

Allen County Community Corrections

Pretrial Day Reporting

Report for Calendar Years 2011-2013

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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 during the time frames examined. For entry into supervision, the time frame selected was between January 1, 2012 and December 31, 2013. For those who completed supervision, the time frame selected was July 15, 2011 while the end date used was December 31, 2013. The time frame for offenders completing the 3-year post follow-up recidivism check during this time period was July 15, 2011 through December 31, 2013. These time frames were chosen to provide continuous follow-up from the times

when the last external evaluation was performed. During these time frames, a total of 584 offenders entered supervision, 726 completed supervision, and 846 completed the 3-year recidivism follow-up. 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 – 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

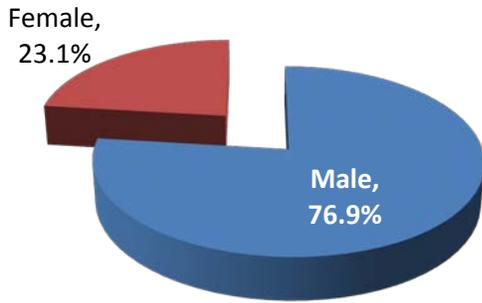
- Offenders entering supervision were on average, 36.1 years of age, with a range from just under 19 years of age to 69 years of age.
- 76.9% of offenders entering supervision were male.
- 68.7% entering supervision were Caucasian, 22.4% were African American and 6.8% were Latino; with 2.1% listed as other ethnicities.
- 60.1% of offenders entering supervision were single, 15.2% were married, 5.1% separated, 17.6% divorced and 1.9% widowed.
- Offenders reported having 0 to 9 dependent children, with a median number of children of 0.
- At entry into supervision, 54.6% of offenders had obtained a high school diploma and 23.6% completed a GED equivalency exam. Approximately 1 in 12 (8.3%) had obtained degrees beyond high school and 12.5% had less than a high school diploma.
- Of those entering RCP between 2012 and 2013, 30.3% lived in quadrant 4, 18.7% in quadrant 3, 22.3% in quadrant 2, and 22.4% in quadrant 1. About 1 of every 16 offenders (6.3%) lived out of the county.
- Almost half (49.5%) of those in this offender group had a primary diagnosis on Axis I. Of those receiving a primary diagnosis on Axis I, 89.5% were related to alcohol and 9.7% were related to other substance abuse/dependence. Less than 1% of those diagnosed received a primary diagnosis of a mood disorder or V code.
- 39.6% of those in this offender group had a secondary diagnosis on Axis I. Of those diagnosed with secondary diagnosis on Axis I, 56.7% of those diagnosed were related to alcohol or other substance abuse/dependence. Similarly, 43.0% received a primary diagnosis of a mood disorder or V code.
- Very few offenders were given Axis II diagnoses at entry into this supervision component (6.4%). The most frequently assigned Axis II diagnosis was Antisocial Personality Disorder (5.7% of the overall sample were assigned this disorder). Less than 1% of the overall sample were diagnosed with other personality disorders (0.7%) or were given a diagnosis of Borderline Intellectual Functioning (0.2%). Finally 4.5% received a deferred diagnosis.
- A large majority (95.5%) of the offenders had been charged with Class D Felony offenses. Less than 1 in 20 (3.9%) were charged with Class C Felonies. A very small percentage of offenders had committed Class B Felony offenses (0.2%).

- Almost everyone in this group of offenders (99.3%) was arrested for driving offenses. Less than 1 percent of the entire sample was listed as being arrested for public order offenses (0.2%), property offenses (0.2%) or violent offenses (0.3%).
- Risk of re-offense was measured in various ways. According to the PCL-R, of those receiving a risk level (49.5% of the sample), 8.5% were found to have high levels of risk.
- Regarding program outcomes, 726 offenders completed their supervision during the time frame under study. Using this entire sample of offenders completing supervision, about $\frac{3}{4}$ (74.8%) were identified as successful. Of the $\frac{1}{4}$ (24.2%) who did not complete supervision, most committed technical violations (97.7% of those who were not successful and 23.7% of the total sample). Other reasons, in all summed to less than 1% in total, consisted of receiving new charges, escaping, and dying.
- Those who successfully completed their supervision were more likely to be younger, have fewer prior commitments, be 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.
- Nearly 1 of every 4 offenders completing the 3-year recidivism check were arrested at least once during the time between supervision completion and follow-up.
- Arrest during post-supervision monitoring was associated with being of minority ethnicity/race, being male, having less education, living in quadrant 3 or 4, having an increased number of prior commitments and not having successfully completing the supervision program.

Section 1

Who tends to enter PDR?
2012-2013

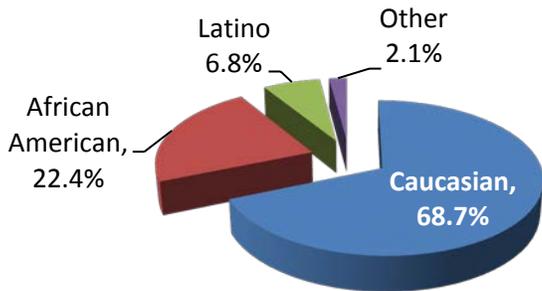
Demographics of those entering the PDR between 2012 and 2013



Gender

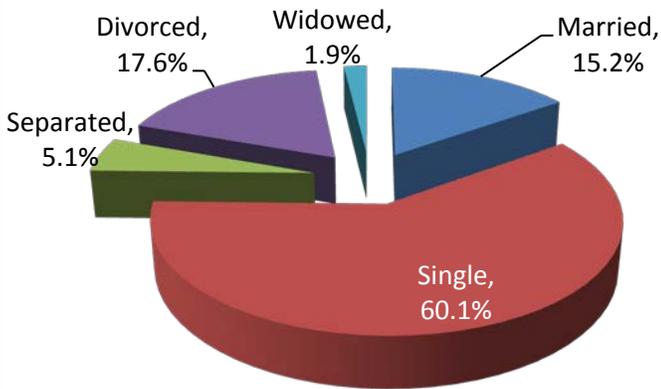
Five hundred eighty-four (584) offenders entered supervision via Pre-trial Day Reporting between 2012 and 2013.

Offenders were on average 36.1 years of age (Standard Deviation [*SD*] = 11.7), with a range of just under 19 years of age (18.7) to 69 years of age. Offenders were largely male (76.9%).



Race/Ethnicity

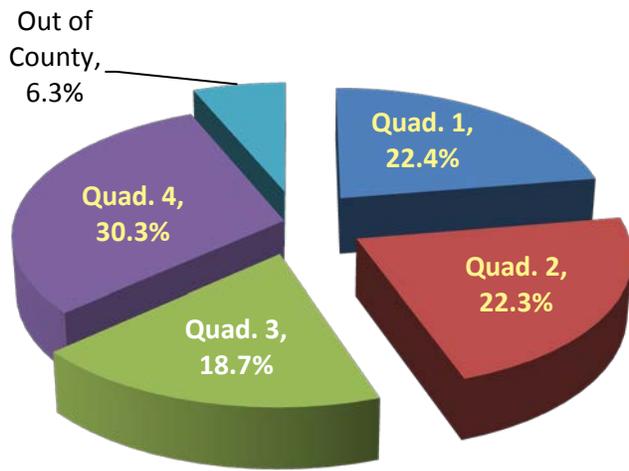
Nearly 7 in 10 (68.7%) were Caucasian, over 1 in 5 African American (22.4%), about 1 in 15 Latino (6.8%) and about 1 in 50 (2.1%) other ethnicities (e.g., Asian/Pacific Islander, Native American, Biracial, or other).



Marital Status

3 in 5 of the offenders were single (60.1%), with those who were married (15.2%), separated (5.1%), divorced (17.6%), or widowed (1.9%) combined representing two-fifths of those entering this supervision component. For offenders entering PDR, the median number of dependent children reported was 0, with a range of 0-9 children.

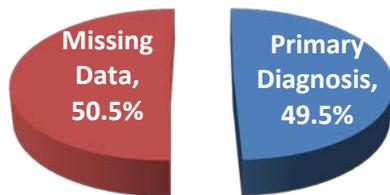
Nearly 4 in 5 (78.2%) of the members of this group of offenders had obtained a high school diploma (54.6%) or successfully completed a general equivalency diploma (GED) (23.6%), and 71.1% had attended school for 12 years or more. One in twelve (8.3%) of those in the PDR Program had obtained degrees beyond a high school diploma. 12.5% reportedly completed less than high school.



Residence by Quadrant in Allen County

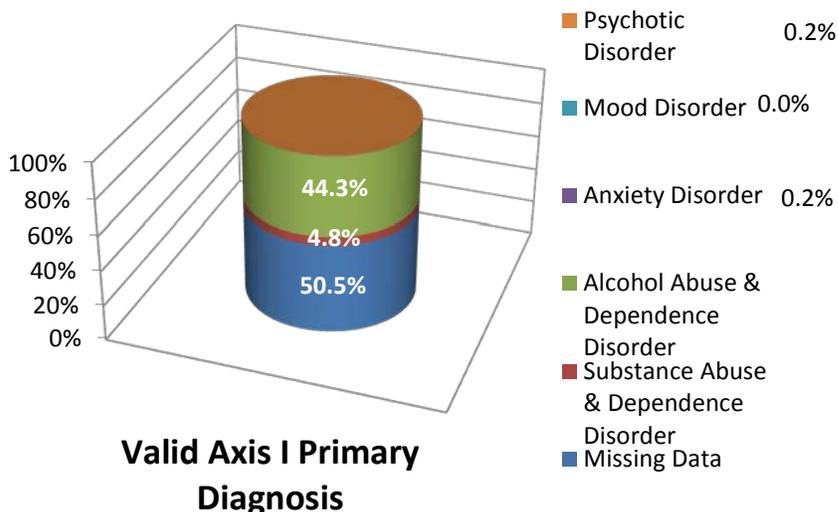
1 in 16 offenders entering the PDR Program between 2012 and 2013 resided outside of Allen County (6.3%). Almost 1 of 3 (30.3%) of the offenders resided in Quadrant 4, and just over 1 in 5 resided in each of Quadrant 1 (22.4%) and Quadrant 2 (22.3%). The remainder of under one fifth (18.7%) of the offenders lived in Quadrant 3.

Mental Health and Substance Abuse Conditions: Axis I



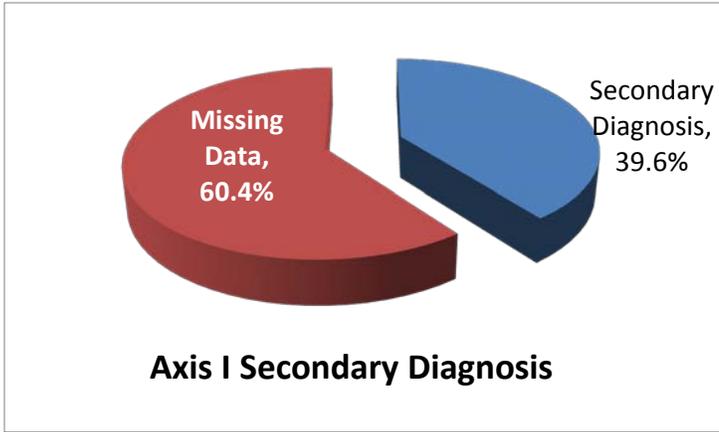
Axis I Primary Diagnosis

Offenders entering the PDR Program between 2012 and 2013 were evaluated for mental disorders using the DSM-IV criteria. Of the offenders in this sample, 49.5% of offenders in the PDR were listed as having received a *primary* mental health diagnosis on Axis I. One-half (50.5%) had data missing. None of the offenders in the PDR received a primary diagnosis of “no diagnosis” on Axis I.



Valid Axis I Primary Diagnosis

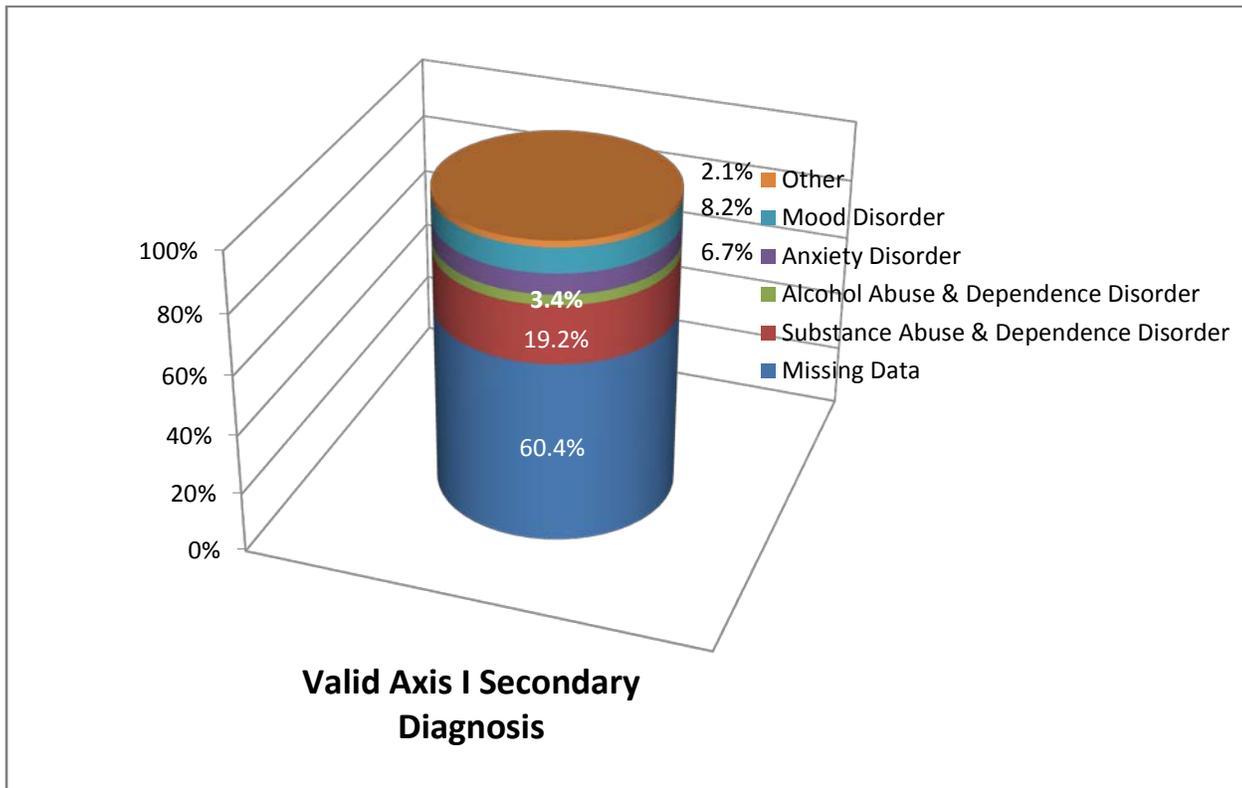
Of the offenders entering PDR, about 4 in 9 (44.3%) had an alcohol use disorder, and about 1 in 20 (4.8%) had a substance use disorder. Less than 1 in 200 had either an anxiety disorder (0.2%) or a psychotic disorder (0.2%). None had a V-code or a mood disorder.



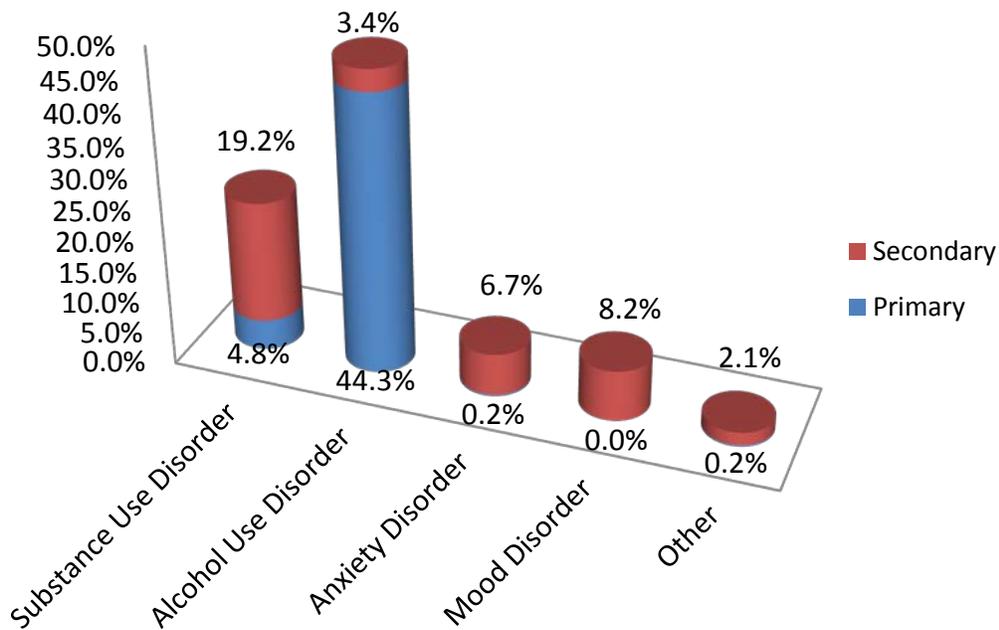
Of the total entering supervision, 39.6% of offenders in the PDR Program received a **secondary** mental health diagnosis on Axis I.

Of the offenders entering PDR, almost 1 in 5 (19.2%) were diagnosed with substance use disorder as a **secondary** mental health diagnosis on Axis I. About 1 in 30 (3.4%) were diagnosed with an alcohol use disorder, 1 in 15 received a diagnosis for an

anxiety disorder (6.7%), about 1 in 12 received a diagnosis of a mood disorder (8.2%), and just over 1 in 50 (2.1%) received other diagnoses, including adjustment disorder (1.4%), bereavement (0.2%), and ADHD (0.3%). About three-fifths (60.4%) of the offenders were missing data for secondary Axis I mental health diagnoses.

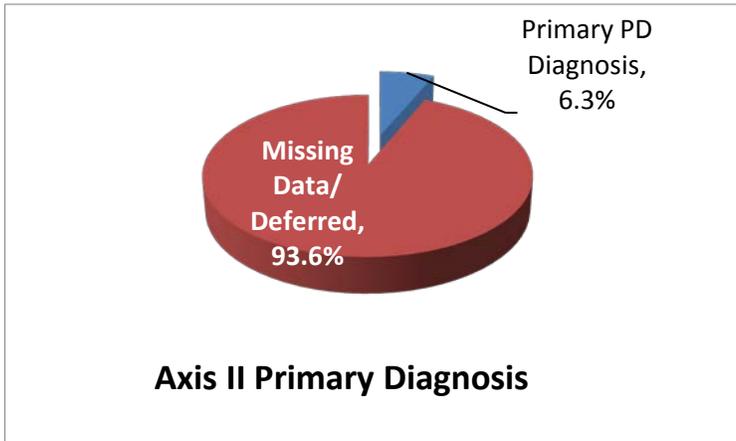


A significant proportion of those in this offender group had primary (49.5%) or secondary (39.6%) diagnoses of Axis I disorders. Of the offenders in the PDR Program, about 1 in 4 (24.0%) received primary (4.8%) or secondary (19.2%) diagnoses for substance abuse or dependence. Over 1 in 10 (47.7%) of those in this offender group had primary (44.3%) or secondary (3.4%) diagnoses of the Axis I disorders involving alcohol abuse or dependence. Almost 1 in 12 (8.2%) offenders in this group had primary (0.0%) or secondary (8.2%) diagnoses of mood disorders, and over 1 in 15 (6.9%) had primary (0.2%) or secondary (6.7%) diagnoses of anxiety disorders. The remaining groups of diagnoses combined were found in only 2.3% of the PDR sample.



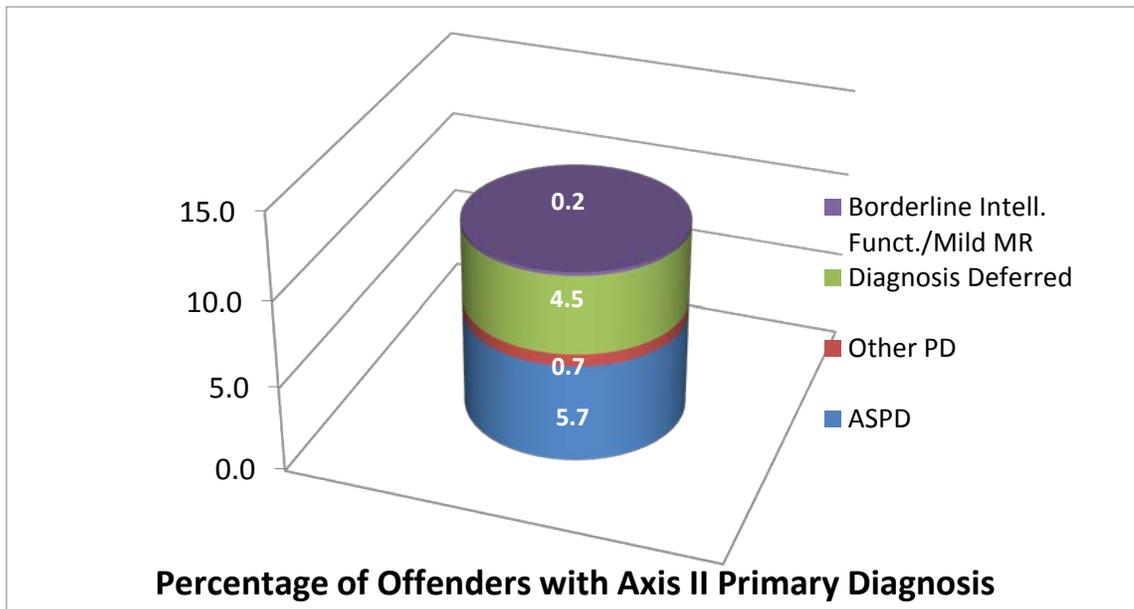
Percentage of Offenders with Primary or Secondary Axis I Diagnosis

Axis II and Axis V Diagnoses

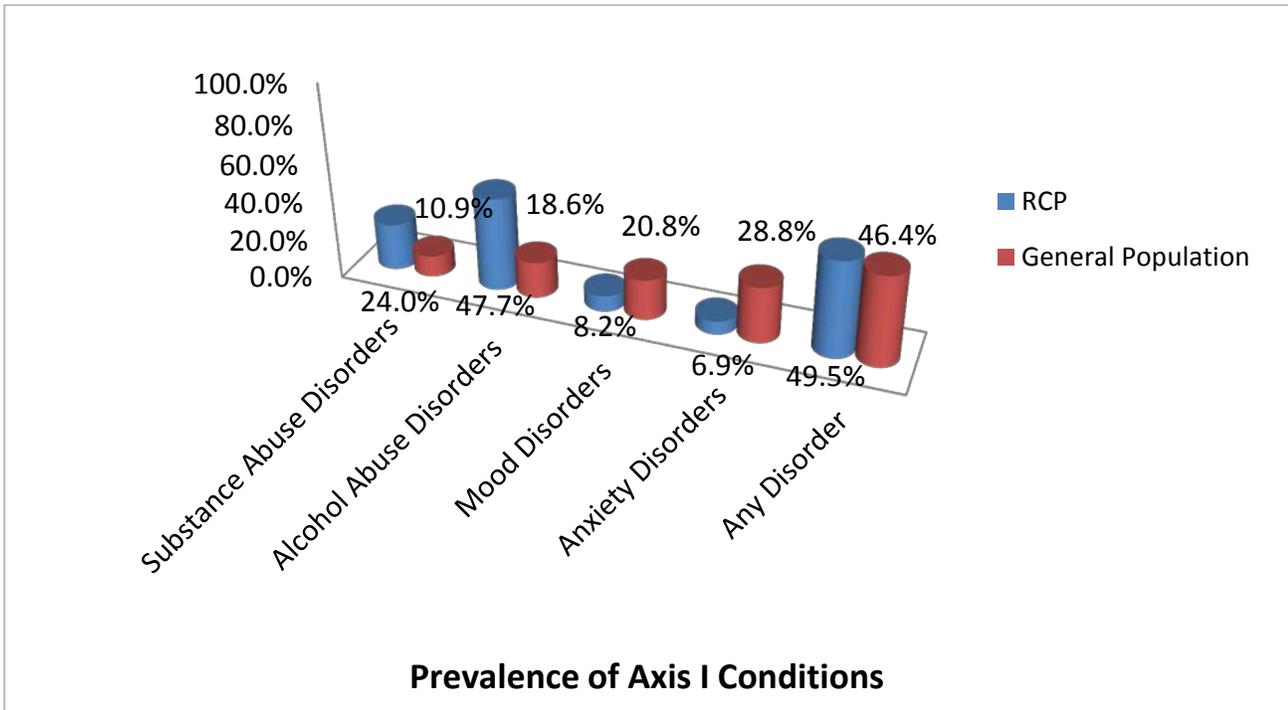


Of the offenders entering the Pre-trial Day Reporting Program between 2012 and 2013, 6.3% were diagnosed with a personality disorder. Over 1 in 20 (5.7%) were diagnosed with Antisocial Personality Disorder (ASPD). All other types of personality disorders (PD) combined were diagnosed for only 0.7% of offenders in the PDR Program. Just over 1 in 500 (0.2%) were diagnosed with Borderline Intellectual Functioning and

Axis II diagnosis was deferred in nearly 1 in 20 (4.5%). 89.1% of the offenders had missing data for Axis II diagnosis.



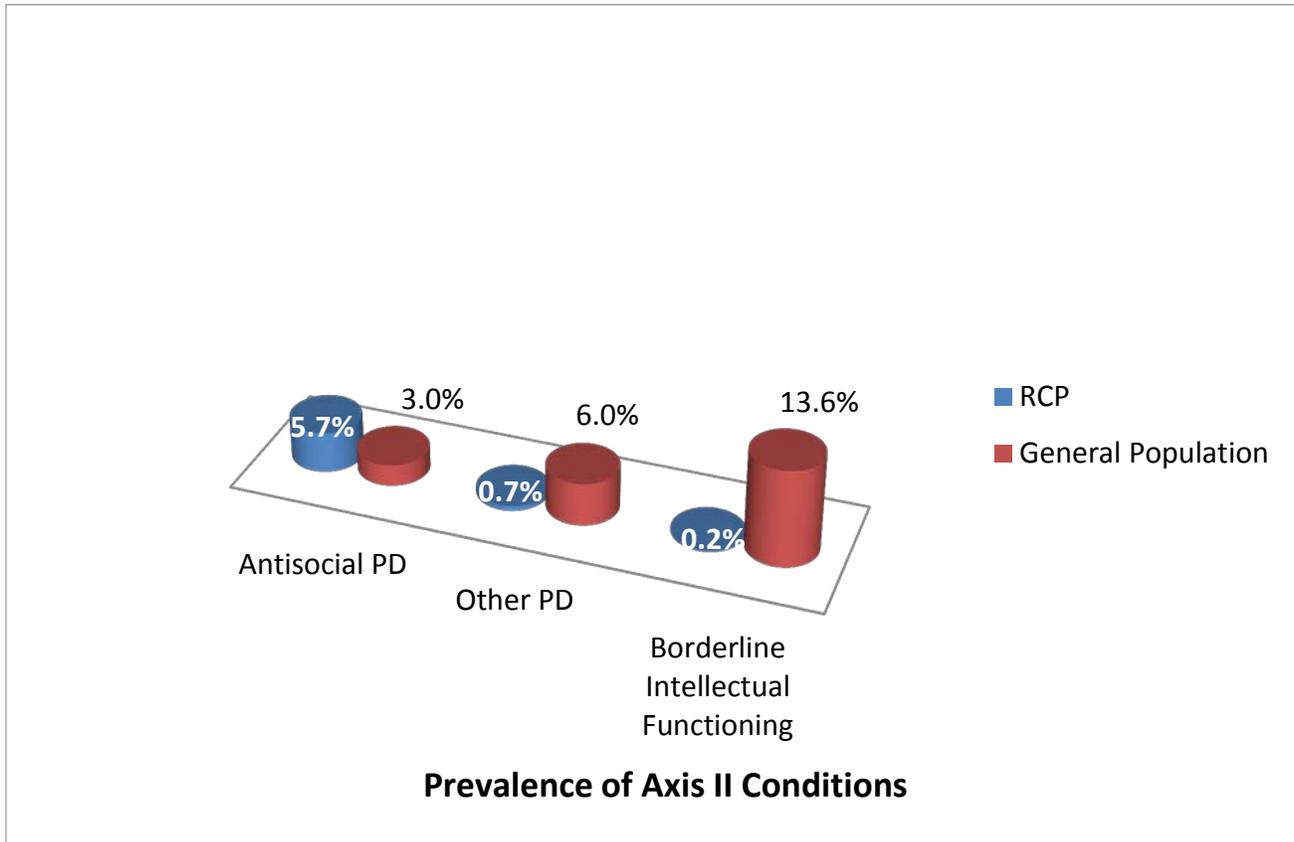
Prevalence of Axis I Conditions



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

- Substance Use Disorders are 2.20 times more likely to be diagnosed in the PDR sample.
- Alcohol Use Disorders are 2.56 times more likely to be diagnosed in the PDR sample.
- Mood disorders are 2.54 times less likely to be diagnosed in the PDR sample.
- Anxiety Disorders are 4.17 times less likely to be diagnosed in the PDR sample.
- PDR offenders are 1.07 times more likely to receive any Axis I diagnosis compared to the general population.

Prevalence of Axis II Conditions



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

- Antisocial Personality Disorder is 1.90 times more likely to be diagnosed in the PDR sample.
- Other Personality Disorders are 8.57 times less likely to be diagnosed in the PDR sample.
- Those in the PDR sample are 68.00 times less likely to receive a diagnosis of Borderline Intellectual Functioning compared to the general population.

Section 2

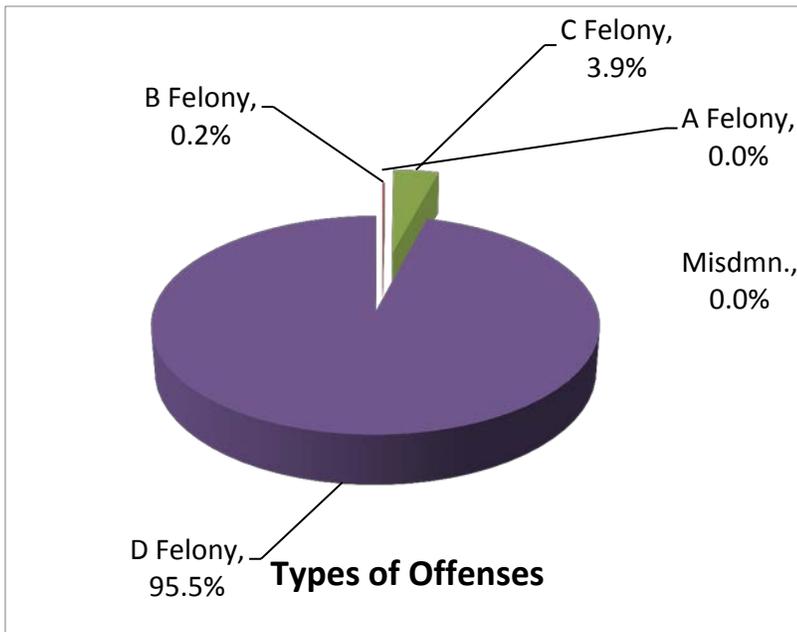
What types of offenses are committed leading to referral to PDR?

Types of Offenses Committed

The chart below shows the percent of primary offenses for offenders entering the Pre-trial Day Reporting Program. Nearly all of the primary offenses included convictions for driving-related offenses (99.3%). A small fraction of PDR offenders were convicted of violent offenses (0.3%), property offenses (0.2%), and public order offenses (0.2%). None in this group had been convicted of drug offenses or sexual offenses.

The average number of prior Department of Correction (DoC) commitments for those entering PDR was 0.3 (SD=0.8), with a range of 0-9. The Median number of prior commitments was 0.

Primary Offense	%
Violent offenses	0.3%
Property offenses	0.2%
Drug offenses	0.0%
Public order offenses	0.2%
Sex offenses	0.0%
Major driving offenses	99.3%

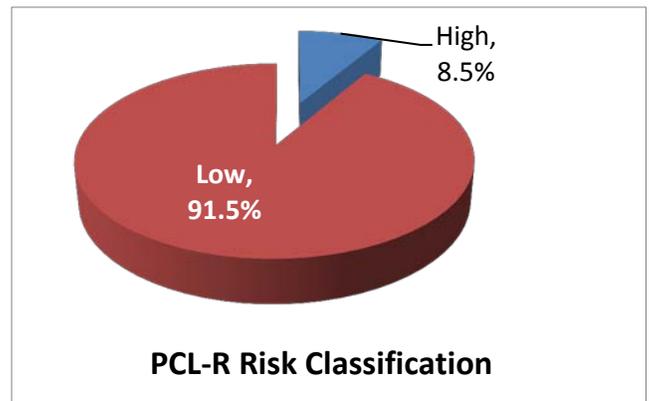
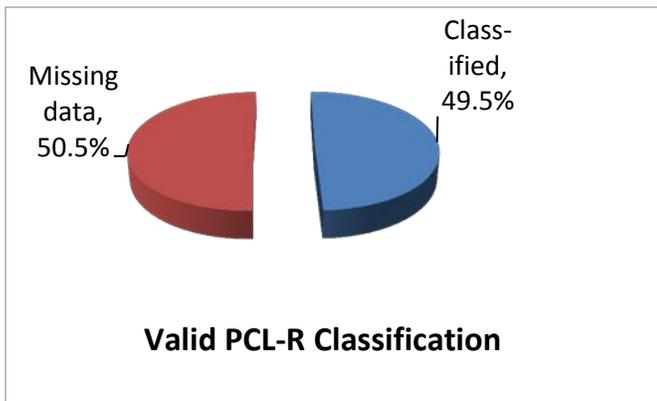


Nearly all (95.5%) of the offenders in this group had been charged with Class D Felony offenses. Almost 1 in 25 (3.9%) were charged with Class C Felonies, and only 1 in 500 (0.2%) were charged with Class B Felonies. None of these offenders were charged with a Class A Felony or a misdemeanor offense.

Violence classification was missing on 99.9% of the sample and one offender was classified as having committed a violent crime with no victim.

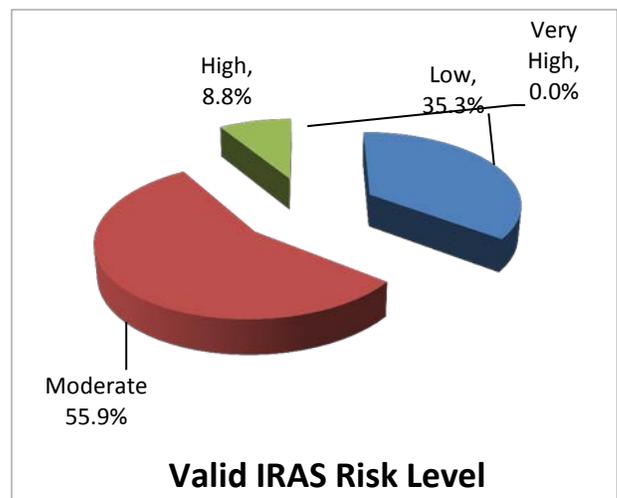
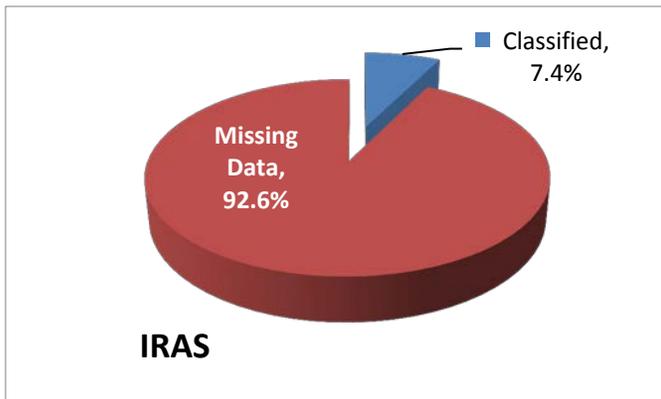
Section 3

What level of risk do PDR offenders demonstrate?



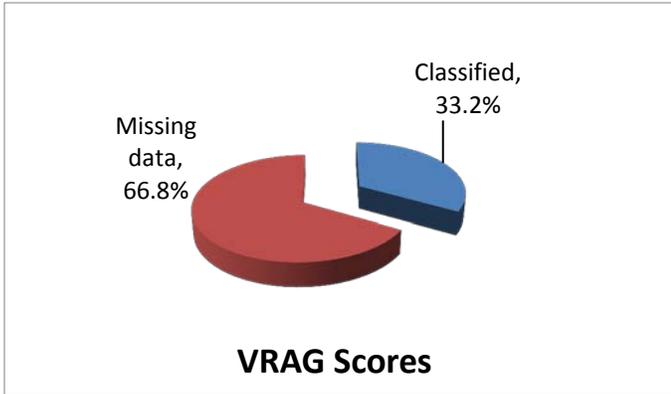
One half (49.5%) of all PDR offenders were classified on the risk level of the PCL-R. Offenders who were not classified (50.5%) are shown as missing data. Of the PDR offenders classified on the PCL-R, over nine-tenths (91.5%) were classified as low risk. The remaining 8.5% were classified as high risk.

A small proportion of the offenders had IRAS scores recorded (n = 43, 7.4% of total cases). Of all offenders in PDR, 1.0% was considered to be at High Risk of reoffending, 6.5% a Moderate Risk, and 4.1% a Low Risk. In looking only at those offenders who were rated on the IRAS, 8.8% were found to have High Risk levels, 55.9% Moderate Risk, and 35.3% Low Risk. None were classified as Very High Risk.



Scores on components of the IRAS are shown in the table below. Criminal history had the highest score (*Mean* = 1.8, *SD* = 1.1). The *Mean* score for criminal attitudes/behaviors was 0.2 (*SD* = 0.9) and Education, employment and financial situation was 0.9 (*SD* = 1.1). Scores on the peer associations component was 0.1 (*SD* = 0.3), substance abuse 0.7 (*SD* = 0.9), neighborhood problems 0.2 (*SD* = 0.4), and family and social support 0.0 (*SD* = 0.2).

IRAS Scores	Mean	SD
Total at entry	3.9	3.1
Criminal History	1.8	1.1
Education, Employment, Finances	0.9	1.1
Family and Social Support	0.0	0.2
Neighborhood Problems	0.2	0.4
Substance Abuse	0.7	0.9
Peer Associations	0.1	0.3
Criminal Attitudes/Behaviors	0.2	0.9

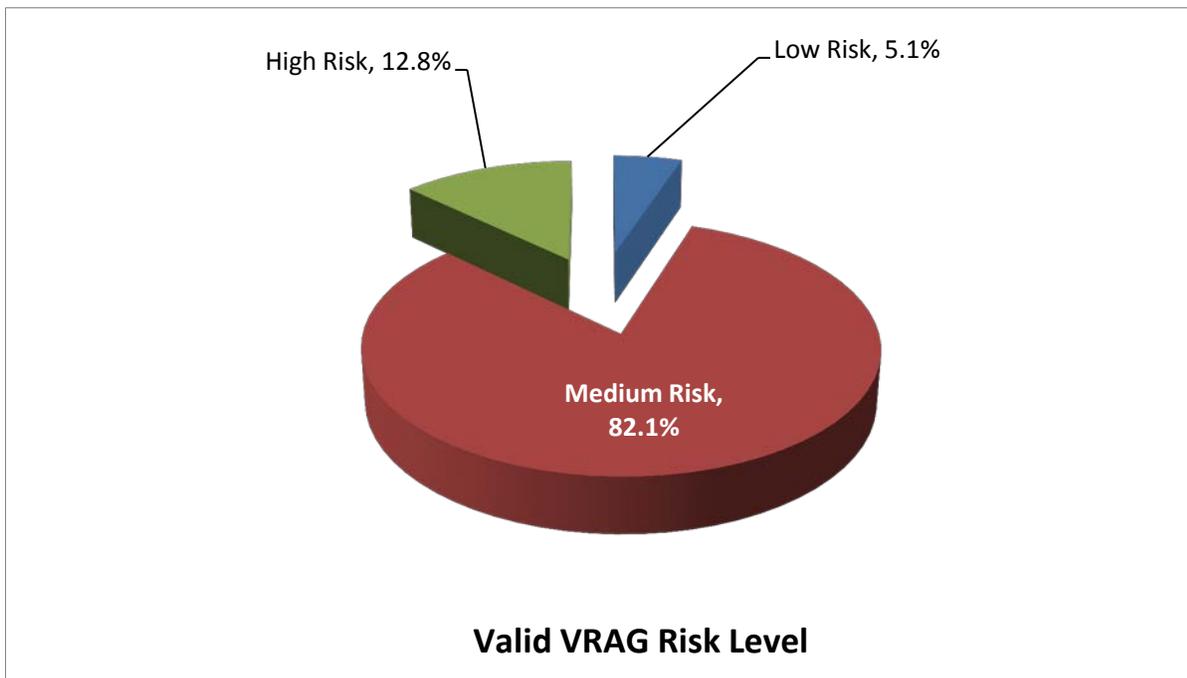


Total scores on the VRAG were reported on 1 in 3 (33.2%) of the sample of offenders entering the PDR. The total *Mean* score was 4.5 (*SD*=8.0), which corresponds to a medium risk of future violence.

Of all PDR offenders, nearly 1 in 3 (31.7%) were considered to be at medium or high risk of re-offending. Of those who received valid VRAG risk level scores, 5.1% were classified as low risk, 82.1% were classified as medium risk, and 12.8% were classified as high risk of reoffending.

A small number of PDR offenders ($n = 18$; 3.1%) were classified for risk of future spousal assault with the SARA. The total *Mean* score was 14.5 (*SD*=7.6), with scores ranging from 4 to 31.

A smaller percentage of PDR offenders ($n = 4$; 0.8%) were classified for risk of future sexual offending with the SORAG. The total *Mean* score was 16.0 (*SD*=5.9), with scores ranging from 11 to 24.



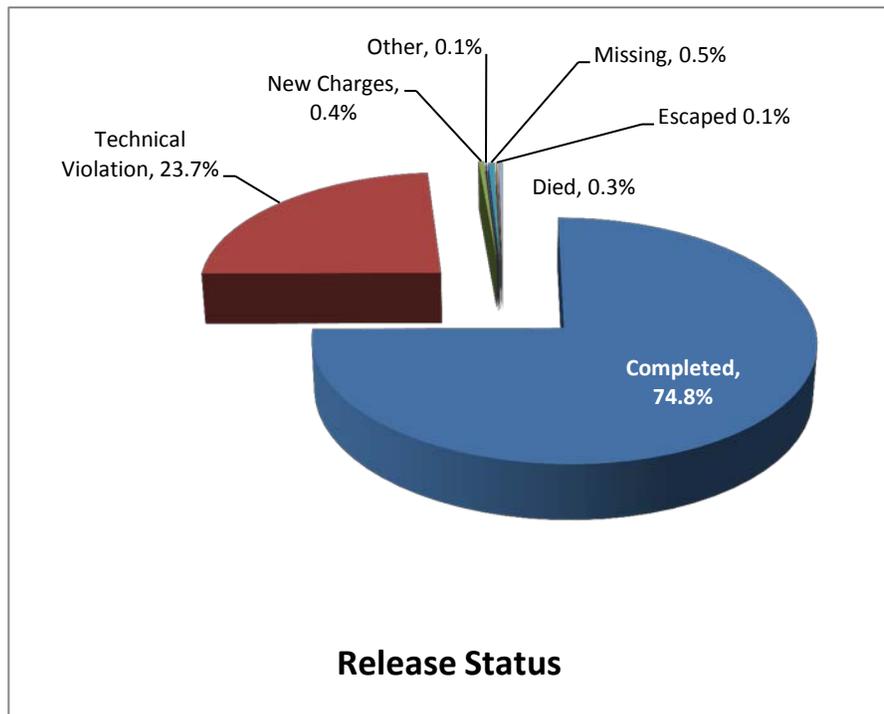
Section 4

How successful are offenders in completing the PDR?

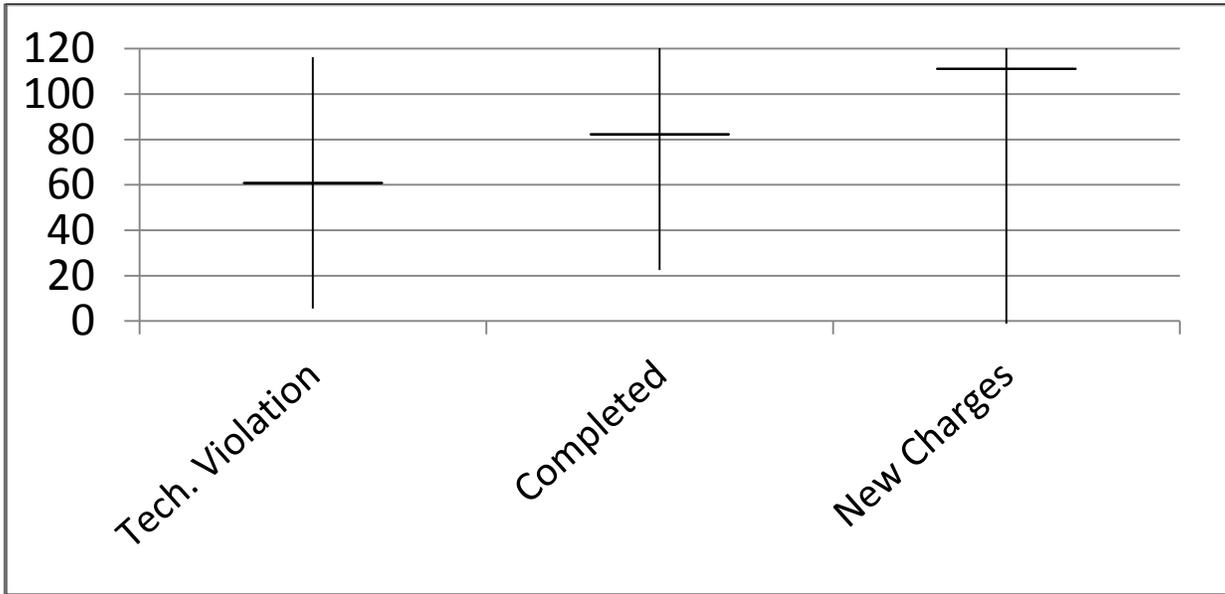
The number of offenders ending supervision was 726. About $\frac{3}{4}$ (74.8%) of offenders were identified as successfully completing the program. 23.7% of offenders were terminated due to technical violations.

Of the total 24.8% who did not finish the program. The reasons they did not finish the program are as follows:

- 23.7% committed technical violations
- 0.4% received new charges
- 0.3% died
- 0.1% were labeled as escaped
- 0.1% were labeled as “other”
- 0.5% had missing data



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 received new charges (111.3 days). Interestingly, for those who successfully completed, the lengths of time offenders were on program ranged from 2 days to 692 days, with a Median of 59.5 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 (546 out of 726 identified completers), while about 1 of every 4 offenders (24.1%) 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 through PDR, the representativeness of these offenders is not established.

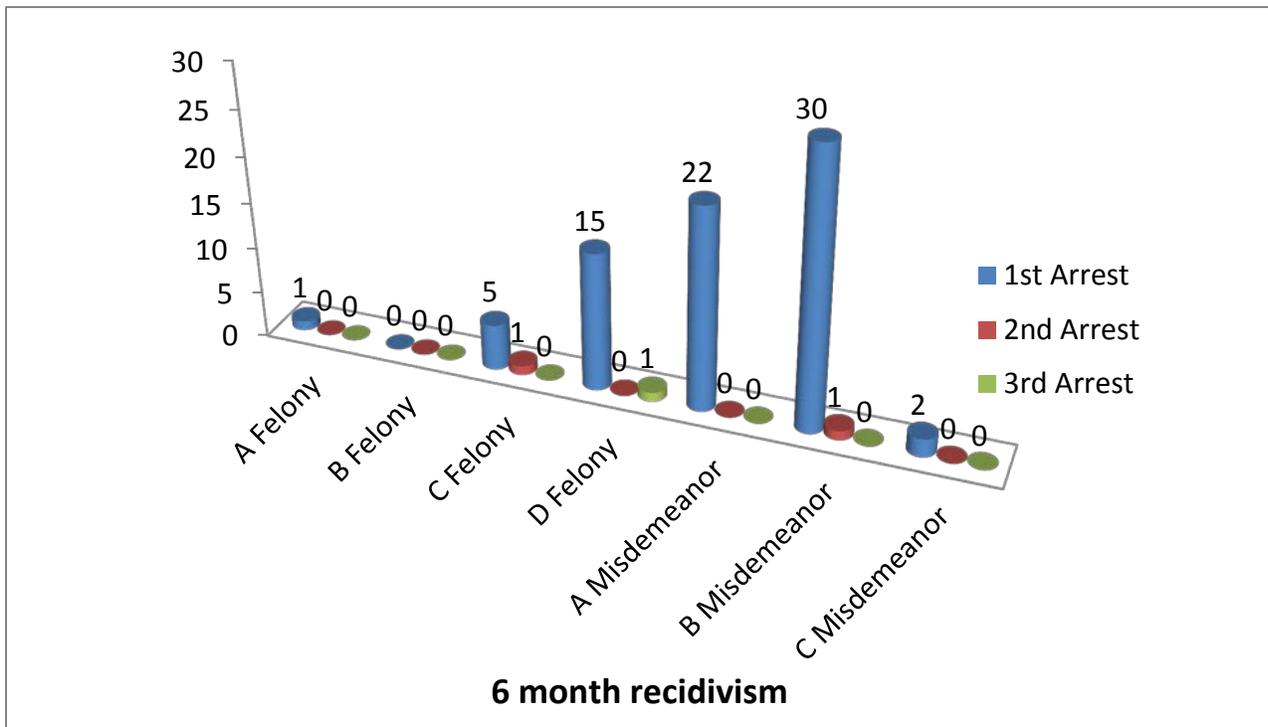
- As length of time in supervision increased, so did the likelihood of successful completion of supervision ($r_s(724) = .23, p < .001$).
- As the number of prior DOC commitments increased, the less likely an offender was to successfully complete the program; likewise successful completion was associated with a lower number of prior committed offenses ($r_s(721) = .16, p < .001$).
- As the age of an offender increased, the likelihood of successful completion decreased ($r_s(724) = -.08, p = .03$).
- Offenders living in quadrant 4 showed lower a likelihood of positive completion when compared to all of the other offenders, Cramer's V = 16.02, $p = .003$).
- Race was also associated with successful completion. Comparing majority versus minority race/ethnicity, the odds of successful completion were 2.32 times greater for those of majority ethnicity compared to minorities ($X^2(1, 724) = 14.31, p < .001$).
- Gender was not associated with successful completion.
- Years of education completed was a variable positively associated with successful program completion ($r_s(685) = .16, p < .001$).
- Marital status was unrelated to successful completion.
- The odds of successful completion were also associated with successful completion. For those with *at least* a high school education or GED, the odds of successful completion were 1.15 times greater compared to those offenders without that level of education ($X^2(1, 724) = 5.03, p = .025$).
- Scores on the PCL-R were inversely associated with successful completion ($r_s(724) = -.30, p < .001$). Further, offenders in the category "low risk" as identified by the PCL-R were 1.63 times more likely to successfully complete supervision ($X^2(1, 321) = 9.46, p = .002$).
- Scores on the V-RAG were inversely associated with successful completion ($r_s(228) = -.19, p = .005$).
- Scores on the IRAS were not related to program completion. There were an insufficient number of scores from the SARA to complete statistical analyses.

Section 6

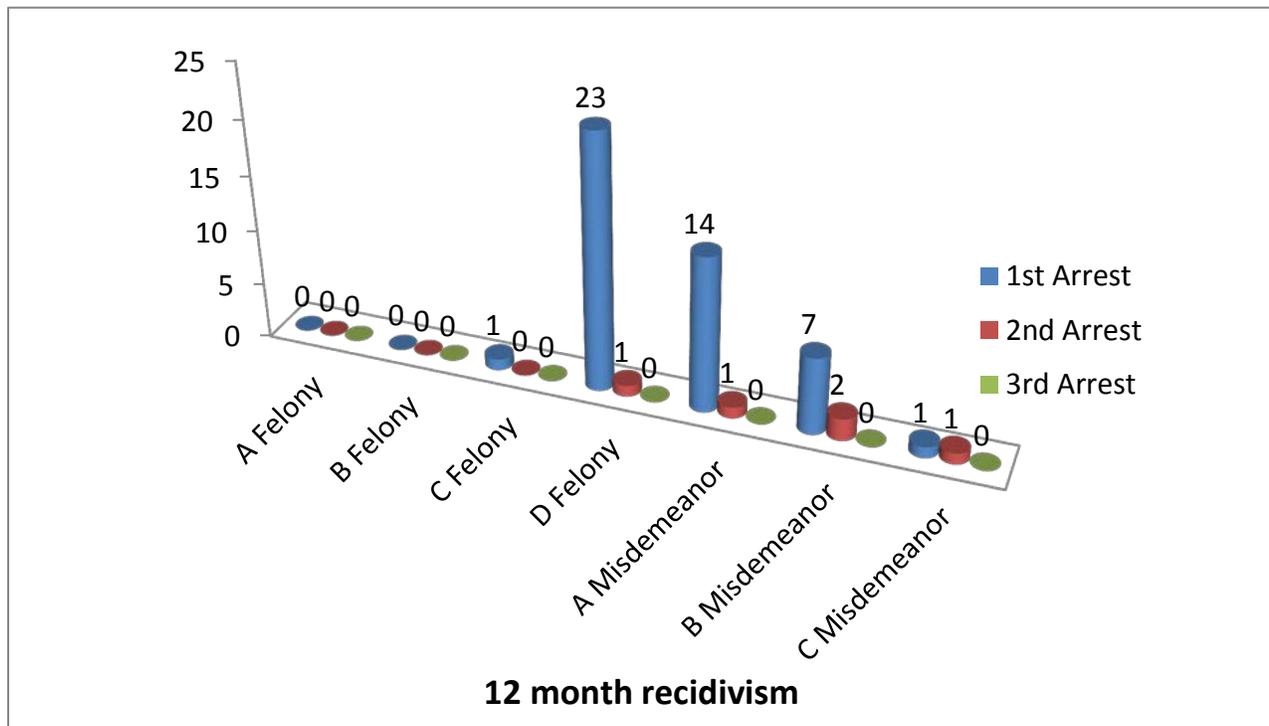
How frequent is recidivism and what form does that recidivism take?

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 the years (2011-2013) used for this evaluation (N = 846).

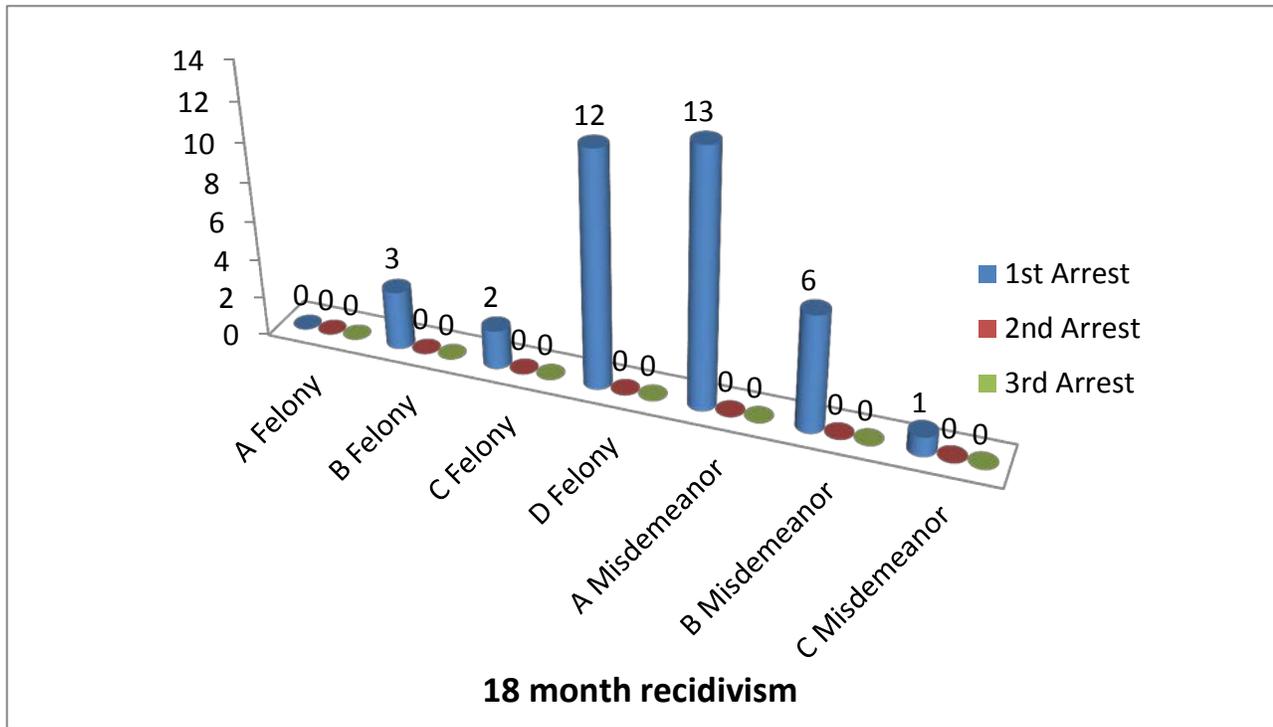
- The sample was largely male (82.9%), Caucasian (65.6%) or African American (24.2%), (Latino/a = 9.0%, Asian = 0.9% and Native American=0.2%), and averaged 35.9 years of age ($SD = 10.9$; $Mdn = 36.7$; Range=19.0-71.1) at entry into supervision.
- The majority of the sample was not married (married=14.3%, single=66.2%, separated=4.4%, divorced=14.5%, and widowed=0.6%). Average number of dependent children was 0.6 ($SD = 1.4$; $Mdn = 0$; Range=0-20.0).
- Average number of years of education completed was 11.9 ($SD = 1.8$; $Mdn = 12.0$; Range=3-20). Nearly 8 in 10 had completed at least 12 years of education or a general equivalency certificate.
- Approximately 1 in 3 offenders (33.9%) in the sample had a primary Axis I diagnosis. Of those with a diagnosis, almost all were related to substance use, abuse or dependence, including alcohol or illicit drugs (only 2 persons were diagnosed with a condition not related to the use of substances). Of those with a secondary Axis I diagnosis (n=260 or 30.7% of the overall sample), 52.7% had a secondary diagnosis related to substance issues (e.g., abuse or dependence). Twenty percent of those with a secondary diagnosis were given a mood disorder diagnosis, while the other diagnoses identified consisted of anxiety and adjustment disorders, psychotic disorders and antisocial behavior. In the overall sample with recorded Axis II conditions (n=69), diagnoses given most often include antisocial personality disorder, borderline intellectual functioning and borderline personality disorder. These 3 conditions were diagnosed in 8.8% of the sample.
- On average, this group had 0.5 prior commitments ($SD = 1.2$; Mdn number of prior commitments =0; range=0-14).
- Offense types at intake included 96.5% Class D Felony, and 3.3% Class C Felony. An additional 0.2% of these offenders were charged with Class A Misdemeanors.
- Of those offenders with PCL-R risk scores (32.5%, n=275), 3.6% (n=10) were identified as high risk and 96.4% (n=265) were identified as low risk. PCL-R scores were included for 277 of PDR offenders; these scores averaged 13.2 ($SD=5.9$; $Mdn=13.0$; Range=2-30). On the V-RAG, which was collected on 18.9% of the offenders (n=160), the average score was 6.4 ($SD=8.4$; $Mdn=6.0$; Range= -10-55) Other measures of risk assessment (i.e., SORAG, SARA, and IRAS) were collected on a small minority of these offenders and will not be reported here.
- These offenders were on program an average of 67.3 days ($SD = 48.6$; $Mdn=52.0$; range = 0-504).
- Nearly 1 in 4 (23.8%) of these offenders were arrested on at least one occasion during the specified recidivism period. Of those completing this 3-year post program recidivism check, most were rearrested once (18.8%). However, 4.4% were arrested twice, and 0.6% were arrested three times. No offender was arrested more than three times during the three-year period.



At a six-month recidivism check, 16 offenders were arrested for a Class D Felony, 6 for a Class C Felony, and 1 for a Class A Felony offense. Of recidivism at the misdemeanor level 22 offenders were arrested for Class A Misdemeanor offenses, 31 for Class B Misdemeanors, and 2 for Class C Misdemeanor offenses.

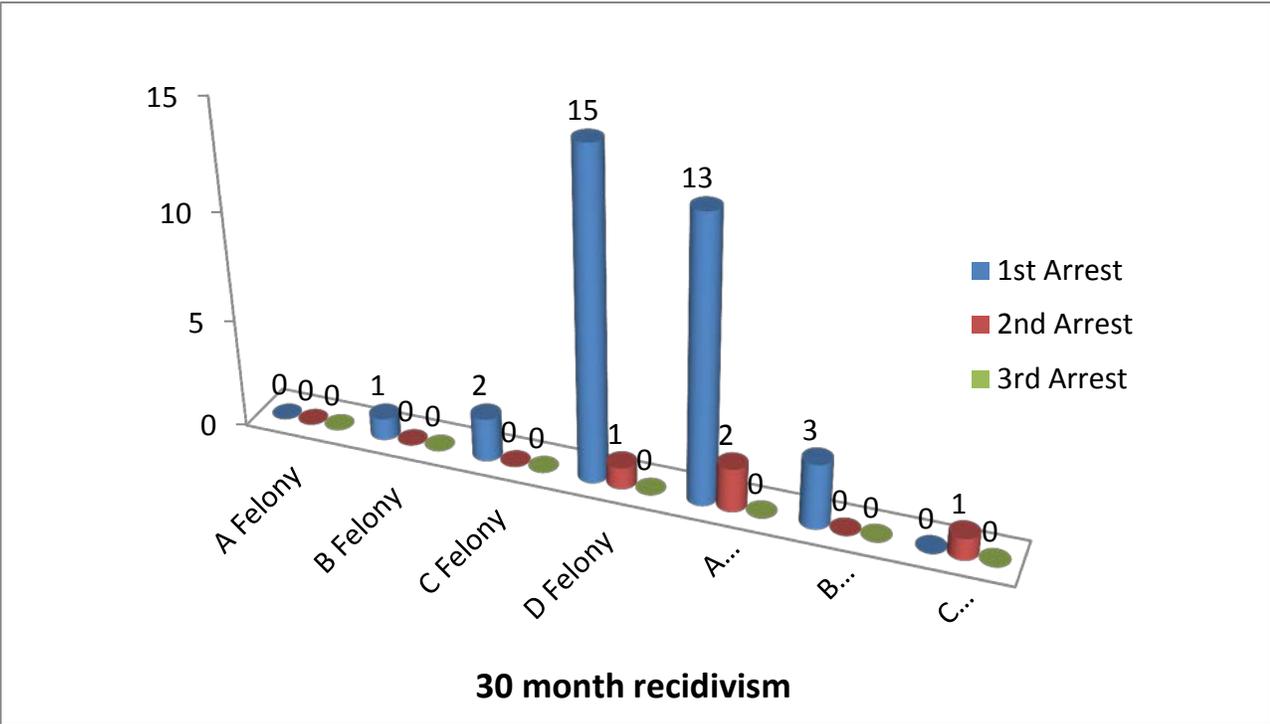
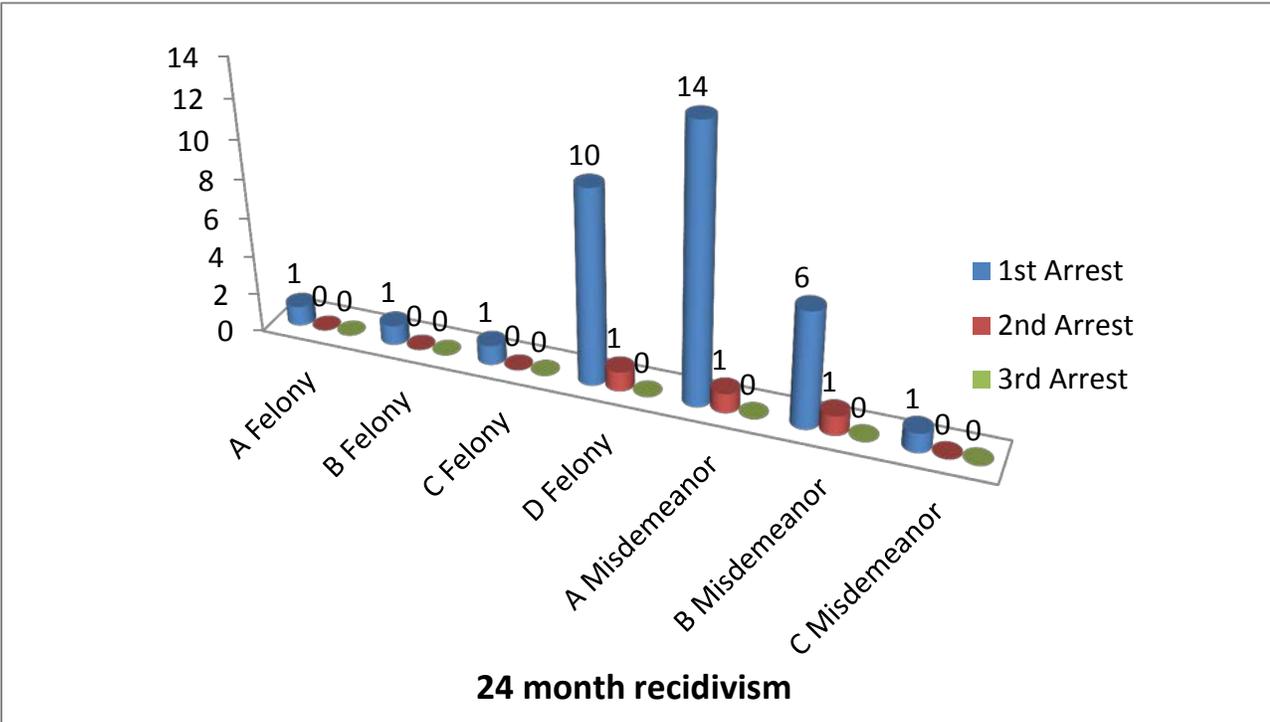


At a 12-month recidivism check (6-12 months post release), 24 arrests were made for a Class D Felony and 1 for a Class C Felony offense. Of recidivism at the misdemeanor level, 15 arrests were for Class A Misdemeanor offenses, 9 for Class B Misdemeanors, and 2 for Class C Misdemeanor offenses.

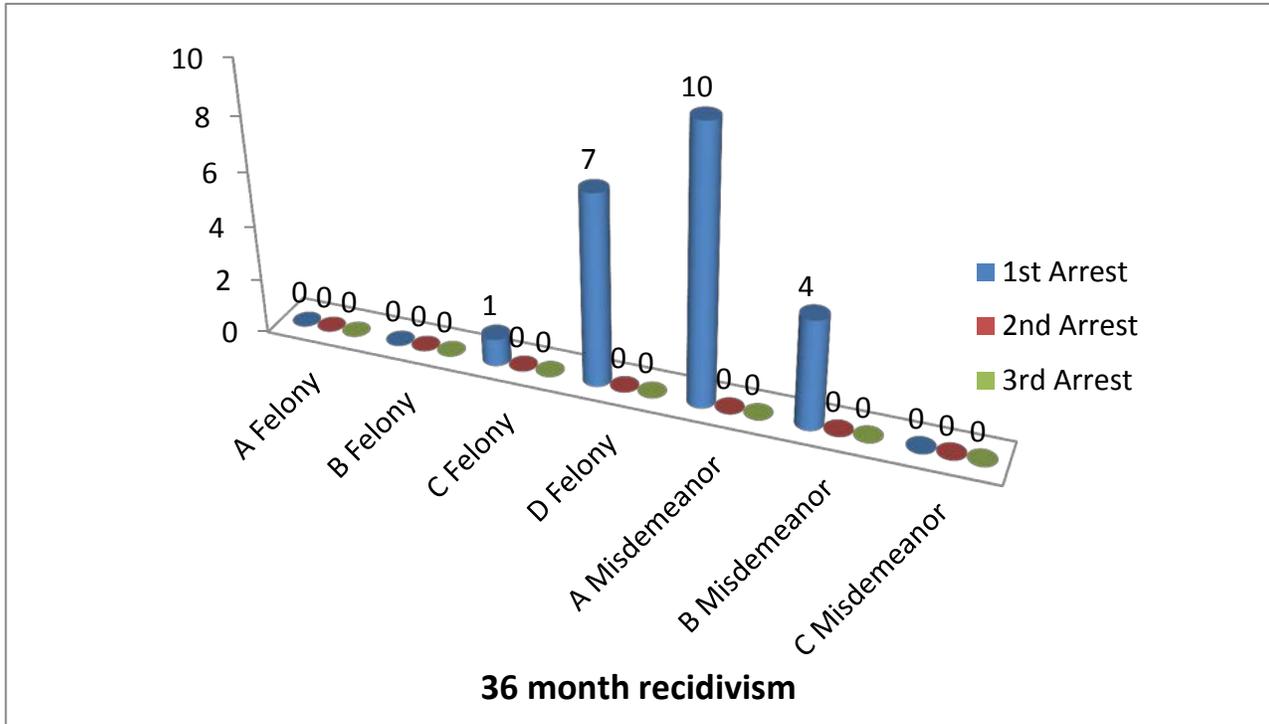


At an 18-month recidivism check (12-18 months post release), 12 arrests were made for a Class D Felony offense, 2 for a Class C Felony and 3 for a Class B Felony offense. Of recidivism at the misdemeanor level, 13 arrests were for Class A Misdemeanor offenses, 6 for Class B Misdemeanors, and 1 for a Class C Misdemeanor offense.

At a 24-month recidivism check (18-24 months post release), 11 arrests were for a Class D Felony offense, 1 for a Class C Felony, 1 for a Class B Felony, and 1 for an A Felony offense. Of recidivism at the misdemeanor level, 15 were arrested for a Class A Misdemeanor offense, 7 for Class B Misdemeanors, and 1 for a Class C Misdemeanor offense.



At a 30-month recidivism check (24-30 months post release), 16 arrests were for a Class D Felony, 2 for a Class C Felony, and 1 for a Class B Felony offense. Of recidivism at the misdemeanor level, 15 arrests were for a Class A Misdemeanor offense, 3 for Class B Misdemeanors, and 1 for a Class C Misdemeanor offense.



At the 36-month recidivism check (30-36 months post release), 7 arrests were for Class D Felony offenses and 1 arrest was for a Class C Felony offense. Of recidivism at the misdemeanor level, 10 arrests were for Class A Misdemeanor offenses and 4 for Class B Misdemeanors.

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 HD-DR, the representativeness of these offenders is not established.

- There were no statistically significant relationships between the following variables and recidivism: age, marital status, education level, number of dependent children, having an Axis I diagnosis, having an Axis II diagnosis, Hare PCL-R score, VRAG score, SORAG score, SARA score, IRAS score, or total days on program.
- Minority race/ethnicity was associated with re-arrest. Given the distribution and size of the groups of Asian Americans (n=8) and Native Americans (n=2), only African Americans, Latinos and Caucasians were compared. African Americans and Latinos both had arrest rates exceeding 1 in 3 (36.1%, 35.5% respectively). Caucasians arrest rate during the post-supervision phase was less than 1 in 5 (17.5%). This relationship was statistically significant ($X^2(1, N=836) = 35.19, p<.001$). Using Caucasians as the standard, the odds that an offender of African American or Latino ethnicity would be rearrested post-supervision were 2.7 and 2.6 times higher.
- Gender was associated with arrest during the post-supervision follow-up ($X^2(1, N=846) = 6.02, p=.01$). The odds of arrest for men were 1.8 times that of women.
- Years of education completed was significantly negatively associated with re-arrest ($r_s(792) = -.09, p=.02$). It must be noted that although this is a statistically significant relationship, the association may hold limited practical value.
- Offenders in quadrant 4 had the highest re-arrest rates (30.3% or 70/231), followed by those in quadrant 3 (29.4% or 47/160), quadrant 2 (21.2% or 39/184), and quadrant 1 (17.1% or 34/187). These outcomes were significant ($X^2(1, N=839) = 18.34, p=.001$).
- The number of prior adult correctional commitments were statistically associated with arrest in the 36-month, post-supervision time period ($r_s(772) = -.09, p=.02$). It must be noted that although this is a statistically significant relationship, the association may hold limited practical value.
- Successful completion of PDR was associated with lower levels of arrest during the 3 year follow-up time frame ($X^2(1, N=845) = 11.33, p=.001$). The odds for those who did not successfully complete this supervision component of being arrested were 1.9 times higher than for those who were considered successful completers.

References

- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th 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.