results and reflected subtle differences in the current funding structure for the SCT.

The 2015, the review expanded from the SCT to the Behavioral Health Unit (BHU) focusing on the participants' interactions with police previous to being in the program and post program. Persons with fewer post-program contacts were more likely to be female and/or African-American. In addition, subjects with a minor criminal history appeared to

perform better. A cost-benefit of the SCT was again performed. Adjusting for inflation, the results indicated that for every $1 in program costs, there was a corresponding reduction in

system-wide costs of $7.

The 2016 SCT review focused on individuals who received SCT services in 2014. The results indicated that the average reduction in post-program criminal conduct was 44%. Significant differences were found based on length of stay in the program, with subjects whose length of stay exceeded 170 days realized an average 80% reduction in criminal conduct. The data also indicated that there were differences in outcomes based on the drug of choice of participants, with subjects identifying alcohol as their drug of choice having lesser reductions in post-program criminal conduct. A cost benefit analysis was conducted indicating that for every $1 in program costs, there is a corresponding benefit of $6.53 in reduced crime and system costs.

The 2017 SCT review analyzed the individuals who were participants in the SCT during 2015. They found that the African American population of the participants decreased substantially, and the participants were on average, younger. Lastly, there was a large increase in participants whose drug of choice was opiates.

Other programs

There have been similar programs throughout the United States addressing the issue of chronic offenders and its effect on the community. Each model program was selected from different states to be evaluated for other alternative solutions or for additional improvements to the SCT program.

From 2011 to 2014 Project 25 was created to address the issue of homelessness & drug addiction in San Diego, Ca. The pilot program, Project 25, focused on 25 homeless individuals who used the most frequent users of public services. The mission was to find permanent housing

for participants, reduce cost of health care system, and rehabilitate participants. Funding was sponsored by United Way, St. Vincent de Paul Village took the lead with Telecare Corporation along with other health services. A three year contract was established by the county of San Diego. The program boast a high success rate for both participants and cost for public services in San Diego. However, the program was only a temporary solution. It lost funding after 2014 and was picked up by another company whose experience in rehabilitating chronic offenders was questionable.

The LEAD Program in Seattle, Washington, which is similar to the SCT, is a program that helps homeless chronic offenders. It began in 2011. The Lead Program intends to reduce criminal recidivism and homelessness. LEAD stands for Law Enforcement Assisted Diversion and most of the offenders who are referred to this program are low-level drug and prostitution offenders. According to LEAD program results, housing and employment resulted in fewer arrests by 17% and 33% respectively. Quote from LEAD's website, "LEAD's goals are to reduce the harm a drug offender causes him or herself, as well as the harm that the individual is causing the surrounding community." "LEAD provides participants with immediate case management services, and access to additional resources not available through existing public programs." The LEAD Program is a combination of police, public services, and community organizations that assist chronic offenders rehabilitate and become productive members of society. There are specific boundaries that qualify an offender to be diverted to the LEAD Program. The LEAD Program is funded by private foundations and it does not take any money from the City of Seattle or King County. Also, some of the founders are the Ford Foundation, Open Society Foundations, Vital Projects Fund, Riverstyx Foundation, Massena Foundation, and the Social Justice Fund Northwest. Furthermore, many community organizations work with and support the

LEAD Program such as the YMCA and Plymouth Housing Group, among many others. The LEAD program get its inspiration from pilot projects in the United Kingdom where "arrest-referral" programs and tactics have proved to be quite successful.

Housing First is a program spread throughout the country that is focused on providing permanent housing for the homeless communities. Both individuals and families are able to get service from this program. Housing First became an alliance in 1983 and became a larger and higher funded program. Housing First is being funded by the federal government and Congress. The goal of this program is finding housing for this population is to help them improve their quality of life and assist these individuals into helping them to achieve their goals. These individuals are given basic necessities such as clothing, hygiene and work up to job applications and searching for permanent housing. All choices are made by the participant, this is the most central concept to this program.

Tennessee programs: Centerstone & Dept. of Mental health and substance abuse

The Centerstone delivers a wide range of care among certain states in the United States. Their programs offer mental care, substance abuse, zero tolerance for suicide and education for the communities in Florida, Illinois, Indiana, Kentucky, and Tennessee. They extend their services to veterans that are active or inactive while also including family members and the NFL. The institution is a not-for-profit organization with over 55 years of experience. They operate 50 facilities along with 160 partnered locations throughout the region serving up to 50,000 patients. Most of their funding comes from state and federal grants and donations. However, the information regarding the effectiveness of the program is vague. There is no model shown we would benefit from regarding a reduction in recidivism.

The Department of Mental health & Substance Abuse Services in Tennessee provides thorough information regarding mental health and substance abuse. Aid is provided to the community and homeless patients and services are provided by the state, local police, and religious groups. The site also gives us access to their quantitative data and yearly reports of their achievements. Though, it is not done in such a way for research purposes. Most of the funding appears to be through grants from federal and state funding.

Both programs are well organized in their own rights but provide vague information. Applying for state and federal grants provides the community and organizations the resources they need to address the issues of homelessness and substance abuse. However, there was a general lack of outcome measures from which to examine the efficacy of the programs or provide a comparison to others.

Summary and Comparison of Programs

Based on the information provided from the four programs like the SCT, each program focused on providing help to those who were homeless. Some of these programs aimed to provide resources for different concerns that may affect this specific population, for example: housing opportunities, stability, basic hygiene, deterrence from crime, and drug and alcohol treatment. Although these goals are present in separate aspects of these programs, these programs did not incorporate all of these aspects. Additionally, grant and other short-term funding provided these programs less stability and narrowed their focus to address the complex and long-term needs of their target population. The lack of available outcome measures also leaves the question of how effective these programs are in accomplishing their mission.

Section Two: Outcome and Performance Measures

Quantitative Analysis:

The purpose of the analysis is to examine and assess the Service Coordination Team's current program's outcome data regarding continuing criminal conduct; additionally, and with acute attention: identifying those participants who were more successful and those that didn't reach project goals regarding their reduction in their post-program criminal conduct, identify the specific variables associated with success and failure, while additionally discovering the source of these variables, which could aid in furthering program staff's strategies with screening criteria and case management. The examination will include comparisons with past results to create a more comprehensive and better understood analysis.

Methodology:

The data regarding program outcomes was delivered to the analysis team for extensive examination. The data included all those participants who either dropped out or completed the Service Coordination Team's Program in 2016. There were 137 individuals who had participated in the program, with 29 completing it successfully and 108 exiting early, either involuntarily or by choice. Ten (10) participants were previous graduates receiving remedial treatment. These participants, having no arrest history in the 12 months prior to program entry, will be excluded from the statistical analysis of program outcomes. Their data will be used only in the statistical portrait of the participants. The following definitions were used in categorizing participants:

Completions—Participants who met all program milestones and requirements and have successfully completed the program.

Exits—Participants who were terminated or voluntarily exited the program prior to successful completion as measured by the Service Coordination Team.

The arrest history of participants, including pre- and post-program data, was defined and measured as the number of arrests in the 12 months prior to entering the program, and the number of arrests in the 12 months after exiting or completing the program. This sample was then analyzed using statistical tests to determine the statistical significance exists between the varying factors within the population. The main goal of the analysis was highlighting the

differing success rates between various groups of participants, such as age, gender, drug of choice, and ethnicity.

Results

Table 2.1: Overview of program participants and a statistical summary of their characteristics

	Age (Avg)	Gender	Ethnicity (%)	Length of Stay (Avg Days)	Drug of Choice
Total N=137	40.82 SD 10.5	73% Male 27% Female	67.15% White 24.8% AA 6.6% Latino .73% Asian .73% Native American	118.8 SD 133.4	26.7% Meth 18.3% Alcohol 35.1% Heroin 16.8% Cocaine 4.1% Other
Complete N=29	41.78 SD 10.38	65.5% Male 34.5% Female	55.2% White 37.9% AA 6.9% Latino	306.0 SD 122.58	30.4% Meth 21.7% Alcohol 17.4% Heroin 17.4% Cocaine 13% Other
Exit N = 108	40.56 SD 9.78	75% Male 25% Female	70.4% White 21.3% AA 6.5% Latino .925% Asian .925% Native American	104.1 SD 88.5	29.3% Meth 17.8% Alcohol 37% Heroin 15.9% Cocaine
Completion Rate: 31.2% (Excludes participants with lengths of stay less than 30 days)					

Table 2.1 illustrates the major characteristics of the SCT participants. The completion rate of 31.2% is roughly equal to the 2017 results but does not include participants with lengths of stay less than 30 days. That has previously been determined to be the threshold below which no appreciable treatment benefit is derived. The table further illustrates the similarities across participants in age, ethnicity and drug of choice. The average length of stay (LOS) was 118.8

days, while those that completed the program averaged 306 days, and those that exited early averaged 104.1 days.

The data indicate no significant impact on crime reduction due to static factors such as age, gender, and drug of choice. Slight differences were observed in ethnicity, though there is not enough data to draw conclusions from due to the small size of the groups. This is consistent with the findings from the 2016 analysis and may suggest that static factors are becoming less important over time. Overall, more intrinsic variables such as individual motivation and willingness to participate may begin playing a larger part in success rates as the program becomes more able to encompass diverse backgrounds. These would be observed in the program's engagement rate –the percentage of participants who remain engaged at least 30 days.

Table 2.2: Average reduction in arrests (CRQ)

	Reduction in Arrests (%)	Arrests Pre-Tx	Arrests Post-Tx
Total	0.35	3.77	2.45
N=127			
	Std Dev 1.15	4.07	4.72
Complete	0.885	2.6	0.3
N=23			
	Std Dev 0.45	2.1	0.6
Exit	0.275	4	2.9
N = 104			
	Std Dev 1.21	4.3	5

Table 2.2 indicates there was an overall reduction in arrests for the entire cohort of 35%; those that completed the program had a reduction of 88.5%, and those that did not complete the program had a reduction of 27.5%. There was a significant difference (p = .08) in

pre-program arrests between participants that completed the program (2.1) and those that exited prior to completion (4.0).

Table 2.3 summarizes the key performance measurements of the program.

Engagement Rate: Percentage of participants with lengths of stay greater than 30 days		Effectiveness Rate: Percentage of participants with reduced arrests post program exit		Completion Rate		No arrests post-program		Average length of stay (days)	
2017	64%	2016	75%	2016	27.4%	2016	39.7%	2016	170.0
2018	67.8%	2017	77%	2017	31.4%	2017	39.3%	2017	146.1
		2018	75.6%	2018	31.2%	2018	54.6%	2018	118.8

Table 2.3 summarizes the key performance measurements of the program for the past 3 years. The completion rate of 31.2% is almost equal to the 2017 results. Three-fourths (75.6%) of participants had reduced arrests post-program, which is consistent with the results in 2016 and 2017. Over two thirds (67.8%) of participants had lengths of stay greater than 30 days (engagement rate), which as was an increase from 2017 rate. The percentage of participants with zero arrests post-program increased to 54.6%, far exceeding the previous two years. This rate is 75% greater than the completion rate, suggesting that participants develop effective coping and behavior management skills despite not completing the program successfully. This finding has been observed in several previous years, but not to this degree. The average length of stay of 118.8 days is less than that observed in 2017, but is above the threshold at which the most participants have positive outcomes.

High and Low Performing Participants

To more fully examine the experiences of program participants, an analysis was conducted of the profiles of participants who had performed well and those that didn't in an attempt to examine the sources of variation that are linked to crime reduction. Table 2.4 illustrates the profiles of those two groups.

Table 2.4: Comparison of High and Low Performers in the Program

	High Performers	Low Performers
Size (n)	47	31
Completion Rate	34.00%	3%
Percent Male	72.3%	74.2%
Ethnicity	63.8% White	61.3% White
	31.9% African-American	29.0% African-American
	4.2% Latino	9.7% Latino
Avg. Number of Prior Arrests	2.7	2.6
Avg. Number of Post Arrests	0	5.5
Avg. LOS	159.4 days	52.7 days
Drug of Choice		
Alcohol	17.0%	9.7%
Cocaine	21.30%	19.4%
Heroin	31.90%	41.9%
Meth	23.4%	25.8%
Other	6.4%	3.2%

High performers were those that had no arrests within 12 months of leaving the program regardless of whether they successfully graduated or were terminated (Crime Reduction Quotient = 1). Forty-seven participants had a CRQ of 1. Notably, while the completion rate for high performers is higher than the average at 34.0%, the majority (66%) of high performers did not

complete the program. This suggests that successful completion is not necessarily a requirement for improvement post-program.
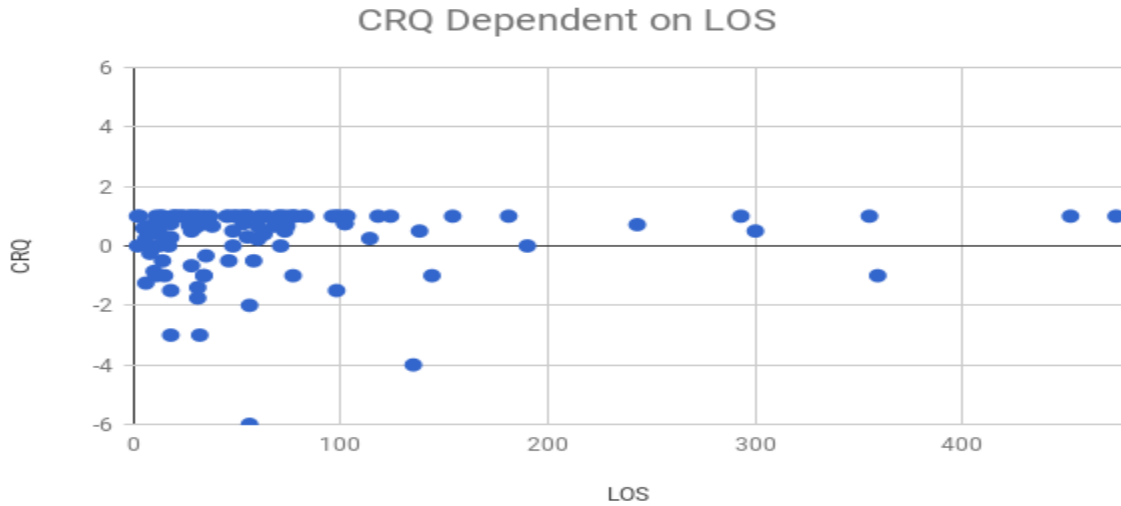
Low performers were those that either had no change in arrests or had more arrests after leaving the program. Thirty-one participants were classified as low performers, with CRQs ranging from -6 to 0, indicating they either had no change or were arrested up to 600% more after leaving. However, it is worth noting that most of these participants did not spend a significant amount of time in the program, with the average LOS being 52.7 days.

The two groups are remarkably similar given that they lie at opposite ends of the outcome spectrum. The two groups are comparable in terms of their gender make up, ethnicity, prior arrests, and most drugs of choice. The two groups differ significantly in terms of completion rate (34% vs. 3%) and length of stay (159.4 days vs. 52.7 days). The observed difference between high and low performers whose drug of choice is alcohol indicates a significant higher level of success for this group. This result is the opposite of the 2017 findings where participants with alcohol as their drug of choice comprised 27.5% of low performers and 11.4% of high performers. This source of variation underscores the dynamic nature of substance abuse treatment, the unique clinical presentations of the participants, and the ongoing challenge of treatment providers to effectively engage participants across the full range of their diversity.

Most of the different factors between high and low performers were not statistically significant. However, LOS does appear to be a significant factor, as high performers stayed, on average, three times longer than low performers. The overall relationship between LOS and CRQ can be seen in graph 2.5; there does not appear to be a linear relationship, however, but rather a

stepwise one in which participants are more likely to succeed after 90-100 days, with only mixed

results below that.

Graph 2.5: The relationship between crime reduction (CRQ) and length of stay (LOS),

The relationship between housing status of participants and their success rate and crime

reduction also did not yield significant results, and no clear relationship could be seen. One

caveat to this data is that within the low performers, as well as those that did not complete the

program, there was a large amount of variance due to outliers that ultimately brought down the

results. Many participants stayed in the program for a very short amount of time, and a few low

performers had only one or two arrests prior to treatment but a large amount after, bringing down

the average crime reduction numbers. Rather than suggesting they committed more crimes post-

treatment; the working assumption is that they were simply caught/arrested more than they were

before. SCT participants interviewed as part of this report indicated that they had engaged in

criminal conduct to support their substance use an average of 1.008 times per day. (see Section 4,

Cost Benefit Analysis). A return to criminal conduct, it is hypothesized, does not suggest an

accelerated rate of offending.

Comparative Analysis

Table 2.6 compares the current year's data to previous year's data (2011, 2016, and 2017). As the data shows the female participation in the program has gone up each year since 2016 and has climbed from 9% in 2011 to 25% in 2018. The African American population of the program has decreased from 2017 but was 70.5% of the program in 2011. Between the 2011 and 2016 studies, the Service Coordination Team expanded its eligibility criteria from the downtown/oldtown area to the entire city, which accounts for much of the change in the female and African-American participants. The 2018 average Length of Stay at 118.8 days is less than 2011 and 2017. The 2016 sample did not include subjects whose lengths of stay were less than 30 days, so comparison on this variable is inappropriate. There was also a slight increase in the engagement rate from last year, while the data from 2011 and 2016 was not recorded.

Table 2.6: Comparison of summary statistics ranging from 2011 to 2018.

Comparative Analysis	2011	2016*	2017	2018
Total	187	80	139	137
% Male	91.0%	81.25%	69.60%	75.60%
% African American	70.5%	30.5%	32.8%	27.5%
Average Age	44.14	44.25	40.5	41
Average Length of Stay	131.73	170.95	101.7	118.8
Average Arrests Pre-Treatment	3.55	5.42	5.2	3.77
Average Arrests Post-Treatment	2.79	3.5	1.3	2.45
Engagement Rate	N/A	N/A	64%	67.80%

- The 2016 sample did not include data from participants with lengths of stay less than 30 days.

Section Three: Supportive Transitions and Stabilization

Introduction

The Supportive Transitions and Stabilization (STS) program of the Portland Police Bureau's Service Coordination Team (SCT) was examined with respect to:

(1) developing a current program description, including history and purpose of the program, the target population, how the target population is assessed, overall program structure, and how STS fits into the mission and purpose of the SCT.

(2) analyzing outcome data and preparing summary statistics, using qualitative assessment of pre/post police contact data and identifying variables linked to post-program success; and,

(3) conducting a cost-benefit analysis using program budget and outcome data.

To develop a current description for the STS program, qualitative research interviews were conducted with managers of the SCT and STS program. Analyzing police contact of 29 offenders' outcome measures of 2016 by looking at 12 months pre/post for new criminal activity. A cost benefit analysis was attempted by using the STS budget information, the Multnomah County Jail data on average daily costs and length of stay, and the crime and system costs that were established in a cost-budget methodology prepared for the State of Oregon (Wilson (2011).

To develop a current program description for the STS program, qualitative research interviews were conducted with program managers of the SCT and STS. The STS program was created in 2015. "The SCT, in collaboration with BHU and the Behavioral Health Response Teams (BHRT), has expanded to assertively address the needs of individuals with mental illness and co-occurring disorders who temporarily require a more extensive level of care by creating a

direct housing resource. Individuals referred to the SCT and BHRTs often experience periods of unstable housing and have frequent contacts with the police during times of crisis. Providing safe, service-connected housing can significantly change the outcomes of these interactions. The program provides stabilization through: access to low barrier housing; housing case managers are available twenty-four hours a day; peer support; connections to supportive treatment and services; bus tickets for travel to appointments; and assistance with medication management. The process for referral starts with a police contact that generates a BHU referral. The BHU Mobile Crisis Unit conducts a follow-up report and refers the person to the STS program. They are told that entering the program is on a voluntary basis. The general criteria for persons entering the STS program are: if a person is experiencing an acute mental health crisis (may include dual-diagnosis, traumatic brain injury, or unspecified condition); if a person lacks community and/or family support to address recovery; and some history of behaviors that do not contribute to the progress of the community, as evidenced by previous police contacts. Persons with a history of arson and sex offenses are disqualified from entering the program. If the person(s) meets one or all of the criteria and chooses to enter the the STS program, then they will receive an orientation to the program and services that are provided. This includes learning about the ground rules and expectations of the program, medication, and housing (SRO, with shared bathroom, some meals provided, and access to a Resource Center). Clients may be in the program for 60 – 90 days, however these timeframes are somewhat arbitrary and based on experience with SCT clients. The goals of the STS program are: to provide clients with stabilization from crisis; establish or reestablish conformance with prescribed medication; support engagement with treatment; and assist with working towards self-sufficiency in housing (which may either be independent of group home living depending on the person's condition).

Outcome Data & Summary Statistics

Methodology

The subjects for the study were 29 participants in the STS program who received services in calendar year 2016. Data on the subjects included: demographics, program entry and exit dates and status at exit, and 1354 (lifetime) police contacts by date, type, and outcome.

Pre and post-program analysis were conducted by examining police contacts for subjects 1 year before entering (pre) and 1 year after exiting the program (post), excluding all other police contact data. An attempt was made to develop profiles of participants using police contacts over the past 5-years (2013 – 2018); however, the data was not supportive of distinct profiles. Subjects police contact history reflected similar engagement in criminal, non-criminal, and personal distress behaviors that were indistinguishable from each other, except for the frequency of contacts.

Total police contacts were calculated as well as contact type. The average was 20.8 police contacts per client. Exclusions were made to individuals who had more than 2 standard deviations (1 standard deviation being 15.2, 2 being 30.4, plus the average of 20.8, equaling 51.2 police contacts). This included 2 clients with more than 51 police contacts each. The purpose behind the exclusion was to limit our scope to only those people who represented a vast majority of the population. The 2 clients excluded where weighing heavily on the negative side of the results. Exclusions were also made to police contacts that did not end in either an arrest/custody, or a mental health hold of some kind (police/director). The result was a sample size of 27 subjects and 150 police contacts.

Crime/Contact Groupings

In an effort to make the data tables more comprehensible, data was grouped to specific types of crimes, based on the data received, to generalize crime types into three main categories; Person Crimes, Property Crimes and Society Offenses (crimes). In addition to those main categories, Mental Health Contacts, Non-Crime Contacts, All Other Offenses, and Suicide or Attempted Suicide were separated out. All of these contacts resulted in arrest/custody or a mental health hold. These generalized groupings were made by us as researchers and may not accurately reflect the facts of each crime type or arrest.

Person Crimes: Aggravated Assault, Intimidate/Crim Threat, Purse Snatch/Property Grab, Robbery-Business, Robber-Other Location, Simple Assault-Misd, Violation Restraining Order

Property Crimes: Burglary-Business, Burglary-Residence, Credit Card/ATM Fraud, Larc-from Buildings, Larc-Other, Larc-Shoplifting, Theft of Services, Trespassing

Society Offenses: Disorderly Conduct, Parole Violation, Probation Violation, Protest/Demonstrations, Reckless Driving, Resisting Arrest, Vandalism, Vandalism-Vehicle, Warrant/Fugitive, Interfere w/ Public Safety-Other

Mental Health Contacts: Mental Health/Directors Hold, Mental Health/Police Ofc Hold, Mental Health Template, Mental/Emotional Assistance Rend

Drug/Alcohol Crim/Con: Civil Hold-Detox-Ofc Transport, Drinking in Public, Drug Offenses, DUII-Alcohol, PV Detainer-PCS/DCS

Non-Crime Contacts: Asst Rendered-Law Enf Agy, Asst Rendered-Public, Information, Marine-Other, Other – Use 522 (Conversation)

All Other Offenses: All Other Offenses, PV Detainer-Other

Suicide or Attempt: Suicide, Attempted Suicide

Findings

All tables and statistics after the general population demographics information used in generating totals is excluding any ranges outside of two standard deviations of the CONTACT TYPES (this excludes only two subjects) and any CONTACT TYPES that did not end in ARREST/CUSTD or MENTAL HEALTH/HOLD. All identifying information (age, sex, gender, race, ethnicity etc.) is based on the information gathered and/or reported and may or may not accurately represent any one individual based on their notion of self-identification at the time.

Population Demographics

The sample of 29 subjects was 72.4% male, 62.1% White, 27.6% African American, 6.9% Latino, and 3.4% Asian. The average age of the sample was 40.1, with a standard deviation of 10.2, which is comparable to the general SCT sample. Most of the sample (86.3%) is over the age of 30. The average length of stay in the program was 37.1 days, with a standard deviation of 45.9 days. Over three-fourths of the population (75.9%) didn't last more than a month in the program. The completion rate for the program was 31%.

From 2013 – 2018, these 29 subjects averaged 20.8 police contacts or 4.15 per year. There was considerable variability, with 2 subjects averaging over 50 contacts over 5 years. The sample was 27.6% female, who accounted for 30.5% of the police contacts. African Americans comprised 27.6% of the sample and accounted for 48.4% of the police contacts. The distribution of pre/post police contacts indicates a 14% increase (70 to 80). Property crimes, which were the most frequent offense, increased 78% pre to post program, and person crimes increased 61%. Drug and alcohol related, and society offenses decreased, as did mental health contacts.

Crime/Contact Type Pre/Post STS Program 2015-2018

Crime/Contact Type	Pre		Post		Totals	
	f	%	*f*	%	*f*	%
Property Crimes	18	12.0%	29	19.3%	47	31.3%
Drug/Alcohol Crim/Con	17	11.3%	15	10.0%	32	21.3%
Society Offenses	12	8.0%	5	3.3%	17	11.3%
Mental Health Contacts	11	7.3%	8	5.3%	19	12.6%
Person Crimes	9	6.0%	16	10.7%	25	16.7%
Non-Crime Contacts	1	0.7%	7	4.7%	8	5.3%
All Other Offenses	1	0.7%	0	0.0%	1	0.66%
Suicide or Attempt	1	0.7%	0	0.0%	1	0.66%
Total	**70**	**46.7%**	**80**	**53.3%**	**150**	**100.0%**

When viewed individually, these pre-post contacts indicate how subjects varied in their post-program behavior. The Crime Reduction Quotient (CRQ) was calculated for each subject by taking the frequency of pre-program arrests, subtracting post-program arrests and then dividing that number by the pre-program arrest.

Crime Reduction Quotient 2015-2018

Only 21 clients were included in this table as anyone who did not have an arrest since 2015 was excluded—in addition to the two clients that were excluded globally. This data shows that almost half (47.6%) had decreases in arrests post program, and 14% (3 participants) had zero arrests post-program. Overall, there was an average 10.0% increase in arrests after the program.

Client	Pre	Post	CRQ	Total
Person 1	7	9	-28.6%	16
Person 2	2	1	50.0%	3
Person 3	4	5	-25.0%	9
Person 4	2	1	50.0%	3
Person 5	1	3	-200.0%	4
Person 6	2	15	-650.0%	17
Person 7	3	4	-33.3%	7
Person 8	1	1	0.0%	2
Person 9	1	0	100.0%	1
Person 10	3	0	100.0%	3
Person 11	3	9	-200.0%	12
Person 12	2	5	-150.0%	7
Person 13	4	4	0.0%	8
Person 14	5	4	20.0%	9
Person 15	2	2	0.0%	4
Person 16	3	0	100.0%	3
Person 17	2	3	-50.0%	5
Person 18	11	5	54.5%	16
Person 19	3	1	66.7%	4
Person 20	6	4	33.3%	10
Person 21	3	1	66.7%	4
Total	70	77	-10.0%	147

Crime Frequency 2011-2018

In order to conduct a more comprehensive assessment of the STS Program's impact on the frequency of participants police contacts, an accounting of all police contacts over the past 5 years was conducted. The following is a complete list of only those in the population who have been arrested for criminal offenses in the five years before their program start date (2015-2016).

These are organized into brackets of 10 arrests. Green is for 9 or less, yellow for 19 or less and red for 20 or more.

ID	# of Arrests	Frequency
Person 1	1	LOW FREQUENCY
Person 2	2	
Person 3	3	
Person 4	4	
Person 5	4	
Person 6	4	
Person 7	4	
Person 8	4	
Person 9	5	
Person 10	5	
Person 11	6	
Person 12	8	
Person 13	9	
Person 14	12	MEDIUM FREQUENCY
Person 15	15	
Person 16	15	
Person 17	16	
Person 18	17	
Person 19	20	HIGH FREQUENCY
Person 20	20	
Person 21	26	
Person 22	26	
Person 23	28	
Person 24	32	
Total	**286**	

The data indicate that only 6 participants in the population, or 22%, account for 152 arrests, or 53%. The purpose of the frequency data is to determine that impact of the STS program on participants with varying offense trajectories.

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The results were grouped into three categories; high, medium and low. The high population was anyone more than one standard deviation above the average, the medium population was anything under one standard deviation, and anyone lower than one standard deviation was grouped into the low category. When these frequency levels were tabulated with the CRQ, the results provide a different perspective on the impact of the STS Program.

1 year CRQ

Client Risk	Pre	Post	Avg CRQ	Total	
High (4)	16	29	-206.0%	61	HIGH
Medium (7)	33	38	-29.3%	55	MEDIUM
Low (10)	21	10	33.3%	31	LOW
Total	**70**	**77**		**147**	

What this data suggests is that individuals in the high-risk category averaged 206.0% increase in arrests in the year after leaving the program. The medium population averaged 29.3% increase, and the low risk group averaged 33.3% reduction in post-program arrests.

This would suggest individuals with more total arrests are more likely to be arrested after they leave the program when compared to individuals in our population with less total arrests. In terms of risk levels, based on the frequency of prior arrests, the data indicate reductions across Low, Medium, and High-Risk groups, from 3.7% average reduction for the High-risk group, to 21.7% average reductions for Medium, and 33.3% reductions for the Low risk groups.

Conclusion

The STS participant population are individuals exhibiting a wide range of behaviors indicating chronic instability in their mental health and general societal standards. Their behaviors resulting in police contact range from personal distress (suicide attempts, public intoxication, psychiatric decompensation), to disruptive and disorderly, to drug/alcohol use and illicit attempts to acquire them, to violent acting out and assault. The population examined engaged in the full range of these behaviors with varying frequency. This effectively precluded the identification of unique offense profiles from which to conduct further analysis.

The data indicate that the majority of participants have reduced police contacts/arrests post-program. There was a noted reduction in violent behaviors by participants post-program. The data indicated that the program was most effective for participants who had limited police contacts prior to program entry. Similarly, participants with high number of pre-program contacts performed less well post-program. The data was not amenable at this time to developing precise frequency levels, nor was it amenable to developing a threshold length of stay that could better inform program staff. This and future program data may be used to derive those measures and better understand participant profiles and program outcomes.

Cost Benefit Analysis

A cost benefit analysis was not conducted in this report. After careful study, there was an attempt to cost out each police contact, to include arrests, and apply it to each contact in our population. These numbers were not accurate for a host of different reasons: (1) there was not sufficient data to cost out each individual contact of the same type, (2) data did not represent a time estimate of each contact so there was no way of telling how long, or how many officers or other taxpayer sponsored resources, were spent on each contact, (3) the cost of an aggravated assault could not be conflated with the cost of an assistance rendered call or the cost of a rape partly because it is extremely subjective to put a price on lifelong trauma compared to the cost of a stolen bike. In short, there simply was not enough data to cost out each contact and to do so with what data were available.

Section Four: Cost Benefit Analysis

Introduction

The purpose of this research is to examine the impact of SCT on the participants, with specific focus on assessing the crime and criminal justice system costs in comparison to the administration costs of the SCT. An interview for SCT participants was developed from which to collect information regarding, demographics, their history with mental health as well as prior treatment, on the duration of the treatment, prior drug abuse, the kinds and frequency of criminal acts perpetrated to support their addiction, and the approximate amount of money spent on the individuals drug of choice. Program costs were derived from the SCT budget, and crime and system costs derived from a criminal justice system cost-benefit methodology (Wilson, 2011)

Methodology

Interviews were conducted with 13 participants in the program. The variables that were tested entailed race, gender, occupation, mental health/treatment, prior illegal behaviors/jail their drug of choice, expenses used in order to obtain their drug of choice, existing protective factors, employment along with a qualitative approach regarding reflective information acquiring details about the participants feelings about the program and personal growth. The cost benefit analysis detailed the cost of crime, arrests, jail and the SCT program. This analysis reflected the marginal cost of the crime victimization per incident, the average number of arrests per program, average length of stay in jail finally, the SCT program cost. In the end, there were significant statistics recorded for the overall conclusion. The two statistics found were: 35.1% reduction in post-program arrests and 36.2% of participants had no arrests post-program.

<center>Limitations</center>

Some limitations that occurred during the study is the lack of available participants to interview. A trend that has developed with members of the program, is the increasing rate of employment. In previous years, participants were more readily interviewed due to having greater free time that is prevalent within those who are unemployed. In contrast, the members of the program during this year, are employed at much higher rates, thus hindering their availability, and in turn not allowing them to participate during the survey collection. In essence, this 2018 study did not have access to an ideal number of interviewees, which may skew the overall statistics. It is recommended to explore different ways to access the program participants in order to increase the range of subjects.

Furthermore, during the conduction of the survey, some questions were found to be faulty due to lack of understanding from some participants, and in other cases, interviewees answered questions with knowing bias in order to minimize negative experiences in their history. An example of one of the misunderstood questions is when participants were asked, "Have you worked in the past 5 years? _____Yes _____No," and, "If so, for how long," participants either interpreted the question to be asking for the total sum of their collective job history if they had multiple jobs, or participants answered under the assumption that the question was asking for the total length of their most recent job, excluding other preexisting jobs. Considering this, for future surveys this question will be reworded in order to prevent any further confusion.

Finally, when participants were asked about their history of how much money they spent on drugs weekly, some participants would minimize the number, which in turn skewed the results.

Demographics/ Residency

The data shows that the average program participant age is 44.46 years old. The participants were predominantly male (84.62%), and the most common ethnicity is White with 46.15%, followed by African-Americans at 30.77%, and one each of Native American and Latino. This average length of residency in the Portland area was 20.34 years.

Education/ Employment

The time of day when we collected data was an unfortunate time scheduling restriction. Because of this, people apart of the program who had an active job were not present because they were out doing their job. In our study, we found that 38.46% of the participants were actively employed with the rest not having a job in the past 5 years. We also found that 84.61% of the participants had successfully completed a high school education level and/or beyond, with 30.77% having some college education.

Highest Education Level

Ed. Level	Count
Less than High School	15.38%
High School Diploma	23.08%
GED Completion	30.77%
Some College	30.77%

Prior Treatment

It is found that most of the participants of the study are long term Oregon residents, on average they have resided in Portland for 20.38 years. This shows that the demographic of

program participants are primarily locally centered. The average length of time spent in the program is 6.5 months. Additionally, the average length of sobriety is calculated to be 6.13 months. The majority (84.62%) of participants reported that they had received treatment before the program and averaged 3.7 prior treatment episodes. The average length of time the participants reported being sober is 6.13 time in months.

Length of Time in Program (Months)

Participant	Length in program (Months)
1	5
2	2
3	9
4	4
5	4
6	
7	12
8	8
9	6
10	
11	3.5
12	7
13	11
Average	**6.5**

Mental Health

Some questions regarding mental health were used while the survey was conducted, due to the fact that there is often close correlations between mental health and drug addiction. 61.54% of participants reported that they had a diagnosis for some sort of mental health condition, and for which they received some form of treatment. The average age for when they first received mental health treatment was 32 years old. This is significant because it shows that any mental health issues that were pre-existing either become exacerbated during the participant's drug use, or they develop adult onset during drug usage, hence the average treatment age being later on in life rather than earlier during childhood or adolescence.

Drug of Choice

Of the thirteen participants who were interviewed, seven, or 53.8%, stated that alcohol was one of their drugs of choice. Of those seven, only two participants claimed alcohol was their only drug of choice. A majority of those were using alcohol in conjunction with other drugs, usually paired with marijuana and methamphetamine, but a couple participants also paired with crack or cocaine. Many of our participants claimed multiple substances as their drugs of choice, alcohol being the most common and Marijuana and Methamphetamine next most, both with 30.8% of participants including them as a substance they had issues with. While Marijuana and meth were both very commonly abused substances, every participant who thought they had an issue with marijuana or meth were using in conjunction with at least one other drug. Slightly less than half (46.15%) reported polysubstance abuse. Cocaine and crack were each only selected by one interviewee and both were being used in conjunction with alcohol. Only two participants claimed to have an issue with heroin use, both stated that it was the only drug they struggled with. Along the same pattern, the three participants who struggled with Methadone use also claimed it as their only drug of choice.

Crimes to Fund Drug Use

Many of those who participated in the interviews were apprehensive about discussing the crimes they committed in order to obtain drugs. Of those interviewed, 38.5% claim to have committed some form theft in order to get money to support their drug use. Theft is a blanket term used to include stolen property, robbery and shoplifting. Of those participants in the "theft" category only one claimed to rob people directly. One participant was bringing in large amount of money selling drugs on the streets. The other term, which was used by 50% of our participants

was "hustle." When asked what that meant, many participants claimed they did everything they could think of to get money, others, claimed to have hustled the system, getting some kind of government assistance. One interviewee even claimed to make their drug money by telling jokes on the street, many participants pan-handled as well. Most "hustlers" were apprehensive about sharing information about the crimes they committed, or just struggled to remember specifics. We would like to revisit this question and find better wordage in order to elicit more specific responses from participants in future, and possibly add more crime-related questions to get better idea of the crimes regularly committed by participants before entering the program.

The average amount each participant spent on alcohol and drugs per week was $403.00. Assuming theft related crimes were the means to acquire this money, the value of stolen property to equal that amount is conservatively estimated to be $1209.00 per participant per week or $173.00 per day.

Cost Benefit Analysis

A cost benefit analysis was conducted examining SCT program costs versus avoided crime and system costs. The cost benefit methodology used was developed specifically for criminal justice systems (Wilson, 2011). [1] This methodology utilized costs derived from Oregon and Washington sources. In addition, this 2011 update to a 2009 paper uses marginal costs as opposed to average costs. Budget data for the SCT were provided for costs estimates. The analysis uses the rates of crimes committed from the participant interview, as opposed to only arrest data that is typically used for this purpose. This would provide for a more accurate estimate of both crime and system costs.

[1] Wilson, Michael (2011). "Introduction to Cost-benefit analysis in justice policy". Crime and Justice Institute at Community Resources for Justice. Webinar.

Model Structure and Assumptions

The model was applied to the total sample of 127 SCT participants. SCT program costs, calculated as $52.24 per participant per day were applied to the average length of stay across all participants (112.2 days) equaling total program costs of $744,388.66. Avoided crime and system costs were calculated as the difference between the costs of crimes committed 12 months prior to program entry and the costs of crime 12 months after program exit. Rates of crime committed per participant were estimated to be 1.008 per day. The post-program crime estimates were calculated using 81 subjects. This was the total sample minus the subjects with zero arrests post-program. A constant rate of offending was assumed for any subject with new criminal arrest post-program. Costs for arrests were calculated using the average number of arrests for the sample pre and post program. Similarly, jail costs were calculated using the average length of stay from the Multnomah County Jail monthly report.[2]

Cost-benefit Ratio

The pre-program crime and system costs ($30,128,502.46) were subtracted the post-program costs ($20,313,941) resulting in avoided crime and system costs of $9,814,561.44. Dividing this number from the program costs $744,388.66 yielded a cost-benefit ratio of .0758. This means that for every $1 in SCT program costs, there was a corresponding $13.18 in avoided crime and system costs.

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[2] Costs figures used in the analysis:
Property Crimes: $728.55 per incident
Cost of an arrest: $701.00
Jail cost: $43 per day
SCT Program Cost: $52.24 per person per day

Conclusion

Throughout this process of gathering information, it was noticeable to see certain trends from the more that you got to speak with the individuals who were partaking in this program. The first thing that was evident was that those who were participating in the program ultimately spent a majority of time in Portland throughout their lives. Continuing on from that each individual experienced a similar stay under the SCT building, which averaged out to be about 112 days. One of the most valuable things that we as a group gained throughout this process was having the opportunity to ask these individuals open ended questions. These questions allowed for personal thought without any borders, ultimately giving us a lot of insight into how these individuals saw this program. A constant theme emerged amongst the group where they showed concern about not having housing or employment, without these resources, coupled with support, it was evident to see that they worried about the future sobriety. This trend continued when we asked them as to what they were most Thankful for during their stay at the SCT program, ultimately a majority replied that they were happy to finally be under a stable roof, that coupled along with the friendly staff and the individualized treatment that they all received. The last question that was really insightful was when we asked them about their least favorite part of the program, we received an overwhelming response of no complaints whatsoever. When we allowed for personal freedom within their response, we were able to see individuals open up a little bit more. Ultimately, giving us a better insight into how they saw the program and how it's changed their lives during their stay with SCT.

Appendix A

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

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

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

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

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

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

If you have further questions about this study, or your rights, or wish to lodge a complaint or concern, you may contact Professor Don Trapp at dtrapp@pdx.edu.

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

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

Participant Signature:_____

Printed Name:_____

Date: _____

Interviewer Signature:_____

Printed Name:_____

Date: _____

Appendix B

Portland State University

Criminal Justice Evaluation Capstone

Survey Introduction

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

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

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

Don Trapp at dtrapp@pdx.edu

INTERVIEWS TO BE CONDUCTED ON THURSDAY, MAY 11, 2018 FROM

2 – 3:30PM.

Appendix C

2018 SCT Participant Interview Questions

1) What is your gender? Male____   Female____   They/Them_____   Other _____

2) How old are you? _____

3) Which do you best racially identify as?

___White (non Hispanic)   ___Asian or Pacific Islander

___African American (non Hispanic)   ___ Hispanic

___Native American   ___Latinex

___Alaskan Native   ___Other _____

4) What is the highest level of school that you have completed?

___ Less than high school   ___ High School Diploma   ___ GED completion

___ Some College   ___ College degree   ___ Trade school certificate

If you left school, why did you
leave?_____

_____

5) Are you currently employed? ____Yes   ____No

6) Have you worked in the past 2 years? ____Yes ____No

If so, for how long? _____

Did you like work?____Yes ____No

What kind of work would you like to do?_____

7) How long have you lived in the Portland Area? _____Yrs. _____Months

8) Do you have some sort of support system in Portland such as family or friends?

___ Yes   ___ No ___Other

9) How long have you been in the program? _____ Months

   a) How long have you been sober?_____

10) Had you been in treatment for substance abuse before? ___ Yes ___ No

   a) If yes, how many times have you been in treatment? _____

   b) Duration of Treatment _____

11) Have you ever been diagnosed with a Mental Illness? ___ Yes ___ No

   a) If yes, have you had any treatment for that illness? ___ Yes ___ No

      At what age? _____

      Duration of Treatment _____

   b) Have you ever been hospitalized for mental illness? _____

      If yes, how many times? _____

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

12) What was your drug(s) of choice?

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

___ Alcohol   ___ Hallucinogen

___ Marijuana   ___ Ecstasy

___ Amphetamine/Meth   ___Morphine

___ Heroin   ___Methadone

___ Cocaine   ___Inhalants

___ Crack   ___Rx drugs Abuse

13) In the year prior to your involvement in this program, approximately how often did you use drugs per week?_____

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

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

14) How many arrests have you had in the last 12 months? _____

15) What were you arrested for?_____

_____

16) How many days have you spent in jail the last 12 months?_____

17) How old were you when you were first arrested? _____ For what crime?

_____

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

____Stole property/robbery	____Robbed someone
____Shoplifted	____Bought illegal drugs
____Passed bad checks	____Sold illegal drugs
____Used un-authorized Rx	____Exchanged sex for drugs
____Stole ID/used False ID	____Exchanged sex for Money
____Physical assault	

Other_____

19) Approximately how many times did you engage in these activities per week?_____

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

     _____Family

     _____Job

     Other _____

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

_____

_____

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

_____

_____

_____

_____

23) What was your favorite part of the program? Why?

_____

_____

_____

_____

24) What did you like least about the program? Why?

_____

_____

_____

_____

25) How is SCT different from other treatment programs you've participated in? Be specific.

_____

_____

_____

_____

26) Would you recommend this program to others? Why?

_____

_____

_____

_____

27) How have you changed this time?

_____

_____

_____

_____

Thank you for your participation.