



Report

OREGON
DEPARTME
NT OF
CORRECTI
ONS

**An Overview of
Senate Bill 267
and the
Correctional Program
Assessment Inventory
(CPAI)**

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Executive Summary

Senate Bill 267

- SB 267, enacted in 2003, is intended to promote more consistent and effective programs and a wise investment of state dollars throughout Oregon.
- The law requires that programs be based on principles of effective practice confirmed by research if they are intended to reduce the likelihood of person to commit crimes, reduce anti-social behavior leading to crime, or improve the mental health of a person.

Evidence-Based Practices

- The research on correctional interventions which are most effective in reducing recidivism can be summarized by three principles:
 1. Target higher-risk offenders for the greatest reductions in recidivism;
 2. Target those criminal risk factors that can be changed to reduce the level of risk; and
 3. Deliver interventions in the styles that work best for offenders.

Correctional Program Assessment Inventory (CPAI)

- The Correctional Program Assessment Inventory (CPAI) is used to determine how closely correctional programs meet known principles of effective intervention.
- The Oregon Department of Corrections chose to use the tool because it is applicable to a wide range of programs. The CPAI allows evaluators to quantify the quality of the program in an objective way, and is designed to identify weaknesses to allow for improved program effectiveness over time.

CPAI results to date

- As of March 1, 2005, 3 out of 8 assessed programs within state corrections institutions scored as “satisfactory” per CPAI criteria, and 5 out of 8 community programs reviewed scored as “satisfactory.”

Comparing Oregon CPAI results to national results

- Nationally, the average overall CPAI score is 52 percent (satisfactory, but needs improvement). In Oregon, the average overall score for state programs is also 52 percent. The average overall score for community programs is 59 percent (satisfactory, but needs improvement).
- Prison-based programs are above average in the area of assessment, due to the comprehensive assessment of criminal risk factors and risk to re-offend that occurs at admission to the Oregon Department of Corrections.
- Prison-based programs are below average in the ways in which they have been designed and implemented, in the education and experience of the staff working in the program, and in the use of evaluation to monitor treatment outcomes.
- Oregon community based programs score above average in the education and experience of staff working in the programs.
- Oregon community based programs score below average on the assessment of risk to re-offend and criminal risk factors.

- Oregon programs score above the national average in the delivery of properly designed programs specific to offenders and targeting appropriate criminal risk factors.

Recommendations for improving program effectiveness for Oregon programs

- The CPAI report includes specific recommendations for the program that assist the program providers in improving the degree to which the program is being delivered consistent with the existing research on effectiveness.
- Common areas requiring improvement in Oregon programs include:
 - Programs can make better use of existing assessment tools by consistently using assessment information to create individual treatment plans for each offender specifically designed to reduce recidivism.
 - Programs need to use curriculum and/or design treatment interventions based on the effectiveness research. Additionally, staff will need to receive initial and ongoing training relating to the theory and practice of the interventions employed.
 - During treatment, offenders should be required to plan and rehearse non-criminal behaviors, practice new behaviors in increasingly difficult situations, and be trained to observe and anticipate problem situations.
 - Programs should improve their quality assurance practices, such as monitoring of group treatment and other forms of clinical supervision, to make sure that the treatment is being provided as designed.

Introduction

During the legislative session of 2003, the State of Oregon passed Senate Bill 267. This legislation was intended to assure that public dollars were being invested wisely in programs and interventions that had good results and were cost-effective. The programs and interventions receiving state funding were to be based on practices that had been tested and proven through research to be effective.

The bill, codified as ORS 182.515-.525, directs that programs intended to reduce the propensity of a person to commit crimes, reduce anti-social behavior leading to crime, or improve the mental health of a person to reduce the need for emergency mental health services be evidence-based. The bill describes an evidence-based program as a program or service that incorporates significant practices based on scientific research and is cost-effective. The bill applies to treatment and intervention programs or services funded by the Department of Corrections, Oregon Youth Authority State Commission on Children and Families, Oregon Criminal Justice Commission, and the parts of the Department of Human Services dealing with mental health and addiction issues.

In response to SB 267, the Oregon Department of Corrections has implemented the program assessment process by utilizing the Correctional Program Assessment Inventory tool (CPAI) to assess institutional and county programs across the state. This report will focus on adult programs and provide information pertaining to SB 267, the Correctional Program Assessment Inventory, current findings from the assessment process, and identify patterns of needs for state and county programs to improve their overall effectiveness.

SB 267 Overview

Application

SB 267 requires prevention, treatment or intervention programs which are intended to reduce future criminal behavior in adults and juveniles, or to reduce the need for emergency mental health services to be evidence-based.

Definition of "evidence-based"

"Evidence-based" programs are those programs that are based on research principles and whose costs are realized over a reasonable period of time through cost saving.

Type of activities subject to SB 267

- Clinical alcohol and drug treatment programs and clinical mental health programs funded through the state Department of Human Services/Office of Mental Health and Addiction Services.
- Alcohol and drug treatment, sex offender treatment, cognitive change programs, and other services intended to reduce future criminal conduct by adult and juvenile offenders funded through the Department of Corrections or Oregon Youth Authority.
- Services that reduce anti-social behaviors that leads to becoming a juvenile offender.

Status of implementing SB 267 in the Department of Corrections

As of March 1, 2005, sixteen adult programs have been assessed using the Correctional Program Assessment Inventory that includes eight institutional programs and eight community-based programs. The programs that have completed the initial assessment process are listed below:

State Institutional Programs

- Coffee Creek Correctional Facility (Turning Point)
- Columbia River Correctional Institution (Turning Point)
- Eastern Oregon Correctional Institution (COPE)
- Eastern Oregon Correctional Institution (STEPS)
- Powder River Correctional Facility
- Shutter Creek Correctional Institution (Summit)
- Oregon State Correctional Institution (Hispanic A&D)
- Oregon State Correctional Institution (Pathfinders)

Community-Based Programs

- Marion County (New Step, A&D)
- Marion County (Choices, sex offender program)
- Marion County (Upper Circle, sex offender program)
- Marion County Drug Court (A&D)
- Yamhill County (A&D program)
- Washington County (A&D Treatment and Transition program)
- Jackson County (Ontrack, A&D)
- Multnomah County (Cognitive groups)

As of March 1, 2005, all of the identified institutional programs subject to SB 267 have completed the initial assessment process. Currently, additional community programs are being assessed each month in a cooperative effort with DOC, OYA, and community corrections personnel who have been trained in the CPAI process.

Principles of effective programming

Since 1975, the effectiveness of correctional interventions has been examined in meta-analyses that cover 45-90 studies each and in some instances several hundred studies. These are in addition to reviews of the literature and a number of important individual studies. The meta-analyses gives the greatest weight to the most rigorous studies and is more likely to question study outcomes that are based on inadequate research designs. The conclusions of the meta-analyses are based on the accumulated weight of the available evidence. As a result of this work, a general agreement about “what works” has emerged.

What works best in reducing recidivism can be summarized under the following three principles.

Principle: Target offenders most likely to re-offend

People with certain risk factors tend to recidivate at higher rates than people who lack these risk factors. The work of many researchers and practitioners has empirically validated a number of risk factors. The major risk factors include:

- Antisocial attitudes, values, beliefs, rationalizations and cognitive-emotional states such as anger, defiance and resentment;
- Antisocial associates and relative isolation from positive role models;
- A history of antisocial behavior, evident from a young age, involving a variety and number of harmful acts in a variety of situations;
- Weak problem solving and self-management skills in combination with a egocentric personality style;
- Family life characterized by low levels of affection and weak discipline and supervision;
- General difficulties with school, work and leisure (these problems may be associated with substance abuse).

Principle: Target criminal risk factors

Effective programs target multiple specific problems that have been found to contribute to re-offending and are amenable to change. Effective targets for change are:

- Change anti-social attitudes, values, beliefs, feelings
- Reduce anti-social peer associations and promote pro-social peer associations
- Promote family communication and functioning
- Increase self-control, self-management and problem solving skills
- Reduce substance abuse
- Include relapse prevention planning
- Promote school/work attitudes and adjustment
- Promote community functioning

Principle: Tailoring intervention to the offender group

Research on the most effective programs for offenders indicate that some types of interventions work best in reducing recidivism. The programmatic characteristics that work with offenders are:

- Focus on changing how an offender thinks (attitudes and beliefs)
- Teaching thinking skills, especially how to solve problems
- Behavior change/teaching new behavior skills through
 - Modeling

- Practice
- Role playing
- Reward and recognition of progress
- Concrete and direct verbal suggestions

Program delivery

Effective programs have a number of common characteristics:

- A validated needs and risk assessment is used to determine the risk to re-offend and the criminal risk factors of the offender.
- The design is specifically focused on addressing identified risk factors.
- The intervention is cognitive-behaviorally focused.
- Staff and volunteers recognize criminal thinking, demonstrate appropriate interventions and are enthusiastic about their work.
- Offenders are trained to identify and monitor their own thinking and behavior.
- Skill development and practice is conducted.
- The program includes a relapse prevention component. Effective programs rehearse alternative pro-social responses/behaviors in increasingly difficult anticipated situation and provide booster sessions after the formal phase of treatment.
- Authority is used with respect and is used to maintain program consistency.
- Service providers are trained and clinically supervised to deliver the intervention.
- A printed manual or curriculum guides service delivery and consistency.
- Staff, volunteers and stakeholders contribute to program design and service planning and have “ownership” of the program.
- Goals and vision of the program are widely understood by those involved and are clear in the service training manuals.
- Structured follow-up is available.
- Effective programs refer offenders to other programs, specifically ones that are community-based, that have also been assessed and proven to be effective.
- Services are intensive, occupying 40-70 percent of the offender’s time while in the programs and last between 3 to 9 months. The actual length of the program should be driven by the specific behavioral objectives that the program targets.

Correctional Program Assessment Inventory (CPAI)

After collaborating with agencies affected by SB 267 and researching various assessment tools, the Department of Corrections has chosen to assess programs using the Correctional Program Assessment Inventory (CPAI). The CPAI is a tool used for assessing correctional intervention programs to determine if they include the effective characteristics mentioned above. The CPAI was developed by Gendreau and Andrews and is used to ascertain how closely correctional programs meet known principles of effective intervention. Researchers from the University of Cincinnati have conducted over 380 CPAI assessments across the country and have found a strong correlation between scores on the CPAI and measures of recidivism.

There are six primary areas that the CPAI assesses: 1) program implementation and leadership; 2) client pre-service assessment; 3) characteristics of the program; 4) characteristics and practices of the staff; 5) evaluation and quality control; and 6) miscellaneous items such as client records, ethical guidelines, and levels of community support.

Each section is scored as either “very satisfactory” (70-100 percent), “satisfactory” (60-69 percent), “satisfactory, but needs improvement” (50-59 percent), or “unsatisfactory” (less than 50 percent). The scores from all six areas are totaled and the same scale is used for the overall assessment score. Not all of the six areas are given equal weight, and some items may be considered “not applicable”, in which case they are not included in the scoring.

Data are collected through structured interviews with selected program staff. Other sources of information include policy and procedure manuals, treatment materials and curricula, a sample of case files, and other selected program materials. Once the information is gathered and reviewed the program is scored, and a report is generated which highlights the strengths, areas that need improvement, and recommendations for each of the six areas. Program scores are also compared to the averages from across all programs that have been assessed.

There are several advantages to the CPAI. First, it is applicable to a wide range of programs (adult, juvenile, community, institutional, etc). Second, it allows evaluators to “quantify” the quality of a program through a scoring process. This allows comparisons across programs, as well as benchmarking. Third, the entire process can be completed relatively quickly (information can be gathered within a day or two, and the report is usually completed within a week). Finally, the CPAI is designed to improve program effectiveness and the integrity of treatment.

The following tables include CPAI results for both state and community programs, and indicates if those specific items scored as “satisfactory” or “unsatisfactory” per CPAI criteria. One interesting trend indicates how most programs are properly targeting criminal risk factors and criminal attitudes, but are not consistently using research-based methods to address those behaviors through the most effective interventions (i.e. practicing and rehearsing new skills). In order to improve programs throughout the state, CPAI evaluators will continue to recommend curricula that meet the CPAI criteria, and act as a resource for connecting programs with proper program materials and training.

CPAI Results for State Programs

	Program Designed after Literature Review	Properly Assessed for Risk	Properly Assessed for Need	Targets Criminogenic Behavior	Consistent Use of Effective Tx Model	Proper Length of Tx (3-9 mos)	Trains to Monitor Problem Situations	Clients Rehearse Prosocial Responses	Clients Practice Prosocial Behaviors	Formal Aftercare Period and Services	Staff Meet Educational Requirements	Internal Quality Assurance in Place	Inclusive Client Records	Overall	
Coffee Creek Correctional Facility Turning Point	O	●	●	●	O	●	O	O	O	●	●	O	O	●	O
Columbia River Correctional Institution Turning Point	●	●	●	●	O	●	●	O	O	●	O	O	O	●	●
Eastern Oregon Correctional Institution COPE	O	●	●	●	O	●	O	O	O	na	O	●	O	●	O
STEPS	●	●	●	●	O	O	O	O	O	●	●	O	O	●	O
Oregon State Correctional Institution Hispanic A & D (Freedom and Recovery)	O	●	●	●	O	●	O	O	O	●	O	O	O	●	O
Pathfinders	●	●	●	●	●	●	●	●	O	●	●	O	●	na	●
Powder River Correctional Facility	O	●	●	●	O	●	●	O	O	●	O	O	O	●	●
Shutter Creek Correctional Institution SUMMIT Program	O	●	●	●	O	●	●	●	●	●	●	O	O	O	O

● Satisfactory
O Unsatisfactory

CPAI Results for County Programs

	Program Designed after Literature Review	Properly Assessed for Risk	Properly Assessed for Need	Targets Criminogenic Behavior	Consistent Use of Effective Tx Model	Proper Length of Tx (3-9 mos)	Trains to Monitor Problem Situations	Clients Rehearse Prosocial Responses	Clients Practice Prosocial Behaviors	Formal Aftercare Period and Services	Staff Meet Educational Requirements	Internal Quality Assurance in Place	Inclusive Client Records	Overall
Jackson County Community Corrections On Track	○	○	●	●	○	●	○	○	○	●	○	●	●	●
Marion County Community Corrections New Step (A & D Outpatient)	○	○	○	●	○	○	●	○	○	●	●	○	●	○
Choices (sex offender tx)	●	○	○	●	○	○	○	○	○	na	●	○	●	●
Drug Court	●	●	●	●	○	○	○	○	○	○	○	○	○	○
The Upper Circle (sex offender tx)	●	●	●	●	○	●	●	○	○	○	○	○	○	○
Multnomah County Cognitive Options Groups	○	○	○	○	○	●	○	○	○	○	○	●	○	●
Washington County Community Corrections Tx & Trans (A & D)	●	●	●	●	●	●	○	○	○	●	●	●	●	●
Yamhill County Community Corrections Chemical Dependency Program	○	○	○	●	○	○	○	○	○	○	○	○	●	○

● Satisfactory
○ Unsatisfactory

Conclusion

Which DOC programs are doing well?

The criminal risk/needs assessment at intake has proven to be a valuable tool for creating the Oregon Corrections Plan and helping to properly direct offenders into programs designed to address their criminal risk factors. Institutions have worked well with programs to allow for a safe environment for programs to exist, and cooperate well with program staff. Efforts to separate program participants from the general population throughout DOC institutions should continue in order to provide for a more effective therapeutic environment, which evidence shows is most effective. Staff receive some formal initial and ongoing training, but this area should be improved as changes to program dynamics occur.

Which community programs are doing well?

Community programs work well with community corrections agencies while providing various interventions with parole and probation clients. Most community program staff receive adequate initial and ongoing training. Many community corrections agencies are assessing offenders using the Level of Service Inventory (LSI), and most programs are utilizing research-based assessment tools. Counties will be trained on how to access the DOC criminal risk factor assessments, and other assessment tools, in order to effectively focus on specific criminal risk factors with high-risk offenders. There is continuing concern that some programs continue to focus on limited and low-risk clients, but this will steadily improve. Most of the assessed community programs are eager to work with corrections agencies to help follow the CPAI recommendations and improve the overall effectiveness of their programming.

Summary of current CPAI results

As noted earlier, not all of the six areas within the CPAI scoring are given equal weight, and the “program characteristics” section is weighted most heavily with 26 items that look specifically at program interventions. By focusing on this section alone, and working in a cooperative effort with DOC and their community corrections agencies, both adult institutional and community programs could increase their scores to the “satisfactory” or “very satisfactory” range in a relatively short period of time. As most of the assessed programs have received many of the same recommendations for improvement, the following is a priority list of the common recommendations that can have the most impact towards improving the CPAI scores, and the overall effectiveness of the assessed programs:

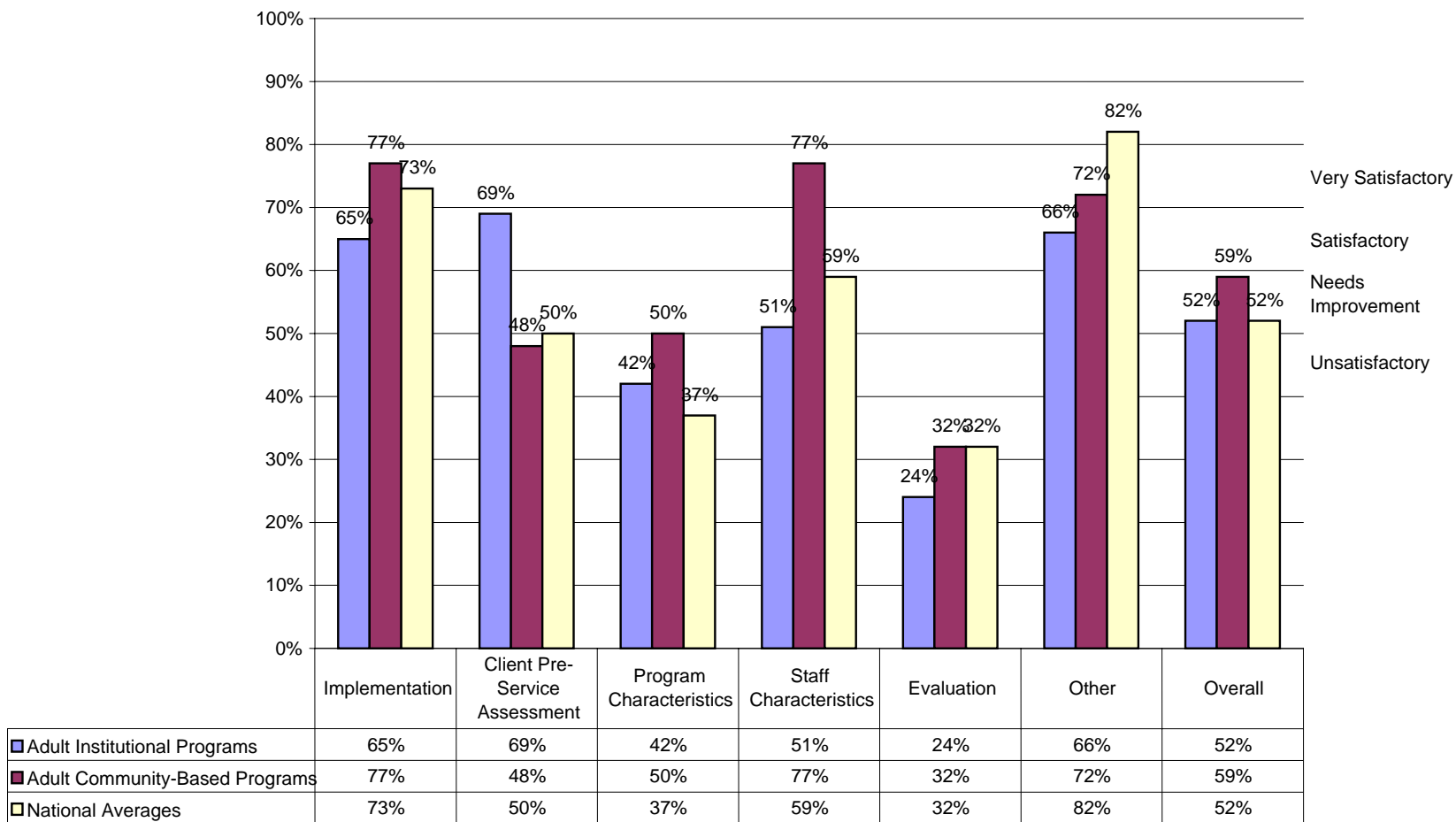
- 1) Properly utilize existing assessment tools by training program staff to access the criminal risk/need reports from DOC and programs should use the assessment tools to create proper treatment plans for each offender. The specific focus of programming for DOC and community corrections should be with high to medium risk offenders because research indicates this as a most effective use of limited resources. Additionally, community corrections should provide copies of existing assessments

(LSI, OCMS, etc.) to community programs so effective treatment planning can be based on risk and needs for each offender.

- 2) Both DOC and community programs should implement the use of additional assessments that help measure motivation and readiness to change, and other factors such as learning styles, levels of stress, intelligence, and verbal ability. Once assessments are in place, they should be used to help measure how identified criminal risk factors and behaviors associated with recidivism are being targeted and improved through the program interventions.
- 3) Programs need to obtain and pilot curriculum based on the principles identified in the effectiveness research. Additionally, staff will need to receive initial and ongoing training relating to the theory and practice of the interventions employed. By obtaining and properly facilitating a curriculum based on research within the core of the program, the CPAI score and program effectiveness can increase tremendously.
- 4) During treatment, offenders should consistently plan and rehearse alternative non-criminal behaviors, practice new behaviors in increasingly difficult situations, and be trained to observe and anticipate problem situations. The goal should be to teach new skills, model those skills, and allow offenders to practice new skills consistently.
- 5) Programs should improve their quality assurance practices, such as monitoring of group treatment and other forms of clinical supervision, to make sure that the treatment is being provided as designed.

The following graph illustrates a comparison between adult institutional programs and adult community programs that have been assessed using the CPAI in Oregon as of 3/1/05. The six items listed are the major sections of the CPAI scoring, and the seventh item is the average overall scores. The graph further compares Oregon's CPAI scores for adult programs to national averages of 383 CPAI scores from a wide range of programs.

(Program) CPAI Scores Compared to National Average Scores*



* The national average scores are based on 383 CPAI results across a wide range of programs.
 Very Satisfactory=70% or higher; Satisfactory=60-69%; Needs Improvement=50-59%; Unsatisfactory=less than 50%.

APPENDIX: 2003 Senate Bill 267

EVIDENCE-BASED PROGRAMS

182.515 Definitions for ORS 182.515 and 182.525. As used in this section and ORS 182.525:

- (1) “Agency” means:
 - (a) The Department of Corrections;
 - (b) The Oregon Youth Authority;
 - (c) The State Commission on Children and Families;
 - (d) That part of the Department of Human Services that deals with mental health and addiction issues; and
 - (e) The Oregon Criminal Justice Commission.
- (2) “Cost effective” means that cost savings realized over a reasonable period of time are greater than costs.
- (3) “Evidence-based program” means a program that:
 - (a) Incorporates significant and relevant practices based on scientifically based research; and
 - (b) Is cost effective.
- (4)(a) “Program” means 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.
- (b) “Program” does not include:
 - (A) An educational program or service that an agency is required to provide to meet educational requirements imposed by state law; or
 - (B) A program that provides basic medical services.
- (5) “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. [2003 c.669 §3]

Note: 182.515 and 182.525 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 182 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

182.520 [1953 c.588 §2; repealed by 1957 c.624 §14]

182.525 Mandatory expenditures for evidence-based programs; biennial report; rules. (1) The Department of Corrections, the Oregon Youth Authority, the State Commission on Children and Families, that part of the Department of Human Services that deals with mental health and addiction issues and the Oregon Criminal Justice Commission shall spend at least 75 percent of state moneys that each agency receives for programs on evidence-based programs.

(2) Each agency shall submit a biennial report containing:

(a) An assessment of each program on which the agency expends funds, including but not limited to whether the program is an evidence-based program;

(b) The percentage of state moneys the agency receives for programs that is being expended on evidence-based programs;

(c) The percentage of federal and other moneys the agency receives for programs that is being expended on evidence-based programs; and

(d) A description of the efforts the agency is making to meet the requirement of subsection (1) of this section.

(3) The agencies shall submit the reports required by subsection (2) of this section no later than September 30 of each even-numbered year to the interim legislative committee dealing with judicial matters.

(4) If an agency, in any biennium, spends more than 25 percent of the state moneys that the agency receives for programs on programs that are not evidence based, the Legislative Assembly shall consider the agency's failure to meet the requirement of subsection (1) of this section in making appropriations to the agency for the following biennium.

(5) Each agency may adopt rules necessary to carry out the provisions of this section, including but not limited to rules defining a reasonable period of time for purposes of determining cost effectiveness. [2003 c.669 §7]

Note: Section 8, chapter 669, Oregon Laws 2003, provides:

Sec. 8. The provisions of section 7 of this 2003 Act [182.525] apply to biennia beginning on or after July 1, 2009. [2003 c.669 §8]

Note: See note under 182.515.

Note: Sections 4, 5, 6 and 9, chapter 669, Oregon Laws 2003, provide:

Sec. 4. As used in sections 5 and 6 of this 2003 Act, "agency," "cost effective," "evidence-based program" and "program" have the meanings given those terms in section 3 of this 2003 Act [182.515]. [2003 c.669 §4]

Sec. 5. (1) For the biennium beginning July 1, 2005, the Department of Corrections, the Oregon Youth Authority, the State Commission on Children and Families, that part of the Department of Human Services that deals with mental health and addiction issues and the Oregon Criminal Justice Commission shall spend at least 25 percent of state moneys that each agency receives for programs on evidence-based programs.

(2) Each agency shall submit a report containing:

(a) An assessment of each program on which the agency expends funds, including but not limited to whether the program is an evidence-based program;

(b) The percentage of state moneys the agency receives for programs that is being expended on evidence-based programs;

(c) The percentage of federal and other moneys the agency receives for programs that is being expended on evidence-based programs; and

(d) A description of the efforts the agency is making to meet the requirements of subsection (1) of this section and sections 6 (1) and 7 (1) [182.525 (1)] of this 2003 Act.

(3) The agencies shall submit the reports required by subsection (2) of this section no later than September 30, 2006, to the interim legislative committee dealing with judicial matters.

(4) If an agency, during the biennium beginning July 1, 2005, spends more than 75 percent of the state moneys that the agency receives for programs on programs that are not evidence based, the Legislative Assembly shall consider the agency's failure to meet the requirement of subsection (1) of this section in making appropriations to the agency for the following biennium.

(5) Each agency may adopt rules necessary to carry out the provisions of this section, including but not limited to rules defining a reasonable period of time for purposes of determining cost effectiveness. [2003 c.669 §5]

Sec. 6. (1) For the biennium beginning July 1, 2007, the Department of Corrections, the Oregon Youth Authority, the State Commission on Children and Families, that part of the Department of Human Services that deals with mental health and addiction issues and the Oregon Criminal Justice Commission shall spend at least 50 percent of state moneys that each agency receives for programs on evidence-based programs.

(2) Each agency shall submit a report containing:

(a) An assessment of each program on which the agency expends funds, including but not limited to whether the program is an evidence-based program;

(b) The percentage of state moneys the agency receives for programs that is being expended on evidence-based programs;

(c) The percentage of federal and other moneys the agency receives for programs that is being expended on evidence-based programs; and

(d) A description of the efforts the agency is making to meet the requirements of subsection (1) of this section and section 7 (1) of this 2003 Act [182.525 (1)].

(3) The agencies shall submit the reports required by subsection (2) of this section no later than September 30, 2008, to the interim legislative committee dealing with judicial matters.

(4) If an agency, during the biennium beginning July 1, 2007, spends more than 50 percent of the state moneys that the agency receives for programs on programs that are not evidence based, the Legislative Assembly shall consider the agency's failure to meet the requirement of subsection (1) of this section in making appropriations to the agency for the following biennium.

(5) Each agency may adopt rules necessary to carry out the provisions of this section, including but not limited to rules defining a reasonable period of time for purposes of determining cost effectiveness. [2003 c.669 §6]

Sec. 9. (1) As used in this section, “agency,” “evidence-based program” and “program” have the meanings given those terms in section 3 of this 2003 Act [182.515].

(2) Each agency shall conduct an assessment of existing programs and establish goals that enable the agency to meet the requirements of sections 5 (1), 6 (1) and 7 (1) [182.525 (1)] of this 2003 Act. Each agency shall work with interested persons to establish the goals and to develop a process for meeting the goals.

(3) No later than September 30, 2004, each agency shall submit a report containing:

(a) An assessment of each program on which the agency expends funds, including but not limited to whether the program is an evidence-based program;

(b) The percentage of state moneys the agency receives for programs that is being expended on evidence-based programs;

(c) The percentage of federal and other moneys the agency receives for programs that is being expended on evidence-based programs; and

(d) A description of the efforts the agency is making to meet the requirements of sections 5 (1), 6 (1) and 7 (1) of this 2003 Act. [2003 c.669 §9]