

**Allen County Community Corrections**  
**Modified Therapeutic Community**  
**Report for Calendar Years 2011-2013**

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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 (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, 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 94 offenders entered supervision in the MTC, 8 offenders were no longer in 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 database 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 – 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.

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 recognize 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 examined 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**

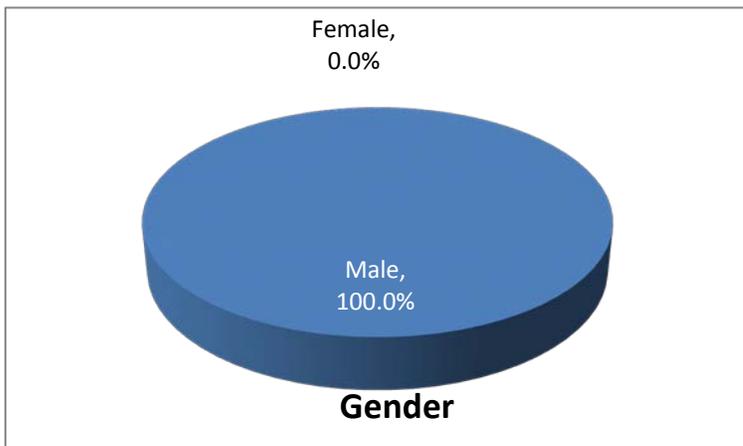
- Offenders entering the MTC were on average, 37.9 years of age, with a range of just over 22 years (22.3) to just under 70 years (69.2) of age.
- All (100.0%) of the offenders entering the Modified Therapeutic Community (MTC) were male.
- Over four-fifths (80.9%) of offenders entering the MTC were Caucasian, nearly one-sixth (16.0%) were African American, and a small minority (3.3%) were from other racial/ethnic groups (Latino=2.1%; Asian / Pacific Islander=1.1%).
- Almost 7 of every 10 (72.3%) of offenders were single, while 11.7% were married, 4.3% separated, and 11.7% divorced. None of these offenders were widowed.
- Offenders reported having 0 to 4 children, with a median number of children of 0.
- Just over 3 of every 5 offenders (63.8%) had obtained a high school diploma and 1 in 5 (21.3%) completed a General Education Diploma (GED) equivalency exam. About 1 in 16 (6.4%) offenders had obtained degrees beyond high school and about 1 in 11 (8.5%) had less than a high school diploma.
- Of those entering MTC between 2012 and 2013, most all offenders lived in quadrants 3 or 4. Of these offenders, 8.5% lived in quadrant 4, 87.2% in quadrant 3, while 2.1% lived in quadrant 2, and 2.1% in quadrant 1.
- A minority of the sample was given a primary Axis I diagnosis (37.2%), while the rest of the sample (62.8%) did not have this information available. The primary diagnosis on Axis I was related to alcohol (33.0%) or other substance abuse/dependence (4.3%).
- There were secondary Axis I diagnoses provided to 36.2% of the sample entering MTC, while the other 63.8% of cases were missing this information. Of those in this offender group who had a secondary diagnosis on Axis I. 26.2% of those diagnoses were related to alcohol or other substance abuse/dependence. Mood (7.4%) and anxiety (8.5%) disorders were diagnoses present in 1 of every 6 offenders.
- On Axis II, only 2 of the 94 offenders entering the MTC were listed as being given a diagnosis; both were identified as having Antisocial Personality Disorder. This disorder was the only Axis II diagnosis recorded.
- Almost 7 of 10 (72.3%) offenders were charged with Class D Felonies, 1 in 10 (10.6%) with Class C Felonies, and 1 in 100 (1.1%) with a Class B Felony offense. Misdemeanor A charges were filed against about 1 in 6 (16.0%) of the offenders in this sample.

- The majority of these offenders had primary charges of major driving offenses (89.4%). Property offenses (3.8%) were charged against 1 of every 16 offenders (6.4%). Approximately 1 in 50 was charged with drug offenses (2.1%). Violent offense charges were filed against less than 1 in 50 of these offenders (2.1%).
- Risk of re-offense was measured in various ways. According to the IRAS, of those receiving a risk level (n=76), 71.2% were found to have elevated (i.e., Very High, High or Moderate) risk levels.
- Regarding program outcomes, 62.3% (n=43) of the 68 offenders entering MTC from 2012 to 2013 successfully completed supervision. Of those not completing supervision, the most common reason was due to committing technical violations (n=20 or 29.4%).
- 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?  
2012-2013

## Demographics of those entering the MTC between 2012 and 2013

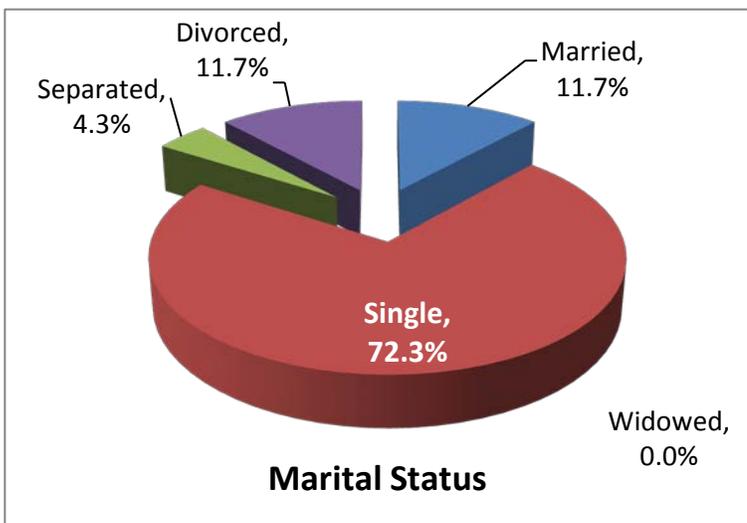
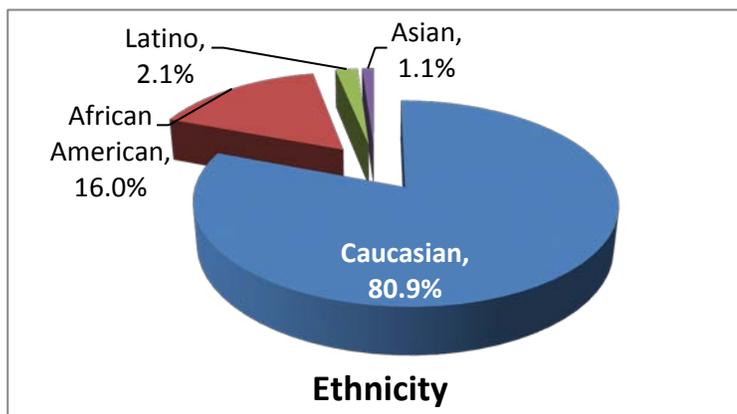


Nearly 100 (N=94) offenders entered the Modified Therapeutic Community between 2012 and 2013.

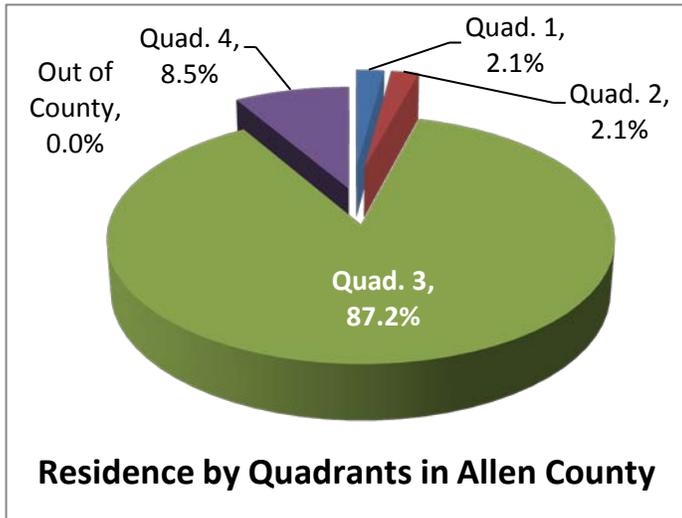
Offenders were on average 37.9 years of age (Standard Deviation [SD] = 11.9), with a range of just over 22 years of age (22.3) to just under 70 years of age (69.2).

Approximately 4 in 5 (80.9%) were Caucasian, 1 in 6 African American (16.0%), 1 in 50 Latino (2.1%), and just over 1 in 100 (1.1%) Asian/Pacific Islander. All offenders with valid gender data in the MTC were male.

Over 7 in 10 of the offenders were single (72.3%), with fewer than 3 in 10 combined who were married (11.7%), separated (4.3%), or divorced (11.7%). For these offenders, the median number of children reported was 0, with a range of 0-4 children.



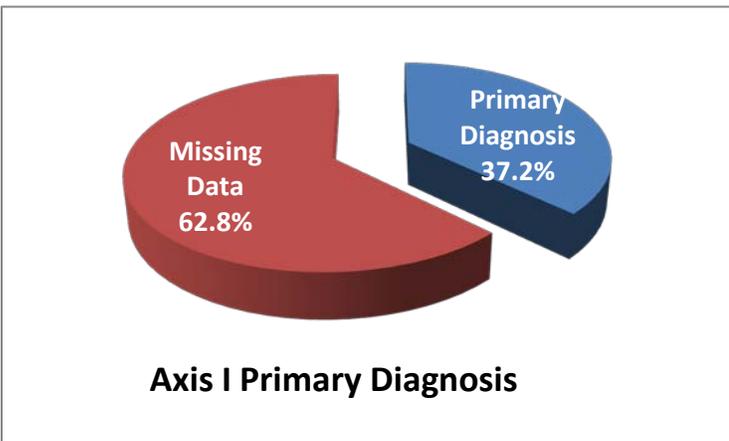
About 17 in 20 (85.1%) of the members of this group of offenders had obtained a high school diploma (63.8%) or a GED (21.3%) equivalency exam, and 75.5% had attended school for 12 years or more. More than 1 of every 16 (6.4%) offenders entering the Modified Therapeutic Community had obtained degrees beyond a high school diploma. 8.5% reported less than high school completed.



All of the offenders entering the MTC between 2012 and 2013 resided inside Allen County. More than four-fifths of the sample (87.2%) resided in Quadrant 3 and less than 1 in 10 (8.5%) of the offenders resided in Quadrant 4. The remainder, of approximately 1 in 25 (4.2%) of the offenders, lived in Quadrant 1 (2.1%) and Quadrant 2 (2.1%).

## Mental Health and Substance Abuse Conditions

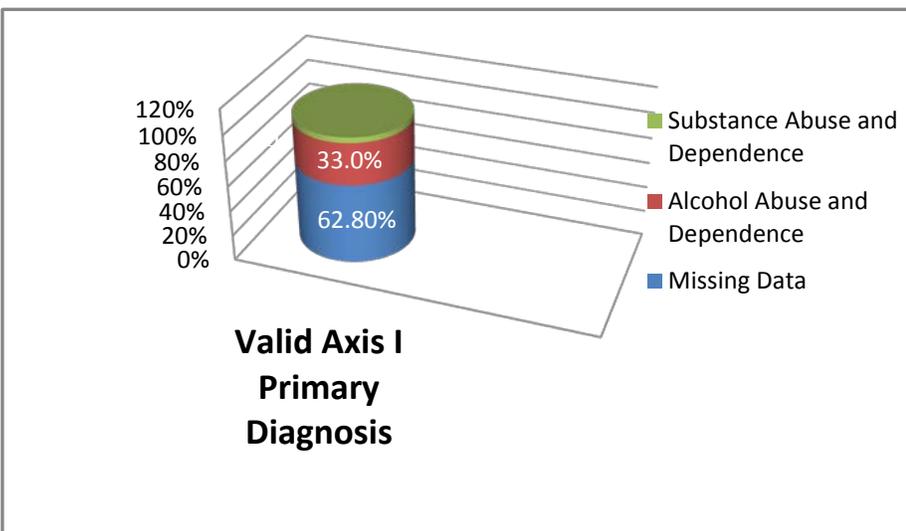
### Axis I



Offenders entering the Modified Therapeutic Community between 2012 and 2013 were evaluated for mental disorders using the DSM-IV criteria. Multiple diagnoses for Axis I disorders prompted primary and secondary diagnosis. Of the offenders in this sample, 37.2% of offenders in the MTC received a **primary** mental health diagnosis on Axis I. 62.8% had missing data for primary Axis I diagnosis.

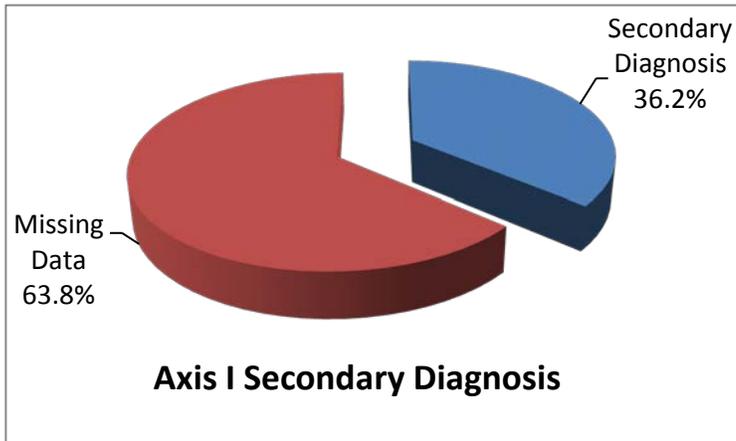
For offenders' primary Axis I diagnosis, a majority were classified as missing data

(62.8%). Comparing to the overall sample, 1 in 3 (33.0%) received a diagnosis of alcohol dependence

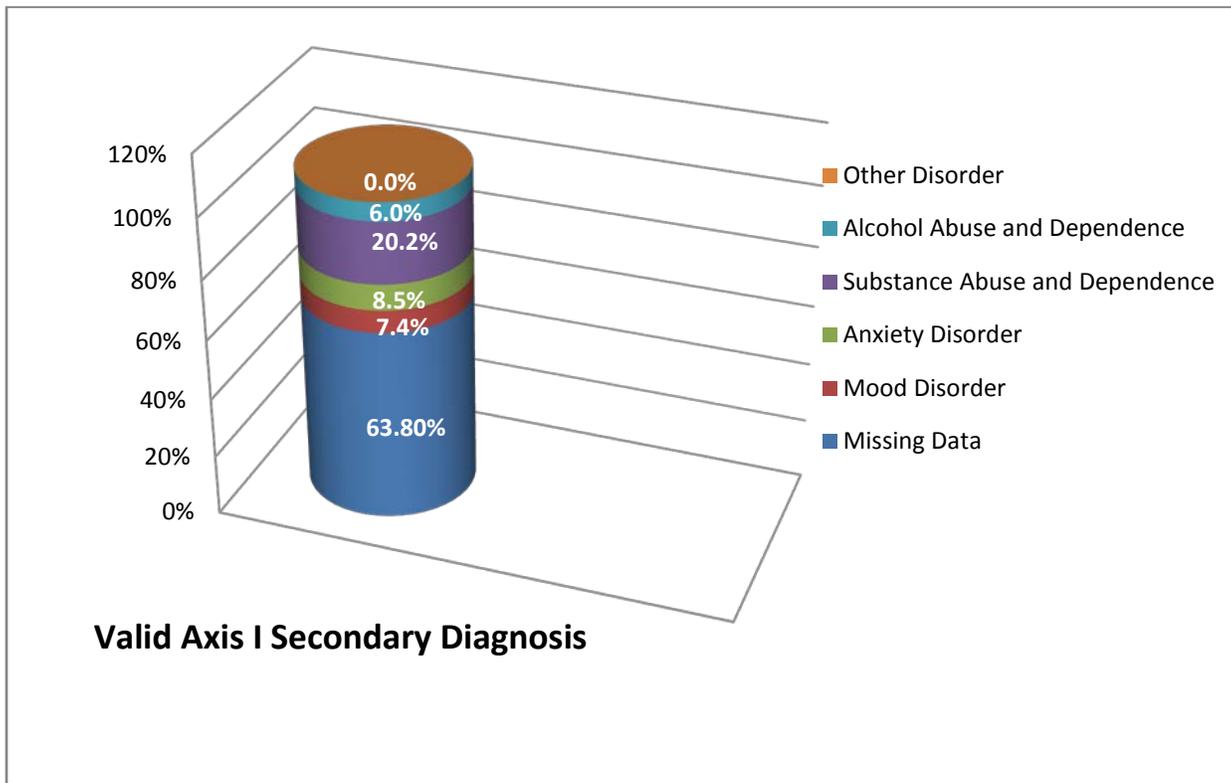


(31.9%) or alcohol abuse (1.1%). Less than 1 in 20 (4.3%) received primary Axis I diagnoses related to substance abuse or dependence, the most common diagnosis in this category being Cocaine Dependence (2.1%), followed by Cannabis Dependence (1.1%) and Sedative, Hypnotic, or Anxiolytic Dependence (1.1%). No other Axis I primary diagnoses were assigned.

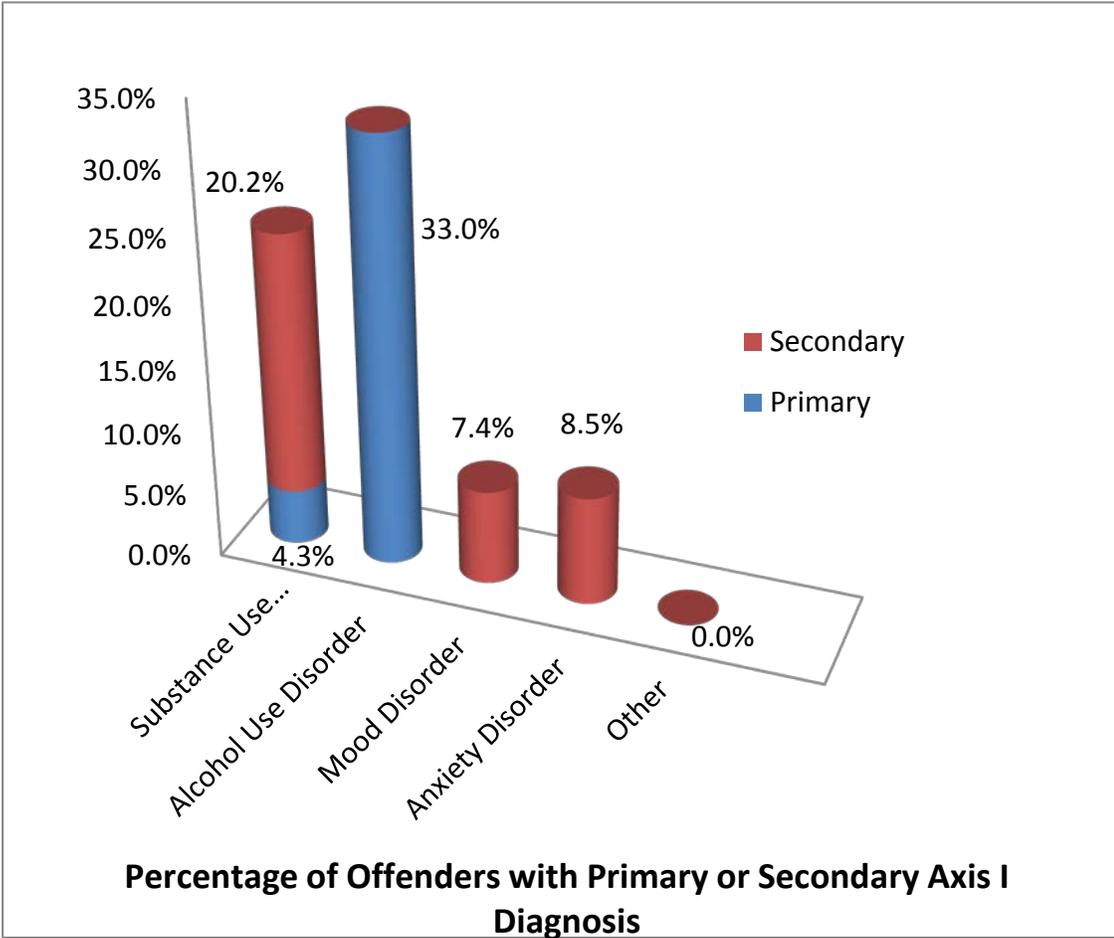
Of the offenders in this sample, 36.2% of offenders in the MTC received a *secondary* mental health diagnosis on Axis I.



For offenders' secondary Axis I diagnosis, a majority were classified as missing data (63.8%). Using the overall sample to make comparisons, 1 in 5 (20.2%) received a substance use related diagnosis, about 1 in 14 (7.4%) were diagnosed with a mood disorder, and about 1 in 12 (8.5%) were diagnosed with an anxiety disorder. No other categories of Axis I secondary diagnoses were assigned.

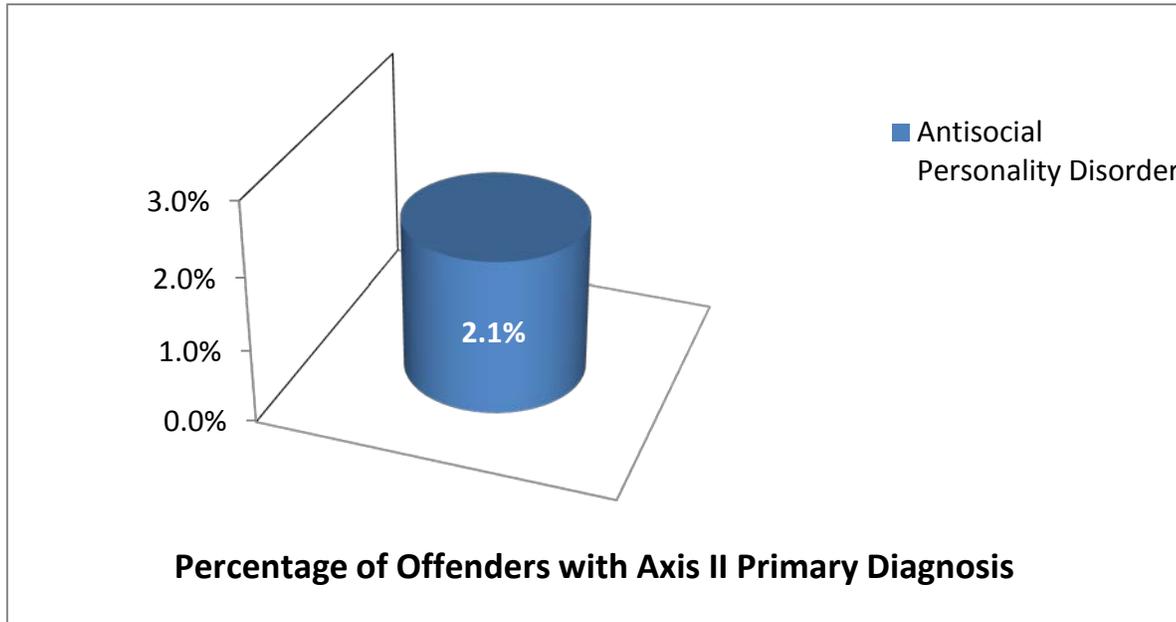


About 1 in 4 (24.5%) of those in this offender group had primary (4.3%) or secondary (20.2%) diagnoses on Axis I involving substance abuse or dependence. About 1 in 3 (33.0%) of those in this offender group had primary (33.0%) diagnoses of the Axis I disorders involving alcohol abuse or dependence and none had secondary diagnosis. Just over 1 in 14 (7.4%) of offenders in this group had a secondary diagnosis of a Mood Disorder and none had a primary diagnosis of a Mood Disorder. About 1 in 12 (8.5%) had a secondary diagnosis of an Anxiety Disorder, and none had a primary diagnosis of an Anxiety Disorder. No other groups of diagnoses were found in the MTC sample.



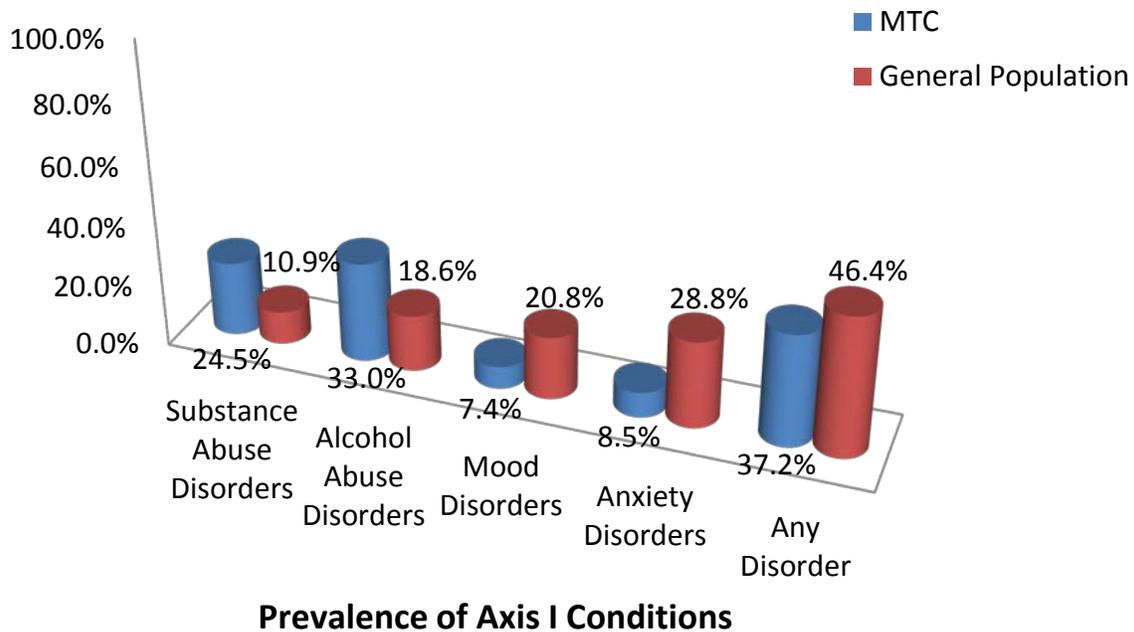
## Axis II and Axis V Diagnoses

Of those offenders in MTC, two individuals had an Axis II diagnosis given. Both individuals were diagnosed with Antisocial Personality Disorder (2.1%). About 1.1% had their Axis II diagnosis deferred, and 96.9% 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 51.1 with a standard deviation of 7.2. Scores in this range are typical of persons who report or are experiencing moderate to serious psychological symptoms and/or moderate to 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 35 to 65.

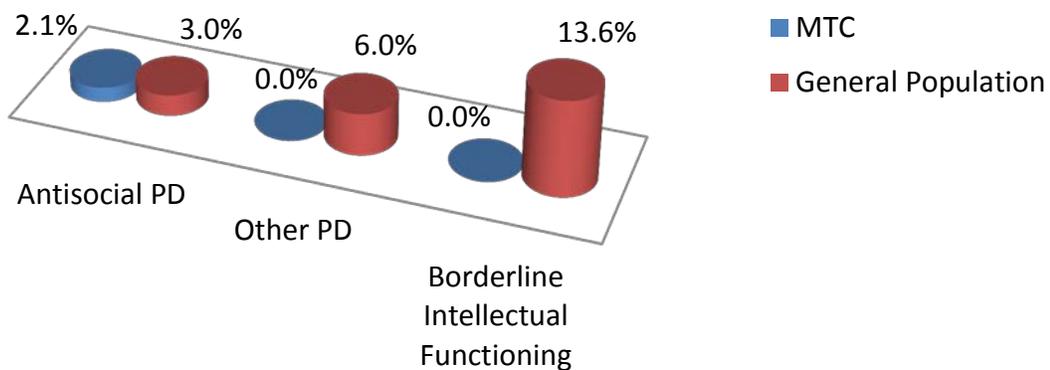
## Prevalence of Axis I Conditions



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). Those with missing data were assumed not to have received a diagnosis.

- Substance Use Disorders are 2.2 times more likely to be diagnosed in the MTC sample.
- Alcohol Use Disorders are 1.8 times more likely to be diagnosed in the MTC sample.
- Mood disorders are 2.8 times less likely to be diagnosed in the MTC sample.
- Anxiety Disorders are 3.4 times less likely to be diagnosed in the MTC 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 MTC 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.

Although limitations created by the size of the sample warrant some caution in interpreting this result, the diagnosis of Anti-social Personality was lower than that seen in the general population. 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

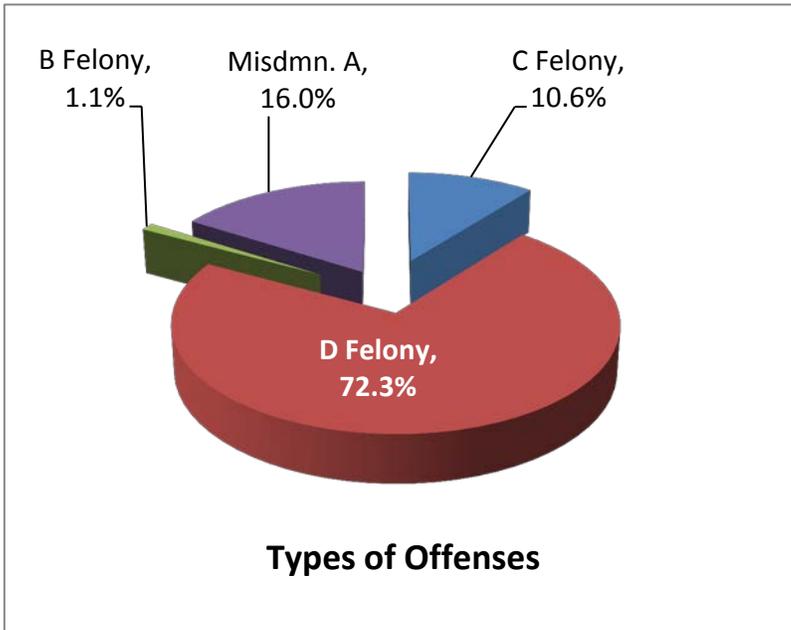
What types of offenses are committed leading to referral to the MTC?

## 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 (89.4%) were charged with major driving offenses. The remaining ten percent of offenders were charged with property offenses (6.4%), drug offenses (2.1%) and violent offenses (2.1%).

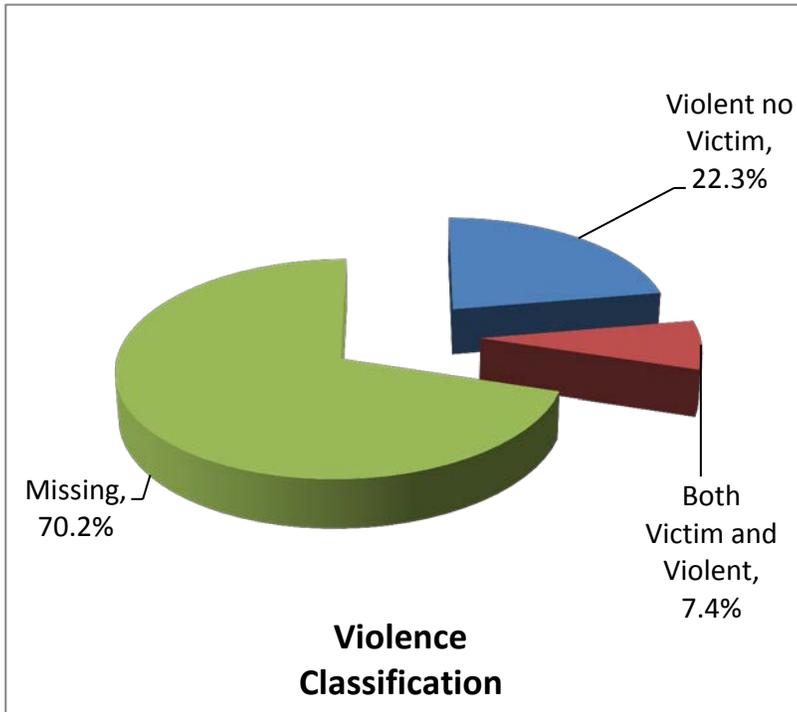
The average number of prior Department of Correction (DoC) commitments for those entering MTC was 0.7 ( $SD=1.1$ ), with a range of 0-6. The *Median* number of prior commitments was 0. The following classifications were listed as primary offenses for this group of offenders:

Primary Offense	%
Property offenses	6.4%
Drug offenses	2.1%
Violent offenses	2.1%
Major driving offenses	89.4%



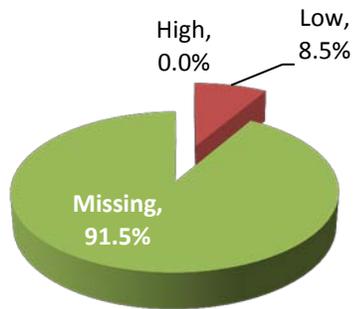
A large majority of offenders (72.3%) had been charged with Class D felonies, over 1 in 10 (10.6%) were charged with Class C felonies, and a very small percentage (1.1%) were charged with Class B felonies. About 1 in 6 (16.0%) offenders were admitted to the MTC because of a violation of a Class A misdemeanor.

While violence classification was missing for 7 in 10 (70.2%) of the sample, more than 2 in 10 (22.3%) who were charged with crimes were considered to be violent but involve no victim and about 1 in 14 (7.4%) involved violence and a victim.



## Section 3

What level of risk do MTC offenders demonstrate?

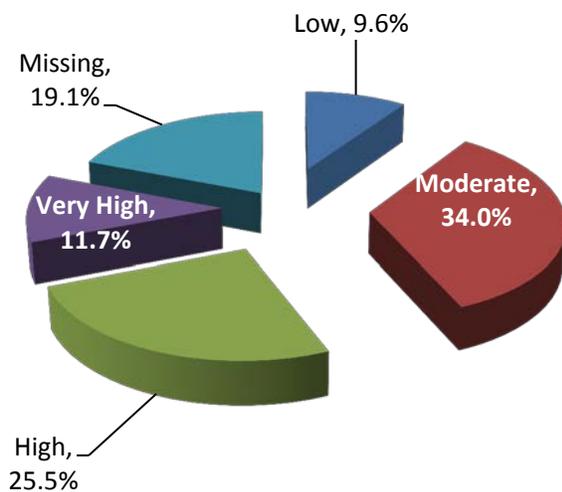


**Risk Level PCL-R**

Very few offenders had PCL-R scores recorded (n = 8, 8.5% of total cases).

Of these offenders, all were at low risk of reoffending according to the PCL-R.

<b>IRAS Scores</b>	<i>Mean</i>	<i>SD</i>
<b>Total at entry</b>	22.1	6.2
Criminal History	4.5	1.8
Education, Employment, Financial	3.3	1.3
Family and Social Support	2.1	1.4
Neighborhood Problems	1.6	1.0
Substance Abuse	3.2	1.2
Peer Associations	3.1	1.7
Criminal Attitudes/Behaviors	4.4	2.3



**IRAS Risk Level**

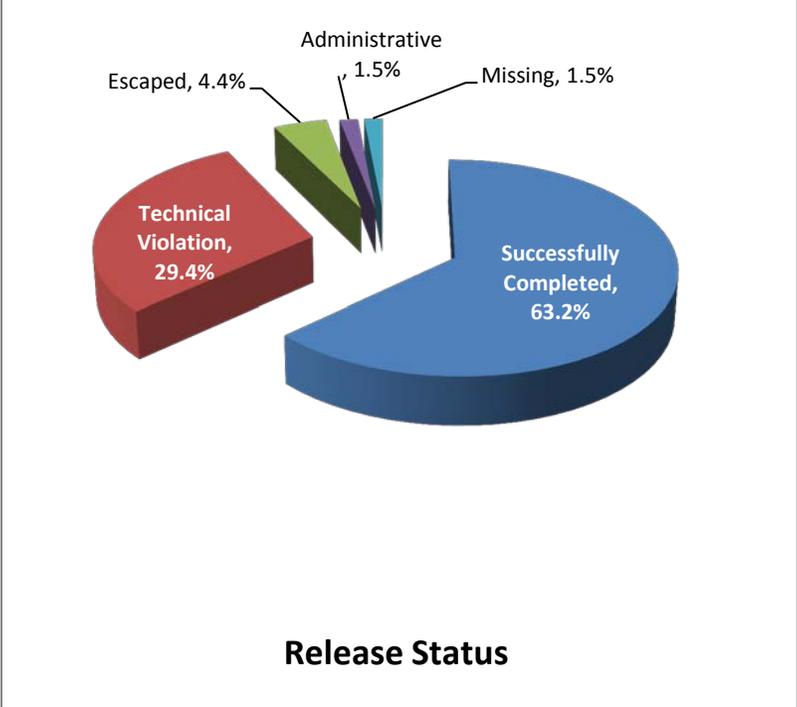
About 4 of 5 offenders had IRAS scores recorded (n = 76, 80.9% of total cases).

Of these offenders, 25.5% (n=23) were considered to be at High Risk and 11.7% (n=11) Very High Risk of reoffending.

About 1 in 3 MTC offenders were at Moderate Risk (34.0%, n=32) and about 1 in 10 (9.6%, n=9) were at Low Risk of reoffending.

## Section 4

How successful are offenders in completing the MTC?

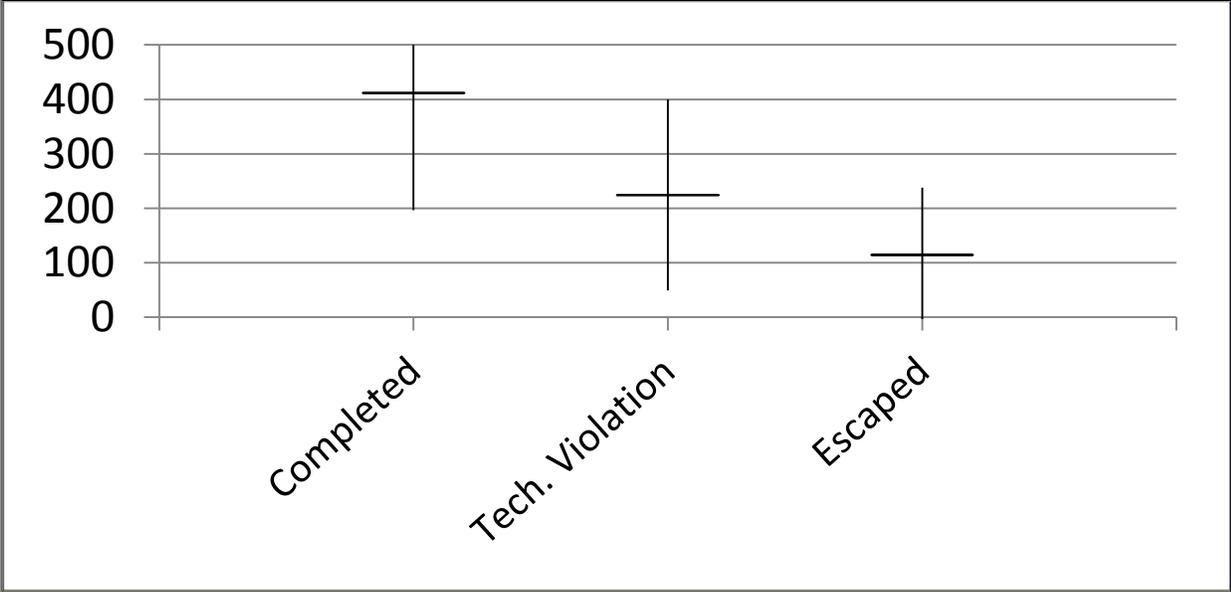


Because the MTC began in October 2011, the program has had limited time to establish rates of successful completion with only 68 offenders completing the program during the evaluation time frame.

Offenders with a release status during this evaluation period ended their time in program in the following ways:

- 43 successfully completed
- 20 committed technical violations
- 1 was administratively released
- 3 were labeled as escaped
- 1 had missing information

Time in program was also calculated for offenders by release status. For offenders who completed the program, the Mean length of time in program was 412.2 ( $SD = 196.7$ ) 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 2011 and is relatively smaller than other supervision components. Because of these characteristics, there is only small sample of offenders who have been released from the program. Characteristics of offenders who were identified as completing the MTC 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 of every five (63.2%) offenders who completed supervision were successful (43 out of 68 identified completers). 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 and will move through the MTC.

- As length of time in supervision increased, so did the likelihood of successful completion of supervision ( $r_s(67) = .48, p < .001$ ).
- Scores on the PCL-R and IRAS *were not* associated with successful completion.
- There were not sufficient numbers of scores on the VRAG, SORAG, and SARA to examine relationships between these risk measures and program completion statistically.
- The following demographic variables *were not* associated with program completion: Race, Age, Gender, Marital Status, Years of education, possessing a High School Education, or Quadrant of city in which the offenders lived.
- NOTE: While some relationships between variables did exist, it is possible that these relationships were not statistically significant as the sample size for the analyses remain small with this component. Based on the results presented above, predictors of successful program completion will need to be examined in the future.

Because of the small sample size, the following descriptive statistics are added to supplement the above inferential analyses. Of the 68 offenders with release status recorded from MTC:

- 72.7% of offenders who successfully completed supervision lived in quadrant 3, whereas 82.9% of offenders who did not complete supervision lived in quadrant 3
- 93.2% of the offenders who completed the program were White compared to 6.8% who were African American
- Mean age at intake for completers was 38.8 years versus non-completers whose average age was 37.8 years
- The frequency of offenders who were single in both the completer and non-completer groups was roughly equal (68.2% for completers versus 69.6% for non-completers)
- 70.5% of offenders completing their program reported having finished 12 years of school compared to 59.1% of those offenders who did not complete their programs
- 72.7% of offenders who completed the program had no prior DOC commitments whereas 65.2% of offenders who did not complete the program had no prior DOC commitments; the 2 offenders with more than 4 offenses did not complete the program
- The mean risk level on the IRAS for offenders completing the program was 19.0. Offenders not completing supervision had an average IRAS score of 23.3

## Section 6

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

The Modified Therapeutic Community was initiated in the past 42 months. 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 the past 42 months. 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.

## 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.