

ANNUAL REPORT

Allen County Community Corrections

FISCAL YEAR • 2014-2015

2015



201 W. Superior Street • Fort Wayne, IN 46802 • www.allencountycorrections.org



Allen County Community Corrections

Annual Report

FY2015

July 1, 2014 to June 30, 2015

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Allen County Community Corrections Department Introduction

Agency Description

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About Allen County Community Corrections

History of Allen County Community Corrections: 1985 to 2015

The Allen County Community Corrections Advisory Board was established in December of 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 providing the officers with limited 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 a certified cognitive behavioral program in 1996, entitled the Choices program. Choices is based on materials from select cognitive interventions 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.

Adult Education Programs Expand

In 2005, ACCC formally developed a GED preparatory class in addition to an Adult Basic Education program that were modeled after the Safer Foundation in Chicago, IL. These programs provided initial improvements on sustained attendance and overall, a greater number of GEDs were completed by program participants than in the agency's prior history. In 2005, ACCC completed its second year of offering its classroom (cognitive-behavioral) interventions to misdemeanor-level offenders in Allen County. It was determined, however, that there was a significant number of non-English speaking offenders who were precluded from taking classes at ACCC because of the language barrier. In May 2005, ACCC offered its first English as a Second Language (ESL) learning program to the Misdemeanor Court as an alternative program placement to incarceration.

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 program that take form from Albert Ellis' Rational Emotive Therapy with 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 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 since 2012, provides judicial oversight, case management, mental health services for 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.

Modified Therapeutic Community

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. 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 had been established for occupational training such as furniture re-upholstery and exploration has begun in recruiting existing ACCC participants with experience in the area.

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.

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.

Organizational Functioning Survey Completed

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 MTC

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 benefited 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 benefited 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 were maintained by the residents of the MTC. The grounds provided a serene and inviting environment for the men as they progressed through treatment.

Oral Swab Drug Screening Pilot

In May 2013, ACCC operated 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 hopeful outcome 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 2014 for the addition to the current certified Problem Solving Court as the Allen Circuit Restoration Veterans Court, and received full certification March 2015.

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. ACCC benefits from her 28 years' experience in the field of Criminal Justice to her 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 Treatment Marketplace – 2014 IJC 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 Treatment 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 obtained training for its case management division in 2015.

Allen County Joint Veterans Court – Graduation

On November 10 2014, the Allen Circuit and Superior Courts, Allen County Community Corrections, Criminal Division Services, and Allen County Adult Probation celebrated the first graduation commencement for the Joint Allen County Veterans Court. United States Congressman, Rep. Marlin Stuzman was the keynote speaker for the ceremony. The ceremony marked the completion of an intensive program designed to connect veterans suffering from substance abuse and/or mental health disorders with the benefits and treatment they have earned. Veterans Treatment Courts expedite access to veteran-specific resources, including benefits and treatments earned through military service, by involving the U.S. Department of Veterans Affairs health care networks, the Veterans Benefits Administration, State Departments of Veterans Affairs, volunteer veteran mentors and veterans and veterans family support organizations.

Closure of the Kelley House MTC

In January 2015, Allen County Community Corrections effectuated the decision to close the Kelley House Modified Therapeutic Community. Prior to this conclusion, ACCC completed a financial analysis on the sustainability of the program beyond the financial aid received by the Indiana Department of Correction and supportive grant funding. Offenders that were currently residing at the facility at the time of its closure received a modified adjudication and ordered to alternative supervision programs offered by ACCC.

Risk Divided Field and Case Management Supervision

Beginning January 1, 2015, ACCC implemented a Contact Standards policy in order to enhance its application of the 8 Principles of Effective Intervention. Research indicates that offenders who have been assessed at the Moderate to High Risk range for re-offense should receive concentrated attention and additional supervision compared to lower risk offenders. ACCC's policy includes a measurement of the expected contacts that each offender will receive through each segment of supervision with highly intensive contact initially and a gradual reduction of intensity as the offender demonstrates stability and improvements in targeted pro-social behaviors. The policy applied new requirements for the Field Division and Case Management Division staff. Beginning in March 2015, the Case Management Division was reorganized so that a case manager was assigned exclusively offenders of the same risk category. The goal of this modification is to empower the case manager to organize scheduling and become accustomed to addressing the concerns typical within a uniform caseload. A discussion of the impacts of these modifications will be presented in the FY 2015-2016 Annual Report.

County Commissioners and Contact Information

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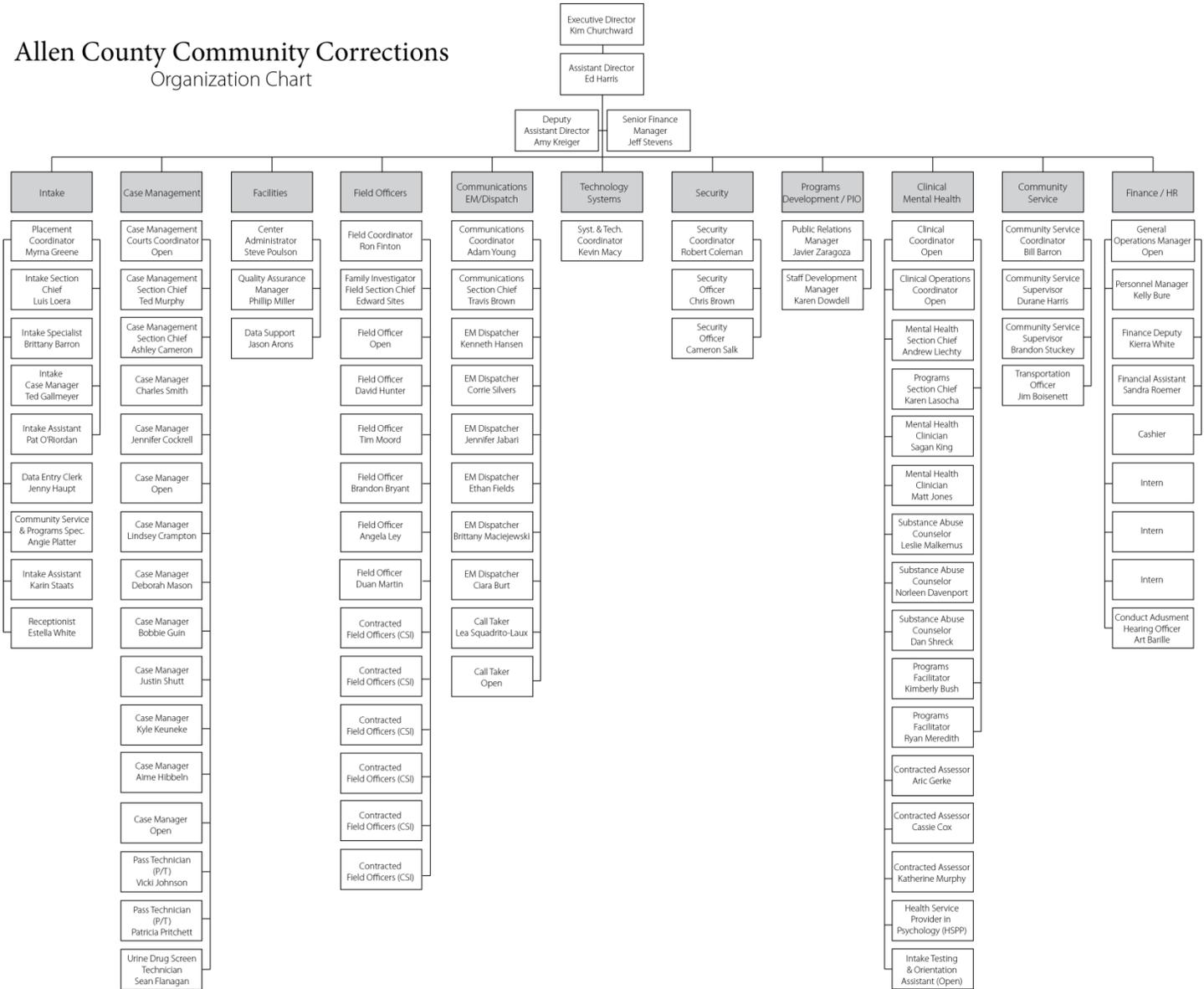
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Agency Organizational Chart

Allen County Community Corrections Organization 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

Submitted in Annual Report 2013-2014, Revised March 2015, Revised August 2015

Introduction

In this annual reporting period, Allen County Community Corrections implemented a series of changes to many of its primary services in a manner that brought it into fuller compliance with the tenets of the Eight Evidence-Based Principles of Effective Interventions. Since the advent of the Indiana Risk Assessment System (IRAS) in 2010, ACCC has labored to develop a meaningful service orientation strategy that truly represents a differentiation in the type of services (or the intensity of services) provided an offender of each risk category. This year, ACCC has developed a Risk-Informed delivery strategy covering four major areas of services, including Urine Drug Screening, Treatment, Supervision, and Case Management. ACCC made these modifications in steps (1-7) and they are presented in this manner below.

The following strategic plan covers a timeframe of one year (FY 2015-2016), describing the design, implementation process, and initial measurements for the modifications described above. ACCC will describe general goals related to the refinement of the projects underway and describe specific indicators that demonstrate improvements in the following 12-month period.

Step 1 - Staff Development to Support Adoption of 8 Principles & Risk-Informed Service Orientation

Following the 2014 Site Assessment conducted by the Indiana Department of Correction, ACCC began a process to educate its staff further in the Eight Evidence Based Principles of Effective Intervention (8 Principles). ACCC developed a taskforce comprised of a cross section of staff across all levels of the agency to develop an agenda for a training program that all staff members will be required to attend in the coming year. In January through June 2015, the training team operated four (4) skill-primer workshops to introduce the following topics to all staff:

1. Thinking Reports (Thinking for a Change 3.1)
2. Stages of Change Model (Prochaska & DiClemente)
3. Cognitive Restructuring (a primer to ECMS)
4. Masters Class (Fishbowl Peer-Guided practice in Motivational Interviewing), (Bill Miller, 2012)

After completing six months of the 2015 training schedule, ACCC has identified that these training programs have been attended at above 80% of seating capacity. ACCC continues to work toward the annual (re)certification of its staff members in the use of motivational interviewing (to the degree necessitated by position). Staff members did not fully reach the goals for recertification in 2014-2015 - the results of the 2014-2015 MI training program are included in the article below, "Implementation of Evidence Base Practices" (see Goal 2 of 2015-2017 IDOC Biennium Grant Application).

After the 2015 IDOC Site Assessment, ACCC received feedback that staff members should include a measurement of staff member's working knowledge of the 8 Principles and relevant EBPs of their work. In 2016, ACCC will propose modifications to augment its staff performance review forms to incorporate these. Senior Staff members currently responsible for completing the annual evaluations for staff members; they will be trained on how to use the new formats. This initiative will be fully implemented in 2016.

Step 2 - Quality Assurance Developments for the Administration of IRAS Assessments

ACCC completed two quality assurance projects related to the IRAS that were initiated in the previous fiscal period. The first of these projects is a direct observation and peer review program for IRAS interviews. All staff members certified to administer the IRAS are required to record a video sample of an interview using the Community Supervision Tool each

quarter. A peer review (quality assurance committee) group convenes to watch and provide feedback to the interviewer using the IJC Direct Observation Tool. Staff members receive specific positive feedback and constructive criticisms applied at a 4 to 1 ratio. The Direct Observation Tool provides a maximum score out of 36. ACCC will set a goal for the upcoming 12 month period that all certified assessors maintain a score of at minimum 25, and each assessor participate in the peer review process.

The second quality assurance project addresses assessor inter-rater reliability. Modeled after the Judicial Center's certification training, ACCC's IRR activity requires assessors to rate the same IRAS CST interview individually prior to engaging in a series of score-reconciling activities to ensure that all staff recognize and rectify any scoring deviations. The Quality Assurance Division operated the first IRR activity in June 2015 where 80% of the participants scored within the 3-point certification range and all but four (4) subsections (out of a total of 35 items) were scored by all participants with greater than 67% concordance. This initial measurement identified for the agency that IRAS interviews are being administered with high integrity. It also served as an indicator that ACCC's assessors would be appropriately prepared for the upcoming IJC IRAS recertification in 2015. ACCC will operate this process quarterly and seek to achieve a higher overall scoring concordance between raters and include future readouts in the annual report. As a component of the formal collaboration plan between Allen County Community Corrections and Allen County Adult Probation, the agencies will contemplate the benefit of jointly completing these three exercises to provide strong quality assurance for risk assessment using the IRAS (ACCC & ACAP Collaboration Plan, p. 7). (see Goal 1 of 2015-2017 IDOC Biennium Grant Application).

Step 3 - Risk Informed Urine Drug Screen Program

In May 2014, ACCC implemented a new randomized drug screening system that regulates the frequency of urine drug screening for offenders by risk category, with more frequent screening for higher risk offenders. The new program also reduces the frequency of screening within each risk category as the offender progresses through three (3) phases of the supervision program.

The new drug-screening program required an amendment to ACCC's IRAS Protocol. Prior to May 2015, 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 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).

Maintaining a high level of integrity in a drug-screening program that is able to discourage drug usage requires frequent screening. Offenders are required to pay for all urine drug screens administered. Higher costs are associated with positive screens due to the requirement to certify positive results. ACCC has evaluated that the FY 2014-2015 rate of collection for urine drug screen fees is 70% of the agency's total expenses. ACCC has worked collaboratively with the other local entities that supervise adult offenders (Allen County Adult Probation, Recovery Center of AADP, and Criminal Division Services) to negotiate with Redwood Toxicology Laboratories (screening contractor) to reduce the overall cost of its screens. In 2015-2016, ACCC continues to adjust the program to identify specific screening frequencies by risk and phase that both reduce drug use and maintain sustainable financial costs to the offender.

ACCC has applied for the 2015 Indiana Judicial Center Problem Solving Courts Grant and has been awarded supportive funding that will assist participants of the Problem Solving Courts cover the cost of urine drug screens with *negative results*. ACCC plans to administer the funds using a rewards mechanism similar to its tangible rewards – where offenders receive vouchers to pay for the cost of screening tied to program performance. This initiative is a creative augmentation to its positive reinforcement program (see Goal 5 of 2015-2017 IDOC Biennium Grant Application). The results of this pilot will be available in the 2016 Annual Report.

Step 4 – Risk Informed Treatment

Allen County's Treatment Marketplace concluded its first year of operations in June 2015. The formation of the program was supported by funding from the 2014 Indiana Judicial Center Community Supervision Grant that allowed for funding that increased access to treatment for indigent offenders. Community partners (ACCC, ACAP, CDS, and AADP – each receiving an equal amount of funds for their prospective clientele) distributed the funding to offenders based on need. In its first year of operation, the program managed over 1200 referrals and provided treatment for over 800 unique offenders in the Moderate and High Risk range (funding-eligible population).

The Treatment Marketplace is unique, at least locally, in that offenders are placed into treatment programs with offenders who are assessed in the same recidivism risk range (low, moderate, or high risk). ACCC's Clinical Division completed training and certification for the use of curricula indicated to be effective with moderate and high risk offenders in both incarcerated and community settings. The program was open to referrals beginning August 1, 2014.

Within the first 30 to 60 days of operations, the Treatment Marketplace experienced quick growth in referrals to its programs, but ultimately reached only 50% of its seating capacity by November 2014, and beyond 65% by December of that year. It is important to note that the timeframe for which the Treatment Marketplace achieved the minimum number of referrals necessary to operate its full class schedule did impact two areas that were considered important indicators for the success of this pilot program. Firstly, the assignment and usage of the indigence fund was delayed as funds were dispersed only after the offender attended each week in classes. The partnering agencies continue to communicate about the usage of indigence funding as well as keeping well informed of the number of referrals to the Treatment Marketplace each month. Secondly, the Treatment Marketplace aimed to provide treatment at the dosages identified as effective for reducing risk for recidivism among Moderate and High Risk offenders, and offenders referred later in this annual reporting period would not have attended treatment long enough to finish assigned programs. Therefore, the dosage summary found later in this annual report describes the average number of hours of treatment administered to offenders in each risk category, but the ratio is regulated to reflect the length of time the offender was involved in the Treatment Marketplace. See the Treatment Marketplace Dosage Report below for fuller details.

It should be noted that the IJC CS Grant restricted the use of funding to offenders in the High and Moderate Risk range. Grant funding was not applied to any Low Risk offenders. As a matter of ethical concern, ACCC did replicate services for all risk levels; however, dosage assigned to Low Risk offenders was derived from the traditional length of substance abuse outpatient treatment (72 hours). The results provided in the Treatment Marketplace Dosage Report are documented in reference to the 72 hour minimum.

The 2014 IJC CS Grant will expire December 2015. As a result, Allen County is seeking supportive funding from the 1006 Grant Amendment process to continue access-to-treatment funding, resources for the operation and expansion of the Treatment Marketplace, including hiring an additional addictions counselor, CBT facilitator, and funds to retain three contracted clinical assessors.

Step 5 – Risk-Informed Supervision (Contact Standard)

One of the goals required by the 2015-2017 IDOC Community Corrections Biennium Grant application obligated Community Corrections to apply a standard to the frequency that offenders would be seen by change agents. The policy was to recommend a higher meeting frequency for offenders assessed to be High Risk for recidivism. Prior to 2015, ACCC implemented a contact and dosage policy in 2011, however, the agency did not develop a quality assurance process to oversee its application. While all staff members were informed of the existence of the policy, the 2011 contact standard did not differentiate how Case Management and Field Division staff were required to meet with the offenders by risk. Prior to developing the contact standard policy in 2014, ACCC performed a preliminary audit of the contacts by risk

conducted by each division of the agency. It was determined that little differentiation existed between risk levels and confirmed that an increase of contacts was required for Moderate and High Risk offenders.

In October 2014, ACCC convened a committee representative of a vertical cross section of staff to contribute to a new contact standards policy for inclusion in the 2015 grant application. Each division completed calculations with consideration to case load sizes and the time available for offender office and field contacts. The tables below describe the policy that went into effect January 1, 2015.

Field Division

High Risk	Frequency
Phase 1 (Length = 1 month)	Twice per month (including set-up)
Phase 2 (Length = 4 months)	Monthly
Phase 3 (Length = 6 months)	Monthly

Moderate Risk	Frequency
Phase 1 (Length = 2 month)	Monthly
Phase 2 (Length = 4 months)	Monthly
Phase 3 (Length = 1 month)	Monthly

Case Management

High Risk	Frequency
Phase 1 (Length = 1 month)	Weekly
Phase 2 (Length = 4 months)	Bi-monthly
Phase 3 (Length = 6 months)	Monthly

Moderate Risk	Frequency
Phase 1 (Length = 2 month)	Bi-monthly
Phase 2 (Length = 4 months)	Monthly
Phase 3 (Length = 1 month)	Monthly

Low Risk	Frequency
Phase 1 (Length = 1 month)	Monthly
Phase 2 (Length = 1 month)	Monthly
Phase 3 (Length = 1 month +)	Monthly

Allen County Community Corrections also began developing the necessary audits to maintain the integrity of the policy. Staff members of the formative committee requested a proactive method to determine at-a-glance which offenders needed to be scheduled for appointments. The Quality Assurance Division also developed reports to provide staff monthly feedback on meeting the standards by risk, however, ACCC’s contact standard policy also features three phases where the frequency of contacts decrease as the offender progresses through supervision. It was this additional feature which required ACCC to contemplate additional audits to manage the policy without the immediate use of the CMS software.

It should be noted that the Indiana Judicial Center’s rules for Problem Solving Courts require each program to provide supervision by phases. Each phase lists a series of goals and objectives that the offender must complete prior to advancing to the next phase. ACCC augmented this phase system in its Urine Drug Screen program implemented May 2014. Offenders entering ACCC supervision are remitted to Phase 1 and must complete approximately 45 days of supervision and complete specific goals in order to advance to Phase 2, etc. ACCC elected to establish a formal phase system for all components of supervision. As a result, the Quality Assurance Division was required to maintain audits for the accuracy of both IRAS and Phase data within CMS. ACCC’s CMS publisher, Paperless Business Solutions, did notify ACCC that it was working to automate a report for the contact standards evaluating the application of office and field visits. In March 2015, ACCC learned that the tool designed by PBS only linked the offender risk level to individual contact records, but it did not have the ability to link both IRAS and Phase data to each contact in order to automate the report. At this time ACCC completes the contact standards manually on a quarterly basis due to this additional feature. Changes to ACCC’s CMS database will be contemplated in 2016.

The results of the contacts applied by risk will be included in the component summaries below, however it should be noted that the policy took effect January 1, 2015. Contacts from July 1 to December 31, 2014 were not proactively ordered in the same manner as the second half of this reporting period.

Step 6 – Risk Informed Case Management

In connection with the implementation of ACCC’s Contact Standards Policy, the Case Management Division was reorganized in order to provide adequate resources to staff that now operate specialized caseloads by risk category. The change was made in order to empower Case Managers to work with a more uniform caseload in order to both apply

supervision uniformly and allow the agency to more effectively orient staff resources to cover the meeting requirements for each risk level. ACCC hopes to learn more about how this supervision strategy will aid offenders perform better in various program areas including the following: average timeframe to gainful employment by risk, collection rates of user fees and urine drug screen fees by risk, treatment retention, and overall impact on measured risk reduction.

Allen County Community Corrections is submitting a Grant Amendment funding request describing the need to utilize and acquire the personnel necessary to supervise effectively additional offenders due to new legislation. ACCC has worked diligently to analyze and reconfigure workloads to positively impact its overall service orientation. ACCC is now specifically interested in accommodating the annual number of D Felony/Level 6 offenders that in recent years were directly placed with the IDOC who will now be served in Allen County.

Step 7 – Improving Case Plans

After the conclusion of the 2015 IDOC Site Assessment, ACCC received feedback pertaining to the need for improvement in its practices regarding to case planning. Historically, ACCC has conceptualized case plans as static documents that order major categories of interventions for offenders to complete while under supervision. Through the developmental years of the Allen Superior Reentry Court and the Allen Circuit Restoration Court, the case plan was designed collaboratively with the offender and the supervision team, eventually ordered by the Judge. This added to the conceptualization that the case plan was a static document. However, ACCC supplemented the supervision plan with a clinical treatment plan (as a component of its Certified Intensive Outpatient Treatment Program) that did receive updates and was reflexive to offender's accomplishments. The plan was updated also when an offender's treatment needs were re-evaluated.

In 2015-2016, ACCC will begin the process of developing a new format for case plans that will facilitate frequent communication with the offender about its contents, as well as facilitate frequent updates to the contents of the case plan. The case plan will be conceptualized as a living document. ACCC received specific feedback from both the IDOC and IJC in 2015 that ACCC's case plans would benefit by augmenting each goal with deadlines. To date, deadlines have been largely missing because the predominate contents of case plans has been treatment programs offered by ACCC – so the expectation has been that the offender complete programming prior to release from ACCC supervision. However, this norm becomes obsolete as new case plans will develop a new array of goals to implement in FY 2015. ACCC is planning to develop training for its staff that encourages creative development of a library of interventions and strategies to assist the offender address his criminogenic needs.

Case Managers will be able to contribute ideas on the development of the new tool that will be used within client meetings. ACCC staff do have access to computers during offender meetings, however, staff seldom type/record the proceedings into a computer during the meeting with the offender to minimize distraction or the impression of non-attention. It is anticipated that there will be physical record available in the offender files for this first year.

It will be important to develop expectations for case planning records that complement but does not overwhelm staff considering the balance of their current procedures. After this process modification is effectuated this year, ACCC will be able to provide statistical feedback on the documentation and completion of goals in the FY2015-2016 annual report.

Grant Goals and Objectives Accomplishment

For the following goals and objectives please report the status as required by the grant as “Meets” or “Did not Meet” as well as providing 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 seven (7) working days of intake into the program.

Status: *Meets, 100% of offenders in the grant-funded program serving greater than 180 days are assessed with the Indiana Risk Assessment System CST, CSST, or Pre-Trial tool prior to the commencement of supervision to identify risk category used for primary services (Urine Drug Screen program, supervision intensity, treatment placement)*

Objective 2: At minimum, a final IRAS Assessment will be completed within seven (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 assessed with an IRAS at intake are reassessed at the time of discharge from the program.*

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 2014-2015 annual report.

Status: *Meets, Records are submitted quarterly to the Indiana Department of Correction, in addition to a summary report generated for ACCC's annual report (p.22)*

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 thirty (30) business days from the completion date of the initial IRAS.

Status: *Meets, 100% of offenders who are supervised for a length of time greater than 90 days develop a case plan collaboratively 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 are monitored for compliance and completion of goals and objectives in order to advance through ACCC's phase progression schedule, and phase progression is audited as a major component of the agency's risk-informed services.*

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 2014 – 2015 annual report.

Status: *Meets, ACCC's Case Management Section Chiefs perform bi-monthly audits, using a quality assurance checklist, of client files including an audit of case plan improvement and completion.*

C.) GOAL: The agency will draft and acquire advisory board approval on agency policies and standard operating procedures during the 2014 – 2015 budget cycle.

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 07/01/2014.

Status: *Meets, each 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.*

Objective 2: A Field Officer standard operating procedure will be drafted, approved by the advisory board, and sent to IDOC by 12/31/2014.

Status: *Meets, policy drafted and submitted to the 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, each 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 Accomplishment

Goal 1 (Principle 2 – Enhance Intrinsic Motivation) Submitted January 2015

ACCC will require all staff to become competent (to the degree necessitated by position) in the use of Motivational Interviewing in all interactions with offenders to maintain positive pathways of communication, renewed periodically.

Objective #1 - ACCC will maintain the certification of two MI trainers certified by the Motivational Interviewing Network of Trainers, and promote their ongoing education in implementation.

Status: *Meets, ACCC currently has one certified trainer in motivational interviewing with the expectation of up to two additional staff members to pursue certification in 2016.*

Objective #2 - 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 specific sessions to refresh base skills annually.

Status: *Meets, ACCC published a list of trainings available to all staff members. Additionally, two major trainings (2-day Workshops) are offered annually with invitations to surrounding agencies that work with offender populations.*

Objective #3 - Staff will be encouraged and recognized for progressing to advanced levels of MI in practice, statistics maintained and reported in annual report each year.

Status: *Meets, MI trainers maintain current statistics and present an outcome in the section "Principles of Effective Intervention Compliance" in this annual report (p. 62). This is annually a renewable goal required by ACCC.*

Goal 2 (Principle 3 – Target Interventions) Submitted January 2015

ACCC will implement a risk-informed treatment program structure that will build upon the discovery of risk and needs using the IRAS with clinical assessment tools, for diagnosis-driven treatment and services replicated between risk categories.

Objective #1 - Agency will administer a risk assessment on 100% of offenders supervised by ACCC and conduct a clinical evaluation with offenders screened as moderate to high-risk for re-offense.

Status: *Meets, ACCC administers a treatment program requiring all High and Moderate risk offenders to participate in CBT interventions and offers treatment when DSM5 diagnosis is indicated.*

Objective #2 - ACCC will develop a treatment plan comprised of appropriate programmatic interventions based on identified risks and needs.

Status: *Meets, ACCC's Treatment Marketplace staff develop DMHA compliant treatment plans for each offender with their collaboration, indicated by the selection of objectives meaningful to the client.*

Objective #3 - ACCC will provide training in evidence-based curricula for its facilitation staff and therapists.

Status: *Meets, Treatment Marketplace staff completed training in "Cognitive Behavioral Interventions-Substance Abuse (UCCI)," Thinking for a Change 3.1, Dialectical Behavior Therapy, and ascertained Lead Trainer Certification in T4C for one of its staff members to support ongoing internal training.*

Objective #4 - The agency will endeavor to provide treatment dosage at the quantities that research have identified as effective for offenders in the moderate and high-risk range, anticipating that it will reach approximately 50% of the target dosage in its first year due to administrative limitations. Results published in annual report 2015.

Status: *Meets, ACCC is including a dosage summary by risk category for participants in the Treatment Marketplace in this annual report.(p. 36).*

Goal 3 (Principle 4 – Skill Train with Directed Practice) Submitted January 2015

Agency will develop a strategy to enhance the quality and frequency of pro-social interactions with offenders where specific behavior modifying techniques are applied. The strategy will focus on increasing staff literacy on effective practices.

Objective #1 - ACCC will develop a policy describing the tenets of risk-informed supervision (contacts by risk level) specifically defining effective interventions; provide an education process for all staff prior to implementation of the program.

Status: *Meets, ACCC launched a training program related to educating staff members on the tenets of risk-informed supervision in December 2014 where all staff were required to attend.*

Objective #2 - ACCC will audit quarterly the frequency of contacts by risk level of offenders under agency supervision.

Status: *Meets, ACCC completes a quarterly report for all contacts with offenders, reported by risk and phase.*

Objective #3 - ACCC will develop a plan for the immersion of its staff in ECMS Training, prioritizing segments of staff with intensive offender interactions.

Status: *Meets, ACCC prioritized its case management staff and supervisors to attend ECMS training in this fiscal period. ACCC will contemplate sending essential staff to this training as the opportunity presents.*

Objective #4 - ACCC will develop and offer training programs (sessions) that introduce cognitive-behavioral strategies, tools, and modalities and require segments of staff to attend in 2015.

Status: *Meets in 2015 ACCC executed a schedule of required training programs that covered Thinking Reports, Stages of Change, Cognitive Reconstruction, and Motivational Interviewing Techniques.*

Goal 4 (Quality Assurance / Direct Observation of Staff-Offender Interactions) March 2015

ACCC will implement a quality assurance protocol for the improvement of client/offender interactions, specifically to monitor the use and fidelity to evidence based communicative strategies.

Objective #1 - ACCC will assign a video camera used to record staff member's interactions with offenders, training staff on using the equipment, and assuring their comfort with equipment usage.

Status: *Meets, ACCC purchased a video camera and trained its staff on how to use it.*

Objective #2 - ACCC will develop a recording schedule that defines for staff the specific work samples and dates that the work samples need to be submitted (recordings) to the quality assurance committee. Recordings will include case management meetings, officer interactions with clients during home visits, case management-offender collaborative case plan development.

Status: *Meets, ACCC is currently recording IRAS interviews and has a schedule developed for classroom observations. Recordings of other categories of important offender interactions will occur in the proximate fiscal period.*

Objective #3 - ACCC will develop a training program to educate staff to the new process for (recorded) direct observations and the anticipated process for providing/receiving feedback. This training will incorporate the skills necessary for providing good quality peer feedback.

Status: *Meets, IRAS-certified staff members attended a training program on the process for evaluating IRAS interviews of peers.*

Objective #4 - ACCC will provide a progress report in its annual report identifying its ability to launch this new initiative in the proximate fiscal period.

Status: *Meets, ACCC has completed two full cycles of peer observation with the IRAS since October 2014. The video recording process will continue with a new recording submitted for evaluation and feedback every quarter.*

Total Goals Met: 6

Total Goals Not Met: 1

Agency Summary Information

Statistical Summary:

Total Number of Offenders on supervision summary (all components and all offense levels) 7/1/2014-6/30/2015:

	Number of Participants
Community Service Restitution	302
Number of Community Service Hours completed (if available)	21,434
Community Transition Program	77
Day Reporting	0
Electronic Monitoring	1106
Work Release	0
Problem Solving Courts	374
Forensic Diversion	0
Pre-Trial	251
Juveniles	0
Other (specify)	0
Transfer out of agency	10
Transfers into agency	
Total Individual Participants Served in the Agency*	1808
Total Individual Felony Participants Served in the Agency	1350

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

Statistical Summary Agency Completions:

Completion for component statistics for individual participants served for all offense levels (7/1/2014-06/30/2015):

Completion Type	Total	Percentage
Successful	1032	57.1%
Did not Complete	308	17%
Transfer	10	0.6%
Active	458	25.3%

Statistical Summary Agency Completions Completion for component statistics for individual participants served for all offense levels (7/1/2014-06/30/2015):

Completion for component statistics for individual felony participants:

Completion Type	Total	Percentage
Successful	639	47.3%
Did not Complete	279	20.7%
Transfer	9	0.7%
Active	423	31.3%

All Agency Demographics:

Include all individual participants and offenses served during FY2015

Sex by Race for Agency

	Black	White	Hispanic	Other	Total	Percentage Demographics of Gender
Females	113	260	10	4	387	21%
Males	563	757	85	16	1421	79%
Total	676	1017	95	20	1808	100%
%	37.4%	56.3%	5.3%	1%	100%	

Sex by Age at Intake for Agency

	Under 17	18 to 20	21 to 30	31 to 40	41 to 50	51+	Percentage Demographics of Gender
Females	0	2	144	127	65	49	21%
Males	0	36	534	425	234	192	79%
Total	0	38	678	552	299	241	100%
%	0%	2.1%	37.5%	30.5%	16.6%	13.3%	

Statistical Offense Summary:

Include all individual participants served during FY2015

	Number of Participants	Percentage in Community Corrections
Total Level 1 Felons Served	0	0
Total Level 2 Felons Served	0	0
Total Level 3 Felons Served	0	0
Total Level 4 Felons Served	2	0.1%
Total Level 5 Felons Served	31	1.7%
Total Level 6 Felons Served	243	13.4%
Total A Felons Served	14	0.8%
Total B Felons Served	184	10.2%
Total C Felons Served	238	13.2%
Total D Felons Served	638	35.3%
Total Misdemeanors Served	458	25.3%
Total Pre-Trial Participants Served	251 (already counted in above totals)	N/A
Total Individual Participants Served	1808	100%

All Felony Offenses Breakdown:	Number of Participants	Percentage in Community Corrections
Drug Related Offenses	274	15.1%
Alcohol Related Offenses	701	38.8%
Against Person	234	12.9%
Against Property	189	10.5%
Other Offense:	410	22.7%

Statistical Summary IRAS and Risk Reduction:

Include all individual participants served during FY2015

	Total Completed	Average Initial Score	Average Discharge Score (if applicable)	Risk Reduction (%)
Pre-Trial	193	2.25	N/A	N/A
Screener	266	2.99	N/A	N/A
Community Supervision	840	19.82	15.69	20.8%
Re-Entry	N/A	N/A	N/A	N/A
Ineligible	N/A	N/A	N/A	N/A
IYAS	N/A	N/A	N/A	N/A
Total	1299			

Statistical Summary IRAS and Risk Reduction:

Include all individual felony participants served during FY2015

	Total Completed	Average Initial Score	Average Discharge Score (if applicable)	Risk Reduction (%)
Pre-Trial	193	2.25	N/A	N/A
Screener	6	4.33	N/A	N/A
Community Supervision	813	19.69	15.95	19%
Re-Entry	N/A	N/A	N/A	N/A
Ineligible	N/A	N/A	N/A	N/A
IYAS	N/A	N/A	N/A	N/A
Total	1012			

Compliance Audit for IRAS Completions

	Initial Assessments		Discharge Assessments	
	# Assessments	Avg Days from Intake	# Assessments	Avg Days from Discharge
CST	563	9 Days Prior to Intake	250	1.6 Days Prior to Discharge
CSST	266	1.07 Days Prior to Intake	Not Applicable	Not Applicable
Pre-Trial	193	0.2 Days Prior to Intake	Not Applicable	Not Applicable

DOC Commitments

A.) The number of DOC Commitments for January 1, 2014 through December 31, 2014:

	Male		Female	Total
F3	1	F3	0	1
F4	3	F4	0	3
F5	8	F5	0	8
F6	14	F6	1	15
FA	16	FA	1	17
FB	148	FB	11	159
FC	187	FC	28	215
FD	380	FD	85	465
TOTAL	758	TOTAL	126	884

B.) 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.

In FY2011-2012, Allen County had 413 D level offenders that were under community supervision before they were sent to IDOC for a violation. Of that number, 242 (59%) were repeat probation/community correction violators.

Although we do not have that specific data for 2014, we can report that Allen County sent 277 D level offenders to IDOC that were under community supervision before violating.

Tax Savings Analysis for Agency:

Average Intake Cost: \$150.00

Daily Average User Fee Rate: \$15.00

Estimated Tax Payer Savings for component:

I. Total Population Served: 1665 Offenders (Supervision Components only)

II. Total Days Served (Felons Only): 151,067 Days (Felons only)

III. Total Days Served (D Felons Only): 86,704 Days (D Fel / Lev 6 only)

IV. Full Time Equivalent Participants: (Total Days Served/365 Days in a year): 413 participants

V. Total Grant Expenditures: Base \$3,151,800

VI. Total Agency Expenditures (Grant, PI, & Other Funds): \$5,128,527

VII. Agency Per Diem: Total Expenditures/365 Days in a year/Full Time Equivalent: Approximately \$34.02

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

VIII. Felony Offenders: Total Felony Days Served * \$52.10: \$7,870,590.70

IX. D Felony Offenders: Total D Felony Days Served * \$52.10: \$4,517,278.00

X. Total Tax Savings for component:

Total Cost if incarcerated Felonies – Total Expenditures: \$7,870,590.70 - \$5,128,527 = \$2,742,063.70

Tax Savings Rate for component: **34.84%**

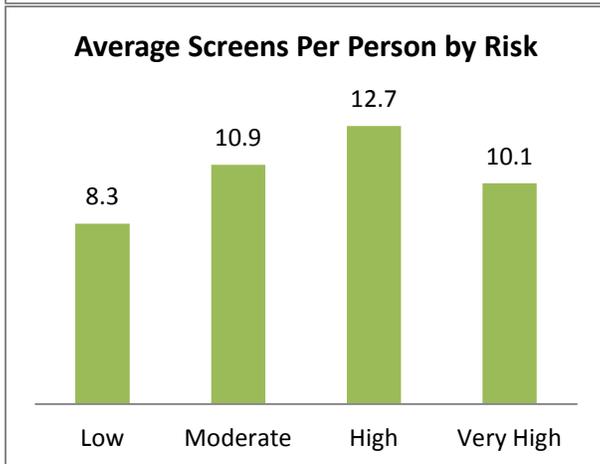
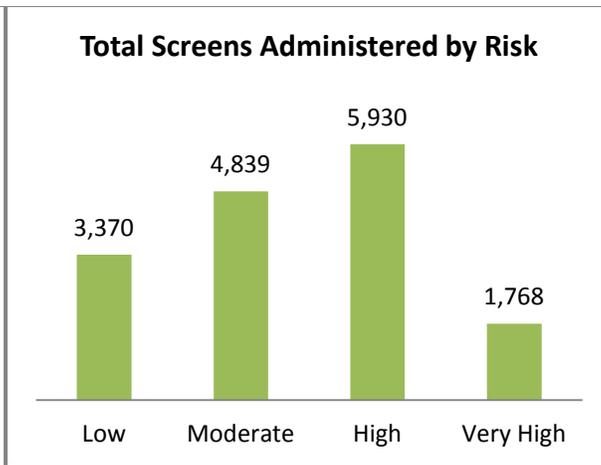
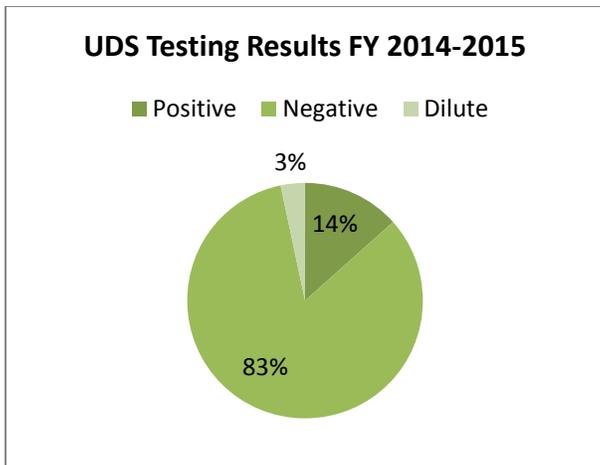
Additional Information & Attachments for Agency Statistics :

Randomized Urine Drug Screen Program

In May 2015, ACCC developed a risk informed urine drug screen program that ordered a higher frequency of screens for offenders of higher risk. The analysis below describes that ACCC did apply a gradual increase in the frequency of screens per offender across each risk category with the exception of offenders in the Very High Risk category receiving approximately 10.1 screens per offender. ACCC will further analyze whether the reduced figure is attributable to offender placement terminations, the overall low number of offenders within the category, or determine whether the screening frequency simply needs to be increased. It should be noted that the overall concentration of positive screens was also lowest for the Very High Risk offenders.

Randomized Urine Drug Screen Summary (FY 2014-2015)

Risk Category	Positive	Negative	Dilute	Total Screens	# Offenders Per Category	Avg Screens Per Person
Low	467	2,740	163	3,370	408	8.3
Moderate	763	3,915	161	4,839	442	10.9
High	731	5,033	166	5,930	466	12.7
Very High	169	1,559	40	1,768	175	10.1
Total	2,130	13,247	530	15,907	1491	
				Offenders	1564	
				# Not Included	73	



Contact Standards Policy

In October 2014, ACCC began the process of designing a contact standards policy that would differentiate the number of contacts ACCC staff members provide offenders from different risk categories. The general goal is that offenders of higher risk categories receive increasingly more intensive interaction with ACCC staff than offenders of lower risk categories. ACCC's new Contact Standards policy went into effect January 1, 2015. ACCC has completed a preliminary evaluation of the contacts completed in FY 2014-2015 and has determined that additional segmentation of its populations would yield the anticipated results of the policy (e.g. HD 2.6 Executed Placements Component includes 977 total offenders, of which 421 offenders were misdemeanor level offenders with an average length of supervision of 30 days. Their inclusion in the contact standards has the net effect of diluting the concentration of contacts per offender, when we are aware at the policy level, that these offenders are largely ineligible for the full spectrum of services provided to traditional felony-level high-risk offenders.). ACCC is therefore providing a sample below to describe two expectations of this annual report: 1) describe how ACCC will measure contact standards in the future, and 2) demonstrate how current measurements are unrepresentative of the true concentration of contacts per offender by risk, offered by ACCC. It should be noted that statistics provided below for this fiscal period also include a range of six (6) months where offender contacts were not distributed in a manner proscribed by the policy effectuated on January 1, 2015 (Contacts between July 1, 2014 to January 1, 2015).

Universally Applied Types of Contacts

Field Division Contacts (Field Contacts) – ACCC's Field Officers perform routine announced and unannounced residential inspections/visits for all offenders under supervision. The agency's contact standard policy requires that Field Officers should contact High Risk offenders a minimum of twice monthly, and Moderate and Low Risk offenders at a minimum of monthly.

Case Management Division Contacts (Office Contacts) – Case Managers meet routinely with offenders to discuss program compliance and accomplishments related to the completion of tenets of a Change Plan. Case Managers meet weekly with High Risk offenders, bi-monthly with Moderate Risk offenders, and monthly with Low Risk offenders.

Cognitive Behavioral Programs Contacts (Office Contacts) – As a component of the Allen County Treatment Marketplace, all offenders in the Moderate and High Risk range who present elevated criminality (criminal thinking) are referred to CBT programs such as Thinking for a Change (T4C) and Focusing on Resettlement (FOR). The requirement to attend these programs contributes to the contact standard the total number of sessions for each program. It should be noted, however, that offenders may not complete the entirety of each program on their first attempt (meaning that offenders may be discharged for non-attendance), but they are regularly re-referred to attend classes and therefore, the sum of all classes attended may total in excess of the total number of classes. Inversely, ACCC also operates an attendance policy that allows offenders to miss a specific number of sessions and remain in good standing with the class. An attendance policy will also impact the sum of sessions attended by all offenders at a rate undeterminable at this time.

Non-universal Types of Contacts

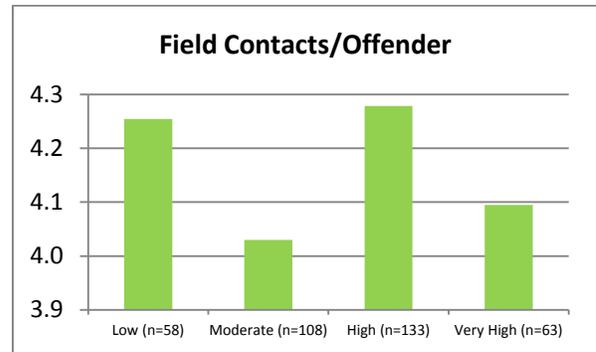
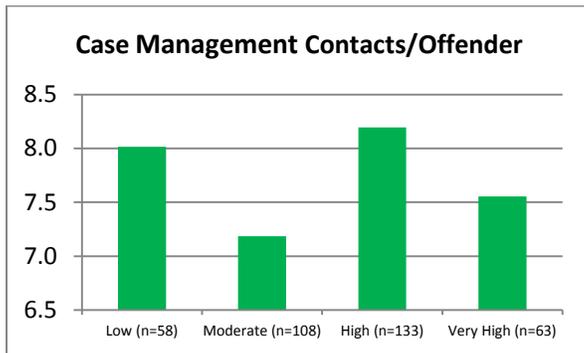
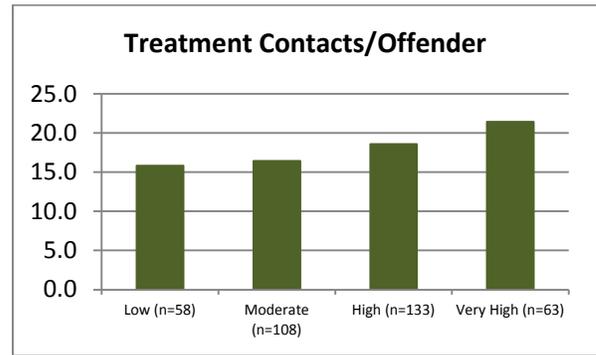
Problem Solving Court Contacts (Office Contacts) – Each offender receives meaningful, behavior-regulating contacts from the Judge and PSC team on average, once per month. Offenders supervised by the Allen Circuit Restoration Court, Veterans Court, or the Allen Superior Reentry Court could conceptually receive up to 12 contacts if supervision length was equal to one year.

Treatment Contacts (Office Contacts) – ACCC has the ability to identify and count all of its treatment sessions for Substance Abuse, Trauma, and DBT as meaningful interactions with offenders. It should be noted that these programs

required that an offender receive a DSM5 diagnosis for addiction to alcohol or other drugs, and/or a diagnosis for mental illness to be placed in treatment. As a result, ACCC excluded the requirement to complete treatment from its contact standards in FY 2014-2015, but will include it in proximate reports by indicating which offenders were ordered to treatment from those that were not. The results will demonstrate the significant number of contacts that treatments contribute to contact standards for those individuals. ACCC did include, however, a report on the administration of dosage (time spent in treatment) which is a measurement beyond the number of contacts administered by agency staff.

Calculating Contact Standards

ACCC completed a preliminary evaluation of the contacts completed from the beginning of the 2014-2015 fiscal period (July 1, 2014) through October 30, 2014 in order to fully understand its current distribution of contacts by risk category. The charts below indicate an average number of contacts per offender in each of the risk categories (not differentiated by division). This preliminary evaluation demonstrated that the average number of contacts per offender for the Moderate and Very High Risk offenders was below desired levels. However, it was also observable from these results that a more complex categorization of offenders would be necessary.



ACCC Contacts by Risk (July 1, 2014 through October 30, 2014)

Contact Standards Policy (Table 1)

The table below represents the contact standard policy implemented on January 1, 2015 for the Home Detention 2.6 Executed Placements. ACCC developed the policy by applying the appropriate categories of supervision that were applicable to all offenders within the component. For example, Treatment contacts (T4C, Substance Abuse) were not included in the contact standard because not all participants in the cohort were required to attend treatment (future segmentation will represent offender ordered to treatment in its own column). HD 2.6 includes a significant number of offenders that are supervised for less than 180 days (included are 421 misdemeanants). High Risk offenders are visited by Field Officers at least twice per month and scheduled to meet with a Case Manager at least weekly. ACCC implemented a more comprehensive consideration of contact-types in order to more accurately describe the intensity of supervision available for offenders by component.

Table 1 – HD 2.6 Policy		
Timeframe	Contact Standard Per Policy	
High Risk 11 Months	Field (FV)	12
	Case Management (OV)	20
	Treatment (OV)	0
	Other (OV): PSC Court Appointments Non-Treatment Interventions	0
Moderate Risk 7 Months	Field (FV)	12
	Case Management (OV)	11
	Treatment (OV)	0
	Other (OV): PSC Court Appointments Non-Treatment Interventions	0
Low Risk 3 Months	Field (FV)	1
	Case Management (OV)	4
	Treatment (OV)	0
	Other (OV): PSC Court Appointments Non-Treatment Interventions	0

Example: Home Detention 2.6 – Executed Placements (Table 2)

Average Days Supervised: 137.61 (Range: July 1, 2014 to June 30, 2015)

Total Number of Offenders in Component: 977

Total Number of Offenders Represented in Summary: 794 (difference 183 offenders) | 81% of all Contacts Represented

Table 2	Number of Participants	Contact Standard Per Policy	Contacts Completed	% of Goal	Average Contacts Per Offender (Not Treatment)	Average Contacts Per Person (Treatment Included)
High Risk	244	7,808	3,987	51%	16.3	38.2
Moderate Risk	237	5,451	4,151	76%	17.5	17.5
Low Risk	313	1,565	2,169	139%	6.9	6.9

For the 2014-2015 annual reporting period, the Indiana Department of Correction requested a summary including the following categories (highlighted in yellow above): Number of participants, Contact Standard Per Policy, and Contacts Completed. ACCC was able to provide in its summary for HD 2.6 complete contact records for 794 offenders out of 977 (81%). ACCC was unable to provide comprehensive records for 183 offenders attributable to the unavailability of an IRAS assessment (small contingent of offenders with brief supervision length) or incomplete contact records. ACCC will improve upon the representation of records in the current reporting period.

In the HD 2.6 summary above, Contact Standard Per Policy was calculated by taking the total number of contacts by division (Table 1) and multiplying those contacts by the number of offenders included in each risk category (e.g. Annual Contacts for Field and Case Management = **32 Contacts** x **244 HR offenders** = **7,808** Contacts per Policy). In FY 2014-2015, ACCC completed 3,987 contacts for the 244 High Risk offenders included in this sample (51% of its goal). However, it should be noted that ACCC tabulated the number of contacts that each of those 244 offenders received from involvement in the Treatment Marketplace, for a total of **5,322 additional contacts**. The true concentration of contacts

that ACCC applied in FY 2014-2015 for the 244 HD 2.6 High Risk offenders included in this summary indicates that the agency is compliant with its contact policy overall.

Table 2	Number of Participants	Contact Standard Per Policy	Contacts Completed	% of Goal
High Risk	244	7,808	9,309	119%

Allen County Treatment Marketplace

Component Summary

In current fiscal period, Allen County received grant-funded support to restructure its clinical treatment programs offered through Allen County Community Corrections. The Allen County Treatment Marketplace, operated through ACCC, offers program placements to offenders after assessing risk and needs using the IRAS Risk Assessment System (IRAS). ACCC also completes a comprehensive clinical evaluation to determine any diagnoses for mental illness or addiction to alcohol or other drugs.

Evidence-based implementation of treatment programs for incarcerated individuals 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 had not been actively separated to accommodate this principle, prior to July 2014.

The primary goal for this restructuring 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 operated a total of four (4) pilot programs to investigate the sustainability of specific curricula that address the needs of offenders with co-occurring mental illness and addictions. To the right is a summary describing the number of offenders that entered into these categories of services in the program’s first year. Satisfactory Completion indicates that an offender has received a certificate of completion for that intervention, whereas an Unsatisfactory Completion indicates that the offender may be re-referred.

Treatment Marketplace Component Summary			
Component Summary (Unique Clients)			
	SAT	UNSAT	ACTIVE
ABS (Adult Basic Skills)	3	3	0
Chemical Dependency	9	9	0
Choices	53	18	0
Coping Skills (Pilot)	3	0	0
DBT	10	6	6
Focusing on Resettlement	392	255	106
GED	19	27	13
Healthy Relationships (Pilot)	2	2	0
Individual Counseling	0	1	0
Substance Abuse Treatment	124	234	203
Relapse Prevention (Pilot)	1	1	0
Seeking Safety (Pilot)	4	5	0
Thinking 4 a Change	137	171	49

Calculating the Administration of Dosage in the Treatment Marketplace

Allen County Community Corrections maintains detailed records for all classroom based interventions, where the frequency, length of contact, and narrative are available. One of the features of the Treatment Marketplace was to differentiate the amount of dosage administered to offenders of different risk categories, whereas moderate risk and higher risk offenders are targeted. Traditional Intensive Outpatient Substance Abuse Treatment programs frequently administer 72 hours of treatment. Research completed in 2011 by Latessa, Sperber, and Makarios in an Ohio described that the amount of treatment (described as complementary interventions, such as a combination of Thinking for a Change and a Substance Abuse Curriculum) were effective when Moderate Risk offenders received between 100 and 200 hours of treatment, and High Risk Offenders received over 200 hours of treatment over one year.

After the first year of operating the Treatment Marketplace, ACCC aimed to describe the average amount of treatment that was administered to offenders by risk category. There are a number of factors to consider when evaluating dosage. Much of the criminal justice research on recidivism-reduction related to dosage centers around interventions that were delivered in a controlled, residential environment, such as a prison setting. There are a few factors that are necessary to make the application of dosage at the recommended levels comparable when applied in a community-supervision setting.

One of the strengths of Allen County's criminal justice system is the pronounced collaboration between agencies to establish a seamless treatment strategy for each offender. Research on dosage relates to treatment delivered over a year-long period, yet the average length of supervision in a community setting in Allen County Community Corrections is approximately 120 days. To bridge this challenge, ACCC and Probation require offenders to continue attending treatment even as offenders conclude supervision between one entity or the other.

ACCC's first step in evaluating the administration of dosage is by calculating the average number of hours each participant completed in FY 2014-2015. This was completed by adding the total number of minutes that offenders attended treatment programs at ACCC by risk (offenders are placed in classes with offenders of only the same risk category) and dividing these by the total number of offenders in each risk category.

Treatment Marketplace Dosage Summary (FY 2014-2015)				
HOURS OF TREATMENT PER PARTICIPANT BY RISK CATEGORY				
RISK LEVEL	Total Minutes	Total Hours of Treatment	# Participants	Avg Hours Treatment / Participant
LOW	310,199	5,170.0	204	25.3
MOD	552,636	9,210.6	297	31.0
HIGH	484,687	8,078.1	288	28.0
TOTAL	1,370,770	22,458.7	789	

Complete data was available for 789 offenders. It should be noted that the number of offenders referred to ACCC for programs is 1019 for FY 2014-2015, however, the balance of these referrals are sent to ACCC for a specific program and not referred to the Treatment Marketplace. The chart below describes the dosage provided to offenders by risk category.

The second effort of the analysis was to evaluate the average length of time that each offender remains under the clinical supervision of the Treatment Marketplace; the results would be therefore comparable to the annual dosage expectations defined in research. It is helpful to interpret whether participants received the appropriate concentration of treatment while attending programs at ACCC at each risk level. The results indicate that Moderate and High Risk offenders are on track to receive between 86 and 104 hours of interventions in the Treatment Marketplace over the course of one year. This summary indicates that offenders at the Moderate Risk range are recommended treatment and are completing interventions that satisfy 104% of the *minimum* treatment requirements (Moderates should receive between 100-200 hours within a one-year timeframe). High Risk offenders, although are prescribed equal-length interventions as the Moderate Risk offenders, did not complete beyond 86% of the recommended treatments administered to the Moderate Risk

offenders. Literature describing offenders at the higher risk range indicate that the concentration of anti-social attitudes and beliefs, and other destabilizing attributes may contribute to the overall lower success rate when compared to the Moderate Risk offenders.

AVERAGE DOSAGE OF TREATMENT ADMINISTERED PER PARTICIPANT BY RISK CATEGORY					
RISK LEVEL	Recommend Dosage* (Hrs/Yr)	Avg length Treatment (Days)	Avg Hours Treatment / Participant	Avg Treatment Dosage by Risk (Hrs/Yr)	% of Goal
LOW	72.0	98.0	25.3	94.4	131%
MOD	100.0*	109.0	31.0	103.8	104%
HIGH	100.0*	119.0	28.0	86.0	86%

*Armstrong & Bourgon, 2005

It should also be noted that ACCC set the goal for the average treatment dosage by risk level for High Risk offenders at 100 hours of treatment (Armstrong and Bourgon evaluated that 200+ hours are needed to impact recidivism reduction). At the time that the Treatment Marketplace began, it was determined that requiring offenders to complete multiple classes simultaneously presented significant challenges to the offender. Those challenges included the additional cost of transportation to classes, increase cost of childcare, and interference with offender’s work schedules. It was determined that offenders with the resources and available to complete simultaneous interventions (consistent with the tenets of Principles of Effective Intervention, indicating that 40% to 70% of offender’s time should be structured) would be allowed to participate, but the majority of offenders completed no more than two interventions at one time. These initial measurements indicate that the agency is on-track to delivering treatment at the appropriate dosage levels by risk. One final consideration is that this preliminary measurement included only clinical interventions in its definition of dosage. At this time, ACCC has not included the time that offenders have spent with other change agents (field and other office contacts).

Community Service Hours Summary

Referrals Summary FY 2014-2015

Allen County Community Corrections operates a Community Service program with a focus on allowing local government and nonprofit agencies to benefit from minor manual labor, thereby reducing the cost of operation and overhead to the community and taxpayers. In FY 2014-2015, the majority of community service hours completed (89%) were from the Allen Superior Misdemeanor Court. Offenders who are referred to Community Service, but do not complete the intake process are discharged from Community Service and a report is issued to the Misdemeanor Court indicating the offender’s noncompliance.

Community Service Referrals (Assigned by the Misdemeanor Court or Transfer Jurisdiction)		
TYPE	#	%
Referred	499	100%
Intaked	302	61%
No Intake	161	32%
Open	38	8%

Community Service as a Cost Savings Program to Allen County

Local communities benefit from conceptualizing the value of community service and volunteerism as a cost-saving strategy to help reduce operational costs typically shouldered by taxpayers. The value of volunteer/community service time is based on the hourly earnings (approximated from yearly values) of all production and non-supervisory workers on

FY 2014-2015 Community Service Hours		
Category	Hours	%
Pink - Disciplinary CS Hours	3,445	16%
Purple - Non-Employment CS Hours	8,205	38%
White - Court Ordered CS Hours	9,784	46%
Total	21,434	100%

private payrolls average (based on yearly earnings provided by the Bureau of Labor Statistics).

According to the Financial Accounting Standards Board (FASB) (www.fasb.org), the value of volunteer services can also be used on financial statements – including statements for internal and external purposes, grant proposals, and annual

reports. The general rule to follow when determining if contributed services meet the FASB criteria for financial norms is to determine whether the organization would have purchased the services if they had not been donated.

ACCC's community service program benefits taxpayers primarily in the diversion of misdemeanants from serving time in the Allen County Jail, where there is a direct expense for incarceration. Conceptually, ACCC also calculates community service as a cost-savings service to the community. ACCC enters into labor agreements with local nonprofits and governmental agencies, providing assistance with various minimal tasks requiring physical labor. Community service crews complete assigned tasks at an agreed marginal cost that is only attributed to cover a fraction of the expense for providing staff, equipment, fuel, and transportation for the crew itself. All those who contracted for crew labor should consider themselves partners in supporting the community. The value of community service hours in Indiana for 2014 is \$22.34 per hour. ACCC Community Service crews completed a total of 21,434 hours in fiscal year 2014-2015. The estimated value to Allen County local government and nonprofits for this annual reporting period is **\$478,835**.

HD 2.5 (Suspended Sentence Placement)

Description & Target Population:

The Allen County Adult Probation Department refers offenders to Allen County Community Corrections for eligibility screening for possible placement on Home Detention, as a condition of probation. This placement is contemplated as a sanction for technical violations committed by the offender while under supervision with Probation and it is determined that an increase in the level of supervision is needed to retain the offender within community supervision. The Probation Officer, the offender, and the sentencing judge all sign a modification order adding Home Detention as a condition of the offender's probation. Offenders under Home Detention supervision are supervised either with radio-frequency or GPS monitoring equipment. Through a screening and eligibility process, ACCC's Intake Division determines if an offender is required statutorily to be supervised with GPS. Allen County Community Corrections accepts transfers from other county probation departments as a condition of probation.

Statistics

Average Length of Stay on component: 137.61

Statistical Offense Summary:

	Number of Participants	Percentage in Component
Total Level 1 Felons Served	0	0%
Total Level 2 Felons Served	0	0%
Total Level 3 Felons Served	0	0%
Total Level 4 Felons Served	0	0%
Total Level 5 Felons Served	2	1.6%
Total Level 6 Felons Served	2	1.6%
Total A Felons Served	1	0.7%
Total B Felons Served	15	11.5%
Total C Felons Served	34	26.4%
Total D Felons Served	73	56.6%
Total Misdemeanors Served	2	1.6%
Total Pre-Trial Participants Served	0	0%
Total Individual Participants Served	129	100%

	Number of Participants	Percentage in Component
Drug Related Offenses	11	8.5%
Alcohol Related Offenses	21	16.3%
Against Person	57	44.2%
Against Property	19	14.7%
Other Offense:	21	16.3%

	Number of Participants	Contact Standard Per Policy	Contacts Completed
High Risk	19	608	348
Moderate Risk	33	759	544
Low Risk	32	160	588

Demographics:

Sex by Race for component for all offense levels:

	Black	White	Hispanic	Other	Total	Percentage Demographics of Gender
Females	8	11	0	0	19	15%
Males	37	62	11	0	110	85%
Total	45	73	11	0	129	100%
Percentage of Race Demographics	35%	57%	8%	0%	100%	

Sex by Age at Intake for component for all offense levels:

	Under 17	18 to 20	21 to 30	31 to 40	41 to 50	51+	Percentage Demographics of Gender
Females	0	0	7	5	3	4	15%
Males	0	3	54	25	13	15	85%
Total	0	3	61	30	16	19	100%
Percentage Demographics of Age	0%	2%	47%	23%	12%	15%	

Completion for component statistics for all offense levels:

Completion Type	Total	Percentage
Successful	49	38%
Did not Complete	30	23.2%
Transfer	1	0.8%
Active	49	38%

Cost Analysis For HD 2.5 Suspended:

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

Daily Average User Fee Rate: \$15.00 / Day

Estimated Tax Payer Savings for component:

1. Above **129** Felony Participants were supervised for **17,833** days. **17,833 days**/ 365 (1yr) = an average of **49** participants served each day.
2. Total Grant Expenditures were **\$396,517.32** and user fees were **\$251,444.21** totaling **\$647,961.53** for Home Detention Suspended Placements (2.5) Supervision.
3. Component Per Diem: **\$647,961.53** / 365 days in a year = **\$1775.23** / **49** participants per day = **\$36.22** 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:

Felony = **17,833** days * \$52.10 = **\$929,099.30**

Total Tax Savings for component: **\$929,099.30 - \$647,961.53 = \$281,137.77**

Tax Savings Rate for component: **31%**

HD 2.6 (Executed Placements)

Description & Target Population:

Allen Circuit and Superior Courts may refer offenders to Allen County Community Corrections for screening and eligibility for placement on Home Detention for felony and/or misdemeanor offenses as a part of a sentencing agreement(s). Offenders are referred to ACCC for Home Detention as an alternative to placement with the Indiana Department of Correction, and are supervised either with RF or GPS monitoring equipment. Through a screening and eligibility process, ACCC's Intake Division determines if an offender is required by statute to be placed under GPS supervision. Allen County Community Corrections accepts placement on Home Detention for executed placements from other jurisdictions.

Statistics

Average Length of Stay on component: 68.29

Statistical Offense Summary:

	Number of Participants	Percentage in Component
Total Level 1 Felons Served	0	0%
Total Level 2 Felons Served	0	0%
Total Level 3 Felons Served	0	0%
Total Level 4 Felons Served	2	0.3%
Total Level 5 Felons Served	19	1.9%
Total Level 6 Felons Served	45	4.5%
Total A Felons Served	2	0.3%
Total B Felons Served	51	5.2%
Total C Felons Served	81	8.3%
Total D Felons Served	356	36.4%
Total Misdemeanors Served	421	43.1%
Total Pre-Trial Participants Served	0	0%
Total Individual Participants Served	977	100%

	Number of Participants	Percentage in Component
Drug Related Offenses	184	18.8%
Alcohol Related Offenses	317	32.4%
Against Person	78	8%
Against Property	110	11.3%
Other Offense:	288	29.5%

Demographics:

Sex by Race for component for all offense levels:

	Black	White	Hispanic	Other	Total	Percentage Demographics of Gender
Females	83	157	5	1	246	25.2%
Males	259	411	49	12	731	74.8%
Total	342	568	54	13	977	100%
Percentage of Race Demographics	35%	58.1%	5.5%	1.3%	100%	

Sex by Age at Intake for component for all offense levels:

	Under 17	18 to 20	21 to 30	31 to 40	41 to 50	51+	Percentage Demographics of Gender
Females	0	2	86	88	41	29	25.2%
Males	0	26	273	220	119	93	74.8%
Total	0	28	359	308	160	122	100%
Percentage Demographics of Age	0%	2.9%	36.7%	31.5%	16.4%	12.5%	

Completion for component statistics for all offense levels:

Completion Type	Total	Percentage
Successful	634	64.9%
Did not Complete	123	12.6%
Transfer	5	0.5%
Active	215	22%

Cost Analysis For HD 2.6 (Executed Placements):

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

Daily Average User Fee Rate: \$15.00 / day

Estimated Tax Payer Savings for component:

- Above **977** Felony Participants were supervised for **75,031** days. **75,031 days**/ 365 (1yr) = an average of **206** participants served each day.
- Total Grant Expenditures were **\$1,668,316.68** and user fees were **\$908,394.59** totaling **\$2,576,711.27** for Home Detention Executed Placements (2.6) Supervision.

3. Component Per Diem: $\$2,576,711.27 / 365$ days in a year = $\$7059.48 / 206$ participants per day = $\$34.27$ 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:

Felony = $75,031$ days * $\$52.10$ = $\$ 3,909,115.10$

Total Tax Savings for component: $\$ 3,909,115.10 - \$2,576,711.27 = \$1,332,403.83$

Tax Savings Rate for component: **34%**

Reentry Court Program

Description & Target Population:

The Allen Superior Court Judge John F. Surbeck currently presides over the Allen Superior Reentry Court Program. Eligibility for the Reentry Court Program begins with the CTP Statute to facilitate offender's placement. The Allen Superior Reentry Court provides returning inmates with a myriad of stabilization services in order to assist the offender to re-integrate successfully into the community. The program applies electronic monitoring, field supervision, and case management. Offenders are expected to complete appropriate treatment/classes, job search, and develop goals for positive behavioral change during their time on the program. The Reentry Court Judge also applies oversight. Allen County also invites community/faith-based mentors and local employers to contribute to the overall strategy to assist offenders in the goal of achieving independent sustainability.

The Reentry Court Program is a year-long program where an offender is on electronic monitoring for the period up to the offender's Earliest Possible Release Date (EPRD). Once the offender is released from electronic monitoring the offender continues to be supervised by a case manager while attending treatment, mentoring, and regularly scheduled court hearings. The Reentry Court Team uses a Violation and Incentive Matrix to encourage and address behavioral issues. As the offenders progress through the program's three (3) phases, supervision transitions from Case Management Supervision with ACCC to Adult Probation or Parole supervision to continue a seamless case plan developed at the beginning of the Reentry Court Program.

As an offender completed the Allen Superior Reentry Court Program, the Court has the authority to reduce the length of further supervision with either Adult Probation or Parole Service.

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: 83.82

Statistical Offense Summary:

	Number of Participants	Percentage in Component
Total Level 1 Felons Served	0	0%
Total Level 2 Felons Served	0	0%
Total Level 3 Felons Served	0	0%
Total Level 4 Felons Served	0	0%
Total Level 5 Felons Served	0	0%
Total Level 6 Felons Served	0	0%
TotalA Felons Served	10	4.6%

Total B Felons Served	107	49.8%
Total C Felons Served	94	43.7%
Total D Felons Served	4	1.9%
Total Misdemeanors Served	0	0%
Total Pre-Trial Participants Served	0	0%
Total Individual Participants Served	215	100%

	Number of Participants	Percentage in Component
Drug Related Offenses	49	22.8%
Alcohol Related Offenses	3	1.5%
Against Person	67	31.1%
Against Property	45	20.9%
Other Offense:	51	23.7%

Demographics:

Sex by Race for component for all offense levels:

	Black	White	Hispanic	Other	Total	Percentage Demographics of Gender
Females	7	11	0	1	19	8.9%
Males	113	79	4	0	196	91.1%
Total	120	90	4	1	215	100%
Percentage of Race Demographics	56%	41.8%	1.7%	0.5%	100%	

Sex by Age at Intake for component for all offense levels:

	Under 17	18 to 20	21 to 30	31 to 40	41 to 50	51+	Percentage Demographics of Gender
Females	0	0	7	7	3	2	8.9%
Males	0	3	92	62	23	16	91.1%
Total	0	3	99	69	26	18	100%
Percentage Demographics of Age	0%	1.4%	46%	32.1%	12.1%	8.4%	

Completion for component statistics for all offense levels:

Completion Type	Total	Percentage
Successful	73	33.9%
Did not Complete	64	29.8%
Transfer	0	0%
Active	78	36.3%

Cost Analysis For Reentry Court Program:

Intake Cost: \$0.00

Daily Average User Fee Rate: \$6.00 / day

Estimated Tax Payer Savings for component:

1. Above **215** Felony Participants were supervised for **31,812** days. **31,812 days**/ 365 (1yr) = an average of **87** participants served each day.
2. Total Grant Expenditures were **\$252,602.85** and user fees were **\$97,816.20** totaling **\$350,419.05** for Reentry Court Program Supervision.
3. Component Per Diem: **\$350,419.05** / 365 days in a year = **\$960.05** / **87** participants per day = **\$11.04** 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:

Felony = **31,812** days * \$52.10 = **\$1,657,405.20**

Total Tax Savings for component: **\$1,657,405.20 - \$350,419.05 = \$1,306,986.15**

Tax Savings Rate for component: **79%**

Restoration Court + Veterans Court Program

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. 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, and mental health services. 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.

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.

Allen Circuit Restoration Court Eligibility

Allen County Community Corrections is the supervising agency for Allen Circuit Restoration Court and oversees the day-to-day operations of the Court. A participant must be found eligible for problem-solving court participation under IC 33-23-16-13, IC 33-23-16-10, as well as IC 35-38-2.5 or 2.6.

- Must be dually diagnosed with a mental health and substance abuse disorder
- Must have a Plea Agreement signed with the State of Indiana agreeing to participate in the Allen Circuit Restoration Court
- Must be found eligible statutorily to participate in the Home Detention Program at Allen County Community Corrections
- Must be sentenced to the Allen Circuit Restoration Court by the Allen Circuit Court Judge / Magistrate
- Must not have any outstanding pending detainers or warrants from counties outside the County of Allen

Veterans Court Program Eligibility

Allen County Community Corrections is the supervising agency for Allen Circuit Restoration Veterans Court and oversees the day-to-day operations of the Court. A participant must be found eligible for problem-solving court participation under IC 33-23-16-13, IC 33-23-16-10, as well as IC 35-38-2.5 or 2.6.

- Must be dually diagnosed with a mental health and substance abuse disorder
- Must have received a discharge from the United States Armed Forces of Honorable, General or Under Honorable
- Must have access to DD214 for review by the Veterans Justice Outreach Officer (VJO)
- Must have a Plea Agreement signed with the State of Indiana agreeing to participate in the Allen Circuit Restoration Court
- Must be found eligible statutorily to participate in the Home Detention Program at Allen County Community Corrections
- Must be sentenced to the Allen Circuit Restoration Court by the Allen Circuit Court Judge / Magistrate
- Must not have any outstanding pending detainers or warrants from counties outside the County of Allen

Statistics

Average Length of Stay on component: 143.79

Statistical Offense Summary:

	Number of Participants	Percentage in Component
Total Level 1 Felons Served	0	0%
Total Level 2 Felons Served	0	-%
Total Level 3 Felons Served	0	0%
Total Level 4 Felons Served	0	0%
Total Level 5 Felons Served	2	2%
Total Level 6 Felons Served	21	19.6%
Total A Felons Served	0	0%
Total B Felons Served	0	0%
Total C Felons Served	7	6.5%
Total D Felons Served	64	59.8%
Total Misdemeanors Served	13	12.1%
Total Pre-Trial Participants Served	0	0%
Total Individual Participants Served	107	100%

	Number of Participants	Percentage in Component
Drug Related Offenses	3	2.8%
Alcohol Related Offenses	88	82.2%
Against Person	3	2.8%
Against Property	1	1%
Other Offense:	12	11.2%

Demographics

Sex by Race for component for all offense levels:

	Black	White	Hispanic	Other	Total	Percentage Demographics of Gender
Females	5	30	1	1	37	34.6%
Males	54	15	1	0	70	65.4%
Total	59	45	2	1	107	100%
Percentage of Race Demographics	55.1%	42.1%	1.9%	0.9%	100%	

Sex by Age at Intake for component for all offense levels:

	Under 17	18 to 20	21 to 30	31 to 40	41 to 50	51+	Percentage Demographics of Gender
Females	0	0	15	11	6	5	34.6%
Males	0	0	16	14	23	17	65.4%
Total	0	0	31	25	29	22	100%
Percentage Demographics of Age	0%	0%	29%	23.4%	27.1%	20.5%	

Completion for component statistics for all offense levels:

Completion Type	Total	Percentage
Successful	30	28%
Did not Complete	18	16.9%
Transfer	0	0%
Active	59	55.1%

Cost Analysis For Restoration Court + Veterans Court Program:

Intake Cost: \$150

Daily Average User Fee Rate: \$6.00 / day

Estimated Tax Payer Savings for component:

1. Above **107** Felony Participants were supervised for **16,673** days. **16,673 days**/ 365 (1yr) = an average of **46** participants served each day.
2. Total Grant Expenditures were **\$323,137.00** and user fees were **\$135,158.00** totaling **\$458,295.00** for Restoration Court + Veterans Court Program Supervision.
3. Component Per Diem: **\$458,295.00** / 365 days in a year = **\$1,255.60** / **46** participants per day = **\$27.30** 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:

Felony = **16,673** days * \$52.10 = **\$868,663.30**

Total Tax Savings for component: **\$868,663.30 - \$458,295.00 = \$410,368.30**

Tax Savings Rate for component: **47%**

Community Transition Program

Description & Target Population:

In 1999, the Indiana State Legislature passed a law known as the Community Transition Statute. This statute permits each county in the State to develop a program to which inmates of the Department of Correction may be released prior to reaching their maximum sentence in order to participate in community supervision. It allows each county's judiciary to determine the level of supervision to apply offenders under their supervision. ACCC has been using the CTP Statute and working with returning offenders since 1999.

Currently the Allen Superior Court Judge John F. Surbeck utilizes the CTP Statute to facilitate offender's placement in the Allen Superior Reentry Court Program. However, if an offender is released to Allen County with a low-level felony such as a D Felony or a Level 6 offense, the Court may place the offender on the Community Transition Program at ACCC. ACCC also supervises offender through the CTP component who are transferred from other counties to participate in CTP. CTP is for offenders who have a very short amount of time to serve prior to their Earliest Possible Release Date; ACCC provides electronic monitoring supervision, minimal case management services, field, random drug screening to ensure abstinence, and employment services.

Once an offender reaches their Earliest Possible Release Date the case manager refers the offender to either Adult Probation or Parole Services for further supervision. CTP offenders do not have any judicial oversight.

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.
4. The Community Transition Program requires that the incarcerated offender voluntarily participate with the knowledge and agreement of the program participation conditions.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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
11. 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: 50.60

Statistical Offense Summary:

	Number of Participants	Percentage in Component
Total Level 1 Felons Served	0	0%
Total Level 2 Felons Served	0	0%
Total Level 3 Felons Served	0	0%
Total Level 4 Felons Served	0	0%
Total Level 5 Felons Served	0	0%
Total Level 6 Felons Served	1	1.3%
Total A Felons Served	1	1.3%
Total B Felons Served	10	13%
Total C Felons Served	11	14.3%
Total D Felons Served	54	70.1%
Total Misdemeanors Served	0	0%
Total Pre-Trial Participants Served	0	0%
Total Individual Participants Served	77	100%

	Number of Participants	Percentage in Component
Drug Related Offenses	23	29.9%
Alcohol Related Offenses	7	9%
Against Person	26	33.8%
Against Property	12	15.6%
Other Offense:	9	11.7%

Demographics:

Sex by Race for component for all offense levels:

	Black	White	Hispanic	Other	Total	Percentage Demographics of Gender
Females	3	9	0	0	12	15.6%
Males	34	28	2	1	65	84.4%
Total	37	37	2	1	77	100%
Percentage of Race Demographics	48%	48%	2.6%	1.4%	100%	

Sex by Age at Intake for component for all offense levels:

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

Females	0	0	4	3	3	2	15.6%
Males	0	0	19	26	14	6	84.4%
Total	0	0	23	29	17	8	100%
Percentage Demographics of Age	0%	0%	29.9%	37.7%	22%	10.4%	

Completion for component statistics for all offense levels:

Completion Type	Total	Percentage
Successful	58	75.3%
Did not Complete	4	5.2%
Transfer	4	5.2%
Active	11	14.3%

Cost Analysis For CTP:

Intake Cost: \$150

Daily Average User Fee Rate: \$6.00 / day

Estimated Tax Payer Savings for component:

1. Above **77** Felony Participants were supervised for **3,896** days. **3,896 days**/ 365 (1yr) = an average of **11** participants served each day.
2. Total Grant Expenditures were **\$30,936.15** and user fees were **\$9,360.00** totaling **\$40,296.15** for Community Transition Program Supervision.
3. Component Per Diem: **\$40,296.15** / 365 days in a year = **\$110.40** / **11** participants per day = **\$10.04** 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:

Felony = **3,896** days * \$52.10 = **\$202,981.60**

Total Tax Savings for component: **\$202,981.60 - \$40,296.15 = \$162,685.45**

Tax Savings Rate for component: **80%**

Modified Therapeutic Community

Description & Target Population:

The Kelley House Modified Therapeutic Community ceased operations in January 2015. The final operational statistics are included in this annual reporting period. The Kelley House used the modified therapeutic community model to provide a supportive environment dedicated to introducing mental health services that fostered personal growth, promoted a better understanding of the relationship between mental illness, substance abuse and criminal behavior. The Kelley House Modified Therapeutic Community program consisted of a residential period of seven months, an aftercare period of six months, and a day reporting period of up to twelve months.

The Kelley House Modified Therapeutic Community (MTC) was designed to address the needs of individuals who have been determined to experience a co-occurring 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 were 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.

Eligibility

The eligible population included male felony offenders in the Allen Circuit Court who were 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 were those who are at greatest imminent risk of being incarcerated in prison. The residential facility served as an intermediate intervention for those offenders who had failed to comply with supervision policies but have not encountered a new arrest.

Statistics

Average Length of Stay on component: 133.75

Statistical Offense Summary:

	Number of Participants	Percentage in Component
Total Level 1 Felons Served	0	0%
Total Level 2 Felons Served	0	0%
Total Level 3 Felons Served	0	0%
Total Level 4 Felons Served	0	0%
Total Level 5 Felons Served	0	0%
Total Level 6 Felons Served	0	0%
Total A Felons Served	0	0%
Total B Felons Served	1	2%
Total C Felons Served	9	17.3%
Total D Felons Served	28	53.8%
Total Misdemeanors Served	14	26.9%
Total Pre-Trial Participants Served	0	0%
Total Individual Participants Served	52	100%

	Number of Participants	Percentage in Component
Drug Related Offenses	4	7.7%
Alcohol Related Offenses	32	61.5%

Against Person	3	5.8%
Against Property	2	3.9%
Other Offense:	11	21.1%

Demographics:

Sex by Race for component for all offense levels:

	Black	White	Hispanic	Other	Total	Percentage Demographics of Gender
Females	0	0	0	0	0	0%
Males	13	38	0	1	52	100%
Total	13	38	0	1	52	100%
Percentage of Race Demographics	25%	73%	0%	2%	100%	

Sex by Age at Intake for component for all offense levels:

	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	0	7	14	16	15	100%
Total	0	0	7	14	16	15	100%
Percentage Demographics of Age	0%	0%	13.5%	26.9%	30.8%	28.8%	

Completion for component statistics for all offense levels:

Completion Type	Total	Percentage
Successful	42	81.8%
Did not Complete	10	19.2%
Transfer	0	0%
Active	0	0%

Cost Analysis For Modified Therapeutic Community:

Intake Cost: \$150

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

Estimated Tax Payer Savings for component:

1. Above **52** Felony Participants were supervised for **6,987** days. **6,987 days** / 365 (1yr) = an average of **19** participants served each day.
2. Total Grant Expenditures were **\$763,825.00** and user fees were **\$26,855.50** totaling **\$790,680.50** for supervision through the Modified Therapeutic Community (Kelley House).
3. Component Per Diem: **\$790,680.50** / 365 days in a year = **\$2,166.25** / **19** participants per day = **\$114.01** 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:

Felony = **6,987** days * \$52.10 = **\$364,022.70**

Total Tax Savings for component: **\$364,022.70** - **\$790,680.50** = **\$(426,657.80)**

Tax Savings Rate for component: **-117%**

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. 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 final placement, either Disulfiram treatment or participation in the Allen Circuit Restoration Court (upon consecutive evaluation).

The Community Assessment Supervision Team (C.A.S.T.) is quintessential example of true community collaboration, where each entity maintains effectual control over the outcome to each case.

DAY REPORTING (As a Condition of Sentencing)

Day Reporting may be a temporary order by the Court for offenders' Pre-Trial Supervision while awaiting sentencing, awaiting Home Detention placement or during the latter part of a Special Court supervision when less restrictive alternative to Home Detention is needed. Day Reporting offenders are usually required to report Monday thru Friday, five days per week. Monitoring includes alcohol and drug testing. If problems arise reporting may increase to seven days per week.

Statistics

Average Length of Stay on component: 61.65

Statistical Offense Summary:

	Number of Participants	Percentage in Component
Total Level 1 Felons Served	0	0%
Total Level 2 Felons Served	0	0%
Total Level 3 Felons Served	0	0%
Total Level 4 Felons Served	0	0%
Total Level 5 Felons Served	8	3.2%
Total Level 6 Felons Served	174	69.3%
Total A Felons Served	0	0%
Total B Felons Served	0	0%
Total C Felons Served	2	0.8%
Total D Felons Served	59	23.5%
Total Misdemeanors Served	8	3.2%
Total Pre-Trial Participants Served	0	0%
Total Individual Participants Served	251	100%

	Number of Participants	Percentage in Component
Drug Related Offenses	0	0%
Alcohol Related Offenses	233	92.8%

Against Person	0	0%
Against Property	0	0%
Other Offense:	18	7.2%

Demographics:

Sex by Race for component for all offense levels:

	Black	White	Hispanic	Other	Total	Percentage Demographics of Gender
Females	7	42	4	1	54	21.5%
Males	53	124	18	2	197	78.5%
Total	60	164	22	3	251	100%
Percentage of Race Demographics	23.9%	66.1%	8.8%	1.2%	100%	

Sex by Age at Intake for component for all offense levels:

	Under 17	18 to 20	21 to 30	31 to 40	41 to 50	51+	Percentage Demographics of Gender
Females	0	0	25	13	9	7	21.5%
Males	0	4	73	64	26	30	78.5%
Total	0	4	98	77	35	37	100%
Percentage Demographics of Age	0%	1.6%	39%	30.7%	14%	14.7%	

Completion for component statistics for all offense levels:

Completion Type	Total	Percentage
Successful	146	58.2%
Did not Complete	59	23.5%
Transfer	0	0%
Active	46	18.3%

Cost Analysis For Pre-Trial Supervision:

Intake Cost: \$150

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

Estimated Tax Payer Savings for component:

1. Above **252** Felony Participants were supervised for **15,535** days. **15,535 days**/ 365 (1yr) = an average of **43** participants served each day.
2. Total Grant Expenditures were **\$0.00** and user fees were **\$93,470.00** totaling **\$93,470.00** for supervision for the Pre-Trial Supervision.
3. Component Per Diem: **\$93,470.00** / 365 days in a year = **\$256.08** / **43** participants per day = **\$6.00** 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:

Felony = **15,535** days * \$52.10 = **\$809,373.50**

Total Tax Savings for component: **\$809,373.50** - **\$93,470.00** = **\$715,903.50**

Tax Savings Rate for component: **88%**

Principles of Effective Intervention Compliance

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.

Assess Actuarial Risk/Needs

In the 2014-2015 annual reporting period, Allen County Community Corrections has redesigned a significant number of its primary services in order to meaningfully utilize risk categorization. The agency has implemented a new contact standards policy that moderates the frequency that Moderate and Lower Risk offenders report to ACCC when compared to High Risk offenders. A new randomized urine drug screen program assigns screens at higher frequencies for higher risk offenders. Perhaps one of the most meaningful applications of risk-informed categorization is assigning treatment dosages at the levels that research indicates as effective for recidivism risk reduction (Armstrong & Bourgon, 2005). In Summer 2014, ACCC redesigned its CBT & clinical services in order to replicate services among the risk categories (Low, Moderate, and High Risk) assuring that offenders of like risk level would be treated separately from higher risk offenders.

All of these innovations/improvements significantly elevate the importance of accurately assessing offender risk using the Indiana Risk Assessment System. In the current reporting period, ACCC has fully implemented a quality assurance program evaluating three (3) principal priorities: 1) monitoring assessor interviewing skills (evaluated by direct observations), 2) monitoring of assessor scoring trends (measuring ACCC's scores against the 2011 validation research for the IRAS published by the University of Cincinnati), and 3) improving inter-rater reliability.

Allen County Community Corrections is in its sixth year of using the Indiana Risk Assessment System (IRAS) in all of its forms. The agency has 20 staff members certified to administer the assessment. The large number of assessors requires the agency to prioritize quality control, and likewise requires a significant investment of time to operate the program for continuous quality improvement.

Direct Observations

Each assessor submits a video recording of an IRAS-CST interview for review by a panel of peers. Using the IJC-authored Direct Observation Form, each assessor receives feedback from the review panel each quarter. Feedback given to each staff member is retained as collateral information for staff performance evaluations, enhancing an element of competence-driven staff evaluation.

Inter-rater Reliability Activity

Quarterly, the quality assurance division prepares a video recording of an IRAS-CST interview where the content of the interview is largely representative of the questionnaire. The quality assurance division prepares collateral information report to use during the activity to be confidently aware of the actual score of the interview prior to the activity. The activity includes three (3) modules: 1) individual assessor scoring, 2) small group score reconciliation, and 3) group at-large score reconciliation. The latter two modules are for training purposes and the initial module is to assess inter-rater reliability. Feedback from the June 2015 Inter-rater Reliability Activity at ACCC indicates that only 4 of 35 items on the IRAS-CST were scored with less than 67% concordance, which identified specific priorities for further training.

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. 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 Certification program as of July 1, 2015:

- 71 of 79 individuals have achieved MI Level 1, 90% of goal. (86% in FY 2013-14)
- Average score on basic exam for MI Level 1 certification, 96.03%. (95.76% in FY 2013-14)
- 2 of 24 individuals required to achieve up to MI Level 2 has certified to date, 4% of goal. (no change)
- 14 of 51 individuals required to achieve up to MI Level 3 have certified to date, 27% of goal. (no change)

Target Interventions

Allen County Community Corrections submitted a grant proposal and was 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 uses these variables to describe the functioning of the treatment programs:

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 pay user fees

Data is 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 met. Data that is 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.

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
- Peer observation and feedback on stylistic interpretation, skill, and creativity

In the current reporting period, ACCC executed a series of mandatory trainings for all staff members in order to familiarize them with specific skills (e.g. Thinking Reports) that are components of the CBT interventions and used primarily by case management staff. The goal is to improve the staff's collective understanding and appreciation for cognitive behavioral interventions used in modern community supervision. Each training is offered to a maximum of 15 participants; in FY 2014-2015, these trainings were attended at an average of 84% capacity each.

Increase Positive Reinforcement

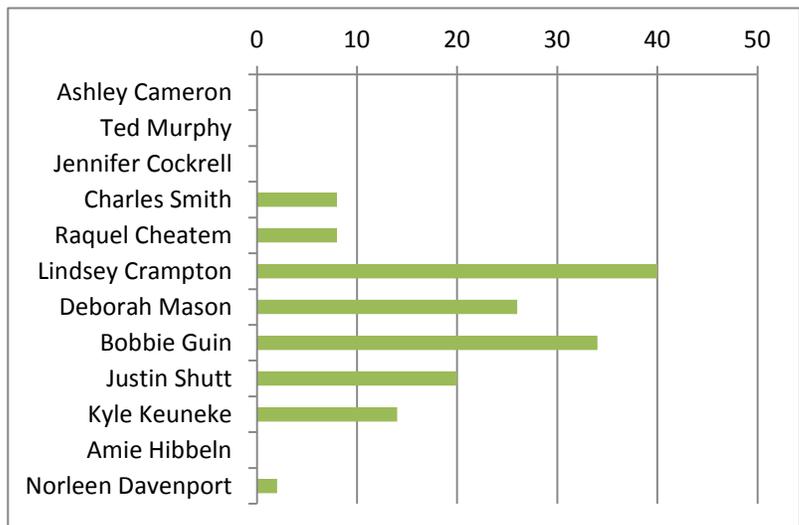
In FY 2013-2014, ACCC described the development of a tangible incentives program to be used within the problem solving court programs in order to motivate offenders to progress through the three (3) phases of supervision. The program was supported by funding from a 2014-2015 Drug and Alcohol Consortium Grant, which provided resources for the procurement of tangible incentives including gift cards, certificates, tokens, and transportation assistance. However,

ACCC composed a mid-year modification to the initiative after assessing that the number of offenders receiving recognition fell short of its goal.

ACCC modified the program in a manner that would allow offenders to receive recognition at a much higher frequency, which is supported by research indicating the frequency needed for pro-socialization (pro-social development) to occur. Case management staff issued ‘performance tickets’ to offenders each time that the offender displayed positive movement toward behavior changes. Case managers inform the offender the reason for the recognition and provide the offender with a ticket, entering him into a lottery for a chance to win monthly gifts

Each month ACCC staff members receive feedback from the quality assurance division on the number of performance tickets that each staff member issued in comparison to each other, receiving special recognition for their efforts each month. The goal is track the total number of performance tickets each month, differentiate from the number of unique offenders recognized by the process, and encourage staff members to increase the frequency that they utilize the performance tickets. Below is an example of the simple feedback provided to the case management staff.

Month	Jun-15
Total Tickets Administered	152
Unique Clients Recognized	107
Administered by	
Ashley Cameron Supervisor	0
Ted Murphy Supervisor	0
Jennifer Cockrell	0
Charles Smith	8
Raquel Cheatem	8
Lindsey Crampton	40
Deborah Mason	26
Bobbie Guin	34
Justin Shutt	20
Kyle Keuneke	14
Amie Hibbeln	0
Norleen Davenport	2



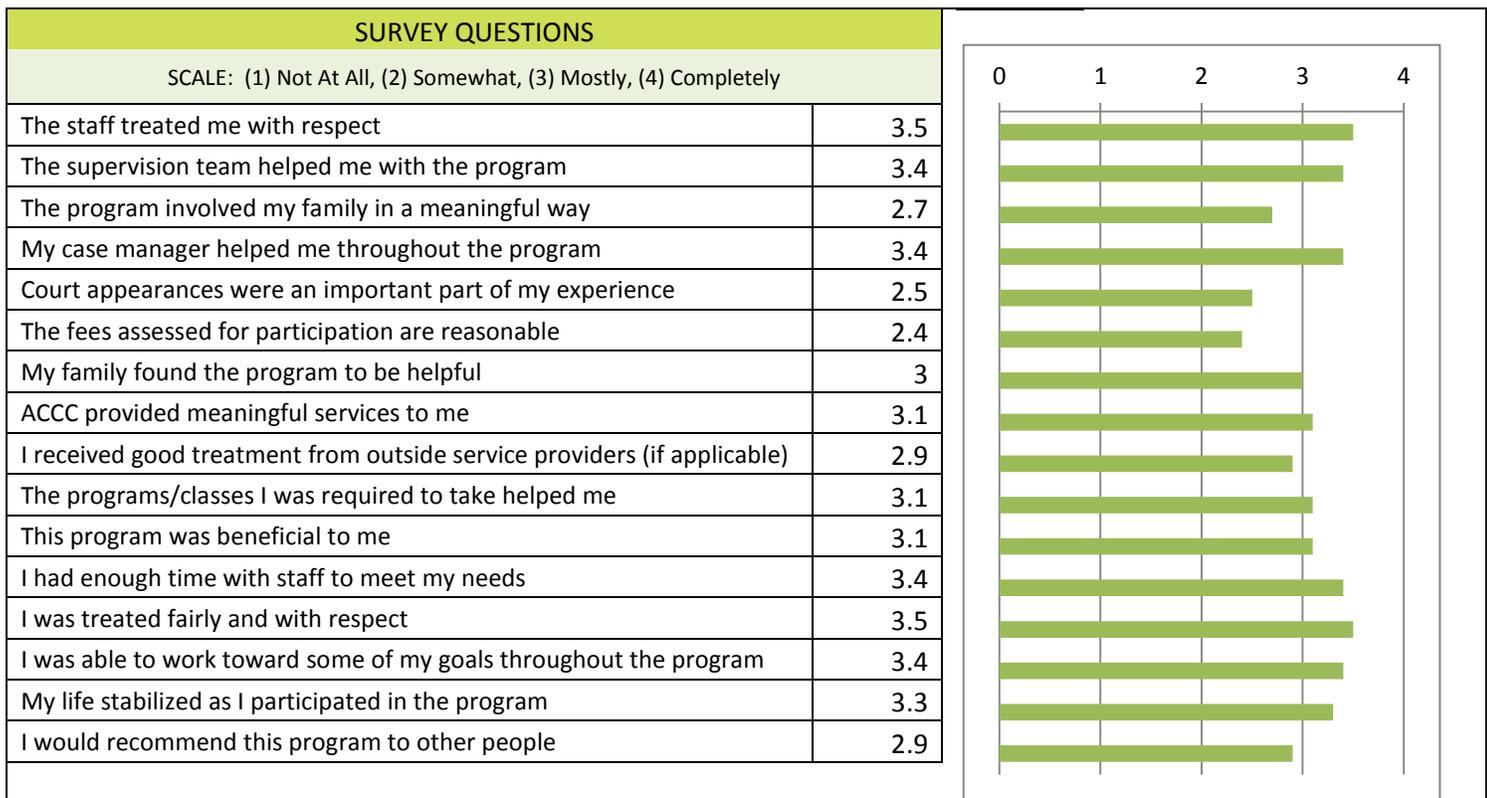
The application of tangible incentives also reinforces the offenders’ positive outlook on community supervision. Agency staff members set a goal to establish a therapeutic alliance with offenders so that their feedback and direction is valued, hopefully leading to a reduction of technical violations and increased compliance overall.

ACCC set a goal to demonstrate an increase of offender satisfaction with agency services in the current fiscal year by applying an exit survey each time that an offender successfully completes supervision under the problem solving courts programs. ACCC collected 52 exit surveys representing all three Problem-Solving Courts Programs (Allen Circuit Restoration Court, Allen Circuit Veterans Court, and Allen Superior Reentry Court). These surveys are designed to be administered to offenders at the time of release, and not prior to the commencement of supervision. During its pilot year, ACCC was successful in collecting a readout that will be compared to its statistics in the program’s following year. The readout demonstrates at a minimum an above-average rating of satisfaction with services provided by ACCC.

Problem-Solving Courts Exit Survey Summary

Date Range: January 1 to June 30, 2015

Total Surveys Represented in Summary: 52



Engage Ongoing Support in Natural Communities

Both the operation of Family Therapy at the Kelley House MTC and ongoing projects that connected offenders in the residential facility with the local community (e.g. Restoration Works Woodworking transitional employment program) comprised ACCC’s most notable efforts that fall under the description of the Sixth Principle. It should be noted that these two initiatives operated through the first half of the 2014-2015 fiscal period until the decision to close the Kelley House MTC was effectuated in January 2015.

Currently, Allen County Community Corrections has supported leaders of its Case Management Division to build collaboration with the local religious community with the goal to provide offenders with additional pro-social connections and positive role-models. ACCC has been successful in regularly inviting pastors to attend sessions of the Reentry Court, where new offenders are able to make associations with the pastors. ACCC provides pastors with lists of court appointments, and meets regularly with the CM leadership to discuss information to facilitate services and opportunities for the offenders. This program is informally constructed, but the opportunities and benefits seem to justify its continued formalization over the next year.

Measure Relevant Processes/Practices & Providing Measurement Feedback

Much has been accomplished in FY 2014-2015 in the establishment and formalization of process measurement and impact evaluation partly due to enhancements to primary services in the same timeframe. Beginning in May 2014, Allen County Community Corrections launched a series of enhancements to its primary services including a Risk-informed Randomized Urine Drug Screen Protocol, Risk-informed treatment services, supervision, and case management.

Associated with these listed changes, ACCC placed significant importance on offender assessment using the Indiana Risk Assessment System. Beyond that, the agency developed a schedule to reduce the intensity of services over the length of the offender’s supervision. ACCC’s three-phase system relies on a combination of offender accomplishment (case plan completion) and length of time on supervision (to demonstrate stabilization and responsibility). To maintain high

integrity for this type of system, ACCC's quality assurance staff are responsible to measure and report data indicators that describe proper functioning of this program, which at minimum include:

1. Monitoring whether IRAS assessments are completed according to policy
2. Providing quality assurance for the administration of IRAS Assessments (described above)
3. Maintaining live records for risk and phase for each offender
4. Identifying whether offenders are eligible for phase advancement according to policy
5. Measurements related to the frequencies different categories of offenders receive urine screens
6. Auditing the placement of offenders in appropriate treatment groups (by risk and diagnosis)
7. Evaluating classroom retention/attrition
8. Evaluating appropriate lengths of time between statuses relating to treatment (e.g. measuring the time between referral, orientation, assessment, treatment, and outcomes)
9. Measuring that offenders meet with change agents at appropriate frequencies according to policy
10. Monitoring the frequency change agents apply positive reinforcement (tangible incentives)
11. And maintain records for recidivism, post-supervision, for periodic program impact evaluation.

In preparation for the FY2015 IDOC site assessment, ACCC staff members participated in training programs designed to develop a deeper understanding and appreciation for the Eight Principles of Effective Practice. The meetings were designed to create conversations about the specific job responsibilities that each person completes that can be described by the Eight Principles of Effective Practice, grow awareness for the job responsibilities of peers, and learn methods of cooperation to enhance the effectiveness of the agency at large. These training sessions successfully led to the amendment of certain processes in order to further align practices to what research identifies as effective.

Staff Training Records

Please provide the name and a brief description of all trainings completed and number of staff trained for FY2015.

Training Name	Description	# Staff Attended
Advanced Motivational Interviewing Training (2-Day)	Intensive Practice, Coaching, Directionality, Clinical Skills, Proficiency Testing (MITI 4.1)	8
Affordable Care Act	Specialized Training	1
Basic Motivational Interviewing Training (2-Day)	Clinical, Field, Medical Professionals	8
Basic Spillman Training	Local Law Enforcement Database Training	2
BI Forum Training	Specialized Training	3
Blood borne Pathogens - New Hire	New Hire Training Process	3
Contact Standards Training	New Policy Training - Full Staff Requirement	67
Corrisoft /AIR Program	ICJI BJA Grant Project Vendor - Equipment Training	20
CPR/AED	Specialized Training	9
Grant Writing for Crime Reduction/Prevention Programs	US Senator Joe Donnelly's Office, Indianapolis	1
Curriculum Training (CBI-SA) University of Cincinnati	Substance Abuse Curriculum Training, Major training event at ACCC	7
Customer Service Training	CSQ (Training Vendor)	2
Dialectical Behavior Therapy - Skills Training Essentials	Curriculum Training	1
Def Tactics & Hand Cuff	Specialized Training	1
Designer Drugs	Professional Update - Drug and Alcohol Consortium Training	2
Drugged Driving	Specialized Training	1
DSM-5 Clinical Training	Specialized Clinical Training	4
DSM-5 Professional Update	Professional Update (Non-clinical staff)	3
Effective Communication & Motivational Strategies	Specialized Training	9
Firearms Qualifications	Specialized Training	8
Firearms Training	Specialized Training	8
Hire Program	Employment Services Training for Referral Agents	1
HR Review	Specialized Training	1
Human Resource Conference	Barrett & McNagny Law - Professional Update	3
IDACS Training	Specialized Training	3
IRAS Booster Session	IACCAC/IJC - Bartholomew Co. - Professional Update	2
IRAS Certification Training	Specialized Training	4
K9 Training	January	1
K9 Training	May	1
K9 Training	November	1
Kronos- Application Module (Staff Time Clock)	Professional Update	2
Leadership Training	Specialized Training	2
Motivational Interviewing (Skill) Booster	5 Step Process for Cog Reconstruction with MI	17
Motivational Interviewing (Skill) Booster	Stages of Change	16
Motivational Interviewing (Skill) Booster	Thinking Reports	11
Motivational Interviewing (Skill) Booster	Masters Class	11
Motivational Interviewing (Skill) Booster	Triads, Practice + Coaching	5

Training Name	Description	# Staff Attended
Motor Driven Cycles 2015 Laws	Specialized Training	7
Open Shoot-Firearms	Specialized Training	3
OSHA Training	Specialized Training	1
Preparing Strong Communities	Professional Update	2
Prison Rape/Sex Assault Investigations	Specialized Training	3
Problem Solving Court Workshop	IJC Sponsored Training Conference	4
Protective Order Workshop	Specialized Training	4
Randomized UDS Training - New Guidelines	Professional Update	28
Rape Prevention	Specialized Training	1
Recognizing Post Traumatic Stress Disorder	Professional Update	1
Sex Off Registry- In Service	Professional Update	13
Skills in DBT-Essentials	Specialized Training (Clinical Skills)	2
Success using Rewards & Sanctions	Social Solutions Group	1
Summer Institute / Adult Education	Professional Update	1
Tactical Communication	Specialized Training	1
Traumatic Brain Injury Training	Professional Update	13
Telephone Skills	Specialized Training	4
Thinking for a Change - Facilitator Training (FT)	Specialized Training (Non-clinical curriculum training)	10
Thinking for a Change - Training for Trainers (T4T)	Specialized Training (Non-clinical) Certificate for Lead Trainer (UCCI)	1
Transactional Writing Skills	Specialized Training	1
Allen County Treatment Marketplace	In-service training, referrals, services provided, etc.	24
Updated Officer On Call Policy	Professional Update	17
Veripic Training	Specialized Training	6
Writing for the Work of Work	Professional Update	4

# Total Trainings attended by Staff Members in FY 2014-2015	401
# Staff Members attended Trainings in FY 2014-2015	88

Annual Meetings

ACCC Advisory Board 2015

January 22, 2015

March 19, 2015

May 21, 2015

July 16, 2015

August 27, 2015

October 15, 2015

January 21, 2016

Cost Analysis

Budget Summary

2014-2015 Grant Funding

2014-2015 Grant Funds Received	\$ 3,151,800
2014-2015 Grant Funds Expended	\$ 3,139,593
Carryover Grant Funds	\$ 12,212
Grant Fund Cash Balance Close of Fiscal Year	\$ (5) + 430.54 = \$ 426

User Fee Collections:

2014-2015 user fee Collections	\$ 1,961,652
Beginning Project Income Balance as of 7/1/2014	\$ (275,415)
Total Expenses	FY 2014-2015 \$ (1,516,464)
User Project Income Balance as of 6/30/2015	\$ 169,775

Total Funds Expended July 1, 2014 to June 30, 2015 \$ 4,656,057

(Grant Expenditures + Project Income Expenditures)

Project Income Plan if Balance Exceeds \$100,000

In the 2014-2015 fiscal period, Allen County Community Corrections has worked tirelessly to eliminate more than \$400,000 in financial deficit. This process has resulted in what preliminarily may seem to be a project income balance in excess of \$100,000 for this annual reporting period. It is our intention to continue to aggressively analyze our intake and expenditures as well as continue to assess operations and improve efficiencies in *this* fiscal period. The result of this ongoing comprehensive review will assist us in prioritizing our most dramatic needs - and only thereafter we may assign and expend our dedicated PI funds. With that said, it is a sound fiscal and business decision to retain the existing project income balance as a surplus to ensure we stand prepared to meet any emergency or challenge that we may encounter within this fiscal period with such proximity to the resolution of ACCC's deficit.