

**Allen County
Community Corrections
Annual Report**

July 1, 2013 to June 30, 2014

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County Community Corrections Department Introduction

Agency Description

Allen County Community Corrections
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History of Allen County Community Corrections: 1985 to 2014

The Allen County Community Corrections Advisory Board was established in December, 1984 with members serving unspecified terms by status or appointment. Allen County Community Corrections (ACCC) initiated operations after receiving the startup funding from an Indiana Department of Correction grant award in the fall of 1985. In 1986, ACCC implemented its first electronic monitoring system that consisted of a computer driven voice recognition feature and the earliest form of radio frequency transmitter/receiver system.

In 1991, ACCC began operations as an independent agency that not only was supported by Indiana Department of Correction grant funding, but also earned income from the collection of offender user fees. In October of that year law enforcement training for field officers began through the Allen County Sheriffs Reserve Academy (ILEA pre-basic). With the successful completion of this academy, the Home Detention Field Officers became better equipped for the field supervision of the growing offender population now being directly sentenced to Home Detention under Indiana Code 35-36-2.6. The Allen County Sheriff granted special deputy status to the Home Detention Field Officers empowering the officers with full police powers within Allen County as these powers related to the duties of Home Detention monitoring.

Programming at ACCC

In collaboration with Fort Wayne Community Schools, ACCC implemented a GED program beginning in 1995. Community Corrections began operating certified cognitive behavioral programs in 1996, entitled the Choices program. Choices is based on materials from select cognitive intervention materials that include: Options: A Cognitive Change Program (Bush, 1993), the State of Wisconsin's Think (1997), Reasoning and Rehabilitation (Ross, Fabiano & Diemer-Ewles, 1986; 1988) and Thinking for a Change (Glick, Taymons, & Bush, 1997). The creators of Choices had been personally trained and certified by Elizabeth Fabiano, Dr. Frank Porporino, Dr. Jack Bush, and Dr. Barry Glick. The Intensive Outpatient Treatment (IOP) program has since received significant revision to operate in accordance with evidence based practices as identified in a 2002 SAMSHA report to congress. These scientifically documented approaches include Cognitive Behavioral Therapy and Social Skill Training.

Inception of Reentry Court Program

In July 2001, the Allen Superior Reentry Court began operating with Judge John Surbeck presiding. In 2002, ACCC added Fort Wayne Police Officers, as part time employees, to the field division work force.

Allen Circuit Forensic Diversion Court

Beginning January 1, 2004 Allen County Community Corrections has worked to intervene in the cycles in which mentally ill individuals are repeatedly arrested and incarcerated for drug or alcohol related offenses. The Forensic Diversion Program has operated through Allen County Community Corrections and Allen Circuit Court, Judge Thomas Felts presiding, to provide regular judicial oversight of non-violent offenders, working to divert offenders who have violated conditions of probation.

GED Program Expands

Early in 2005, after much preparation and what has since proved to be an improvement on traditional methods of GED preparatory class in relation to offender populations, an Adult Basic Education program based on a similar program modeled by the Safer Foundation in Chicago began. This program has consistently resulted in sustained attendance of capacity numbers. It has also resulted in producing more GEDs earned by offenders during the supervision period than in Community Corrections previous history. In May of 2005, the inception of an English as a Second Language (ESL) learning program at the ACCC Facility was met with ready attendance of mostly Hispanic, misdemeanor cases.

Gaining Control Program

In January 2007, a new program titled “Gaining Control” began operation at ACCC. This was a program developed in response to a need expressed locally for an additional option in programming for anger management. The program was closely modeled on the Anderson and Anderson anger management systems which, in turn, are steeped in Albert Ellis theory and Rational Emotive Therapy in addition to Cognitive Behavioral Therapy methodology. Gaining Control is designed to address the underlying emotions of anger episodes and provide program participants with positive, pro-social replacement coping strategies for emotional responses.

Motivational Interviewing in Allen County

In the fall of 2005 two (2) staff members who showed exceptional skills in the spirit of Motivational Interviewing were presented with the opportunity to become ACCC on-site trainers. In support of this, ACCC sent these two (2) staff members to a “Training New Trainers (TNT)” session provided by Motivational Interviewing Network of Trainers (M.I.N.T.) in Chapel Hill, North Carolina at facilities on the University of North Carolina campus.

In February of 2007, ACCC implemented Motivational Interviewing training for all staff to ensure its application in all job roles. In addition, there was no official means for certifying the training an individual received to display the integrity of an individual’s knowledge and skills. Therefore, a system was integrated with the training program in order to ensure fidelity among those who completed training. This effort indicates that ACCC is dedicated to a verifiable and fully integrated Motivational Interviewing program. The training program maintains a system of communication, a method of informal skills practice, and training maintenance supported by monthly booster sessions.

Pre-Trial Services (C.A.S.T.)

In April of 2008, a team was convened by Allen Circuit Judge Thomas Felts, which consisted of the Chief Public Defender, a Deputy Allen County Prosecutor, the CEO of Park Center, the community health center, the Allen County Chief Adult Probation Officer (also representing the interests of the Allen Circuit Court Judge), the Chief Deputy of the Allen County Sheriff’s Department, and ACCC Executive

Director and other staff members. The goal of this group was to implement a new pre-trial program designed to provide supervision of individuals charged with a felony level OWI offense. To this end, offenders arrested and charged with operating a motor vehicle while intoxicated, were now offered a bail agreement consisting of Day Reporting participation at the ACCC facility according to a specific schedule. If the offender accepted the offer, the offender would be permitted to be released from confinement until the date of his or her Omnibus hearing in Allen Circuit Court. The offender was required to report to the ACCC facility according to a schedule; agree to be monitored for drug and alcohol use, and agree to complete a forensic evaluation to assist in determining the appropriateness of Disulfurim treatment of alcohol use. If the offender tested positive for the use of drugs and/or alcohol at any point, he/she was returned to confinement and bail was revoked. The Community Assessment Supervision Team (C.A.S.T.), comprised of staff members of the original committee, was developed to supervise and staff the offenders on a weekly basis.

Reentry Court

On August 29, 2009, the Allen Superior Reentry Court was certified by the Indiana Judicial Center. The individuals returning from the Indiana Department of Correction back to their communities pose the most serious risk of re-offending of any offender type. Those offenders have a particularly difficult time returning to parole supervision, as the resources and services are scarce and the caseloads are high. Allen Superior Court Judge John Surbeck, along with ACCC Executive Director, Sheila Hudson, Terry Donahue with the US Department of Justice, and former Fort Wayne Mayor, Graham Richards developed the Reentry Court in Allen County to effectively enhance the reintegration of offenders into the community by providing the necessary services to those returning offenders while protecting the safety of the community.

On August 20, 2012, the Allen Superior Reentry Court received re-certification from the Indiana Judicial Center as a certified Problem Solving Court.

In August, 2012 Allen Superior Judge John F. Surbeck Jr. received the 2012 William H. Rehnquist Award for Judicial Excellence from the National Center for State Courts. The award is presented annually to a state court judge who exemplifies the highest level of judicial excellence, integrity, fairness, and professional ethics.

Allen Circuit Restoration Court Process

The effectiveness of supervising dually-diagnosed offenders with judicial oversight was evaluated as effective by the research supporting the problem-solving courts model and beginning June 2010, Allen Circuit Court and Allen County Community Corrections considered the expansion of the Forensic Diversion program to include other categories of offenders. Individuals that are diagnosed with a co-occurring mental illness and substance abuse who enter the legal system outside of the parameters of the Forensic Diversion statute, either by jurisdictional category or offense type, would be supervised by the Allen Circuit Court and Allen County Community Corrections, who both saw the expansion as a part of social responsibility.

The result was the development of the Allen Circuit Restoration Court; a certified problem-solving court, provides judicial oversight, case management, mental health services and possible residential placement in a modified therapeutic community for those offenders who are dually diagnosed with a severe mental illness and a substance related diagnosis. The day to day operations and supervision of the offenders of

the Allen Circuit Restoration Court is maintained by those employed by Allen County Community Corrections.

The Restoration Court received certification from the Indiana Judicial Center as certified Problem Solving-Court on January 27, 2012

Development for the Kelley House

The former Washington House, located at 2720 Culbertson St., Fort Wayne, IN, 46802-1113, was donated to Allen County Community Corrections by the Washington House Board of Directors to serve as an independent facility dedicated to mental health services, most notably a modified therapeutic community (MTC). The Board of Commissioners of Allen County signed documents to assume possession of the property on November 5, 2009. ACCC staff members accessed the building on November 6, 2009 and began assessing the condition of the building systems in preparation for renovations. In October of 2009, a special American Recovery and Reinvestment Act program augmenting JAG funds provided the financial assistance needed for the startup of the MTC. This was a sub-award granted by the Indiana Criminal Justice Institute.

To assist ACCC prepare for the operations of a MTC, Stanley Sacks, Ph.D., was retained to provide technical assistance and training. Dr. Stanley Sacks, a clinical-research psychologist, is the Director of the Center for the Integration of Research & Practice (CIRP) at National Development and Research Institutes (NDRI) in New York City. Dr. Sacks and the staff of CIRP specialize in technology transfer that infuses evidence- and consensus-based approaches into clinical practice. Author of numerous publications, Dr. Sacks was the chair and lead writer for TIP 42, Substance Abuse Treatment for Persons with Co-Occurring Disorders, a comprehensive compendium of substance abuse and mental health treatment and research information for persons with COD. He was the Expert Leader for the Substance Abuse & Mental Health Administration's Co-Occurring Center for Excellence (COCE). Dr. Sacks is leading the efforts of the New York State Health Foundation's CEIC (Center for Excellence in Integrated Care), and will be at the forefront of all activities directly related to the improvement of integration of substance use and mental health services in outpatient addiction and mental health clinics, delivering technical assistance, strategic planning, and coordinating with multiple partners and affiliates in a network of invested constituents of the State of New York. Gratis conference calls to discuss aspects of the site in detail and clarify proper conditions for initiating a modified therapeutic community occurred between ACCC and Dr. Sacks on November 9, 2009 and December 21, 2009. Dr. Sacks conducted an educational and promotional conference on Monday, February 1, 2010 and Tuesday, February 2, 2010.

Also in support of the modified therapeutic community in terms of developing programs for the community, horticulture specialist Ricky Kemery at the Purdue University Cooperative Extension Service – Allen County Office was contacted. Much of the property surrounding the Washington House has been tilled for vegetable gardening. With the help of Mr. Kemery and volunteer Master Gardeners, also through the Purdue Cooperative, gardening education for modified therapeutic community members will support produce for a farmer's market. A room in the facility has been established for occupational training such as furniture re-upholstery and exploration has begun in recruiting existing ACCC participants with experience in the area. These skills will be applied in training the members of the modified therapeutic community.

JoAnn Sacks, Ph.D., Stanley Sacks, Ph.D., Tania Garcia, and Joe Stommel provided on-site training support over a period between June 7 and June 10, 2010. The trainers assisted in establishing a permanent

steering committee structure, assisted in development of the materials and content for written policy documentation, and continued consultation services throughout the period of practical development.

The Certificate of Occupancy for the facility was received on May 19, 2010. The pioneer group that would consist of the first Kelley House community members arrived at the Kelley House during the week of October 11, 2010.

Kelley House Progress

On January, 27, 2011, Allen County Community Corrections presented a Program Impact Evaluation with data that reflects positive impact on recidivism for all supervisory components. This report was presented to the Advisory Board in response to a report published by the PEW Foundation indicating that community corrections programs had no positive impact on reducing recidivism.

The Kelley House began an internal social enterprise project entitled Restoration Works Woodworking. The enterprise had begun manufacturing work benches, wooden clocks, toy chests, and bird houses for purchase. Marketing materials and catalogs of products were distributed to the Advisory Board for review in March 2011.

Allen County Community Corrections had been in negotiations pursuing a transitional housing facility, but was discontinued on May 26, 2011 due to lack of funding from the Department of Corrections, however, ACCC was awarded \$178,314.00 to be spent for Kelley House residential services for mentally ill offenders.

Update on Organizational Functioning

Allen County Community Corrections presented the results from a survey administered in November of 2010 that was administered to all staff, to assist in determining areas for improvement within the agency. Areas of focus included: promulgating the mission of the agency, autonomy, communication, stress level of employees, training satisfaction, and training exposure. This program resulted in the development of a formal Professional Development Training Process for the agency staff. ACCC also launched a committee of senior staff to address communication and staff stress levels.

Dedication of the Kelley House

Dedication of the Kelley House with Indiana Supreme Court Justice, Randall Shepard

Kelley House reached 50% of its maximum occupancy in May 2011 (building maximum capacity, 48 persons). The “pioneer group” of male residents reached the aftercare phase of the MTC program. On June 10, 2011, the Kelley House was officially dedicated in honor of Jim Kelley, one of the original founders of the Washington House. The Kelley House was established at the previous site of the Washington House, a local substance abuse detoxification facility. Chief Justice Randall Shepard was the keynote speaker of the event.

Indiana Risk Assessment System Implemented at ACCC

On September 15, 2011, Executive Director Sheila Hudson presented to the Advisory Board that ACCC has begun administering the IRAS in its various forms since February 2011, and has begun a focus on offender supervision based on the seven (7) risk domains of the IRAS. ACCC developed a dosage strategy to guide scheduling and programming for offenders under supervision, based on risk. ACCC and Allen County Adult Probation collaborated on a strategic plan on how to use feedback from the IRAS

with program and intervention placements available in the local community. The presentation was given to Allen County Superior and Circuit Court Judges as an explanation of the present slate of community interventions.

Family Education Program at the Kelley House

NAMI began the development of a family education program called Family to Family, at the Kelley House. This program was intended for the Kelley House Community Members (residents) and their families.

Motivational Interviewing Network of Trainers selected Fort Wayne, IN as Training Site in 2012

The International Motivational Interviewing Network of Trainers held its annual Training New Trainers (TNT) and Trainer Development (MINT Forum) in Fort Wayne, Indiana September 9-14, 2012, thanks to the efforts of MINT member, Nicki Venable, Motivational Interviewing Certified Trainer. ACCC sent a third staff member to be trained and certified by MINT, to aid in a concerted effort to measure and improve the integrity of motivational interviewing in practice.

Passpoint Optical Scan System

A presentation was given to the Advisory Board regarding the supportive information for drug recognition technology. Passpoint is an optical scan system capable of identifying the presence of illegal substances consumed. The expected impact of adopting the eye scan system will reduce the overall cost of negative urine drug screens from the agency. The significant benefit for supervision is that more frequent screens can be applied to targeted components. The Passpoint system significantly increased ACCC's drug and alcohol screening activity by more than 300%. The system benefits ACCC by offering a mechanism for true randomized screening. An evaluation of the optical scan outcomes for the 2012-13 annual reporting period demonstrated that the system does have a deterrent effect on drug and alcohol use in supervised populations.

Restoration Works Woodworking Engaging Community & Commerce

The social enterprise project at the Kelley House benefits from the creativity and vision of new participants. During the summer months of 2012, Restoration Works Woodworking (RWW) began designing outdoor patio and custom furniture from repurposed wood pallets. ACCC developed an e-commerce website to develop an online presence and marketplace for the new products. By December 2012, new members of the Kelley House community and members of RWW expanded projects to include framed artwork, paintings, and sculptures. ACCC applied and was accepted as a vendor at the Fort Wayne Farmer's Market beginning in January 2013, where the art pieces were largely popular.

RWW has also refined the design of high-end corn hole board games. RWW entered into partnership with Paint the Town Graphics, Inc. (PTTGI, www.pttgi.com) to create printed graphics to wrap the boards with custom logos, insignia, or designs. In July 2013, RWW obtained a contract from Fort Wayne Newspapers to exclusively manufacture corn hole boards for an annual tournament during the Fort Wayne Three-River's Festival.

Online Services for Offenders Explored

In April 2013, ACCC commissioned a project to develop a website-driven portal for home detention participants to complete tasks that otherwise would have required them to leave their homes and travel to

ACCC. The system may assist in public safety by limiting time offenders leave their residence, save the offender the costs of transportation (including time), and eliminate significant percentages of data-entry for ACCC staff. As of June 2013, ACCC has completed a survey of all offenders on home detention supervision and determined that eighty-three (83%) of all offenders have access to the internet by either a computer or mobile device.

Kelley House Graduates Become Contractors of ACCC

In April 2013, ACCC hired a graduate from the MTC as a subcontractor for the woodworking enterprise, Restoration Works. ACCC explored research qualifying the activities of the wood shop as a form of quasi-Transitional Employment, an evidence-based practice for rehabilitating individuals back into the workforce. Included activities span the operation of a training workshop to transfer basic knowledge about woodworking, creating manuals/blueprints for RWW products, and assist in the manufacturing of RWW items for sale. The effort is an exercise demonstrating the adaptive capabilities of the MTC model.

Kelley House Immersion and Training for Staff

ACCC began preparation for the development of a Therapeutic Community Aftercare component of supervision at ACCC in May 2013. Staff members that had not had exposure to the operation of the Kelley House Modified Therapeutic Community (MTC) were invited to attend an immersion training program at the Kelley House. Staff members entered the Kelley House community as observers/participants and were expected to audit programs, activities, and collaborate with residents of the MTC. The immersion effort was amplified by a July 2013 training opportunity facilitated by Joe Stommel and Tania Garcia, who were involved in the initial training of staff members tasked with launching the MTC in 2010. The training took place at the Kelley House involving a tiered structure, whereby some audiences included residents and staff, and others were reserved for only staff.

Gardens Enhance Kelley House Grounds

Through a cooperative with Aesthetic Plants Specialist (www.aestheticplants.com), ACCC was able to plant a variety of decorative flowers and vegetables in its three-acre plots. The gardens are maintained by the residents of the MTC. The grounds provide a serene and inviting environment for the men as they progress through treatment.

Oral Swab Drug Screening Pilot

In May 2013, ACCC began a pilot program to test the effectiveness of oral swab drug screens. Field Officers often collect on-site urine drug screens in response to reasonable suspicion that the participant had consumed an illegal or prohibited substance. One difficulty facing officers is that participants are frequently unable to provide a specimen in short order, preventing them from returning to duty. The oral swabs could serve as a functional alternative to collecting a urine specimen under certain conditions.

Cooperative between Allen County Prosecutor, Adult Probation, and ACCC for the Collection of Delinquent User Fees

In April 2013, the Allen County Advisory Board discussed the continued struggle to realize a significant amount of project income generated from offender user fees. The problem arises when offenders complete executed portions of home detention supervision and must be released regardless of whether they have paid the entirety of their user-fee balance. ACCC has made efforts to collect fees, but relies on the practice that individuals would be deemed ineligible for supervision by ACCC in the future if a

delinquent balance remains unpaid for past services. The ACCC Advisory Board suggested a cooperative solution whereby recommendations for sentence modifications would be considered conditionally upon if repayment in some significant manner could be proven. ACCC, Adult Probation, and Allen County Prosecutor's office established a standard communication tool to provide each other with information. The effort should alleviate some of the collective user-fee delinquency over time.

Cooperative Planning to Propose Legislation

In May 2013, ACCC, Adult Probation, and Parole District #2 Departments have engaged in a dialogue to produce a proposal to consider an amendment to legislation. The proposal aims to establish parity for sentencing opportunities for D-level Felonies active in the Parole system, who are presently precluded from opportunities for alternative sentencing in community supervision. The effort stems from Indiana Department of Correction initiatives to reduce the number of D-level felony offenders from occupying space and demanding expense within prison facilities. The ongoing discussions would permit local judicial officers to maintain custody over persons committing new offenses categorized as violations of the conditions of one's parole. The result would create a comprehensive strategy within Allen County to keep low level offenders out of prison.

Allen Circuit Veterans Court Established

In recent years, the Allen Circuit Restoration Court observed an increase in the number of U.S. Military Veterans presenting with a severe mental illness accompanied by a medical condition of Post-Traumatic Stress Disorder (PTSD) and/or Traumatic Brain Injury (TBI). In November 2013, the Allen Circuit Restoration Court began the operation of a Veterans Court program to facilitate the receipt of entitlements, and address unique priorities specific to U.S. Military Veterans. The Veterans service model is operated in collaboration with the Allen Superior Drug Court in effort to provide similar services to veterans in that population.

The Allen Circuit Court received provisional certification on January 8, 2014 for the addition to the current certified Problem Solving Court as the Allen Circuit Restoration Veterans Court.

Kim Churchward Selected New Executive Director of Agency

ACCC's longtime Executive Director Sheila Hudson retired in December 2013 after 28 years of service to Allen County. Ms. Hudson was the agency's first executive director. In March 2014, Ms. Kim Churchward was appointed Executive Director of ACCC by the Allen County Community Corrections Advisory Board. Ms. Churchward previously served as the Executive Director of Criminal Division Services (CDS) of Allen Superior Court. She brings 28 years' experience in the field of Criminal Justice to her new position.

Incentives Grant from Drug and Alcohol Consortium of Allen County

Allen County Community Corrections developed a standardized program to deliver tangible incentives to offenders who exhibit positive, pros-social behavior, and accomplish goals related to community supervision. The agency was awarded a grant from the Drug and Alcohol Consortium of Allen County (DAC, www.dacac.org) for the development of the project. DAC is an organization devoted to the coordination of services and resources to reduce and erase alcohol, tobacco, and other drug abuse in the local community.

Agency Develops New Randomized Urine Drug Screen Program

In March 2014, the Allen County Community Corrections Advisory Board decided against the renewal of the service contract for the Passpoint Optical Scan system, which the agency used for drug and alcohol detention alongside its randomized drug screen assignment feature. ACCC implemented a new randomized drug screening system that uses a color-coded assignment system and offender call-in procedure. The system moderates the frequency of urine drug screening for offenders by risk category, with more intensive supervision for higher risk offenders. The new program also moderates the frequency of screening within each risk category as the offender progresses through phases of his supervision program. The program went into operation in May 2014.

Allen County Criminal Justice Marketplace – Indiana Judicial Center Community Supervision Grant

In April 2014, the Indiana Judicial Center published a grant solicitation for the purpose of supporting evidence-based community supervision initiatives, with a special focus on services provided for the treatment of persons diagnosed with a mental disorder. The Allen County Criminal Justice Collaborative (including Adult Probation, Criminal Division Services, Recovery Center of AADP, Allen County Superior Court, Allen County Circuit Court, and Community Corrections) received funding for the implementation of the Allen County Criminal Justice Marketplace. The Clinical Division of ACCC serves as the treatment entity for this initiative open to all agencies in Allen County supervising adult offenders. The two principal foci of this initiative are the introduction of risk-informed interventions addressing substance addictions, criminal cognition, mental illness, and trauma; secondly the selection of an curriculum library that elementally contribute to the treatment dosages consistent with quantities researched to be effective for high risk and moderate risk offenders. The program launched in July 2014.

Planning for the Implementation of Effective Communication and Motivational Strategies (ECMS)

In April 2014, Allen County Community Corrections sent staff members to Effective Communication/Motivational Strategies (ECMS) training program delivered by Ray Ferns, M.S., sponsored by the Indiana Department of Correction. The training program provides correctional professionals the skills and tools to conduct conversations with offenders. ECMS constructs a prescriptive pathway for cognitive restructuring with offenders; the specific tools used rely heavily on elemental techniques of motivational interviewing. ACCC intends to supplement its motivational interviewing training program, provide this expository training initially for its case management staff, and develop a plan for segmented implementation in 2015.

Impact of State of Indiana v. Vanderkolk for Allen County Community Corrections in 2014

On June 11, 2014, the Indiana Court of Appeals issued an opinion in State of Indiana v. Vanderkolk, holding that compliance searches of offenders on home detention under I.C. 35-38-2.6 must be based upon reasonable suspicion. Immediately thereafter, the Allen County Prosecuting Attorney began objecting to direct placements of offenders and referrals from the Allen Superior and Allen Circuit Courts stopped. On or about August 4, 2014, the Courts, in conjunction with the Prosecuting Attorney, compiled an in-court waiver which it required from offenders before a home detention placement would be made. Since then, referrals to Allen County Community Corrections for direct placements to home detention have resumed. The full financial and programmatic impact of this case and these actions remains largely unknown as of this date.

Advisory Board Members

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Honorable Thomas Felts, Judge

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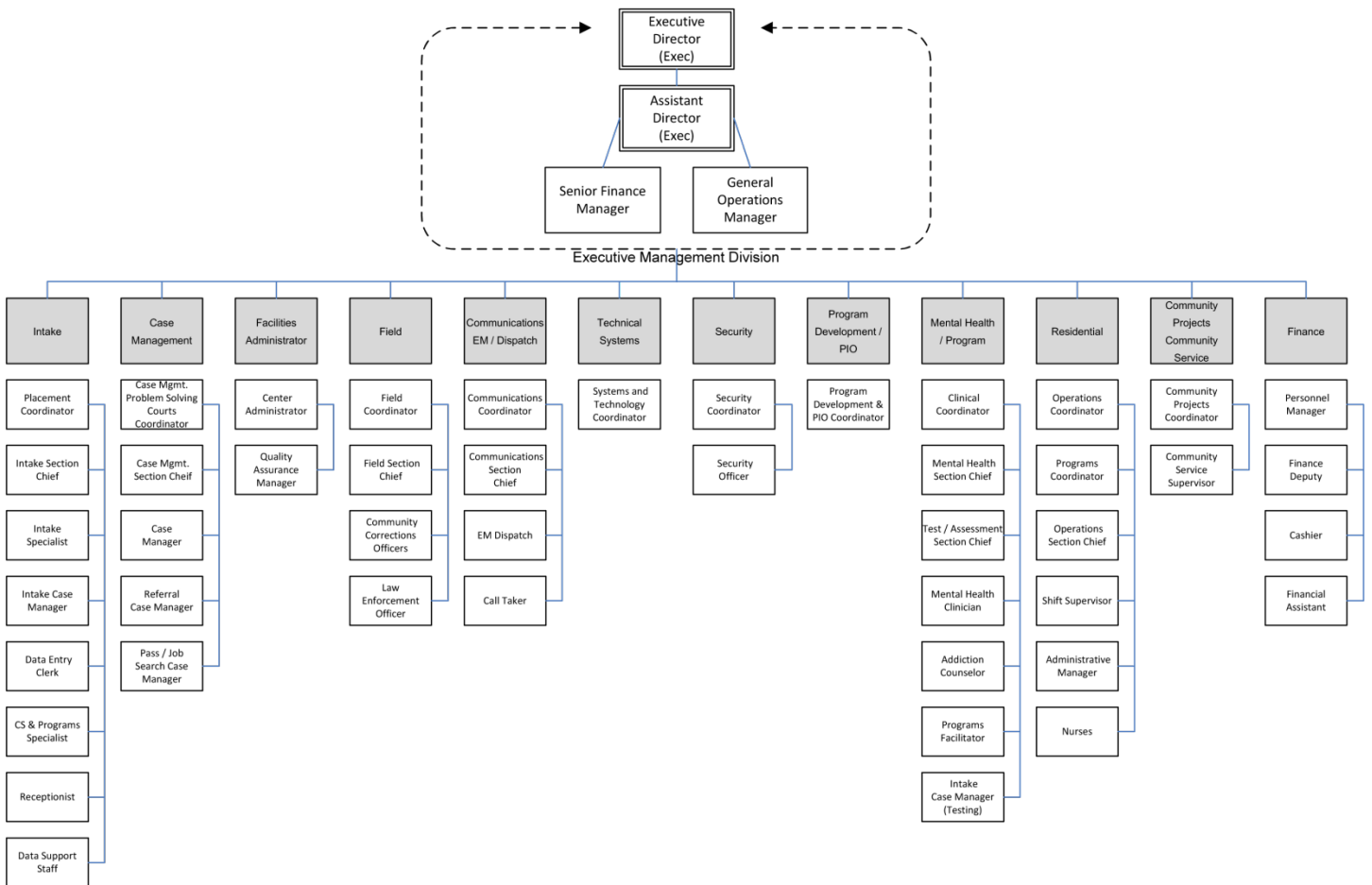
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Agency Organizational Chart

Allen County Community Corrections Agency Division Chart



Mission Statement & Vision Statement

Vision Statement:

As leaders in the rehabilitation of program participants, we will change behaviors using innovative approaches that enhance personal growth.

Mission Statement:

The mission of Allen County Community Corrections is to operate a comprehensive community-based supervision program that recruits and recognizes a well-trained, professional work force to serve and protect our community, its crime victims and those adult offenders under supervision by effectively deploying the field's best practices and proven programming and rehabilitative strategies to hold offenders accountable and promote their success.

Strategic Plan

Increasing Readiness for Organizational Change

Evidence-based practice is a significant trend throughout all human services that emphasize outcomes. Interventions within community corrections are considered effective when they reduce offender risk and recidivism, and therefore, make a positive contribution to public safety. A commitment to quality assurance can be highly beneficial to an organization, but the creation and implementation of a quality assurance plan requires effort and attention to detail. It requires that the organization begin an effort to identify a vision for itself, take ownership for its past, present, and future, confirm its values, and commit to action plans grounded in reality. Using the eight Principles of Effective Intervention as a checklist continues to enable Allen County Community Corrections (ACCC) to design a practical approach for the sustainable application of strategies that are identifiable, measurable, reproducible, and effective.

Eight Evidence-Based Principles for Effective Interventions

1. Assess Actuarial Risk/Needs
2. Enhance Intrinsic Motivation
3. Target Interventions
 - a. Risk Principle: Prioritize supervision and treatment resources for higher risk offenders
 - b. Need Principle: Target interventions to criminogenic needs
 - c. Responsivity Principle: Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs
 - d. Dosage: Structure 40-70% of high-risk offenders' time for 3-9 months
4. Skill Train with Directed Practice (use Cognitive Behavioral treatment methods)
5. Increase Positive Reinforcement
6. Engage Ongoing Support in Natural Communities
7. Measure Relevant Processes/Practices
8. Provide Measurement Feedback

After a review of the Eight Principles of Effective Intervention (8 Principles) it should be noted just how foreign these concepts are to correctional staff members, some of which had been following the traditional system of retribution and incapacitation for a significant amount of time. Organizational change in public safety agencies requires a complex systemic transformation. ACCC recognizes the importance that all staff members have a voice in the change process, participating in the implementation of a task-focused agenda. It requires staff members to have a working knowledge of the 8 Principles and the ability to relate the duties of their employment with these principles as well. ACCC understood that one of its beginning strategies was to introduce opportunities for its staff members to become more familiar with the expectations of evidence-based approaches. ACCC sends staff annually to industry conferences where they have benefitted from exposure to research and recommended evidence-based practices for working with offenders. However, the knowledge and experience has not directly transferred generally to all staff in the wide array of work assigned to the agency. In FY 2013-2014, ACCC introduced two (2) training initiatives designed to involve staff from all divisions in the learning process. ACCC held an all-staff meeting in September 2013 designed as a town hall meeting to discuss each of the 8 Principles and how they relate to the work of the agency. In March 2014, a committee representing each division of the agency was tasked to develop an agency-wide project to further that learning. In April 2014, each division of ACCC was tasked with the development of a creative project (diorama, poster, demonstration, video, etc.) demonstrating how operations of the division are described by one of the 8 Principles. These two projects mark ACCC's movement to support learning, and create an impetus for further organizational change.

A major accomplishment for the agency has been the ongoing support and involvement of an increasing number of staff across all levels of the agency in process evaluations, resulting in further maturation of the Quality Assurance Program. In the previous annual reporting period, ACCC endeavored to communicate the need for and existence of a then-nascent quality assurance process. Beginning October 2013, ACCC initiated the process of developing a quality assurance program to review and improve the quality of administering the Indiana Risk Assessment System (IRAS). The process

relied heavily on peer review by staff members certified to perform the IRAS interview, alongside a representative of the Research Division entrusted to provide measurements for inter-rater reliability. The project served to introduce the skills of providing constructive peer feedback to staff members who have not traditionally participated in formal process evaluations to date. It further informed ACCC that its level of readiness for organizational change would need to improve. ACCC's new task is to develop new ways to communicate new mental models, shared vision, encourage systemic thinking, and foster team learning.

The present task for the Quality Assurance Program has been to opportunistically identify specific data markers that describe organizational functioning – and to that extent create baselines for continuous quality improvement. The Indiana Department of Correction conducted its annual site assessment of ACCC in April 2014. One of its recommendations was the encouragement of grassroots involvement in the writing of future initiatives for the agency and strategic plan. In June 2014, ACCC launched a full-agency survey requesting staff members to provide recommendations to executive management on the development of a standardized communication system, whereby divisions of the agency could introduce problems, concerns, solutions, as well as new ideas. Using the results of the survey, ACCC implemented a monthly meeting rotation between division managers and executive management for this purpose, beginning in August 2014. As a component of continuous quality improvement, ACCC will report the number of initiatives that develop from these divisional meetings in three categories: 1) full agency goals, 2) cross-divisional process improvement goals, and 3) division-specific initiatives with quality assurance-advised development. At the end of FY 2014-2015, ACCC will be able to count the number of initiatives introduced; identify whether the agency sustained this new standard pathway for communicating ideas; represent the number of staff partaking in agency-wide training programs; and assess whether the agency saw an increase in the number of staff involved in cross-divisional process improvement committees.

Full Agency Goals for Training in 2014-2015

ACCC continues to encourage initiatives that increase organizational learning and improvement of esprit de corps. In the current fiscal period, ACCC's Training Division has begun recruiting staff members from various functions of the agency that demonstrate high competence in Motivational Interviewing as guest-facilitators in monthly skill development workshops. Staff members who have volunteered in this capacity indicate that the experience valuable. They were able to develop the skills to write workshops, training activities, and lecture material. These ideas have typically originated from committees composed of staff representing a vertical cross section of the staff.

Cross-Divisional Process Improvements in 2014-2015

A number of the agency's functions actively rely on the collaboration of staff members from multiple divisions. As ACCC evaluates these processes, the quality assurance program has enhanced the agency's ability to record a high number of variables to aid in describing performance empirically. For example, in FY 2014-2015 ACCC is launching a program to review video samples of communications with offenders, specifically samples of IRAS interviews (generated by Case Management, Clinical, Intake, and Quality Assurance division staff) and evidence-based programming (such as Thinking for a Change sessions). Staff members involved in the direct operation of these processes, including quality assurance staff, develop specific tools used to describe performance numerically – making it possible to describe the quality of staff interactions with offenders using rating indicators. ACCC describes additional process evaluations planned in FY 2014-2015 below (Principle 7).

Recent Implementation of Evidence-Based Practices & Future Planning

The following sections of this document provide details on implementing components of a quality assurance plan for Allen County Community Corrections as they relate to the tenets of the Eight Principles of Effective Intervention.

Principle 1 – Assess Actuarial Risks & Needs

IRAS Protocol Updates – Assessment Prior to Intake

In March 2014, Allen County Community Corrections Advisory Board decided not to renew a service contract for the Passpoint Optical Scan system, which the agency used for drug and alcohol detection alongside its randomized drug screen assignment feature. ACCC implemented a new randomized drug screening system that uses a color-coded assignment system and an offender call-in tool. The system regulates the frequency of urine drug screening for offenders by risk category, with more frequent screening for higher risk offenders. The new program also moderates the frequency of screening within each risk category as the offender progresses through phases of his supervision program.

The new drug-screening program went into operation in May 2014, which required an amendment to ACCC's IRAS Protocol. IRAS Interviews were being conducted within 7 days of intake for each offender. However, the new risk-informed randomized drug-screening program required that an IRAS interview be conducted by ACCC staff prior to the offender's intake or at least completed the same day as the offender was released to the custody of ACCC. This adjustment allows ACCC to remain in compliance with the tenets set forth by the Indiana Judicial Center and the Indiana Department of Correction in the Risk and Needs Assessment: Policy for Indiana Risk Assessment System (Section 22, Indiana Judicial Center). This process adjustment also supports ACCC's new risk-identified treatment program relying on the availability of a valid risk assessment conducted prior to program placement, fully introduced later in this document.

IRAS Quality Assurance Program Targets Inter-rater Reliability

Since 2011, ACCC has expended significant effort in describing its performance using the Indiana Risk Assessment System (IRAS) as the actuarial tool legitimizing interventions assigned to offenders under supervision. After its first year using the IRAS, ACCC published a comparison of its rating trends to compare to the validation data (Latessa, 2009) for the tool and attempted to understand variances. After the second year using the IRAS, the findings helped the agency resolve that a strategy to strengthen inter-rater reliability was necessary, and a committee was established to develop policy.

Between September 2013 and January 2014, the committee reviewed how interviewers are expected to use strategies that strengthen communication, support autonomy, reduce antagonism, and evoke conversation leading to the discovery of details that support the IRAS ratings. It should be noted that staff administering IRAS interviews were not explicitly directed to use motivational interviewing (or any other technique) as an exclusive approach to conducting interviews to date; however, there were techniques that the committee identified that should be used to conduct a good interview. Training to coach staff to develop these skills has not been developed. The Quality Assurance Committee has been able to identify elements contributing to a quality IRAS interview that include:

- Ability to score the assessment according to the guide directions - the IRAS interview requires the use of a standardized guide comprising questions that must be asked with fidelity to their wording and intent.
- Ability to interpret offender responses appropriately to qualify ratings - the IRAS interviewer is expected to ask additional questions to those listed in the assessment guide and converse reflectively with the offender in order to clarify his responses.
- Ability to establish a therapeutic alliance through the use of effective communication techniques
- Ability to use CBT techniques in an interview to reconcile inconsistencies, lies, and problematic information provided by the offender during an interview

The committee has been successful in developing tools and approaches to improve performance on three of the four areas listed above, including the expectation that motivational interviewing skills be used as a *collateral* approach for conducting the IRAS interview. The committee introduced a process to provide quality assurance for IRAS assessments. The process establishes the tradition of regular review and feedback from peers and the QA Committee. The Quality

Assurance Committee has recommended an approach for review consistent with the recommendations of the Indiana Judicial Center in December 2013 – direct observation of interviews with feedback is a meaningful system for coaching and training helping to regulate how interviewers perform.

The program requires the quarterly evaluation of ACCC's twenty-one (21) IRAS-certified staff members. Staff members are required to submit a video recording of an entire IRAS Assessment using the Community Supervision Tool (CST) to the Quality Assurance Committee. The video samples will be parsed in a manner that will identify specific sections of the interview by risk category (a feature primarily introduced to facilitate feedback for the interviewer). A segment of the Quality Assurance Committee will be appointed to review a sample as they enter a feedback rotation. A review committee shall focus on the following four (4) priorities:

- Fidelity to the Intent of the Question – Coaching (Quality Assurance Staff)
- Adherence to policy, inclusions and exclusions of meeting content (CM Supervision)
- MI-Consistent performance (Training Staff)
- Style, Interpretation, Skillfulness, Strategy Exchange (Peer Staff – committee participation shall remain open to all staff members in the evaluation pool to serve as an observer to learn and provide peer feedback to fellow evaluators in this process.)

The program will begin September 2014. Feedback reports written for individual staff members quarterly shall be included as collateral information for employee performance evaluations twice-yearly.

Principle 2 – Enhance Intrinsic Motivation

Motivational Interviewing Training Program

Beginning in 2008, Motivational Interviewing training for all staff was implemented at ACCC. Basic trainings were implemented in order to introduce new employees to the rudimentary principles of Motivational Intervention. Supportive trainings were offered to all staff at regular intervals to assist them with integrating motivational intervention in their daily interactions with offenders. The following three levels of proficiency were defined as part of an internal certification process for staff members:

Level One (1)

MINT trainers provide a two (2) day Basic Training. One (1) week following the training, a basic exam is administered. Staff achieve the Level One status following the training and successful completion of the exam with a minimum score of 90%. The expectation for this level is KNOWLEDGE about Motivational Interviewing.

Level Two (2)

Requirements to achieve Level Two certification require that employees successfully complete MI Level 1 and complete a live (observed) interview with an offender.

The staff person is required to provide the trainers with a date/time of the interview, provide a written summary of the offender's situation and the overarching goals of the motivational interviewing interview. A transcript of the interview is reviewed and written feedback is given to the staff member. The staff person is then given a separate written scenario in which to note motivational interviewing responses, opportunities to use specific skills and to identify change talk. The trainers review the interview to determine if there was a demonstration of proficiency. This level of skill demonstrates the ABILITY to use motivational interviewing.

Level Three (3)

To achieve Level Three certification, employees must successfully complete MI Level 2 and submit a fifteen (15) minute taped interview to be scored using the MITI. The MITI is a behavioral coding system that provides an answer to the question of how well or

poorly a practitioner uses motivational interviewing. The MITI also yields feedback that can be used to increase clinical skill in the practice of motivational interviewing. The MITI is intended to be used: 1) as a treatment integrity measure for clinical trials of motivational interviewing and 2) as a means of providing structured, formal feedback about ways to improve practice in non-research settings. This level of recognition requires that individuals score in the Competency rating of the MITI. The tape is also transcribed for proper scoring. The staff member then participates in a live scenario with a trainer to demonstrate the COMPETENCY of motivational interviewing skills.

Since 2008, ACCC has been successful in implementing the in-house certification process measuring staff competency in Motivational Interviewing, using the MITI. However, efforts to maintain the concentration of the training waned in recent years due to the expansion of the agency, introduction of new staff, and new types of offender interaction presenting challenges to engage these new workgroups.

In 2013, the agency launched a training initiative designed to promote a robust adoption of MI in specialized workgroups. ACCC is composed of twelve (12) divisions, and some groups have varying levels of interaction with offenders. In the past, ACCC required divisions that have intense interaction with offenders to demonstrate competency (referenced as reaching Level 3 – a demonstration of skill and ability to operate at a high fidelity to motivational interviewing principles). ACCC has historically communicated to each division that the competency requirement in MI is relative to the intensity of interaction with offenders.

In September 2013, executive management set a goal that all personnel should recertify their competency in MI annually as an observance of evidence-based practice. Executive management invited the formation of an implementation task force composed of a vertical cross section of staff to recommend certification requirements for each position. This grassroots-committee formed in October 2013 and delivered a certification recommendations for each position to executive management within one month.

In preparation for the recertification effort in 2014, a schedule of bi-weekly advanced MI trainings has been developed. Aside from coaching staff to become more competent in MI generally, the training topics aim to guide staff in learning additional skills useful in facilitating behavior change, namely cognitive-behavioral strategies (CBT), Social Learning Theory, and Community-As-Method.

Staff members will also be instructed on how the MITI is coded to enrich their perspective on the importance and meaning of each utterance in motivational interactions. Trainers will push the integration of motivational approaches in order to aid staff develop a greater therapeutic alliance with offenders.

Continuous Quality Improvement Markers for Training Program

Allen County Community Corrections recognizes the importance of applying measurements to describe the agency's progress in the adoption of motivational interviewing. Policies requiring new employees to attend a two-day basic training program have yielded good initial results in achieving exposure to MI. A written test is also provided to staff members following the basic training, and results of the test demonstrate, at minimum, some level of absorption of the tenets of the motivational approach.

In the previous fiscal year (FY 2012-2013), the training team set a goal to increase the availability of training opportunities for motivational interviewing. It doubled the booster sessions from monthly to twice-monthly and offered sessions at differing times throughout the work week. However, attendance fluctuated.

ACCC began tracking attendance numbers enabling the trainers to set goals for attendance at each session. In FY 2013-2014, the MI trainers executed 10 booster sessions. Considering the definition for ideal capacity (15 participants) there were a total of 150 seats available throughout the 10 boosters. The training programs were attended at a composite rate of 61%. For the remainder of 2014, the trainers have scheduled five additional booster sessions with the schedule for Spring 2015 currently in development.

Status of MI Certification as of July 2014:

- 71 of 83 individuals (all staff) have achieved MI Level 1, 86% of goal.
- Average score on basic exam required for MI Level 1 certification, 95.76%.
- 1 of 23 new individuals required to achieve up to MI Level 2 has certified to date, 4% of goal.
- 14 of 51 new individuals required to achieve up to MI Level 3 have certified to date, 27% of goal.

Identifying Data Markers for CQI Describing the Use of MI in IRAS Interviews

As a component of the quality assurance program for the Indiana Risk Assessment System Interviews established September 2013, ACCC has developed a system to measure the effective use of MI during the IRAS interview. Although ACCC recognized that the use of MI is not a specific requirement of the IRAS interview, it was observed that MI strategies are frequently applied by interviewers in an IRAS setting to aid in the development of a positive communicative relationship. To briefly describe the process here, the elements of the system are listed below.

Regulating Elements:

1. The IRAS interview requires the use of a standardized guide comprising questions that must be asked with fidelity to their wording and intent.
2. The IRAS interviewer is expected to ask additional questions to those listed in the assessment guide and converse reflectively with the offender in order to clarify his responses.

Measurement Definitions:

1. Quantifying the number of MI-consistent behaviors (utterances) in contrast to MI non-adherent behaviors demonstrates fidelity to using MI as an approach.
2. Regulating for the number of MI adherent/non-adherent behaviors that are included as a part of the standardized assessment questions leaves only interviewer-generated behaviors for the rating. (Subtracting the specific questions that an interviewer must ask as a part of the IRAS interview guide, leaves only interviewer-generated utterances)

ACCC's training team agreed that samples satisfy the requirements for MI Level 2 if: 1) the interviewer is able to limit the number of MI non-adherent behaviors to comprise no more than one-third of interviewer-generated comments in the entire interview, and 2) the number of MI-adherent behaviors equals two-thirds or more of all interviewer-generated comments in the entire interview. (Both conditions must be met as some utterances are not rated as MI non-adherent or MI-adherent).

The training team understands that this involved process is meant to support an existing process aiding quality assurance, but finds dual purpose to help the case manager achieve their annual recertification.

Principle 3 – Target Interventions (Risk, Need, Responsivity, Dosage)

Risk Principle and Dosage

The IRAS is well constructed for informing risk contingent supervision. Based on research conducted as part of the validation process of the tool, the IRAS is more effective in differentiating between the mid and high risk levels than the Level of Service Inventory – Revised. The majority of Allen County Community Corrections' felony offender populations have historically scored within these levels but the difference was rarely discernable. With the finer accuracy promised by the IRAS, the potential for saving resources through the ability to vary supervision levels was initiated during the 2011-2012 annual reporting period.

Dosage for risk levels experienced among the offender population served by ACCC has been noted by research to be between 100 and 300 treatment hours. This means hours required at the higher risk levels to have an effect on reducing recidivism. This study describes class room hours as treatment. The science of dosage is still very young and does not adequately inform to a full extent the definition of treatment. The industry will continue to explore an expansion of the definition to include any effective behavioral intervention as long as the intervention maintains fidelity with research-based practice.

Allen County Risk-Based Interventions Strategy

The first attempt to graduate dosage by risk category began in July of 2011. Allen County Community Corrections led the way in Allen County by attempting to synthesize the recent research presented by Mark Carey (The Carey Group, 2011) and Dr. Edward Latessa (University of Cincinnati) at the Summit on Evidence-Based Practices and Risk Assessment in Indianapolis, IN on May 2011. Dr. Latessa presented four score ranges, adjusted for gender that would require administering services by a differentiated dosage. ACCC adopted these definitions for offender categorization, leading it to recommend the following formula:

- Males and females rated as low risk shall receive minimal interaction and prescribed no cognitive-behavioral programming during their time of supervision. Treatment for addictions may be warranted pending evaluation. These offenders, assuming their length of supervision is minimal, will not be required to meet with staff.
- Males and females rated as moderate risk shall receive 100 hours of interaction and programming at ACCC. Although their supervision length is not determined by ACCC, the dosage of supervision will be administered from three (3) to six (6) months. These offenders will meet with staff at a frequency of once per week.
- Males and females rated as high risk shall receive 200 hours of interaction and programming. Although their supervision length is not determined by ACCC, the dosage of supervision will be administered from six (6) to nine (9) months. These offenders will meet with staff at a frequency of twice per week.
- Males and females rated as very high risk shall receive 300 hours of interaction and programming at ACCC. Although their supervision length is not determined by ACCC, the dosage of supervision will be administered over nine (9) to eighteen (18) months. These offenders will meet with staff at a frequency of thrice per week or be recommended for residential supervision.

ACCC's aim is to heed these two principles: 1) the most intense supervision and treatment should be provided to offenders with the highest risk of recidivism; and 2) that intensive treatment for lower risk offenders can increase recidivism. At the end of fiscal period 2013-2014, ACCC had not yet implemented a treatment and programming structure that provided appropriate interventions moderated by risk category or that had provided the minimum hours in treatment as defined by Bourgon and Armstrong in 2005.

Responsivity

General responsivity refers to the fact that cognitive social learning interventions are the most effective way to teach people new behaviors regardless of the type of behavior. Effective cognitive social learning strategies operate according to the following two principles: 1) The relationship principle (establishing a warm, respectful and collaborative working alliance with the offender) and, 2) the structuring principle (influence the direction of change towards the pro-social through appropriate modeling, reinforcement, problem-solving, etc.). Whether the goal is to control smoking, rid one of depressive thoughts, develop good study habits, get along with one's employer or replace criminal behavior and cognitions with pro-social behaviors and cognitions, cognitive social learning intervention is the preferred treatment method (Andrews & Bonta, 2006).

Specific responsivity calls for treatment interventions to consider personal strengths and socio-biological-personality factors. Treatment should then be tailored to these factors, as they have the potential to facilitate or hinder treatment.

The essence of this principle is that treatment can be enhanced if the treatment intervention pays attention to personal factors that can facilitate learning. Most have heard the pedagogical advice that one must vary teaching methods to suit visual learners and auditory learners. Offender treatment programs involve teaching offenders new behaviors and

cognitions, and to maximize this learning experience requires attention not only to whether the offender is a visual learner or an auditory learner but a whole range of personal-cognitive-social factors.

Treatment providers may need to first deal with an offender's debilitating anxiety or mental disorder in order to free the individual to attend and participate fully in a program targeting criminogenic needs. If the offender has limited verbal skills and a concrete thinking style then the program must ensure that abstract concepts are kept to a minimum and there is more behavioral practice than talking. ACCC has been able to retain qualified clinical mental health professionals and now seeks to implement specific programming that addresses unique needs of individuals with co-occurring mental illness and substance abuse diagnosis.

Treatment Designed to Address Multiple Criminogenic Needs & Meet Dosage Recommendations for Offenders

Traditional counseling services, including ACCC's historical treatment program, are based on the addictive disease model and employ group therapy, sober-support recovery resources and tools, and develops abstinence based skills and behaviors to establish the recovery process. Research indicates that interventions that are able to address multiple (4 or more) criminogenic needs are significantly more effective in their ability to affect a reduction in recidivism in the target population (Gendreau, French, & Taylor, 2002). Allen County Community Corrections operates DMHA certified Intensive Outpatient Treatment for Addictions. It has retained the services of clinically licensed staff since 1994. ACCC's treatment program is available to offenders that are currently under the supervision of a criminal justice entity able to demonstrate court-mandated evaluation and attendance in subsequent recommended services. Historically, ACCC's substance abuse treatment program operates as a traditional group therapy program with cognitive behavioral features. The program can be described as an incentive based, phased approach to achieve sobriety, stability, and provide for reduction in criminogenic behaviors and attitudes. In this regard, ACCC's program has historically only addressed only two criminogenic needs.

Allen County Community Corrections Implements Risk-Informed Treatment Program

In May 2014, Allen County Community Corrections entered into a collaborative project with Allen County Adult Probation, Criminal Division Services of Allen Superior Court, and the Recovery Center of AADP – agencies responsible for supervising adult offenders in Allen County. Under the direction of the Allen Circuit and Allen Superior Courts, Allen County Community Corrections submitted its application to the Indiana Judicial Center in order to participate in the 2014 Community Supervision Grant. The Allen County Circuit and Superior Courts were awarded grant funding for enhancements to its treatment program enabling Allen County to establish a new program for Risk-Informed Treatment through ACCC. The proposed service enhancements and expansions shift toward an overall reliance on the objective evaluation of offenders by risk category, appreciating the value of predictive risk as a primary target for intervention. The IRAS will serve as a moderating tool for placements in treatment, according to risk.

Allen County Community Corrections' program expansion will target offenders identified as low, moderate, and high risk, who typically have elevated criminogenic needs in the areas of anti-social attitudes, anti-social behaviors, and anti-social peers in addition to substance abuse and co-occurring disorders. Cognitive-behavioral programs that target antisocial attitudes, antisocial peer associations, lack of empathy, and impulsive behavior in a manner connected to their ongoing involvement in the criminal justice system has historically been provided by Allen County Community Corrections, yet there are limitations to its previous programming structure.

Risk Informed Assessment and Program Placement

A staple of evidence-based implementation of treatment programs requires the active segregation of populations by risk category for the dual purpose of moderating dosage of evidence-based programming according to what has been measured to be effective (Bourgon and Armstrong, 2005) and to limit the exposure to antisocial influences and possible predation

from higher risk offenders (Marlowe, D. 2009). In Allen County, treatment services have not been actively separated to accommodate this principle.

The primary goal of this project is to use IRAS risk categories to determine the quantity of treatment hours an offender completes. ACCC has also investigated a library of evidence-based curricula that targets both criminal cognitions alongside addiction. ACCC has an opportunity to integrate the priorities of treatment and community supervision in a way that will be more effective for reducing recidivism. The structure also integrates open communication between clinicians and supervision staff.

Curriculum Enhancements

The primary feature benefiting Allen County's ability to deliver interventions with greater fidelity to the principles of effective practice is the reorganization of ACCC's Clinical Division. In order to accomplish this goal, ACCC has researched and recommended a group of interventions that have two distinct features. Firstly, each proposed curriculum has been identified to be effective at reducing the likelihood of recidivism in offenders in the low, moderate, and high risk range. Secondly, each program includes content or mechanisms addressing more than one criminogenic need. To be most effective Clinical Division staff members require specific training in the implementation of each new curriculum.

ACCC has plans to implement the following curricula library, or "marketplace," for its clinical program enhancements in fiscal period 2014 - 2015. These tools are effective for use with the target population of moderate to high-risk offenders. The agency is planning for an immediate analysis of the cost and responsivity of each program curriculum within the first quarter of operations. Part of ongoing quality assurance will investigate tools offering greater benefits to the offender in terms of cost and offering clinical staff the opportunity to respond to offender needs.

Substance Abuse Curricula

Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change, Pathways to Responsible Living (2007)

The "Criminal Conduct and Substance Abuse Treatment" program (SSC) is a substance abuse curricula based on the Cognitive-Behavioral approach. It is best suited for providing treatment to individuals involved in the criminal justice system. The curriculum was used by a residential program in Ohio, consisting of incarcerated individuals meeting the same diagnostic criteria as the target population of this project. A principle benefit of the SSC program is its length and utility in meeting a precedent in effective treatment dosage linked to a reduction in recidivism. A 2013 evaluation conducted by Sperber, Latessa, and Makarios found that when this treatment program was applied to the recommended dosages for moderate risk offenders (100 hours) and high risk offenders (200 hours) findings demonstrated a reduction of recidivism – defined as a return to prison.

Cognitive-Behavioral Interventions for Substance Abuse, University of Cincinnati Criminal Justice Institute (2011)

Cognitive Behavioral Interventions for Substance Abuse (CBI-SA) (2011) is a curriculum that relies on a cognitive-behavioral approach to teach offenders strategies for avoiding substance abuse. Developed by the University of Cincinnati Corrections Institute, it is designed for individuals who are moderate to high need in the area of substance abuse. The program places heavy emphasis on skill-building activities to assist with cognitive, social, emotional and coping skills development. The components of the 38- session curriculum include: Motivational Engagement, Cognitive Restructuring, Emotional Regulation, Social Skills, Problem Solving, and Relapse Prevention. A principle benefit of the CBI-SA program is its length and utility in meeting a precedent in effective treatment dosage linked to a reduction in recidivism.¹⁶ A 2013 evaluation conducted by Sperber, Latessa, and Makarios found that when this treatment program was applied to the recommended dosages for moderate risk offenders (100 hours) and high risk offenders (200 hours) findings

demonstrated a reduction of recidivism – defined as a return to prison. A second principle benefit of the CBI-SA program is that materials are nonproprietary, offering the opportunity to further lower expenses for offenders.

Cognitive Behavioral Curricula

*Thinking for a Change: Integrated Cognitive Behavior Change Program 3.1 (2013)*¹⁸

Evidence-based treatment programs that focus on teaching offenders pro-social skills require a good deal of time spent observing role modeling as well as engaging in graduated role plays where they practice their skills in increasingly difficult scenarios (Lowencamp, Lovins, & Latessa, 2009; Wanberg & Milkman, 2007). Developed initially in 1997, the Thinking for a Change (T4C) program was sponsored by the National Institute of Corrections as an integrated cognitive-behavioral change program for offenders. The program uses a combination of approaches to increase offenders' awareness of self and others, including cognitive restructuring, social skill development, and problem solving skill enhancement exercises (Milkman & Wanberg, 2007). The research available documenting the effectiveness of the Thinking for a Change program is considerable - when program implementation protects fidelity of facilitation and ensures that the appropriate individuals are placed in the program (NIC, U.S. Dept. of Justice, 2014). Allen County Community Corrections' implementation of the Thinking for a Change program will serve IRAS-identified moderate and high risk offenders, separately, by risk category, consistent with the research describing the identifying, targeting, and segregating services for this population (Sperber, Latessa, & Makarios, 2013).

Focusing on Resettlement: A Change, a Brief Cognitive Motivational Programme for Offenders (2001)

“Focusing on Resettlement: a Change” is a motivational, cognitive-behavioral program using the trans-theoretical model for change (Prochaska & Di Clemente, 2004) as a primary framework for raising offender awareness for the importance of goal-setting. The program is authored by Frank Porporino and Elizabeth Fabiano.²³ The program is specifically suited for individuals that present ambivalence, or resistance to participating in elements of community supervision. Recognizing that this type of resistance contributes to a poor prognosis for community supervision, the “Focusing on Resettlement” program integrates a written journal that culminates in the development of specific actionable goals that is tethered to the development of individualized case plans. The development of individualized intervention plans are a necessary component of responsive supervision (Lowencamp, C. et. Al.,2012.).

Programs Addressing Mental Health

Dialectical Behavior Therapy

DBT is an Evidence Based cognitive-behavioral therapy, which was originally developed to treat borderline personality disorder and focuses on behavioral change, problem solving, distress tolerance, and emotional regulation. The approach has been used in varied populations, including treating individuals with other mental health concerns, suicidal symptoms, substance abuse, impulse control issues, and previous treatment failures. Studies have indicated up to 80% of individuals in the criminal justice system who are sentenced to participate in substance abuse treatment have co-occurring mental disorders. Additionally, individuals with co-occurring disorders often have problems with functioning in many areas that can increase their criminogenic risk and needs. Although there is little research literature due to DBT's recent emergence in correctional settings, its specific focus on acceptance of responsibility and consequences makes it especially helpful in addressing both the self-serving, antisocial and chaotic thinking patterns of the forensic client.

Availability and Community Collaboration

In order to separate low, moderate, and high risk offenders, ACCC has identified two areas where expansion is necessary. Firstly, ACCC will need to increase the number of classes offered by the Clinical Division in order to replicate services by risk category and provide an adequate level of availability to accommodate offenders' schedules. The second area of

expansion requires the agency to be mindful of obtaining the required amount of referrals to sustain this level of replicated services from within its own supervised population and the populations supervised by its applicant partners. Allen County has developed these programs with the understanding that it will be utilized by all agencies responsible for community supervision for adult offenders. It is a major undertaking that represents a strategic sharing of unique resources. Allen County Community Corrections has long since been equipped to operate this unique program structure and has taken leadership in this role in 2014.

Program Evaluation and Continuous Quality Improvement

Allen County Community Corrections has included a detailed description of the data markers installed as indicators of proper functioning of these new program expansions, included in this annual report – Evidence of Implementation of 8 Principles of Effective Practice. A detailed report offering description on the status of referrals, timely enrollment, application of psychometric tools, performance data, and offender outcomes will be available in the 2015 Annual Report.

Principle 4 – Skill Train with Directed Practice

Better Preparing Staff Members to Direct Skill Training & Skill Practice With Offenders

In Mark Gornick’s 2001 article, Moving from Correctional Program to Correctional Strategy: Using Proven Practices to Change Criminal Behavior, he writes the following:

“One aspect of responsivity often overlooked in correctional programs is appropriate communication. Communication is the primary means of getting and using information needed to treat and manage offenders effectively. Cognitive/behavioral communication strategies provide both custody and treatment staff with the competencies necessary to make use of what we know about antisocial logic. A critical correctional communication competency is understanding when to use behavioral confrontation and when to use cognitive confrontation. Behavioral confrontation describes the behavior and is followed by appropriate disapproval or approval.”

His article further comments that healthy and vital correctional communities maintain the involvement and support of every member. Law enforcement, case management, teachers, and counselors all should be considered members of the treatment team. The critical element is consistent modeling by staff that practices and believes in the principles they are supporting. The multidisciplinary approach sends a “one-voice-one-message” philosophy to clientele. (Gornick, 2001.)

Allen County Community Corrections (ACCC) puts forth significant effort to provide and measure the exposure to training annually. ACCC continues to introduce activities to enhance its staff’s ability to: 1) develop an understanding of antisocial logic, 2) understand social learning, and 3) use appropriate communication techniques.

Technology Transfer of CBT Class Content to Change Agents

ACCC reports annually the number of offenders that have enrolled, participated to some degree short of completion, as well as fully completed the evidence-based curricula. It is unknown exactly how much an offender benefits from receiving only a partial exposure to the standardized programs, but ACCC anticipates that the pro-social interactions with staff, organized activities, and observed role-modeling of other offenders performing pro-socially in classes provide some benefit that impact thoughts or beliefs in reticent participants. In order to claim that all or a significant majority of interactions where offenders and staff interact are “pro-social,” it requires the agency to provide an explanation of the activities it directs to educate staff exactly how important it is to observe his or her own impact on client behavior.

In April 2014, the Indiana Department of Correction performed an annual Site Assessment of Allen County Community Corrections. A segment of the assessment gauged ACCC's current application of strategies to measure effective staff-offender interactions. IDOC provided three (3) recommendations for specific improvements for the following operational year.

Strategy to Emphasize the Top 4 Criminogenic Risks/Needs

While offenders are typically introduced to new skills and communicative tools in a classroom, ACCC recognizes that the principle actuator for ongoing practice and application of these new skills, within the agency, is the case manager. Presently, case managers formulate case plans that emphasize the top four criminogenic risks and needs, and regularly address progress on individual objectives at each meeting. ACCC staff document the proceedings of each meeting with an offender in a case note. ACCC currently does not use a pre-formatted template that would serve as a cue to the staff member to document language specific to the top 4 Risks/Needs addressed during each meeting. In FY 2014-2015, the agency will investigate the potential of the tool and develop a system for implementation. The project will be vetted with a committee comprised of a vertical cross-section of staff. Divisional supervisors may also employ a second layer of quality assurance by performing a periodic review of case notes. They will look for evidence that the offender is progressing toward the completion of goals listed within the offender case plan. This second element is already in partial implementation; however, the agency has not mandated that the results of these periodic reviews be linked to the performance evaluation of staff members at any specific frequency. The agency currently conducts a case audit bi-monthly, and the resulting audit document will be available for inclusion in staff member evaluations twice-yearly beginning in September 2014.

Enhancing the Adoption of Tools for Cognitive Redirection among Larger Section of Staff

In July 2014, Allen County Community Corrections organized a committee of senior staff members for the purpose of evaluating the current status of continuous quality improvement in various sectors of operations. ACCC identified that the inclusion of cognitive tools such as the Thinking Report, when properly documented, contributes significant proof that the change agent is implementing strategies for cognitive intervention, specific to the situational events of the offender's life. While a thinking report is of primary value to the offender, the change agent may submit a copy of the document for inclusion in the offender's case file. The Thinking Report is a tool that is already introduced and available for use within the agency, however, this proposed initiative involves a more robust adoption of the tool among a larger number of staff members. ACCC anticipates the need for additional training on the specific application of tools such as the Thinking Report, and communicate specific situations where the agency anticipates staff using the tool. This initiative would be supported by the evidence-based concept of Community as Method, whereas all community agents carry equal responsibility for the wellbeing and positive change of each offender.

ECMS

In April 2014, Allen County Community Corrections sent three staff members to participate in a week-long training sponsored by the Indiana Department of Correction, Effective Communication Motivational Strategies (ECMS). The training was facilitated by Ray Ferns, one of the principle developers of the system of tools. ECMS training included a historical perspective on the methodology of working with antisocial individuals, offered specific training on the formation of community-building learning teams, and perhaps most valuably recommended a specific communicative pathway for conducting cognitive reconstruction exercises with offenders. The skillset heavily relied on identifiable elements of Motivational Interviewing, which training has been largely available to ACCC staff since 2006. However, the agency sees significant value in pursuing opportunities to train its staff in ECMS in the coming years.

Enhancing Awareness for Stages of Change Techniques and Purposeful Use of Motivational Interviewing

In the previous annual reporting period, ACCC implemented a system to enhance the documentation of the Stages of Change (Transtheoretical Model, Prochaska and DiClemente, 2004) within court reports in its three problem solving courts settings. The tool had marginal value in conceptualizing global motivation for participating in community supervision.

It was more accurate to describe that offenders experienced problems with elements of community supervision (specific rules or restrictions) that had a negative impact on the offender's attitude, but these situational problems seldom affected the offender's overall willingness to participate in community supervision or to abandon work toward completing his case plan. ACCC abandoned its use for the reasons described above in search for a tool that may describe motivation toward change on specific goals and objectives instead of describing one's comprehensive amenability toward community supervision.

In 2008, ACCC implemented a system for tracking evidence of motivational interviewing with offenders within case notes. ACCC offered specific training on the use of language that indicated the use of motivational interviewing techniques to help identify when the modality was used with an offender. An early system for quality assurance was to count the frequency that certain treatment modalities were used with offenders through case notes. The results were inconclusive. The agency did learn that documenting the use of MI skills may have limited value without first identifying the objective or target behavior to which the skill was used to motivate the offender toward change. Allen County Community Corrections plans to further investigate how to measure the use of treatment modalities with its documented work with offenders. ACCC plans to assist its staff to achieve a greater literacy and awareness of the Stages of Change and Motivational Interviewing in FY 2014-2015. The agency has recommended the development of a schedule of mandatory trainings that cover the elements of the Stages of Change and will invest in developing new ways of documenting its use in work with offenders.

Principle 5 – Increase Positive Reinforcement

Understanding Positive Reinforcement

In FY 2013-2014, ACCC has continued to communicate to its staff that positive behavior reinforcement techniques should be applied as close to pro-social behavior as possible to reinforce the connection between the behavior and the reward. Not only do rewards need to reflect an equal or greater value than the target behavior in order to be meaningful, they need to be extremely predictable in their application. The goal is for the offender to expect a reward for specific behaviors (Marlow, 2005).

Allen County Community Corrections Receives DAC Grant in 2014 for Tangible Incentives Program

In FY 2013-2014, Allen County Community Corrections has applied for and has been rewarded a grant for the collaboration between ACCC and the Indiana Drug and Alcohol Consortium to establish tangible incentives for offenders of ACCC's supervision programs. In the previous annual reporting period, the agency indicated the importance of placing into application a behavior directing reinforcement system based on what research has identified as effective, a minimum of 4 positive reinforcements to each sanction or other disciplinary action as an initial ratio.

Allen County Community Corrections established a committee to compile a list of incentives that may be utilized by staff members in the effort to reinforce pro-social offender behaviors. One hallmark achievement was the administration of a survey for offenders, to provide ideas directly from supervised individuals, on what type of incentive options would be both meaningful and realistic for the agency to provide them. The committee completed the survey in February through March 2014. While some of the ideas included tangible incentives with associated cost, some ideas revolved around

public recognition, or seeking additional permissions to attend pro-social activities with families – which apart, is a strategy that reinforces relationships in natural occurring communities for offenders (Principle 6). The specific measurement strategy for the Tangible Incentives Program in FY 2014-2015 is described in the “Implementation of Evidence Based Practice Compliance” section of this annual report.

Socialization Training (Awareness Building)

Personality traits and beliefs such as optimism, fairness, punctuality, reliability, and honesty are hard to develop or change. These are learned behaviors that often originate in childhood and become difficult to adjust, yet one of the primary charges in modern community supervision programs is to affect change in these exact areas. In 2013-2014, ACCC continues its work toward developing training to increase staff awareness to the importance of role-modeling. Research has demonstrated that staff that exhibit high socialization (strong pro-social skills) enjoy greater success at affecting behavior change. Research has also indicated that staff exhibiting various levels of socialization prior to training efforts have shown to increase their understanding and awareness of pro-social skills that can be used to role model in interactions with offenders (Chris Trotter, 2007).

One of the initial training programs was developed by the Motivational Interviewing training staff, entitled “Masters Class.” The training workshop was designed as a Socratic circle formed for the purpose of assisting peers strategize difficult case practice using motivational strategies and appropriate cognitive restructuring techniques. Within the activity, specific rules were implemented by the peer group in order to preserve the integrity of the practice – the pro-social modeling is evident in the active contribution of the members of the circle, but also by the lead facilitator, who moderates and intervenes when members of the circle deviate (sometimes intentionally in order to demonstrate how to appropriately redirect) from the set of norms from the practice. The technique was shown to be an effective method for directing advanced practice in Motivational Interviewing and has since been integrated as a principal activity in a new Advanced Training Program for Motivational Interviewing in 2014-2015.

Principle 6 – Engage Ongoing Support in Natural Communities

Establishing a Commitment to Reinforce Participation in Prosocial Activity during Community Supervision

ACCC is the agency responsible for Electronic Monitoring in Allen County; in this role, the agency has traditionally constructed policies conducive to fulfilling its primary purpose, to ensure and support public safety. ACCC grants specific permissions for offenders to leave their residence for employment, participation in treatment, worship services, and legal appointments, but has traditionally remained conservative toward establishing any additional standard category of permissions while an offender is supervised electronically.

However, ACCC continues its journey toward a robust adoption of practices that are supported by elements of the 8 Principles, including an effort to realign and actively engage pro-social supports for offenders in their communities. Research indicates that many successful interventions with high-risk populations, including offenders with co-occurring mental illness and addictions, actively recruit and use family members, spouses, and supportive individuals in the offender’s environment to reinforce desired pro-social behaviors. In this annual reporting period, ACCC continues to investigate methods to serve as a conduit between the offender and the establishment of a personal pro-social network for each offender.

Pursuing Healing in Family Units (Role of Family Therapists)

ACCC has implemented a system to provide family therapy as well as a program for community outreach. Licensed Marriage and Family Therapists employed at the Kelley House conduct a combination of class room education based learning through the “Healthy Relations” program, individual therapy sessions with the offender, the offender’s selected

supportive family member or significant other, and monthly family celebration events for healthy, positive interactions. ACCC does not currently make these services available in a standardized manner to individuals outside of the Kelley House. As an element of the new Risk-Informed Treatment Program implemented at ACCC in July 2014, ACCC has implemented individual therapy and a trauma therapy program that address specific issues concerning positive socialization.

Transformation of the Role of Community Service

ACCC continues its work to proactively re-cast the perception of community service work, from a punitive activity, to one that emphasizes the impact volunteer work has on one's community. ACCC has been able to establish relationships with both local governmental and enterprising entities for the completion of volunteer works that have a tangible financial savings for those institutions. Primarily through the work of the Community Projects Coordinator, a veteran Allen County Community Corrections employee with a number of years of experience, the agency makes contact with, and enters into long-term working relationships with leaders and individuals active in communities within various regions of Allen County.

Encouraging Sober Support Meetings in the Community

ACCC has operated a proactive policy encouraging participation in sober support programs as a component of substance abuse treatment. Due to the size of Fort Wayne, ACCC has maintained the practice of validating a listing of these meetings and providing a list to offenders under supervision. ACCC requires verifications to be submitted to counselors. ACCC staff members have been encouraged as a part of their professional development to attend and experience sober support meetings, helping contextualize dialog with offenders.

Establishment of a Standard Policy for Community Involvement during Community Supervision (Data Tracking and Continuous Quality Improvement Markers)

Allen County Community Corrections has worked hard to develop traditions that focus on community outreach, to realign family, and to provide the forum to facilitate positive changes. ACCC seeks opportunities to continue this work. In recent years, the agency experienced some success in the implementation of a graduated rewards program. This initiative offered both tangible rewards as well as awarded offenders permission to attend activities that were traditionally restricted for individuals supervised by Electronic Monitoring. The program required offenders to remain free of any technical violations for specified timeframes in order to qualify for each tier of rewards. The program is currently under revision; amendments are being introduced so that offenders may qualify for certain rewards even if they have not performed perfectly in other segments of the program.

The program did contribute toward the development of a policy permitting larger categories of activities that have not been permitted for offenders on Electronic Monitoring. In March 2014, ACCC conducted a survey of offenders requesting their input for a list of incentives that would be meaningful. Some of the ideas included an increase in the number of passes permitted weekly or special permission to attend a child's school activity. ACCC recognized that those types of passes may aid in supporting its goal of enhancing important relationships in the offender's natural community. In the absence of a standard policy, ACCC evaluates requests for special permissions on an individual basis, but a categorical permission system is needed. In FY 2014-2015, ACCC will record each instance of a special permission and report the frequency that special permissions were granted to offenders overall, as well as tally the differing types of permissions given throughout the year. This information will further the agency's work toward establishing a policy for passes to attend pro-social activities while on Electronic Monitoring.

Principle 7 – Measure Relevant Processes and Practices

Comprehensive Program Impact Evaluation

Measurement feedback in the form of impact evaluation reports provide the means for confirmation or justification for offender supervision policies or priorities to stay in place. Alternatively, reports inform the decision making process that policy makers must engage in order to address the shortcomings of the offender supervision practices. Impact evaluations employed in this manner are distributed among Allen County Community Corrections supervisory staff, during advisory board meetings, and by being sent to the Indiana Department of Correction or other grant-funding agency.

In 2011, Allen County Community Corrections developed a relationship with a set of external evaluators to conduct the most recent of the program impact evaluations. Both evaluators are professors in the School of Psychological Services at the University of Indianapolis. Joseph E. Hansel, Ph.D. is the Director of Clinical Training. Dr. Hansel's role in that position include clinical supervision and training, quantitative research methodology, cognitive-behavioral treatment of trauma, treatment of self-injurious behaviors, and positive psychology. Jacqueline R. Wall, Ph.D. is the Director of Undergraduate Programs. Dr. Wall's role in that position is rehabilitation psychology, outcome evaluation, industrial psychology, and clinical geropsychology. ACCC has entered into a relationship with the same evaluators for the purpose of further evaluation of the agency's supervision components from July 1, 2011 through June 30, 2013.

Quality Assurance Activities

In the present annual reporting period, ACCC engaged in activities designed to provide for the accuracy of data entry and provide information to operations on the status of performance. ACCC has retained the employment of a Quality Assurance (QA) Manager responsible for the implementation of policies surrounding measurement. This individual is preliminarily responsible for the completion of data validations on a monthly basis in preparation for the quarterly migration of data sets to the Indiana Department of Correction. Each operating division receives monthly feedback on missing data fields or incomplete procedures. The QA Manager is also completing training to position himself to evaluate the application of evidence-based practices by functional divisions. For example, the QA Manager has completed competency certification in motivational interviewing and is receiving instruction on coding MI samples in order to develop a feedback cycle this year. Other activities conducted by the Quality Assurance Manager include manual audits of physical client files, to determine that appropriate procedures for supervision are being followed by case management staff. The key measurements are provided to case management staff and the feedback is provided monthly on a small sampling of files.

Quality Assurance Committee Formed in 2013-2014

Executive management commissioned a group of individuals that comprise a vertical cross-section of staff from various divisions of the agency, to investigate new initiatives, ensure that their design is sensitive to existing policies and programs, and incorporate a plan for measurement within the design. The group works from a detailed work plan with timeline for implementation of changes, accomplishes tasks to achieve readiness for implementation, and communicates recommendations to executive management for approval.

This committee operates to evaluate the agency's program logic model, a series of documents delineating the systems, resources, and anticipated outcomes of its work. From here, the committee maintains an action plan that measures key indicators. As the committee membership comes from staff with varying degrees of experience and knowledge about quality assurance programs, the committee invests significant time educating members about process measurement and feedback cycles. Through the use of a quality assurance team, the agency predicts the deeper engagement of each division in the establishment of measured processes, initial findings, and the implementation of changes bettering outcomes.

Process Evaluation Schedule for FY 2014-2015

- The QA Committee completed work on the development of an Inter-rater Reliability and Quality Assurance protocol for the Indiana Risk Assessment System (CST), with a direct observation schedule beginning September 2014. Staff members certified to administer the IRAS will receive performance feedback, inter-rater reliability ratings, and coaching quarterly. Results of this program will be available in next year's annual report.
- The QA Committee plans to evaluate the newly implemented Random Urine Drug Screen policy in FY 2014-2015. The committee plans to review that offenders are conferred the appropriate risk category, which signals the testing frequency. ACCC will test to assure that testing frequency will increase by risk category and restrain as the offender progresses through phases of supervision. The committee will also conduct an analysis of tests with positive results to determine if there is 1) correlation between risk and positive results, 2) correlation between diagnosis of addiction and positive results, 3) whether the new randomized system has a deterrent effect for the use of alcohol or other drugs. Results of this analysis plan will be available in next year's annual report.
- The QA Committee plans to evaluate the functioning of the Criminal Justice Treatment Marketplace, ACCC's Clinical Treatment Program. Integrity for risk-informed intervention requires that offenders that are assessed with the IRAS are conferred the appropriate risk category. They must also receive appropriate diagnosis consistent with a clinical evaluation. Offenders must also be placed in the appropriate group by risk category and criminogenic needs. The QA committee will evaluate whether the program staff complete the intake process of offenders timely, commence classes with minimal delay, and provide data that can assist in determining whether involvement in treatment had an impact on recidivism rates. A detailed explanation of variables available for analysis is included in the "Principles of Effective Intervention Compliance and Continuous Quality Improvement Plan" section of this document.

Principle 8 – Provide Measurement Feedback

Increasing Awareness for the Importance of Performance Feedback

ACCC understands the importance of developing an overarching quality assurance system, necessary to monitor delivery of services, maintain, and enhance fidelity and integrity. Allen County Community Corrections currently participates in submitting monthly performance data to the Indiana Department of Correction. Since March 2014, Allen County Community Corrections has also submitted monthly reports to Indiana Governor's Office of Homeland Security; however, the template for data submissions was undefined. ACCC developed a list of variables that initially described the volume of specific activities completed by the agency (intakes, IRAS assessments, Field Officer visits, Clinical consultations, etc.). The agency constructed a secondary list of measurements that are meaningful primarily from the perspective of efficiency of performance (process rates, delays in commencement of services, etc.). Additional measurements included in the monthly Governor's report are indicators of offender performance. ACCC finds it important to identify differing variables that contribute to an offender's success, such as the availability of treatment/programs at times that are complementary to the offender's schedule. By evaluating treatment attrition rates by section, time of day, risk category, as well as by investigating trends of performance by staff member, the agency is able to provide multiple layers of variables that affect the likelihood of an offender completing community supervision programs.

ACCC collects data each month from each division. Initial data collection is completed by the Quality Assurance Manager and is analyzed, seeking trends in performance over previous months. Many staff supervisors have been engaged in FY 2013-2014 to complete data validations in preparation for each scheduled monthly submission. These monthly reports have not been widely distributed among staff members, particularly because they have only been implemented within recent months. Part of distributing new information of this type requires specific training on understanding and interpreting the type of measurements being collected. Staff members should be able to identify key performance markers meaningful to their jobs and be able to establish new performance goals between measurement

periods. The Quality Assurance Committee plans to begin designing new reports to help divisional supervisors communicate performance information to their staff. When feedback is finally shared with staff in a formal informational loop, specific goals for improvement should begin to emerge.

Data Needs to Support Initiatives for Improvement - Development of Staff Surveys as Indicators of Organizational Functioning

Discussed in the introductory portion of this document, executive management has begun using surveys distributed via the web to request staff member input on specific information. The agency's training division began implementing surveys online as a means to facilitate feedback from training programs attended by individuals from external agencies. The training division received a higher percentage of responses using the online survey tool than by requesting physical papers to be returned via mail. Executive management submitted their first survey to all staff members in June 2014 requesting staff members to vote on two alternatives indicating how staff wishes to be served by executive management. The questionnaire also included a segment for staff to write a narrative response to further explain their choices. The survey tool is useful to help collect instant feedback from a wide segment of ACCC's large staff, as well as take an instantaneous measurement of public opinion for urgent issues or concerns. Staff members who participated in the surveys received instantaneous feedback on how their counterparts voted collectively. Allen County Community Corrections plans to continue to use the survey tools online tool to establish an ongoing tradition of open communication and sharing.

Grant Goals and Objectives Accomplishment

Please report on the status of the following 3 goals and objectives as required by the grant as “Meets,” “Did not Meet,” with an Explanation. This is mandatory.

A.) GOAL: The agency will ensure all participants have a completed Indiana Risk Assessment (IRAS), a risk and needs assessment tool, upon intake into the grant funded program.

Objective 1: At minimum, an IRAS Assessment will be completed on all participants, serving 180 days or longer, within 1 working day(s) of intake into the program.

Status: Meets, 100% of offenders in the grant-funded program are assessed with the Indiana Risk Assessment Community Supervision Tool prior to the commencement of supervision to identify risk category used for Urine drug screen program color system, and treatment program placements.

Objective 2: At minimum, a final IRAS Assessment will be completed within 7 days of release from community corrections, if one has not been completed within the last 180 days. A copy of the assessment will be forwarded to the supervising agency (parole or probation).

Status: Meets, 100% of offenders that satisfactorily complete supervision and have been assess with an IRAS at Intake are re-assessed.

Objective 3: An IRAS compliance audit on the two objectives stated above will be conducted and documented on a quarterly basis with the final results reported in the 2013-2014 annual report.

Status: Meets, Records are submitted quarterly to the Indiana Department of Correction, in addition to a summary report generated for the ACCC’s annual report.

B.) GOAL: The agency will create and maintain a case plan for each participant in the grant funded program.

Objective 1: A case plan will be developed, based on the IRAS, for each participant, excluding Community Service/Restitution participants, within 30 business days from the completion date of the initial IRAS.

Status: Meets, 100% of offenders who are supervised for a length greater than 90 days develop a case plan in cooperation with their case manager, recommendations including assessment for appropriate risk-informed treatments and other pro-social activities suitable to address risks and needs.

Objective 2: The participant’s case plan will be consistently updated according to the timeline set forth in the agency’s approved case management policy.

Status: Meets, 100% of offenders who have an actionable case plan track completion of goals according to a phase-progression timeline. After each goal is completed within a specific phase, a document is generated marking the offenders’ forward movement.

Objective 3: A case plan compliance audit on the two objectives stated above will be conducted and documented on a quarterly basis with the final results reported in the 2013 – 2014 annual report.

Status: Meets, 100% of ACCC’s cases supervised using the phase-progression system and case plan receive a bi-monthly audit by divisional section chiefs, following a quality assurance checklist. Section chiefs sign-off on each completed audit.

C.) GOAL: The agency will draft and acquire advisory board approval on agency policies and standard operating procedures during the 2013 – 2015 budget cycle.

Status: Meets, all policies and procedures contemplated by the Advisory Board Bylaws are submitted to the executive committee of the ACCC Advisory Board and are presented to the Advisory Board Members at large at proximal meetings.

Objective 1: The agency will ensure an IRAS and a Case Plan policy are drafted, approved by the advisory board, and sent to IDOC by 07/01/2013.

Status: Meets, each policy was sent to DOC on 6/30/2014. All policies and procedures contemplated by the Advisory Board Bylaws are submitted to the executive committee of the ACCC Advisory Board and are presented to the Advisory Board Members at large at proximal meetings.

Objective 2: A Field Officer standard operating procedure will be drafted, approved by the advisory board, and sent to IDOC by 12/31/2013.

Status: Meets, policy drafted and submitted to executive committee of the Advisory Board for review. (Was sent to IDOC on 12/30/2013). All policies and procedures contemplated by the Advisory Board Bylaws are submitted to the executive committee of the ACCC Advisory Board and are presented to the Advisory Board Members at large at proximal meetings.

Objective 3: A Quality Assurance governing fidelity to agency programs will be drafted, approved by the advisory board, and sent to IDOC by 6/30/2014.

Status: Meets, policy was sent to IDOC on 6/30/2014. All policies and procedures contemplated by the Advisory Board Bylaws are submitted to the executive committee of the ACCC Advisory Board and are presented to the Advisory Board Members at large at proximal meetings.

Agency's Goals and Objectives Accomplishments Listed in AR2012-2013

GOAL PRINCIPLE #1: ASSESS ACTUARIAL RISK /NEEDS

ACCC will develop a quality assurance policy that will address inter-rater reliability between staff members that assess offenders with the Indiana Risk Assessment System, and will provide for training to develop integrity on positioning questions in an IRAS Interview.

OBJECTIVES:

- ACCC will conduct the Indiana Risk Assessment System (IRAS) interview with all offenders supervised for greater than ninety (90) days by the agency within seven (7) days of intake. Quality Assurance Manager will generate a monthly report to provide feedback on progress monthly.
 - **Status: Meets**
- Case plans will prioritize interventions identified as salient concerns for the stability, growth, and wellbeing of each offender. Case Plans will be developed within thirty (30) days of intake. Reports generated monthly will report to case management staff members which individuals have not had a case plan developed and recorded by the deadline.
 - **Status: Meets**
- Case plans will prioritize interventions identified as salient concerns for the stability, growth, and wellbeing of each offender. Case Plans will be developed within thirty (30) days of intake. Reports generated monthly will report to case management staff members which individuals have not had a case plan developed and recorded by the deadline.
 - **Status: Meets – Policy has been established and set effective 9/1/2014.**
- ACCC will administer quarterly evaluations of staff performance addressing inter-rater reliability with regard to the Indiana Risk Assessment System - CST and provide feedback for staff improvement to achieve greater integrity in assessment quality. A training program will be developed by November 2013 and implementation will begin in December 2013.
 - **Status: Meets – Training program developed and feedback began October 2013.**
- ACCC will complete annual evaluative summaries of IRAS scores by component to identify scoring trends to inform efforts for quality assurance. The second report is due September 2013.
 - **Status: Meets – ACCC submitted AR2012-2013 with second year analysis to IDOC/Advisory Board September 2013.**

GOAL PRINCIPLE #2 : ENHANCE INTRINSIC MOTIVATION

ACCC will require all staff to become competent in the practice of Motivational Interviewing in all interactions with offenders to maintain positive pathways of communication.

OBJECTIVES:

- ACCC will maintain the certification of three MI trainers certified by the Motivational Interviewing Network of Trainers, and promote their ongoing education in implementation.
 - **Status: Meets**
- MINT trainers will schedule bi-monthly MI trainings to provide adequate opportunity for staff to participate and absorb the skills of MI practice. Staff will be required to attend four (4) sessions per quarter, beginning February 6, 2013.
 - **Status: Did not meet – Training program available, but only met 65% of its attendance goal in FY 2013-14**
- ACCC will continue to measure skill acquisition requirements for each division on its internal certification program measuring knowledge of MI terms (Level 1), ability to use MI adherent techniques in an audio sample (Level 2), achieve competency with MI skills in an audio sample coded by the MITI (Level 3). Audio samples will be provided quarterly.
 - **Status: Meets – Procedure for video recordings drafted and set for implementation September 1, 2014**
- ACCC will operate a MITI coding laboratory staffed by interns at the graduate level. Coders will engage in inter-rater reliability conferences with certified trainers and Quality Assurance
 - **Status: Did not meet – ACCC will delay this goal indefinitely; ACCC is able to review its volume of MITI-evaluated samples with existing personnel.**

GOAL PRINCIPLE #4 : SKILL TRAIN WITH DIRECTED PRACTICE

Identify evidence-based practices as strategies to be used with offenders, to role-model their application thereby strengthening resolve for ongoing, long-term behavioral modification.

OBJECTIVES:

- ACCC continues to increase the communicative capability of staff members to use techniques and strategies presented in the slate of programs offered to offenders. This information will be presented in a series of training programs offered at regular intervals.
 - **Status: Meets – ACCC began process of implementing ECMS, Offers periodic regular skill workshops**
- ACCC quality management program will include specific definition of evidence-based strategies measured within offender interactions. These definitions will be provided to staff members.
 - **Status: Meets – Quality Assurance Team documented specific skills it seeks to identify in communication with offenders, staff members completing direct observation receive feedback on the use of these skills.**
- ACCC will introduce a new feedback cycle set to measure the retention of definitions of pro-social concepts, socialization tools, and problem-solving strategies presented in the CBT curricula. The scoring trends will be used to evaluate facilitator fidelity to curricula material, and indicate to case management staff members which concepts to reinforce with offenders.
 - **Status: Meets – ACCC introduced direct observation for facilitation program in this fiscal period, policy drafted and is set for implementation beginning October 2014.**
- ACCC will develop a preliminary measurement tool for the evaluation of staff member familiarity with the socialization concepts presented to offenders in the CBT programs. Working definitional knowledge will be a competency requirement of the agency.
 - **Status: Did not meet – ACCC replaced curricula library with new risk-informed programming and will need to revisit this objective in FY 2014-2015.**

GOAL PRINCIPLE #7 & #8 : MEASURE RELEVANT PROCESSES & FEEDBACK CYCLE

ACCC will create a comprehensive quality assurance program that identifies staff resources, key measurements that indicate behavioral change in offenders, and develops feedback loops to inform staff members to the status of performance.

OBJECTIVES:

- ACCC will identify staff members that will serve in a capacity to plan and implement the evaluation of processes within the agency. These individuals will be identified as the Quality Assurance Team. Members will have established roles and duties.
 - **Status: Meets – QA Committee formed in October 2013 represented by a vertical cross-section of staff**
- ACCC will develop a logic map for the agency to identify the input resources for processes, identify the activities recommended, and define the expected results in both a short, intermediate, and long-term timeframe.
 - **Status: Did not meet**
- Quality Assurance Team will develop and communicate the intention of its existence to staff at large, communicate the pathway in which processes enter a queue for evaluation, and communicate the results of the evaluation and recommendations for the improvement.
 - **Status: Meets – Specific training initiatives launched in September 2013 and March 2014 introducing QA program, its purpose and the journey toward deeper integration and measurement of EBP fidelity.**
- Quality Assurance Team will identify the needs for training in measured areas and collaborate with ACCC staff members assigned as trainers to develop programs. Feedback will be collected from staff members attending these trainings on the impressions and receptiveness to the recommendations for improvement.
 - **Status: Meets – ACCC develops monthly reports with specific performance indicators by division describing actual organizational functioning.**

Total Goals Met: 7

Total Goals Not Met: 0

Agency Summary Information

Statistical Summary:

Total Number of Offenders on supervision summary (all components and all offense levels) 7/1/2013-6/30/2014:

	Number of Participants
Community Service Restitution	364 (direct placements)
Number of Community Service Hours completed (if available)	4834.5 (direct placements) 14,736.59 (all)
Day Reporting	1016
Electronic Monitoring	429
Work Release	0
Problem Solving Court	226
Forensic Diversion	95
Juveniles	0
Transfer out of agency	15
Transfers into agency	84
Total Individual Participants Served*	1089

*Individuals may be less than component totals due to transfers and dual component supervision

Demographics:

Include all individual participants served during FY2014

Sex by Race for Agency

	Black	White	Hispanic	Other	Total	Percentage Demographics of Gender
Females	168	300	21	6	495	27.36
Males	469	715	112	18	1314	72.64
Total	637	1015	133	24	1809	100
Percentage of Race Demographics	35.21	56.11	7.35	1.33	100.00	

Sex by Age at Intake for Agency

Include all individual participants served during FY2014

	Under 17	18 to 20	21 to 30	31 to 40	41 to 50	51+	Percentage Demographics of Gender
Females	2	62	218	132	58	23	27.36
Males	6	265	543	266	151	83	72.64
Total	8	327	761	398	209	106	1809
Percentage Demographics of Age	0.44	18.08	42.07	22	11.55	5.86	100.00

Statistical Offense Summary:

Include all individual participants served during FY2014

	Number of Participants	Percentage in Community Corrections
Total D Felons Served	674	35.03
Total C Felons Served	203	10.55
Total B Felons Served	130	6.76
Total A Felons Served	5	0.2
Total Misdemeanors Served	912	47.4
Total Pre-Trial Participants Served	1924	-
Total Individual Participants Served	1809	100.0

	Number of Participants	Percentage in Community Corrections
Drug Related Offenses	240	
Alcohol Related Offenses	510	
Against Person	193	
Against Property	281	
Other Offense:	19	
Public Order	681	

Statistical Summary IRAS and Risk Reduction:

Include all individual participants served during FY2014

	Total Completed	Initial	Discharge (if applicable)	Risk Reduction (%)
Pre-Trial	97	97	-	-
Screener	64	64	-	-
Community Supervision	875	610	265	46.7% (92 people had initial AND exit in FY, 43 had a risk reduction)
Re-Entry	-	-	-	-
Ineligible	-	-	-	-
Total	1036	771	265	

Average Number of Contacts per Risk Level (Felony):

Home Detention:

- Low – 1725 Contacts /64 Participants = 26.95 Contacts Per Participant
- Mod – 5724 Contacts /155 Participants = 36.92 Contacts Per Participant
- High – 7829 Contacts /205 Participants = 38.19 Contacts Per Participant
- Very – 2154 Contacts /56 Participants = 38.46 Contacts Per Participant

Community Control:

- Low – 139 Contacts /7 Participants = 19.85 Contacts Per Participant
- Mod – 765 Contacts /16 Participants = 47.81 Contacts Per Participant
- High – 1260 Contacts /31 Participants = 40.65 Contacts Per Participant
- Very – 211 Contacts /5 Participants = 42.2 Contacts Per Participant

Reentry:

- Low – 526 Contacts / 11 Participants = 47.81 Contacts Per Participant
- Mod – 2709 Contacts / 48 Participants = 56.43 Contacts Per Participant
- High – 9743 Contacts /179 Participants = 54.43 Contacts Per Participant
- Very – 7778 Contacts /129 Participants = 60.29 Contacts Per Participant

CTP:

- Low – 20 Contacts /1 Participants = 20 Contacts Per Participant
- Mod – 120 Contacts /6 Participants = 20 Contacts Per Participant
- High – 299 Contacts /13 Participants = 23 Contacts Per Participant
- Very – 212 Contacts /11 Participants = 19.27 Contacts Per Participant

Restoration Court:

- Low -1949 Contacts /25 Participants = 77.96 Contacts Per Participant
- Moderate – 2799 Contacts /43 Participants = 65.09 Contacts Per Participant
- High – 3952 Contacts /51 Participants = 77.49 Contacts Per Participant
- Very – 284 Contacts /5 Participants = 56.8 Contacts Per Participant

Pre-Trial:

- Low – 1224 Contacts /16 Participants = 76.5 Contacts Per Participant
- Moderate – 1452 Contacts /19 Participants = 76.42 Contacts Per Participant
- High – 1730 Contacts /17 Participants = 101.76 Contacts Per Participant
- Very – 93 Contacts /2 Participants = 46.5 Contacts Per Participant

DOC Commitments

The number of DOC Commitments for July 1, 2013 through June 30, 2014 was:

				Total
	Male		Female	
M	3	M	0	3
FA	24	FA	1	25
FB	167	FB	15	182
FC	202	FC	24	226
FD	423	FD	94	517
TOTAL	819	TOTAL	134	963

- 1.) The number of D felons sent to IDOC who were under community supervision and were repeat probation/community correction violators or problem-solving court terminations.

Allen County sent 152 individuals to IDOC who were D Felons that were considered “new commits with prior adult commitment.” This is how Allen County sent these D Felons to IDOC in FY2013-2014:

- 109 were sentenced directly to DOC by sentencing judge (71.7%)
- 32 were probation revocations (21.1%)
- 4 were drug court revocations (2.7%)
- 6 were ACCC revocations (4%)
- 1 was a work release revocation (0.1%)

Of the 146 D Felons that were sentenced directly to DOC, were probation, drug court, or work release revocations, 86 were referred to ACCC for supervision. ACCC denied these D Felons for the reasons below:

- Unsuitable housing (20)
- History of violating community supervision (15)
- Criminal history not compatible with ACCC (14)
- Offender refuses to participate in program (13)
- No show for screening/failed to make appointment (5)
- Pending felony case (5)
- Denied by judge/court (4)
- Nature of offense (4)
- Other (4)
- No home detention ordered by judge (2)

HD 2.5 (Suspended Sentence Placement)

Description & Target Population:

Home Detention Supervision

Home Detention components serve offenders who are placed in supervision from both felony and/or misdemeanor court as a part of a sentencing agreement(s). Transfers from other felony and misdemeanor courts are also eligible for placement into the HD program. All offenders placed in a HD supervision component are directly referred from court as a stipulation of their sentencing and have not served time in a Department of Correction facility for the charges/convictions that place them into Home Detention Supervision. Allen County Community Corrections initiated HD (executed and suspended sentence) components in 1986.

Eligibility Criteria

The target population includes felony and misdemeanor offenders sentenced under IC 35-38-2.5. The individuals of this population commonly assess at criminogenic risk levels that are comparable to those offenders experienced by Community Corrections arriving from Indiana Department of Correction prisons as participants of the Community Transition Program. The population of this component often consists of those who have actually been incarcerated in a prison for a previous unrelated conviction or are those who are at greatest imminent risk of being incarcerated in prison.

Statistics

Average Length of Stay on component: 94 Days

Statistical Offense Summary:

	Number of Participants	Percentage in Component
Total Participants Served (in component)	151	100%
Total D Felons Served	102	67.5%
Total C Felons Served	30	19.9%
Total B Felons Served	13	8.6%
Total A Felons Served	0	0%
Total Misdemeanors Served	6	4%
Total Pre-Trial Participants Served	0	0%
Total Participants Served	151	

	Number of Participants	Percentage in Component
Drug Related Offenses	21	13.9%
Alcohol Related Offenses	33	21.7%
Against Person	49	32.3%
Against Property	21	13.9%
Other Offense:	27	18.2%

Demographics:

Sex by Race for component

	Black	White	Hispanic	Other	Total	Percentage Demographics of Gender
Females	13	23	2	0	38	25.2%
Males	30	73	8	2	113	74.8%
Total	43	96	10	2	151	100%
Percentage of Race Demographics	28.5%	63.6%	6.6%	1.3%	100%	

Sex by Age at Intake for component

	Under 17	18 to 20	21 to 30	31 to 40	41 to 50	51+	Percentage Demographics of Gender
Females	0	5	14	11	7	1	25.2%
Males	0	24	54	17	10	8	74.8%
Total	0	29	68	28	17	9	100%
Percentage Demographics of Age	0%	19.2%	45%	18.5%	11.3%	6%	

Completion for component statistics:

Completion Type	Total	Percentage
Successful	63	41.7%
Did not Complete/Inactive	47	31.1%
Transfer	0	0%
Currently Active	41	27.2%

Cost Analysis for component:

Intake Cost: \$150.00 (1st week fees)

Daily Average User Fee Rate: \$15.00 / day

Estimated Tax Payer Savings for component:

1. Above **151** Felony Participants were supervised for **14,505** days (if unavailable, multiple by average length of stay). **14,505** days/ 365 (1yr) = an average of **40** participants served each day.
2. Total Grant Expenditures were **\$312,725.37** and user fees were **\$273,197.84** totaling **\$585,923.22** for Home Detention Suspended Placements (2.5) Supervision.
3. Component Per Diem: **\$585,923.22** / 365 days in a year = **\$1,605.27** / **40** participants day = **\$40.13** average cost per participant per day of supervision

Total Cost if incarcerated (IDOC Per Diem x Total Actual Number of Days on component) for component:

4. Felony = **14,505** days * **\$56.88** = **\$825,044.40**

Total Tax Savings for component:

5. **\$825,044.40** - **\$585,923.22** = **\$239,121.18**

Tax Savings Rate for component:

6. **29%**

HD 2.6 (Executed Placements)

Description & Target Population:

Home Detention Supervision

Home Detention components serve offenders who are placed in supervision from both felony and/or misdemeanor court as a part of a sentencing order or plea agreement. Transfers from other felony and misdemeanor courts are also eligible for placement into the HD program. All offenders placed in a HD supervision component are directly referred from court as a stipulation of their sentencing and have not served time in a Department of Correction facility for the charges/convictions that place them into Home Detention Supervision. Allen County Community Corrections initiated HD (executed and suspended sentence) components in 1986.

Eligibility Criteria

The target population includes felony and misdemeanor offenders sentenced under IC 35-38-2.6. The individuals of this population commonly assess at criminogenic risk levels that are comparable to those offenders experienced by Community Corrections arriving from Indiana Department of Correction prisons as participants of the Community Transition Program. The population of this component often consists of those who have actually been incarcerated in a prison for a previous unrelated conviction or are those who are at greatest imminent risk of being incarcerated in prison.

The target populations of this component include offenders convicted in Allen Circuit and Superior Court of Misdemeanor and Felony-level offenses in Allen County and sentenced to a direct placement with Allen County Community Corrections. This population will be offenders who are able to complete a Direct Placement commitment to participation with electronic monitoring supervision by Allen County Community Corrections. This population includes offenders who were originally sentenced to complete other, non-custody programs, but who failed to enroll in the sentenced programs or who failed to satisfactorily complete the programs. This target population may contain either those offenders who have received an executed sentence to Allen County Community Corrections supervision or offenders who have had an original suspended sentence to probation supervision modified to include supervision by Allen County Community Corrections as a sanction for a probation violation for up to a period of one (1) year.

Statistics

Average Length of Stay on component: 103 Days

Statistical Offense Summary:

	Number of Participants	Percentage in Component
Total Participants Served (in component)	553	100%
Total D Felons Served	446	80.7%
Total C Felons Served	81	14.6%
Total B Felons Served	25	4.5%

Total A Felons Served	1	0.2%
Total Misdemeanors Served	507*	0%
Total Pre-Trial Participants Served	0	0%
Total Participants Served	553	

*507 Misdemeanants were supervised by ACCC in this component category in FY 2012-2013-are excluded in the Per Diem Calculations below as the label is inclusive of only felonies. The figure for number of days supervised includes only the 533 Felony-level offenders.

	Number of Participants	Percentage in Component
Drug Related Offenses	107	19.3%
Alcohol Related Offenses	146	26.4%
Against Person	62	11.2%
Against Property	125	22.6%
Other Offense:	113	20.5%

Demographics:

Sex by Race for component

	Black	White	Hispanic	Other	Total	Percentage Demographics of Gender
Females	51	101	2	6	160	28.9%
Males	151	211	25	6	393	71.1%
Total	202	312	27	12	553	100%
Percentage of Race Demographics	36.5%	56.4%	4.9%	2.2%	100%	

Sex by Age at Intake for component

	Under 17	18 to 20	21 to 30	31 to 40	41 to 50	51+	Percentage Demographics of Gender

Females	0	17	70	43	22	8	28.9%
Males	1	72	171	82	46	21	71.1%
Total	1	89	241	125	68	29	100%
Percentage Demographics of Age	0.2%	16.7%	43.6%	22.6%	12.3%	5.2%	

Completion for component statistics:

Completion Type	Total	Percentage
Successful	254	45.9%
Did not Complete/Inactive	132	23.9%
Transfer	13	2.4%
Currently Active	154	27.8%

Cost Analysis for component:

Intake Cost: \$150.00 (1st week fees)

Daily Average User Fee Rate: \$15.00 / day

Estimated Tax Payer Savings for component:

1. Above **553** Felony Participants were supervised for **57,245** days (if unavailable, multiple by average length of stay). **57,245** days/ 365 (1yr) = an average of **157** participants served each day.
2. Total Grant Expenditures were **\$1,234,192.63** and user fees were **\$807,151.31** totaling **\$2,041,343.94** for Home Detention Executed Placements (2.6) Supervision.
3. Component Per Diem: **\$2,041,343.94** / 365 days in a year = **\$5,592.72** / **157** participants day = **\$35.62** average cost per participant per day of supervision

Total Cost if incarcerated (IDOC Per Diem x Total Actual Number of Days on component) for component:

4. Felony = **57, 245** days * **\$56.88** = **\$3,256,095.60**

Total Tax Savings for component:

5. **\$3,256,095.60** - **\$2,041,343.94** = **\$1,214,751.66**

Tax Savings Rate for component:

6. **37.3%**

Additional Information & Attachments for component:

Allen County Community Corrections supervised 503 Misdemeanor-Level offenders in FY 2012-2014, for a total of 12,910 days supervised. This population is not supported by grant funding from IDOC. The user fees for this segment of the population are represented in the figure listed above for all HD (2.6) offenders.

Intake costs for this population:

- 10 days supervision or less (\$240 due at intake)
- 11+ days supervised (\$45 intake fee) + (\$210 for first 2 weeks fees due) + (\$15 daily thereafter)

Reentry Court Program

Description & Target Population:

The Allen Superior Reentry Court provides returning inmates the tools with which to successfully re-integrate back into the community with the assistance of electronic monitoring, field officers and case management. Offenders work through programming, job search and areas of behavioral change while receiving support from judicial oversight, community/faith-based mentors, and local employers.

In 1999, the Indiana State Legislature passed a law known as the Community Transition Statute. This statute allows each county in the state to develop its own Community Transitions Program to which inmates at the Department of Corrections may be released early to community supervision. It allows each county's judges to determine what level of supervision would be used. In 2001, this program went operational.

Reentry Court Program Eligibility Criteria

Individuals committed to the Indiana Department of Corrections may be eligible to participate in the Reentry Court Program except in the following instances:

1. Offenders sentenced to less than two years in the Department of Corrections.
2. Offenders with warrants, detainers, or pending charges issued by an agency or court other than the Indiana Department of Corrections.
 - a. Individuals with warrants or detainers from an Allen County court for failure to pay child support, with a small claims judgment, or fines and cost MAY be eligible if the issuing court agrees to recall the warrant and schedule a court date after the offender is released to Allen County Community Corrections.
 - b. Offenders with warrants or detainers for new felony charges or serious or violent misdemeanor charges for which the offender has not been sentenced will not be eligible for placement on the program.
 - c. An offender with a pending new charge consisting of a traffic offense MAY be eligible for placement on the program if the court agrees to recall the warrant or detainer and set a new court date.
3. Offenders who are not residents of the State of Indiana.
4. Individuals with indeterminate life sentences.
5. Individuals sentenced to life without parole or sentenced to death.

Statistics

Average Length of Stay on component: 87.5 Days

Statistical Offense Summary:

	Number of Participants	Percentage in Component
Total Participants Served (in component)	128	100%
Total D Felons Served	8	6.3%
Total C Felons Served	61	47.7%

Total B Felons Served	56	44%
Total A Felons Served	3	2%
Total Misdemeanors Served	0	0%
Total Pre-Trial Participants Served	0	0%
Total Participants Served	128	

	Number of Participants	Percentage in Component
Drug Related Offenses	26	20.3%
Alcohol Related Offenses	0	0%
Against Person	49	38.3%
Against Property	29	22.7%
Other Offense:	24	18.7%

Demographics:

Sex by Race for component

	Black	White	Hispanic	Other	Total	Percentage Demographics of Gender
Females	2	11	0	0	13	10.2%
Males	56	56	2	1	115	89.8%
Total	58	67	2	1	128	100%
Percentage of Race Demographics	48.4%	49%	1.3%	1.3%	100%	

Sex by Age at Intake for component

	Under 17	18 to 20	21 to 30	31 to 40	41 to 50	51+	Percentage Demographics of Gender

Females	0	0	8	2	3	0	10.2%
Males	0	0	64	32	11	8	89.8%
Total	0	0	72	34	14	8	100%
Percentage Demographics of Age	0%	0%	56.3%	26.6%	11%	6.1%	

Completion for component statistics:

Completion Type	Total	Percentage
Successful	28	21.9%
Did not Complete/Inactive	21	16.4%
Transfer	1	0.7%
Currently Active	78	61%

Cost Analysis for component:

Intake Cost: \$0.00

Daily Average User Fee Rate: \$6.00 / day

Estimated Tax Payer Savings for component:

1. Above **128** Felony Participants were supervised for **11,200** days (if unavailable, multiple by average length of stay). **11,200** days/ 365 (1yr) = an average of **31** participants served each day.
2. Total Grant Expenditures were **\$314,009.47** and user fees were **\$203,592.73** totaling **\$517,602.20** for Reentry Court Participant Supervision.
3. Component Per Diem: **\$517,602.20 / 365 days in a year = \$1,418.09 / 31 participants day = \$45.74** average cost per participant per day of supervision

Total Cost if incarcerated (IDOC Per Diem x Total Actual Number of Days on component) for component:

4. Felony = **11,200 days * \$56.88 = \$637,056.00**

Total Tax Savings for component:

5. **\$637,056.00 - \$517,602.20 = \$119,453.8**

Tax Savings Rate for component:

6. **19.0%**

Community Transition Program

Description & Target Population:

The Allen Superior Community Transitions provides returning inmates the tools with which to successfully re-integrate back into the community with the assistance of electronic monitoring, field officers and case management. Offenders work through programming, job search and areas of behavioral change while receiving support from judicial oversight, community/faith-based mentors, and local employers.

In 1999, the Indiana State Legislature passed a law known as the Community Transition Statute. This statute allows each county in the state to develop its own Community Transitions Program to which inmates of the Department of Corrections may be released early to community supervision. It allows each county's judges to determine what level of supervision would be used. This program went operational in 2001.

Individuals committed to the Indiana Department of Correction may be eligible to participate in the Community Transitions Program except in the following instances:

1. Offenders sentenced to less than two years in the Department of Correction.
2. Offenders with warrants, detainers, or pending charges issued by an agency or court other than the Indiana Department of Correction.
 - a. Individuals with warrants or detainers from an Allen County court for failure to pay child support, with a small claims judgment, or fines and cost MAY be eligible if the issuing court agrees to recall the warrant and schedule a court date after the offender is released to Allen County Community Corrections.
 - b. Offenders with warrants or detainers for new felony charges or serious or violent misdemeanor charges for which the offender has not been sentenced will not be eligible for placement on the program.
 - c. An offender with a pending new charge consisting of a traffic offense MAY be eligible for placement on the program if the court agrees to recall the warrant or detainer and set a new court date.
3. Offenders who are not residents of the State of Indiana.
4. Individuals with indeterminate life sentences.
5. Individuals sentenced to life without parole or sentenced to death.

The time of release to the Community Transition Program is determined according to sentencing class.

1. An offender convicted of a class D felony as the most serious conviction during the commitment period may begin the Community Transition Program 60 days prior to the offender's earliest projected release date.
2. An offender convicted of a class C felony as the most serious conviction will:
 - a. be eligible for the Community Transition Program 90 days prior to the earliest projected release date.
 - b. if all of the offender's charges fall under I.C. 35-48-4 and/or I.C. 16-42-19, that offender will be eligible to begin the Community Transition Program 120 days prior to the earliest projected release date.
3. An offender convicted of a class A or B felony as the most serious conviction during the commitment will:
 - a. be eligible for the Community Transition Program no more than 120 days prior to the earliest projected release date.
 - b. if all of the offender's charges fall under I.C. 35-48-4 and/or I.C. 16-42-19, the offender will be eligible for the Community Transition Program 180 days prior to the earliest projected release date.

The Community Transition Program require that the incarcerated offender voluntarily participate with the knowledge and agreement of the program participation conditions.

1. A class D felony offender who returns a letter of acceptance of the program conditions will be transported to the county in which the offender was sentenced unless the court from the sentencing county requests the transfer of the case to Allen County and the Allen County superior Court approves the transfer.
2. Individuals sentenced to class C, B or A offenses must also return a letter of acceptance but will not be transported unless the Department of Correction receives a letter from the sentencing judge admitting the individual to the Community Transition Program.
3. The offender must agree to return to the county in which the offender was originally sentenced unless the sentencing Court from another county has requested a transfer of the case to Allen County and the Allen Superior Court has approved the transfer of the case to Allen County.
4. The offender must agree to obtain a residence that is not with or near the victim or victims of the violent offense that was committed by the offender.
5. If the offender's expected release date changes as the result of the gain or loss of credit time after notice is sent to each court, the offender may become ineligible for a community transition program.
 - a. The loss or gain of credit time shall not automatically cause an offender to be ineligible.
 - b. The Referral Manager shall consult with the Problem Solving Courts Coordinator who will make a determination on eligibility.
6. An offender who is eligible to be assigned to the Community Transition Program is sentenced by more than one (1) court, the offender must be considered for assignment to the Community Transition Program that the offender is actively serving is located.
7. Before an offender may be assigned to the Community Transition Program, each court that sentenced the offender to a period of imprisonment that the offender is actively serving must agree to the assignment.

Statistics

Average Length of Stay on component: 49 Days

Statistical Offense Summary:

	Number of Participants	Percentage in Component
Total Participants Served (in component)	55	100%
Total D Felons Served	46	83.6%
Total C Felons Served	4	7.3%
Total B Felons Served	5	9.1%
Total A Felons Served	0	0%
Total Misdemeanors Served	0	0%
Total Pre-Trial Participants Served	0	0%
Total Participants Served	55	

	Number of Participants	Percentage in Component
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Drug Related Offenses	11	20%
Alcohol Related Offenses	7	12.7%
Against Person	16	29.1%
Against Property	14	25.5%
Other Offense:	7	12.7%

Demographics:

Sex by Race for component

	Black	White	Hispanic	Other	Total	Percentage Demographics of Gender
Females	2	6	0	0	8	14.5%
Males	25	21	1	0	47	85.5%
Total	27	27	1	0	55	100%
Percentage of Race Demographics	49.1%	49.1%	0.8%	0	100%	

Sex by Age at Intake for component

	Under 17	18 to 20	21 to 30	31 to 40	41 to 50	51+	Percentage Demographics of Gender
Females	0	2	3	2	0	1	30%
Males	0	2	16	14	11	4	70%
Total	0	4	19	16	11	5	100%
Percentage Demographics of Age	0	7.3%	34.5	29.1%	20%	9.1%	

Completion for component statistics:

Completion Type	Total	Percentage
Successful	39	70.9%
Did not Complete/Inactive	6	10.9%
Transfer	0	0
Currently Active	10	18.2%

Cost Analysis for component:

Intake Cost: \$0.00 Initial 30 days waived

Daily Average User Fee Rate: \$10.00

Estimated Tax Payer Savings for component:

1. Above **55** Felony Participants were supervised for **2,695** days (if unavailable, multiple by average length of stay). **2,695** days/ 365 (1yr) = an average of **7** participants served each day.
2. Total Grant Expenditures were **\$75,558.53** and user fees were **\$9,465.00** totaling **\$ 85,023.53** for Community Transition Program Participant Supervision (Non-Reentry).
3. Component Per Diem: **\$ 85,023.53** / 365 days in a year = **\$232.94** / **7** participants day = **\$33.28** average cost per participant per day of supervision

Total Cost if incarcerated (IDOC Per Diem x Total Actual Number of Days on component) for component:

4. Felony = **2,695** days * **\$56.88** = **\$153,291.60**

Total Tax Savings for component:

5. **\$153,291.60** - **\$ 85,023.53** = **\$68,268.07**

Tax Savings Rate for component:

6. **44.5%**

Restoration Court + Forensic Diversion + Veterans Court

Description & Target Population:

The Allen Circuit Restoration Court Program, Problem Solving Court, will be the court serving not only offenders with co-occurring mental illness and addiction who would have been previously eligible under the Forensic Diversion statute, but will be statutorily able to serve offenders sentenced to Home Detention as a condition of probation, Direct Placement offenders, and CTP/Reentry offenders from the Allen Superior Court. Jurisdiction must be transferred to the Circuit Court in order to participate in this mental health problem solving court program. Seriously mentally ill offenders are identified at the onset; tracked throughout their participation; and are critically and clinically evaluated for intervention through the mental health track staffing.

Offenders are sentenced to the Allen Circuit Restoration Court to participate for a year in the Program. The Restoration Court provides judicial oversight, case management, mental health services and possible residential placement in a modified therapeutic community for those offenders who have a co-occurring severe mental illness and a substance related diagnosis. The offenders are placed on electronic monitoring for a minimum of six (6) months at which time they may earn their release by obtaining employment, attending Substance Abuse Treatment, managing prescribed medication and attending counseling as ordered. The offender and the Restoration Court Team appear in the Allen Circuit Restoration Court on a monthly basis to provide updated progress reports for the Judge. At the offender's initial court appearance a Change Plan is prepared which is a guide for the offender and Mental Health Court Team over the next year. The Judge interacts with the offender by asking open-ended questions, probing into the sobriety of the offender and their management of their mental health needs. The day to day operations and supervision of the offenders of the Restoration Court is maintained by those employed by Allen County Community Corrections.

Historically, the seriously mentally ill population served by ACCC, is 25%, but only 12% are currently served by the Forensic Diversion Program. Cost: The 2009-2010 per diem for forensic diversion supervision, was \$11.09. The funds allocated from the state funds was \$141,611,00 to serve an estimated 100 offenders per year. The additional staff and services required to operate the Restoration Court Program beyond support from the Indiana Department of Correction, are supported by project income. It is estimated that an additional 100 offenders will be diagnosed as eligible for participation in the Allen Circuit Restoration Court program from offenders sentenced to Home Detention as a condition of probation, Direct Placement offenders, and CTP/Reentry.

In recent years, the Allen Circuit Restoration Court observed an increase in the number of U.S. Military Veterans presenting with a severe mental illness accompanied by a diagnosis for Traumatic Brain Injury (TBI). In November 2013, the Allen Circuit Restoration Court began the operation of a Veterans Court program to facilitate the receipt of entitlements, and address unique priorities specific to U.S. Military Veterans. The Veterans service model is operated as collaboration with the Allen Superior Drug Court in effort to provide similar services to veterans in that population.

Statistics

Average Length of Stay on component: 84 days

Statistical Offense Summary:

	Number of Participants	Percentage in Component
Total Participants Served (in component)	91	100%
Total D Felons Served	88	96.7%
Total C Felons Served	3	3.3%
Total B Felons Served	0	0%
Total A Felons Served	0	0%
Total Misdemeanors Served	0	0%
Total Pre-Trial Participants Served	91	100%
Total Participants Served	91	100%

	Number of Participants	Percentage in Community Corrections
Drug Related Offenses	2	2.2%
Alcohol Related Offenses	83	91.2%
Against Person	0	0%
Against Property	0	0%
Other Offense:	6	6.6%

Demographics:

Sex by Race for component

	Black	White	Hispanic	Other	Total	Percentage Demographics of Gender
Females	11	36	2	0	49	53.8%
Males	6	35	1	0	42	46.2%
Total	17	71	3	0	91	100%
Percentage of Race	18.7%	78%	3.3%	0%	100%	

Demographics						
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Sex by Age at Intake for component

	Under 17	18 to 20	21 to 30	31 to 40	41 to 50	51+	Percentage Demographics of Gender
Females	0	2	26	13	7	1	53.8%
Males	0	0	13	15	8	6	46.2%
Total	0	2	39	28	15	7	100%
Percentage Demographics of Age		2.2%	42.9%	30.8%	16.5%	7.6%	100%

Completion for component statistics:

Completion Type	Total	Percentage
Successful	44	48.3%
Did not Complete/Inactive	17	18.7%
Transfer	0	0%
Currently Active	30	33%

Cost Analysis for component:

Intake Cost: \$150.00

Daily Average User Fee Rate: \$15.00

Estimated Tax Payer Savings for component:

1. Above **123** Felony Participants were supervised for **11,149** days (if unavailable, multiple by average length of stay). **11,149** days/ 365 (1yr) = an average of **31** participants served each day.
2. Total Grant Expenditures were **\$384,706.00** and user fees were **\$198,486.28** totaling **\$583,192.28** for Problem Solving Court Program Participant Supervision (Non-Reentry).

3. Component Per Diem: $\$583,192.28 / 365$ days in a year = $\$1,597.79 / 31$ participants day = $\$51.54$ average cost per participant per day of supervision

Total Cost if incarcerated (IDOC Per Diem x Total Actual Number of Days on component) for component:

4. Felony = $11,149$ days * $\$56.88$ = $\$634,155.12$

Total Tax Savings for component:

5. $\$634,155.12 - \$583,192.28 = \$50,962.84$

Tax Savings Rate for component:

6. 8%

Modified Therapeutic Community (Kelley House)

Description & Target Population:

The Kelley House uses the modified therapeutic community model to provide a supportive environment dedicated to introducing quality mental health services that foster personal growth, promote a better understanding of the interrelationship between mental illness, substance abuse and criminal behavior, and encourage a positive transition from treatment back to the community. The Kelley House Modified Therapeutic Community program consists of a residential period of seven months, an aftercare period of six months, and a day reporting period of up to twelve months. If the community member's programmatic performance is consistently unsatisfactory, the residential period may consist of a time span of up to thirteen months total. The Kelley House program employs one case manager for the volume of residents and aftercare members of the MTC (48 residents). However, the therapeutic model and methodology suggests that all Kelley House staff that provide supervision, health, security, and therapy are responsible in the supervision of each case. Theoretically, this reduces the client to staff ratio to (3.6) clients to every (1) staff member. To describe the number of offenders receiving supervision at Kelley House at any one time, Allen County Community Corrections includes the number of individuals in the residency phase supervision, as well as the number of individuals that receive supervision in a non-residential capacity (aftercare) program.

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.

The eligible population includes male felony offenders in the Allen Circuit Court who are referred, screened, and placed by agreement into the Restoration Court Program, according to IC 35-38-2.5 and IC 35-38-2.6 or referred and pending sentencing according to these two statutes. Often, offenders in the target population are those who are at greatest imminent risk of being incarcerated in prison. The population also includes all offenders from Allen County that have been incarcerated in Indiana Department of Correction prison facilities, have served a period in the Department of Correction whose sentence may be modified to allow return to Allen County according to the guidelines of the Indiana Community Transition statute. Within the group of returning offenders, sentences of all felony levels except select murder convictions and specific, individual case determined restrictions based on pre-participation investigations will be considered for placement in transitional housing if originally unable to obtain a residence for community supervision.

Also considered for this population will be individuals from both of the previously described two categories of offenders who have acted in a manner that constitutes as a technical violation, or as a series of technical violations, at a level requiring a corrective response from ACCC. A residential facility will serve as an intermediate intervention for those offenders who have failed in compliance with supervision policies but have not encountered a new arrest. It is a population in need of, and who will benefit the most from, an intensified form of programming.

ACCC also considers offenders with Axis I, Axis II, or co-occurring mental health disorders based on DSM-IV-R standards and as diagnosed by licensed mental health professionals will be eligible. This population will include

individuals who have a substance abuse disorder, whether co-occurring with another mental health disorder or not, that has become highly treatment resistant. This population will consist of those who's mental disorder has destabilized to a point that the individual is a danger to the well-being of themselves or others or are unable or unwilling to comply with ACCC supervision policies.

Statistics

Average Length of Stay on component: 173 Days

Statistical Offense Summary:

	Number of Participants	Percentage in Component
Total Participants Served (in component)	48	100%
Total D Felons Served	29	60.4%
Total C Felons Served	7	14.6%
Total B Felons Served	1	2.1%
Total A Felons Served	0	0%
Total Misdemeanors Served	11	22.9%
Total Pre-Trial Participants Served	0	0%
Total Participants Served	48	

	Number of Participants	Percentage in Component
Drug Related Offenses	2	4.2%
Alcohol Related Offenses	29	60.4%
Against Person	1	2.1%
Against Property	4	8.3%
Other Offense:	12	25%

Demographics:

Sex by Race for component

	Black	White	Hispanic	Other	Total	Percentage Demographics

						of Gender
Females	0	0	0	0	0	0%
Males	10	38	0	0	48	100%
Total	10	38	0	0	48	100%
Percentage of Race Demographics	20.8%	81.2%	0	0	100%	

Sex by Age at Intake for component

	Under 17	18 to 20	21 to 30	31 to 40	41 to 50	51+	Percentage Demographics of Gender
Females	0	0	0	0	0	0	0%
Males	0	1	12	9	11	15	100%
Total	0	1	12	9	11	15	100%
Percentage Demographics of Age	0	2.1%	25%	18.8%	22.9%	31.2%	

Completion for component statistics:

Completion Type	Total	Percentage
Successful	3	6.3%
Did not Complete/Inactive	3	6.0%
Transfer	0	0
Currently Active	42	87.5%

Cost Analysis for component:

Intake Cost: \$150.00

Daily Average User Fee Rate: \$10.00 / day (210 days waived)

Estimated Tax Payer Savings for component:

1. Above **48** Felony Participants were supervised for **8,302** days (if unavailable, multiple by average length of stay). **8,302** days/ 365 (1yr) = an average of **23** participants served each day.
2. Total Grant Expenditures were **\$1,020,185.00** and user fees were **\$37,218.00** totaling **\$1,057,403.00** for Kelley House Modified Therapeutic Community Placement Supervision.
3. Component Per Diem: **\$1,057,403.00** / 365 days in a year = **\$2,896.99** / **23** participants per day = **\$125.96** average cost per participant per day of supervision

Total Cost if incarcerated (IDOC Per Diem x Total Actual Number of Days on component) for component:

4. Felony = **8,302** days * **\$56.88** = **\$472, 217.76**

Total Tax Savings for component:

5. **\$472, 217.76** - **\$1,057,403.00** = **-\$585,185.24**

Tax Savings Rate for component:

6. **-24.0%**

Additional Information & Attachments for component:

In October 2010, the Kelley House opened as a Modified Therapeutic Community (MTC). Therapeutic Communities have existed for many years in both the United States and Europe to treat mental illness and several states have implemented modified therapeutic communities, which address both addiction and mental illness issues, within their correctional institutions to rehabilitate offenders and reduce recidivism. Kelley House is a community-based MTC, which allows criminal offenders – who would normally be sent to prison- to remain in their community as they serve their sentences and receive intensive treatment.

A primary focus of the Kelley House MTC is to teach the concept of “right living” to criminal offenders by allowing peers to identify any patterns of anti-social behavior and verbalize these patterns in-the-moment. These anti-social behaviors, such as lying and justifying poor behavior, are often the result of long-term criminal thinking and mental health concerns which have been ignored or unrecognized by society as a whole and reinforced within the offender’s life due to drug and alcohol misuse. Within the walls of the MTC, members become vigilant for poor behavior and point out defects so that others can become aware of the behavior and make immediate correction. Members also identify positive changes and affirm new, pro-social behaviors in one another in order to perpetuate these new behaviors. Members often form strong bonds with one another as they practice giving verbal feedback and learn to listen to the perceptions others share about their behavior.

Since the Kelley House program began operations in October 2010, one hundred and thirty one (131) individuals have participated in the program. The census as of 7/1/2014 is forty-two (42) active cases. Records indicate that fifty-two (52) of these individuals have successfully graduated the 13- month intensive program. Currently the Kelley House MTC has a 40% graduation rate.

A comprehensive check of local criminal history information has been conducted and records indicate that only four (4) of the fifty-two (52) successful graduates have reoffended in any way as of this date. Records indicate that three (3) of the individuals were charged with misdemeanor offenses such as Driving While Suspended and Possession of Marijuana and only one (1) was charged with the felony offense of Operating While Intoxicated. These records indicate a 7.692% recidivism rate of those who successfully complete. This preliminary data is very promising and supportive of the

utilization of the MTC model as a community based intensive intervention, when compared to the recidivism rate for overall incarceration of offenders in a prison setting [in 2013, adult offenders released from IDOC in 2010 (most current period assessed) recidivated at a rate of 35.8%.].

Forty-two (42) individuals were unsuccessfully discharged from the Kelley House program since 2010. These discharges were ultimately found to be necessary due to conduct such as relapse, overall lack of progress in treatment due to treatment resistance and/or overriding mental health concerns, client self-termination, conduct posing safety risks in the in-patient setting, absconding, and certain violations of the “cardinal rules” such as No possessing any illegal contraband / or prohibited items and No acting out violently and / or threaten another community member, staff, and / or visitors.

The Kelley House Modified Therapeutic Community (MTC) provides the benefits of community- based supervision with the advantages of intensive, residential treatment. This type of criminal justice programming is both unique and innovative and speaks directly to the most recent research that has teaches us that we must respond consistently with measured, effective interventions to decrease anti-social behaviors committed by dually diagnosed offenders as well as teach new pro-social skills for long-term habituation and to replace the old behaviors .

Individuals who are found eligible to participate in the Kelley House program have all been diagnosed with co-occurring disorders and demonstrate criminal thinking styles which make recidivism and relapse extremely likely without specifically targeted interventions. At the Kelley House, community members receive intensive services not available under general community based supervision including the following:

Staff Accessibility

- Each community member is assigned a primary therapist with whom they meet weekly (at minimum) and who they have access to daily. Also, members have access to a licensed psychologist (HSPP) weekly to support their on-going, identified issues.
- Community members have access to a psychiatrist every two weeks or more often if severe mental health symptoms are present.
- Each community member has daily access to their case manager.
- Each community member meets with an in-house therapist for a minimum of three family-focused therapy groups. These sessions are conducted with the member’s community support network as well.
- Each community member has daily access to medical staff who are informed of the criminal histories and potential manipulative behaviors of members. Member’s medication can be adjusted and any concerning symptomology is noted by staff and can be immediately addressed.
- Each community member has access to a many local service agencies- including agencies which specifically address mental health concerns and foster pro-social growth and employment.

Specialized Treatment

- Each community member participates in in-house peer-reviewed and peer-supported treatment which fosters personal growth.
- Community members attend specifically developed intensive programming at the Kelley House, including evidence based classes which focus on teaching better communication skills, healthy relationship skills, appropriate boundary setting, mental illness education, distress tolerance, and addiction education and treatment.
- Community members experience the intensity of facilitating peer sessions with the support and oversight of trained staff. In this way, members must learn to manage time and confrontation appropriately.

- All anti-social behaviors are addressed in the MTC. Despite the reason for the anti-social behavior (personality disorder, mental illness, criminal thinking, etc.), community members are expected to immediately change the behavior and practice pro-social skills.

Constructive Environment focused on Change

- The Kelley House provides a drug-free environment that is engineered to foster emotional sharing and encourages vulnerability. Many community members have a history of trauma and distrust so this environment allows for discovery and exploration of these challenging issues.
- Community members are exposed to corrective verbal “pull-ups” which focus on identifying patterns of anti-social behavior. Members must accept this feedback as a part of programming and thus practice listening to and considering other people’s points of view.
- Each community member participates in behavioral incentive programs to earn specific privileges including family picnics, ice cream socials, and other pro-social, organized events.
- Community members are given the opportunity to focus on treatment and recovery free from the exploitation which is often found in the greater community outside of the residential treatment setting.
- Community members experience positive interaction with pro-social role models, including Judges and attorneys, who mentor and support the restorative justice process (i.e. 5 mile runs, cook outs, and ball games). Experiencing these events, while staying clean and sober, and with the support of persons of such stature, reinforces the benefits of living right and demonstrates the core concepts of restorative justice.
- Those community members who successfully complete the Kelley House program are exposed to and “live” the concepts of right living for more than 3000 hours. Then, immediately following the inpatient portion of the program a minimum of 450 hours of outpatient treatment is provided in the Aftercare program.
- While learning life skills (such as gardening, cooking, woodworking, and cleaning), members are given opportunity to rise in responsibility by becoming a team leader for other residents also engaged in the process of learning these skills. This learning-by-doing approach creates many opportunities for in-the-moment correction and is vital to the cognitive-behavioral restructuring of thinking errors.
- Community members are not employed during their time in the residential portion of the MTC. By not being employed, it allows the community member the opportunity to sharpen their life skills in preparation for the aftercare portion of the MTC.
- Community members are not charged during their inaugural stay in residential. The MTC’s goal it have the community member have a fresh start when entering aftercare. Expectations are already high so creating an environment for successful transition is of high importance.

For all the empirical describers of the operations of the Kelley House MTC there are some qualitative elements that can only be put into words by the community member’s themselves. These words were captioned for the presiding judge. The letter reads as follows:

“Your Honor, I have never thought I would someday be shaking the hands of the enemy, but I learned, My life was on the wrong track for a long time, Yet, thanks to the Kelley House and yourself, my life is much different. I’m not perfect. Before the Kelley House, I was lost. Now with the Kelley House and your help, my life is much better, and my mind is much cleaner. “Thank You” your Honor, for being a friend.

Sincerely,

Farry C. “

Pre-Trial Supervision

Description & Target Population:

Pre-Trial Supervision Program through Allen County Community Corrections, IC 11-12

In April of 2008, a team was convened by Allen Circuit Judge Thomas Felts, which consisted of the Chief Public Defender, a Deputy Allen County Prosecutor, the CEO of Park Center, the community health center, the Allen County Chief Adult Probation Officer (also representing the interests of the Allen Circuit Court Judge), the Chief Deputy of the Allen County Sheriff's Department, and Allen County Community Corrections Executive Director and other staff members, to implement a new pre-trial program designed to provide supervision of individuals charged with a felony level OWI offense. To this end, offenders arrested and charged with operating a motor vehicle while intoxicated, were now offered a bail agreement consisting of participation with Day Reporting at the Allen County Community Corrections facility according to a specific schedule. If the offender accepted the offer, the offender would be permitted to be released from confinement until the date of his or her Omnibus court hearing. The offender was required to report to the Allen County Community Corrections facility according to a schedule; agree to be monitored for drug and alcohol use, and agree to complete a forensic evaluation to assist in determining the appropriateness of Disulfurim treatment of alcohol use. If the offender tested positive for the use of drugs and/or alcohol at any point, he/she was returned to confinement and bail was revoked. The Community Assessment Supervision Team (C.A.S.T.), comprised of staff members of the original committee, was developed to supervise and staff the offenders on a weekly basis.

Statistics

Average Length of Stay on component: 67.2 Days

Statistical Offense Summary:

	Number of Participants	Percentage in Component
Total Participants Served (in component)	274	100%
Total D Felons Served	259	94.5%
Total C Felons Served	10	3.6%
Total B Felons Served	0	0%
Total A Felons Served	0	0%

Total Misdemeanors Served	5	1.9%
Total Pre-Trial Participants Served	274	100%
Total Participants Served	274	100%

	Number of Participants	Percentage in Component
Drug Related Offenses	0	0%
Alcohol Related Offenses	0	0%
Against Person	0	0%
Against Property	0	0%
Other Offense:	0	0%
Public Order	274	100%

Demographics:

Sex by Race for component

	Black	White	Hispanic	Other	Total	Percentage Demographics of Gender
Females	12	47	2	0	61	22.3%
Males	139	51	17	6	213	77.7%
Total	151	98	19	6	273	100%
Percentage of Race Demographics	55.1%	35.7%	7%	2.2%	100%	

Sex by Age at Intake for component

	Under 17	18 to 20	21 to 30	31 to 40	41 to 50	51+	Percentage Demographics of Gender
Females	0	1	31	14	11	4	22.3%

Males	0	19	91	43	34	26	77.7%
Total	0	20	122	57	45	30	100%
Percentage Demographics of Age		7.3%	44.5%	20.8%	16.4%	11%	100%

Completion for component statistics:

Completion Type	Total	Percentage
Successful	176	64.3%
Did not Complete/Inactive	55	20%
Transfer	0	0
Currently Active	43	15.7%

Cost Analysis for component:

Intake Cost: \$49.00

Daily Average User Fee Rate: \$7.00

Estimated Tax Payer Savings for component:

1. Above **274** Felony Participants were supervised for **18,376** days (if unavailable, multiple by average length of stay). **18,376** days/ 365 (1yr) = an average of **50** participants served each day.
2. Total Grant Expenditures were **\$0** and user fees were **\$107,323.97** totaling **\$107,323.97** for Pre-Trial Diversion Program Participant Supervision.
3. Component Per Diem: **\$107,323.97 / 365 days in a year = \$294.04 / 50 participants day = \$5.88** average cost per participant per day of supervision

Total Cost if incarcerated (IDOC Per Diem x Total Actual Number of Days on component) for component:

4. Felony = **18,376 days * \$56.88 = \$1,045,226.88**

Total Tax Savings for component:

5. **\$1,045,226.88 - \$0.00 = \$1,045,226.88**

Tax Savings Rate for component:

6. 100%

Principles of Effective Intervention Compliance & Quality Improvement Plan

For each principle, please write a brief description on how the agency is providing continuous quality improvement

Continuous quality improvement (CQI) is the process-based, data-driven approach to improving the quality of a product or service. It operates under the belief that there is always room for improving operations, processes, and activities to increase quality. The following outline is a description of how Allen County Community Corrections has sought the application of specific measurements to provide indicators of organizational functioning within each of the 8 Principles of Effective Practice. In some cases, the agency has introduced systems of measurement in this annual reporting period that it has identified as accurate descriptors for future improvement.

Assess Actuarial Risk/Needs

Allen County Community Corrections is in its fifth year of implementation of the Indiana Risk Assessment System (IRAS) in all of its forms. The agency has 23 staff members certified to administer the assessment. In April 2013, the agency developed a randomized urine drug screen program that moderates the frequency of testing by the risk category (Low, Moderate, High) as determined by the IRAS. In order to administer the moderating drug screening system, the agency required that staff members complete the IRAS interview prior to the offender's intake in order to ascertain the appropriate screening frequency designation from the randomized system. Allen County Community Corrections maintains accounting for the number of IRAS interviews performed by each staff member, and an evaluation of the accuracy of risk levels conferred on each offender is completed quarterly.

Enhance Intrinsic Motivation

Beginning in 2008, ACCC developed a three-tier certification program to measure the staff's level of competency in motivational interviewing. Below is a brief description of each tier provided internally. It should be noted that while MI is a recognized evidence-based modality, there is no official body that offers certification as a practitioner of MI. The Motivational Interviewing Network of Trainers (MINT), seen as the principal organization representing practitioners, trainers, and researchers of MI, is working to establish the certification of trainers, but this official recognition is not intended to certify practitioners using the tools with clients. In the current annual reporting period, ACCC has organized a committee comprised of a vertical cross section of staff members to review the level of proficiency each position needs to accomplish to support their service to offenders. The certification process began January 2014.

- Level 1:** MINT Trainers provide a two (2) day Basic Training. One (1) week following the training, a basic exam is administered. Staff achieve the Level One status following the training and successful completion of the exam with a minimum score of 90%. The expectation for this level is to be able to demonstrate knowledge about MI.
- Level 2** Requirements to achieve Level Two certification require that employees successfully complete MI Level 1 and complete a live (observed) interview with an offender. The staff person is required to provide the trainers with a date/time of the interview, provide a written summary of the offender's situation and the overarching goals of the MI interview. A transcript of the interview is reviewed and written feedback is given to the staff member. The trainers review the interview to determine if there was a demonstration of proficiency. This level of skill demonstrates the ability to use MI.
- Level 3:** To achieve MI Level 3 certification, employees must successfully complete MI Level 2 and submit a fifteen (15) minute recorded interview to be scored using the Motivational Interviewing Treatment Integrity (MITI) assessment. The MITI is a behavioral coding system that provides an answer to the question of how well or poorly a practitioner uses Motivational Interviewing. The MITI also provides feedback that can be used to increase clinical skill in the practice of MI. The MITI is intended to be used: 1) as a treatment integrity measure for clinical trials of MI and 2) as a means of providing structured, formal feedback about ways to improve practice in non-research settings. This level of recognition requires that

individuals score in the competency rating of the MITI. The recording is also transcribed for proper scoring. The staff member then participates in a live scenario with a trainer to demonstrate his or her competency in MI skills.

Status of Motivational Interviewing Re-Certification as of July 1, 2014:

- 71 of 83 individuals (all staff) have achieved MI Level 1, 86% of goal.
- Average score on basic exam required for MI Level 1 certification, 95.76%.
- 2 of 23 individuals required to achieve up to MI Level 2 has certified to date, 4% of goal.
- 14 of 51 individuals required to achieve up to MI Level 3 have certified to date, 27% of goal.

Target Interventions

The Allen County Criminal Justice Collaborative submitted a grant proposal and the Allen Superior and Allen Circuit courts were awarded funding from the 2014 Indiana Judicial Center Community Supervision Grant for the establishment of a risk-identified treatment program. Services provided include interventions for criminal thinking, motivational enhancement, substance addictions, mental illness, and trauma. Offenders who have been assessed with the Indiana Risk Assessment System are referred to the ACCC Clinical Division for forensic evaluation and determination of diagnosis and prognostic criminogenic needs. A treatment plan is developed with each offender comprised of appropriate interventions from the treatment programs offered by ACCC. Each program is divided among the eligible population by risk, and classes meet at different times and places to maintain the integrity of this type of programming. Dosage requirements are also set at the levels evaluated in 2005 by Bourgon and Armstrong, indicating a range of 100 to 200 hours of treatment for moderate risk offenders, and 200 hours or more for high risk offenders, all within a twelve (12) month period.

ACCC has installed these variables to describe the functioning of this evidence-based project:

- To assist in measuring behavior change that may be influenced by treatment, ACCC will record technical violations as provided by collaborative members both during the period of treatment and during supervision that follows the treatment. A particular interest among technical violations include:
 - Positive results in drug and/or alcohol testing
 - Possession of drugs/alcohol
 - Witness observations, or offender admissions, of use of drugs or alcohol
 - Battery or threats to another individual
 - Allegations of theft or burglary
 - Failure to appear for a problem solving court session, appointment at a supervision agency, or a randomly assigned UDS
 - Failure to pay user fees

The data set regarding technical violations will include records for periods of confinement in the Allen County Confinement Facility that are a consequence of the technical violation.
- Another means for measuring behavior change among the population exposed to the proposed treatment will be to record quantitative data related to an offender's participation during treatment. At a minimum, this data set will include:
 - Session attendance
 - Session engagement (attitude – resistant, passive, enthusiastic, etc.)
 - Level of engagement in role playing exercises
 - Quality of involvement in role paying exercises
 - Documented lesson assignment scores
 - Assignment completion rate

- Treatment module completion rates
 - Cause for completion failures (drop or termination = failure)
 - Positive drug/alcohol testing during enrollment in treatment
- Data will be collected from within ACCC operations and data provided by collaborative members will be integrated. These data sets will assist in general program performance analysis, ensure fidelity, and ensure that the collaborative members' needs are being met. Data that will be recorded for this purpose includes:
 - Program referral data / rates
 - Program enrollment rates
 - Comprehensive completion rates
 - Program retention rates
 - Referral to enrollment process rates
 - Enrollment to active session rates
 - Program placement offender profile (placement accuracy)
Examples: age range distribution, IRAS score range distributions, mental health disorder diagnosis distribution, addictions severity diagnosis distribution, ensure that appropriate services are provided to intended population identified as the targets.
 - Unduplicated numbers of service provided (offender) distributed according to collaborative member per given time period

Skill Train with Directed Practice

ACCC presently provides two cognitive behavioral interventions, Thinking For a Change and the Focusing on Resettlement programs, as well as substance abuse treatment, mental health counseling and trauma counseling. Each of these interventions by design introduces skills to offenders in the areas of life skills, coping skills, social skills, and problem-solving skills. As a component of continuous quality improvement associated with program facilitation, ACCC uses the following elements to provide numerical indicators of staff member performance and presents them as collateral information used in performance evaluations:

- Professional training in each intervention
- Direct observation of staff, evaluation metric completed to describe performance
- Offender facilitator performance reviews rating organization, transition, and responsiveness
- Ongoing peer review of assignments in clinical staffing
- Measurement of attrition trends and providing feedback to facilitator, accounting for time of session, and other variables that impact attendance.
- Peer observation and feedback on stylistic interpretation, skill, and creativity

In the current annual reporting period, ACCC is improving its ability to record the translation of specific cognitive-behavioral tools taught in programs such as Thinking For a Change into direct use with offenders by non-facilitation staff. ACCC will evaluate the frequency of their inclusion in standardized documentation systems such as case file records. The regular and frequent use of these tools with offenders will be described and presented as collateral information for staff performance evaluations.

Increase Positive Reinforcement

On October 24-25, 2011, the Indiana Judicial Center sponsored the National Drug Court Institute to provide training for problem-solving courts entitled, "Rethinking Court Responses to Client Behavior: Incentives and Sanctions." Douglas Marlow, J.D., Ph.D. emphasized the importance of incorporating fair, predictable and properly graduated responses to

positive and negative offender behaviors¹. Following this training, Allen County Community Corrections began developing a phase progression schedule for the Allen Circuit Restoration Court (and Forensic Diversion) program in 2012. Phase progression was dependent on whether an offender completed both general objectives (e.g. payment of user fees), and specific goals unique to each client articulated on a treatment and case plan.

Evidence-based practices in criminal justice recommend the application of reinforcements and rewards to be applied according to a schedule, with the implication that behavior is not necessarily going to be reinforced every time it occurs (Marlow, 2009. p.189). Community Corrections has continued to communicate to its staff that positive behavioral reinforcement techniques should be applied in close proximity to pro-social behavior to reinforce the correlation between the behavior and reward. Not only do rewards need to reflect an equal or greater value than the target behavior in order to be meaningful, they need to be extremely predictable in their application. The goal is for the offender to expect a reward for specific behaviors (Marlow, 2011).

Community Corrections' phase progression framework is meant to increase celerity and predictability that specific behaviors will reward the offender by advancing through his supervision program. The agency uses a three-tier system, including an orientation, commitment, and senior category. Community Corrections' clinical staff members administer diagnostic tools for all offenders participating in problem solving courts. Treatment plans are established and recorded by the supervising court, and the movement the offender makes over time is described as phase progression.

Upon the completion of specified tenets of the supervision/treatment plan, the court officer will reward the offender a certificate of accomplishment identifying his completion of a phase of the supervision program. The offender will also receive the opportunity to select an item from a pool of rewards as a gift marking his accomplishment. The agency's goal is to administer a tangible reward for 100% of all phase advancements. Each offender will complete up to three (3) phase advancements during his supervision.

Adding tangible incentives will help the agency mark phase transition as a meaningful event. Each offender must advance through three (3) phases in his supervision program. The agency can conceptualize the sum of all phase advancement opportunities within the grant cycle to represent a quantifiable goal, the number of events that it endeavors to apply tangible incentives (e.g. participant A has 3 phases to accomplish, when combined with participant B, the agency conceptualizes a total of 6 phase progression events that it endeavors to apply incentives.). The measurement definition above takes into consideration that some offenders have already completed a portion of their supervision program prior to the commencement of the grant cycle. It also controls for individuals that will remain on supervision after the conclusion of the grant cycle.

The proposal defined above accomplishes a number of objectives for the agency, including the mandate from the Indiana Judicial Center certification of problem solving courts requiring the application of a standardized incentive program. Providing tangible incentives to 100% of phase progression events should positively impact the offender's conceptualization that phase progression equals accomplishment. It is anticipated if offenders maintain a higher commitment to phase advancement it will also positively impact completion of supervision and treatment for addictions. ACCC endeavors to describe the overall impact of this program by contrasting outcome measures for individuals that were supervised while phase progression was tangibly incentivized with the completion rates for individuals that were supervised prior to the inception of this program.

Engage Ongoing Support in Natural Communities

¹ Marlow, Douglas, J.D, Ph.D. "Rethinking Court Responses to Client Behavior: Incentives and Sanctions." Indiana Judicial Center. Indianapolis, IN. 24-25 October 2011. Keynote Address.

There are compelling ethical, social, and clinical reasons for helping people involved with the criminal justice system experiencing mental illness, and furthermore those with co-occurring diagnoses, to find work. From an ethical standpoint, Department of Labor laws document the right to work for individuals willing and able. From a social standpoint, high unemployment rates are an index of social exclusion for people with mental illness. From a clinical standpoint, employment may lead to improvements in income through increasing self-esteem, alleviating psychiatric symptoms, and reducing dependency (Cook & Razzano, 2000).

Allen County Community Corrections has observed an approximately fifteen percent (15%) decrease in the number of offenders employed at the time of intake to community supervision over the last two years. In FY 2012-13 thirty-three percent (33%) of all intakes were employed at the time of intake. In FY 2011-12, forty-eight percent (48%) of all intakes were employed at the time of intake. In FY 2010-12, sixty-five percent (65%) were employed at the time of intake.

In the current annual reporting period, Allen County Community Corrections has contracted with Blue Jacket, Inc. (www.bluejacketinc.org) to provide offenders who serve 90 days or more on Community Corrections' supervision programs with job readiness training. In 2012-2013, a total of 102 of 158 (64%) offenders referred to Blue Jacket Inc. programs found employment after completion.

In April 2014, ACCC has supplemented the utilization of Blue Jacket, Inc. with a program operated by Indiana Workforce Development that provides an integration of specialized job readiness programming for offenders with its traditional role of regional employment listing clearinghouse.

Measure Relevant Processes/Practices

Perhaps one of the most significant elemental expansions in the present annual reporting period for ACCC is the maturation of a Quality Assurance Program that asserts an agenda to establish procedures for collecting key markers used in describing organizational functioning.

In the previous annual reporting period, ACCC described it has retained the employment of a Quality Assurance (QA) Manager responsible for the implementation of policies surrounding measurement. The QA Manager remains preliminarily responsible for the completion of data validations on a monthly basis in preparation for the quarterly migration of data sets to the Indiana Department of Correction. Each operating division receives monthly feedback on missing data fields or incomplete procedures. The QA Manager has also completed training to position himself to evaluate the application of evidence-based practices by functional divisions. For example, the QA Manager has completed competency certification in motivational interviewing and is receiving instruction on coding MI samples in order to assist in the evaluation of the use motivational interviewing by case managers and facilitation staff.

Other activities conducted by the Quality Assurance Manager include manual audits of physical client files, to determine that appropriate procedures for supervision are being followed by case management staff. The key measurements are provided to case management staff and the feedback is provided monthly on a small sampling of files.

The Quality Assurance Program is also responsible for the generation of documents associated with grant agreements, certifications, and licensures associated with provided services. Members of the committee maintain a strict schedule to complete said documents timely.

In the previous annual reporting period, ACCC described a goal of identifying key markers that identify behavior change in offenders. The newly implemented (2014) Criminal Justice Treatment Marketplace (ACCC's Clinical Treatment Program) included the application of three psychometric assessments available for describing change in cognition, which further describes "offender change" alongside program completion and recidivism data. ACCC is applying a pre and post

assessment for offenders referred to treatment using the following tools. Results will be published quarterly in 2014-2015 as a component of the reporting requirements of the 2014 Indiana Judicial Center Community Supervision Grant:

- Texas Christian University Criminal Thinking Scales administered pre and post experience
- Psychological Inventory of Criminal Thinking Styles (PICTS), Glen Walters, Ph. D.
- Measures of Criminal Attitudes and Associates (MCAA), Jeremy Mills, Ph. D. and Daryl Kroner, Ph. D.

Provide Measurement Feedback

In the previous annual reporting period, ACCC described its intent to develop a comprehensive quality assurance program that identifies staff resources, key measurements that indicate behavioral change in offenders, and develops feedback loops to inform staff members to the status of performance. It was successful in its first objective to identify staff members to serve in a capacity to plan and implement the evaluation of processes within the agency.

The second objective was to communicate the existence and intentions of the quality assurance program to staff at large. The aim was to conquer one of the largest organizational struggles – the unfamiliarity of aggregating new measurements and instilling the confidence in staff members to make adjustments for continuous quality improvement. In September 2013, ACCC instituted a training program serving to define the purpose of quality assurance and measurement for proper organizational functioning. In March 2014, ACCC completed a full-staff project aiming to educate staff on the 8 Principles of Effective Practice.

The third objective of the quality assurance program was to develop a precedent for the development of feedback loops informing staff of the performance of specific processes. The following is an example of a feedback system established within the annual reporting period. The QA Committee began meeting to develop a process to evaluate inter-rater reliability within staff certified to administer the Indiana Risk Assessment System interviews. Presently, the QA convenes to evaluate video recordings of complete IRAS interviews with offenders from each for each staff member quarterly. Specific metrics are used to describe performance and goals are set for improvement, further described in the Strategic Plan for ACCC.

Staff Training

Please provide the name and a brief description of all trainings completed and number of staff trained for fiscal year 2014.

The following table is a tally of all training activities recorded by ACCC staff in this annual reporting period. The table indicates the number of staff members who availed themselves of each training title, however the table includes both individual training titles and program categories that include specialized training for specific divisions or staff members that reoccur over the annual reporting period.

Training Name	Description	# Staff Attended
Daily ACCC Morning Meeting	Prosocial Communication Activity, News sharing and Problem-Solving Meetings	38
Active Shooter/ Hostage Training	Attended by new hires, training required by all staff of the agency	4
Introduction to 8 Principles of Effective Practice	All-staff meeting	66
ATR Training	Functional Training	2
August 2013 Training Day (K-9)	Specialized Training	1
Basic Spillman	Introductory training program for law enforcement database in Allen County	4
BBP 2013	Annual HR Training	67
BBP 2014	Annual HR Training (New Hires)	3
BI Technology Forum	Specialized Training	1
NDCI Building Recovery-Oriented Systems	Specialized Training	4
Case Management Meetings	Weekly meetings (1 Hour +)	11
CIT- Booster	Specialized Training	1
CM Meeting	Weekly meetings (1 Hour +)	13
Creative Thinking Skills	Allen County HR	3
Cultural Sensitivity	Allen County HR	1
Dec 2013 Training Day (K-9)	Specialized Training	1
Decision Making Skills	Allen County HR	3
Defensive Tactics	Specialized Training	2
Drug Court	Webinar	10
Drug & Alcohol Consortium Meetings	Specialized Training	2
DSM 5	Clinical Division Training Program	12
IJC Effective Communication Skills & Case Planning	Specialized Training	1
Effective Communication & Motivational Strategies	Evidence Based Communication Skill Package	3
Evacuation Procedures/ Weapons Training	Specialized Training	1
Evacuation Procedures/Social Media/KH Orient	Specialized Training	3
Evidence Handling Training	Specialized Training	3
Fire Emergency Safety	Specialized Training	1
Firearms	Specialized Training	9
Firearms/Qualification	Specialized Training	8
IDACS Full Operator Certification	Specialized Training	2
Gains Center for Behavioral Health MH & SA Admin Practices	Specialized Training	5

Training Name	Description	# Staff Attended
Global Harmonization System Training		19
Heroin and Other Opiate Use Disorders	Webinar	19
HUD Focus Group	Specialized Training	1
IDACS Certification	Specialized Training	2
IJA Grant Training - Cooperative IUPUI	Grant Administration Education	2
Indiana Law Update	Specialized Training	2
Indiana's new criminal reform	General Training	24
Inmate Suicide Prevention	Specialized Training	1
Interviewing Skills	Allen County HR	2
Jan 2014 Training Day (K-9)	Specialized Training	1
July 2013 Training Day (K-9)	Specialized Training	1
Kelley House Procedures	Specialized Training	4
Indiana Adult Education	LINCS (GED Instructor Skills Development)	1
May Training Day (K-9)	Specialized Training	1
Medication Rx & Pregnant Women	Case Management Training	5
Motivational Interviewing Booster	EBP / Training Program Sessions	33
Motivational Interviewing Network of Trainers Forum	Krakow, Poland - Annual Consortium	1
Modified Therapeutic Community Training	Joe Stommel & Tania Garcia	10
New Drug Law	Allen County Prosecutor's Office	11
OC (Pepper Spray)	Specialized Training	4
Oct 2013 Training Day (K-9)	Specialized Training	1
IJC Annual Problem Solving Courts Conference	Specialized Training	17
Purposeful Reflections/Directional	Internal Motivational Training	4
IDOC Quality Assurance	Specialized Training	1
Randomized UDS Screens	Required All Staff Training	77
Reducing Recidivism & Increasing Agency Performance	Specialized Training	4
Sherriff Reserve Academy Completion	Specialized Training	2
Reserve Academy Physical Tactics	Specialized Training	2
ACCC Senior Staff Meeting	Senior Staff Monthly Meetings - Problem Solving, Communication, News Sharing	27
Sex Offender Reentry	Webinar	9
Indiana State Police Social Media Training	Specialized Training	5
Spillman Training	Specialized Training	1
SSI/SSDI	Webinar	2
Suicide Prevention Training (Mental Health America)	Communications Training	8
Summer Institute 2013	Indiana Adult Education	2
Taser Certification	Specialized Training	3
Traumatic Brain Injury	General Training	2
Understanding & Diagnosing Mental Disorders	Clinical Division Training Program	2
Veterans Court Training	Washington, DC - Specialized Training	4

Annual Meetings

ACCC Advisory Board 2014

January 23, 2014

March 27, 2014

May 22, 2014

July 24, 2014

September 25, 2014

November 20, 2014*

* Subject to change due to holiday.

Cost Analysis

Budget Summary

2013-2014 Grant Funding

2013-2014 Grant Funds Received	\$3,308,474.64
2013-2014 Grant Funds Expended	\$3,205,055.74
Carryover Grant Funds:	<u>(\$ 220,491.64)</u>
Grant Fund Cash Balance Close of Fiscal Year	<u>(\$ 117,072.74)</u>

DETAILS per 13th REPORT:

IDOC Carryover Balance to Date	(\$ 1,117.11)
IDOC Balance to Date	\$ 1,543.12
CTP Balance to Date	(\$117,500.21)
Other Funds (PSC) Balance to Date	<u>\$ 1.46</u>

TOTAL DETAILS (\$117,072.74)

User Fee Collections

13-14 user fee Collections	\$1,869,970.12
Beginning Project Income Balance as of 7/1/2013	(\$ 22,595.21)
Total Expenses FY 2013-2014	<u>\$2,122,789.58</u>
User Project Income Balance as of 6/30/2014	<u>(\$ 275,414.67)</u>

Total Funds Expended July 1, 2013 to June 30, 2014 \$5,327,845.32

(Grant Expenditures + Project Income Expenditures)

Project Income Plan if Balance Exceeds \$100,000:

