

Allen County Community Corrections

Kelley House

Modified Therapeutic Community

Report for Calendar Years 2009-2011

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Modified Therapeutic Community Impact Evaluation

Introduction

The following report summarizes the major evaluation findings examining the Kelly House or Modified Therapeutic Community Program (MTC).

The report is designed with the following questions as organizing principles:

1. Who tends to enter the MTC?
2. What types of offenses are committed leading to referral to the MTC?
3. What level of risk do MTC offenders demonstrate?
4. How successful are offenders in completing the MTC?
5. What relationships exist between items 1-4 and program completion?

****Note:** Due to the recent implementation of the program, recidivism data is not yet available.

Allen County Community Corrections Description

The mission of Allen County Community Corrections is to operate a community based program that provides services to offenders, persons charged with a crime or an act of delinquency, persons sentenced to imprisonment, or victims of crime or delinquency to meet the needs of the individual criminal offender, victims of crime and the community at large.

Kelley House Purpose

The following narrative is taken from the Allen County Community Corrections webpage and the Kelly House handbook.

The Kelley House uses the modified therapeutic community model to provide a supportive environment dedicated to introducing quality mental health services that foster personal growth, promote a better understanding of the interrelationship between mental illness, substance abuse and criminal behavior, and encourage a positive transition from treatment back to the community. The Kelley House Modified Therapeutic Community program consists of a residential period of seven months, an aftercare period of six months, and a day reporting period of up to twelve months. If the community member's programmatic performance is consistently unsatisfactory, the residential period may consist of a time span of up to thirteen months total.

The Kelley House Modified Therapeutic Community (MTC) is designed to address the needs of individuals who have been determined to experience "co-occurring disorders". The term "co-occurring disorders" is used to identify individuals who have been diagnosed with one mental health disorder in addition to an alcohol or drug use disorder. In the Kelley House MTC, an individual's mental health disorder and substance related disorder are viewed as part of a disorder of the *whole person*, that affects an individual's ability to function, handle life's difficulties, and relate to others.

The Kelley House MTC provides a safe and supportive environment that employs a variety of methods to help individuals move toward a higher self-awareness, improve their decision making and problem solving skills, develop pro-social behaviors, foster self-efficacy and self-confidence, and to increase their ability to socialize in

the community. The Kelley House MTC will also empower each individual to better function in the community through the values, beliefs and teachings of *right living* and the philosophy of *community-as-method*.

Preparation of this Evaluation Report

The information presented in this report examines the programs using three different samples of offenders. The first is those who entered supervision between January 1, 2009 and December 31, 2011, the second is comprised of offenders who left supervision between January 1, 2009 and July 14, 2011, and the third consists of offenders who completed the three year follow-up check between January 1, 2009 and July 14, 2011. During this time, a total of 53 offenders entered supervision in the MTC, 8 offenders left supervision, and no offenders completed their 3 year post follow-up recidivism check. The information used to prepare this report was extracted from the Allen County data base and provided to the evaluators on two dates: July 14, 2011 and March 22, 2012. This data was used for the examination of all of the information provided in this report.

It is important to know that this report, although looking at factors associated with individual offenders, is designed to assess outcomes at a programmatic level. As a consequence, information provided represents an analysis of offenders under supervision at the three different time points – entry into supervision, completion of supervision, and completion of a three-year post-supervision recidivism check. Therefore, the information contained in these reports is not designed to follow an offender from entry into care until they exit and complete their post-supervision follow-up. Such an analysis will be provided in a separate document.

It is also important to recognize that this report does not include information on offenders who were not accepted into supervision, and it is crucial to identify that those offenders accepted did not represent a random group of offenders being processed through the Allen County judicial system. In other words, as there is no contrast or control group available to serve as a comparison, it is challenging to claim without uncertainty that the outcomes are exclusively due to the programs implemented. This is especially true for samples seen at completion of supervision and at the three-year recidivism check, as it is not known how representative these samples are. That being said, the information has been examined in comparison to that which has been collected in the past, in an attempt to examine trends over time.

Summary of Evaluation Findings Modified Therapeutic Community

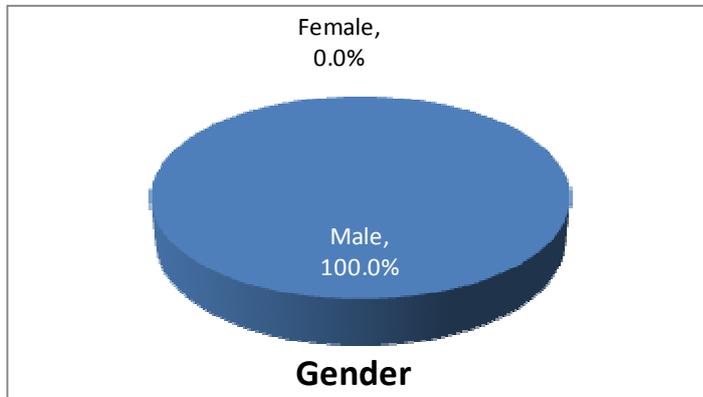
- Offenders entering the Modified Therapeutic Community (MTC) were on average, 37.3 years of age, with a range of just over 21 years (21.1) to almost 60 (59.7) years.
- All (100.0%) of the offenders entering the MTC were male.
- Over three-fourths (77.4%) of offenders entering the MTC were Caucasian, nearly one-fifth (18.9%) were African American, and a small minority (1.9%) were Latino or Asian / Pacific Islander (1.9%).
- Almost 7 of every 10 (69.2%) of offenders starting in the MTC were single, 13.5% were married, 1.9% separated, and 15.4% divorced. None were widowed.
- Offenders beginning in the MTC reported having 0 to 4 dependent children, with a median number of children of 0.
- Just over half (52.8%) of offenders entering this supervision component had obtained a high school diploma and just under 1 in 5 (18.9%) completed a GED equivalency exam. About 1 in 9 (11.4%) offenders had obtained degrees beyond high school and 1 in 6 (17.0%) had less than a high school diploma.
- Of those entering MTC between 2009 and 2011, 22.6% lived in quadrant 4, 60.4% in quadrant 3, 3.8% in quadrant 2, and 9.4% in quadrant 1.
- 100.0% of those in this offender group had diagnoses related to alcohol or other substance abuse/dependence.
- 96.2% of those in this offender group had a secondary diagnosis on Axis I. 60.4% of those diagnoses were related to alcohol or other substance abuse/dependence. 20.9% received a secondary diagnosis of a mood disorder, 11.4% received an Anxiety Disorder diagnosis, and 7.6% received other diagnoses.
- On Axis II, 3.7% of offenders entering MTC were given a diagnosis of Antisocial Personality Disorder. These were the only Axis II diagnoses recorded.
- Almost 9 of 10 (88.7%) offenders were charged with Class D Felonies, and 1 in 14 (7.5%) with Class C Felonies. Misdemeanor charges were filed against a minority of entrants; Class A Misdemeanor charges were filed against 1 in 26 (3.8%) of the offenders in this sample.
- The majority of these offenders had primary charges of major driving offenses (90.5%). Just less than 1 in 26 was charged with drug offenses (3.8%) or property offenses (3.8%). Violent offenses charges were filed against less than 1 in 50 of these offenders (1.9%).
- Risk of re-offense was measured in various ways. However, few scores were consistently reported for those entering the MTC and there was substantial range across those that were recorded.

- Regarding program outcomes, 81.2% of those entering MTC from 2009 to 2011 were either still under supervision or had missing data. Using the entire sample, 10 offenders (18.8%) did not successfully complete their supervision.
- Although it is premature to make interpretations about those who were unsuccessful completing their supervision, the majority of non-completers were terminated for committing technical violations.

Section 1

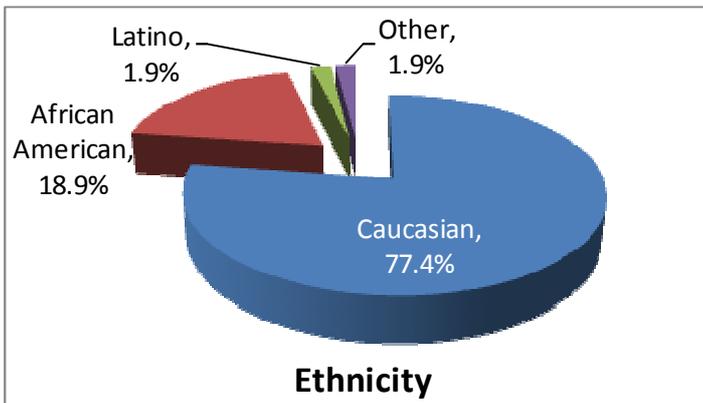
Who tends to enter the MTC?
2009-2011

Demographics of those entering the MTC between 2009 and 2011

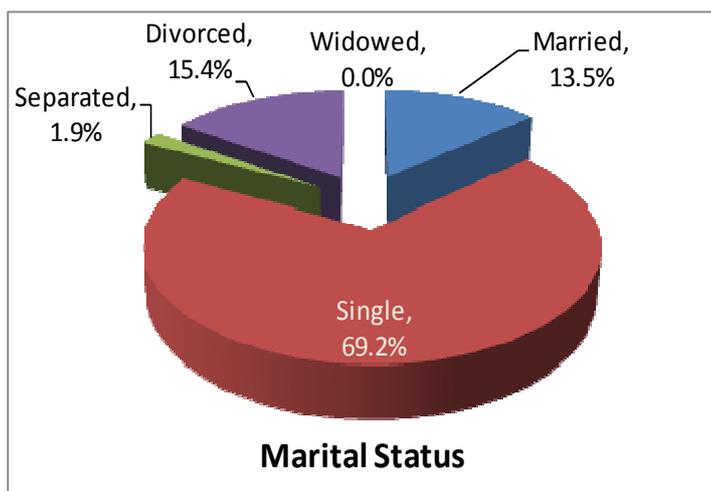


The number of offenders entering the Modified Therapeutic Community between 2009 and 2011 was 53.

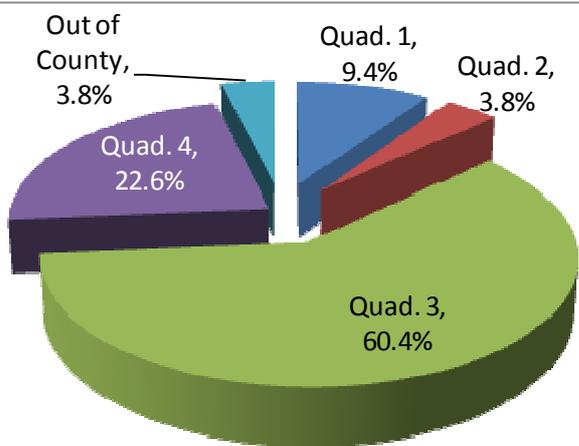
Offenders were on average 37.3 years of age (Standard Deviation [*SD*] = 1.4), with a range of just over 21 years of age (21.1) to just under 60 years of age (59.7). Approximately 4 in 5 (77.4%) were Caucasian, 1 in 5 African American (18.9%), 1 in 50 Latino (1.9%), and less than 1 in 50 (1.9%) other ethnicities (i.e., Asian). All offenders in MTC were male.



About 7 in 10 of the offenders were single (69.2%), with 3 in 10 who were married (13.5%), separated (1.9%), or divorced (15.4%). For these offenders, the *median* number of children reported was 0, with a range of 0-4 children.



Over 7 in 10 (71.7%) of the members of this group of offenders had obtained a high school diploma (52.8%) or a GED (18.9%) equivalency exam, and 71.2% had attended school for 12 years or more. More than 1 of every 10 (11.4%) offenders entering the Modified Therapeutic Community had obtained degrees beyond a high school diploma. 17.0% reported less than high school completed.



Residence by Quadrants in Allen County

Two (3.8% of the sample) of the offenders entering the Reentry Court Program between 2009 and 2011 resided outside of Allen County. More than three-fifths of the sample (60.4%) resided in Quadrant 3 and almost one-quarter (22.6%) of the offenders resided in Quadrant 4. The remainder, of almost one in seven (13.2%) of the offenders, lived in Quadrant 1 (9.4%) and Quadrant 2 (3.8%).

Mental Health and Substance Abuse Conditions

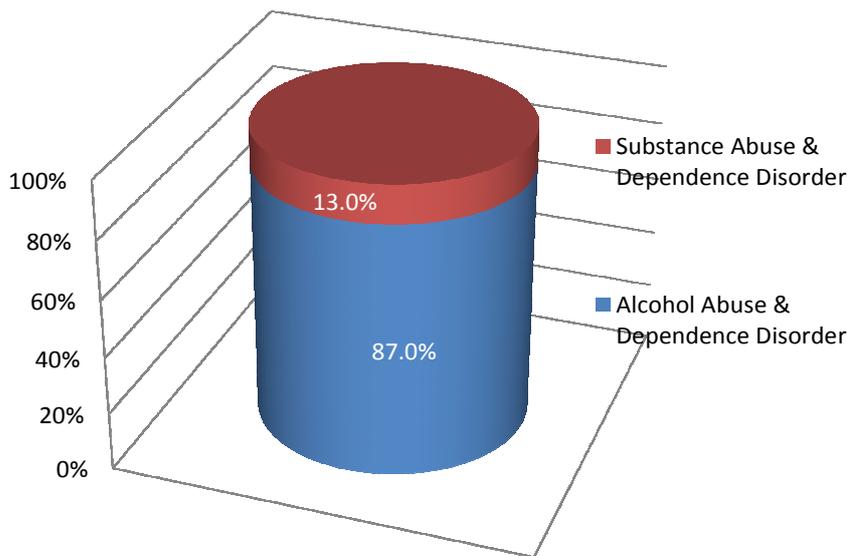
Axis I



Axis I Primary Diagnosis

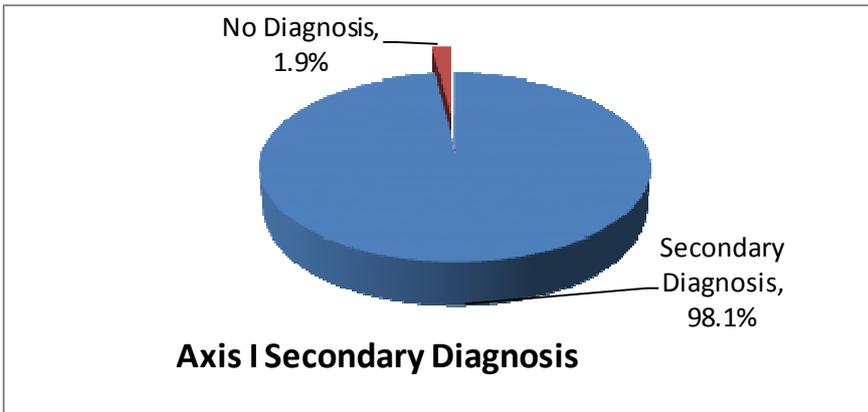
Offenders entering the Reentry Court Program between 2009 and 2011 were evaluated for mental disorders using the DSM-IV criteria.

Of the offenders in this sample, 100.0% of offenders in the MTC received a *primary* mental health diagnosis on Axis I.

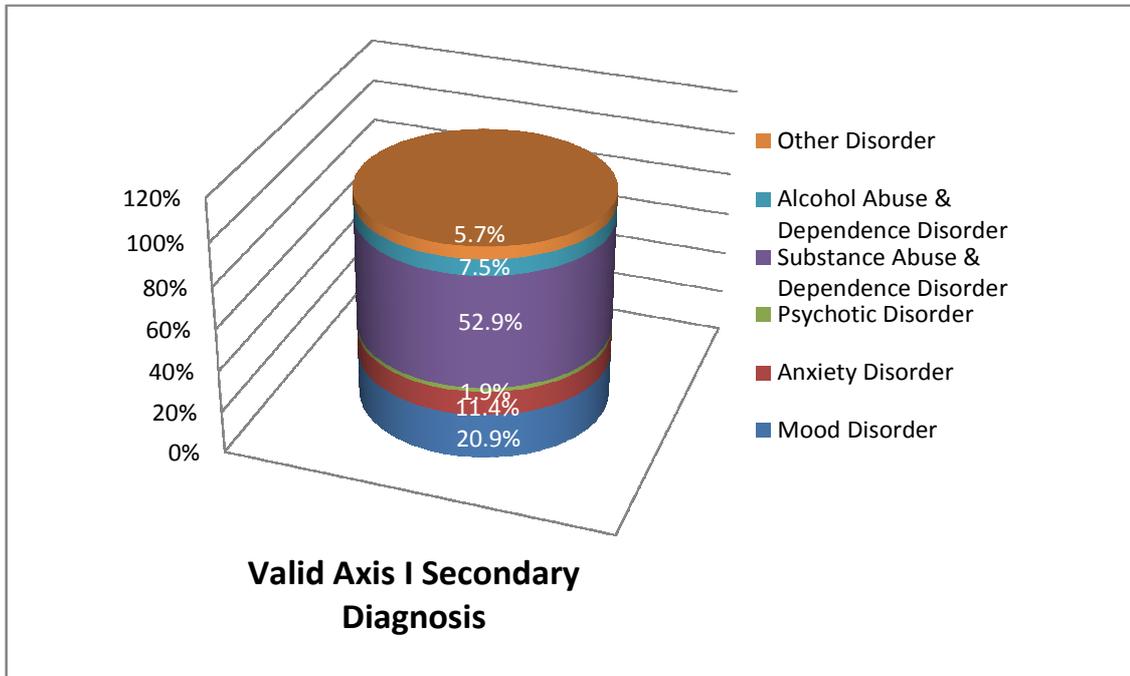


Valid Axis I Primary Diagnosis

For offenders receiving an Axis I diagnosis, the majority were given an alcohol use disorder (87.0%). Other diagnoses given were for disorders involving substances (13.0%).

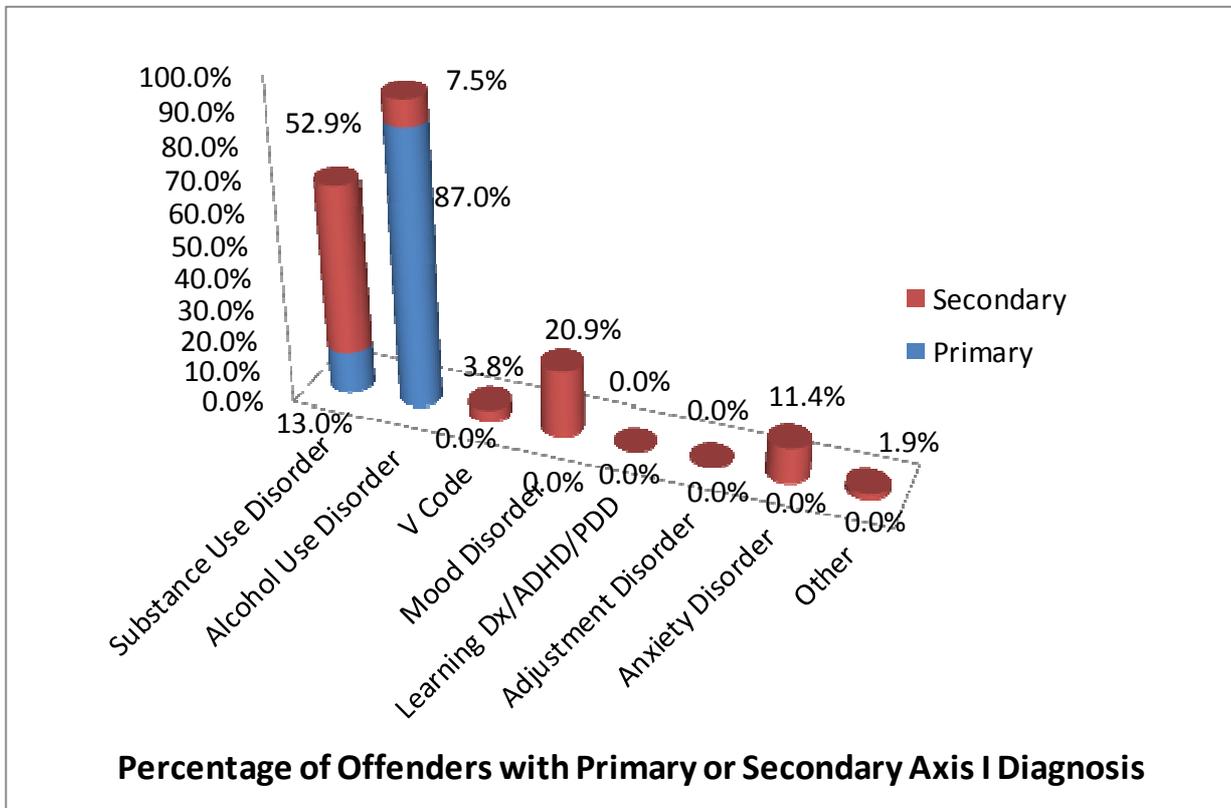


Of the offenders in this sample, 98.1% of offenders in the MTC received a *secondary* mental health diagnosis on Axis I.



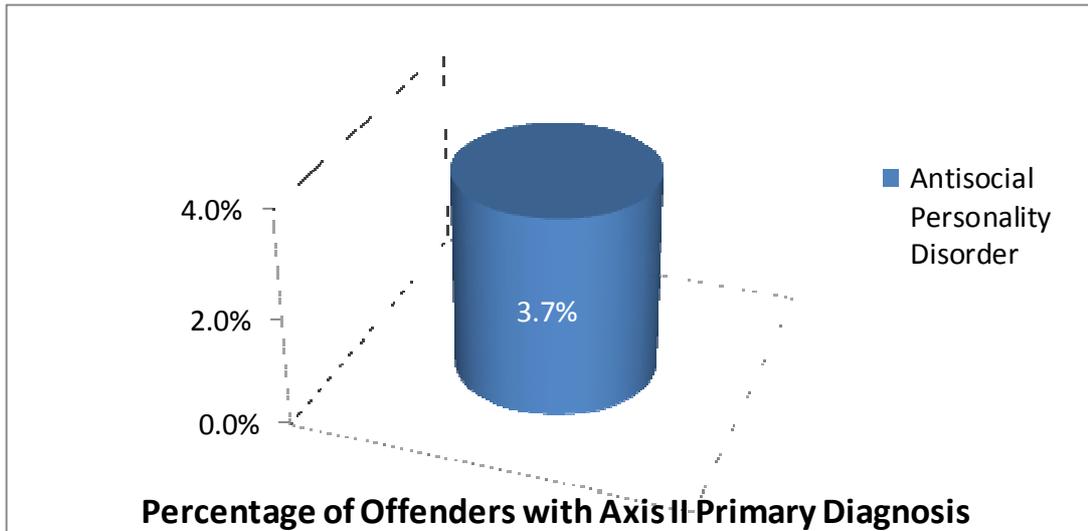
Over 60% percent of those with diagnoses involving use/abuse/dependence of substances (Cannabis 32.1%, Cocaine 13.2%, other substances 17.6%). Diagnoses involving alcohol were given to 7.5% of offenders. The remaining 40% of this offender sample were given diagnoses of Anxiety Disorders (11.4%), Mood Disorders (20.9%), Psychotic Disorders (1.9%), or other conditions (5.7%).

Almost 2 in 3 (65.9%) of those in this offender group was diagnosed with a primary (13.0%) or secondary (52.9%) Axis I disorder involving substance abuse or dependence. About 20 (94.5%) of those in this offender group had a primary (87.0%) or secondary (7.5%) diagnosis involving alcohol abuse or dependence. About 1 in 5 (20.9%) were given a primary (0.0%) or secondary (20.9%) diagnosis of a Mood Disorder. Anxiety Disorders were diagnosed in 11.4% of those entering the MTC (all secondary Axis I diagnoses). Just about 1 in 20 were diagnosed with V-code disorders (3.8%), all of which were secondary Axis I diagnoses. The remaining groups of diagnoses were found in only 1-2% of the MTC sample.



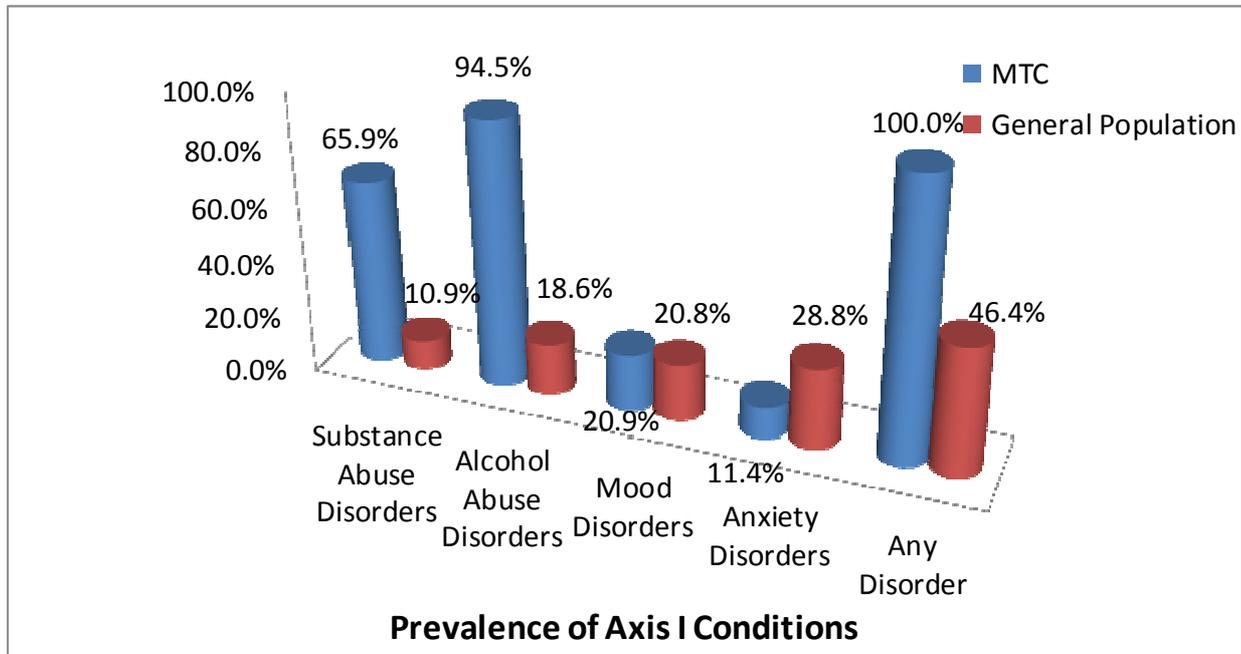
Axis II and Axis V Diagnoses

Of those offenders in MTC, 3.7% had an Axis II diagnosis given. These two individuals were diagnosed with Antisocial Personality Disorder. One offender was given no diagnosis, and the remaining 87.0% of the offenders had missing data for Axis II diagnosis.



The *Mean* score on Axis V (Global Assessment of Functioning) of the DSM-IV (APA, 1999) for these offenders was 46.8 with a standard deviation of 10.4. Scores in this range are typical of persons who report or are experiencing serious psychological symptoms and/or serious impairment in social, educational, or occupational functioning. Some may be experiencing impairment in reality testing and multiple functional impairments. The GAF scores for the sample ranged from 30 to 60.

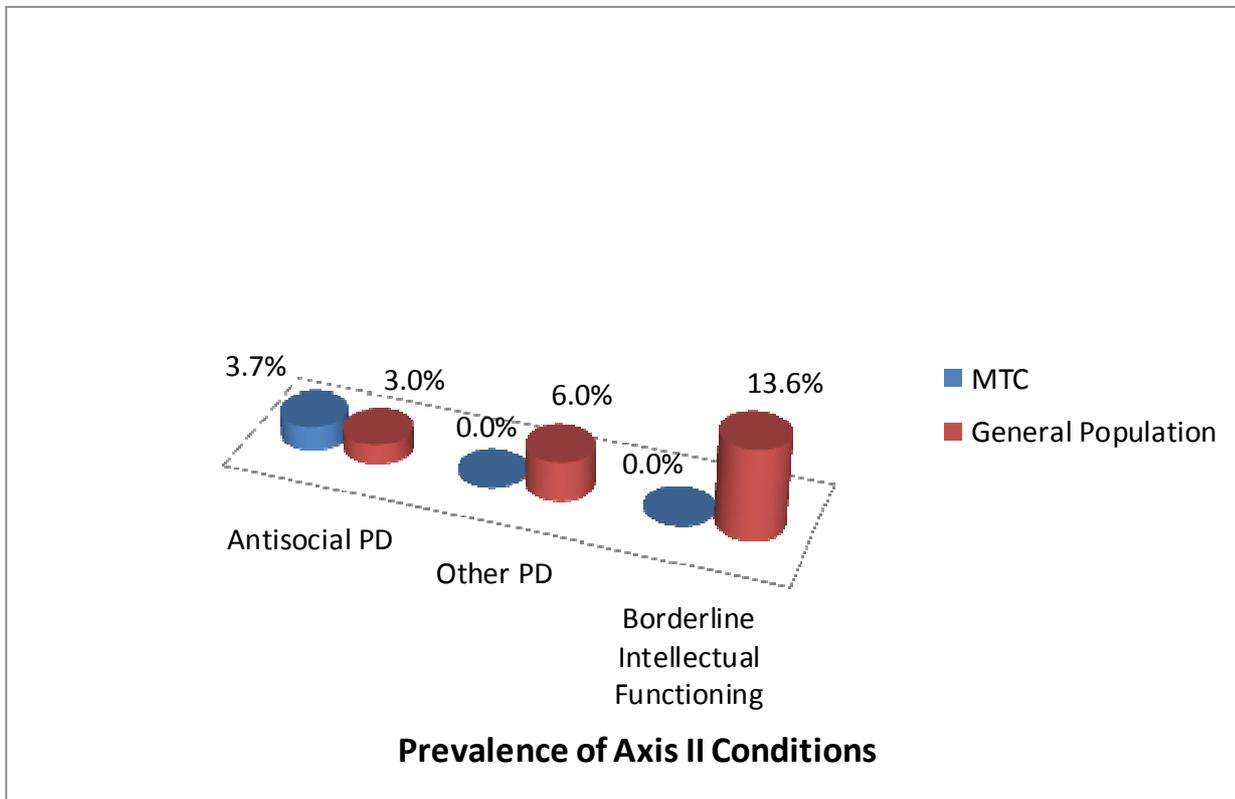
Prevalence of Axis I Conditions



Note: In the above graphic, prevalence rates (in percentage of the population) for Axis I primary diagnoses within the MTC population are compared to lifetime prevalence rates in the general US population (Kessler et al., 2005).

- Substance Use Disorders are 6.0 times more likely to be diagnosed in the MTC sample.
- Alcohol Use Disorders are 5.1 times more likely to be diagnosed in the MTC sample.
- Mood disorders are equally likely to be diagnosed in the MTC sample.
- Anxiety Disorders are 2.5 times less likely to be diagnosed in the MTC sample.
- These offenders are 2.2 times more likely to receive any Axis I diagnosis compared to the general population.

Prevalence of Axis II Conditions



Note: In the above graphic, prevalence rates (in percentage of the population) for Axis II diagnoses within the Reentry Court Program population are compared to lifetime rates in the general US population (DSM-IV-TR, 2000). Prevalence rates of Borderline Intellectual Functioning are estimated based upon normal curve equivalent.

- Anxiety Disorders are 1.2 times more likely to be diagnosed in the MTC sample.

Other personality disorders and borderline intellectual functioning were not seen in this sample, making comparison of diagnosis with national prevalence rates for the disorders unjustified.

Section 2

What types of offenses are committed leading to referral to the MTC?

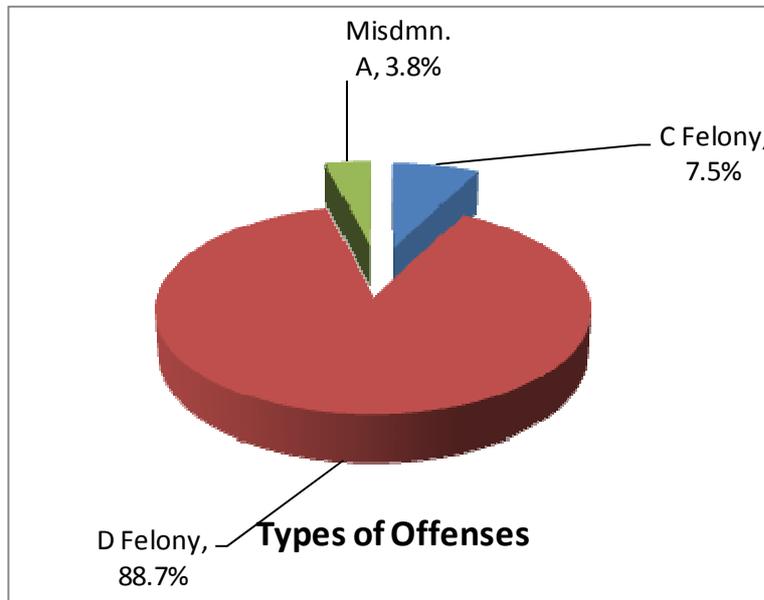
Types of Offenses Committed

The chart below shows the percent of primary offenses for offenders entering the Modified Therapeutic Community Program. A large majority of those entering the MTC (90.5%) were charged with major driving offenses. The other nearly 1 in 10 offenders were charged with drug offenses (3.8%), property offenses (3.8%), and violent offenses (1.9%).

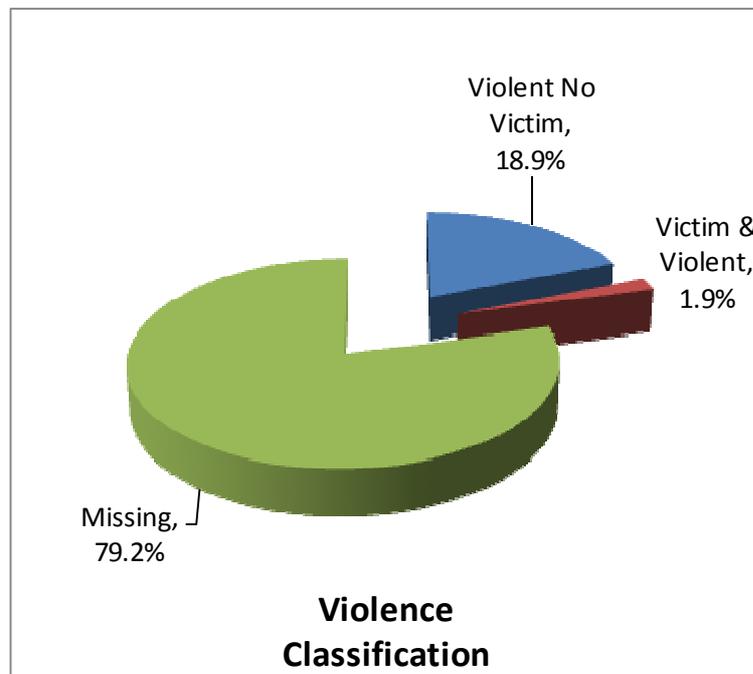
The average number of prior Indiana Department of Correction (IDOC) commitments for those entering MTC was 1.4 ($SD=2.7$), with a range of 0-12. The *Median* number of prior commitments was 0.

Primary Offense	%
Violent offenses	1.9%
Property offenses	3.8%
Drug offenses	3.8%
Major driving offenses	90.5%

A large majority of offenders (88.7%) had been charged with Class D felonies, and (7.5%) were charged with Class C felonies. A very small percentage (3.8%) of the offenders were admitted to the MTC because of a violation of a Class A Misdemeanor offense.

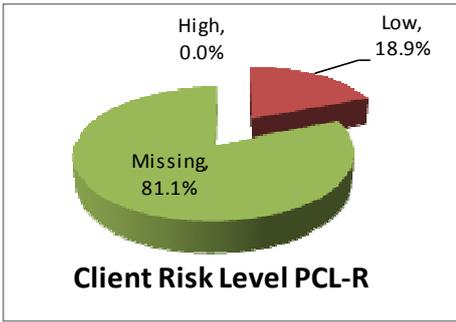


While violence classification was missing for nearly four-fifths (79.2%) of the sample, the 20% who were charged with crimes were considered to be violent but involve no victim (18.9% of the overall sample entering MTC) and only 1.9% involved violence and a victim.



Section 3

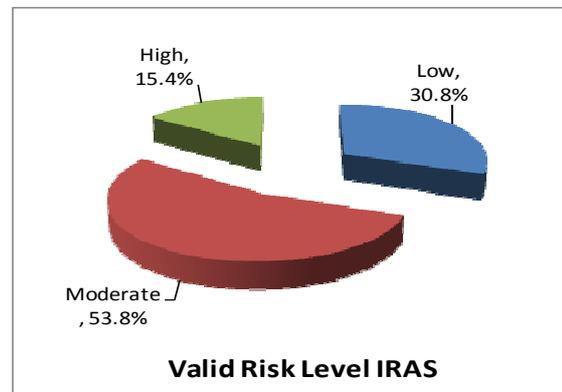
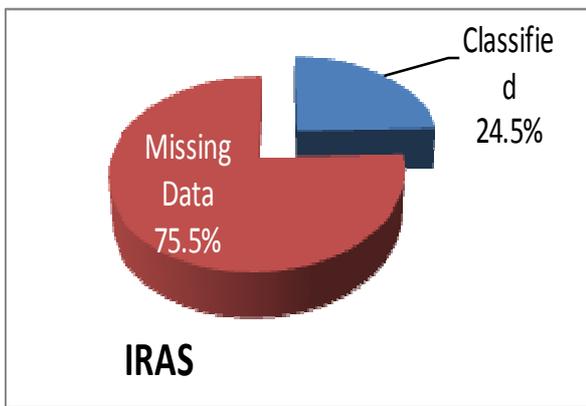
What level of risk do MTC offenders demonstrate?



Very few offenders had PCL-R scores recorded ($n = 10$, 18.9% of total cases). Of these offenders, all were at low risk of reoffending according to the PCL-R.

Very few offenders had IRAS scores recorded ($n = 13$, 24.5% of total cases). Of these offenders, about 15% ($n=2$) were considered to be at High Risk of reoffending.

A majority of offenders were at Moderate Risk (53.8%, $n=7$) and about a third (30.8%, $n=4$) were at low risk of reoffending.

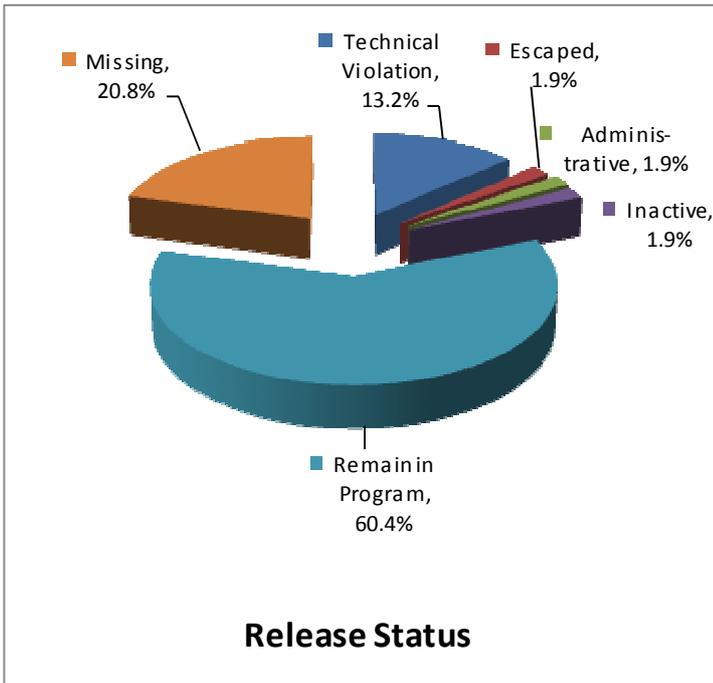


IRAS Scores	Mean	SD
Total at entry	17.9	5.0
Criminal History	4.9	2.0
Education, Employment, Financial	2.9	1.0
Family and Social Support	0.9	1.4
Neighborhood Problems	0.8	0.9
Substance Abuse	2.2	1.1
Peer Associations	2.9	1.8
Criminal Attitudes/Behaviors	3.5	1.5

Scores on the total and on components of the IRAS are shown in the table on the left. Criminal history had the highest score ($Mean = 4.9$, $SD = 2.0$). The $Mean$ score for criminal attitudes and behavior was 3.5 ($SD = 1.5$). Education, employment and financial situation had a $Mean$ score of 2.9 ($SD = 1.0$). Scores on the peer associations component was 2.9 ($SD = 1.8$), substance abuse 2.2 ($SD = 1.1$), family and social support had a mean score of 0.9 ($SD = 1.4$), and neighborhood problems 0.8 ($SD = 0.9$).

Section 4

How successful are offenders in completing the MTC?

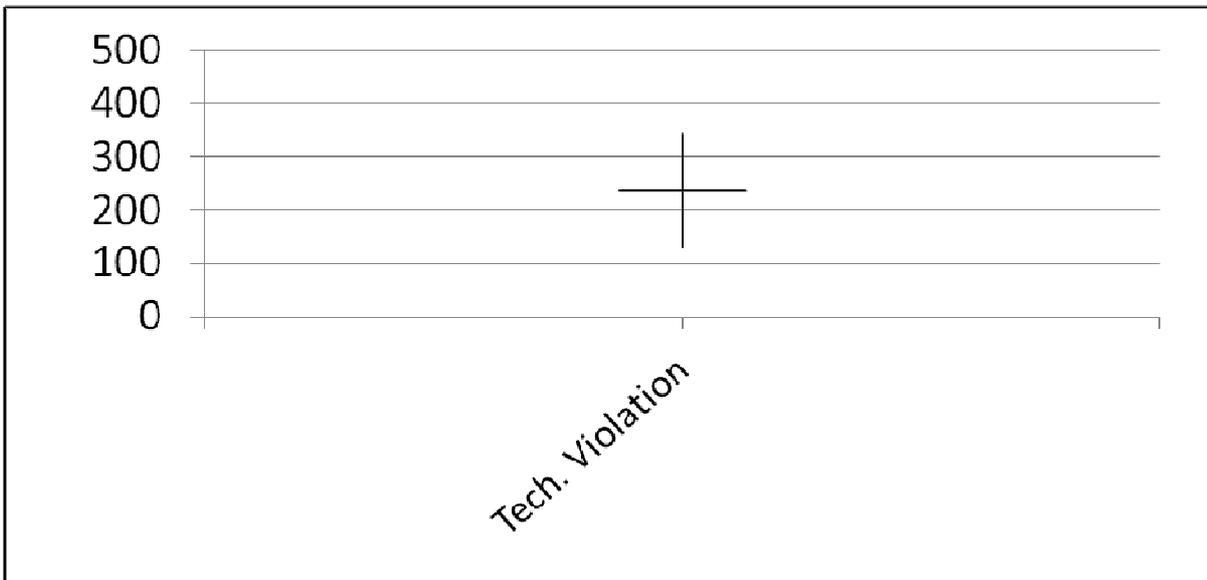


Because the MTC began in October 2010, the program has had limited time to establish rates of successful completion. In fact, three-fifths (60.4%) of offenders entering this supervision remain in program. About one-fifth (20.8%) are missing data on their status.

Of the remaining 18.8% (n=10) who did not finish the program:

- 7 committed technical violations
- 1 was administratively released
- 1 was labeled as escaped
- 1 was labeled inactive

Time in program was also calculated for those offenders whose departure was the result of committing a technical violation. For these offenders, Mean length of time in program was 237.1 (*SD* = 107.1) days. The figure below represents this information. Horizontal lines represent the mean length of time on program. The vertical lines represent the range encompassing +/- 1 standard deviation.



Section 5

What relationships exist between items 1-4 and program completion?

The Modified Therapeutic Community was initiated in October 2010. Because of the relative newness of the program, there is a very small sample of offenders who have been released from the program. All offenders terminated from supervision (8 of 53) during the three years under investigation were identified. Characteristics of these offenders are presented below. However, caution is warranted in the interpretation of the findings as the small sample size is likely not satisfactorily representative of the larger population of offenders who are currently in supervision and will move through the MTC.

Of the 8 offenders terminated from MTC:

- 5 of the 8 offenders were residents of quadrant 3 at intake; 2 lived in quadrant 4, and 1 in quadrant 1.
- 5 offenders were White and the remaining three were African American.
- Mean age at intake was 33.7 years, with a range from 21 to 46.
- 7 of the 8 offenders were single; the 8th offender was separated.
- 4 of the 8 offenders reported at least 12 years of school; though 6 reported having earned a GED, high school diploma, or associates degree.
- 5 out of the 8, or 62.5% of the offenders terminated from the program were given a diagnosis of alcohol dependence, and two had primary diagnoses Axis I of substance dependence. Secondary Axis I diagnoses included substance dependence (n=3), anxiety disorders (n=2), alcohol abuse (n=1), and mood (n=1) disorders. None had an Axis II diagnosis. Mean GAF was 40.0 (n=3), suggesting serious psychological symptoms and/or serious impairment in social, educational, or occupational functioning.
- 3 offenders had no prior IDOC commitments; 2 offenders had 1 prior IDOC commitment; the remaining three offenders had 2, 11, and 12 prior IDOC commitments.
- 5 of these 8 (62.5%) offenders had committed DWI/DUI, 1 of 8 (12.5%) had committed theft, 1 of 8 (12.5%) had committed burglary, and 1 (12.5%) was a habitual violator of traffic laws.
- The mean risk level on the Hare PCL-R for offenders terminated from the program (n=2) was 17.5 (Range = 14-21). These scores put offenders in the low risk category on the PCL-R.
- 50% (n=4) were referred by Circuit Court while 25.0%, 12.5% and 12.5% were referred by the Indiana Department of Correction, the Superior Court, and Probation respectively.

Section 6

How frequent is recidivism and what form does that recidivism take?***

The Modified Therapeutic Community was initiated in the October of 2010. Because of the relative newness of the program, recidivism data for this program is not yet available. Future program evaluation efforts should examine recidivism of offenders entering this program.

Section 7

What relationships exist between items 1-4
and recidivism?*

The Modified Therapeutic Community was initiated in October of 2010. Because of the relative newness of the program, recidivism data for this program is not yet available. Future program evaluation efforts should examine recidivism of offenders entering this program.