Drug Offender Reform Act: DORA Statewide Report

November 1, 2011
Updated Mini-Report

THE UNIVERSITY OF UTAH

Utah Criminal Justice Center

COLLEGE OF SOCIAL WORK
COLLEGE OF SOCIAL & BEHAVIORAL SCIENCES
UTAH COMMISSION ON CRIMINAL AND JUVENILE JUSTICE
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Background and Study Sample
Statewide DORA began with the passage of Senate Bill 50 during the 2007 Utah Legislative
General Session. Effective July 1, 2007, offenders convicted of a felony offense or granted
parole for the first time after incarceration for a felony offense were to be screened and assessed
for substance abuse treatment. This report updates outcomes for Statewide DORA probationers
and parolees through June 30, 2011. The final DORA Statewide sample consisted of those
offenders who were identified as DORA in Utah Department of Corrections (UDC) records (N =
1,419), had a match in Division of Substance Abuse and Mental Health (DSAMH) records (N =
1,359), and had either DORA indicated treatment in DSAMH records or DSAMH treatment that
overlapped with time on DORA supervision (N = 1,336; Probation = 929; Parole = 407).

Updated 2011 Results
The major themes of the update are:
- Treatment usage and successful completion rates are relatively flat, as the majority of DORA
  participants had exited (or were nearing supervision completion) at the 2010 report
- Key components of DORA (intensive supervision, treatment access and completion)
  continue to be related to positive criminal justice outcomes
- Higher risk offenders (e.g., parolees vs. probationers, those with higher Level of Service
  Inventory (LSI) scores, those requiring higher levels of treatment) continue to have worse
  outcomes
- With longer follow-up periods and opportunities for re-offense, during-DORA and post-
  DORA recidivism (arrest and convictions) have increased for both probationers and parolees
- Treatment Completers, both probation and parole, did significantly better than non-
  completers on post-DORA criminal justice outcomes.

Supervision, Treatment, & Outcomes
- Most DORA participants have exited supervision, with 45% of probationers and 34% of
  parolees exiting successfully

	Probation (n = 929)	Parole (n = 407)
# of Days since DORA start (Mn)	1121	1149
Completed Any Tx Admit During DORA (%)	66.1	61.7
New prison admission as DORA ending event – any reason (%)	15.1	57.5
Exited Supervision (n (%))	785 (85)	395 (97)
Of those who exited supervision		
Successfully completed supervision (%)	45.4	34.4
Successfully completed supervision and Tx (%)	39.0	31.1
# of Days since supervision end (Mn)	552	736
New arrest(s) post-supervision (%)	27.1	45.3
New conviction(s) post-supervision (%)	9.2	21.8
New prison admit(s) post-supervision (%)	4.3	31.6

Comparison to a Historical Sample

Compared to a historical sample of offenders that would have qualified for DORA from Fiscal Years 2003-2007 (met DORA LSI and offense history criteria):

- DORA probationer prison admissions remain slightly lower than the historical sample
- DORA parolee prison admissions remain slightly higher than the historical sample
- There is no difference between the DORA and historical samples on new conviction rates

Factors Related to Success and Recommendations

The key factors that were related to successful treatment completion, supervision completion, and longer time to recidivism fall into two main groups, (1) offender risk/needs and (2) foundations of DORA, which can be used to provide some recommendations.

The DORA program should:

- Examine ways to improve outcomes for high risk offenders (higher LSI, younger age, requiring higher treatment intensity)
- Begin serving a parolee population again if funding becomes available ("bang for buck" is greatest with higher risk offenders, and parolees are the highest risk group)
- Maintain the high quality of supervision intensity and access to treatment
- Continue to implement strategies to increase time in treatment and likelihood of completion
- Select probationers who have a drug conviction at their DORA-qualifying event if funding and slots are limited (Those probationers will have better success rates; however, if slots are available for both, general offenders (who also have an assessed need for substance abuse treatment) may have a worse success rate than drug offenders, but still demonstrate significant pre/post changes in criminal justice involvement)

Conclusion and Next Steps

Similar to the 2009 and 2010 reports, this evaluation of Statewide DORA has demonstrated that the foundations of DORA (intensive supervision, treatment access and completion) are linked to positive criminal justice outcomes. Treatment completers (both probation and parole) had significantly better outcomes on a variety of post-supervision criminal justice measures. The DORA Pilot report demonstrated that DORA increases access to treatment, and of those, increased likelihood of completion (see report at http://ucjc.law.utah.edu/). A continued focus on providing access to treatment and support to help offenders complete treatment is necessary to continue seeing positive results for the DORA program.

In addition, we recommend that Statewide DORA funding continue for those who remain in supervision and treatment to allow active DORA participants to continue and finish the program under similar conditions as those who have already exited. Lastly, additional follow-up time is also required to examine the full impact of Statewide DORA on post supervision recidivism outcomes. The Statewide sample has about an 18 month (probationers) to two year (parolees) post-supervision follow-up period. Only after three years post-supervision did recidivism rates for the DORA Pilot and comparison groups begin to level off.

Background and Review of Original 2009 and Updated 2010 Findings

DORA History

Statewide DORA began with the passage of S.B. 50 during the 2007 Utah Legislative General Session. Effective July 1, 2007, offenders convicted of a felony offense or granted parole for the first time after incarceration for a felony offense were to be screened and assessed for substance abuse treatment, followed by treatment where appropriate.

The DORA Statewide Criteria and Process was designed by the Utah Substance Abuse Advisory Council (USAAV), following the legislative mandates. Statewide DORA offenders must meet the following criteria:
- Convicted of a felony offense on or after July 1, 2007 (cannot be pled to a misdemeanor); or granted parole for the first time on or after July 1, 2007, after incarceration for a felony offense [1]
- Total score on the Level of Service Inventory-Revised (LSI-R) must fall within the range of 16 to 35 (originally 16 to 40)
- Substance Abuse Assessment must indicate that treatment is needed

Key DORA Statewide Findings from 2009 and 2010 Reports

The original Statewide DORA Report from November 2009 that describes the foundations of DORA, study methodology, and complete process and initial outcome results can be found on the UCJC website at: http://ucjc.law.utah.edu/. The 2010 updated mini-report is also posted there.

The 2009 Statewide Study and 2010 updated mini-report included the following offenders as participants who met DORA Statewide inclusion criteria:
- " DORA" offender in Utah Department of Corrections (UDC) records (N = 1,419) from July 1, 2007 to June 30, 2009,
- had a match in Division of Substance Abuse and Mental Health (DSAMH) records (N = 1,359), and
- had either DORA indicated treatment in DSAMH records or DSAMH treatment that overlapped with time on DORA supervision (N = 1,337; Probation = 930; Parole = 407).

Sample Characteristics

Both probationers and parolees in Statewide DORA were just over 30 years old on average, less than 25% minority, about around one-third female. At the time of their initial treatment intake, about one-quarter had a DSM-IV diagnosis, over half had a previous treatment admission, and methamphetamines were the most common drug of choice. Average years of education were

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[1] Beginning July 1, 2009, parolees were no longer eligible for DORA, due to limited funding

under 12th grade and approximately half were unemployed. At the time of their DORA probation/parole intake, DORA offenders had several prior arrests (Prob Mn = 10.3, Parole Mn = 16.1). As calculated for this report, an arrest was counted as each unique charge type on a single arrest date; therefore, a drug distribution, drug possession, and a property charge on the same arrest date would count as three arrests. Over half of the probationers and nearly 90% of the parolees had conviction(s) prior to the one(s) that got them into DORA. Over half (54%) of DORA probationers had a drug conviction at their DORA qualifying conviction, while 44% of parolees did. DORA probationers' average risk score at intake (LSI = 22.9) fell just within the "Moderate" risk range, while parolees' average risk score (LSI = 26.6) was considered "High."

Table 1 – Statewide DORA Sample Characteristics		
	Probation	Parole
Demographics		
Average Age at Start	30.4	33.9
Percent Minority	16.7	23.1
Percent Female	30.5	31.4
Average Years Education	11.6	11.9
Percent Unemployed	45.9	48.6
At Treatment Intake		
Percent w/ a Prior Treatment Episode	55.0	76.7
Percent with a DSM Axis I or II Disorder	22.0	29.7
Percent w/ Methamphetamine as Primary Drug of Choice	29.4	50.4
Criminal History		
Average # of prior lifetime arrests	10.3	16.1
Percent with prior conviction(s) for any offense type(s)	52.5	88.0
Percent with at least one drug charge at Qualifying Conviction	53.5	43.7
Average LSI score at intake	22.9	26.6

Supervision

The data from the 2009 report indicated that the DORA supervision process was implemented as planned, with approximately 90% of probationers and parolees having regular community-based contacts with their PO's, as well as meetings between PO's and treatment providers that occurred monthly on average.

Predictors of Successful Completion

Six factors were significantly related to probation exit status in the 2010 multivariate analysis (correctly predicted 66% of failures and 83% of successes). In the 2010 study, 60.4% of probationers had exited supervision, with 48% of those having successfully completed probation. Five (5) of those six (6) overlapped with the 2009 findings and showed a similar relationship with exit status:

- Each point higher a probationer's LSI score was at intake, they were about 10% less likely to have a successful discharge (16% in 2009 analysis)

- Having a drug conviction at the DORA qualifying conviction increased the odds of successful probation completion by about 1.8 times (2.5 in 2009 analysis)
- Older age at DORA start continued to be associated with incremental gains in the likelihood of successful probation completion
- Longer time in treatment during DORA continued to be associated with incremental gains in the likelihood of successful probation completion
- Those who required higher levels of treatment were about half as likely to have successful completion of probation (two-thirds less likely in 2009 analysis).
- Minorities were about two-thirds less likely to successfully complete probation (2010 analysis only)

Five (5) factors were significantly related to successful completion of parole in the 2010 multivariate analyses. At that time, 86.5% of parolees had exited supervision, with 35.2% of those successfully completing parole. The 2010 model correctly predicted 82% of parole failures and 52% of successes. Four of the five factors were also significantly related to early successful parole completion in the 2009 analyses:
- Parolees were about 5% less likely to successfully complete parole for each additional point on their intake LSI score (10% in 2009 analysis).
- Older age at intake continued to incrementally increase the likelihood of successful parole completion.
- More days in treatment during DORA incrementally increase the likelihood of successful parole completion.
- Parolees who required more intensive treatment during DORA were about 60% less likely to complete parole (70% in 2009 analysis).
- Fewer days from DORA start to first contact with the parole officer improves the likelihood of successful exit from parole (2010 analysis only)

The continued relationship between higher LSI risk scores and higher levels of substance abuse treatment and negative supervision exit likely indicates that it is more difficult to obtain positive criminal justice outcomes with those who have more criminogenic risks/needs and those who require higher levels of treatment. However, as originally noted in the 2009 report, although lower risk offenders do have higher success rates, generally, intensive programs should be targeted toward higher risk individuals, even if they have less success than their low risk counterparts, as their decrease in recidivism due to programming is greater (Andrews & Dowden, 2006; Bonta, Wallace-Capretta, & Rooney, 2000).

Other Outcomes

At the time of the 2010 report, 14.3% of probationers and 15.2% of parolees had a new conviction during supervision. Just over 10% (11.2%) of probationers and 52.6% of parolees returned to prison as their exit status from DORA (the majority were for technical violations). Compared to a roughly equivalent historical comparison group, DORA offenders had a roughly equivalent new conviction rate. However, the historical parolee group had a slightly lower return to prison rate, while the historical probationer group had a slightly higher return to prison rate when compared to DORA.

Treatment completion was an important factor related to post-DORA criminal justice outcomes in the 2010 report. At that time, 64.1% of Statewide DORA probationers and 60.5% of parolees completed at least one treatment admission during DORA. Probationers who completed a treatment admission (regardless of supervision exit status) had statistically significantly lower post-supervision arrest and conviction rates than non-completers (return to prison rate was too low for either group to examine). Parolees who completed a treatment admission (again, regardless of supervision exit status) had statistically significantly lower post-supervision arrest, conviction, and prison admission rates than non-completers. As the DORA model significantly increases access to treatment and likelihood of completing treatment (see findings from the DORA Pilot study at http://ucjc.law.utah.edu/), these positive criminal justice outcomes for treatment completers is one of the strongest indications of DORA model's impact on criminal justice system costs.

2010 Study's Suggestions and Next Steps

The factors related to successful supervision completion in the 2010 study provide some recommendations on which participants may best succeed within the DORA Statewide model and what areas need improvements. First, probationers who had a drug conviction at their DORA-qualifying event were more likely to successfully exit probation. Screening criteria could identify those offenders for DORA, rather than a general criminal offender who may have substance abuse issues in addition to overall criminality. Second, those who require higher levels of treatment have worse criminal justice outcomes. This may suggest that those individuals do not receive the support they need in the current DORA model to achieve similar rates of success as offenders who require less intensive treatment. Lastly, decreasing the amount of time between DORA start and offenders' first contact with the probation/parole officer and increasing the amount of time offenders are in treatment will help with improving the successful completion rate. In addition, treatment completion (on top of longer time in treatment) was one of the most important factors related to post-supervision desistance from crime. The DORA program should continue to focus on ensuring that access to treatment leads to higher completion rates.

At the time of the 2010 study, approximately 40% of probationers and 13% of parolees were active on supervision. As noted in the November 2010 updated DORA Pilot report (see copy at http://ucjc.law.utah.edu/), after approximately three years post supervision follow-up the recidivism rate for DORA Pilot participants and the comparison groups have leveled off. Therefore, additional follow-up time is required to capture the majority of recidivism events that are likely to occur with the DORA Statewide group.

Updated 2011 Results

Sample Characteristics

This 2011 Statewide DORA study update includes 1,336 offenders (Probation = 929, Parole = 407). One probationer that was included in previous reports was dropped from the sample due to not being classified as DORA in UDC records. This 2011 update reports on outcomes through 6/30/2011.

Supervision

New to this 2011 report is an analysis of supervision intensity comparing probation officer (PO) contact frequency with DORA offenders prior to and after a DORA funding cut on 7/1/09. As of July 1, 2009, due to significant budget cuts, DORA implementation was no longer statewide and was limited to six LSAA areas and seven counties. Of those counties still participating in DORA, only Weber, Davis, Salt Lake, and Utah Counties received both DORA treatment funding and supervision funding; Cache County (Region 1), as well as Iron and Washington Counties (Region 5), received only DORA treatment funding, resulting in the elimination of the DORA-specific AP&P agent positions in these three counties. See Appendix B for a map of AP&P Regions.

To determine if this funding cut led to a disproportionate reduction in PO contact frequency in the affected counties, all six (6) AP&P regions were compared on PO to offender contact frequency pre/post 7/1/09. Only offenders who were in a single region for the entire DORA period were included in Table 2 (n = 770). In addition, only those who had at least four (4) PO contacts during each time period were included in Table 2 (pre-7/1/09 n = 426; post-7/1/09 n = 393). This selection criteria was set ensure that offenders who were not active in DORA for very long during either period would not skew the data.

Table 2 – Supervision						
	Regions					
	1	2	3	4	5	6
Days between PO Contacts Pre-7/1/09 (Mn)	17	17	17	27	15	16
Days between PO Contacts Post-7/1/09 (Mn)	24	21	19	33	17	23

As shown in Table 2, all of the regions showed a reduction in the frequency of PO contacts after 7/1/09. The pre-post changes were statistically significant for all of the regions, not just Regions 1 and 5. Due to the fact that most DORA participants who were active post-7/1/09 were at the later stages of their supervision, it is not surprising that PO contact frequencies were reduced for all regions. Due to this, and the small sample size, it is recommended that a comparison between DORA Statewide PO contact frequencies and "DORA 3/DORA Modified" PO contact frequencies be conducted when that new sample of DORA participants is identified. That comparison may provide a better picture of whether supervision has decreased disproportionately in Regions 1 and 5 due to funding changes on and after 7/1/09.

Treatment Services

As a requirement of being in the study sample, all offenders had substance abuse treatment admissions during supervision. When treatment data were updated for the 2010 report, five (5) probationers and two (2) parolees who met the 2009 study criteria of having treatment admissions during supervision did not have any records in the statewide Division of Substance Abuse and Mental Health (DSAMH) database. DSAMH staff indicated that the treatment providers may have removed those records from the statewide repository. The 2011 update is also restricted to this smaller DSAMH sample (see Table 3).

For those with updated treatment data, the average number of treatment admissions remained similar for probationers and parolees. The average number of days in treatment increased for probationers and slightly decreased for parolees. The percent that completed at least one treatment admission during supervision increased slightly for both groups, with more than half of both groups having completed their most recent/final treatment admission during DORA. Only 4% of probationers and 0.7% of parolees remained active in during-supervision treatment at the end of the 2011 follow-up period (6/30/2011).

Table 3 – Treatment Services						
	Probation			Parole		
	2009	2010[1]	2011[2]	2009	2010[1]	2011[2]
# of Tx Admissions (Mn)	2.1	2.4	2.5	1.7	1.8	1.8
# of days in Tx (Mn)	227	273	291	221	233	229
Maximum Tx Intensity (excluding Detox)						
Residential (%)	24.9	27.3	27.3	13.3	13.8	13.8
Intensive Outpatient (%)	44.5	44.1	44.6	27.7	27.4	27.9
Outpatient (%)	30.6	28.6	28.0	59.0	58.7	58.2
Participation in Tx Levels						
Detox Tx Admissions (%)	5.7	6.3	6.6	4.2	5.4	5.4
Of those, # of days in Detox (Mn)	7	9	9	8	8	8
Residential Tx Admissions (%)	27.5	29.9	30.2	13.8	14.1	14.1
Of those, # of days in Residential (Mn)	96	102	106	87	90	91
Intensive Outpatient (IOP) Tx Admissions (%)	56.5	58.7	59.4	34.9	35.6	36.3
Of those, # of days in IOP (Mn)	121	129	127	101	96	96
Outpatient Tx Admissions (%)	72.4	77.0	78.4	88.7	88.6	88.9
Of those, # of days in Outpatient (Mn)	182	217	235	196	209	214
Discharge Statuses During DORA (could be more than one per person)						
Completed (%)	53.2	64.1	66.1	54.3	60.5	61.7
Transferred (%)	48.1	25.3	52.9	35.1	37.0	37.3
Dropout (%)	13.2	16.0	16.9	9.3	11.9	12.6
Terminated (%)	12.5	16.8	17.5	10.6	12.1	12.3
Incarcerated (%)	10.7	12.9	13.4	15.0	16.8	17.3

Table 3 – Treatment Services

	Probation 2009	Probation 2010[1]	Probation 2011[2]	Parole 2009	Parole 2010[1]	Parole 2011[2]
Discharge Status at Most Recent Tx Discharge						
No Discharge Status (%)	6.8	0.9	0.0	7.6	1.0	0.0
Completed (%)	47.6	55.6	58.3	49.9	55.6	55.0
Transferred (%)	18.2	12.9	10.6	10.6	7.7	7.7
Dropout, Terminated, Incarcerated (%)	23.8	28.1	28.7	29.3	33.1	34.6
Percent Other/Died (%)	3.5	2.6	2.4	2.7	2.7	2.7
Active in DORA Treatment at Study End						
Still Active (%)	16.8	6.8	4.0	11.1	3.2	0.7

[1]DSAMH data for 2010 update N = 1330, Prob = 925, Parole = 405
[2]DSAMH data for 2011 update N = 1329, Prob = 924, Parole = 405

Assessment and Other Outcomes

When treatment discharge data were tracked through 6/30/2011, DORA probationers and parolees continued to have positive outcomes at their last treatment discharge. For example, the vast majority continued to live in a private residence and report no drug or alcohol use in the previous 30 days.

Table 4 – Assessment and Other Outcomes

	Probation 2009	Probation 2010	Probation 2011	Parole 2009	Parole 2010	Parole 2011
Status at Last Tx Discharge During DORA						
No Drug use in previous 30 days (%)	77.0	80.8	80.9	77.4	76.6	76.4
No Alcohol use in previous 30 days (%)	89.6	89.8	90.3	90.7	91.8	91.5
Change in Living Arrangement Status from Tx Admit to Last Discharge During DORA						
Remained Homeless/Institutionalized (%)	8.4	6.6	6.3	2.9	3.5	3.5
Private Residence to Homeless/Institutionalized (%)	9.5	8.7	8.8	11.7	12.7	12.9
Homeless/Institutionalized to Private Residence (%)	12.6	13.6	13.8	9.0	8.5	8.7
Remained in Private Residence (%)	69.5	71.1	70.9	76.3	75.3	74.9
Change in Employment Status from Tx Admit to Last Discharge During DORA						
Lost Employment Status (%)	10.0	11.6	12.0	10.9	10.4	10.9
Same Employment/Unemployment Status (%)	65.3	60.7	60.0	60.1	60.1	59.9
Gained Employment Status (%)	24.7	27.7	28.0	29.1	29.5	29.2

Predictors of Successful Treatment Completion

Predictors of successful treatment completion were examined for the first time for DORA Statewide participants in this 2011 report. Demographic, criminal history and risk (including LSI total and item scores), treatment history, and during DORA supervision (e.g., PO contact frequency) and treatment variables were examined in relation to treatment completion. Individual LSI items and subtotal scores were examined for the first time in this report. See Appendix A for

a description of how individual LSI items and subtotal scores were selected for inclusion as potential predictors.

As previously noted, 66.1% of probationers completed at least one treatment admission during DORA. Table 5 lists eight (8) factors that were significantly related to the likelihood of successful treatment completion during DORA for probationers when examined separately (in bivariate analyses). A footnote has been added to the table to indicate if the factors remained significantly related to treatment completion in a multivariate logistic regression model when controlling for other significant factors. Five (5) factors were significantly related to successful treatment completion in the 2011 multivariate analysis (correctly predicted 89% of treatment completers and 42% of non-completers):

- Each point higher a probationer's LSI score was at intake, they were about 5% less likely to complete treatment.
- If the probationer had current or recent negative interactions with authority figures at work/school they were about one-third less likely to complete treatment.
- Fewer days between PO to offender contacts increased the likelihood of treatment completion.
- More treatment admissions during DORA increased the likelihood of treatment completion.
- Those who required higher levels of treatment were about two-thirds less likely to have successful treatment completion at any time during DORA.

Table 5 – Factors Significantly Related to Successful Treatment Completion for *Probationers*

Lower LSI Score at intake[1]
Not at risk on Peer Interactions item in Education/Employment Subsection of LSI (new analysis in 2011)
Not at risk on Authority Interactions item in Education/Employment Subsection of LSI (new analysis in 2011) [1]
Older age at DORA start
Fewer days between PO to offender contacts[1]
More days in treatment during DORA
More treatment admissions during DORA[1]
Utilizing less intensive treatment (e.g., outpatient instead of IOP) [1]
[1]*Significantly related to successful treatment completion in 2011 multivariate analyses*

An additional multivariate logistic regression model was conducted with the five significant predictors of successful treatment completion (as shown in Table 5) and the Local Substance Abuse Authorities (LSAA's) added in. Each DORA participant's primary LSAA was identified by selecting the LSAA where each had the majority of their during-DORA treatment admissions. Less than 1% of DORA offenders had an equal number of during-DORA treatment admissions across two (2) or more LSAA's. After controlling for the five (5) significant predictors in Table 5, there were no significant differences in successful treatment completion rates across the six (6) largest LSAA's (Weber, Davis, Southwest, Salt Lake, Utah County, and Bear River). This indicates that any differences in DORA treatment completion rates can be explained by the five

(5) individual probationer factors, rather than regional differences. See Appendix B for a map of the LSAA's.

Table 6 serves the same function as Table 5, except for examining factors related to successful treatment completion for *parolees*. As previously noted, 61.7% of parolees completed at least one treatment admission during DORA. Nine (9) factors were significantly related to the likelihood of successful treatment completion during DORA for parolees when examined separately (in bivariate analyses). The three (3) supervision variables (frequency of PO to offender contacts overall, in the community, and PO to Tx Provider contacts) all had a counterintuitive relationship with treatment success. Parolees who successfully completed treatment had significantly *less frequent* supervision than those who did not complete treatment. This difference can potentially be explained in two ways. One, parolees who complete treatment are the lower risk parolees (LSI scores also support this) and, therefore, they receive less frequent supervision throughout parole. Two, parolees who complete treatment remain on supervision for a longer period of time than treatment failures (who are more quickly revoked and returned to prison). As a result, treatment completers may be able to move into the later stages of community supervision where they are not required to contact their PO as frequently.

Three (3) factors remained significantly related to treatment completion for parolees in the 2011 multivariate analysis (the 2011 model correctly predicted 89% of treatment completers and 24% of non-completers):

- Lower LSI score was related to increased likelihood of successful treatment completion.
- More days in treatment during DORA increased the likelihood of successful treatment completion.
- More treatment admissions during DORA increased the likelihood of treatment completion.

Table 6 – Factors Significantly Related to Successful Treatment Completion for *Parolees*

Fewer convictions prior to DORA qualifying conviction
Lower LSI Score at intake[1]
Not at risk on Frequently Unemployed item on LSI
Older age at DORA start
More days between PO to offender contacts
More days between PO to offender contacts in the community
More days between PO to Tx Provider contacts
More days in treatment during DORA[1]
More treatment admissions during DORA[1]
[1]*Significantly related to successful treatment completion in 2011 multivariate analyses*

Parolees from the four (4) largest LSAA's (Weber, Davis, Salt Lake, and Utah County) were compared on successful treatment completion rates after controlling for the three (3) significant predictors identified in Table 6 (from multivariate analyses). Only four LSAA's had sufficient numbers of parolees to include in the comparison. After controlling for offender LSI score, days in treatment, and number of treatment admissions, there were no significant differences among

the four (4) largest LSAA's on parolee treatment completion rates. This suggests that any differences in DORA treatment completion rates can be explained by the three (3) individual parolee factors, rather than regional differences.

Treatment Admissions by Local Substance Abuse Authority

New to this 2011 report is a description of DORA treatment across the ten (10) largest Local Substance Abuse Authorities (LSAA's). The following descriptive statistics were conducted to better explain the similarities and differences in the amount and type of DORA treatment services offered by the LSAA's, as well as differences in the type of clientele they served. Table 7 lists the LSAA's that had at least 50 DORA admissions during the study period (Summit, Wasatch, and San Juan excluded). Appendix B includes a map of the LSAA's.

Table 7 – Local Substance Abuse Authorities	
LSAA Name	Abbreviation
Weber/Morgan Counties	Weber
Davis County	Davis
Central Utah (Juab, Millard, Piute, Sanpete, Sevier, Wayne)	Central
Southwest Utah (Beaver, Garfield, Iron, Kane, Washington)	SW
Northeastern Utah (Daggett, Duchesne, Uintah)	NE
Four Corners (Carbon, Emery, Grand)	4Corner
Salt Lake County	SLCo
Tooele County	Tooele
Utah County	UTCo
Bear River (Box Elder, Cache, Rich)	Bear

As is shown in Table 8, all of the LSAA's have more admissions than clients. This is not surprising since clients can have more than one admission within a single program or be transferred between programs within the LSAA. These transfers can include moving from higher to lower intensity treatment within an episode of care (an episode of care indicates a time from initial treatment admission to final discharge). Negative exits included clients who dropped-out, were terminated from the program, or were incarcerated. The LSAA's that had the highest admission to client ratio also tended to have the most admissions that ended in a transfer at discharge. Again, this is expected, since these LSAA's served more clients in multiple placements.

Table 8 – DORA Treatment Admits by LSAA										
	Weber	Davis	Central	SW	NE	4Corner	SLCo	Tooele	UTCo	Bear
# Tx Admits	285	373	53	279	60	66	1276	64	511	86
# Clients	136	180	38	157	50	30	463	25	194	77
Discharge Statuses										
Tx Completed (%)	27.7	40.2	41.5	31.5	50.0	24.2	42.3	20.3	25.8	62.8
Negative Exit (%)	20.0	27.3	32.1	25.1	21.7	34.8	27.7	28.1	3.3	30.2
Transferred (%)	48.8	28.7	20.8	41.2	8.3	4.5	25.7	50.0	68.1	3.5
Other (%)	3.5	3.8	5.7	2.2	20.0	36.4	4.3	1.6	2.7	3.5

For the remainder of this section, only the largest six LSAA's were compared on further descriptions of their clientele. These were LSAA's that had 50 or more admissions during DORA that ended with either positive or negative exit statuses (excluded transfers/other). As shown in Table 9, Weber had the highest percent of admissions for female clients. SLCo had the highest percent of admissions for racial/ethnic minorities (24%). Age at treatment admission was not very different across LSAA's, but was slightly higher in Weber and slightly lower in Utah County. Salt Lake County and Utah County served a population with a higher average lifetime and 18-month prior arrest history than the other four (4) LSAA's. Utah County had the highest percent with a drug conviction at their DORA qualifying conviction. Based on average total scores on the Level of Service Inventory (LSI), Utah County and Davis served the lowest risk offenders and Weber served the highest. There was very little difference between the six (6) LSAA's on the number of prior treatment admissions and there was practically no waiting time to get into treatment in Weber, Utah County, and Bear River (Mn = 0-1 day). Wait times at the other three (3) LSAA's, though longer, were still relatively short (between one and two weeks on average). Average days in treatment was shortest in Salt Lake and Utah Counties; however the previous table (Table 8) suggests that both of these LSAA's have a large number of transfers (much higher number of admits compared to number of clients) which could explain the shorter length of time in each treatment admission. Methamphetamines were the primary substance used at admission in most LSAA's, except Utah County, where heroin was more prevalent, and Southwest, where alcohol was equally common. Residential treatment admissions were highest in Salt Lake and Weber.

Table 9 – Client Descriptives by Treatment Admits by LSAA						
	Weber	Davis	SW	SLCo	UTCo	Bear
Demographics						
Female (%)	42.1	32.0	34.1	27.9	28.2	31.4
Male (%)	57.9	68.0	65.9	72.1	71.8	68.6
Racial/Ethnic Minority (%)	20.3	16.2	12.8	24.4	6.0	19.0
Age at Tx Admission (Mn)	34	31	31	32	29	32
Criminal History/Risk						
Lifetime Prior Arrests (Mn)	8.5	9.8	8.4	15.1	14.6	6.5
18 Month Prior Arrests (Mn)	1.9	3.4	4.0	5.1	6.0	2.3
Drug Offense at DORA Qualifying Conviction (%)	44.2	59.9	54.1	45.1	56.6	57.0
LSI Risk Score (Mn)	26	23	25	24	23	25
Treatment/Substance Abuse						
# Prior Tx Admits (Mn)	1.6	1.8	1.0	1.3	1.7	1.7
# Days Waiting (Mn)	1	6	9	12	0	0
Days in Tx (Mn)	114	149	140	98	77	241
Primary Substance Used (%)						
Alcohol	25.3	16.9	30.5	21.5	17.2	30.2
Marijuana	18.6	13.7	19.7	12.5	13.3	18.6
Heroin	2.5	9.7	6.5	11.4	24.9	1.2
Cocaine/Crack	9.8	6.2	0.4	11.6	4.7	2.3
Methamphetamine	33.7	44.2	30.8	37.5	20.5	30.2
Other	10.2	9.4	12.2	5.4	19.4	17.4

Table 9 – Client Descriptives by Treatment Admits by LSAA						
	Weber	Davis	SW	SLCo	UTCo	Bear
Treatment Level (%)						
Outpatient	52.6	66.2	43.0	39.9	39.8	83.7
IOP	15.8	18.2	40.9	34.1	52.0	16.3
Residential	31.6	15.5	16.1	25.9	8.2	0.0

Salt Lake County Providers

The same variables that were examined for admissions at the LSAA's were repeated for the six (6) largest DORA treatment providers within Salt Lake County (the largest LSAA in the state). As was observed in the previous section on LSAA's, all of the Salt Lake County providers had more admits than clients, due to clients being transferred or having multiple admissions (see Table 11).

Table 10 – Salt Lake County Treatment Providers	
Provider Name	Abbreviation
First Step House	First Step
Cornerstone Counseling Center	Corner
Odyssey House Inc	Odyssey
House of Hope	HH
Valley Mental Health SLC A&D	VMH
Volunteers of America/Utah	VOA

Table 11 – Treatment Admits by Salt Lake County Treatment Providers						
	First Step	Corner	Odyssey	HH	VMH	VOA
# Admits	407	142	163	69	278	148
# Clients	145	85	100	35	178	95
Discharge Statuses						
Tx Completed (%)	43.0	42.3	28.8	62.3	38.1	44.6
Negative Exit (%)	15.2	27.5	48.5	34.8	22.3	48.0
Transferred (%)	40.0	29.6	17.8	2.9	27.7	4.7
Other (%)	1.7	0.7	4.9	0.0	11.9	2.7

On average, DORA clients receiving treatment at Odyssey House were younger than those served by the other five (5) providers (see Table 12). The House of Hope (HH) was the only provider that only served females; however, more than half (52%) of Cornerstone's admissions were female. First Step House had almost exclusively male admissions (95%). HH clients had the fewest lifetime prior arrests when they were admitted into treatment; however, Cornerstone clients had the fewest prior arrests in the 18 months prior to starting treatment.

Methamphetamine was the most frequently reported substance used by clients that were admitted into treatment at all six (6) of the providers. HH and VOA had the highest percent of admissions for clients with a drug conviction at the DORA qualifying conviction. Residential treatment was almost half of the admissions at Odyssey House, First Step House, and House of Hope.

Table 12 – Client Descriptives by Treatment Admits by SLCo Provider						
	First Step	Corner	Odyssey	HH	VMH	VOA
Demographics						
Female (%)	5.2	59.2	28.8	100.0	25.5	32.4
Male (%)	94.8	40.8	71.2	0.0	74.5	67.6
Racial/Ethnic Minority (%)	23.3	34.3	22.7	32.1	21.1	18.9
Age at Tx Admission (Mn)	32	34	30	33	34	34
Criminal History/Risk						
Lifetime Prior Arrests (Mn)	15.8	14.4	14.9	11.2	15.0	16.0
18 Month Prior Arrests (Mn)	5.4	3.1	5.8	6.0	4.9	5.8
Drug Offense at DORA Qualifying Conviction (%)	40.5	35.9	45.4	63.8	44.6	58.1
LSI Risk Score (Mn)	24	25	24	23	24	24
Treatment/Substance Abuse						
# Prior Tx Admits (Mn)	1.6	0.3	1.7	1.5	1.0	1.0
# Days Waiting (Mn)	9	21	30	17	3	2
Days in Tx (Mn)	82	103	125	97	119	44
Primary Substance (%)						
Alcohol	23.1	16.9	15.3	5.8	32.0	13.5
Marijuana	15.7	11.3	13.5	2.9	12.9	6.1
Heroin	8.8	14.8	12.3	11.6	9.0	21.6
Cocaine/Crack	12.8	5.6	9.8	21.7	10.1	15.5
Methamphetamine	35.6	45.8	44.2	53.6	29.1	36.5
Other	3.9	5.6	4.9	4.3	6.8	6.8
Treatment Level (%)						
Outpatient	28.7	58.5	26.4	1.4	53.2	26.8
IOP	24.8	41.5	25.2	58.0	46.0	73.2
Residential	46.4	0.0	48.5	40.6	0.7	0.0

DORA Outcomes

By the end of the new study period, the majority of probationers (85%) and parolees (97%) had exited supervision (see Table 13). The successful supervision completion rate remained relatively flat for probationers and parolees. Successful supervision *plus* treatment completion rates also remained relatively flat. Average follow-up time was just over three years from DORA start for both probationers and parolees. Average follow-up time since DORA exit (for those who have exited) was longer for parolees (approximately 2 years) than probationers (approximately 1.5 years).

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Table 13 – DORA Outcomes

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	Probation			Parole		
	2009	2010	2011	2009	2010	2011
Still active on probation/parole at study end* (%)	74.4	39.6	15.5	50.1	13.5	2.9
Exited probation/parole at study end (%)	25.6	60.4	84.5	49.9	86.5	97.1
Follow Up Periods						
# of Days since legal start (Mn)	449	814	1179	441	806	1171
# of Days since DORA start (Mn)	391	756	1121	419	784	1149
Of those who Exited						
# of Days since supervision end (Mn)	159	328	552	223	429	736
Exit Status (%)						
Successfully Completed Probation/Parole	41.2	48.0	45.4	23.2	35.2	34.4
Unsuccessful	44.9	39.5	41.4	74.4	61.4	61.0
Returned to Prison	24.8	18.5	17.8	74.4	60.8	59.2
Unsuccessfully Discharged	19.7	19.9	22.5	0.0	0.6	1.8
Fugitive for 1 year or greater	0.4	1.1	1.1	0.0	0.0	0.0
Other Exit	13.8	12.5	13.1	2.5	3.4	4.6
Neutral Discharge	10.9	10.7	11.6	1.5	2.8	4.1
Died	2.9	1.8	1.5	1.0	0.6	0.5
Probation/Parole and Tx Outcomes Combined						
Successfully Completed Probation/Parole *and* 1+ Tx Admission During Supervision (%)	34.9	41.5	39.0	20.2	31.5	31.1
Successfully Completed Probation/Parole *and* Final Tx Admission During Supervision (%)	34.5	40.7	36.9	20.2	31.5	30.6

*Percent active reported here does not include those who were out on fugitive for 1+ year at each study's end date.

Predictors of Successful Supervision Completion

The same set of variables that were compared to final exit status in the 2009 and 2010 reports were replicated in this updated 2011 study, with additional LSI individual items included in the analyses (see Appendix A for inclusion criteria for additional LSI items). Demographic, criminal history and risk, treatment history, and during DORA supervision (e.g., PO contact frequency) and treatment variables were compared to final exit status to determine which factors were related to successful completion versus negative exit (including unsuccessful discharge, commitment to prison (any reason), and fugitive status open for one year or greater at study end). Because more participants had exited DORA at the time of this 2011 study, sample size for the analyses increased (Probationers 2011 n = 682; 326 failure, 356 success; Parolees 2011 n = 377; 241 failure, 136 success).

The following table (Table 14) lists the factors that were significantly related to successful probation completion in the 2011 analyses (see the 2010 DORA Statewide Report for factors related to supervision completion at 2009 and 2010 analyses; at http://ucjc.law.utah.edu/). Items listed in the table were significantly related to exit status when each was examined separately

(bivariate analyses). A footnote has been added to indicate if the factors remained significantly related to exit status in a multivariate logistic regression model when controlling for other significant factors.

Six (6) factors were significantly related to probation exit status in the 2011 multivariate analysis (correctly predicted 60% of failures and 79% of successes). Five (5) of those six (6) overlapped with the 2010 findings and showed a similar relationship with exit status:

- For each point higher a probationer's LSI score was at intake, they were about 7% less likely to have a successful discharge
- Having a drug conviction at the DORA qualifying conviction increased the odds of successful probation completion by about 1.7 times
- Racial/ethnic minorities were about half as likely as White probationers to successfully complete supervision
- Older age at DORA start continued to be associated with incremental gains in the likelihood of successful probation completion
- Those who required higher levels of treatment were about half as likely to have successful completion of probation

The final significant variable in the multivariate analyses was being at risk on the Authority Interactions item on the LSI Education/Employment subsection. This factor indicates that if the probationer had current or recent negative interactions with authority figures at work/school (or if those authority figures were not good role models) they were about half as likely to complete probation.

Table 14 – Factors Significantly Related to Successful *Probation* Completion
Fewer convictions prior to DORA qualifying conviction
Lower LSI Score at intake[1]
Not at risk on Peer Interactions item in Education/Employment Subsection of LSI (new analysis in 2011)
Not at risk on Authority Interactions item in Education/Employment Subsection of LSI (new analysis in 2011) [1]
Having a drug conviction at the DORA qualifying conviction[1]
Not a racial/ethnic minority[1]
Older age at DORA start[1]
Fewer days from DORA start to 1st PO contact
Fewer days between PO to offender contacts
More days in treatment during DORA
Utilizing less intensive treatment (e.g., outpatient instead of IOP) [1]
[1]Significantly related to successful completion in 2011 multivariate analyses

An additional multivariate logistic regression model was conducted with the six (6) significant predictors of successful probation completion (as shown in Table 14) and AP&P Region added as an additional potential predictor. AP&P Region was added as a potential predictor of supervision success for those probationers who started and ended DORA in the same region (n = 623). After controlling for the six significant predictors in Table 14, there were no significant differences in successful probation completion rates across the six (6) AP&P Regions. This

indicates that any differences in DORA successful probation completion rates can be explained by the six individual offender factors, rather than regional differences.

Table 15 serves the same function as Table 14, except for examining factors related to successful *parole* completion. The 2011 model correctly predicted 83% of parole failures and 45% of successes. The three (3) factors that were significantly related to parole completion in the 2011 multivariate analysis were also statistically significant in the 2010 multivariate analysis and showed a similar relationship with exit status:

- Older age at intake continued to incrementally increase the likelihood of successful parole completion.
- More days in treatment during DORA continued to incrementally increase the likelihood of successful parole completion.
- Parolees who required more intensive treatment during DORA were about 60% less likely to complete parole.

A comparison of parolee successful supervision completion by AP&P Regions was not possible due to the small number of DORA parolees who were supervised outside of Regions 2 and 3.

Table 15 – Factors Significantly Related to Successful *Parole* Completion
Lower LSI Score at intake
Lower Companions Subtotal Risk Score on LSI
Not at risk on Frequently Unemployed item on LSI
Older age at DORA start[1]
Fewer days from DORA start to 1st PO contact
Fewer days between PO to Tx Provider contacts
More days in treatment during DORA[1]
Utilizing less intensive treatment (e.g., outpatient instead of IOP) [1]
[1]*Significantly related to successful completion in 2011 multivariate analyses*

Reductions in Criminal Behavior

The detection of criminal behavior has increased from the 2010 report findings for both the probationers and parolees (see Table 16). This is not surprising, as the increased follow-up time has allowed for increased opportunities for re-offense. Seventeen percent (17%) of probationers and parolees have experienced a new conviction from an arrest/offense that occurred during DORA supervision. Just over half of parolees have returned to prison (58%, with the majority returning for a technical violation (45%)), while 15% of probationers have returned to prison (again, the majority (11%) for a technical violation).

Table 16 – During Supervision Reductions in Criminal Behavior

	Probation			Parole		
	2009	2010	2011	2009	2010	2011
Noncompliance						
Percent with fugitive status(es)	11.2	15.2	16.6	15.7	20.1	21.4
Of those, average # of days out on fugitive status	82	127	163	42	43	45
Percent with at least one probation/parole restart	19.1	26.5	28.8	1.5	1.7	1.7
Of those, average # of days from DORA start to first restart	220	300	349	104	104	104
New Convictions						
Percent with new conviction(s)	8.9	14.3	17.0	7.6	15.2	17.2
Of those, average # of new convictions	1.5	1.7	1.7	1.5	1.7	1.7
Of those, average # of days from DORA start to first offense date	216	315	385	211	304	354
Of those, percent with new drug conviction(s)	36.1	37.6	36.7	41.9	37.1	37.1
Of those, percent with new person conviction(s)	6.0	8.3	11.4	16.1	8.1	7.1
Of those, percent with new property conviction(s)	33.7	39.1	40.5	35.5	50.0	47.1
Of those, maximum charge severity						
Percent Class B	3.6	2.3	2.3	0.0	0.0	0.0
Percent Class A	22.9	21.1	21.2	32.3	29.0	29.0
Percent 3rd Degree Felony	66.3	66.9	66.7	58.1	61.3	61.3
Percent 2nd Degree Felony	4.8	7.5	7.6	9.7	8.1	8.1
Percent 1st Degree Felony	2.4	2.3	2.3	0.0	1.6	1.6
New Prison Admissions						
Percent with new prison admission for violation	4.8	8.4	11.4	31.0	41.5	44.7
Of those, average # of days b/w probation/parole start and prison for violation	318	453	576	238	307	342
Percent with new prison admission – new charge	1.5	2.8	3.7	6.1	11.1	12.8
Of those, average # of days b/w probation/parole start and prison for a new charge	254	411	549	230	343	398
Percent with new prison admission – any reason	6.3	11.2	15.1	37.1	52.6	57.5
Of those, percent released onto parole	11.9	40.4	49.3	53.0	65.4	67.9

Considerably more DORA Statewide participants had exited supervision by the end of the 2011 study period (see Table 17). Because of this (and increased follow-up time for those who had exited at the previous reports), recidivism rates have increased for both probationers and parolees. The average follow-up period for exited participants is 552 days for probationers and 736 days for parolees. Just over one-quarter (27%) of probationers have been re-arrested since exiting supervision, while nearly half (45%) of parolees have. New conviction rates are considerably lower (9% probationers; 22% parolees). Due to small sample sizes, conviction rates by charge type were not reported in previous years. For the 2011 study period, both groups were most frequently convicted of drug and property offenses; however, a higher percent of probation

recidivists had drug convictions (60%, compared to 43% for parolees), and a slightly higher percent of parolee recidivists had property convictions (47%, compared to 40% for probationers).

Table 17 – Post Supervision Reductions in Criminal Behavior						
	Probation			Parole		
	2009	2010	2011	2009	2010	2011
Number who have exited	238	562	785	203	352	395
Percent exited probation/parole at study end	25.6	60.4	84.5	49.9	86.5	97.1
Average # of days since supervision end	159	328	552	223	429	736
Percent with new arrest(s)	8.5	18.7	27.1	10.8	27.6	45.3
Of those, average # of days to first arrest	93	221	319	193	306	424
Of those, average # of arrests	2.3	2.6	3.3	1.9	2.7	3.7
Of those, percent with drug arrests	45.0	38.5	44.5	31.8	39.2	45.3
Of those, percent with person arrests	15.0	13.5	18.0	13.6	14.4	16.8
Of those, percent with property arrests	45.0	44.2	46.4	27.3	48.5	51.4
Percent with new conviction(s)	1.7	6.2	9.2	3.9	11.9	21.8
Of those, percent with drug convictions	--	--	59.7	--	--	43.0
Of those, percent with person convictions	--	--	9.7	--	--	14.0
Of those, percent with property convictions	--	--	40.3	--	--	46.5
Of those, percent with DUI convictions	--	--	15.3	--	--	15.1
Percent with new prison commitment for new charge and/or subsequent violation	0.0	2.3	4.3	10.8	24.7	31.6
Percent with new probation for new charge	1.7	4.4	5.9	0.0	1.7	4.8

DORA Statewide vs. Historical Sample

A historical sample of offenders that would have qualified for DORA from Fiscal Years 2003-2007 was identified in the 2009 study. These offenders met the DORA criteria on LSI levels and prior offense histories, with exclusion of those with prior paroles or who were not U.S. citizens. The outcomes presented in Table 18 are for those following their first qualifying probation or parole during this time period. The historical sample included 9,471 probationers and 1,575 parolees. Everyone is the historical group had two (2) years post-start follow-up, and only 88% of historical probationers and 91% of historical parolees had all three (3) years follow-up. Three (3) year outcomes are only calculated for those who had the full follow-up period. The DORA outcomes in Table 18 have been updated through 6/30/2011. The entire DORA probationer and parolee samples had two (2) years follow-up, and only 73% of DORA probationers and 72% of DORA parolees had three (3) years follow-up. Three (3) year outcomes are only calculated for those who had the full follow-up period.

In general, DORA probationer prison admissions remain slightly lower than the historical sample, while DORA parolee prison admissions remain slightly higher than the historical sample. There does not appear to be much difference between the DORA and historical samples on new conviction rates at this time.

Table 18 – DORA vs. Historical Sample

	Probation		Parole	
	FY03-07	DORA	FY03-07	DORA
Percent with New <u>Prison Admissions</u> after Supervision Start				
Within 6 months	2.7	1.3	17.1	13.5
Within 1 year	7.7	5.0	32.3	34.4
Within 2 years	16.6	10.2	47.8	53.6
Within 3 years	22.7	16.4	55.3	59.7
Percent with New <u>Convictions</u> after Supervision Start				
Within 6 months	1.8	4.8	1.5	4.2
Within 1 year	7.6	8.9	10.2	12.0
Within 2 years	17.1	17.5	22.8	23.6
Within 3 years	24.0	23.1	31.4	34.9

Treatment Completers vs. Non-Completers

As previously noted, 66.1% of Statewide DORA probationers and 61.7% of parolees completed at least one treatment admission during DORA. To examine the impact of treatment completion on post-supervision start conviction rates, DORA probationers and parolees were split into two groups: those who had completed at least one treatment admission during DORA supervision (tx completers) and those who had not (non-completers). As shown in Table 19, probationers and parolees who completed treatment were significantly less likely to have a new conviction or prison admission after starting supervision. This trend continued to hold true three (3) years following supervision start. When visually comparing treatment completer prison admission and new conviction rates from Table 19 to historical rates from Table 18, it can be seen that DORA treatment completers have lower prison and conviction rates than their historical counterparts (treatment involvement and completion is not known for this historical group).

Table 19 – Treatment Completers vs. Non-Completers

	Probation		Parole	
	Non-Completers	Tx Completers	Non-Completers	Tx Completers
Percent with New <u>Prison Admissions</u> after Supervision Start				
Within 6 months[1,2]	3.8	0.0	30.3	3.2
Within 1 year[1,2]	12.8	1.0	65.2	15.2
Within 2 years[1,2]	21.7	4.4	83.9	34.4
Within 3 years[1,2]	26.9	10.5	90.7	38.3
Percent with New <u>Convictions</u> after Supervision Start				
Within 6 months[1,2]	8.9	2.6	9.0	1.2
Within 1 year[1,2]	15.3	5.6	20.0	6.8
Within 2 years[1,2]	25.9	13.3	38.1	14.4
Within 3 years[1,2]	33.5	17.3	53.4	22.3

Table 19 – Treatment Completers vs. Non-Completers

	Probation		Parole	
	Non-Completers	Tx Completers	Non-Completers	Tx Completers
Post-Supervision Exit				
Percent with new arrest[1, 2]	31.7	24.9	58.3	37.2
Percent with new d*rug* arrest[1]	15.4	10.3	25.2	17.8
Percent with new conviction[1, 2]	7.9	2.7	19.9	5.0
Percent with new prison admission[1, 2]	9.4	1.8	57.6	15.7

[1]Significant difference between Probation Non-Completers and Tx Completers
[2]Significant difference between Parole Non-Completers and Tx Completers

Treatment completers, both probationers and parolees, also had better *post*-supervision criminal justice outcomes in comparison to non-completers (last section of Table 19). These differences were statistically significant on all measures of recidivism, except drug arrests for parolees. The average follow-up time from DORA supervision exit was 552 days for probationer and 736 days for parolees.

An interesting thing to note is that 90% of parolees who did not complete treatment went to prison when they exited DORA. The 57.6% that is shown in Table 19 is for those who had a new prison admission following that (i.e., not the event that ended DORA, but a subsequent return to prison). The average time in prison for the 90% of parolee non-completers that exited DORA directly into prison was over six (6) months (192 days) and the average follow-up time from their subsequent parole to the end of this reporting period (6/30/2011) was 778 days.

Predictors of Time to Recidivism

Survival analyses were conducted to examine time to recidivism (defined as a new conviction during or post-DORA) for probationers and parolees and factors that were related to quicker time to re-offense. Time to recidivism was defined as days from DORA program start date to the first arrest or offense date that was associated with a subsequent conviction. As of July 1, 2011, 22.7% of probationers had a new conviction, while 35.9% of parolees did. A Kaplan-Meier survival analysis demonstrated that time to recidivism was significantly sooner for parolees (1,117 days on average) than probationers (1,195 days on average). As shown in Figure 1, the recidivism rate at approximately 200 days from DORA program start is approximately equal for probationers and parolees; however, after that point, parolees begin to recidivate at a much quicker pace.

Figure 1 Estimated Time to Recidivism
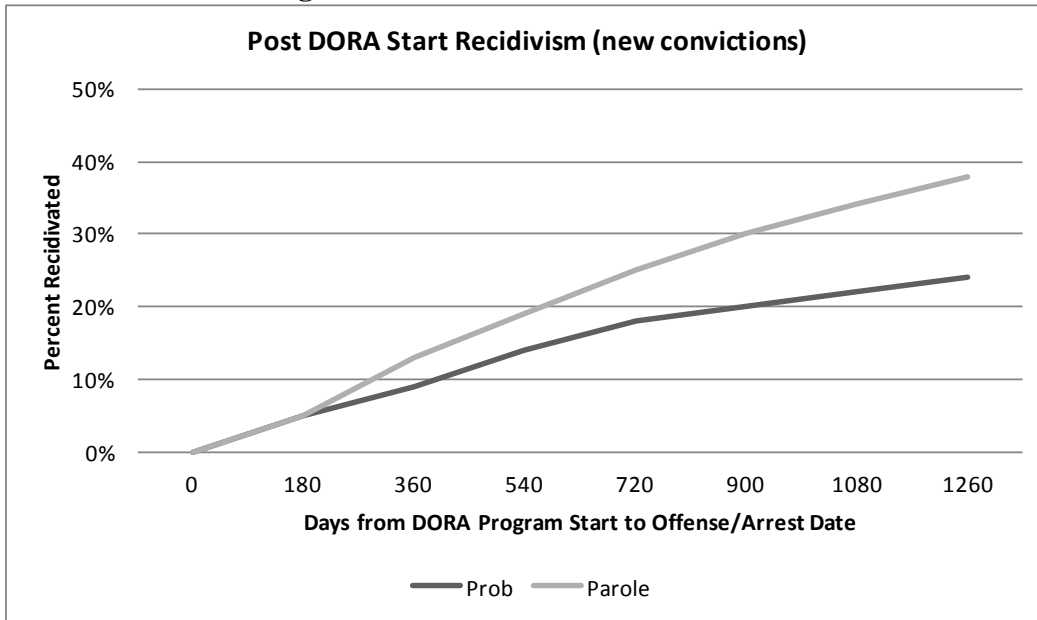
Nine (9) of the 11 factors that were significantly related to supervision completion for probationers in bivariate analyses were examined in relation to time to recidivism for probationers (individual LSI items were excluded due to small sample size). An additional factor, whether any treatment admissions during DORA were completed, was also added. Of those 10 factors, six (6) were statistically significantly related to estimated time to recidivism in a Cox regression survival analysis. As shown in Table 20, having a drug offense at the DORA qualifying conviction and having more frequent supervision (PO to offender contacts) reduced the likelihood of early recidivism. It has been noted in previous DORA Statewide reports that focusing on probationers who have a drug offense and maintaining intensive supervision can lead to better probation completion rates. This analysis suggests that these two factors can also lead to lower recidivism rates, by increasing time to first offense. Completing treatment during DORA was the strongest factor related to longer time to recidivism. The lower recidivism rates for treatment completers (vs. non-completers) are explored further in Table 19 on page 19.

Table 20 – Factors Significantly Related to Longer Time to Recidivism for *Probationers*

Fewer convictions prior to DORA qualifying conviction
Having a drug conviction at the DORA qualifying conviction
Older age at DORA start
Fewer days between PO to offender contacts
Utilizing less intensive treatment (e.g., outpatient instead of IOP)
Completing any Tx admission during DORA

Five (5) of the eight (8) factors that were significantly related to supervision completion for parolees in bivariate analyses were examined in relation to time to recidivism for parolees. The two individual LSI items and one supervision item were not included due to small sample size. An additional factor, whether any treatment admissions during DORA were completed, was also added. Of those six (6) potential predictors of time to recidivism, only two factors were statistically significantly related to time to recidivism for parolees. As shown in Table 21, spending more days in treatment during DORA and completing any treatment admission during DORA were the only factors that significantly reduced the likelihood of early recidivism for parolees. Both of these factors had an independent effect on time to recidivism, meaning that both provided a unique contribution in reducing likelihood of early recidivism. This suggests, again, that the foundations of DORA – increasing access to treatment and supporting offenders to increase time in treatment and likelihood of completion – continue to be tied to positive criminal justice outcomes.

Table 21 – Factors Significantly Related to
Longer Time to Recidivism for *Parolees*

More days in treatment during DORA
Completing any Tx admission during DORA

Discussion and Conclusion

Compared to the 2010 Statewide DORA findings, this report showed relatively flat successful supervision and treatment completion, but increased post supervision recidivism. This is not surprising, as the majority of DORA participants had exited (or were nearing supervision completion) at the 2010 report, while all exited participants have increased their post-DORA follow-up period by a year; therefore, increasing their opportunity for re-offense. Table 22 summarizes the DORA supervision and treatment outcomes, as well as some post-exit outcomes, through June 30, 2011.

Table 22 – Summary of 2011 DORA Supervision, Treatment, and Post-Exit Outcomes

	Probation (n = 929)	Parole (n = 407)
# of Days since DORA start (Mn)	1121	1149
Completed Any Tx Admit During DORA (%)	66.1	61.7
New prison admission as DORA ending event – any reason (%)	15.1	57.5
Exited Supervision (n (%))	785 (85)	395 (97)
Of those who exited supervision,		
Successfully completed supervision (%)	45.4	34.4
Successfully completed supervision and Tx (%)	39.0	31.1
# of Days since supervision end (Mn)	552	736
New arrest(s) post-supervision (%)	27.1	45.3
New conviction(s) post-supervision (%)	9.2	21.8
New prison admit(s) post-supervision (%)	4.3	31.6

New to this 2011 DORA Statewide updated report were analyses of factors that were related to successful treatment completion during DORA and longer time to post-start recidivism. Factors related to supervision completion were also examined in this report (replicated from 2009 and 2010 analyses). It is important to note that when individual factors that were significantly related to either treatment completion or supervision completion were controlled for, regional differences in treatment completion rates (by Local Substance Abuse Authorities (LSAA's)) and supervision completion rates (by AP&P Regions) were *not* statistically significant. This indicates that any differences in DORA successes can be explained by individual offender factors, rather than regional differences.

As shown in Table 23, there were a few key factors that were consistently related to successful DORA outcomes. These factors primarily fall into two main groups, (1) offender risk/needs and (2) foundations of DORA, which can be used to provide some recommendations.

The following offender risk/needs consistently reduced the likelihood of positive DORA outcomes: higher LSI risk scores at intake, younger age at DORA start, and requiring more intensive treatment (e.g., intensive outpatient (IOP) instead of outpatient) during DORA. This may suggest that those individuals do not receive the support they need in the current DORA model to achieve similar rates of success as offenders who have lower risk on these items. It is recommended that DORA supervision and treatment be examined and modified to better serve these higher risk offenders. As previously noted in the 2009 and 2010 reports, we would caution that although higher risk offenders do not have as positive of outcomes, intensive programs

should be targeted toward higher risk individuals, even if they have less success than their low risk counterparts, as their decrease in recidivism due to programming is greater (Andrews & Dowden, 2006; Bonta, Wallace-Capretta, & Rooney, 2000). An example of this can be seen in Table 19, where the difference in recidivism between parolee treatment completers and non-completers is greater than the difference between probationer completers and non-completers. These data suggest that although, in general, parolees do worse than probationers on DORA outcomes (due, in part, to their higher risk), when they are able to succeed (e.g., complete treatment), the reduction in future offending is much greater.

Table 23 – Key Factors Significantly Related to DORA Success

	Tx Completion		Supervision Completion		Longer time to Recidivism[1]	
	Prob	Parole	Prob	Parole	Prob	Parole
Criminal History and Risk						
Fewer convictions prior to DORA qualifying conviction		*	*		**	
Lower LSI Score at intake	**	**	**	*		
Not at risk on Peer Interactions item in Education/Employment Subsection of LSI	*		*			
Not at risk on Authority Interactions item in Education/Employment Subsection of LSI	**		**			
Not at risk on Frequently Unemployed item on LSI		*		*		
Lower Companions Subtotal Risk Score on LSI				*		
Having a drug conviction at the DORA qualifying conviction			**		**	
Demographics						
Older age at DORA start	*	*	**	**	**	
Not a racial/ethnic minority			**			
During DORA Supervision and Treatment						
Fewer days from DORA start to 1st PO contact			*	*		
Fewer days between PO to offender contacts	**		*		**	
Fewer days between PO to Tx Provider contacts				*		
More days in treatment during DORA	*	**	*	**		**
More treatment admissions during DORA	**	**				
Utilizing less intensive treatment (e.g., outpatient instead of IOP)	**		**	**	**	
Completing any Tx admission during DORA[2]					**	**

* Statistically significant in bivariate analyses only
** Statistically significant in multivariate *and* bivariate analyses
[1]Only multivariate analyses were conducted to explore time to recidivism
[2]Only examined in relation to longer time to recidivism, since treatment completion is the outcome variable in the first set of analyses and a requirement of successful supervision completion

The following factors, which are related to the foundations of the DORA model, were consistently related to positive DORA outcomes: more intensive supervision (PO to offender contacts), more days in treatment, and treatment completion. The purpose of DORA was to increase intensity of community supervision and increase access to, and subsequently completion of, treatment. These goals were undertaken to ultimately reduce criminal justice system involvement. Results from the DORA Pilot study indicate that the model does increase access to treatment (compared to similar offenders who were not in the pilot), and, furthermore, of those who start treatment, increases likelihood of completion (see DORA Pilot reports at http://ucjc.law.utah.edu/). As shown in Table 23, when these goals were met, positive outcomes

were achieved. It is recommended that the DORA Oversight Committee continue to monitor compliance with these goals and continue to work to intensively supervise offenders and assist them in remaining in and completing substance abuse treatment.

A final recommendation for DORA program refinement is to focus on serving probationers who have a drug offense at their DORA qualifying conviction. As shown in Table 23, probationers who had a drug conviction at their DORA-qualifying event were more likely to successfully exit probation and have a longer time to recidivism. Screening criteria could identify those offenders for DORA, rather than a general criminal offender who may have substance abuse issues in addition to overall criminality.

Suggestions and Next Steps

Similar to the 2010 report, we recommend that Statewide DORA funding continue for those who remain in supervision and treatment to allow active DORA participants to continue and finish the program under similar conditions as those who have already exited. This consistency in implementation is necessary to evaluate the statewide model's effectiveness. We also recommend, based on the outcomes presented in Table 23, that the program:
- Examine ways to improve outcomes for high risk offenders (higher LSI, younger age, requiring higher treatment intensity)
- Begin serving a parolee population again if funding becomes available ("bang for buck" is greatest with higher risk offenders, and parolees are the highest risk group)
- Maintain the high quality of supervision intensity and access to treatment
- Continue to implement strategies to increase time in treatment and likelihood of completion
- Select probationers who have a drug conviction at their DORA-qualifying event if funding and slots are limited (Those probationers will have better success rates; however, if slots are available for both, general offenders (who also have an assessed need for substance abuse treatment) may have a worse success rate than drug offenders, but still demonstrate significant pre/post changes in criminal justice involvement)

Lastly, additional follow-up time is also required to examine the full impact of Statewide DORA on post supervision recidivism outcomes. With approximately 1.5 years follow-up post supervision exit in this report for probationers and two years for parolees, 27% of probationers and 45% of parolees have been re-arrested, up from 19% and 28%, respectively, in the previous report. Additional follow-up time is required to capture the majority of recidivism events that are likely to occur. The DORA Pilot study has been updated through November 2010 (see update report at http://ucjc.law.utah.edu/) and after three years follow-up the post supervision recidivism rate has finally appeared to level off.

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Appendix A LSI Item and Subtotal Score Selection Criteria

Individual Level of Service Inventory (LSI) items and subtotal scores were examined for the first time in relation to DORA Statewide outcomes (treatment and supervision completion) in this report. To identify which of the 54 items and 10 subtotal scores would be included as potential predictors of treatment completion, supervision completion, and recidivism, the following steps were taken.

First, only dynamic items and subtotal scores were selected. As shown in the following table, these are items that describe recent or current risk and protection and, therefore, are areas that supervision and treatment may address.

Next, risk levels on these items were examined for probationers and parolees separately. If an item had sufficient variance for each group (see 1 and 2 footnotes in table below), it was selected for possible inclusion as a predictor variable in bivariate analyses. Sufficient variance was defined as between one-third and two-thirds of the sample being at risk on an item (i.e., not all people either having or not having risk on that item).

Lastly, those remaining items were examined for their relationship to treatment completion (see footnotes 3 and 4 in table below) or supervision completion (see footnotes 5 and 6 in table below) after controlling for total LSI risk score. This allowed us to identify individual LSI items and subtotal scores that provided a unique contribution to explain outcomes of interest after controlling for overall risk level. The items that met these criteria were the ones selected for inclusion in the multivariate analyses reported in this study.

Dynamic Items and Subtotal Scores from LSI
Frequently Unemployed [1, 2, 4, 6]
Less than 10th grade completed
Less than 12th grade completed [1, 2]
Peer interactions in Education/Employment Subsection [1, 2, 3, 5]
Authority interactions in Education/Employment Subsection [1, 2, 3, 5]
Financial problems in last year [1]
Dissatisfaction with marital or equivalent relationship
Non-rewarding parental relationship
Non-rewarding other relatives relationship(s)
Criminal family or spouse [1, 2]
Unsatisfactory housing situation [1]
Three (3) or more address changes in last year
High crime neighborhood
Social isolate
Few anti-criminal acquaintances (last year in community) [1, 2]
Few anti-criminal friends (last year in community) [1, 2]
Moderate mental health interference [1, 2]

| Dynamic Items and Subtotal Scores from LSI |
| --- |
| Severe mental health interference |
| Unfavorable attitude toward convention |
| Poor attitude toward sentence/conviction |
| Poor attitude toward supervision |
| Companions Subtotal [1,2,6] |
| Alcohol/Drug Problems Subtotal [1,2] |
| Attitude/Orientation Subtotal[1] |
| [1]Sufficient variance in probationer sample
[2]Sufficient variance in parolee sample
[3]Significantly related to treatment completion for probationer sample, after controlling for total LSI score
[4]Significantly related to treatment completion for parolee sample, after controlling for total LSI score
[5]Significantly related to supervision completion for probationer sample, after controlling for total LSI score
[6]Significantly related to supervision completion for parolee sample, after controlling for total LSI score |

DORA Implementation: Maps Showing Local Substance Abuse Authority (LSAA) Areas, Judicial Districts, and Adult Probation and Parole (AP&P) Regions
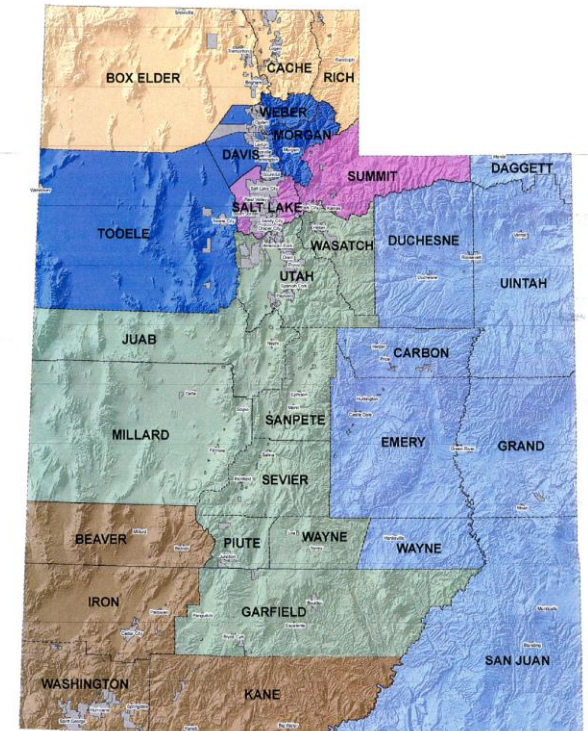
Local Substance Abuse Authority Areas
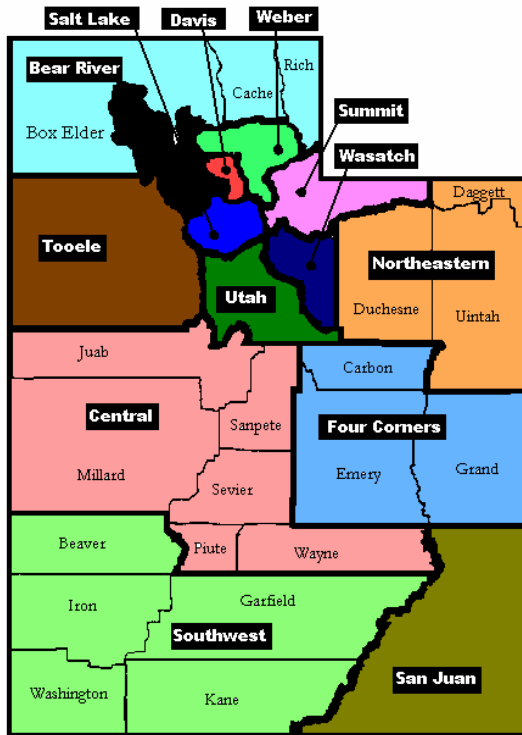
Judicial Districts
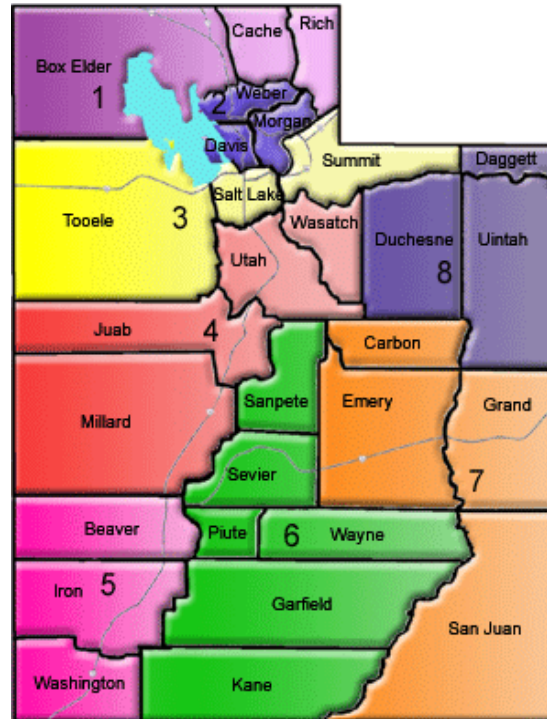
Corrections AP&P Regions

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Local Substance Abuse Authority Areas	Judicial Districts		Corrections AP&P Regions	
Bear River (Box Elder, Cache, Rich)	**First** (Box Elder, Cache, Rich)		**Region 1** (Box Elder, Cache, Rich)	
Weber/Morgan Counties	**Second** (Davis, Morgan, Weber)		**Region 2** (Davis, Morgan, Weber)	
Davis County				
Salt Lake County	**Third** (Salt Lake, Summit, Tooele)		**Region 3** (Salt Lake, Summit, Tooele)	
Tooele County				
Summit County				
Wasatch County	**Fourth** (Juab, Millard, Utah, Wasatch)		**Region 4** (Juab, Millard, Utah, Wasatch)	
Utah County				
Central Utah (Juab, Millard, Piute, Sanpete, Sevier, Wayne)		**Sixth** (Garfield, Kane, Piute, Sanpete, Sevier, Wayne)		**Region 6** (Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Kane, Piute, San Juan, Sanpete, Sevier, Uintah, Wayne)
Southwest Utah (Beaver, Garfield, Iron, Kane, Washington)	**Fifth** (Beaver, Iron, Washington)		**Region 5** (Beaver, Iron, Washington)	
Four Corners (Carbon, Emery, Grand)	**Seventh** (Carbon, Emery, Grand, San Juan)			
San Juan County				
Northeastern Utah (Daggett, Duchesne, Uintah)	**Eighth** (Daggett, Duchesne, Uintah)			