Allen County Community Corrections

Pretrial Day Reporting

Report for Calendar Years 2009-2011

Joseph Hansel, Ph.D. and Jacqueline Wall, Ph.D.

Pretrial Day Reporting Impact Evaluation

Introduction
The following report summarizes the major evaluation findings examining the Pretrial Day Reporting Program (PDR).

The report is designed with the following questions as organizing principles:
1. Who tends to enter the PDR?
2. What types of offenses are committed leading to referral to the PDR?
3. What level of risk do PDR offenders demonstrate?
4. How successful are offenders in completing the PDR?
5. What relationships exist between items 1-4 and program completion?
6. How frequent is recidivism and what form does that recidivism take?
7. What relationships exist between items 1-4 and recidivism?

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.

Pretrial Day Reporting Program Description

Information in this section was provided by Allen County Community Corrections.

An offender is referred from Circuit Court to participate in the Community Assessment and Supervision Team (C.A.S.T.) for committing their second or more Operating While Intoxicated charge during the pre-trial stage. The offender receives notification from jail staff instructing them to report to Allen County Community Corrections upon release from jail for intake into C.A.S.T. At intake the offender is read the rules and asked to sign and given specific times to daily report for breath tests and frequent urine drug screens. An appointment for an initial mini mental health screen is scheduled to determine if further mental health testing is required. Also at this time the Pre-Trial Supervision Tool of the IRAS Risk Assessment is given to the offender to determine the offender's risk level. The offender is charged for daily supervision, any urine drug screens secured, the initial mini mental health screen and the full forensic evaluation if required.

A brief interview is conducted with an Intake Case Manager and the offender. This interview consists of questions that have been adapted from the Modified MINI Screen (MMS). The purpose of the MMS is to identify offenders who may have a high likelihood of having a mental disorder. A high score on the MMS would indicate the need for a more thorough mental health assessment. The MMS is a 22 item questionnaire tool that uses gateway items that relate to symptoms of distress that may be related to psychological illness. This tool is not used to make formal diagnoses. A screening tool should never replace critical observations by staff. Final decisions regarding the need for further mental health assessment and treatment are based on best clinical judgment on a case-by case basis taking into account the individual needs of the offender. Information gathered from the MMS allows for the opportunity at the end for the interviewer to gather more information from the offender such as the elaboration of past

mental health treatment and/or psychiatric services. If the offender answers affirmatively to questions related to suicide, the interviewer shall immediately locate a Clinical Division staff member who will assess for current suicidal ideation and whether further action need to be taken at that time in order to protect the offender. Additional information shall be gathered such as information regarding an offender's drug and alcohol history, which may shed some light into an offender's reported distress. These interview items include the offender's perceived substance related problems, the amount and frequency of substance use, past treatment involvement and perceptions of family and friends regarding their use.

The Personality Assessment Screener (PAS) is a self-administered twenty-two (22) item tool that is used to assess for the need for further mental health testing and a comprehensive evaluation. The Intake Case Manager instructs the offender of how to properly complete this test at their initial testing appointment. It is used in conjunction with the MMS and drug and alcohol history and assess for a broad range of clinical problems. Scores on the PAS indicate the probability that an offender would obtain elevations on the PAI that would suggest the presence of mental health symptoms.

The Texas Christian University Drug Screen (TCUDS) is a self-administered tool used to screen for the presence of drug dependence versus drug abuse. The version used by Allen County Community Corrections has been adapted (with permission from its developers) to include information that may indicate the presence of alcohol dependence or alcohol abuse. The TCUDS includes questions regarding the offender's own perception of their substance problem and readiness for treatment. This tool should not be used solely to make a diagnosis for drug or alcohol dependence. The offender also completes this self-assessment at their initial testing appointment.

Upon completion of the initial testing, the information is collected by the interviewer and is given to the Clinical Division Coordinator for final review and determination of the need for a full mental health evaluation. The Clinical Division Section Chief develops a Forensic Supervision Summary that includes the initial testing information which indicates the need for a comprehensive mental health evaluation or if the need, at that time, is determined unnecessary.

During C.A.S.T. staffing the team members staff each offender under supervision providing updates of their progress, any violations received or next steps needed. If an offender needs to complete a full mental health evaluation the C.A.S.T team schedules the offender for testing at the next available date.

Once an offender is found to be eligible for the Restoration Court a document is prepared by the C.A.S.T. team along with the Mental Health Evaluation to present to the Court for consideration for sentencing to the Restoration Court. The offender must be found to be dually diagnosed with a mental illness and a substance abuse related diagnosis. During this time, the offender is also screened for eligibility of placement on the electronic monitoring program at Allen County Community Corrections.

Preparation of this Evaluation Report

The information presented in this report examines those who entered supervision, left supervision and completed the three year follow-up between January 1, 2009 and July 14, 2011. During this time, a total of 1047 offenders entered supervision, 1019 entered supervision after January 1, 2009 and completed supervision in the aforementioned time frame, and only 6 completed their 3 year post follow-up recidivism check during this time period. The information used to prepare this report was extracted from the Allen County data base

and provided to the evaluators on July 14, 2011. 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 – intake, exit, and three-year recidivism and 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.

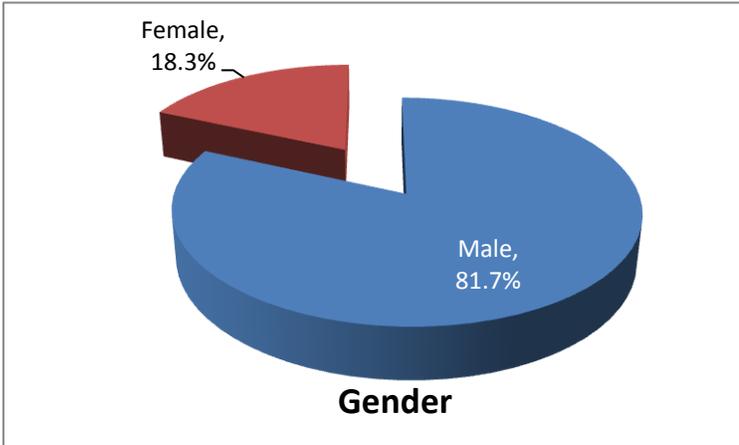# Summary of Evaluation Findings – Pretrial Day Reporting

- Offenders entering supervision were on average, 35.6 years of age, with a range from 19 years of age to just under 70 years of age (68.5).

- 81.7% of offenders entering supervision were male.

- 64.7% entering supervision were Caucasian, 25.7% were African American and 8.7% were Latino.

- 64.1% of offenders entering supervision were single, 13.2% were married, 4.6% separated, 17.2% divorced and 0.5% widowed.

- Offenders reported having 0 to 24 dependent children, with a median number of children of 0.

- At entry into supervision, 54.3% of offenders had obtained a high school diploma and 18.5% completed a GED equivalency exam. Less than three percent (2.9%) had obtained degrees beyond high school and 19.4% had less than a high school diploma.

- Of those entering RCP between 2009 and 2011, 29.3% lived in quadrant 4, 17.5% in quadrant 3, 22.0% in quadrant 2, and 19.8% in quadrant 1. More than 1 in 10 (10.8%) lived out of the county.

- 33.5% of those in this offender group had a primary diagnosis on Axis I. Of those receiving a primary diagnosis on Axis I, 88.3% were related to alcohol and 11.4% were related to other substance abuse/dependence. Only 0.3% received a primary diagnosis of a mood disorder or V code.

- 30.4% of those in this offender group had a secondary diagnosis on Axis I. Of those diagnosed with secondary diagnosis on Axis I, 55.8% of those diagnosed were related to alcohol or other substance abuse/dependence. Similarly, 19.2% received a primary diagnosis of a mood disorder or V code.

- Of those diagnosed on Axis II, 40.8% of offenders were given a diagnosis of Antisocial Personality Disorder. An additional 5.4% were diagnosed with other personality disorders and 8.5% were given a diagnosis of Borderline Intellectual Functioning. Finally 45.4 received no diagnosis or were deferred.

- A large majority (96.2%) of the offenders had been charged with Class B felonies. about 1 in 30 (3.5%) were charged with Class C felonies. A very small percentage of offenders had committed Class A or B misdeameanors (0.2% and 0.1% repectively).

- 96.3% of offenders were arrested for driving while intoxicated and another 3.5 were arrested for other traffic violations. One offender was arrested for forgery, and one was arrested for resisting arrest.

- Risk of re-offense was measured in various ways. According to the IRAS, of those receiving a risk level, 34.8% were found to have High Risk levels. According to the LSI-R, of those receiving a risk level, 33.3% were found to have at least moderate levels of risk to reoffend.

- Regarding program outcomes, 6.6% of those entering RCP from 2009 to 2011 were either still under supervision or had missing data. Using the entire sample, 71.1% successfully completed the program, 0.6% reoffended and received new charges while in the program, 19.3% committed a technical violation, 2.3% were transferred, were inactive and had other unidentified completion classifications.

- Those who successfully completed their supervision were more likely to be older, have fewer prior commitments, of majority ethnicity, likely lived in quadrant 2, and had more years of education. In addition, successful completion was more frequently seen among offenders with lower levels of risk. Those who lived in quadrant 4 were less likely to complete their supervision.

Section 1

Who tends to enter PDR?
2009-2011

Demographics of those entering the PDR between 2009 and 2011

Gender

- Female, 18.3%
- Male, 81.7%

Ethnicity

- Latino, 8.7%
- Other, 1.0%
- African Am, 25.7%
- Caucasian 64.7%

Marital Status

- Widowed, 0.5%
- Missing, 0.1%
- Married, 13.2%
- Separated, 4.6%
- Divorced, 17.2%
- Single, 64.1%

The number of offenders entering Reentry Court between 2009 and 2011 was 1047.

Offenders were on average 35.6 years of age (Standard Deviation [SD] = 10.7), with a range from 19 years of age to just under 70 years of age (68.5). Offenders were largely male (81.7%). Approximately 2/3 (64.7%) were Caucasian, a quarter African American (25.7%), 1 in 12 Latino (8.7%) and about 1 in 200 (0.5%) other ethnicities (e.g., Asian, Native American).
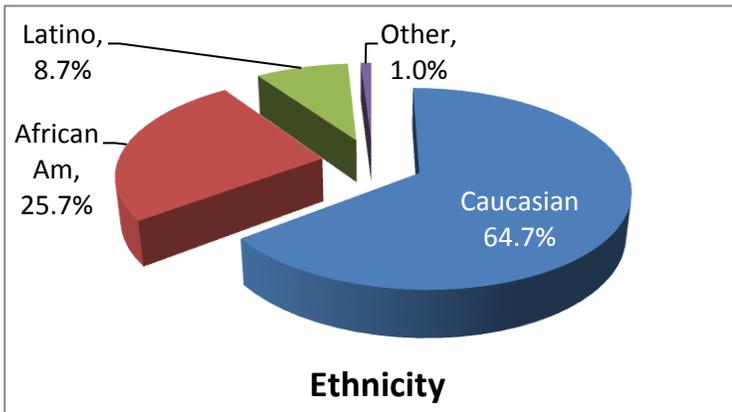
About 2/3 of the offenders were single (64.1%), married (13.2%), separated (4.6%), divorced (17.2%), or widowed (0.5%), and 0.1% were missing data. For these offenders, the median number of children reported was 0, with a range of 0-24 children.
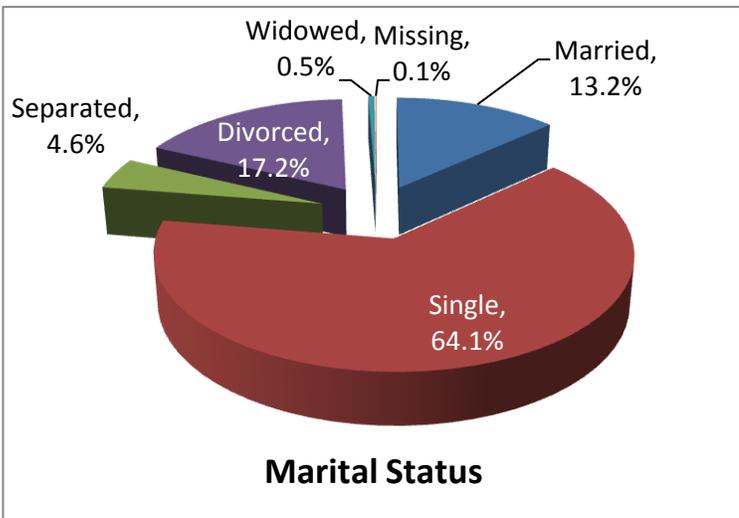
Nearly 3 in 4 (72.8%) of the members of this group of offenders had obtained a high school diploma (54.3%) or a GED (18.5%) equivalency exam, and 2 in 3 (66.4%) had attended school for 12 years or more. About 1 in 34 (2.9%) of those in the Pretrial Day Reporting Program had obtained degrees beyond a high school diploma.
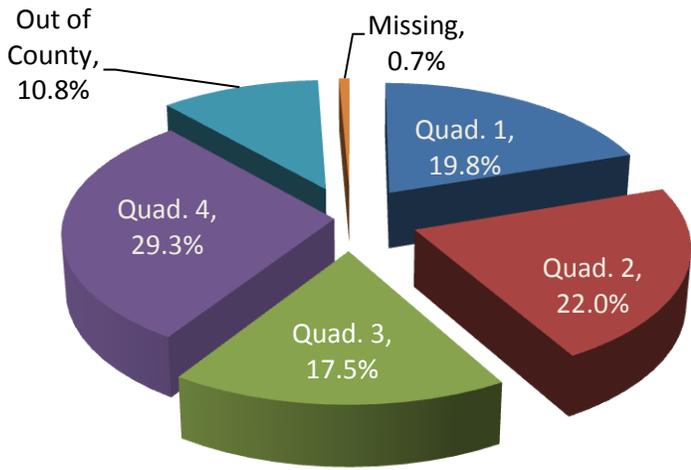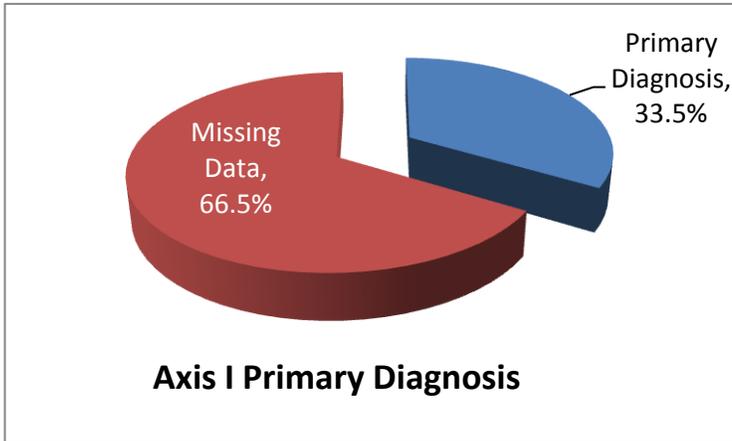
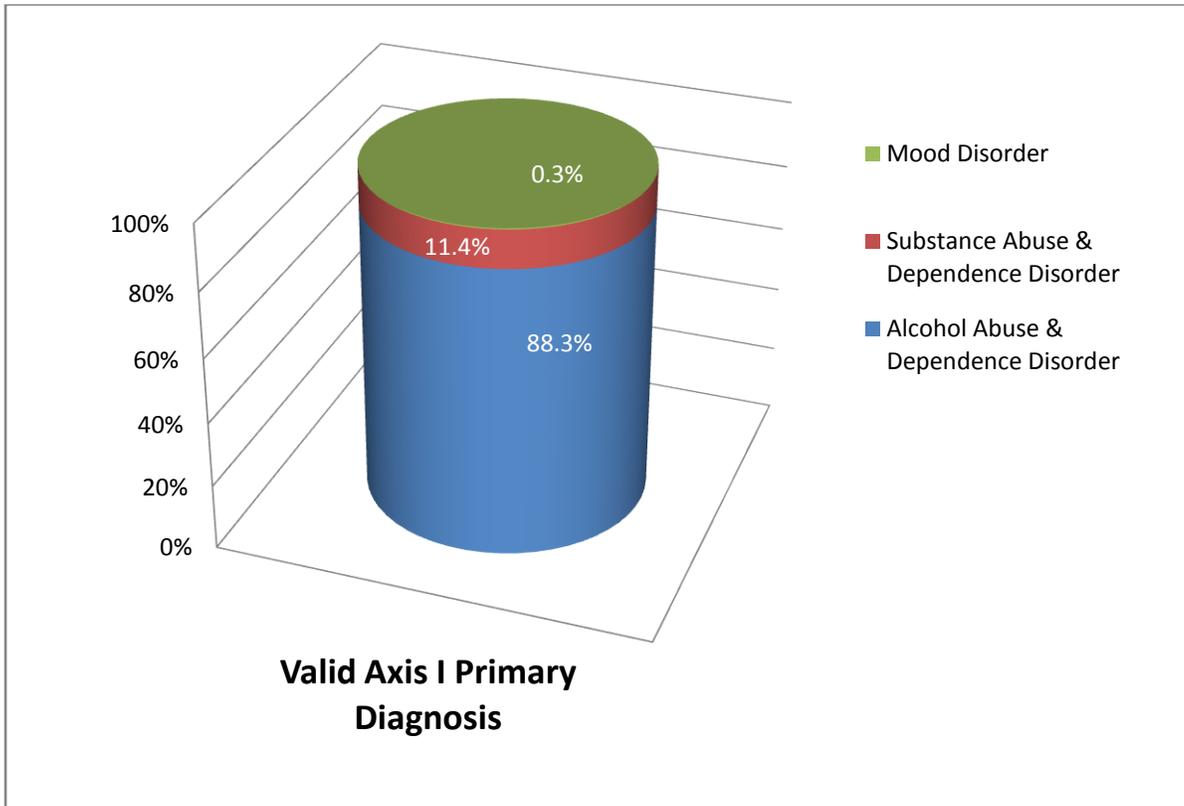**Residence by Quadrants in Allen County**

Nearly 3 in 10 (29.3%) of the offenders resided in Quadrant 4, and just over 1 in 5 (22.0%) resided in Quadrant 2. The remaining offenders lived in Quadrant 1 (19.8%), Quadrant 3 (17.5%), or lived out of county (10.8%). This data was missing for 0.7% of the offenders.

# Mental Health and Substance Abuse Conditions
Axis I

Offenders entering PDR between 2009 and 2011 were evaluated for mental disorders using the DSM-IV criteria. Of the offenders in this sample, 33.5% of offenders in the RCP received a *primary* mental health diagnosis on Axis I. About one third (66.5%) either had no diagnosis or the data were missing.

Axis I Primary Diagnosis

Primary Diagnosis, 33.5%

Missing Data, 66.5%

Valid Axis I Primary Diagnosis

- Mood Disorder
- Substance Abuse & Dependence Disorder
- Alcohol Abuse & Dependence Disorder

0.3%

11.4%

88.3%

Of those receiving a primary diagnosis most (88.3%) were diagnosed with alcohol dependency and abuse. About 1 in 10 (11.4%) received a substance dependence and abuse diagnosis and a small percentage (0.3%) were diagnosed with a mood disorder.
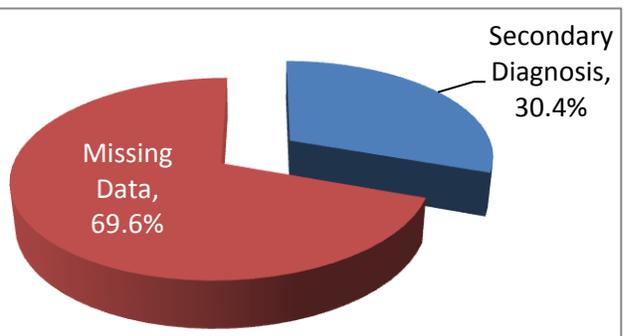
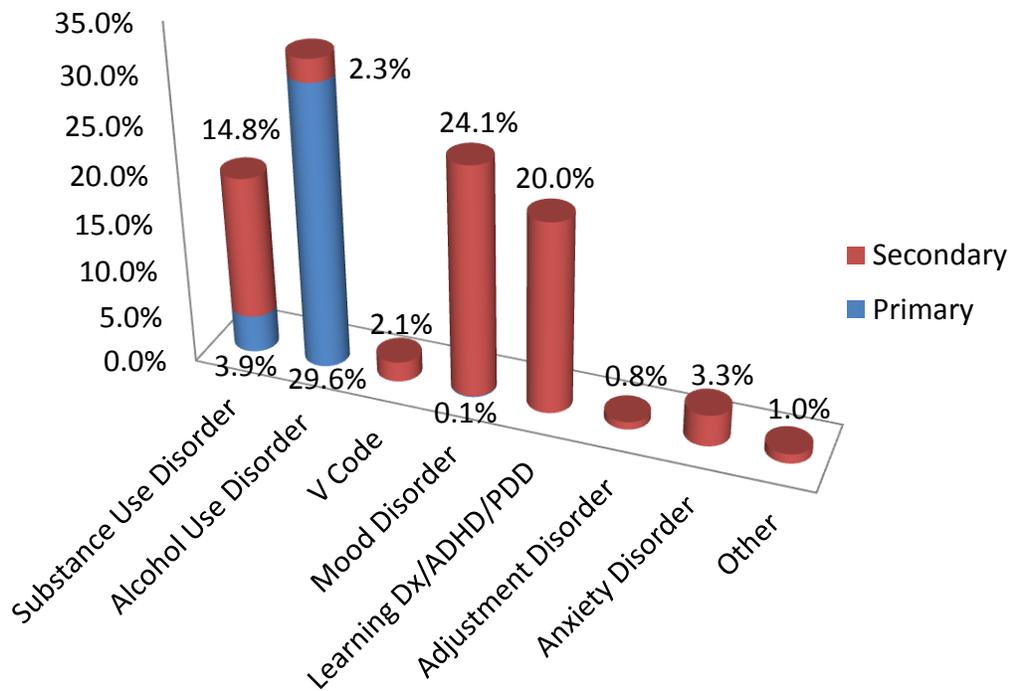**Axis I Secondary Diagnosis**

Of the offenders in this sample, 30.4% of offenders in PDR received a *secondary* mental health diagnosis on Axis I. Those not receiving a secondary diagnosis were classified as missing data on this graph.
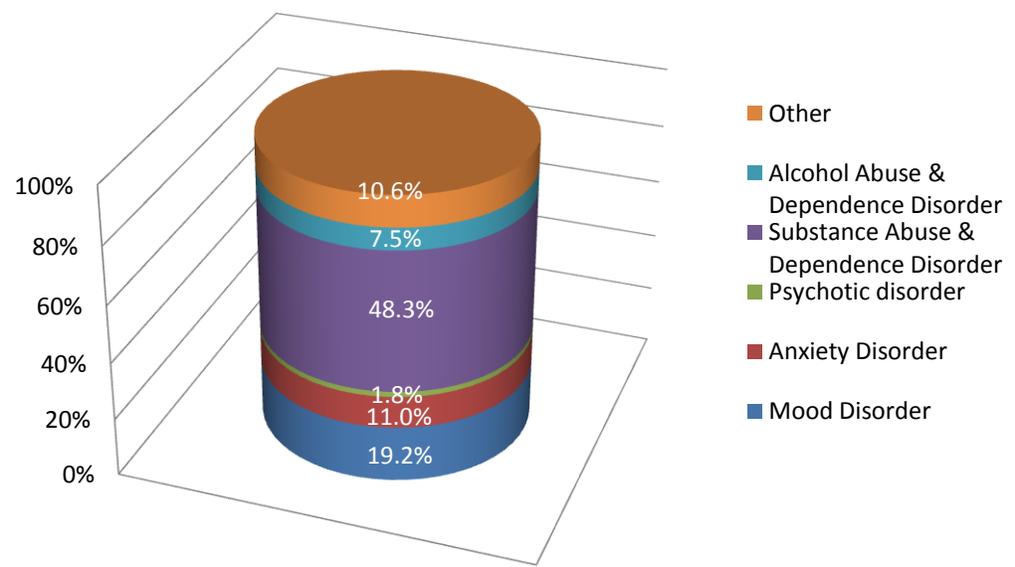

Valid Axis I Secondary Diagnosis

Of those receiving a secondary diagnosis on Axis I, about 1 in 5 (19.2%) were diagnosed with a mood disorder, about 1 in 10 (11.0%) were diagnosed with an anxiety disorder, and about 1 in 50 (1.8%) were diagnosed with a psychotic disorder. A plurality (48.3%) were diagnosed with a substance abuse disorder, 1 in 13 (7.5%) were diagnosed with alcohol dependence and 1 in 10 (10.6%) had other diagnoses. Other diagnosis consisted of V-codes (6.9%), adjustment disorders (2.5%), ADHD (0.6%), and miscellaneous diagnoses (0.6%).

About 2 in 10 (18.7%) of those in this offender group had primary (3.9%) or secondary (14.8%) diagnoses on the Axis I disorders involving substance abuse or dependence. About 3 in 10 (31.9%) of those in this offender group had primary (29.6%) or secondary (2.3%) diagnoses of the Axis I disorders involving alcohol abuse or dependence. About 1 in 4 (24.2%) of offenders in this group had primary (0.1%) or secondary (24.1%) diagnosis of Mood Disorders. Also, just over 2 in 100 were diagnosed with V-code disorders (2.1%). One in five (20.0%) of offenders were given a secondary diagnosis of a Learning Disability/ADHD/PDD. Just over 3 in 100 (3.3%) received a secondary diagnosis of an Anxiety disorder. Other diagnoses and adjustment disorders made up 1.8% of the remaining diagnosable conditions.

Percentage of all Offenders with Primary or Secondary Axis I Diagnosis

Axis II and Axis V Diagnoses


Axis II Primary Diagnosis
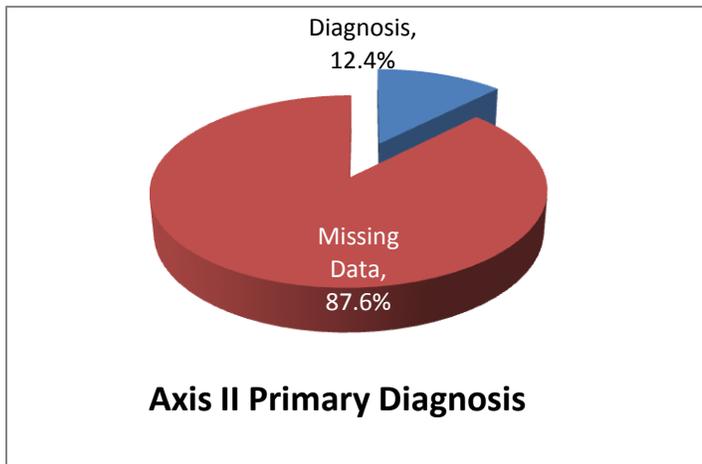
Of the offenders entering PDR between 2009 and 2011, 12.4% received a diagnosis on Axis II. Of those with a diagnosis, just over 2 in 5 (40.8%) were diagnosed with Antisocial Personality Disorder (ASPD). Other Personality Disorders (PD) were diagnosed in 5.4% of this offender group (Schizoid PD=0.8%, Borderline PD=3.8%, Avoidant PD=0.8%). Less than 1 in 10 (8.5%) were diagnosed with Borderline Intellectual Functioning (7.7%) or Mild Mental Retardation (0.8%). No diagnosis (36.2%) or a deferred diagnosis (9.2%) was given to 45.4% of those diagnosed.

Valid Axis II Primary Diagnosis
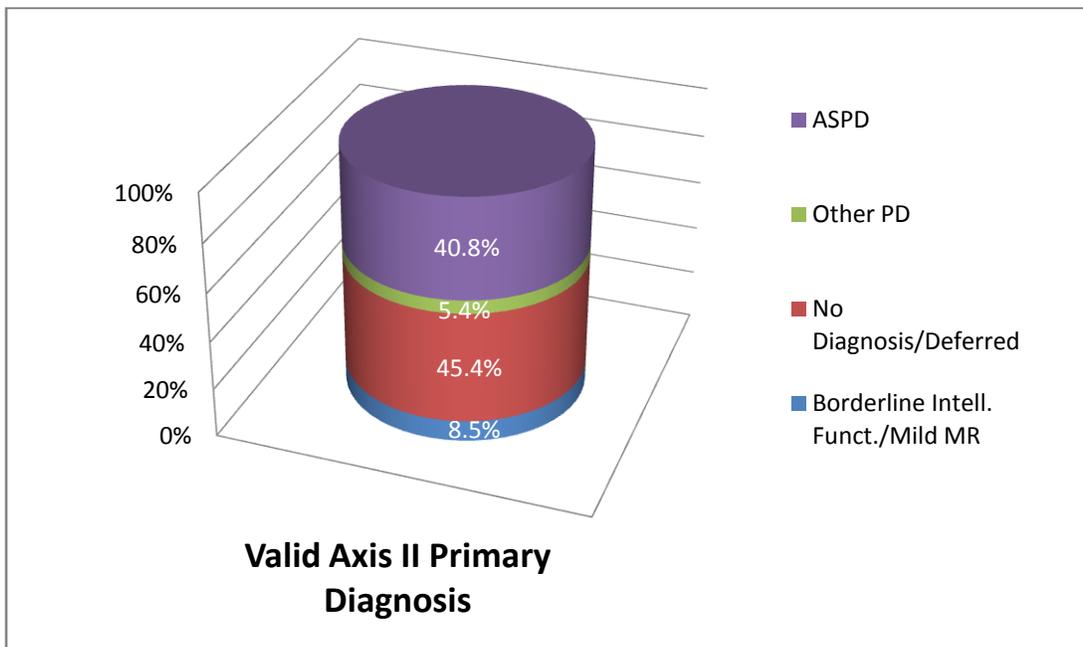
The *Mean* (n = 343) score on Axis V (Global Assessment of Functioning) of the DSM-IV (APA, 1999) for these offenders was 55.9 with a standard deviation of 11.1. Scores in this range are typical of those who report moderate psychological symptoms and/or moderate impairment in social, educational, or occupational functioning. The GAF scores for the sample ranged from 21 to 80.
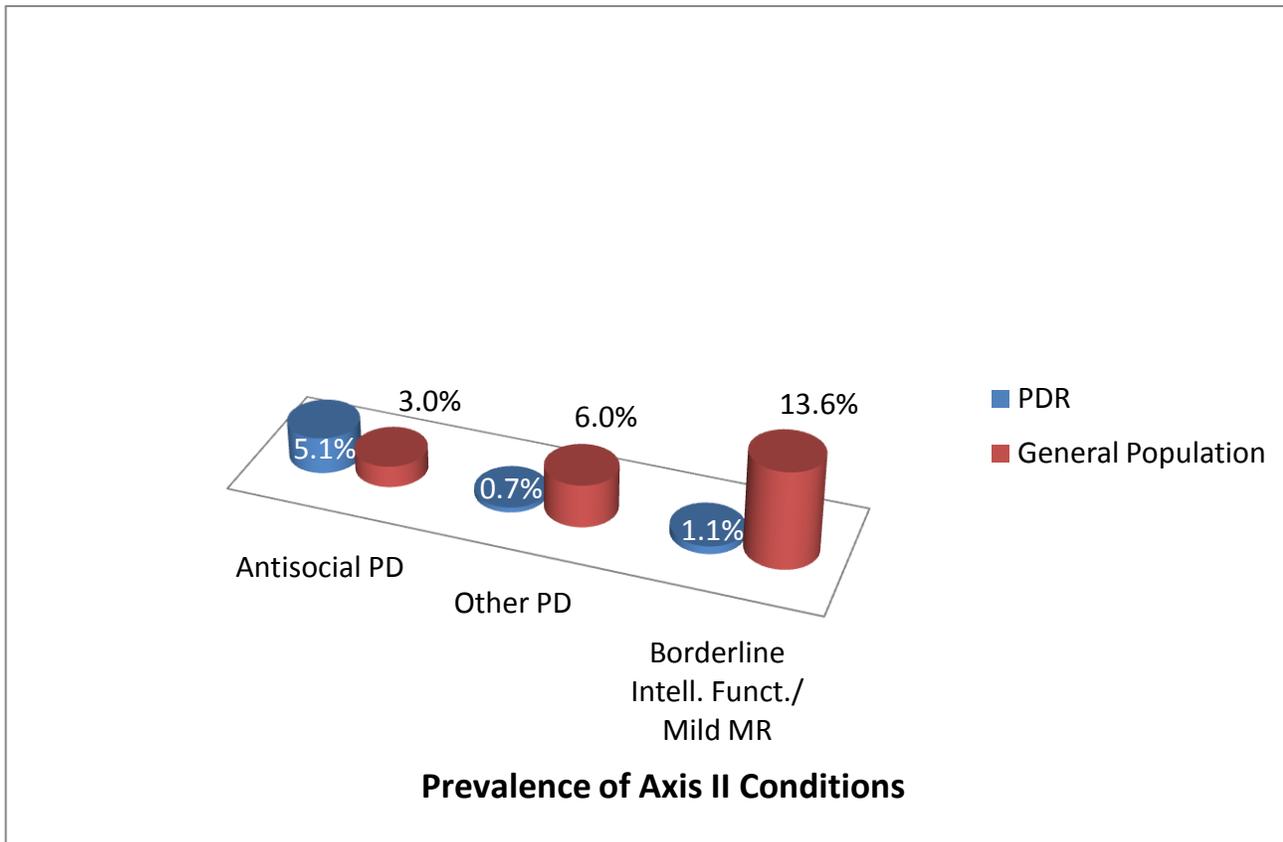
Prevalence of Axis I Conditions

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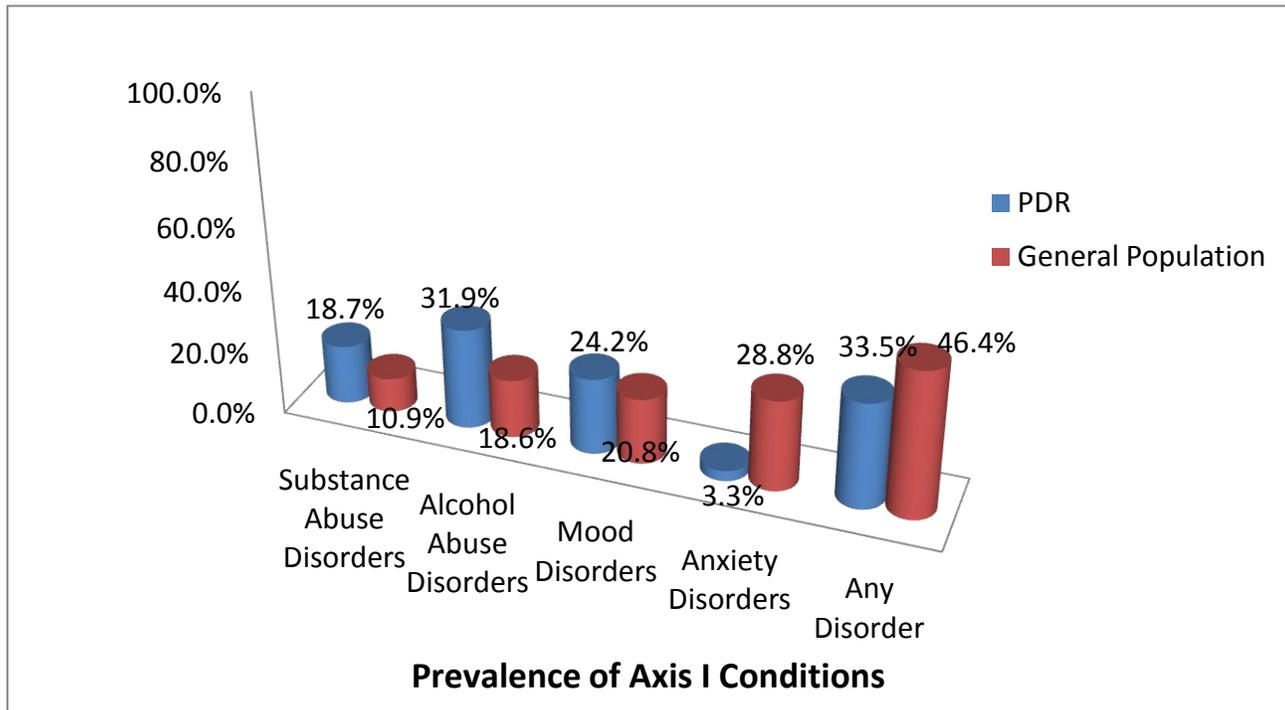
Note: In the above graphic, prevalence rates (in percentage of the population) for Axis I diagnoses within the Pretrial Day Reporting population are compared to lifetime prevalence rates in the general US population (Kessler et al., 2005).

- Substance Use Disorders are <u>1.7 times more</u> likely to be diagnosed in the PDR sample.

- Alcohol Use Disorders are <u>1.7 times more</u> likely to be diagnosed in the PDR sample.

- Mood disorders are <u>1.2 times more</u> likely to be diagnosed in the PDR sample.

- Anxiety Disorders are <u>8.7 times less</u> likely to be diagnosed in the PDR sample.

- These offenders are <u>1.4 times less</u> likely to receive any Axis I diagnosis compared to the general population.

Prevalence of Axis II Conditions

Prevalence of Axis II Conditions

Note: In the above graphic, prevalence rates (in percentage of the population) for Axis II diagnoses within the Pretrial Day Reporting 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.

- Antisocial Personality Disorder is 1.7 times more likely to be diagnosed in the PDR sample.

- Other Personality Disorders are 8.6 times less likely to be diagnosed in the PDR sample.

- Those in the PDR sample are 12.4 times less likely to receive a diagnosis of Borderline intellectual Functioning compared to the general population.

Section 2

# What types of offenses are committed leading to referral to PDR?

Types of Offenses Committed

The average number of prior Department of Correction (DoC) commitments for those entering PDR was 0.4 (SD=1.0), with a range of 0-10. The Median number of prior commitments was 0. The vast majority (99.8%) of primary offenses were major driving offenses. The following classifications were listed as primary offenses for this group of offenders:

| Primary Offense	%
Violent offenses	0.0%
Property offenses	0.1%
Drug offenses	0.0%
Public order offenses	0.1%
Sex offenses	0.0%
Major driving offenses	99.8%
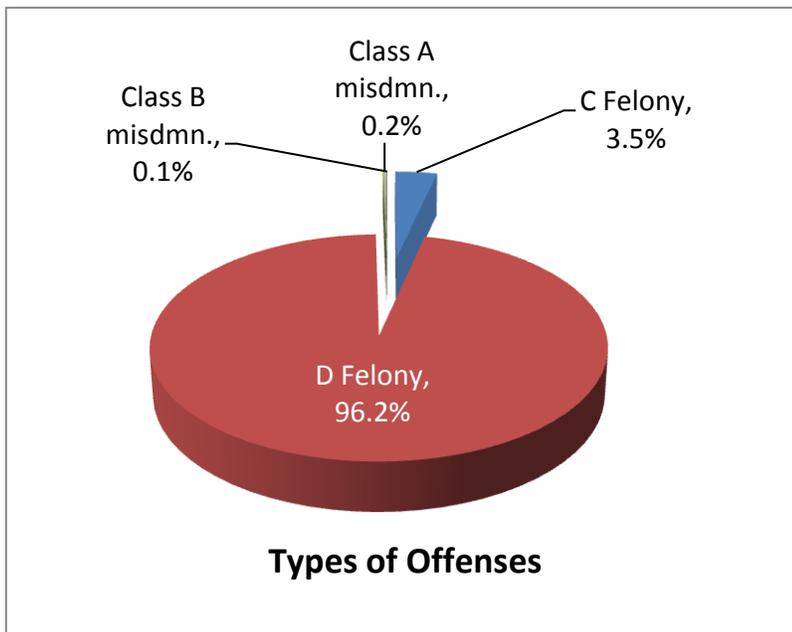
Types of Offenses

A large majority (96.2%) of the offenders had been charged with Class B felonies. about 1 in 30 (3.5%) were charged with Class C felonies. A very small percentage of offenders had committed Class A or B misdeameanors (0.2% and 0.1% repectively). None of the FD offenders were charged with a Class A felony or murder.

Violent Crime Classifications
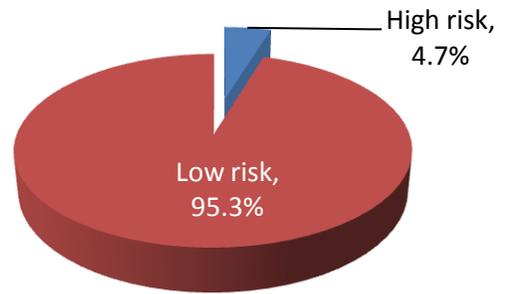
Classified
0.5%

Missing
Data
99.5%
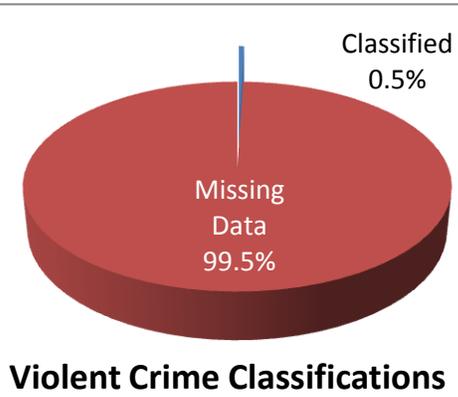
A majority of the violence classifications for crimes committed by offenders in this component was not collected (99.5%). The 4 cases (out of 1047 total) were classified as "Violent no Victim".

Section 3

What level of risk do RCP offenders demonstrate?
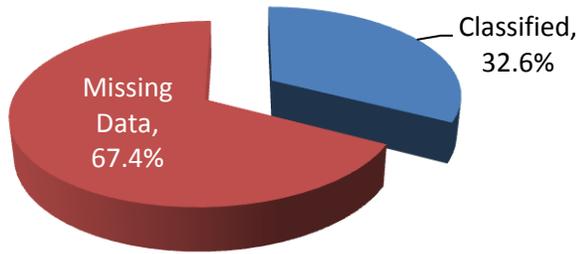
PCL-R Risk Classifications

Classified, 32.6%
Missing Data, 67.4%

Valid Client Risk Level PCL-R

High risk, 4.7%
Low risk, 95.3%

About 1 in 3 offenders (n=341, 32.6%) had PCL-R scores recorded. Of those with scores, a majority (95.3%) had scores which placed them in the low risk category.

IRAS Scores	Mean	SD
Total at entry	4.3	1.7
Criminal History	3.0	0.9
Education, Employment, Financial	0.5	0.8
Family and Social Support	0.1	0.2
Neighborhood Problems	0.1	0.4
Substance Abuse	0.6	0.7
Peer Associations	0.0	0.0
Criminal Attitudes/Behaviors	0.0	0.0

Only 23 offenders had IRAS scores recorded. This table summarizes their scores.

**Valid IRAS Risk Level**

Low, 13.0%
Low/Moderate, 4.3%
High, 34.8%
Moderate, 47.8%
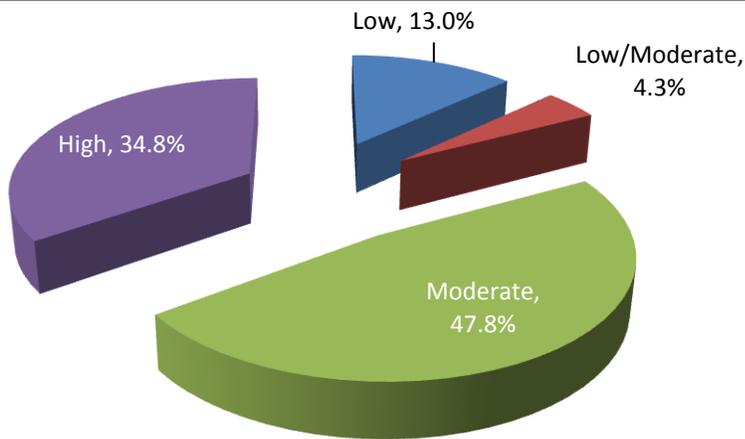
Some offenders had IRAS scores recorded (n = 23, 2.2% of total cases). All others were classified as missing data (97.8%). Of these offenders, about 1 in 3 (34.8%) were considered to be at High Risk of reoffending. Of those who received IRAS risk levels, almost half (47.8%) were found to have Moderate risk levels. A smaller percentage (17.3%) of offenders was at Low or Low/Moderate Risk of those offenders receiving IRAS risk levels).

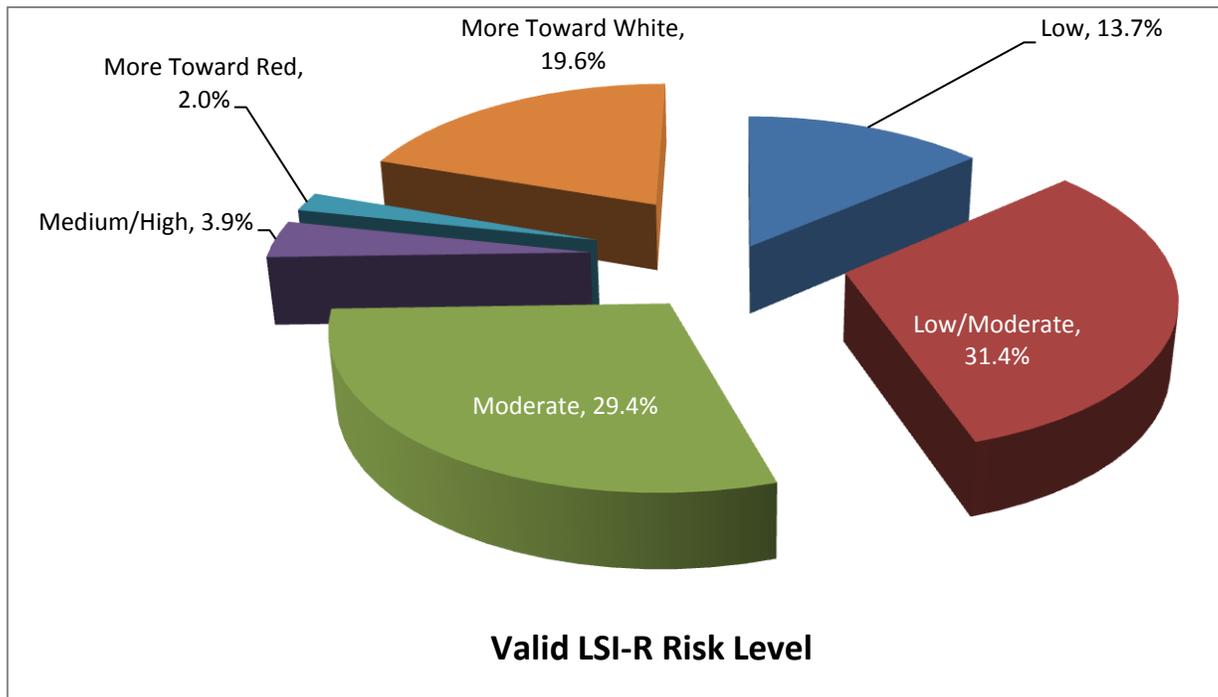| LSI-R Scores	Mean	SD
Criminal History	4.3	2.3
Education, Employment	3.3	2.7
Financial	0.7	0.6
Family/Marital	1.4	1.1
Accommodation	0.4	0.6
Leisure Activity	1.2	0.8
Companions	2.1	1.3
Alcohol/Drug	5.4	1.7
Emotional/Personal	1.6	1.2
Attitudes	0.8	1.2

LSI-R scores were collected from 51 offenders. The *Mean* of the total score was 21.1 (*SD*= 7.8).

Offenders in the PTDR tended to have higher scores on the following scales (Alcohol/Drugs, Criminal History, Education/Employment, and Companions) suggesting these areas may be particularly problematic for those in the program.

LSI-R Scores

Classified, 4.9%
Missing data, 95.1%
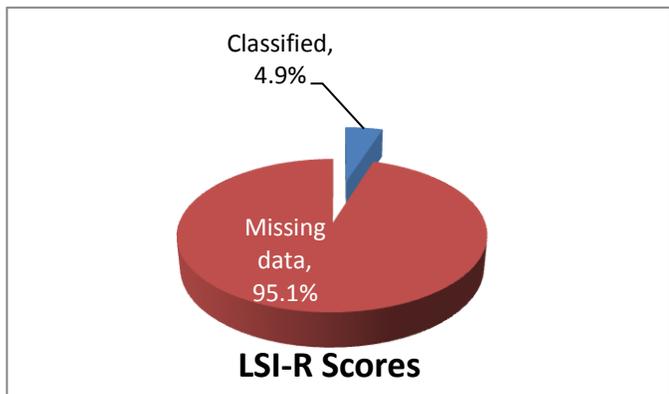
Qualitative risk level was obtained from 4.9% of the PDR sample.

Of the offenders from whom the LSI-R was collected, a majority fell into the Low/Moderate (31.4%) or moderate (29.4%) categories. About 1 in 8 (13.7%) were classified as low risk and about 1 in 25 (3.9%) were considered medium/high risk.
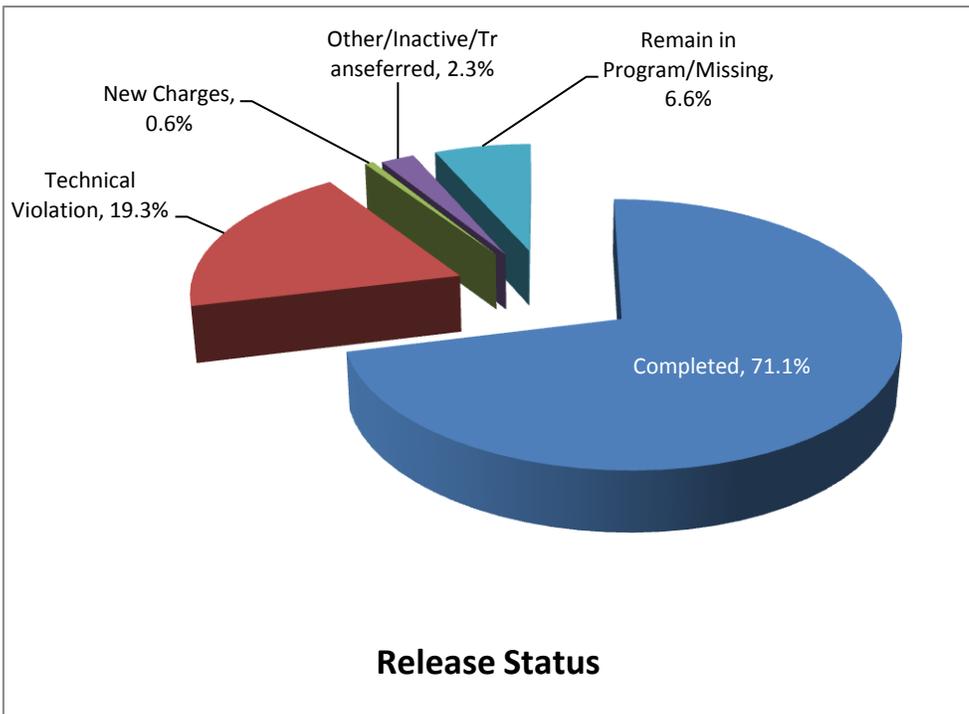

More Toward White, 19.6%
More Toward Red, 2.0%
Medium/High, 3.9%
Low, 13.7%
Low/Moderate, 31.4%
Moderate, 29.4%

Valid LSI-R Risk Level

Section 4

How successful are offenders in completing the PDR?

The number of offenders ending supervision was 1019. About 7 in 10 (71.1%) of offenders were identified as successfully completing the program. About 1 in 20 (6.6%) either were still in the program or had missing data.

Of the total 22.3% who did not finish the program. The reasons they did not finish the program are as follows:

- 19.3% committed technical violations
- 0.6% received new charges
- 2.3% were labeled as "other", "inactive", or "transferred"

Other/Inactive/Transeferred, 2.3%

Remain in Program/Missing, 6.6%

New Charges, 0.6%

Technical Violation, 19.3%

Completed, 71.1%

Release Status

Time in program was also calculated for the categories identified above. Horizontal lines represent the mean length of time on program. The vertical lines represent the range encompassing +/- 1 standard deviation. Those in supervision the longest included offenders who successfully completed supervision (66.3 days). Interestingly, for those who successfully completed, the length of time offenders were on program ranged from 0 days to 483 days, with a Median of 55 days.
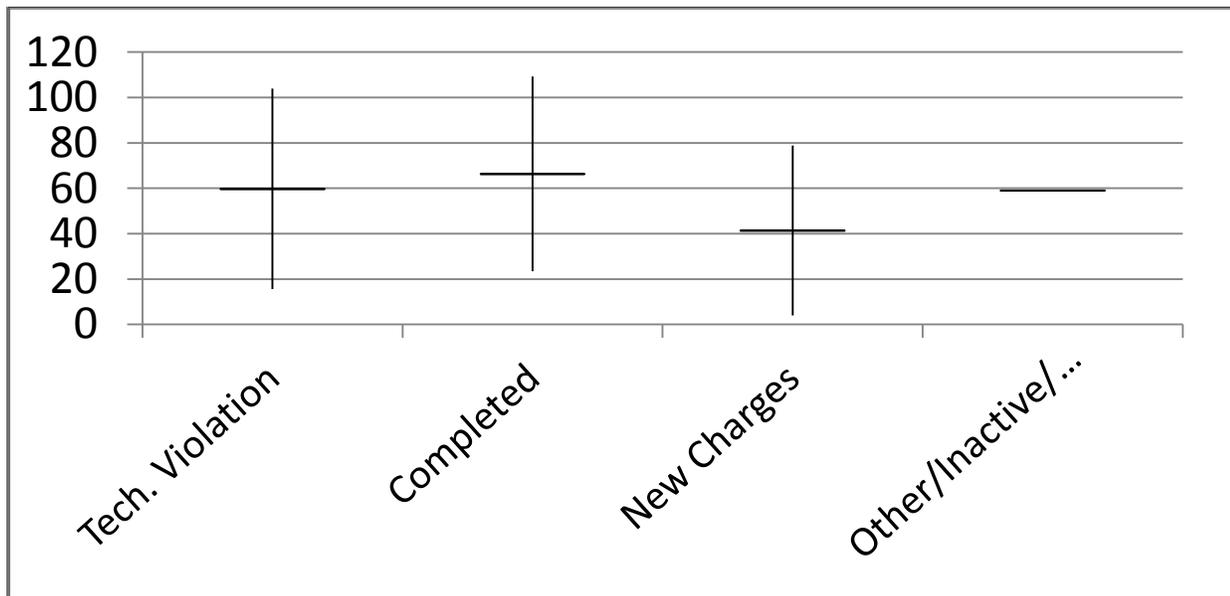
Section 5

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

Characteristics of offenders who were identified as completing the Pretrial Day Reporting program were further examined. This investigation compared characteristics of those who successfully completed their program to those who were terminated for technical violations and those for whom new charges were filed. Just over 3 in 4 of those who completed supervision were successful (776 out of 996 identified completers), while about 1 of every 4 offenders (22.1%) were deemed to have been unsuccessful.

Characteristics of these offenders are presented below. Some caution is suggested in the interpretation of these findings, as there may be other unmeasured factors present that influence results. In addition, when compared to the larger population of offenders who are and will move though PDR, the representativeness of these offenders is not established.

- As length of time in supervision increased, so did the likelihood of successful completion of supervision (r_s (913) = .12, p<.001).
- As the number of prior DOC commitments increased, the less likely an offender was to successfully complete the program; likewise successful completion was associated with a lower number of prior committed offenses (r_s (933) = -.26, p<.001).
- As the age of an offender increased, the likelihood of successful completion decreased (r_s (994) = -.08, p=.01).
- Offenders living in quadrant 4 showed lower a likelihood of positive completion when compared to all of the other offenders, whereas offenders in Quadrant 2 tended to be successful more often; Cramer's V = .13, p=.002).
- Race was also associated with successful completion. Comparing majority verses minority race/ethnicity, the odds of successful completion were 2.09 times greater for those of majority ethnicity compared to minorities (X^2 (1, 994) = 22.69, p<.001).
- Gender was not associated with successful completion.
- Years of education completed was a variable positively associated with successful program completion. (r_s (942) = .14, p<.001).
- Marital status was unrelated to successful completion.
- The odds of successful completion were not related to having at least a high school education.
- Scores on the PCL-R were inversely associated with successful completion (r_s (325) = -.24, p<.001). However, categorical risk level from the PCL-R was not associated with successful completion.
- Scores on the V-RAG were inversely associated with successful completion (r_s (193) = -.27, p<.001).
- Scores on the LSI-R were inversely associated with successful completion (r_s (115) = -.40, p<.001).

Section 6

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

Offenders in the Pre-Trial Day Reporting program tended to not have recidivism data collected. As a result of the limited amount of data available for review, no further analysis of recidivism could be conducted. Future program evaluation efforts should examine recidivism of offenders entering this program.

Section 7

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

Offenders in the Pre-Trial Day Reporting program tended to not have recidivism data collected. As a result of the limited amount of data available for review, no further analysis of recidivism could be conducted. Future program evaluation efforts should examine recidivism of offenders entering this program.