

# **Allen County Community Corrections**

## **Forensic Diversion**

### **Report for Calendar Years 2011-2013**

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# **Forensic Diversion Court Impact Evaluation**

## **Introduction**

The following report summarizes the major evaluation findings examining the Forensic Diversion (FD) program.

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

1. Who tends to enter the FD?
2. What types of offenses are committed leading to referral to the FD?
3. What level of risk do FD offenders demonstrate?
4. How successful are offenders in completing the FD?
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.

## **Forensic Diversion Purpose**

The following narrative is taken from the Allen County Community Corrections webpage.

The Forensic Diversion (FD) program operates through Allen County Community Corrections and the Allen Circuit Court (ACCC). The ACCC provides regular judicial oversight of non-violent offenders, working to divert offenders who have violated conditions of probation. The ACCC has expanded and now assists and supervises all eligible dual-diagnosed felony offenders.

## **History of Forensic Diversion**

Since January 1, 2004, Allen County Community Corrections has worked to intervene in cycles in which mentally ill individuals are repeatedly arrested and incarcerated for drug or alcohol related offenses. The Forensic Diversion Program has operated through the partnership between Allen County Community Corrections and Allen Circuit Court providing regular court oversight of non-violent offenders, working to divert individuals who have violated conditions of probation while participating with the Alcohol Abuse Deterrent Program. This partnership has also assisted non-violent mentally ill individuals being sentenced for an offense or returning from an Indiana Department of Correction Facility to receive treatment that helps the individual remain functional within the community. Those who have longer commitments to supervision by Allen County Community Corrections may receive mental health assessments if the symptoms of a mental health disorder are manifested. Even individuals with very short commitments to supervision are provided triage services through Allen County Community Corrections to permit for an expeditious referral process to continuous psychiatric and/or counseling services at the locally designated Community Mental Health Service Provider, Park Center

Incorporated. The capabilities for stabilizing individuals during acute mental health crisis events exist through the advent of licensed mental health professionals employed at Allen County Community Corrections.

### **Eligibility for Forensic Diversion**

Adult offenders who are diagnosed with a mental illness or addictive disorder who are not charged with a violent offense may be eligible for FD. Following a comprehensive evaluation to determine eligibility, offenders are diverted from placement in the Indiana Department of Corrections through this program.

### **Preparation of this Evaluation Report**

The information presented in this report examines programs using three different samples of offenders. The first is those who entered supervision between January 1, 2012 and December 31, 2013, the second is comprised of offenders who left supervision between July 15, 2011 and December 31, 2013 and the third consists of offenders who completed the three year follow-up check between July 15, 2011 and December 31, 2013. During this time, a total of 184 offenders entered supervision in the FD, 197 offenders completed or were terminated from supervision during this time, and 88 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 June 17, 2014. 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.

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 Forensic Diversion**

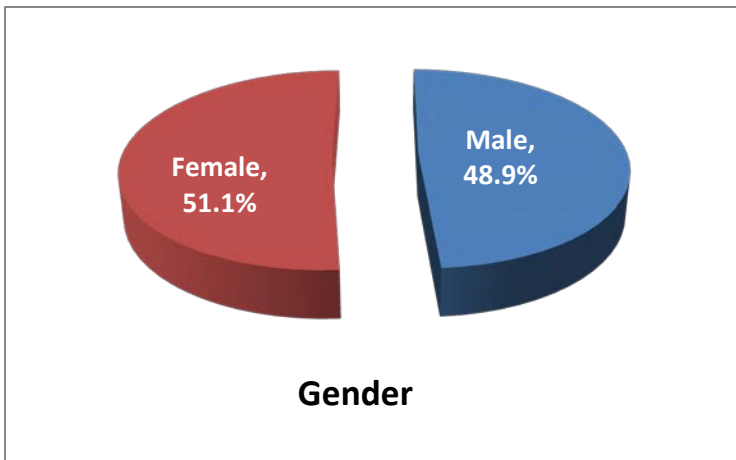
- Offenders entering Forensic Diversion (FD) were on average, 37.2 years of age, with a range of just under 21 (20.6) to just over 64 (64.3) years.
- 48.9% of offenders entering FD were male.
- 77.7% of the offenders entering FD were Caucasian, 17.9% were African American and 3.8% were Latino.
- 55.4% of offenders starting FD were single, 13.0% were married, 9.8% separated, 20.7% divorced and 1.1% widowed.
- Offenders beginning FD were reported to have 1 to 5 dependent children, with the median number of children equaling 1.
- 45.7% of offenders had obtained a high school diploma and 31.0% completed a GED equivalency exam. Approximately one in 12 (8.7%) had obtained degrees beyond high school and 14.1% had less than a high school diploma.
- Of those entering FD between 2012 and 2013, 20.7% in quadrant 1, 26.1% lived in quadrant 2, 27.2% in quadrant 3, and 26.1% in quadrant 4.
- 38.6% of those in this offender group had a primary diagnosis on Axis I. A majority of these diagnoses were related to the use, abuse, or dependence on alcohol or other substances. About 1.6% had mood or anxiety diagnoses as primary diagnoses on Axis I.
- 37.0% of those in this offender group had a secondary diagnosis on Axis I. 19.5% of these secondary diagnoses were related to alcohol or other substance abuse/dependence. 16.9% received a secondary diagnosis of a mood or anxiety disorder, and 0.5% other conditions (e.g., unspecified diagnostic codes).
- 8.2% of offenders were given an Axis II diagnosis. Of these diagnoses, 2.7% were Antisocial Personality Disorder. 0.5% Borderline Intellectual Functioning, 2.2% Borderline Personality Disorder.
- More than 4 of every 5 (83.7%) offenders were charged with Class D Felonies. Far less common were offenders with Class C Felonies (1.8%), Class B Felonies (0.5%) or Class A Felonies (0.0%). Class A misdemeanor charges were present in 13.6% of the sample,
- The majority of the charges against these offenders consisted of major driving offenses (95.7%). The other 4.3% of offenses were property offenses (1.1%), violent offenses (1.6%) drug offenses (1.1%) and public order offenses (0.5%).

- Risk of re-offense was measured in various ways. On the PCL-R, those offenders receiving a risk level rating (21.2% of the sample) were rated as low risk (100.0%). According to the IRAS, of those receiving a risk level (75.5% of the sample), 59.8% were found to have high or very high risk level scores.
- Using the entire sample of those completing supervision from 2011-2013, 54.1% successfully completed the program, 6.4% reoffended while in the program, 30.7% committed a technical violation, 1.8% were administratively released, 2.8% were considered escaped, and 3.3% had other (i.e., other, missing, died) completion classifications.
- Those who successfully completed their supervision were more likely to remain in supervision longer. In addition, successful completion was more frequently seen among offenders with 1) lower levels of risk on the PCL=R, 2) fewer prior DOC commitments, 3) those having at least a high school education, 4) and increasing age of offender.
- About 1 of every 5 (21.6%) offenders who underwent a three-year recidivism check during 2011-2013 were rearrested. The offenders who were rearrested were noted to have slightly higher PCL-R scores, though the sample size was small and this relationship may not be stable across time/other samples.

## Section 1

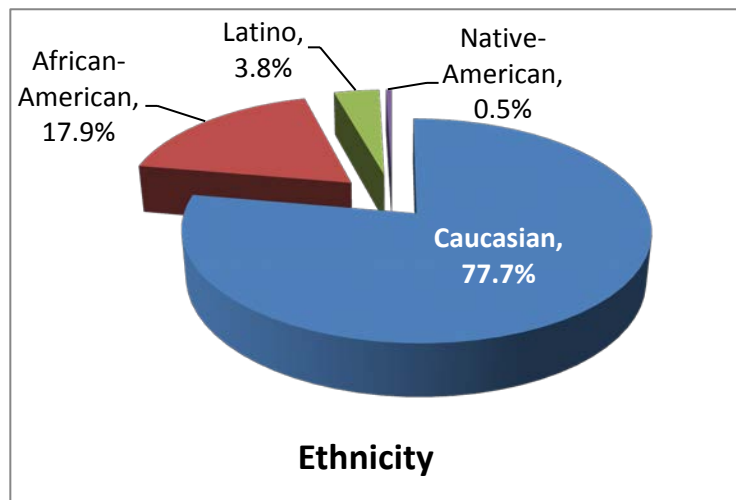
Who tends to enter FD?  
2012-2013

## Demographics of those entering FD between 2012 and 2013

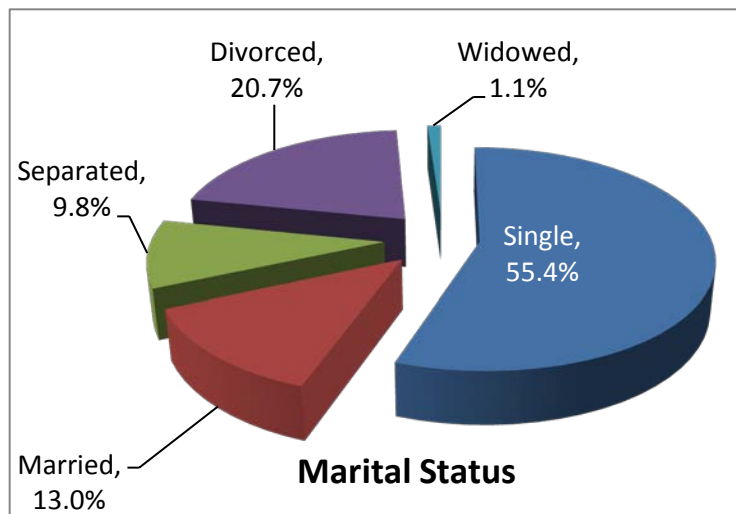


184 offenders entered Forensic Diversion between 2012 and 2013.

Offenders were on average 37.2 years of age (Standard Deviation [*SD*] = 10.3), with a range of just under 21 years of age (20.6) to just over 64 years of age (64.3). A slight majority of offenders in FD were female (51.1%).

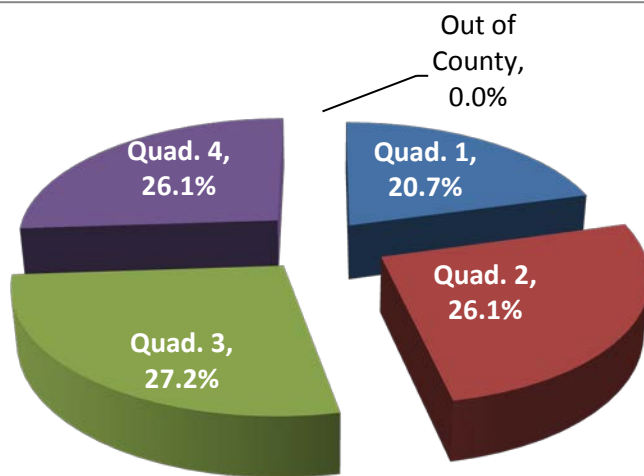


Approximately 3 in 4 (77.7%) were Caucasian, fewer than 1 in 5 were African-American (17.9%), 1 in 26 Latino (3.8%), and 1 in 200 (0.5%) were Native-American.



Over half of the offenders were single (55.4%), with those who were married (13.0%), separated (9.8%), divorced (20.7%), or widowed (1.1%) combined representing just under half of those entering this supervision component. For these offenders, the median number of children reported was 1, with a range of 1-5 children.

Almost 4 in 5 (76.7%) of the members of this group of offenders had obtained a high school diploma (45.7%) or a GED (31.0%) equivalency exam, and 61.5% had attended school for 12 years or more. Approximately 1 in 12 (8.7%) of those in the Forensic Diversion Program had obtained degrees beyond a high school diploma. 14.1% reported less than high school completed.



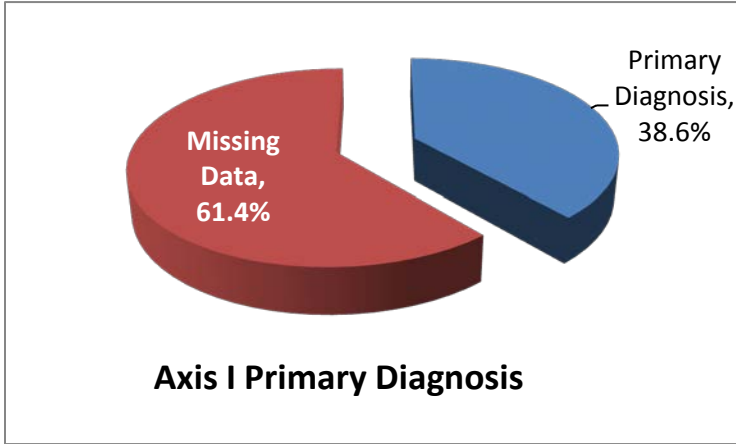
**Residence by Quadrants in Allen County**

All of the offenders entering the Forensic Diversion Program between 2012 and 2013 resided inside Allen County. About 1 in 5 offenders were from Quadrant 1 (20.7%). Slightly more than 1 in 4 offenders resided in Quadrant 2 (26.1%), as did offenders residing in Quadrant 4 (26.1%) and Quadrant 3 (27.2%).



# Mental Health and Substance Abuse/Use Conditions

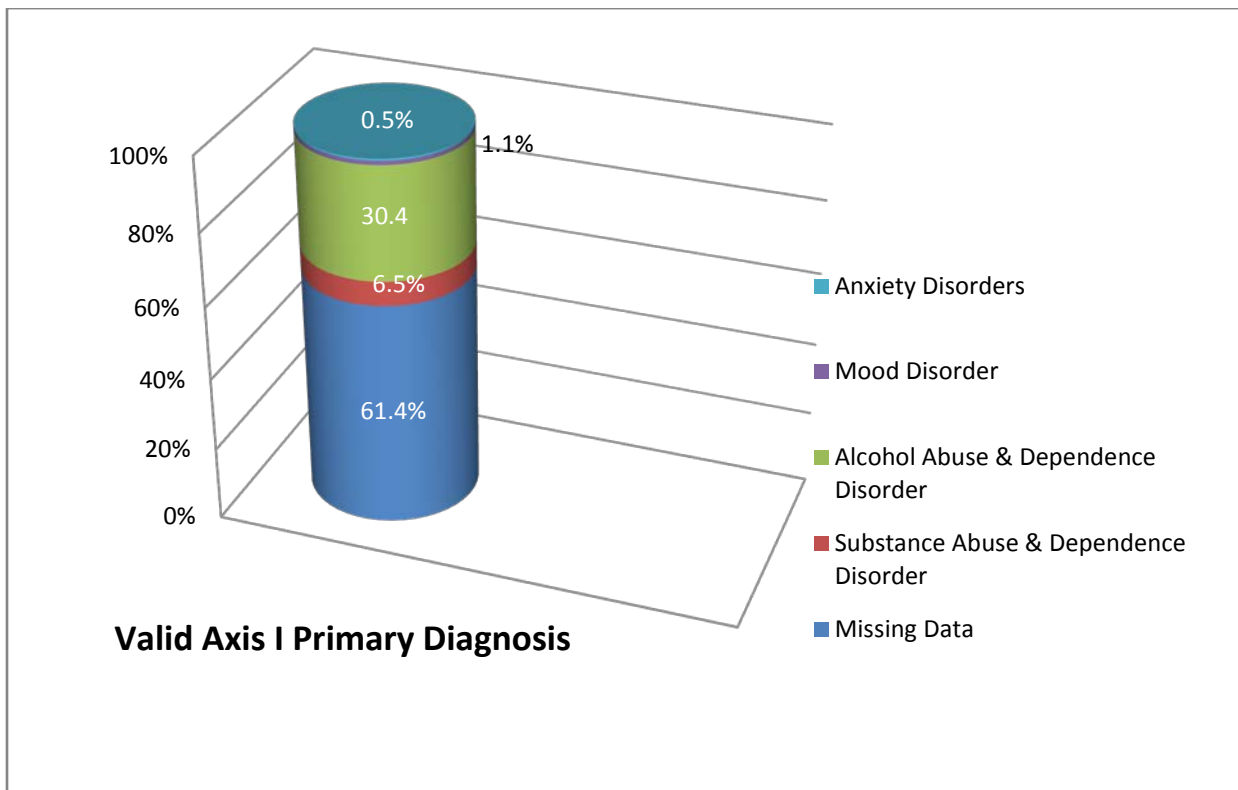
## Axis I



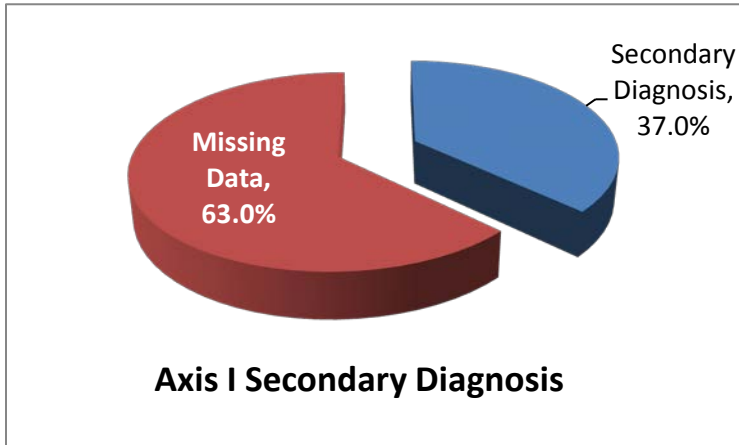
Offenders entering the Forensic Diversion between 2012 and 2013 were evaluated for mental disorders using the DSM-IV criteria. Of the offenders in this sample using all of the data, 38.6% of offenders in the FD received a *primary* mental health diagnosis on Axis I. The remaining 61.4% of the group were classified as missing data.

For offenders primary Axis I diagnosis, a majority were classified as missing data (61.4%). About 1 in 3 (30.4%) received a

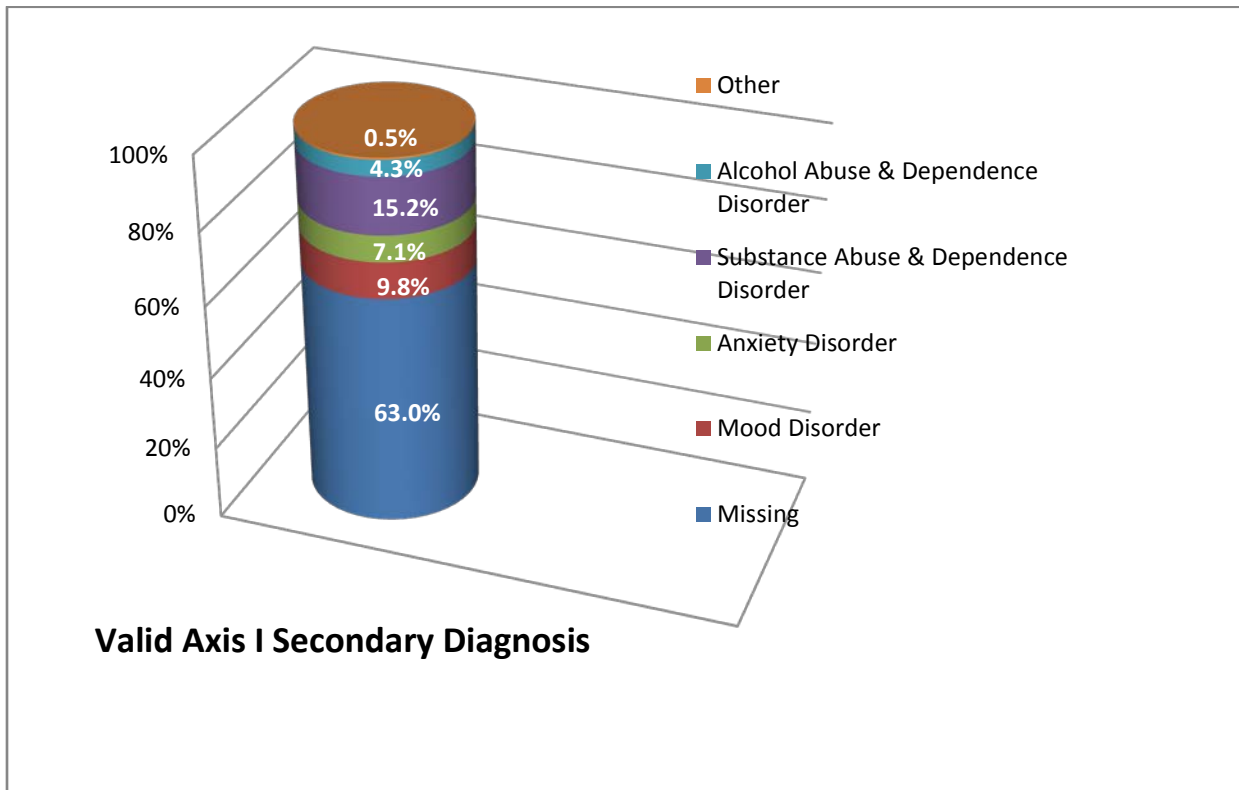
diagnosis of alcohol dependence (28.8%) or alcohol abuse (1.6%). About 1 in 15 (6.5%) received primary Axis I diagnoses related to substance abuse or dependence, the most common diagnosis in this category being Cannabis Dependence (4.3%). Other Axis I primary diagnoses included mood disorders (1.1%) and anxiety disorders (0.5%).



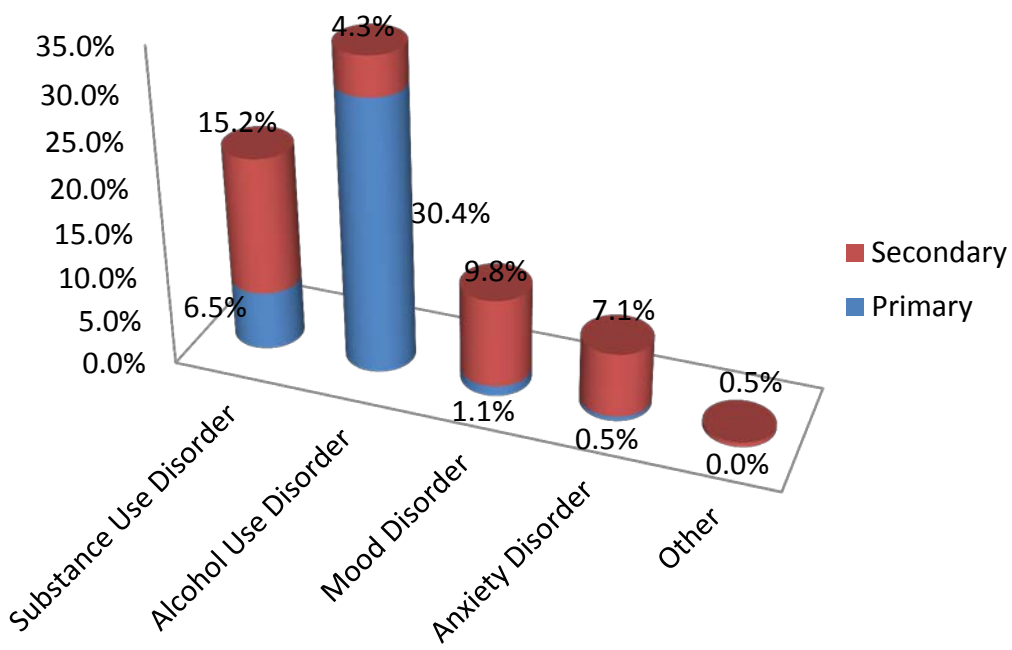
Of the total, 37.0% of offenders in the FD received a *secondary* mental health diagnosis on Axis I. The rest (63.0%) of the group was classified as missing data.



Of the offenders receiving a secondary mental health diagnosis on Axis I, about 1 in 7 were diagnosed with substance use disorders (15.2%), about 1 in 10 were diagnosed with mood disorders (9.8%), about 1 in 14 were diagnosed with anxiety disorders (7.1%), 1 in 23 were diagnosed with alcohol use disorders (4.3%), and 1 in 200 were diagnosed with other disorders (0.5%).

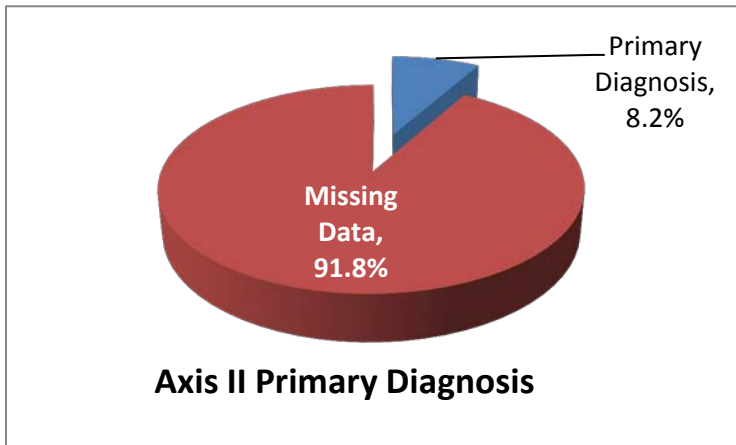


About 1 in 5 (21.7%) of those in this offender group had primary (6.5%) or secondary (15.2%) diagnoses of the Axis I disorders involving substance abuse or dependence. About 1 in 3 (34.7%) of those in this offender group had primary (30.4%) or secondary (4.3%) diagnoses on Axis I involving alcohol abuse or dependence. Just over 1 in 10 (10.9%) of offenders in this group had a primary (1.1%) or secondary (9.8%) diagnosis of a Mood Disorder and about 1 in 12 (7.6%) had a primary (0.5%) or secondary (7.1%) diagnosis of an Anxiety Disorder. The remaining groups of diagnoses were found in only 0.5% of the FD sample and consisted of a diagnosis of Anorexia Nervosa.



**Percentage of Offenders with Primary or Secondary Axis I Diagnosis**

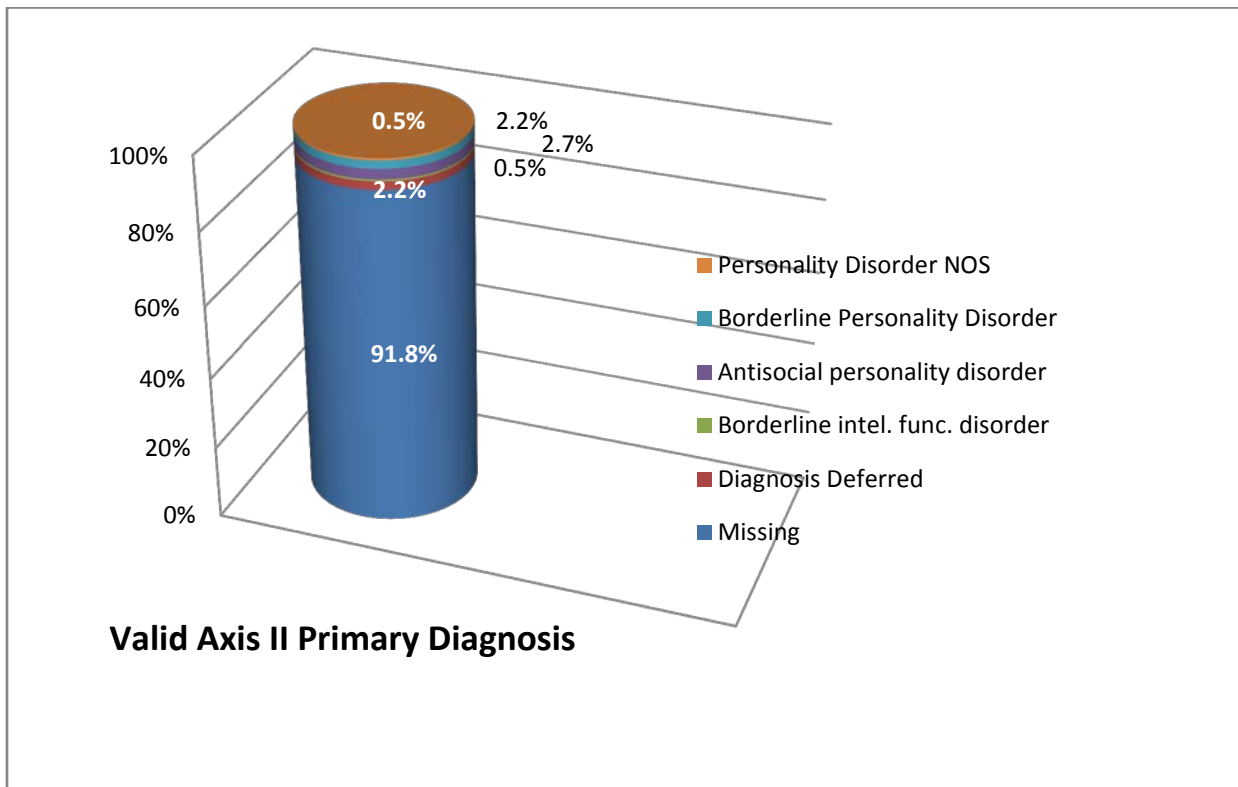
## Axis II and Axis V Diagnoses



Some of the offenders entering Forensic Diversion between 2012 and 2013 were evaluated for Axis II mental disorders using the DSM-IV criteria. Of FD offenders, 8.2% were evaluated for a *primary* mental health diagnosis on Axis II. For 91.8% of the group, the diagnostic data were missing.

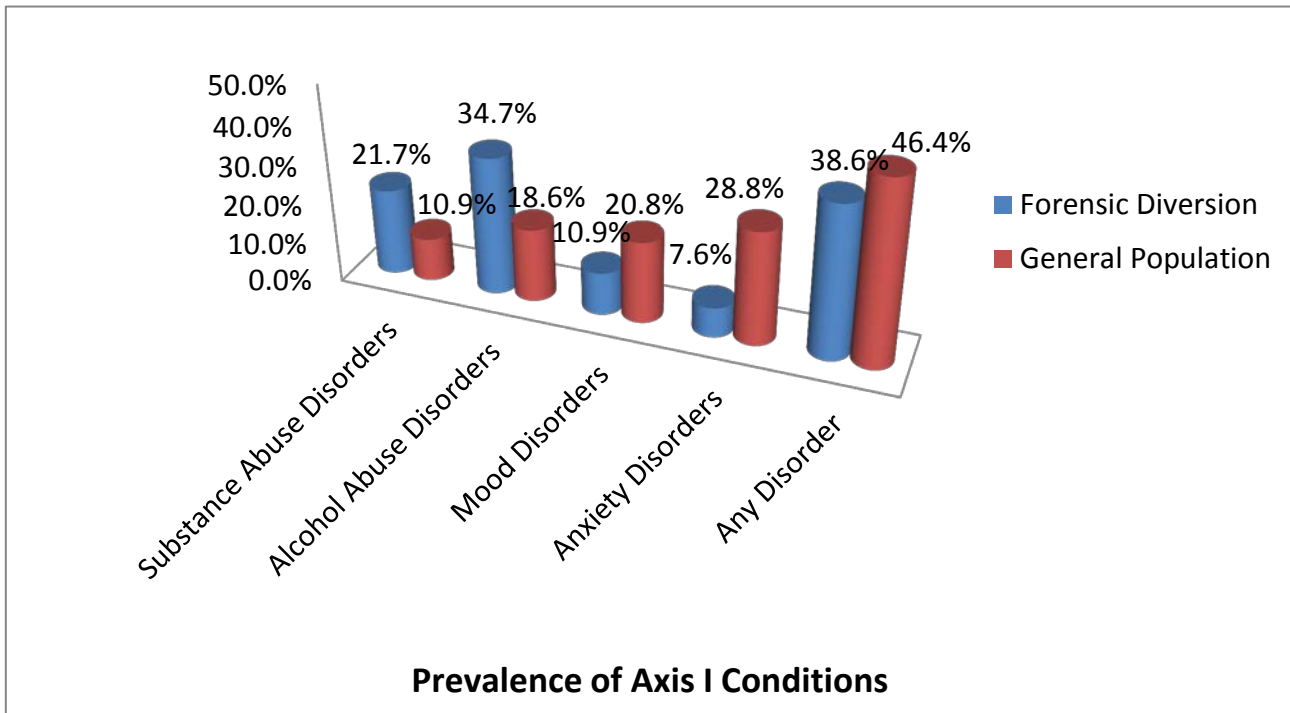
Most offenders (91.8%) were missing data for primary Axis II diagnosis and about 1 in 45 (2.2%) had deferred diagnoses on Axis II. The most common

primary Axis II diagnosis, assigned to 1 in 37 offenders (2.7%), was Antisocial Personality Disorder. About 1 in 45 (2.2%) were diagnosed with Borderline Personality Disorder, 1 in 200 (0.5%) were diagnosed with Personality Disorder NOS, and 1 in 200 (0.5%) FD offenders were diagnosed with Borderline Intellectual Functioning.



The *Mean* score on Axis V (Global Assessment of Functioning) of the DSM-IV (APA, 1999) for these offenders was 52.3 with a standard deviation of 8.6. Scores in this range are typical of those who report moderate to serious psychological symptoms and/or moderate to serious impairment in social, educational, or occupational functioning. The GAF scores for this sample ranged from 33 to 70.

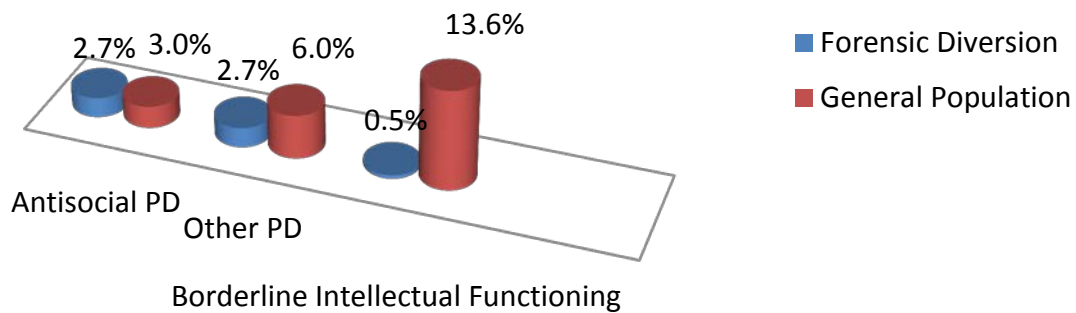
## Prevalence of Axis I Conditions



Note: In the above graphic, prevalence rates (in percentage of the population) for Axis I diagnoses within the Forensic Diversion population are compared to lifetime prevalence rates in the general US population (Kessler et al., 2005). It should be noted that the sample contained a substantial amount of missing information, so the percentages below should be interpreted with a degree of caution.

- Substance Use Disorders are 2.0 times more likely to be diagnosed in the FD sample.
- Alcohol Use Disorders are 1.9 times more likely to be diagnosed in the FD sample.
- Mood disorders are 1.9 times less likely to be diagnosed in the FD sample.
- Anxiety Disorders are 3.8 times less likely to be diagnosed in the FD sample.
- These offenders are 1.2 times less 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 Forensic Diversion 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. A substantial amount of information was missing from the Forensic Diversion program. Therefore, interpretation is recommended to occur with caution.

- Antisocial Personality Disorder is 1.1 times less likely to be diagnosed in the FD sample.
- Other Personality Disorders are 2.2 times less likely to be diagnosed in the FD sample.
- Those in the FD sample are 27.2 times less likely to receive a diagnosis of Borderline Intellectual Functioning when compared to prevalence in the general population.

## Section 2

What types of offenses are committed leading to referral to FD?

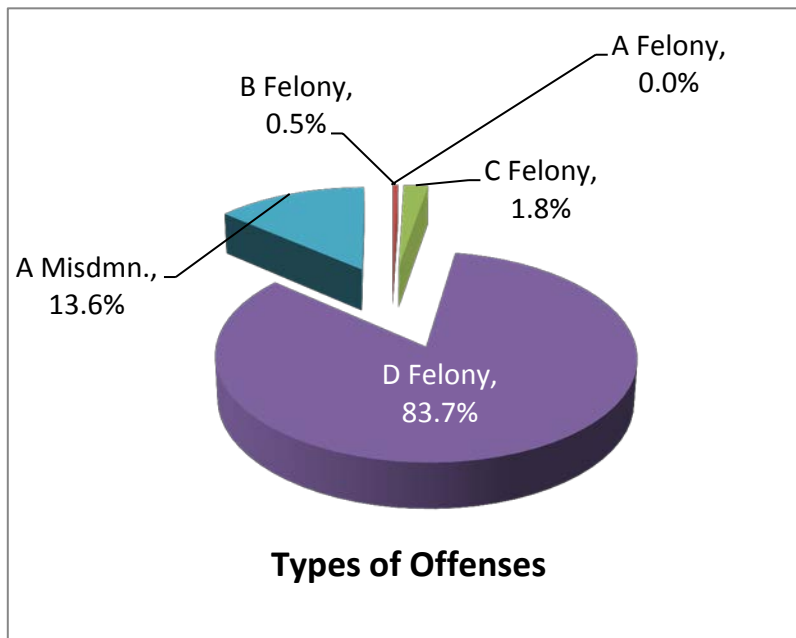
## Types of Offenses Committed

The chart below shows the percent of primary offenses for offenders entering the Forensic Diversion program. Almost all of the offenders (95.7%) entered this supervision component with convictions of major driving offenses (e.g., Driving while intoxicated, operating after a lifetime suspension of license). Other offenses included property (theft/burglary), violent (robbery), and public (escape), and drug-related (possession of paraphernalia) offenses.

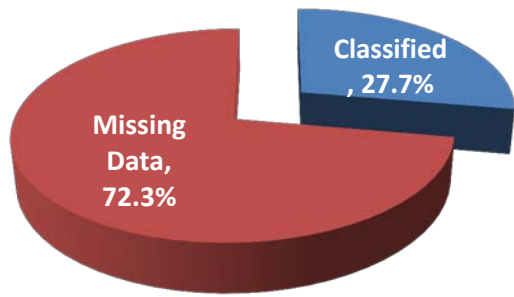
Primary Offense	%
Violent offenses	1.6%
Property offenses	1.1%
Drug offenses	1.1%
Major driving offenses	95.7%
Public order offenses	0.5%
Sexual offenses	0.0%

The average number of prior Department of Correction (DoC) commitments for those entering FD was 0.4 (SD=0.9), with a range of 0-6. The Median number of prior commitments was 0.

About 1 in 8 (13.6%) of the offenders were committed because of a violation of a Class A misdemeanor and just over 1 in 50 committed Class C felonies (2.2%). Only 1 in 200 committed a Class B felony (0.5%). A majority (83.7%) of FD offenders were charged with Class D felonies. None of the FD offenders were charged with a Class A felony or murder.



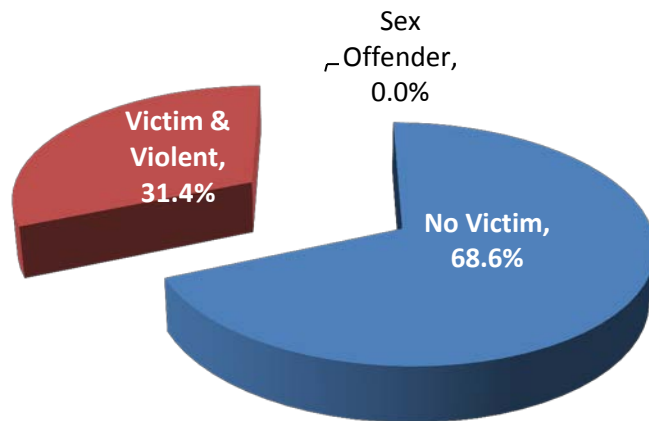




**Violent Crime Classifications**

Some FD offenders were classified as to whether they committed violent crimes. Classifications were done for about 1 of 4 offenders (27.7%) entering Forensic Diversion between 2012 and 2013. The remainder (72.3%) was not classified and is shown as missing data.

Of those classified, 2 in 3 (68.6%) committed crimes that involved no victim, whereas about 3 in 10 (31.4%) involved violence against a victim. There were no sex offenders in this sample.

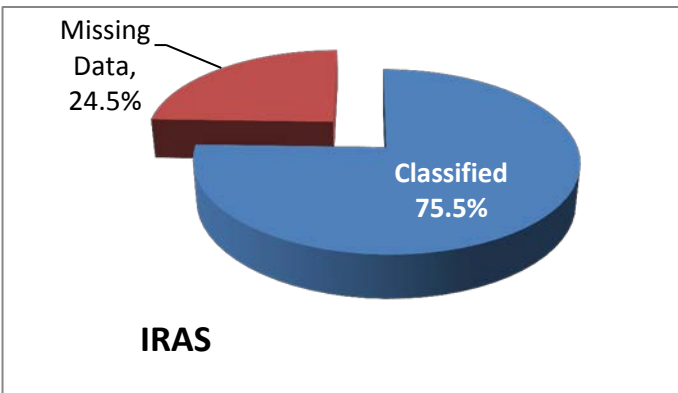
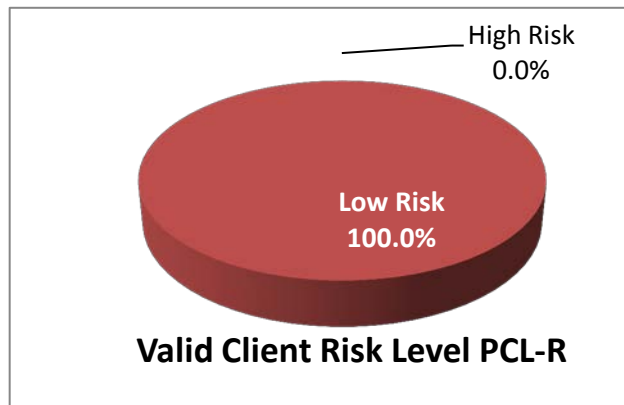
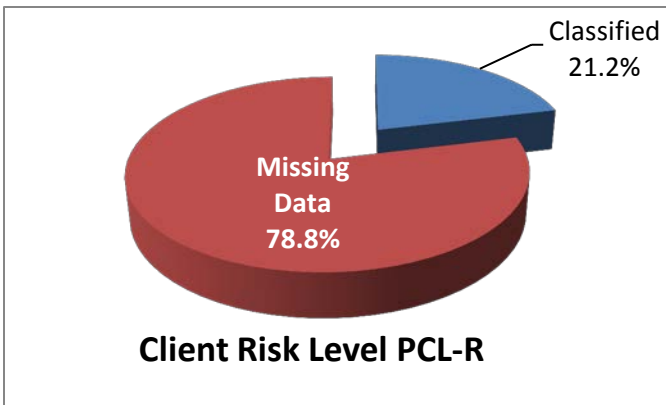


**Valid Violent Crime Classifications**

## Section 3

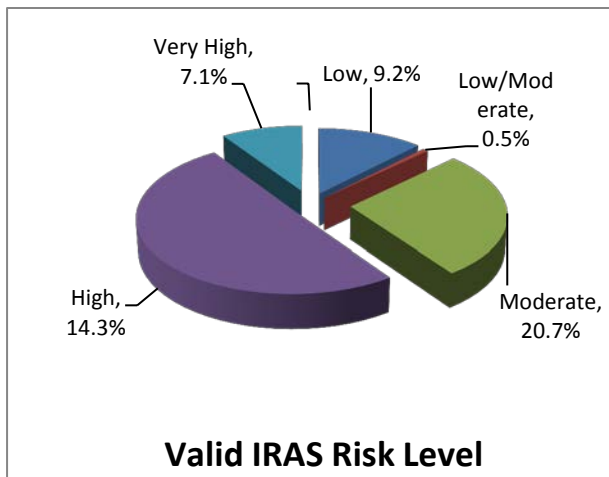
What level of risk do FD offenders demonstrate?

Just over 1 in 5 (21.2%) FD offenders were classified for risk with the PCL-R. The 4 in 5 (78.8%) who were not classified are shown as missing data. Of the FD offenders classified, all (100.0%) of offenders were classified as low risk on the PCL-R.



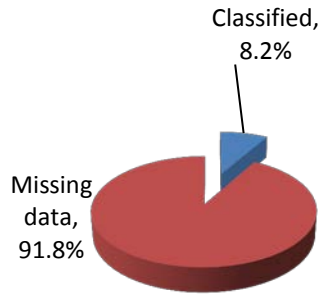
About 3 in 4 offenders had IRAS scores recorded (n = 139, 75.5% of total cases). Of all offenders in FD, about 59.8% were considered to be at High Risk (50.4%) or Very High (9.4%) risk of reoffending. Of those who received IRAS risk levels, almost 45.1% were found to have High (38.0%) or Very High (7.1%) risk levels.

About 1 in 5 FD offenders with recorded IRAS scores were classified as Moderate Risk (20.7%) and a smaller number classified as Low (9.2%) or Low/Moderate (0.5%) Risk.



IRAS Scores	Mean	SD
<b>Total at entry</b>	20.4	7.5
Criminal History	3.4	1.8
Education, Employment, Financial	2.7	1.7
Family and Social Support	2.1	1.5
Neighborhood Problems	1.5	1.1
Substance Abuse	2.9	1.4
Peer Associations	3.4	1.7
Criminal Attitudes/Behaviors	4.3	2.4

Score on components of the IRAS are shown in the table above. Criminal attitudes/behaviors had the highest Mean score of 4.3 (SD=2.4). The Mean score for criminal history was 3.4 (SD=1.8), Peer associations was 3.4 (SD=1.7), substance abuse was 2.9 (SD=1.4), education, employment, and financial was 2.7 (SD=1.7), family and social support was 2.1 (SD=1.5), and neighborhood problems was 1.5 (SD=1.1).

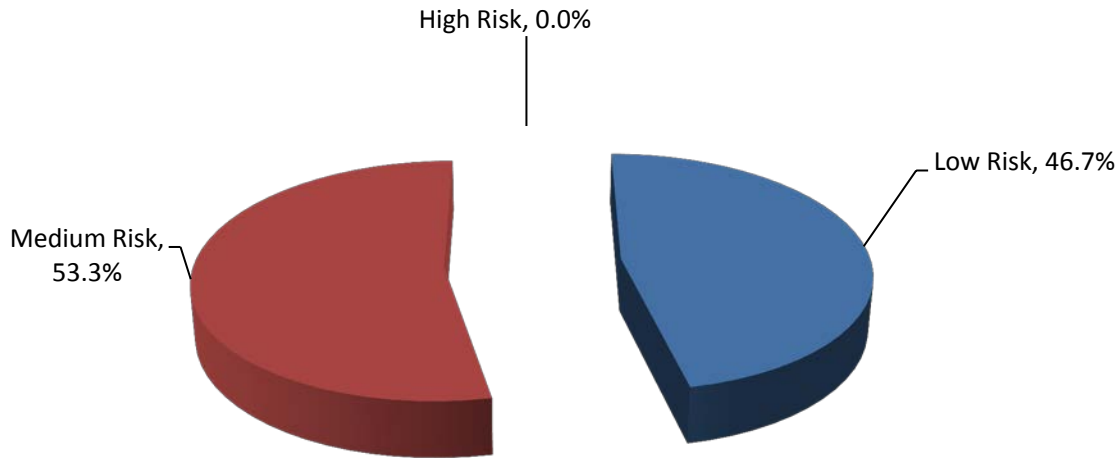


**VRAG Scores**

Total scores on the VRAG were reported on nearly 1 in 12 (8.2%) of the sample of offenders entering the FD Program. The total *Mean* score was 4.4 (*SD*=6.6), which corresponds to a medium risk of future violence.

Of all offenders, less than 1 in 25 (3.8%) were considered to be at low risk of re-offending and about 1 in 23 (4.3%) were classified as medium risk.

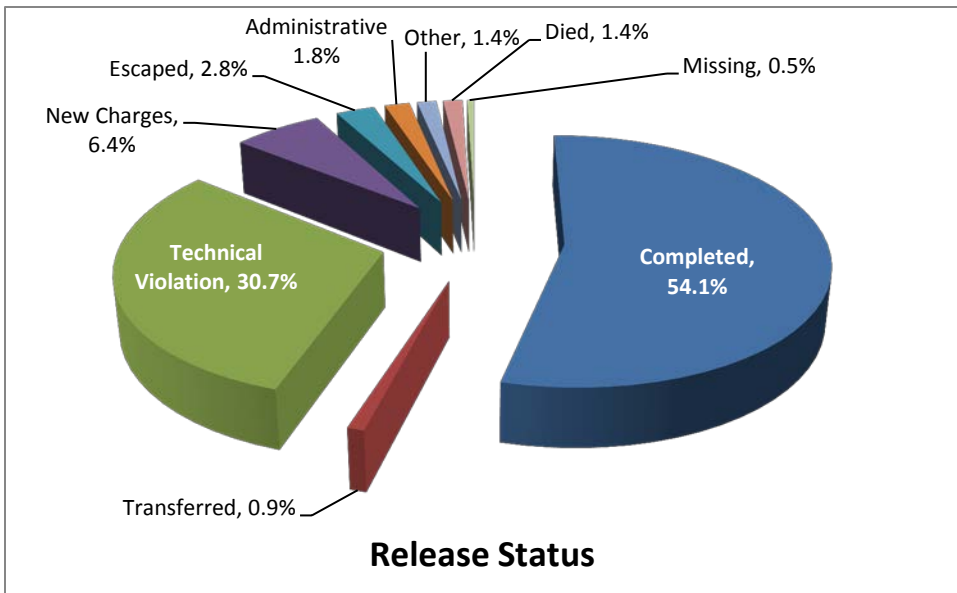
Of those who received VRAG risk level scores, 46.7% were classified as low risk, 53.3% were classified as medium risk, and none were classified as high risk of reoffending. No FD offenders were classified for risk on the SORAG or SARA.



**Valid VRAG Risk Level**

## Section 4

How successful are offenders in completing the FD?



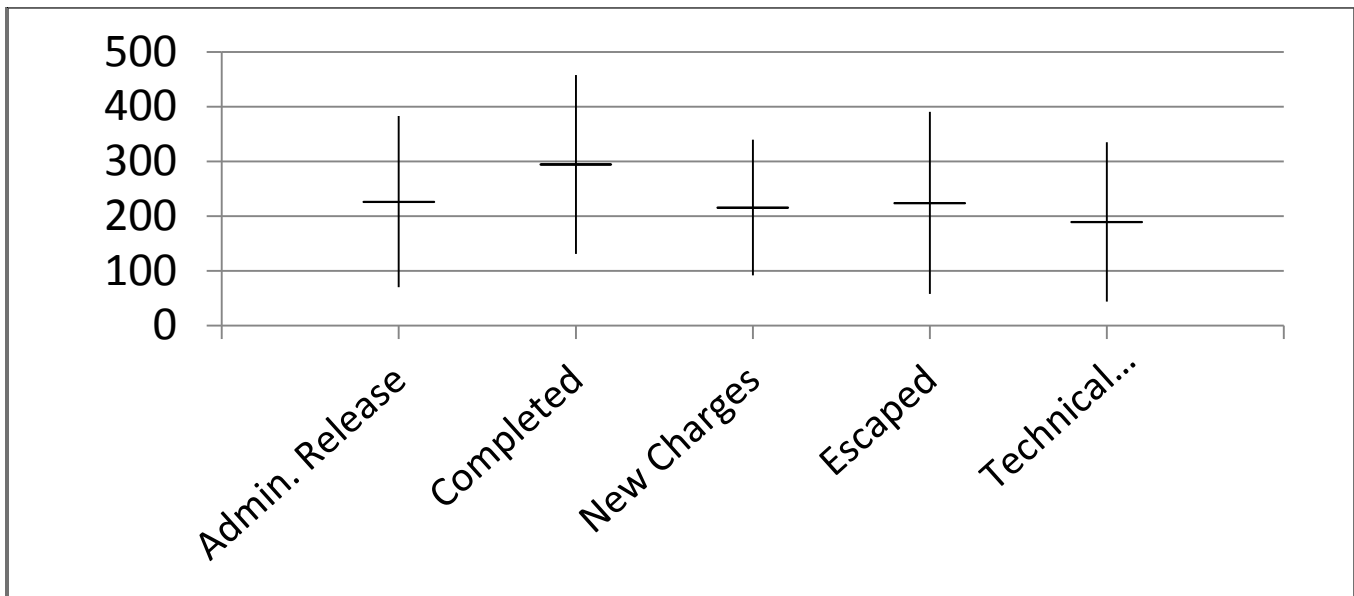
54.1% of offenders were identified as successfully completing the program.

Only 1 was labelled missing.

Release Status of Offenders in FD

- 54.1% successfully completed
- 6.4% received new charges
- 30.7% committed technical violations
- 2.8% were labeled as escaped
- 1.8% were administratively released
- 1.4% died
- 0.9% were transferred
- 1.4% were classified as other

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 (294.6 days). Those terminated due to technical violations were on program the shortest amount of time (189.7 days). Offenders were typically terminated from supervision in less than one year.



## Section 5

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

Characteristics of offenders who were identified as completing the Forensic Diversion were further examined. This investigation compared characteristics of those who successfully completed their program to those who did not successfully complete their supervision. 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 through FD, the representativeness of these offenders is not established.

- As length of time in supervision increased, so did the likelihood of successful completion of supervision ( $r_s (196) = .32, p < .001$ ).
- The number of prior DOC commitments was negatively associated with program completion ( $r_s (171) = -.17, p = .018$ ).
- As the age of an offender increased, so did the likelihood of successful completion ( $r_s (196) = .15, p = .040$ ).
- The odds of successful completion of FD supervision was 1.7 times higher for persons having at least a high school education versus those who did not complete high school or receive an equivalency diploma ( $X^2 (1, 196) = 8.01, p = .005$ ).
- Scores on the PCL-R were inversely associated with successful completion ( $r_s (44) = -.31, p = .040$ ). However, categorical risk level from the PCL-R was not associated with successful completion.
- Scores on the IRAS were inversely associated with successful completion ( $r_s (134) = -.30, p < .001$ ).
- There were not sufficient numbers of scores on the VRAG, SORAG, SARA and LSI to examine relationships between these risk measures and program completion statistically.
- The following demographic variables *were not* associated with program completion: Race, Gender, Marital Status, or Quadrant of city in which they lived.
- The number of years of education completed was not associated with successful program completion.

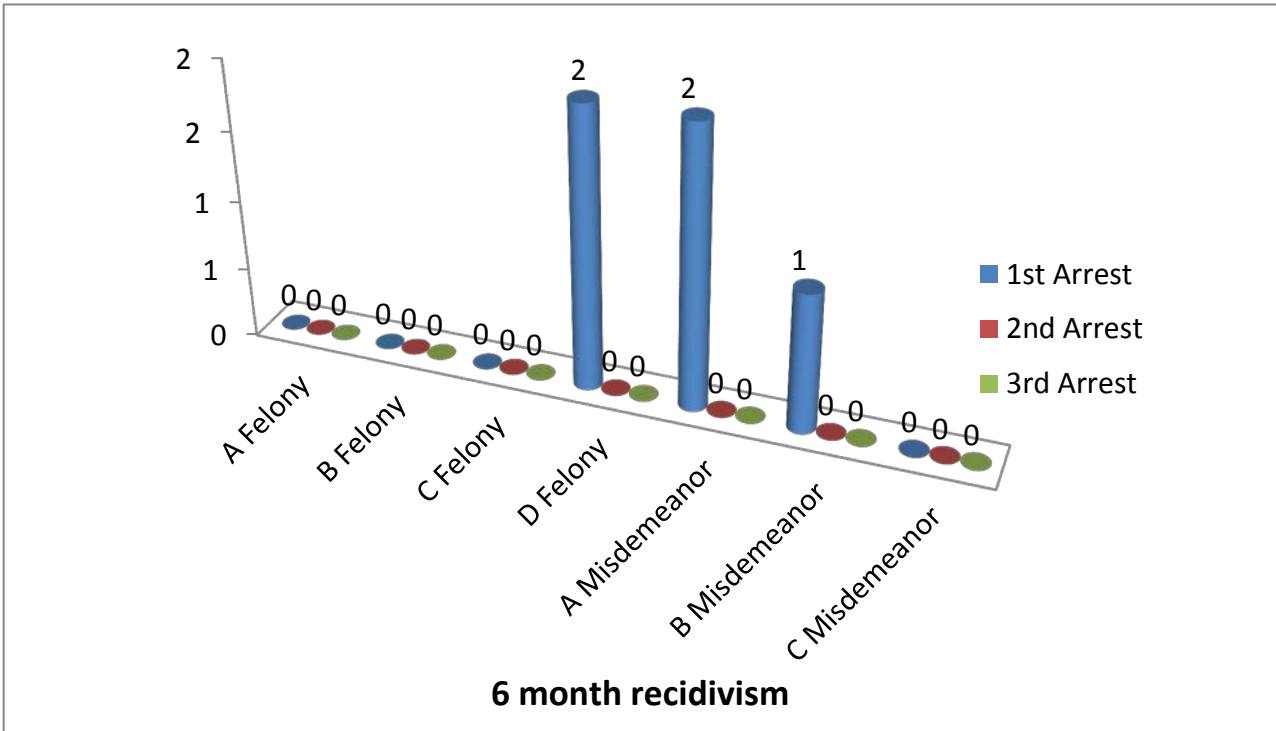


## Section 6

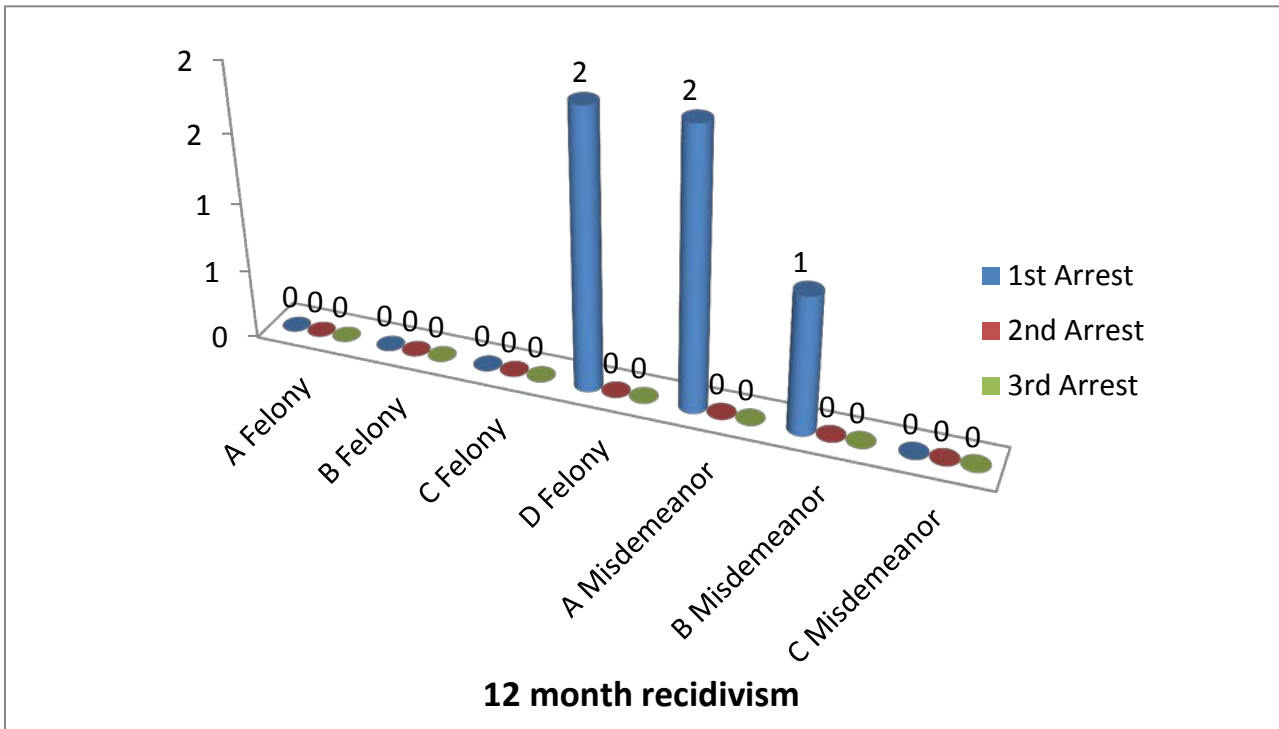
How frequent is recidivism and what form does that recidivism take?

In order to evaluate recent recidivism outcomes, a sample of offenders was comprised of those individuals alive and completing the 3-year recidivism check during 2011-2013 (N = 88).

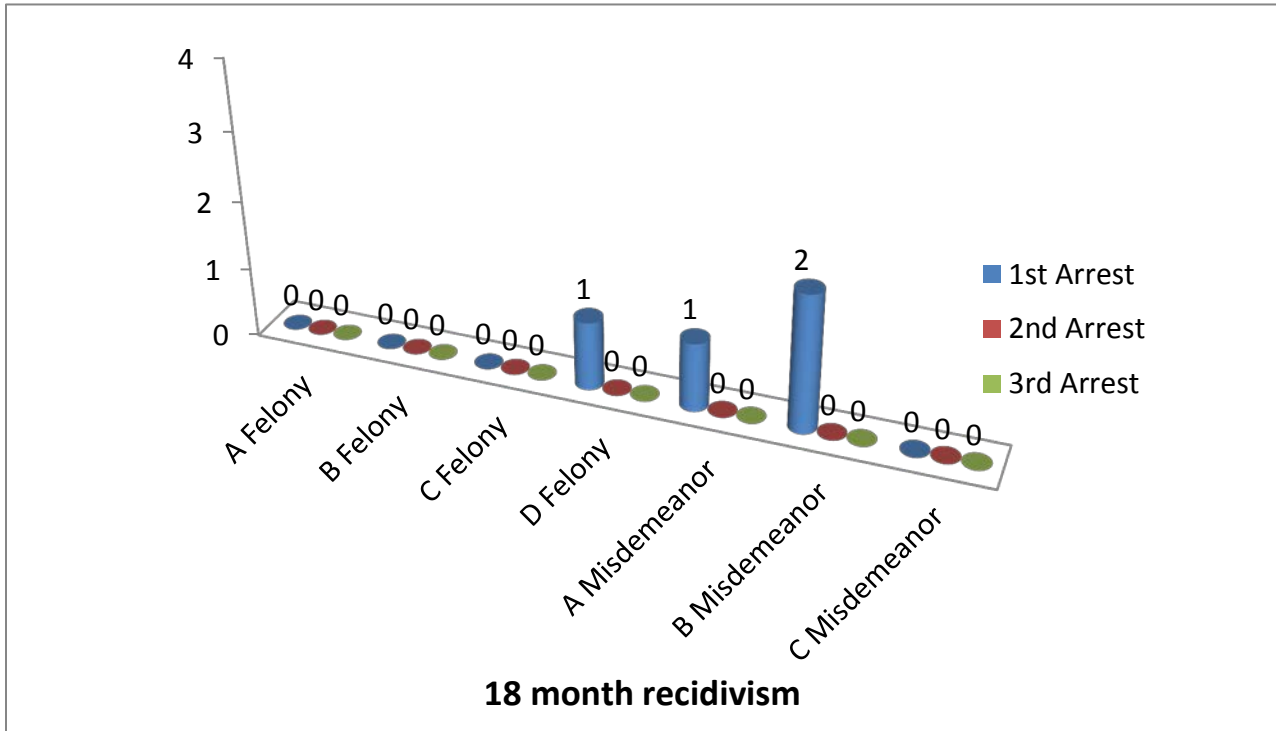
- The sample was largely male (62.5%), Caucasian (77.3%) or African American (17.0%), (Latino/a was 5.7% of the sample), averaged 38.0 years of age ( $SD = 11.1$ ; range=21.2 to 68.8) at intake, and not married (married=19.3%, single= 51.1%, separated=3.4%, divorced=23.9%, and widowed=2.3%).
- On average, the number of years of education completed by these offenders was 12.0 years ( $SD=1.6$ , Median=12.0, Range=9-18). However, 85.2% of this group had completed at least 12 years or the equivalent thereof through completion of an equivalency diploma.
- Thirty of this group of 88 offenders (34.1%) had a psychiatric diagnosis recorded, while the other 65.9% did not have such data entered. Of those with an entry all but one person had substance abuse or dependence noted (both alcohol and illicit drugs) as a primary diagnosis. Further examination of these 30 offenders found secondary diagnoses listed that consisted mainly of mood disorders (23.3% of those with diagnoses), anxiety disorders (23.3%), substance use disorders (36.7%) and psychotic disorders (23.3%). The other offenders (6.7%) were diagnosed with antisocial behavior. Five (5) of these offenders had been given Axis II diagnoses, with the rest of the sample did not have such data entered. Of these 5, 3 were given personality disorder diagnoses, while the other 2 were diagnosed with Borderline intellectual functioning.
- On average, this group had 0.3 prior commitments ( $SD = 0.4$ , *Median* number of prior commitments = 0, range = 0-3).
- Offense types committed by this group at entry into supervision were: 1.1% Class C Felony, 92.0% Class D Felony, and 6.8% Class A Misdemeanor offenses.
- PCL-R risk classifications were included for 23 of these offenders; all were identified as low risk. Nearly 3 in 4 of these offenders (73.9% or 65 offenders) did not have data recorded. PCL-R scores were also recorded on 23 offenders. On average, PCL-R scores were 12.8 ( $SD=4.2$ , *Mdn*=13, Range=6-21). Ratings using the other assessment instruments (V-RAG, SORAG, SARA, IRAS) were listed on a very small minority of these offenders and will not be reported.
- These offenders were on program an average of 272.7 days (*Median* =303.5;  $SD = 158.3$ ; range=1-773).
- Approximately 2 of every 5 offenders (40.9%) were reportedly successful completers of this supervision. The rest of the sample (59.1%) were considered unsuccessful participants (52.3% of the overall sample) from the program or formally terminated (6.8%).
- Just over 1 of every 5 (21.6%) of these offenders was arrested on at least one occasion during the 36-month specified recidivism period. Of those completing this 3-year post program recidivism check, most were rearrested once (18.2%), but 3.4% were arrested twice. No offender was arrested more than twice. The arrest rate was fairly consistent during each six -month time interval. In other words, almost 1 in 10 were arrested in the first six months (6.0%, n=5), 12 months (4.5%, n=4), 18 months (4.5% n=4), 24 months (4.5%, n=4), 30 months (3.4%, n=3), and 36 months (2.3%, n=2).



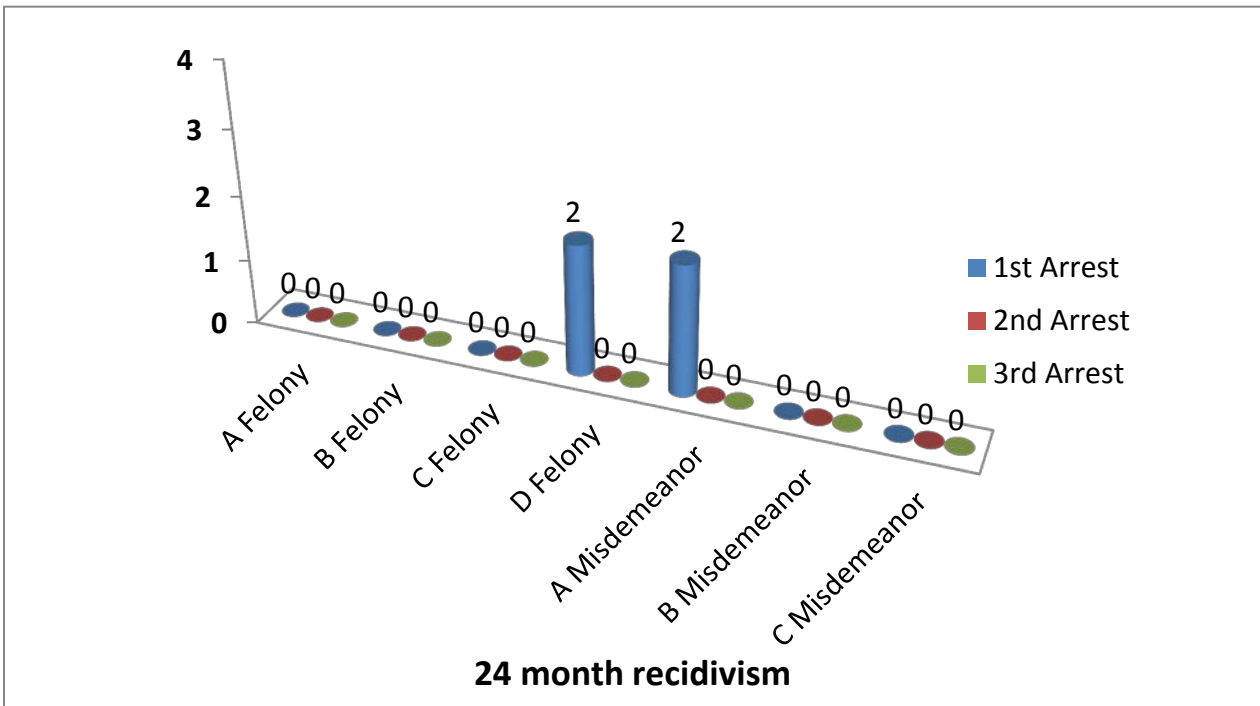
At the 6-month post completion recidivism check, 2 offenders were arrested for a Class D Felony, 2 for a Class A Misdemeanor offense, and 1 for a Class B Misdemeanor. No other arrests were reported during this time frame.



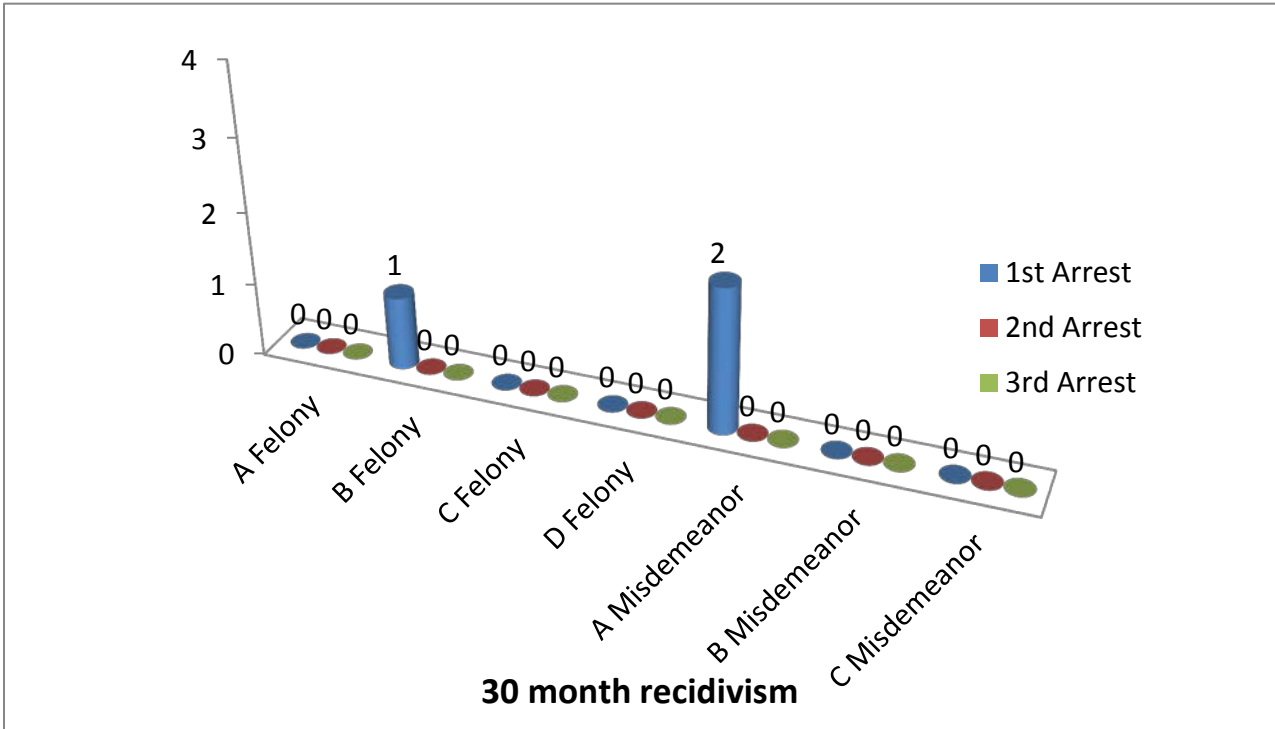
At a 12-month recidivism check (6-12 months post release), 2 offenders were arrested for a Class D Felony offense, 2 were arrested for Class A Misdemeanors, and 1 for a B Misdemeanor. No other arrests were reported during this time frame.



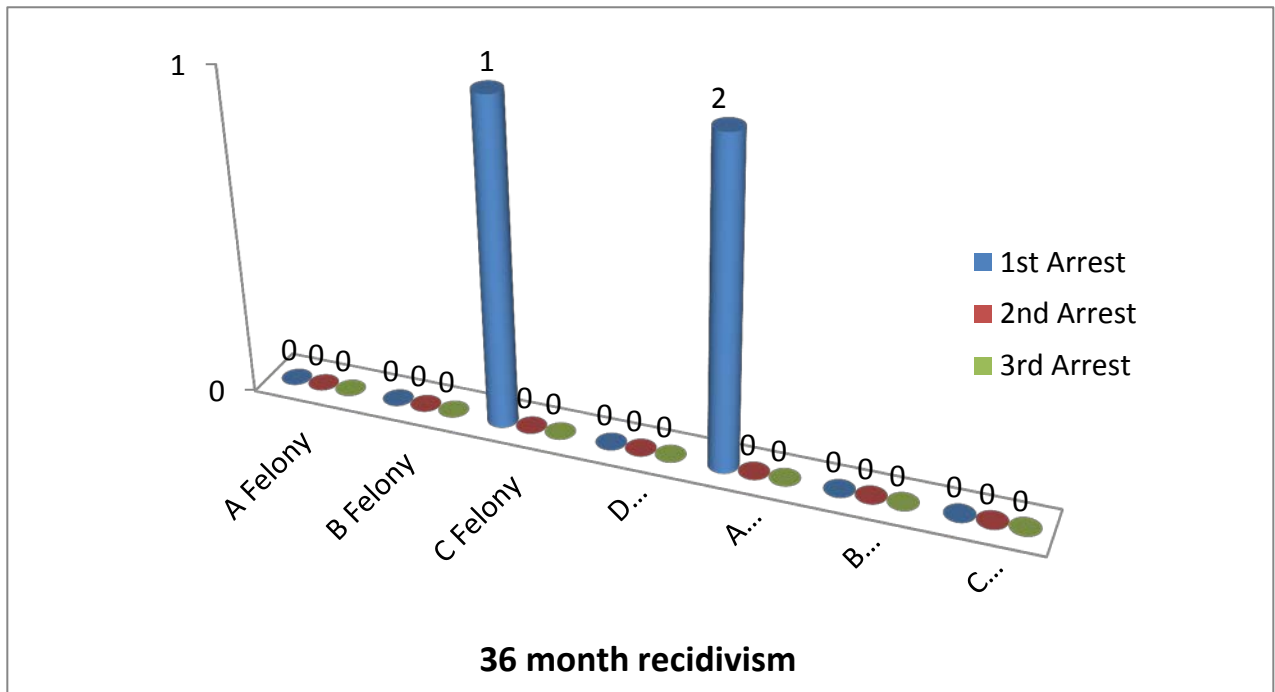
At an 18-month recidivism check (12-18 months post release), 1 offender was arrested for a Class D Felony offense, 1 offender for a class A Misdemeanor and 2 offenders on Class B Misdemeanor offenses. No other arrests were reported during this time period.



At the 24-month recidivism check (18-24 months post release), 2 offenders were arrested for a Class D Felony offense, and 2 for a Class A Misdemeanor charge. No other arrests were reported during this time period.



At the 30-month recidivism check (24-30 months post release), 1 offender was arrested for a Class B Felony offense and 2 offenders were rearrested for Class A Misdemeanor charges. No other arrests were reported during this time period.



At a 36-month recidivism check (30-36 months post release), 1 offender was arrested for a Class C Felony offense and 2 for Class A Misdemeanor offenses. These were the only arrests reported during this time frame.

## Section 7

What relationships exist between items 1-4  
and recidivism?

The following summarizes analysis of relationships between recidivism and other variables under investigation.

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 through the FD, the representativeness of these offenders is not established.

- There were no statistically significant bivariate relationships between the following variables and recidivism: age, race/ethnicity, gender, marital status, level of education or years of education completed, having dependent children, presence of an Axis I mental health diagnosis<sup>1</sup>, number of prior DOC commitments, or quadrant of residence at intake, successful completion of program or number of days of supervision.
- Hare PCL-R<sup>2</sup> scores were significantly related to recidivism ( $r_s(21) = .49, p=.02$ ); however, given the size of the sample on whom the PCL-R was recorded, this may not be a stable relationship. Other risk scale scores were recorded on such a minority of the sample that the number of these scores were judged to not be of sufficient frequency for analysis.

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<sup>1</sup> The limited number of offenders with an Axis II diagnosis precluded analysis.

<sup>2</sup> Please note that there were insufficient cases to examine risk score ratings using the V-RAG, SORAG, SARA, and IRAS.

## References

- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed., text revision). Washington, DC: Author.
- Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, 62 (6), 593-602.