

# Analysis of Costs and Participation for Selected Evidence-Based Programs in the Criminal Justice System

Prepared for

Oregon Legislature Public Safety Strategies Task Force

**ECONorthwest**

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# Executive Summary

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## BACKGROUND

In 2007, the Oregon Legislature created the Public Safety Strategies Task force to examine Oregon's portfolio of evidence-based programs (EBPs) that have been proven to reduce crime and recidivism rates. The Task Force contracted with ECONorthwest to help determine the implementation, costs and participation levels for these programs throughout Oregon. Most of the programs considered in this study are a specific subset of programs operated and/or funded by the following state agencies:

- Oregon Department of Corrections (DOC)
- Oregon Youth Authority (OYA)
- Addictions and Mental Health Services Division of the Oregon Department of Human Services (AMH)
- Oregon Commission on Children and Families (OCCF)
- Oregon Criminal Justice Commission (CJC)
- This study includes two prevention programs that are not operated by the aforementioned agencies but that nevertheless have proven crime reduction outcomes:
  - Nurse-Family Partnership (NFP), which is funded and operated by the Multnomah County Health Department
  - Preschool for low-income 3- and 4-year-olds (Oregon and Federal Head Start), which is funded and overseen by the Oregon Department of Education and operated by local grantees.

While these agencies operate and/or fund numerous EBPs with crime-reduction impacts, ECONorthwest included in this study only EBPs that met specific criteria. **Specifically, programs were included in this study only if they were identified by the Coalition for Evidence-Based Policy or the Washington State Institute for Public Policy as having a scientifically rigorous evidence base and *quantified* impacts on crime and recidivism rates.**

## CHALLENGES

ECONorthwest encountered significant challenges in collecting data about specific EBPs from state agencies, counties and local providers. For some agencies that directly fund and operate specific EBPs, data were relatively clear cut and easy for agency staff to report. For programs operated at the county level, however, current data systems do not lend themselves to tracking either specific EBPs or the constellation of services provided to specific clients across agencies. Each agency had unique data collection challenges.

- DOC and OYA had accessible data about the EBPs they operate directly. However, DOC and OYA pass funds through to county adult and juvenile corrections departments, which combine that funding with a variety of other sources. County corrections departments are operated independently of the state and each other, and have limited reporting requirements to the state. Corrections operations in the counties vary dramatically, so a comprehensive picture of statewide implementation, spending and participation for specific EBPs would require a statewide survey. ECONorthwest surveyed the state's six largest counties and, based on the results, attempted to estimate statewide spending and participation.
- Addictions and Mental Health Services had the most complex funding and delivery mechanisms of the agencies included in this study. At the state, county and provider level, existing accounting systems do not allow AMH to track the detailed information about service provision necessary to determine the costs of the individual EBPs. For this reason, ECONorthwest had very little data from AMH that was usable in our analysis.
- OCCF funds many small programs through a grant process. OCCF staff surveyed counties and were able to gather implementation, cost and participation data for most of the specific EBPs they fund that are included in this study.
- The Criminal Justice Commission funds some of the drug courts in Oregon. In addition to CJC funding, drug courts receive funding from a variety of other sources, including funding for drug treatment from Addictions and Mental Health Services. Drug courts are funded and operated differently in each county, and currently there is no requirement for state oversight or standard reporting. CJC evaluates the drug courts it funds, but it does not have authority to evaluate drug courts it does not fund. Currently, there is no consistent or comprehensive source of information about drug court programs across the state.

## SUMMARY OF FINDINGS

- **ECONorthwest estimated participation, average cost and spending for 25 EBPs currently operating in Oregon.** Based on the relatively narrow criteria for EBPs used in this study, ECO identified and estimated participation, average cost and spending for ten EBPs for adult offenders, 13 EBPs for juvenile offenders and two evidence-based early-childhood intervention programs with crime prevention outcomes.
- **ECONorthwest was unable to make estimates for some EBPs due to insufficient data.** ECONorthwest was unable to estimate participation, average cost or spending for EBPs provided by some agencies because the agency and/or the associated counties and service providers did not have disaggregated information about specific EBPs.

- **In most cases, ECO was not able to make statewide estimates due to insufficient data.** There is little apparent coordination or standardization of crime reduction programs operated in the counties, regardless of their funding sources. Counties have minimal reporting or accountability requirements for pass-through funding they receive from State agencies, making a statewide assessment extremely difficult.
- **Clients cannot easily be tracked across agencies.** In many cases, one client receives (or is eligible to receive) services or funding from more than one agency. However, existing data systems are not able to track one client across all agencies for services, funding or outcomes.
- **State agencies currently do not have the reporting requirements, data systems or resources necessary to track county-level or statewide spending, participation and outcome data for specific EBPs.** Tracking inputs and outcomes is an important part of building and maintaining EBPs, and the State will need to increase its investment in evaluation resources, including data systems, in order to monitor and maximize its investments in high-quality EBPs.



In the 2007 legislative session, the Oregon Legislature created the Public Safety Strategies Task Force, which was charged with studying strategies for reducing future crime rates, criminal justice costs and future prison construction, and reporting its findings to the Legislature. As part of their analysis, the Task Force was directed to evaluate the amount, efficacy and cost-effectiveness of the State's current and potential investments in evidence-based programs proven to reduce crime and recidivism rates. The Task Force also was directed to recommend a portfolio of evidence-based criminal justice programs that would make the best use of available resources.

The programs relevant to this study are a group of evidence-based programs (EBPs) funded, in part or in full, by the Criminal Justice Commission and four state agencies: the Department of Corrections, Oregon Youth Authority, Oregon Commission for Children and Families, and the Addictions and Mental Health Services Division of the Department of Human Services. Two prevention programs with crime reduction outcomes also are included: preschool for three- and four-year olds (Head Start), which is overseen by The Oregon Department of Education, and The Nurse Family Partnership, which is run by the Multnomah County Health Department.

To assist in its analysis, the Task Force contracted with ECONorthwest to help identify and evaluate the effectiveness of EBPs that have been demonstrated through rigorous scientific studies to reduce crime and recidivism rates. ECONorthwest also was asked to quantify the current costs, utilization and implementation levels associated with the identified EBPs, and to work with the Criminal Justice Commission to help develop their model for estimating the benefits of crime avoidance that accrue to crime victims and taxpayers. These estimates will enable the State and its agencies to maximize the use of scarce resources by comparing the value of EBPs and investing in the most cost-effective portfolio of crime reduction strategies. This report summarizes ECONorthwest's research findings.

## LEGISLATIVE BACKGROUND

The present study arose from two legislative measures aimed at increasing the use of EBPs in the State's portfolio of crime reduction strategies: Senate Bill 267, which passed in 2003, and House Bill 3563, a related but separate measure which passed in 2007. Both statutes place Oregon solidly within the accelerating national movement toward evidenced-based policy making. Below, we describe the relevance of the statutes to this project and highlight key differences between the goals of SB 267 and those of HB 3563.

### SENATE BILL 267

In 2003 the Oregon Legislature adopted Senate Bill 267 (now Oregon Revised Statutes 182.515-182-525). SB 267 requires five state agencies that provide

services to offenders in the adult and juvenile justice systems to adopt a progressively higher proportion of programs over time that are considered “Evidence-Based Programs” (EBPs). The named departments are the Department of Corrections (DOC), the Oregon Youth Authority (OYA), the Oregon Commission on Children and Families (OCCF), the Addictions and Mental Health Services (AMH) Division of the Department of Human Services, and the Criminal Justice Commission (CJC). Senate Bill 267 required these agencies to devote at least 25 percent of their program budgets to EBPs in the 2005-07 biennium. The bill increases the required proportion to 50 percent in the 2007-09 biennium, and to 75 percent in the 2009-11 biennium and thereafter. Agencies must submit a biennial report that assesses their compliance with the EBP expenditure requirements.

An evidence-based program is defined in the statute as one that:

- (a) Incorporates significant and relevant practices based on scientifically based research; and
- (b) Is cost effective.<sup>1</sup>

For the purpose of this statute, a program is defined as “a treatment or intervention program or service that is intended to:

- (A) Reduce the propensity of a person to commit crimes;
- (B) Improve the mental health of a person with the result of reducing the likelihood that the person will commit a crime or need emergency mental health services; or
- (C) Reduce the propensity of a person who is less than 18 years of age to engage in antisocial behavior with the result of reducing the likelihood that the person will become a juvenile offender.”<sup>2</sup>

According to the statute, “‘Scientifically based research’ means research that obtains reliable and valid knowledge by:

- (a) Employing systematic, empirical methods that draw on observation or experiment;
- (b) Involving rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn; and
- (c) Relying on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations and across studies by the same or different investigators.”<sup>3</sup>

“Cost effective” is defined in the statute as meaning “that cost savings realized over a reasonable period of time are greater than costs.”<sup>4</sup>

After the passage of Senate Bill 267, the named state agencies began evaluating their funding strategies and programs to determine which ones would meet the new EBP requirements.

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<sup>1</sup> ORS 182.515 (3)

<sup>2</sup> ORS 182.515 (4)(a)

<sup>3</sup> ORS 182.515 (5)

<sup>4</sup> ORS 182.515 (2)

## HOUSE BILL 3563

Since the implementation of Senate Bill 267, an open question for the State has been whether the EBPs that have been and will be adopted to meet the SB 267 requirements represent an *optimal* portfolio of program investments. While a program might be both scientifically proven and cost-effective, other programs may be available that accomplish the same or better outcome in a more cost-effective manner. In order to make the best use of scarce resources, the State must give highest priority to funding programs that provide the *highest return on investment*.

Achieving this outcome requires the State to evaluate its entire portfolio of programs together. To that end, the Oregon Legislature passed House Bill 3563 in 2007, thereby establishing the Public Safety Strategies Task Force. This bi-partisan Task Force comprises six legislators, two each appointed by the Governor, the Speaker of the House and the President of the Senate. The Task Force is charged with the following work:

- (a) Evaluate the amount of investments in state-funded programs, including but not limited to child development programs, to ensure that the funding effectively and efficiently reduces crime;
- (b) Evaluate the amount of investments in state-funded programs that effectively reduce crime rates and victimization rates by reducing recidivism rates;
- (c) Identify ways in which the state can increase support for state-funded programs that reduce criminal and delinquent behavior and reduce crime rates;
- (d) Identify ways in which the state can prevent citizens from becoming involved in crime;
- (e) Make recommendations in order for sentencing laws to better meet the principles of section 15, Article I of the Oregon Constitution;
- (f) Make recommendations based upon cost-benefit analyses of state criminal justice policies; and
- (g) Consider the best use of available resources to reduce crime rates and victimization rates and hold offenders accountable for their actions, including but not limited to the expanded use of DNA sampling, the expanded use of nationwide criminal background checks in jails, improvements in probation, parole and post-prison supervision, and the increased use of local jail beds by the Department of Corrections.<sup>5</sup>

## KEY DIFFERENCES BETWEEN SB 267 AND HB 3563

While SB 267 and HB 3563 are related in their focus on using evidence-based programs to reduce crime, victimization, and recidivism, the bills have several important differences. The primary goal of SB 267 is to increase the share of expenditures devoted to EBPs, so that by the 2009-11 biennium a minimum of 75 percent of the relevant programs are evidence based. These programs include those intended to reduce crime among adults, reduce anti-social behavior that can lead to crime among juveniles, and improve mental health with the result of avoiding crime and the need for emergency mental health services, so long as program benefits exceed program costs.

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<sup>5</sup> Chapter 832 Oregon Laws 2007.

The five agencies (DOC, OYA, AMH, OCCF and CJC) are required to file separate reports on their progress toward EBPs to the legislature. SB 267 does not require agencies to analyze the relative cost-effectiveness of their programs to ensure they are making the best use of scarce resources, nor does it examine the State's overall investment portfolio of evidence-based programs across agencies.

HB 3563, on the other hand, requires the Public Safety Strategies Task Force to perform a statewide analysis of the State's portfolio of EBPs that have been shown to reduce crime and recidivism. It requires the Task Force to analyze and compare the costs and benefits of these programs, and recommend to the Legislature a sound portfolio of programs that would make the best use of current and future investments in crime reductions strategies.

The programs analyzed for HB 3563 are a subset of the programs that qualify as "evidence-based" under SB 267. In this study for HB 3563, the Task Force and ECONorthwest are using narrower criteria, considering only programs that have a proven *and* quantifiable impact on crime and recidivism rates. Also, this study does not include programs that are intended primarily to reduce the need for emergency mental health services. Thus, it is critical to bear in mind that this report provides an analysis of a subset of the programs relevant to SB 267 but does not assess the State's entire portfolio of programs that could provide crime reduction benefit.

## DESCRIPTION OF THE PROJECT

Under the authority of House Bill 3563, the Public Safety Strategies Task Force contracted with ECONorthwest to help answer three specific research questions:

- 1) What works to reduce crime?
- 2) What are the benefits and costs of each option?
- 3) How would alternative portfolios of evidence-based and economically sound options affect future prison construction, criminal justice costs and crime rates?

The first question, "What works to reduce crime?" was addressed recently by the Washington State Institute for Public Policy (WSIPP) in their 2006 report, "Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates"<sup>6</sup> WSIPP performed a thorough evaluation of hundreds of studies of various adult and juvenile programs claiming crime and recidivism reduction outcomes. Using meta-analysis, WSIPP analyzed the reported outcomes of the studies that they identified as sufficiently rigorous, and estimated the average impact on crime for each program. The Coalition for Evidence-Based Policy (CEBP) also has identified several programs that have been shown in rigorous randomized controlled trials to be effective in reducing crime and recidivism rates.

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<sup>6</sup> Aos, Steve, Marna Miller and Elizabeth Drake. (2006). Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates. Olympia: Washington State Institute for Public Policy.

The programs identified as “evidence-based” by WSIPP and CEBP were the primary basis for determining which programs to include in this study. The resulting list answers the first research question of “what works” to reduce crime. However, because the criteria for this list are relatively strict, it is important to note that the included programs are not exhaustive of potentially effective programs, nor do they include all the programs that would qualify as “evidence-based” under SB 267.

The majority of ECONorthwest’s work has involved estimating program costs in Oregon to help answer the second question, “What are the benefits and costs of each option?” The WSIPP report estimated the average impact of programs on crime outcomes based on the results of hundreds of studies across several decades throughout English-speaking countries. WSIPP also calculated the average benefit/cost ratio for each program or program type based on data about how the program operates in Washington. While WSIPP’s estimates of the impact of particular programs on crime outcomes generally are applicable to Oregon’s programs, the implementation, benefits and costs of Oregon’s programs likely are unique. For this reason, ECONorthwest’s cost and participation estimates for the identified programs use Oregon-specific data to the extent possible.

ECONorthwest collected cost, implementation and participation data about the relevant EBPs from state and county agencies using a variety of methods including interviews, published reports and internet-based research. Using this information, ECO estimated average program cost per participant for most of the programs identified as cost-effective by CEBP and WSIPP. Where possible, ECONorthwest also estimated total statewide spending, participation and unmet need for specific EBPs. These estimates will be used by the Criminal Justice Commission to estimate the net impacts of current and potential program investments in Oregon using a model similar to WSIPP’s.



# Identifying “Evidence-Based Programs”

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“Evidence-based policies,” “evidence-based programs,” and “evidence-based practices,” all referred to as EBPs in the literature, are similar terms used to describe activities that satisfy the same underlying concept. To be considered an EBP, an activity must have been rigorously proven to provide explicitly positive outcomes when faithfully implemented. In the context of this project, ECONorthwest uses “EBP” specifically to refer to evidence-based programs, rather than to practices that are part of a program or the policies that implement the programs.

As in medical science, the randomized controlled trial (RCT) has become the “gold standard” for proof of effectiveness in social science. However, for a variety of practical reasons, such rigorous studies are rare in the realm of public policy; quasi-experimental studies with matched control and treatment groups are more common, and these can vary widely in quality. Several public policy organizations provide analysis and recommendations about which public programs have been proven to work based on a sufficiently rigorous evidence base of well-designed experimental or quasi-experimental studies.

Among these organizations is the well-respected Coalition for Evidence-Based Policy (CEBP). CEBP’s “Social Programs that Work” website identifies a small group of programs that CEBP deems to have been proven effective through a sufficient number of well-designed randomized controlled trials. To be included in the list, the programs must also have significant policy implications because they have been shown to have an “effect on life outcomes and, preferably, can be readily replicated at modest cost.”<sup>7</sup>

CEBP defines a study as well-designed and rigorous if the study

- used a randomized controlled trial study design;
- included a suitably large sample of participants; and
- was, preferably, conducted in real-world settings.

This study includes six programs that CEPB identified as effective evidence-based interventions shown to reduce crime to a statistically meaningful degree.

The Washington State Institute for Public Policy (WSIPP) is another organization highly regarded for rigorous research and analysis. WSIPP’s October 2006 report on EBPs that target crime reduction included their review and meta-analysis of 571 studies about programs that claimed to have crime reduction

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<sup>7</sup> Coalition for Evidence Based Policy website. Retrieved July 21, 2008 from <http://www.evidencebasedprograms.org/Default.aspx?tabid=138>

outcomes.<sup>8</sup> WSIPP's criteria for study inclusion were less rigorous than those of CEBP, but still required that studies demonstrate a reasonable level of scientific rigor. They included in the meta-analysis studies based on either RCT or well-designed quasi-experimental designs. In particular, quasi-experimental studies must have included well-matched treatment and control groups (*i.e.*, no treatment or treatment as usual) to estimate program effects. WSIPP included, but discounted, the results of evaluations with specific weaknesses. For example, if a study was not an RCT or if the studied program was a "model program" run by the program's developer, WSIPP reduced the estimated program impact by a pre-determined percentage for the meta-analysis.

Based on their meta-analysis, WSIPP estimated the average effect of a program or program type (e.g., cognitive-behavioral therapy) on crime outcomes and, where possible, estimated the average benefits and costs of the program as it operates in Washington. WSIPP identified 38 programs or program types as being effective in reducing crime and recidivism rates, while 15 programs had no effect. One, Scared Straight, actually increased the crime rates of participants. Another 19 programs did not have enough rigorous research for WSIPP to draw conclusions about their effectiveness. A majority of WSIPP-identified programs are currently in use in Oregon to some extent.

All of the agencies involved in this project have investments in programs with the potential to reduce crime but that are not included in this study. Many of those programs may indeed be evidence-based and effective, and may qualify as evidence-based programs under the requirements of Senate Bill 267. Exclusion from this analysis is not intended to discredit or discount the value of those programs. However, for the narrow purposes of this study, ECONorthwest ultimately was able to include only those programs or program types for which there was a rigorous evidence base and a quantified impact on crime outcomes, and for which WSIPP, CEBP, or ECONorthwest could estimate an average cost per participant.

## **ESTABLISHING THE LIST OF INCLUDED PROGRAMS**

At the beginning of this project, ECONorthwest met with representatives from each agency to discuss the criteria used to identify evidence-based programs for inclusion in the study. The agencies were asked to identify which of their current programs correspond to the WSIPP and CEBP programs listed below. To ensure that included programs were consistent with the WSIPP and CEBP criteria, ECO also asked the agencies for research citations in cases where the identified program did not clearly fit into a WSIPP or CEPB category.<sup>9</sup>

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<sup>8</sup> Aos, Steve, Marna Miller and Elizabeth Drake. (2006). Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates. Olympia: Washington State Institute for Public Policy.

<sup>9</sup> Two agencies provided such citations: the Department of Corrections provided citations for the types of cognitive-behavioral therapy used in prison facilities, and Addictions and Mental Health Services provided citations for the Cannabis Youth Treatment program, which is a cognitive-behavioral therapy used for drug-involved youth offenders. These programs are included in this study.

ECONorthwest provided each agency with a list of the following 32 programs identified by CEBP or WSIPP as having a rigorous evidence base and a quantified, positive crime reduction impact.

### **Programs for Adult Offenders**

- Vocational education in prison
- Intensive supervision on parole (treatment-oriented)
- General education in prison (basic education or post-secondary)
- Cognitive-behavioral treatment in prison or community
- Drug treatment in community
- Correctional industries programs in prison
- Drug treatment in prison (therapeutic communities or outpatient)
- Adult drug courts
- Employment and job training programs in the community
- Sex offender treatment in prison with aftercare
- Drug treatment in jail

### **Programs for Juvenile Offenders**

- Multidimensional Treatment Foster Care® (versus regular group care)
- Adolescent Diversion Project (for lower risk offenders)
- Family Integrated Transitions®
- Functional Family Therapy® on probation
- Multisystemic Therapy® in juvenile courts
- Aggression Replacement Training®
- Teen courts
- Juvenile sex offender treatment
- Restorative justice programs in juvenile courts
- Interagency coordination programs in juvenile courts
- Juvenile drug courts
- Counseling/psychotherapy for juvenile offenders
- Juvenile education programs
- Other family-based therapy programs
- Team Child
- Juvenile behavior modification
- Life skills education programs
- Diversion programs with services (versus regular juv. court)

- Juvenile cognitive-behavioral treatment

## **Prevention Programs**

- Nurse Family Partnership
- Pre-K education for low-income 3- and 4-year-olds

## **EXCLUDED PROGRAMS**

While most CEBP and WSIPP programs with positive crime reduction outcomes were included in the study, ECONorthwest excluded five program categories listed by WSIPP because ECONorthwest was unable to determine program costs, participation levels and/or implementation fidelity of the corresponding programs identified by the agencies. These six programs are:

- Intensive supervision on parole (treatment-oriented)
- Counseling/psychotherapy for juvenile offenders
- Juvenile education programs
- Other family-based therapy programs for juvenile offenders
- Team Child
- Juvenile behavior modification

The agencies had the opportunity to identify other (non-listed) programs that they considered to be sufficiently evidence-based and efficacious in reducing crime and recidivism. For these programs, the agencies were asked to provide research citations for rigorous studies that estimated the program's impact on crime outcomes. ECONorthwest planned to evaluate these studies for their rigor and applicability to the current study. Such programs would have been included if the provided citations met the EBP criteria. While the agencies did suggest several programs for consideration, ECONorthwest did not have sufficient information to determine the rigor of the evidence base. With the agreement of the agencies, we did not include any of these programs.

ECONorthwest ultimately excluded 21 programs that were originally identified by agencies for possible inclusion for at least one of these four reasons:

- The program did not match closely enough with the specific programs or program types identified by CEBP or WSIPP.
- Available program information was insufficient to determine if the program matched a CEBP or WSIPP program or category.
- For programs that were not listed by CEBP or WSIPP, the agency was unable to provide sufficient supporting documentation to allow ECONorthwest to determine the quality of the evidence base or to estimate the crime reduction outcome.
- The program costs were not estimated by WSIPP, and ECONorthwest was not able to estimate the cost using data provided by the agency.

Due to the current limitations in data tracking for certain programs at the state, county and local provider levels, and the complexities of service delivery and funding, ECONorthwest was unable to collect sufficient data for these programs within the scope of this study, but we make no specific claim about the relative merit of these excluded programs.



# Data Collection

Table 1 shows the final list of included EBPs and the agencies that fully or partially fund those programs in Oregon. Chapter 6 provides descriptions of each program or program type. For these programs, ECONorthwest worked with the Criminal Justice Commission, the Department of Corrections, the Oregon Youth Authority, the Oregon Commission on Children and Families and the Addictions and Mental Health Services Division of the Department of Human Services to compile cost, participation and implementation data. In some cases, the agencies provided information about programs they fund in counties throughout Oregon. Where this data was not provided or where it needed supplementation or clarification, ECONorthwest surveyed a sample of county departments to gather information.

**Table 1: Evidence-Based Programs Funded by Reporting Agencies**

|  | AGENCY |     |     |      |     |       |
|--|--------|-----|-----|------|-----|-------|
|  | DOC    | OYA | AMH | OCCF | CJC | Other |
| <b>PROGRAMS FOR ADULT OFFENDERS</b>                              |        |     |     |      |     |       |
| Vocational education in prison                                   | ●      |     |     |      |     |       |
| General education in prison                                      | ●      |     |     |      |     |       |
| Cognitive-behavioral treatment in prison or community            | ●      |     | ●   |      |     |       |
| Drug treatment in community                                      | ●      |     | ●   |      |     |       |
| Correctional industries programs in prison                       | ●      |     |     |      |     |       |
| Drug treatment in prison (therapeutic communities or outpatient) | ●      |     |     |      |     |       |
| Adult drug courts  | ●      |     | ●   |      | ●   |       |
| Employment and job training programs in the community            | ●      |     | ●   |      |     |       |
| Drug treatment in jail   | ●      |     |     |      |     |       |
| <b>PROGRAMS FOR JUVENILE OFFENDERS</b>                           |        |     |     |      |     |       |
| Multidimensional Treatment Foster Care® (v. regular group care)  |        | ●   | ●   |      |     |       |
| Adolescent Diversion Project (for lower risk offenders)          |        |     |     | ●    |     |       |
| Functional Family Therapy® on probation                          |        | ●   | ●   | ●    |     |       |
| Multisystemic Therapy® in juvenile courts                        |        | ●   | ●   | ●    |     |       |
| Aggression Replacement Training®                                 |        | ●   |     |      |     |       |
| Teen courts  |        |     |     | ●    |     |       |
| Juvenile sex offender treatment                                  |        | ●   |     |      |     |       |
| Restorative justice programs in juvenile courts                  |        | ●   |     |      |     |       |
| Interagency coordination programs in juvenile courts             |        |     | ●   | ●    |     |       |
| Juvenile drug courts   |        | ●   | ●   |      | ●   |       |
| Life skills education programs                                   |        | ●   |     |      |     |       |
| Diversion programs with services (v. regular juv. court)         |        |     |     | ●    |     |       |
| Juvenile cognitive-behavioral treatment                          |        | ●   | ●   |      |     |       |
| <b>PREVENTION PROGRAMS</b>                                       |        |     |     |      |     |       |
| Nurse Family Partnership   |        |     |     |      |     | ●     |
| Pre-K education for low income 3- and 4-year-olds                |        |     |     |      |     | ●     |

Most data provided by agencies and counties were for the 2007-08 fiscal year, but some were for 2006-07. All dollar figures were inflated to 2008 dollars using the U.S. Bureau of Labor Statistics Employment Cost Index, which was 3.3 percent for 2007 and 3.1 percent for 2008.

## DATA COLLECTION CHALLENGES

ECONorthwest provided each agency with a template identifying the specific data points needed for the analysis and reviewed the template with key agency staff during in-person meetings. The initial request for each identified program or program type included data on:

- Funding level in FY 2006-07 by source of funds (e.g., state, federal, local)
- FY 2006-07 staff FTE
- Number of enrollees or average monthly caseload
- Typical program length and intensity
- Number of completions and other program exits
- A description of eligibility criteria and estimate for the size of the eligible population

The programs analyzed for this study fell across a range of complexity in their funding and delivery methods. The level of complexity, as well as the agencies' capacity to track detailed data regarding specific EBPs, strongly affected ECO's ability to collect useful and comprehensive data. As a result, there were relatively few programs for which ECO was able to develop a complete program profile.

Because the study timeline fell into the beginning of fiscal year 2009, some agencies provided data for fiscal year 2008 rather than 2007. Again, all costs were adjusted to 2008 dollars.

## FUNDING COMPLEXITY

For some of the EBPs, funding streams are straightforward and data are relatively easy to obtain. For others, however, funding is complicated and interagency pass-through funds are not always tracked in a way that allows agencies to report details about specific EBPs. The programs for which ECO collected data fell into four general categories of funding complexity:

- **State-funded and operated.** DOC and OYA were able to provide complete cost, implementation and participation data for the programs they operate directly. This includes DOC prisons and OYA-managed facilities and programs.
- **Earmarked state grants, locally delivered.** Some agencies offer earmarked grants to counties for specific evidence-based programs. For example, OCCF distributes Juvenile Crime Prevention funds to counties through a formula allocation process. The counties can decide how to allocate among a relatively limited set of approved evidence-based practices, and OCCF requires counties to account for their use of the

money. Thus, grant funding is relatively easy to track even if the programs are administered differently across counties.

- **Non-earmarked state grants, locally delivered.** Non-earmarked funds are more difficult to track. Some agencies send block grant funds to counties, who in turn, provide services directly or contract with local providers. An individual program or service often is funded by a variety of federal, state, local and private sources across counties. The funding streams are different for each county, and existing accounting systems do not track funding by specific EPB or by individual client across agencies, so data are particularly difficult to gather statewide.
- **Locally funded and operated.** Programs operated and funded only at the local level are extremely difficult to track at a statewide level without a detailed survey of activities and expenditures in each county. There is no central, statewide repository of information on these local programs.

## DELIVERY COMPLEXITY

The variety and complexity of service delivery methods at the county and provider level, together with scarce resources for tracking data related to EBP delivery, added to the data collection challenges. Here, programs fall into one of three general categories:

- **Locally provided and documented EBPs without state reporting.** Community corrections departments and county juvenile justice departments deliver and document EBPs but are not required to report data to the state. Dollars and clients are documented, but a full accounting requires separate interviews with every county. This study did not include the resources for a comprehensive survey of county agencies. As a result, we surveyed agencies in six large counties and, where sufficient data existed, extrapolated findings to a statewide estimate of program cost and participation. In many cases, however, the counties' information management systems were not conducive to reporting on specific EBPs of interest.
- **Locally provided services with no means to document specific EBPs.** Many of AMH's local providers can identify spending and clients served across a broad range of EBP categories, but they do not have systems to track spending on specific EBPs. Gathering useful information would likely require development of a new information management system and new methods of client tracking and documentation.
- **Service blending.** It is common for providers to seamlessly blend treatments for a particular client. For example, an offender may attend therapeutic sessions that include cognitive-behavioral therapy treatment for drug addiction as well as treatment for co-occurring disorders such as depression or other mental illness, medication management, case management, etc. In some instances, it may be impossible--or cost-ineffective—to untangle the service mix between EBPs and non-EBPs even with a much-improved data collection instrument.

## **DATA COLLECTION FROM SB 267 AGENCIES**

Despite the challenges noted above, ECONorthwest collected relevant data for most of the EBPs identified above. Agency and CJC staff helped ECONorthwest by promptly gathering data, locating resources, answering questions, and providing feedback on the results. They also assisted, to some extent, in the county and local data collection.

### **THE OREGON DEPARTMENT OF CORRECTIONS**

Oregon's Department of Corrections provided information about expenditures, participation and implementation for the relevant EBPs operating within state prison facilities. In order to estimate the magnitude of spending and participation of Oregon's community corrections departments for programs that reduce crime and recidivism, ECONorthwest surveyed community corrections departments in Oregon's six most populous counties: Multnomah, Washington, Clackamas, Marion, Lane and Jackson. We also used information contained in the Oregon Department of Corrections Sanctions and Services Report for the 2005-07 biennium.

Based on information gathered from counties and information contained in the statewide Sanctions and Services Report, which indicates the number of slots counties intend to "purchase" from the Department of Corrections, we estimated the number of participants and the average and total costs for the relevant EBPs operated by all community corrections departments in the state.

At least three community corrections programs identified in this study have overlapping clients with the Addictions and Mental Health Services Division: drug treatment in the community, cognitive-behavioral treatment, and employment services. For example, a person on probation and sentenced to undergo drug treatment and cognitive-behavioral therapy will receive services from a particular community provider. The community corrections department may pay for a portion of those services, with AMH possibly paying for a different portion, depending on the individual client's situation and eligibility for assistance. The overlap of agency involvement is extremely difficult to untangle because the agencies are not able to track data in a comprehensive way that shows the participation in or costs of EBPs for individual clients. Further complicating the matter, AMH sometimes sends money directly to providers but also allocates block grants to counties that, in turn, pass funds to local providers. The end result is that the original source of a local provider's funding is not necessarily transparent to the provider.

### **OREGON YOUTH AUTHORITY**

The Oregon Youth Authority provided data about the EBPs operated in their juvenile facilities and in the community. Data included funding levels and the number of youth offenders who received each treatment. This data yielded an average cost per client for each EBP. OYA also sends funds to counties through the Juvenile Crime Prevention/Diversion grant program. However, OYA allocates the JCP Diversion funding based on prospective biennial plans submitted by the counties. Counties add that money to other sources of funding, and may use the

funding differently than stated in their plan, so again, getting a comprehensive statewide picture of expenditures and participation on specific EBPs requires contact with each county.

To obtain expenditure and participation data from the counties, we surveyed juvenile corrections departments in the same six counties where we surveyed adult community corrections agencies (Multnomah, Washington, Clackamas, Marion, Lane, and Jackson). Several counties were unable to provide sufficient data in the timeframe of this study, so ECO could not make reliable estimates for county or statewide spending and participation for some juvenile EBPs.

Based on our preliminary cost estimates, OYA revisited some of its cost allocation assumptions and estimates for the EBPs it provides. However, the new estimates were not available in time for this report.

## **OREGON COMMISSION FOR CHILDREN AND FAMILIES**

The Oregon Commission for Children and Families provides grants to counties for a wide variety of programs, some of which have crime reduction impacts. ECONorthwest worked with OCCF staff to determine which programs fit the study's EBP criteria. The resulting list comprises eight CEBP and WSIPP program categories, and includes programs operating in 15 counties and one tribe. Based on this list, OCCF performed a detailed survey of their county providers to determine the number of clients each program served, service costs, and service treatment intensity during fiscal year 2008. The expenditure data includes all revenue sources used by providers for these programs. From the data provided, we calculated the average cost per participant. For two programs, the Adolescent Diversion Project and Teen Courts, the counties were not able to provide OCCF with detailed program information in time for this report.

## **ADDICTIONS AND MENTAL HEALTH SERVICES**

Addictions and Mental Health Services had the most complex funding and delivery mechanisms of the agencies included in this study. AMH distributes funding to county agencies, which either provide services directly or contract with local providers. AMH also contracts directly with local providers. AMH clients can overlap with those of DOC, OYA, OCCF and the drug courts, with some of the services ultimately billed to Medicaid. Furthermore, many AMH clients receive a bundle of services from an individual provider, and the providers typically do not track the amount of time spent on specific EBPs with each client.

At the state level, existing accounting systems do not allow AMH to track the detailed information about service provision necessary to determine the costs of the individual EBPs. AMH staff surveyed county health departments and other community providers to gather information for the agency's SB 267 report, and staff worked with ECONorthwest on a supplemental survey to provide additional data specific to this study. Due to the constraints noted above, however, AMH providers generally were unable to provide complete information for specific EBPs. Other attempts by AMH and ECONorthwest resulted in incomplete and

potentially overlapping information. For this reason, we had very little data from AMH that was usable in our analysis.

## **DRUG COURTS AND THE CRIMINAL JUSTICE COMMISSION**

In 2007, Oregon had 25 adult drug courts and 13 juvenile drug courts. Drug courts combine the judicial process with treatment services and supervision. Participants may be eligible for a reduced or dismissed charge if they comply with the court's requirements. Drug courts are funded and operated differently in each county, and currently there is no state oversight and no requirement for counties to report funding sources or expenditures to the state. Drug courts are funded using a variety of sources, including state general funds passed through CJC, Byrne grants (from the Oregon State Police), Juvenile Crime Prevention/Diversion funds, federal funds, county general funds, DOC, AMH (for treatment services), and client fees and insurance providers (including Medicaid, Oregon Health Plan and private insurance).

Based on the WSIPP report and other drug court evaluations and research, ECONorthwest worked with CJC staff to develop per-participant drug court cost estimates that reflect the incremental cost of the drug court treatment compared to "business as usual" (*i.e.*, processing the individual through the regular court system). Notably, the final estimate excludes some treatment costs provided through drug courts because clients often receive treatment regardless of their involvement in the drug court.

## **OTHER AGENCIES**

Two prevention programs were outside the scope of programs typically funded by DOC, OYA, OCCF, AMH, and CJC. The two programs are the Nurse Family Partnership, which is aimed at low-income first-time mothers and their children through age two, and preschool for low-income 3- and 4-year-olds. While these programs are targeted at non-offenders, they nevertheless have proven crime reduction impacts. Both of these programs have been identified as highly effective by both WSIPP and CEPB.

Multnomah County operates the only Nurse Family Partnership program in the state. The participation and expenditure data for the Nurse Family Partnership were provided by the Multnomah County Health Department for fiscal year 2008. ECONorthwest calculated the average cost per participant based on this information. The Children's Institute in Portland provided participation and expenditure data for federal and state funded early childhood education programs for low-income 3- and 4-year-olds.

ECONorthwest analyzed the collected program data to estimate program participation, average cost per client, and estimated total spending for each EBP. This chapter outlines our estimation approach for broad program categories and presents our final estimates and a subsequent CJC analysis based, in part, on our findings.

## ADULT PROGRAMS

Programs listed in Table 2 under “DOC Programs in Prison” represent the statewide number of clients served and the total spending for all DOC facilities in fiscal year 2008. Because DOC has few funding streams and direct control over the services and clients its facilities, these estimates are relatively straightforward.

For most programs under “Programs in Community Corrections,” ECONorthwest estimated average cost per participant based on a survey of community corrections departments in the state’s six largest counties. We used the Department of Corrections Sanctions and Services report, which provides an indication of statewide treatment capacity, to extrapolate to statewide participation. Finally, we estimated total statewide spending on these EBPs using the average cost and participation estimates. The expenditure estimates reported by the counties included most federal, state, local and other funding sources.

Estimates for adult drug courts were calculated differently. The Criminal Justice Commission provided a statewide drug court participation number from the drug court data system managed by the Judicial Department (Oregon Treatment Court Management System- OTCMS). ECONorthwest and CJC estimated that the incremental cost of drug court treatment compared to “business as usual” is approximately \$1,072 per client for a full year. We then calculated the estimated total statewide spending for drug courts (compared to business as usual) based on the participation data and average cost estimate.

## JUVENILE PROGRAMS

Estimating spending for juvenile programs was significantly more difficult than for adult programs. The estimates shown in Table 2 reflect a subset of statewide spending. The relevant average cost estimates are based on expenditures and total participation data for each EBP for one fiscal year for two agencies: OYA and OCCF. Spending includes direct services provided by OYA and by OCCF’s county providers. The Addictions and Mental Health Services Division was not able to provide reliable participation and expenditure data for the listed EBPs, and ECONorthwest was unable to obtain sufficient data from county juvenile justice departments to estimate either statewide participation or expenditures for EBPs delivered by AMH’s providers. In addition, we found no reliable source of information about statewide demand or capacity that would allow us to impute statewide participation or spending.

As a consequence of these limitations, most of the estimates for juvenile programs in Table 2 are only a partial accounting of Oregon's investments in these programs. The estimates also incorporate cost data published by WSIPP.

## SUMMARY OF FINDINGS

Table 2 displays our estimates for each EBP. For most EBPs, the typical treatment lasts less than a year and the estimated average cost approximates the typical cost of treating an individual. Three of the treatments typically last more than a year: drug courts, sex offender treatment, and the Nurse Family Partnership program. The cost estimates shown below approximate the cost of treating one individual for one year.

**Table 2: Program participation and cost estimates\***

| Program  | Reported Clients Served | Estimated Average Program Cost per Client | Estimated Spending* |
|--|-------------------------|---|---------------------|
| <b>PROGRAMS FOR ADULT OFFENDERS</b>                              |                         |   |                     |
| <b>DOC Programs in Prison</b>                                    |                         |   |                     |
| Vocational education in prison                                   | 226                     | \$ 3,339                                  | \$ 753,055          |
| General education in prison (basic education or post-secondary)  | 3,875                   | \$ 1,441                                  | \$ 5,583,813        |
| Cognitive-behavioral treatment in prison                         | 1,664                   | \$ 617                                    | \$ 1,026,750        |
| Drug treatment in prison (therapeutic communities or outpatient) | 922                     | \$ 5,745                                  | \$ 5,296,849        |
| Correctional Industries  | 1,100                   | \$ -                                      | \$ -                |
| <b>Programs in Community Corrections</b>                         |                         |   |                     |
| Cognitive-behavioral treatment in community                      | 8,431                   | \$ 86                                     | \$ 725,165          |
| Drug treatment in community                                      | 12,317                  | \$ 1,870                                  | \$ 23,027,065       |
| Adult drug courts  | 1,883                   | \$ 1,072                                  | \$ 2,018,576        |
| Employment and job training programs in the community            | 5,145                   | \$ 471                                    | \$ 2,422,599        |
| Sex offender cognitive-behavioral therapy in community           | 2,240                   | \$ 1,880                                  | \$ 4,211,589        |
| <b>PROGRAMS FOR JUVENILE OFFENDERS</b>                           |                         |   |                     |
| Multidimensional Treatment Foster Care® (v. regular group care)  | 60                      | \$ 11,857                                 | \$ 711,390          |
| Adolescent Diversion Project (for lower risk offenders)          | 7                       | \$ 2,037                                  | \$ 15,000           |
| Functional Family Therapy® on probation                          | 282                     | \$ 2,481                                  | \$ 699,671          |
| Multisystemic Therapy® in juvenile courts                        | 53                      | \$ 12,766                                 | \$ 676,585          |
| Aggression Replacement Training®                                 | 740                     | \$ 4,138                                  | \$ 3,062,070        |
| Teen courts  | 84                      | \$ 997                                    | \$ 83,347           |
| Juvenile sex offender treatment                                  | 1,036                   | \$ 2,737                                  | \$ 2,835,250        |
| Restorative justice programs in juvenile courts                  | 220                     | \$ 937                                    | \$ 206,200          |
| Interagency coordination programs in juvenile courts             | 58                      | \$ 1,319                                  | \$ 76,526           |
| Juvenile drug courts   | 248                     | \$ 2,958                                  | \$ 733,477          |
| Life skills education programs                                   | 4,647                   | \$ 3,610                                  | \$ 16,775,666       |
| Juvenile cognitive-behavioral treatment                          | 1,826                   | \$ 3,136                                  | \$ 5,724,925        |
| Diversion programs with services (v. regular juv. court)         | 833                     | \$ 310                                    | \$ 258,009          |
| <b>PREVENTION PROGRAMS</b>                                       |                         |   |                     |
| Nurse Family Partnership   | 405                     | \$ 5,778                                  | \$ 2,340,108        |
| Pre-K education for low income 3- and 4-year-olds                | 12,660                  | \$ 8,810                                  | \$111,530,000       |
| <b>TOTAL</b>   |                         |   | \$190,793,686       |

\*Spending represents expenditures reported to ECONorthwest by DOC, OYA, OCCF and some counties. Some agencies and counties reported fiscal year 2007 data and others reported fiscal year 2008 data. All costs have been adjusted to 2008 dollars.

While per-participant treatment costs vary by orders of magnitude across programs—from less than \$100 for cognitive-behavioral treatment in the community to over \$10,000 for intensive programs that target juvenile offenders, the anticipated crime reduction benefits also vary considerably, as discussed below. The detailed program descriptions in Chapter 6 provide further insight into these cost differences. Each of the EBPs is anticipated to be cost-beneficial, but developing an optimal portfolio of investments given a budget constraint requires further analysis.

## AVOIDED FELONIES FOR PROGRAM PARTICIPANTS

The Criminal Justice Commission has developed a model, based on WSIPP’s work, to estimate the crime reduction benefits Oregon receives through its EBP investments. The CJC model applies WSIPP’s October 2006 crime reduction estimates to the Oregon participation estimates developed by ECONorthwest for this study. Table 3 shows CJC’s estimates for avoided felony convictions over a ten-year horizon for each included program. Programs are listed in order of the estimated number of felonies avoided.

**Table 3: Felonies avoided over 10-year horizon for estimated FY 2007 or FY 2008 participation**

| Program  | Avoided felony convictions per participant | Estimated clients served | Estimated felonies avoided |
|--|--|--------------------------|----------------------------|
| <b>PROGRAMS FOR ADULT OFFENDERS</b>                      |  |                          |                            |
| <b>DOC Programs in Prison</b>                            |  |                          |                            |
| General education (basic or post-secondary)              | 0.11                                       | 3,875                    | 430                        |
| Cognitive-behavioral treatment                           | 0.10                                       | 1,664                    | 165                        |
| Correctional industries program                          | 0.09                                       | 1,100                    | 103                        |
| Drug treatment (therapeutic communities or outpatient)   | 0.08                                       | 922                      | 74                         |
| Vocational education                                     | 0.14                                       | 226                      | 32                         |
| <b>Programs in Community Corrections</b>                 |  |                          |                            |
| Drug treatment in community                              | 0.10                                       | 12,317                   | 1,261                      |
| Cognitive-behavioral treatment                           | 0.07                                       | 8,431                    | 599                        |
| Sex offender cognitive-behavioral treatment              | 0.12                                       | 2,240                    | 261                        |
| Employment and job training programs                     | 0.04                                       | 5,145                    | 224                        |
| Adult drug courts  | 0.09                                       | 1,883                    | 166                        |
| <b>PROGRAMS FOR JUVENILE OFFENDERS</b>                   |  |                          |                            |
| Life skills education programs                           | 0.04                                       | 4,647                    | 193                        |
| Juvenile sex offender treatment                          | 0.12                                       | 1,036                    | 129                        |
| Aggression Replacement Training®                         | 0.11                                       | 740                      | 78                         |
| Juvenile cognitive-behavioral treatment                  | 0.03                                       | 1,826                    | 61                         |
| Functional Family Therapy® on probation                  | 0.18                                       | 282                      | 52                         |
| Multidimensional Treatment Foster Care®                  | 0.31                                       | 60                       | 19                         |
| Diversion programs with services (v. regular juv. court) | 0.02                                       | 833                      | 18                         |
| Restorative justice programs in juvenile courts          | 0.07                                       | 220                      | 16                         |
| Juvenile drug courts                                     | 0.05                                       | 248                      | 11                         |
| Teen Courts  | 0.09                                       | 84                       | 8                          |
| Multisystemic Therapy® in juvenile courts                | 0.14                                       | 53                       | 7                          |
| Interagency coordination programs in juvenile courts     | 0.03                                       | 58                       | 2                          |
| Adolescent Diversion Project (for lower-risk offenders)  | 0.25                                       | 7                        | 2                          |
| <b>PREVENTION PROGRAMS</b>                               |  |                          |                            |
| Pre-K education for low income 3- and 4-year olds        | 0.03                                       | 12,660                   | 425                        |
| Nurse Family Partnership - Mother                        | 0.07                                       | 405                      | 29                         |
| Nurse Family Partnership - Child                         | 0.04                                       | 405                      | 16                         |

Note: Avoided felony estimates are based on the CJC EBP crime-prevention model. Estimated clients served likely understates total served for the state for some programs.



## Chapter 6: Description of Evidence-Based Programs included in this study

This chapter describes the programs and program types included in ECONorthwest’s investigation of Oregon’s crime-reduction EBP investments. Programs for adult offenders, for juvenile offenders, and the crime prevention programs are listed separately. Each section includes program descriptions and the crime reduction estimates published by WSIPP. The descriptions in this chapter apply generally to the type of program, and are based on a review of literature. In some cases, examples of Oregon programs are used, but they are not intended to detail the actual implementation of any specific program in Oregon. This additional detail provides context for understanding both the data collection challenges faced by the agencies and the variation in costs and benefits described in Chapter 5.

### PROGRAMS FOR ADULT OFFENDERS

| Program Name/Type  | Identified by | Effect on Crime Outcomes (WSIPP) | Program Description   |
|--|---------------|----------------------------------|---|
| Vocational education in prison                                       | WSIPP         | -9.0%                            | Teaches technical skills that can be used in future employment.   |
| General education in prison (basic or post-secondary)                | WSIPP         | -7.0%                            | Programs teach remedial education, English as a second language, GED preparation, both on-site and through distance learning programs.  |
| Cognitive-behavioral treatment in prison or community corrections    | WSIPP         | -6.3%                            | CBT helps patients recognize and change irrational thoughts and beliefs that lead to anti-social behavior, and to model and practice problem-solving and pro-social skills.   |
| Drug treatment in prison (therapeutic communities or outpatient)     | WSIPP<br>CEBP | -5.7%                            | In therapeutic communities, inmates live in separate communities within the prison and receive intensive counseling services. For outpatient treatment, inmates attend drug treatment while incarcerated with the general population. |
| Correctional industries programs in prison                           | WSIPP         | -5.9%                            | Inmates are paid wages for the production of certain goods and services.  |
| Drug treatment in the community                                      | WSIPP         | -9.3%                            | Offenders are required to attend inpatient and/or outpatient drug treatment programs as part of their sentencing.   |
| Adult drug courts  | WSIPP         | -8.0%                            | Specialized courts that utilize drug testing, treatment, sanctions, incentives and supervision to reduce substance abuse and related criminal behavior.   |
| Employment and job training programs in community corrections        | WSIPP         | -4.3%                            | Community-based employment training, job search and job assistance programs for adult offenders.  |
| Cognitive-behavioral therapy for low-risk sex offenders on probation |               |                                  | Similar to prison CBT programs. Can include individual and group treatment. Supervision and monitoring may include special requirements. Some programs are residential.   |

## **VOCATIONAL EDUCATION IN PRISON**

Vocational education in prison is designed to teach job skills to offenders to increase their ability to reintegrate into the community upon release. Examples of vocational training programs in Oregon prisons are hair design, computer technology and welding. WSIPP found that vocational education programs in prison reduce crime outcomes by an average of 9.0 percent.

## **GENERAL EDUCATION IN PRISON**

Basic adult education is offered in all Oregon Department of Corrections prison facilities. Inmates who test below an eighth-grade literacy level, or who have not earned a high-school diploma or GED, are required to take basic education classes in order to be eligible for reduced prison time. The Department of Corrections currently does not have a program for post-secondary education. WSIPP estimated that general education in prison reduces crime outcomes by 7.0 percent.

## **COGNITIVE-BEHAVIORAL TREATMENT**

Cognitive-behavioral therapy (CBT) is a well-established treatment modality for addressing thinking errors that lead to anti-social or other problematic behavior. According to the National Association of Cognitive-Behavioral Therapists, “cognitive-behavioral therapy is a form of psychotherapy that emphasizes the important role of thinking in how we feel and what we do.”<sup>10</sup> CBT is short-term, goal-driven therapy, and it relies heavily on homework and practice to help patients internalize new ways of thinking and behaving in problematic situations.

An example of a cognitive-behavioral therapy program is “Thinking for a Change” (T4C). Developed by the National Institute of Corrections (NIC), the program involves 22 two-hour group sessions over an 11-week period with no more than 20 participants. Facilitators trained and certified by the National Institute of Corrections (NIC) lead each group, and are required to follow a scripted manual that explicitly states the content and objectives of each session. Most sessions include role-play illustrations of concepts, a review of previous lessons, and homework assignments that provide participants with opportunities to practice skills learned in the group.<sup>11</sup>

Other recognized CBT programs include “Reasoning and Rehabilitation” and “Moral Reconciliation Therapy.” The Oregon Department of Corrections uses a combination of Thinking for a Change and another CBT program called Pathfinders in Oregon prison facilities. Some community corrections departments in the counties offer CBT, and they choose their own CBT curriculum, so there is some variation around the state. For example, Clackamas County uses Moral

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<sup>10</sup> Based on information retrieved July 31, 2008 from <http://www.nacbt.org/whatiscbt.htm>.

<sup>11</sup> Golden, Lori. (2002) Evaluation of the Efficacy of a Cognitive Behavioral Program for Offenders on Probation: Thinking for a Change. University of Texas Southwestern Medical Center at Dallas.

Reconciliation Therapy while Jackson County uses a curriculum called “The Change Companies.”

Based on its review of 25 cognitive-behavioral therapy programs in prisons and community corrections, WSIPP estimated that the average CBT program would reduce crime outcomes by 6.3 percent. For this and other categorical estimates, WSIPP reports the expected crime reduction from an average program. Individual CBT approaches may or may not provide this average level of benefit, even if well implemented.

## **DRUG TREATMENT IN PRISON**

### **Therapeutic Communities in Prison**

The Coalition for Evidence-Based Policy endorses a specific therapeutic community drug treatment model called the Amity Prison Therapeutic Community at the R.J. Donovan Correctional Facility in San Diego. Inmates with drug abuse problems can volunteer to live in a separate housing unit within the final year of their incarceration. The therapeutic community typically has about 200 residents. Inmates receive four hours of counseling and education every weekday to treat their drug addiction and to prepare them to succeed outside prison. For example, the program teaches decision-making skills, self-discipline and respect for authority, and assists inmates in developing plans for their lives after release.

The program staff in the Amity program includes highly committed, trained and supervised recovering drug abusers who have criminal histories. Staff serve as role models, and are available to inmates 24 hours per day. A similar community-based residential therapeutic community is available to inmates for up to a year after their release, and they are encouraged to seek ongoing support services in the community as well.

While the Amity Prison program endorsed by CEBP is proprietary, the same type of model is offered in five Oregon prison facilities and some county corrections departments. Inmates in therapeutic communities in Oregon prisons typically spend six months in the program. Some Oregon counties also offer therapeutic community programs as part of community corrections.

A high-quality randomized controlled trial showed a nine percent reduction in the reincarceration rate for participants compared to the control group, and a 28 percent increase in the average time to reincarceration.<sup>12</sup> The study cited by CEBP provided evidence that the combination of treatment and after-care is key to the success of this intervention. However, WSIPP concluded that the impact of after-care was modest relative to the impact of the in-prison therapeutic community (6.9 percent with aftercare compared to 5.3 percent without).<sup>13</sup>

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<sup>12</sup> For more information, see <http://www.evidencebasedprograms.org/Default.aspx?tabid=150>

<sup>13</sup> Aos, Steve, Marna Miller and Elizabeth Drake. (2006). *Evidence-Based Adult Corrections Programs: What Works and What Does Not*. Olympia: Washington State Institute for Public Policy.

## Outpatient Drug Treatment in Prison

Outpatient treatment is a common form of drug treatment in prison. Inmates reside with the general population, and attend periodic treatment sessions. Outpatient treatment can include a range of protocols, from professional psychotherapy or cognitive therapy to informal peer discussions and support groups. Counseling services can be offered at the individual, group, and/or family level.<sup>14</sup>

Washington State Institute for Public Policy estimates that drug treatment in prison, including both therapeutic communities and outpatient treatment, would reduce crime outcomes by an average of 5.7 percent.

## CORRECTIONAL INDUSTRIES PROGRAMS IN PRISON

Correctional industries programs provide selected inmates with a variety of jobs, such as laundry, manufacturing wood and metal products, call centers and some engineering support services. Inmates must apply for these sought-after, full-time positions, and normally are paid a small wage. In Oregon, a small number of inmates work in specially certified industries, for example, manufacturing the Prison Blues product line. These special industries require a federal certification that allows products to be sold across state lines and requires that inmates be paid the prevailing wage.<sup>15</sup>

In accord with the Oregon Accountability Model, inmates in these programs are taught both technical skills and non-technical employment skills that will help them maintain employment in the workforce upon release from prison. Oregon's correctional industries program requires that at least half the participants be within five years of release, and that they have a record of stability in prison. The correctional industries program is self-supporting through its profits on sales, so it receives no state funding. Based on four evaluations, WSIPP estimated that the average correctional industry program would achieve a 5.9 percent reduction in crime outcomes.

## DRUG TREATMENT IN THE COMMUNITY

Some offenders are required as part of their sentence to attend community-based drug treatment programs. The programs may be residential, outpatient or some combination of the two, depending on the terms of the sentence. Community-based programs can involve group and/or individual treatment. Some treatment programs are more formal and require intensive, sometimes daily, involvement, while others are less formal, such as Alcoholics Anonymous. According to WSIPP, the average community-based drug treatment program would reduce crime outcomes by 9.3 percent.

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<sup>14</sup> Based on information retrieved on July 29, 2008 from <http://www.whitehousedrugpolicy.gov/publications/factsht/treatment/index.html>

<sup>15</sup> Based on an interview with Nick Armenicus of Oregon Correctional Industries, August 27, 2008.

## **ADULT DRUG COURTS**

Drug courts are an alternative to the regular criminal justice system for drug-involved offenders charged with non-violent crimes. Offenders agree to participate in the drug court program to avoid prosecution or receive a lesser charge, but if they fail to comply with or complete the program they can be fully prosecuted. In Oregon, the average length of involvement in a county drug court program is about 19 months, although the programs vary widely by county.<sup>16</sup>

While drug courts may differ from place to place, they generally are implemented according to the recognized drug court model. The model combines justice, drug treatment and social service systems to provide the participant with an intensive regimen of supervision, testing, drug and mental health treatment, counseling, job training, and other support services. The participant appears before a special drug court judge on a regular basis, where his or her progress is reviewed. The judge can impose sanctions for non-compliance, including community service, court days, or jail. Relapses are expected and participants are given many chances to succeed.<sup>17</sup>

Drug courts have a solid evidence base and long history of success. WSIPP included 57 studies of adult drug courts in their meta-analysis, more than twice the number for any other type of program. They estimated an average reduction in crime outcomes of 8.0 percent for adult drug courts.

## **EMPLOYMENT TRAINING AND JOB ASSISTANCE PROGRAMS IN THE COMMUNITY**

Community corrections departments in most Oregon counties provide services that help offenders to obtain employment training and to find and maintain jobs in the community. Services include employment skills classes, counseling and job referrals and job seeking assistance. WSIPP found that such programs would reduce crime outcomes by an average of 4.3 percent.

## **CBT FOR SEX OFFENDERS IN COMMUNITY CORRECTIONS**

Cognitive-behavioral therapy for sex offenders in community corrections is similar to CBT in prisons. Although the treatment occurs in a less controlled setting, the therapy is still aimed at changing the offenders' thinking patterns to give them more control over their sexual responses and behavior. All Oregon counties except Grant County currently provide cognitive-behavioral therapy for sex offenders. Programs differ by county, but can include residential and/or outpatient treatment components combined with special monitoring and supervision requirements, such as polygraph testing, psychiatric evaluations and medication management. WSIPP found that this type of treatment produced the largest effects in their analysis.

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<sup>16</sup> Interview with Christopher Hamilton, title & agency, August 6, 2008.

<sup>17</sup> Based on information retrieved on July 29, 2008 from <http://www.nadcp.org/whatis/> and [http://www.ojd.state.or.us/jos/drug\\_court.htm#Oregon%20Drug%20Court%20Summary](http://www.ojd.state.or.us/jos/drug_court.htm#Oregon%20Drug%20Court%20Summary).

## PROGRAMS FOR JUVENILE OFFENDERS

| Program Name/Type  | Identified by | Effect on Crime Outcomes | Program Description  |
|--|---------------|--------------------------|--|
| Multidimensional Treatment Foster Care®                          | WSIPP<br>CEBP | -22.0%                   | Severely delinquent youths enter a specially trained foster home for 6-9 months, where they and their families receive intensive therapy and supportive services. Includes aftercare.  |
| Adolescent Diversion Project (for low-risk offenders)            | WSIPP         | -19.9%                   | ADP is an alternative to the traditional juvenile justice system. It is based on an ecological approach that builds family and community support for at-risk youth and seeks to avoid the adverse effects of further labeling resulting from contact with the juvenile justice system. |
| Functional Family Therapy® on probation                          | WSIPP         | -15.9%                   | A structured, phased program for dysfunctional youth that provides specific goals and techniques for intervention. Consists of between 8 to 30 one-hour sessions with a specially trained FFT therapist in a clinical or home-based setting.   |
| Multi-systemic Therapy®  | WSIPP<br>CEBP | -10.5%                   | A three to six month family- and community-based program that focuses on increasing the family's capacity to overcome the causes of delinquency and to monitor and discipline their children.  |
| Aggression Replacement Training®                                 | WSIPP         | -7.3%                    | A 10-week, 30-hour group program for youth with moderate to high risk of re-offense and problems with aggression and/or anti-social behavior.  |
| Juvenile sex offender treatment                                  | WSIPP         | -10.2%                   | A combination of therapeutic techniques in group, individual and family settings.  |
| Restorative justice programs in juvenile courts                  | WSIPP         | -8.7%                    | Brings the offender and the victim together with a mediator to determine an appropriate sentence, including restitution to the victim.   |
| Interagency coordination programs in juvenile courts             | WSIPP         | -2.5%                    | All stakeholders in the adjudication process share information and coordinate the provision of services to achieve better outcomes.  |
| Juvenile drug courts   | WSIPP         | -3.5%                    | Drug-involved juvenile offenders are adjudicated in a special court that combines the judicial process with treatment and supervision.   |
| Life skills education programs for juvenile offenders            | WSIPP         | -2.7%                    | Provides decision-making skills and support services to youth offenders reintegrating into the community after incarceration.  |
| Juvenile cognitive-behavioral treatment                          | WSIPP         | -2.5%                    | Short-term, goal-focused therapy aimed at changing dysfunctional thought and behavior patterns.  |
| Diversion programs with services (versus regular juvenile court) | WSIPP         | -2.7%                    | Intended to divert juvenile offenders from potentially harmful detention and labeling. Provides case management, advocacy and coordination of treatment and support services.  |

## **MULTIDIMENSIONAL TREATMENT FOSTER CARE®**

Multidimensional Treatment Foster Care (MTFC) is an alternative to placement in a group home or residential care facility, a juvenile detention facility, or a psychiatric hospital for youths with severe emotional and/or behavioral disorders. A single child is placed in a specially trained and community-supported foster home for six to nine months. During that time the child undergoes intensive therapy and skills training, and receives academic support. The child's family also receives therapy and support to prepare for the child's return. MTFC includes an aftercare component to provide support to the child and family after foster care.

MTFC treatment and aftercare focus on creating a stable, supportive environment that builds on individual strengths, provides structure, limits and well-specified consequences for inappropriate behavior, provides close supervision, and helps the child avoid negative peer relationships and develop positive ones.<sup>18</sup>

WSIPP estimated that an average MTFC program would result in an average reduction in crime outcomes of 22 percent compared to regular group care programs for severely delinquent youths.

## **ADOLESCENT DIVERSION PROJECT (FOR LOW-RISK OFFENDERS)**

The Adolescent Diversion Project is an alternative to the traditional juvenile justice system. It is based on an ecological, strengths-based approach that builds family and community support for at-risk youth and seeks to avoid the adverse effects of further labeling resulting from contact with the juvenile justice system. Trained paraprofessionals establish behavioral contracts and provide advocacy for youth and their families.<sup>19</sup>

WSIPP estimated that an average Adolescent Diversion Project programs for lower risk offenders would reduce criminal outcomes by an average of 19.9 percent.

## **FUNCTIONAL FAMILY THERAPY®**

Functional Family Therapy (FFT) is a structured, home-and community-based program for delinquent youth (ages 11 to 18) and their families. It is used to treat problems such as conduct disorder, violent acting-out and substance abuse. FFT usually consists of eight to 12 one-hour sessions with a specially trained FFT therapist, although more severe cases can take up to 30 sessions. The treatment

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<sup>18</sup> Based on information retrieved on July 31, 2008 from <http://www.mtfc.com/overview.html>.

<sup>19</sup> Smith, E. P., Wolf, A. M., Cantillon, D. M., Thomas, O., & Davidson, W. S. (2004). *The adolescent diversion project: 25 years of research on an ecological model of intervention*. *Journal of Prevention & Intervention in the Community*, 27(2), 29-47.

Sturza, M. L., & Davidson II, W. S. (2006). Issues facing the dissemination of prevention programs: Three decades of research on the adolescent diversion project. *Journal of Prevention & Intervention in the Community*, 32(1), 5-24.

consists of clearly identified phases, each with specific goals, assessments, and techniques for intervention. This allows providers to maintain the focus of treatment in situations with considerable family and individual disruption.<sup>20</sup>

WSIPP estimated that an average Functional Family Therapy program for youth offenders on probation would reduce crime outcomes by an average of 15.9 percent.

## **MULTISYSTEMIC THERAPY®**

Multi-systemic Therapy is a three to six month intervention for severely delinquent youths that focuses on increasing the family's capacity to overcome the causes of delinquency and to monitor and discipline their children. The program is based on a social-ecological model, which emphasizes the effect of family, peer group, school and community contexts on a child's behavior. The program is home, school and community based, which helps individualize treatment and remove barriers to participation and success. Specific treatment techniques are integrated from a variety of evidence-based practices, including cognitive-behavioral therapy and family therapy.

According to the program's developer, "MST is a pragmatic and goal-oriented treatment that specifically targets those factors in each youth's social network that are contributing to his or her antisocial behavior. Thus, MST interventions typically aim to improve caregiver discipline practices, enhance family affective relations, decrease youth association with deviant peers, increase youth association with pro-social peers, improve youth school or vocational performance, engage youth in pro-social recreational outlets, and develop an indigenous support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes."<sup>21</sup>

WSIPP estimated that an average Multisystemic Therapy program would reduce crime outcomes by 10.5 percent.

## **AGGRESSION REPLACEMENT TRAINING®**

Aggression Replacement Training® (ART®) is a structured curriculum designed to alter the behavior of chronically aggressive adolescents and young children. It is designed to improve social skills, anger control, and moral reasoning using three specific interventions: skill building, anger management, and training in moral reasoning. Providers use repetitive learning techniques to teach participants to control impulsiveness and anger and use more appropriate behaviors, and they use guided group discussions to correct antisocial thinking.<sup>22</sup>

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<sup>20</sup> Based on information retrieved July 31, 2008 from <http://www.fftinc.com/>.

<sup>21</sup> Based on information retrieved on July 31, 2008 from [http://www.mstservices.com/executive\\_summary.php](http://www.mstservices.com/executive_summary.php).

<sup>22</sup> Based on information retrieved July 31, 2008 from <http://guide.helpingamericasyouth.gov/programdetail.cfm?id=292>.

WSIPP estimated that Aggression Replacement Training programs can reduce crime outcomes by an average of 7.3 percent.

## **TEEN COURTS**

Teen Courts are designed to keep first-time, non-violent youth offenders out of the traditional juvenile justice system, as well as to instill a sense of responsibility for their actions. According to the American Probation and Parole Association, “Teen court programs serve a dual function. In addition to providing a mechanism for holding youthful offenders accountable and educating youth on the legal system, teen courts also provide youth in the community with an avenue for developing, enhancing, and practicing life skills.”<sup>23</sup>

In the Teen (or Youth) Court model, youth offenders agree to be sentenced by a jury of their peers. Teen jurors volunteer and are specially trained and supervised by adults. The sanctions available to the teen jurors for sentencing are based on the concept of restorative justice, which focuses on repairing the harm done to victims through the active involvement of the offender, the victim and the community. The programs can be administered and operated by a variety of community agencies, including police departments, juvenile departments, courts, non-profit organizations and schools.

WSIPP estimated that the average teen court program reduced crime outcomes by 11.1 percent.

## **JUVENILE SEX OFFENDER TREATMENT**

There are a wide variety of juvenile sex offender treatment programs, many of which include cognitive-behavioral therapy and/or Multisystemic Therapy. The most common and effective mode of treatment for sex offenders is group therapy, but this is often supplemented with individual and family therapy. WSIPP estimated that juvenile sex offender treatment results in an average reduction in crime outcomes of 8.7 percent.

## **RESTORATIVE JUSTICE PROGRAMS FOR LOW-RISK OFFENDERS**

Restorative justice programs for low-risk offenders are used as an alternative or a supplement to the traditional juvenile justice system. Rather than focusing on punishment, restorative justice seeks to rehabilitate offenders while holding them accountable for their actions. In a process called Victim Offender Mediation (VOM), the offender meets face-to-face with his or her victim and acknowledges responsibility for his or her actions. The offender and the victim meet with a trained, neutral mediator, and the victim has the opportunity to discuss the impact of the crime. With the help of the mediator, the victim and the offender agree on a plan for the offender to make amends to the victim and the community. According

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<sup>23</sup> Based on information retrieved on August 5, 2008 from the Office of Juvenile Justice and Delinquency Prevention, <http://ojjdp.ncjrs.org/publications/peerjustice.html>.

to WSIPP, “VOM has retributive, rehabilitative, and preventative qualities and emphasizes the accountability of the offender.”<sup>24</sup>

WSIPP estimated that the average restorative justice program would result in an 8.7 percent reduction in crime outcome.

## **INTERAGENCY COORDINATION PROGRAMS IN JUVENILE COURTS**

Interagency coordination programs for adjudicated youths are based on the premise that youth offenders will be better served when information is shared between police, probation, education, social services, prosecution, judicial, corrections and other relevant agencies. Information sharing has a number of benefits, including the ability of agencies to make better informed, more appropriate and more timely decisions regarding the treatment of juvenile offenders. It also facilitates the development and effectiveness of treatment teams. A central database reduces the redundancy of data collection, and may eliminate the need for multiple release forms for each agency. However, program developers must carefully address legal and privacy issues, and other potential barriers to information sharing.<sup>25</sup>

WSIPP estimated that the average interagency coordination program could reduce crime outcomes by an average of 2.5 percent.

## **JUVENILE DRUG COURTS**

Juvenile drug courts operate similarly to adult drug courts, but they have the advantage of being integrated into a justice system that is already focused primarily on the rehabilitation of offenders rather than retribution for offenses. Juvenile drug courts combine the procedures of the legal system with a drug treatment and therapy component, and require close coordination and supervision by the court, the prosecutor, defense attorney, school representative, and treatment provider. Offenders are monitored closely for compliance using methods such as weekly court appearances and random drug testing.

WSIPP estimated that juvenile drug courts reduced crime outcomes by an average of 3.5 percent.

## **LIFE SKILLS EDUCATION PROGRAMS FOR JUVENILE OFFENDERS**

Life skills education is a program designed to help reintegrate high-risk juvenile offenders into the community after incarceration.<sup>26</sup> The program provides education and counseling designed to teach participants skills for making positive, healthy decisions and lifestyle choices, and to promote self-confidence and self-

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<sup>24</sup> Washington State Institute for Public Policy. (2007). Evidence-Based Juvenile Offender Programs: Program Description, Quality Assurance, and Cost. Olympia.

<sup>25</sup> Based on information retrieved on August 5, 2008 from the Juvenile Accountability Incentive Block Grants Program website, [http://www.ncjrs.gov/html/ojjdp/jiabg\\_blltn\\_03\\_1\\_00/2.html](http://www.ncjrs.gov/html/ojjdp/jiabg_blltn_03_1_00/2.html).

<sup>26</sup> Based on information retrieved on August 5, 2008 from <http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=178372>.

esteem. Participants usually meet weekly with counselors. WSIPP estimated that life skills programs led to an average reduction in crime outcomes of 2.7 percent.

## JUVENILE COGNITIVE-BEHAVIORAL TREATMENT

Cognitive-behavioral therapy for juvenile offenders follows essentially the same model as for adults. The patient is taught to identify and correct dysfunctional beliefs, thoughts and behaviors, and then given opportunities to practice and internalize the new ways of thinking and behaving. It is intended to be a short-term intervention with specific therapeutic goals and measurable outcomes. It can be offered as an individual or group therapy. WSIPP estimated that juvenile cognitive-behavioral treatment led to an average reduction in crime outcomes of 2.5 percent.

## DIVERSION PROGRAMS WITH SERVICES (VERSUS REGULAR JUVENILE COURT)

Diversion programs are designed to keep juvenile offenders out of the traditional juvenile justice system, primarily to avoid detention. They are based on the premise that the traditional system may do more harm than good, and may result in unnecessary labeling and stigmatization for lower-risk offenders. An offender identified as likely to be detained as a result of his or her adjudication is assigned a case management team. The team advocates for the offender during the adjudication process, presenting a release plan to the judge and coordinating the provision of treatment and support services upon release. The plan includes specific objectives that the offender must achieve, for example, victim restitution, improved grades, and abstaining from drug and alcohol use. The case management team also supervises the offender and monitors his or her progress.

WSIPP estimated that diversions programs that include the provision of services led to an average reduction in crime outcomes of 2.7 percent compared to the traditional juvenile justice system.

## PREVENTION PROGRAMS

| Program Name/Type                                 | Identified by | Effect on Crime Outcomes                  | Program Description   |
|---|---------------|---|---|
| Nurse Family Partnership® in community settings   | WSIPP<br>CEBP | Mothers:<br>-56.2%<br>Children:<br>-16.4% | A low-income, first-time mother is partnered with a registered nurse from the child's first trimester until age 2. The nurse provides health education and personal counseling.                         |
| Pre-K education for low income 3- and 4-year-olds | WSIPP         | -14.2%                                    | High-quality preschool programs targeted at low-income children at risk of academic failure and social problems. Examples include Perry Preschool Project, Abecedarian Project and Head Start programs. |

## **NURSE FAMILY PARTNERSHIP® IN COMMUNITY SETTINGS**

The Nurse-Family Partnership (NFP) is a specific preventive community health program that pairs a low-income, first-time mother with a registered nurse, who provides health and parenting education, and counseling aimed at improving the mother's self-efficacy and the family's economic stability. The intervention typically starts in the mother's first trimester of pregnancy and continues until the child's second birthday. Early intervention allows the mother to improve her health early in her pregnancy, increasing the chances of a healthy birth, and to change critical behaviors before the child arrives. The length of the program also allows the nurse and the family to develop a trusting, therapeutic relationship.<sup>27</sup>

The Nurse-Family Partnership has a strong evidence base, consisting of many well-designed, randomized controlled studies. The program includes frequent monitoring and reporting to the national entity to ensure implementation fidelity. WSIPP estimated that the average NFP program resulted in a reduction in crime outcomes of 56.2 percent for mothers and 16.4 for their children.

## **PRE-K EDUCATION FOR LOW-INCOME 3- AND 4-YEAR-OLDS**

High-quality preschool programs, including several specific programs, are recognized as effective preventive measures that reduce crime outcomes. Specific preschool programs identified by various studies as being evidence based and effective include the Perry Preschool Project, Abecedarian Project and Head Start. These programs focus on low-income children who are identified as being at high risk for future academic failure and other related problems. Long-term studies have shown that this intervention has a significant impact on educational and life outcomes.<sup>28</sup>

WSIPP estimated that preschool programs for low-income 3- and 4-year-olds reduced crime outcomes by 14.2 percent.

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<sup>27</sup> Based on information retrieved on August 5, 2008 from <http://www.nursefamilypartnership.org>.

<sup>28</sup> Based on information retrieved on August 5, 2008 from <http://www.evidencebasedprograms.org>.

Moving Oregon’s criminal justice system toward evidence-based programs (EBPs) is an important policy goal and a sound investment. However, the Legislature needs to be clear about its expectations of the agencies responsible for operating these programs. The agencies ECONorthwest worked with during this project (Department of Corrections, Oregon Youth Authority, Addictions and Mental Health Services, Oregon Commission on Children and Families, and the Criminal Justice Commission) appear to be supportive of using evidence-based programs and maximizing the State’s investments in crime reduction programs, but in many cases they do not yet have the reporting requirements or information systems in place that would allow them to track the information necessary to evaluate the implementation, expenditures and outcomes of *specific* EBPs.

ECONorthwest recommends that the Oregon Legislature consider the following points as it moves forward with evidence-based programs in the criminal justice system:

- ***Develop explicit policy goals and outcome measures for crime prevention investments throughout the state.*** Before the State can make wise investments in programs that reduce crime, it must have a clear understanding of what short- and long-term outcomes it hopes to achieve with the evidence-based programs it supports. This involves making explicit policy choices about the relative values of programs that prevent crime, such as early-childhood interventions and juvenile crime prevention and diversion programs, and programs that deal with criminal offenders, including programs with treatment, punitive and retributive components. Once the State determines its broader policy goals, and identifies how progress toward those goals will be measured, it can begin to set the agenda for state agencies.
- ***Set clear expectations for agencies.*** Once the State has determined its broad policy goals, the State should work with its agencies to develop explicit outcome goals and measures for which they are held accountable. Agencies should have specific reporting requirements that will demonstrate the effectiveness of their programs in meeting the State’s policy goals. Setting clear and consistent expectations will help agencies to identify and collect the kind of information needed to evaluate the State’s investment in crime prevention programs.
- ***Analyze the costs and benefits of collecting information.*** While it is possible to collect highly detailed information for every program, it may not be cost-effective to do so depending on the resources required and the benefits to be gained. In most cases currently, the agencies’ data systems are not set up to collect client-level or program-level cost, expenditure, participation or outcome data for specific EBPs or across agencies. For some small and/or specialized programs, the costs of designing a system to collect such detailed information may not be worth the benefits of the knowledge gained. However, larger

programs in which the State invests millions of dollars may justify more sophisticated and comprehensive information systems, and greater resources devoted to evaluating program effectiveness. The State needs to determine the costs and benefits of collecting information about various programs before agencies invest in expensive data collection and reporting systems.

- ***Align reporting requirements and information systems with expectations and data collection feasibility.*** Based on the State’s articulated policy and outcome goals for evidence-based programs, the State should develop appropriate reporting requirements for the agencies, and invest in data collection tools that support those requirements. A well-designed information system will allow the agencies to monitor and report a variety of outcomes and their associated costs with a minimum of effort. It also will allow for increased coordination among agencies, and will enable the State to compare outcomes across clients, programs and agencies. Reporting requirements should be tied to funding, particularly for direct service providers.
- ***Consider establishing an oversight entity to coordinate statewide crime prevention investments in a way that best serves the State’s policy goals.*** Currently, the State’s criminal justice-related agencies operate in silos. There appears to be little coordination among them, in terms of how a client moves between the various agencies, or how programs at the state and county levels are operated and funded. If the State intends to move more fully toward evidence-based practices in the criminal justice system and maximize its investments across all criminal-justice related agencies, it should consider establishing an umbrella entity to manage its portfolio and coordinate clients, programs, funding and reporting among the agencies and counties.