Evaluation of the Drug Offender Reform Act: DORA Pilot

Final Report
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THE UNIVERSITY OF UTAH

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DORA Pilot Evaluation
Executive Summary
Utah Criminal Justice Center, University of Utah
November 1, 2008

Background and Study Sample

The DORA Pilot program began with the passage of Senate Bill 1004 during the 2005 First Special Legislative Session. Starting July 1, 2005 all felony drug offenders in Salt Lake County (Department of Corrections (UDC) Region 3 (R3)) were screened and assessed for DORA and sentenced to DORA if they met the legal and substance abuse criteria (Time 1: T1).

With the passage of Senate Bill 185 during the 2006 General Legislative Session, the DORA Pilot program criteria were opened to accept all felony offenders in R3 who had an assessed drug problem. Starting in late March 2006, UDC staff began screening all felony offenders (Time 2: T2).

The comparison groups for this study are comprised of generally similar felony offenders on probation in Davis County (UDC Region 2D (R2D)) and Salt Lake County (R3) during the same time periods.

Time 1 Results

- DORA, R3, and R2D were roughly equivalent at intake into probation
- DORA received significantly more treatment during supervision as well as more intensive supervision
- DORA was ordered to significantly fewer jail days at sentencing and served significantly fewer days than R3
- There were few group differences on substance use during supervision
- DORA and R2D had significantly higher rates of successful completion than R3
- Factors that predicted successful completion were: lower LSI scores at intake and completing a treatment (Tx) admission during supervision
- There were no group differences on new arrest, conviction, probation sentence, or prison commitment for a new charge after exit from probation
- About one-fourth of all three groups were active on probation at the end of the study. Follow-up periods for those who left were approximately 16 months.

Time 2 Results

- DORA and R3 were roughly equivalent at intake into probation, with R2D having a slightly less severe criminal history
- DORA received significantly more treatment during supervision as well as more intensive supervision
- DORA was ordered to significantly fewer jail days at sentencing and served fewer days on average, but this did not reach statistical significance
- There were few group differences on substance use during supervision
- Group differences on the successful completion rate were not significant

- Factors that predicted successful completion were: lower LSI scores at intake, fewer days from conviction to probation start, having probation officer (PO) contacts in the community, and completing a Tx admission during supervision
- There were no group differences on new arrest, conviction, probation sentence, or prison commitment for a new charge after exit from probation
- Over one-third of all three groups were active on probation at the end of the study. Follow-up periods for those who left were less than one year.

Discussion and Implications for the Future

PROCESS: DORA was successful in creating the proposed systemic changes:

- DORA received significantly more assessments and treatments
- DORA was significantly more likely to complete treatment
- DORA received more intensive supervision than the comparisons

In addition, the primary innovation mentioned by professionals working on the DORA Pilot was the **implementation of regular collaboration between Corrections and Treatment personnel**. Many felt it was the most important change in the way offenders are managed.

OUTCOMES: Although the DORA groups are not consistently more likely than the comparison groups to have successful outcomes at this time (successful completion of probation, no new recidivism, etc.), **the foundations of DORA are sound**:

- Having fewer days from conviction to probation start was associated with a greater likelihood of successful completion of probation
- Completing a Tx admission during supervision was associated with a 7-11 times greater likelihood of successful completion of probation
- Having PO contacts in the community was associated with over 3 times greater likelihood of successful completion of probation

The finding that completing treatment leads to better criminal justice outcomes is also consistently supported in the literature (e.g., Lattimore, et al., 2005; Longshore et al., 2005).

Encouragingly, DORA is not more likely than standard probationers to recidivate. Several studies have found that offenders under intensive supervision are more likely to have recidivism detected (e.g., Anglin et al., 1999; Rhodes & Gross, 1997; Turner, et al. 1992).

Lastly, **it is too soon to tell the ultimate impact of DORA** – on the participants and the criminal justice and substance abuse treatment systems. The lack of significant findings on the outcome measures is likely due to the small number who have exited probation and accrued a reasonable follow-up period. It is suggested that exit status and post-probation recidivism again be examined again when all study participants have accrued at least two years of post-probation follow-up period.

Recommendations for the program are to continue to focus their efforts on the aspects of DORA that are related to successful completion: to **get offenders into treatment and under supervision quickly** after sentencing, to **create a collaborative relationship between supervising agents and treatment providers,** and to continue to support the **completion of treatment**.

Introduction and Background

History

During the 2005 Utah General Legislative Session, a failed attempt was made to pass Senate Bill 22, which would provide over six million dollars in funding for the Drug Offender Reform Act (DORA) project. However, later that same year, during the 2005 First Special Legislative Session, the DORA Pilot program (Senate Bill 1004) was passed, appropriating $1.4 million for a three year pilot program in the Third Judicial District, located in Salt Lake County. Funding for the DORA Pilot was divided among the Department of Human Services (DHS), Utah Department of Corrections (UDC), Commission on Criminal and Juvenile Justice (CCJJ), and the Judicial Council and State Court Administrator; however, a majority of funds went to DHS for treatment and assessment services. During the 2006 General Legislative Session, an amendment to the original DORA Pilot program (Senate Bill 185) was passed, requiring that all felony offenders in Salt Lake County be screened for possible substance abuse issues. This was a shift from the original bill (Senate Bill 1004) that only required felony drug offenders to be screened for substance abuse or dependence.

The Pilot

DORA was developed on the following premise:

Smarter Sentencing + Smarter Treatment = Better Outcomes and Safer Neighborhoods

The objectives of the DORA Pilot program are to (1) screen and assess felony offenders prior to sentencing, (2) get offenders into treatment and under supervision quickly after sentencing, and (3) create a collaborative relationship between supervising agents and treatment provider(s) to ensure comprehensive service delivery and compliance with requirements.

In order to be eligible for the DORA Pilot program, offenders must meet the following criteria:

- have a current felony conviction,
- be assessed to need substance abuse treatment,
- be a resident of Salt Lake County,
- have a total Level of Services Inventory (LSI) score of 39 or less,
- not already on felony probation or parole,
- not facing a deportable offense,
- not sentenced to more than 90 days of jail on the presenting offense,
- not ordered to felony drug court,
- no current or past sex offense (that requires registration),
- no felony DUI convictions,
- no current immigration or U.S. Marshall's hold, and
- no commitment to prison.

The DORA Pilot process begins when an offender is arrested for a qualifying felony offense and continues through the steps listed below. The final step is completion of the probation period. Offenders who are successfully discharged from probation remain in the community with no further supervision by UDC. Offenders who are unsuccessful are discharged from probation and can be sentenced to prison or jail.

1. Offender is arrested for a felony offense.
2. Offender is pre-screened to eliminate ineligible candidates.
3. Offender is convicted of felony offense.
4. Offender is screened with Level of Service Inventory Revised (LSI-R)
5. If offender meets DORA eligibility criteria, are assessed with the Addiction Severity Index (ASI) to determine appropriate level of treatment needed.
6. Pre-sentence investigation report identifies offender as eligible for DORA and recommends a treatment level and program, based on American Society of Addiction Medicine (ASAM) criteria and a level of supervision, based on the LSI-R.
7. Judge orders the offender into the DORA Pilot program.
8. Case management is provided by an AP&P DORA agent, who consults with the offender's treatment provider(s).
9. Offender completes probation successfully, remaining in the community with no further supervision by UDC, or unsuccessfully, usually resulting in a commitment to jail or prison.

The ultimate goal of the DORA Pilot is to reduce the impact – and related costs – of substance abusing offenders on the criminal justice and treatment systems through decreasing the (1) substance abuse/use and (2) criminal activity of offenders served in the program.

Methods

Research Design and Comparison Group Selection

The research design was quasi-experimental. The intervention group (DORA) was compared to similar offenders from Davis County (Utah Department of Corrections (UDC) Region 2D, hereafter R2D) and Salt Lake County (UDC Region 3, hereafter R3). Furthermore, because of the change in DORA legislation with the implementation of Senate Bill (S.B.) 185, all three groups were split into Time 1 (hereafter, T1) and Time 2 (hereafter, T2). T1 offenders were required to have a drug charge as part of their qualifying conviction that resulted in their DORA/probation placement, while T2 had no such requirement.

Selection of the comparison group began with all referrals to R2D and R3 between July 1, 2005 and November 20, 2006 (the date the last DORA pilot offender was referred) that

resulted in probation placement. The beginning sample was selected down to the final comparison groups through the following steps:

1. The DORA participants, identified by DORA Pilot implementation team records, were removed from the full sample of referrals.
2. Possible comparison group offenders were divided into T1 and T2 based on referral date of March 26, 2006, which was when the DORA Pilot implementation team began new screening criteria of all felony offenders.
3. Offenders who did not meet the DORA criteria (i.e., LSI greater than 40, no drug charge in T1) or changed regions were removed from the sample
4. The resulting group of comparison offenders was compared to DORA on charge types and severity at referral, Bureau of Criminal Identification (BCI) criminal history (lifetime and 18-month prior arrests), and demographics. The groups were roughly equivalent on most measures at intake, resulting in the final study sample.

Table 1 DORA Pilot Study Sample Size

	DORA	R3	R2D
Time 1 (T1)	85	103	134
Time 2 (T2)	134	108	155

Data Sources and Measurement

Data for the DORA Pilot Evaluation came from six agencies. The following table lists the types of data received from each of the six agencies. All of the data were cleaned, aggregated, and analyzed by researchers at the Utah Criminal Justice Center (UCJC). All measures were operationalized by UCJC researchers using the data elements that were available from these six sources. The Glossary of Data Definitions in Appendix C describes how specific measures (e.g., Days to first probation officer contact) were operationalized.

Table 2 DORA Pilot Study - Data Sources and Description

Data Table	Brief Description
Utah Department of Corrections (UDC)	
Referred Offense	History of convictions referred to UDC by charge type, severity, and conviction date
Legal Status	History of legal status changes while under UDC jurisdiction (e.g., unsentenced, felony probation, inmate, parole, discharged) by start and end dates and reason
Body Location	History of body location while under UDC jurisdiction (e.g., Salt Lake AP&P, Orange Street CCC, Davis County Jail, Fugitive) by start and end dates and reason
Urinalysis Results	Drug testing history by dates, substances tested for, and substances found

Table 2 DORA Pilot Study - Data Sources and Description	
Data Table	**Brief Description**
Probation/Parole Officer and Program Contacts	Date, types, and location of contacts between offenders and probation/parole officers or UDC programs (e.g., Day Reporting Center (DRC))
Programming	History of programming (substance abuse treatment, anger management, etc.) while under UDC jurisdiction by start and end dates
Demographics	Gender, race, ethnicity, and date of birth
Level of Service Inventory (LSI)	Total score and item responses on LSI by date
Jail Days Ordered	Jail days ordered by sentence date
Recommended Sentencing Guideline	Criminal History category (Category I thru V) and PSI Recommendation (e.g., jail only, probation, prison) by date
Employment	Employment while under UDC jurisdiction by start and end dates and type
Alternative Events	Noncompliance events while under UDC jurisdiction by date, type, and result (alternative event vs. revocation)
Bureau of Criminal Identification (BCI)	
Statewide Criminal History Record	History of arrest dates by charge types and degree
Salt Lake County Adult Detention Center and Davis County Jail	
Jail Bookings	History of booking and release dates by type (e.g., new charge, warrant, commitment) and charge types and degree
Salt Lake County Substance Abuse Services (SAS) and Davis Behavioral Health (DBH)	
Treatment (Tx) Episodes – Admits/Discharge	Tx Episodes by start, last contact, and discharge dates. Includes ASAM level of service (e.g., outpatient, residential), discharge reason, and National Outcome Measures (NOMs, items on substance use and life stability) at intake/exit. DBH data was only provided for the during supervision period of July 2005 to October 2006
Salt Lake County Substance Abuse Services (SAS)	
Addiction Severity Index (ASI) Results	Composite score and item responses on ASI by date

Analyses

T1 and T2 groups were analyzed separately throughout the report, as they represent two distinct groups of offenders and experiences on supervision. Within time periods, DORA was compared to the two comparison groups simultaneously using between-subjects Analysis of Variance (ANOVA) for interval and ratio measures (e.g., age at referral) and Pearson Chi-Square for categorical variables (e.g., gender). Statistical significance was set at $\acute{\alpha} < .05$, which is standard in the social sciences. This means that the likelihood that the observed difference between groups is due to chance is less than five in 100. When significant group differences were found, the appropriate follow-up test was conducted to

identify the source of the group differences. Lastly, logistic regression analyses were conducted to identify the best predictors of successful completion of probation. Unless otherwise noted, an asterisk (*) in the tables indicates statistical significance on group differences.

Results

Intake and Demographics

Time 1. **Groups did not differ significantly on age, minority status, or gender.**

Table 3 Time 1 - Demographics

	DORA	R3	R2D
Average age at referral	32.9	34.8	34.0
Percent Minority	36.4	24.5	22.6
Percent Female	29.4	35.0	26.1

Time 2. **Groups did not differ significantly on age, minority status, or gender.**

Table 4 Time 2 - Demographics

	DORA	R3	R2D
Average age at referral	29.3	32.9	30.8
Percent Minority	21.7	28.3	26.5
Percent Female	26.1	23.1	29.7

Criminal History

Time 1. **In general DORA criminal history was more severe than R2D, but same as or less severe than R3. The three groups were similar on several criminal history measures, including percent with prior convictions and prior probation placements.**

Prior Arrests. DORA did not differ significantly from R3 on lifetime prior arrests or prior arrests in the two years before probation start (total arrests, felonies, misdemeanors, drug, person, or property charges). DORA had significantly more prior lifetime drug, misdemeanor, and felony arrests than R2D. DORA had significantly more arrests in the two years prior to probation start than R2D on all measures.

Prior Convictions and Probation/Prison. There were no significant differences between the three groups in the percent of offenders with prior convictions (in addition to the conviction that led to DORA or probation placement for the comparison groups, hereafter referred to as the "qualifying conviction"). Of those with at least one prior

conviction, R3 offenders had significantly more prior convictions than R2D; however, the differences between DORA and the other two groups were not significant. Additionally, R3 offenders with at least one prior conviction had significantly more priors for property offenses than those in DORA or R2D. There were no differences between the groups in maximum offense severity for prior convictions, and most convictions were for class 'A' misdemeanors (MA) or third degree felonies (F3). A significantly higher percent of R3 offenders had also served prison time prior to their qualifying conviction.

Prior Jail Bookings. A significantly higher percent of DORA offenders had at least one jail booking (either in the Salt Lake Adult Detention Center or Davis County Jail) during the two years prior to probation start. Of those with jail bookings, R2D offenders spent significantly fewer days in jail than DORA or R3; however, the difference between DORA and R3 was not significant. Of those with at least one prior booking for a new charge, maximum charge severity was significantly higher among DORA and R3 offenders than R2D offenders.

Table 5 Time 1 – Criminal History

	DORA	R3	R2D
Prior Arrests			
Average # of lifetime arrests	8.0	9.8	6.3
Average # of lifetime drug arrests*	3.7	4.5	2.5
Average # of arrests in 2 years *prior* to probation*	3.4	3.5	2.3
Average # of drug arrests in 2 years *prior* to probation*	2.2	2.5	1.3
Prior Convictions (Lifetime)			
Percent with conviction(s) for any offense type(s)	43.5	56.3	50.7
Of those, average # for any offense type(s)*	2.5	3.6	2.2
Of those, average # for drug offense(s)	1.2	1.1	0.9
Of those, average # for person offense(s)	0.4	0.3	0.1
Of those, average # for property offense(s)*	0.5	1.6	0.7
Of those, average max charge severity (1=MC, 6=F1)	3.8	3.9	3.9
Prior Probation/Prison Commitments (Lifetime)			
Percent with Probation (MB or MC)	3.5	6.8	6.0
Percent with Probation (MA)	12.9	15.5	9.0
Percent with Probation (Felony)	12.9	25.2	21.6
Percent with Prison commitment(s)*	7.1	17.5	8.2
Percent with Parole	7.1	16.5	8.2
Prior Jail Bookings (2 years prior)			
Percent with jail booking(s)*	91.8	76.7	66.4
Of those, average # of days in jail *	55.0	61.2	32.4
Of those, average max charge severity (1=MC, 6=F1)*	4.9	4.7	3.7

Time 2. **In general DORA criminal history was less severe than R3 and similar to, or slightly more severe, than R2D. The three groups did not differ on several criminal**

history measures, including past felony probations or number of prior convictions (for those that had any).

Prior Arrests. DORA had significantly fewer lifetime prior arrests than R3 on all measures, except total drug and felony arrests where the two groups were the same. DORA had significantly more lifetime prior arrests than R2D on all measures, except person arrests, where they were the same. Again, in the two years prior to probation, DORA had significantly more arrests than R2D on all measures, except person offenses. In the two years prior to probation there were no differences in arrests between DORA and R3.

Prior Convictions and Probation/Prison. The R3 comparison group had significantly more offenders with prior convictions for any type of offense (excluding their qualifying conviction) than the DORA and R2D groups. However, there were no group differences in the average number of prior convictions for those offenders with at least one prior conviction, nor were there group differences in the severity of offenses (most F3), or offense type (e.g., person, property, drug). Prior to their qualifying conviction, significantly more R3 offenders had been on probation for class 'A' misdemeanors (MA), in prison, or on parole than DORA or R2D offenders.

Prior Jail Bookings. Significantly more DORA offenders had jail bookings during the two years prior to probation than the comparison groups. Of those with jail bookings prior to starting probation, DORA and R3 offenders spent significantly more days in jail and committed more severe offenses than R2D offenders.

Table 6 Time 2 – Criminal History

	DORA	R3	R2D
Prior Arrests			
Average # of lifetime arrests*	6.4	8.8	4.9
Average # of lifetime drug arrests*	2.7	3.0	1.5
Average # of arrests in 2 years *prior* to probation*	3.3	3.4	2.1
Average # of drug arrests in 2 years *prior* to probation*	1.7	1.5	0.9
Prior Convictions			
Percent with conviction(s) for any offense type(s)*	38.8	63.9	38.7
Of those, average # for any offense type(s)	2.3	2.8	3.1
Of those, average # for drug offense(s)	0.8	0.7	0.7
Of those, average # for person offense(s)	0.1	0.2	0.4
Of those, average # for property offense(s)*	1.1	1.4	1.4
Of those, average max charge severity (1=MC, 6=F1)	3.8	3.8	3.8
Prior Probation/Prison Commitments			
Percent with Probation (MB or MC)	1.5	4.6	2.6
Percent with Probation (MA)*	6.7	18.5	8.4
Percent with Probation (Felony)	14.9	24.1	17.4
Percent with Prison commitment(s)*	3.7	12.0	5.8
Percent with Parole*	3.7	12.0	6.5

Table 6 Time 2 – Criminal History			
	DORA	R3	R2D
Prior Jail Bookings (2 years prior)			
Percent with jail booking(s) *	92.5	78.7	53.5
Of those, average # of days in jail *	50.8	52.1	25.1
Of those, average max charge severity (1=MC, 6=F1)*	4.8	4.4	3.6

Qualifying Conviction and Offender Severity

Time 1. **DORA was similar to the comparison groups on LSI score at intake, criminal history category rating, and maximum charge severity of qualifying offenses.**

Qualifying Conviction. The number of days between the qualifying conviction and referral into probation did not significantly differ between the three groups. There were no significant differences between DORA and either comparison group on the number of days between referral and probation start or from conviction to probation start; however, these timeframes were significantly shorter for R2D than R3. For most offenders the most severe offense associated with their qualifying conviction was a third degree felony (F3). The DORA group had significantly more offenders with person charge(s) as part of their qualifying conviction than the other two groups.

Offender Severity. Corrections (UDC) staff use a sentencing recommendation matrix to determine an appropriate level of supervision for offenders based on their presenting offense and criminal history. Offenders are grouped into five different offense categories, with one being the lowest and five being the most severe. Most offenders in all three groups were considered category two (which typically results in a recommendation for probation).

Level of Service Inventory. Most offenders, from all groups, had an average Level of Services Inventory (LSI) score of around 20 at intake (defined as moderate risk by the UDC). Average scores were significantly different for R3 and R2D offenders at intake, but DORA scores were not significantly different from either comparison group. Additionally, the groups were not significantly different on the percent of offenders with first arrest occurring before age 16, less than high school education, receiving public assistance, moving three or more times in the prior year, or in mental health treatment at intake. Of those living in the community at intake, significantly more R3 offenders were unemployed than the other two groups, that did not differ from each other. Additionally, the DORA and R3 groups had significantly more offenders experiencing moderate mental health issues than R2D; however, the difference between those with severe mental health issues did not significantly differ among the three groups.

Table 7 Time 1 – Qualifying Conviction and Offender Severity			
	DORA	R3	R2D
Types of Qualifying Charges			
Percent with at least one persons charge*	11.8	3.9	3.0
Percent with at least one property charge	20.0	19.4	11.9
Percent with at least one DUI charge	5.9	7.8	3.0
Average max charge severity (1=MC, 6=F1)	4.1	4.2	4.2
Pre-Sentence Investigation (PSI)			
Percent with Probation recommended*	97.6	81.0	80.0
Percent with Prison recommended*	2.4	12.0	7.7
Percent with Non-AP&P Probation or Jail recommended*	0.0	7.0	12.3
Average criminal history category rating	2.0	2.4	2.2
Intake Level of Services Inventory (LSI)			
Average LSI score at intake*	21.5	22.9	19.3
Percent with 1st arrest prior to 16 years of age	30.1	33.7	28.5
Percent unemployed at intake*	62.2	74.2	56.9
Percent with less than 12 years of education	54.2	60.8	46.9
Percent receiving public assistance	30.1	28.9	33.8
Percent who moved three or more times during last year	19.3	25.8	14.6
Percent with moderate mental health issues during last year*	49.4	46.4	33.1
Percent with severe mental health issues during last year	10.8	10.3	7.8
Percent already in mental health treatment at intake	13.3	17.5	12.3

Time 2. **DORA was not significantly different than the comparison groups on percent of offenders with drug charges as part of their qualifying conviction. In addition, the groups had similar LSI scores and maximum severity of charges at qualifying conviction.**

Qualifying Conviction. There was no significant difference between DORA and the comparison groups on the number of days between conviction and referral to probation; however, this timeframe was significantly shorter for R2D offenders than offenders in R3. There were also no significant group differences on the number of days between referral and probation start, but both the DORA and R3 groups took longer than R2D offenders to start probation after they were convicted. For most offenders the most severe offense associated with their qualifying conviction was a third degree felony (F3). The DORA and R3 groups had significantly more offenders with property charge(s) as part of their qualifying conviction than R2D offenders.

Offender Severity. According to Criminal History Category ratings, most offenders' qualifying conviction and criminal histories would result in a recommendation for probation. R3 had a significantly higher Criminal History Category rating than DORA or R2D.

Level of Service Inventory. Average LSI scores were not significantly different for the groups at intake. Additionally, no significant differences were observed between the

groups on percent with first arrest occurring before age 16, unemployment at intake, less than high school education, receiving public assistance, moving three or more times in the prior year, or mental health issues at intake. Although the groups did not differ on the percent of offenders with mental health issues at intake, significantly, more comparison offenders were in mental health treatment at intake than DORA.

Table 8 Time 2 – Qualifying Conviction and Offender Severity

	DORA	R3	R2D
Types of *Qualifying* Charges			
Percent with at least one person charge	10.4	9.3	14.8
Percent with at least one property charge*	50.7	48.1	36.1
Percent with at least one drug charge	56.0	47.2	51.6
Average max charge severity (1=MC, 6=F1)	4.1	4.1	4.1
Pre-Sentence Investigation (PSI)			
Percent with Probation recommended*	97.8	79.0	82.8
Percent with Prison recommended*	0.7	11.4	5.5
Percent with Non-AP&P Probation or Jail recommended*	1.5	9.5	11.7
Average Criminal History Category rating*	1.9	2.4	1.8
Intake Level of Services Inventory (LSI)			
Average LSI score at intake	19.5	20.3	20.3
Percent with 1st arrest prior to 16 years of age	33.1	34.3	27.6
Percent unemployed at intake	50.4	44.8	52.3
Percent with less than 12 years of education	58.6	58.1	48.0
Percent receiving public assistance	26.3	32.4	30.3
Percent who moved three or more times during last year	21.8	16.2	15.1
Percent with moderate mental health issues during last year	36.8	47.6	40.8
Percent with severe mental health issues during last year	5.3	9.6	10.5
Percent already in mental health treatment at intake*	6.8	20.0	16.4

Treatment History

Time 1. **DORA and R3 had similar treatment histories prior to probation. Data for R2D was not available.**

DORA and R3 offenders had a similar treatment history. Approximately one-third of both groups had a past treatment placement, with about 2-3 prior admissions among those. There were no significant differences on type of prior treatment, except intensive outpatient (IOP), where R3 had more than DORA. R2D could not be included in the analyses, as only during supervision treatment records were provided for that group.

Table 9 Time 1 – Treatment History

	DORA	R3	R2D
Percent found in Substance Abuse Provider Records*	95.3	65.0	
Percent with *prior* Treatment (Tx) Admissions	34.1	28.2	

Table 9 Time 1 – Treatment History			
	DORA	R3	R2D
Of those with *prior* Tx Admissions			
Average # *prior* Tx Admissions	3.3	2.3	
Percent with Detox Admissions	37.9	27.6	
Percent with Residential Tx Admissions	27.6	17.2	
Percent with Intensive Outpatient (IOP) Tx Admissions*	17.2	44.8	
Percent with Outpatient Tx Admissions	72.4	58.6	

Time 2. **DORA and R3 had similar treatment histories prior to probation. Data for R2D was not available.**

DORA and R3 offenders had a similar treatment history. Approximately one-third of both groups had a past treatment placement, with about 2.5 prior admissions for that group. There were no significant differences on types of prior treatment either. R2D could not be included in the analyses, as only during supervision treatment records were provided for that group.

Table 10 Time 2 – Treatment History			
	DORA	R3	R2D
Percent found in Substance Abuse Provider Records*	99.3	64.8	
Percent with *prior* Treatment (Tx) Admissions	30.6	34.3	
Of those with *prior* Tx Admissions			
Average # *prior* Tx Admissions	2.6	2.5	
Percent with Detox Admissions	41.5	32.4	
Percent with Intensive Outpatient (IOP) Tx Admissions	43.9	35.1	
Percent with Outpatient Tx Admissions	56.1	67.6	

Supervision

Time 1. **DORA supervision was significantly greater than both comparison groups.**

DORA had significantly fewer jail days ordered at probation start, which is consistent with the DORA policy of sentencing offenders to limited jail time at probation start. DORA offenders also served significantly less time in jail at probation start than R3, but not R2D. As such, DORA was more likely to serve more jail days than ordered at probation start, compared to R2D that were more likely to serve *fewer* jail days than ordered.

DORA offenders had more frequent contact with their probation officers (POs) and more DORA offenders had contacts with their POs in the community (e.g., visits at offender's home or work) than the other two groups. Additionally, collaboration between POs and Treatment (Tx) Providers was significantly higher among the DORA group. On

average, these meetings occurred about once a month. There was no significant difference between the three groups on how quickly offenders made initial contact with their POs. Significantly fewer DORA offenders went to the Day Reporting Center (DRC), than the comparison groups.

Table 11 Time 1 - Supervision

	DORA	R3	R2D
Timelines			
Average # of days b/w qualifying conviction and probation referral	26	39	8
Average # of days b/w referral and probation start*	69	78	62
Average # of days b/w qualifying conviction and probation start*	96	113	68
Average # of days on probation (of those no longer active)	479	438	516
Percent still active on probation at study end	25.9	19.4	20.1
Jail Days at Probation Start			
Average # of days Ordered*	28	81	123
Average # of days Served*	75	122	77
Offender and PO Contacts			
Average # of days to 1st PO contact	11	16	7
Average # of days b/w PO contacts*	17	24	27
Percent with contacts in the community*	91.8	71.8	80.6
Of those, average # of days b/w contacts in the community*	50	69	74
Percent with contacts at the Day Reporting Center (DRC)*	1.2	18.4	28.4
PO and Treatment (Tx) Provider Collaboration			
Percent with contacts b/w PO & Tx Provider*	96.5	37.9	23.9
Of those, average # of days b/w PO contacts with Tx Provider*	26	70	91

Time 2. **DORA supervision was significantly greater than both comparison groups.**

DORA was ordered to significantly fewer jail days at probation start than R2D. There were no group differences on jail days served at intake. R2D was significantly more likely to serve *fewer* jail days than ordered. More DORA participants had contacts with their POs in the community (e.g., home or work visits) than the other two groups. Additionally, collaboration between POs and Tx Providers was significantly higher among the DORA group than the comparison groups. On average, these meetings occurred slightly less than once a month for DORA offenders. There were no significant differences between the groups on how quickly offenders made initial contact with their POs or the frequency of contact between offenders and their POs. Significantly fewer DORA offenders went to the Day Reporting Center (DRC), than the comparison groups.

Table 12 Time 2 - Supervision

	DORA	R3	R2D
Timelines			
Average # of days b/w qualifying conviction and probation referral*	38	51	6
Average # of days b/w referral and probation start	66	59	59
Average # of days b/w qualifying conviction and probation start*	104	109	66

Table 12 Time 2 - Supervision			
	DORA	R3	R2D
Average # of days on probation (of those no longer active)	447	393	441
Percent still Active on probation at study end	34.3	41.7	36.8
Jail Days at Probation Start			
Average # of days Ordered*	73	105	121
Average # of days Served	62	93	85
Offender and PO Contacts			
Average # of days to 1st PO contact	1	10	11
Average # of days b/w PO contacts	21	23	25
Percent with contacts in the community*	91.8	75.9	80.6
Of those, average # of days b/w contacts in the community	63	87	72
Percent with contacts at the Day Reporting Center (DRC)*	4.5	18.5	32.9
PO and Treatment Provider Collaboration			
Percent with contacts b/w PO & Tx Provider*	84.3	33.3	20.6
Of those, average # of days b/w PO contacts with Tx Provider*	36	57	45

Assessment Results and Treatment Services

Time 1. **Significantly more DORA offenders received substance abuse (SA) assessments and treatment (Tx) while on probation, than offenders in R3 or R2D, according to both Tx Provider and UDC records. Methamphetamines were the primary substance at admission for all three groups.**

Assessments. DORA had significantly more Addiction Severity Indexes (ASIs) conducted at intake to probation than R3 (ASI data was not available for R2D). Additionally, DORA ASIs were conducted significantly sooner than R3 ASIs, two weeks prior to probation start for DORA compared to approximately six months following probation start for R3. Of those with ASIs, DORA and R3 offenders were similar on most composite scores. Composite scores range from zero to one, with one indicating the most problems. DORA offenders had significantly more legal problems, while R3 had significantly more problems in the family/social domain. The composite scores only contain items that are subject to change (Makela); therefore, the composite scores largely reflect client behaviors in the 30 days preceding the assessment. Therefore drug and alcohol domain scores are suppressed due to likelihood that clients were incarcerated for some period prior to the assessment. Both groups were most likely to indicate they felt treatment for their drug problems was "moderately" important, while nearly all indicated that they were pressured into treatment by the legal system.

Table 13 Time 1 – Assessment Results			
	DORA	R3	R2D
Percent found in Substance Abuse Provider Records*	95.3	65.0	47.0
Percent with Assessments*	92.9	34.0	8.2
Of those with Assessments			

Table 13 Time 1 – Assessment Results			
	DORA	R3	R2D
Percent with DSM-IV Substance-Related Disorder*	91.9	80.9	74.4
Percent with Methamphetamine as Primary Substance	44.6	63.8	61.9
Addiction Severity Index (ASI) Results			
Percent with ASIs at Intake*	100	68.9	
Average # of days from ASI to Probation Start*	14	-193	
Average Medical Composite Score	0.15	0.15	
Average Employment Composite Score	0.80	0.85	
Average Alcohol Composite Score	0.05	0.04	
Average Drug Composite Score	0.11	0.09	
Average Legal Composite Score*	0.50	0.28	
Average Family/Social Composite Score*	0.06	0.13	
Average Psychiatric Composite Score	0.19	0.23	
Percent with Amphetamines as Most Troubling Substance	28.6	43.8	
Average Years Used Stimulants/Amphetamines	4.5	6.0	
Average Self-Reported Prior Tx Admissions	1.2	1.5	

Treatment. Time to first Tx admission was significantly sooner for DORA than R3. Of those that had Tx admissions, DORA offenders had significantly more intensive treatment than R2D. The average maximum Tx intensity for DORA was 3.4, which corresponds to between Intensive Outpatient Tx (IOP) and residential. The average for the comparison groups was between outpatient and IOP.

DORA offenders had significantly more total admissions, and were more likely to receive residential treatment than both comparison groups. Additionally, one-fifth of DORA offenders received detox. Too few comparison offenders received detox services to include them in the analyses. Average length of time in treatment varied by group. DORA, on average, had significantly more days in IOP than R3 (too few R2D had IOP to include in analysis), but did not differ significantly from the comparison groups on days in residential treatment. In addition, DORA offenders had significantly fewer days in outpatient than R2D. DORA and R2D were more likely than R3 to complete their final treatment admission. In addition, DORA was significantly more likely than either comparison group to have completed at least one treatment admission during supervision.

Of those who had SA Tx recorded in UDC records, DORA offenders started treatment significantly quicker than R3 or R2D offenders. This is consistent with SA Tx Provider records. The three groups did not vary significantly in the total number of days they spent in SA treatment during probation.

Table 14 Time 1 – Treatment Services			
	DORA	R3	R2D
Percent found in Substance Abuse Provider Records*	95.3	65.0	47.0

Table 14 Time 1 – Treatment Services			
	DORA	R3	R2D
Percent with Treatment (Tx) Admissions*	87.1	45.6	32.1
Percent Completing Any Tx Admission*	45.9	11.7	14.2
Of those with Tx Admissions			
Average # of days to 1st Tx Admission*	38.2	91.9	77.0
Average # Tx Admissions*	3.6	1.7	1.9
Average Maximum Tx Intensity* (1 = Limited Tx, 4 = Residential)	3.4	3.0	2.7
Percent with Residential Tx Admissions*	62.2	27.7	34.9
Of those, average # of days in Residential	150	89	238
Percent with Intensive Outpatient (IOP) Tx Admissions*	51.4	46.8	14.0
Of those, average # of days in IOP*	152	87	
Percent with Outpatient Tx Admissions*	73.0	48.9	72.1
Of those, average # of days in Outpatient*	154	155	274
Discharge Status at Final Tx Admission*			
Percent Completed	45.8	26.7	47.5
Percent Transfer	11.1	33.3	37.5
Percent Dropout, Terminated, Incarcerated	43.1	40.0	15.0
Treatment Recorded in Corrections (UDC) Records			
Percent who received substance abuse Tx during*	84.7	37.9	53.7
Of those, average # of days from probation start to Tx start*	40	148	158
Of those, average # of days in substance abuse Tx	457	441	481

Time 2. **Significantly more DORA offenders received substance abuse (SA) assessments and treatment (Tx) while on probation, than offenders in R3 or R2D, according to both Tx Provider and UDC records. Methamphetamines were the primary substance at admission for all three groups.**

Assessments. DORA had significantly more ASIs conducted at intake to probation than R3 (ASI data was not available for R2D). DORA ASIs were conducted significantly sooner than R3 ASIs, two weeks prior to probation start for DORA compared to approximately three months following probation start for R3. Of those with ASIs, DORA and R3 were similar on most composite scores, except Medical and Legal, where DORA had significantly more problems than R3. Composite scores ranged from zero to one and largely reflect client behaviors in the 30 days preceding the assessment. Therefore drug and alcohol domain scores were suppressed due to likelihood that clients were incarcerated for some period prior to the assessment. Both groups were most likely to indicate that they felt treatment for their drug problems was between "slightly" and "moderately" important, while nearly all indicated that they were pressured into treatment by the legal system.

Table 15 Time 2 – Assessment Results			
	DORA	R3	R2D
Percent found in Substance Abuse Provider Records*	99.3	64.8	27.1
Percent with Assessments*	95.5	27.8	6.5
Of those with Assessments			
Percent with DSM-IV Substance-Related Disorder*	90.0	70.5	76.0
Percent with Methamphetamine as Primary Substance	46.7	40.9	50.0
Addiction Severity Index (ASI) Results			
Percent with ASIs at Intake*	100	74.1	
Average # of days from ASI to Probation Start*	17	-120	
Average Medical Composite Score*	0.16	0.08	
Average Employment Composite Score	0.71	0.74	
Average Alcohol Composite Score	0.07	0.03	
Average Drug Composite Score	0.27	0.06	
Average Legal Composite Score*	0.45	0.29	
Average Family/Social Composite Score	0.05	0.06	
Average Psychiatric Composite Score	0.20	0.13	
Percent with Amphetamines as Most Troubling Substance	20.3	35.7	
Average Years Used Stimulants/Amphetamines	5.1	8.3	
Average Self-Reported Prior Tx Admissions	1.3	1.2	

Treatment. R2D had a significantly shorter time to first Tx admission than the R3 comparison group. DORA was in the middle and did not differ significantly from either comparison group. Of those with Tx admissions, DORA had significantly more intensive treatment than R2D. The average maximum Tx intensity for DORA was 3.1, which corresponds to Intensive Outpatient Tx (IOP). The average for R2D was between outpatient and IOP.

DORA had significantly more total Tx admissions than R3 and types of admissions varied by group. DORA offenders were less likely to receive detox than R3, more likely to receive IOP than R2D, and more likely to receive outpatient than R3. DORA and R3 didn't differ on length of time in residential or outpatient Tx admissions. There were no significant group differences on final exit status; however, DORA was significantly more likely to have completed at least one Tx admission during supervision.

Of those who SA Tx recorded in UDC records, DORA offenders started treatment significantly quicker than offenders in the other two groups. Offenders in all three groups were in SA treatment for similar lengths of time.

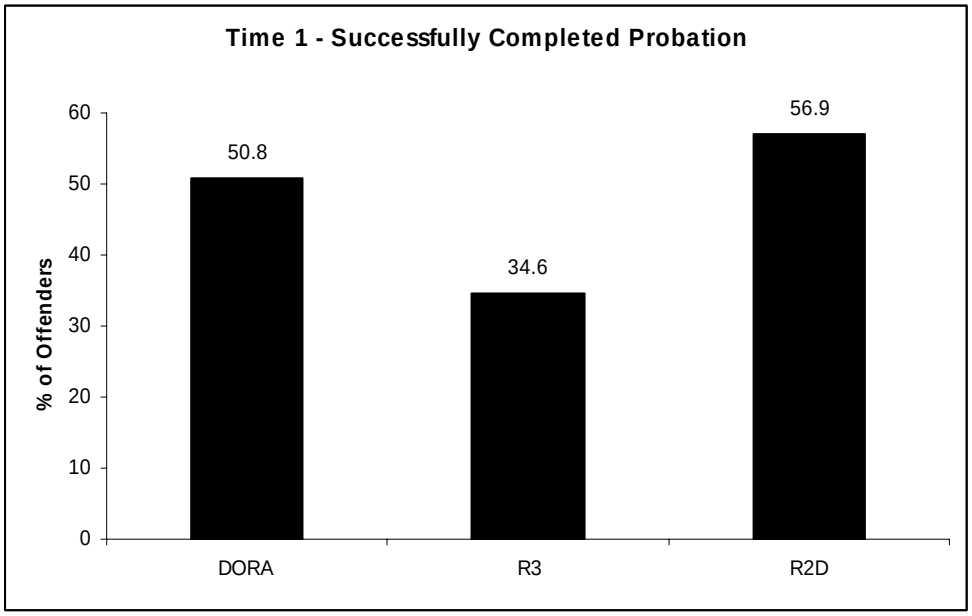
Table 16 Time 2 - Treatment Services			
	DORA	R3	R2D
Percent found in Substance Abuse Provider Records*	99.3	64.8	27.1
Percent with Tx Admissions*	89.6	40.7	16.1

Table 16 Time 2 - Treatment Services			
	DORA	R3	R2D
Percent Completing Any Tx Admission*	39.6	14.8	7.1
Of those with Tx Admissions			
Average # of days to 1st Tx Admission*	54	87	22
Average # Tx Admissions*	2.9	2.0	2.0
Average Maximum Tx Intensity* (1 = Limited Tx, 4 = Res.)	3.1	3.0	2.5
Percent with Detox Admissions*	18.3	34.1	
Percent with Residential Tx Admissions*	43.3	20.5	20.0
Of those, average # of days in Residential	152	125	
Percent with Intensive Outpatient (IOP) Tx Admissions*	53.3	59.1	20.0
Of those, average # of days in IOP	158	111	
Percent with Outpatient Tx Admissions*	68.3	38.6	72.0
Of those, average # of days in Outpatient*	215	116	275
Discharge Status at Final Tx Admission			
Percent Completed	37.8	37.5	37.5
Percent Transfer	16.2	30.0	37.5
Percent Dropout, Terminated, Incarcerated	45.9	32.5	25.0
Treatment Recorded in Corrections (UDC) Records			
Percent who received substance abuse Tx during*	91.8	38.9	54.2
Of those, average # of days from probation start to Tx start*	73	169	138
Of those, average # of days in substance abuse Tx	342	304	356

Outcomes

Time 1. **DORA and R2D had significantly higher rates of successful completion than R3. The best predictor of successful completion was having completed any treatment admission during supervision. Having higher LSI scores at intake was significantly related to negative exit. On average, offenders in all three groups spent about 15 months on probation. The differences between the three groups on time on probation were not significant. There were also no significant differences on the percent of unsuccessfully discharged offenders who were discharged to a jail commitment.**

Table 17 Time 1 - Outcomes			
	DORA	R3	R2D
Percent still Active on probation at study end	25.9	19.4	20.1
Average # of days of follow-up period (for those who exited probation)	485	497	470
Percent Successfully Completed Probation *and* 1+ Tx Admission During*	36.5	4.8	10.3



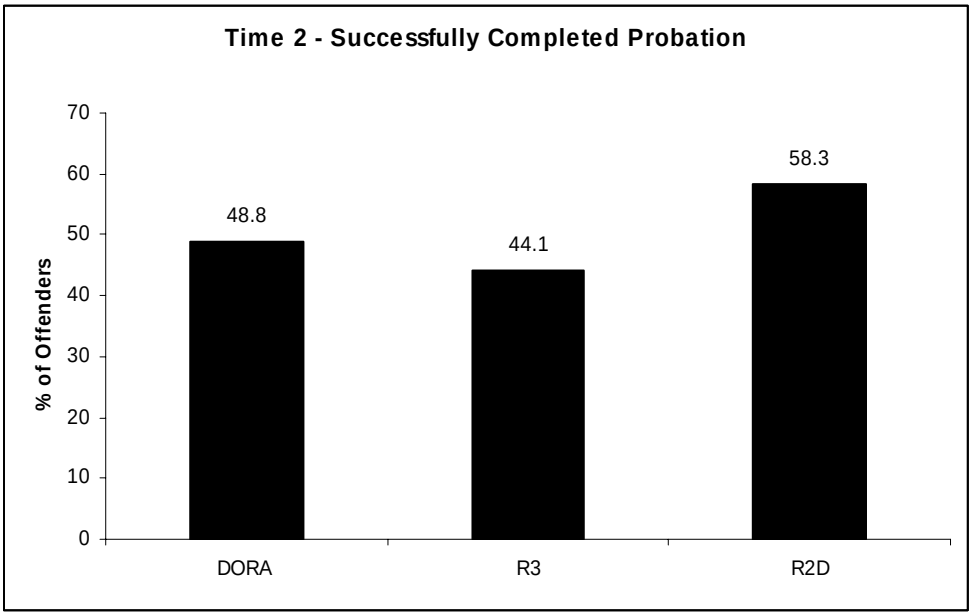
Predictors of Successful Completion. Demographic, criminal history, and supervision and treatment variables were compared to final exit status to determine which factors were related to successful completion versus negative exit (including unsuccessful discharge from probation, commitment to prison (any reason), and fugitive status open for one year or greater at study end). The following table lists the factors that were significantly related to successful completion when each was examined separately. In a combined logistic regression model, only two variables remained significantly related to successful completion: lower LSI score at intake and completing any treatment admission during supervision. For each point higher an offender's LSI score was at intake, they were about 8% less likely to have a successful discharge. If an offender completed any treatment admission during supervision they were approximately 11 times more likely to have successful probation completion. After considering those two factors, being a DORA participant was not significantly related to successful completion of probation. However, it should be noted that significantly more DORA participants completed at least one treatment admission during supervision and this was the best predictor of successful exit. Days to first PO contact and first Tx admission were also examined, but failed to reach statistical significance at this time.

Table 18 Time 1 Factors Significantly Related to Successful Completion
*Completed Any SA Tx Admission During Supervision (SA Tx records)
*Lower LSI Score @ Intake
Non-Minority
Had Community-Based Probation Officer Contacts
Had SA Tx During Supervision (from any record)
More Days in SA Tx During Supervision (from all records)
**Significantly related to successful completion in multivariate analyses*

Time 2. **There were no significant group differences on rate of successful completion or the percent of unsuccessfully discharged offenders who were discharged to a jail commitment. The best predictors of successful completion were shorter time from conviction to probation start, lower LSI scores at intake, having PO contacts in the community, and completing a treatment admission during supervision. Offenders in all three groups spent an average of about 14 months on probation.**

Table 19 Time 2 - Outcomes

	DORA	R3	R2D
Percent still Active on probation at study end	34.3	41.7	36.8
Average # of days of follow-up period (for those who exited probation)	285	331	304
Percent Successfully Completed Probation *and* 1+ Tx Admission During*	31.8	9.5	3.1



Predictors of Successful Completion. Demographic, criminal history, and supervision and treatment variables were compared to final exit status to determine which factors were related to successful completion versus negative exit (including unsuccessful discharge from probation, commitment to prison (any reason), and fugitive status open for one year or greater at study end). The following table lists the factors that were significantly related to successful completion when each was examined separately.

In a combined logistic regression model, four of the five variables remained significantly related to successful completion after the effects of the others were considered. They are marked with an asterisk in the table below. Having community-based probation officer contacts increased the likelihood of successful completion by about 3.5 times, while completing any treatment admission during supervision improved the odds of successful completion of probation by nearly 7 times. For each point higher an offender's LSI score was at intake, they were about 12% less likely to have successful completion, while each additional day from conviction to probation start was associated

with a 1% decrease in the odds of successful completion. After accounting for the influence of these four factors on likelihood of successful completion, DORA status was significantly related to negative discharge. However, the three factors significantly related to successful completion form the basis of the DORA model: quicker time to supervision, more intensive supervision, and better coordinated treatment to ensure completion. Therefore, these T2 data suggest that the foundations of the DORA model are significantly related to successful completion. Time to first PO contact was also examined, but failed to reach statistical significance at this time. Time to first Tx admission was significantly related to successful completion in the bivariate test, but too few individuals had this event to examine in the multivariate model.

Table 20 Time 2 Factors Significantly Related to Successful Completion
*Completed Any SA Tx Admission During Supervision (SA Tx records)
*Had Community-Based Probation Officer Contacts
*Lower LSI Score @ Intake
*Fewer Days from Conviction to Probation Start
More Days in SA Tx During Supervision (from all records)
**Significantly related to successful completion in multivariate analyses*

Reductions in Substance Abuse

Time 1. **DORA did not differ from comparison groups on frequency of UDC drug testing, but did have frequent drug tests by their Tx Providers that showed little drug use during supervision.**

Drug Testing. There were no significant differences between the three groups on frequency of UDC drug tests (UAs) or the average percent of these tests that were positive for drug use. Of those with at least one high UA, the length of time between when offenders started probation and their last high drug test did not differ significantly between the groups. Although, Tx Provider drug testing was not available for the comparison groups, on average DORA offenders were tested for drug use by Tx Providers every other week and only a small percent of these tests came back positive for drug use.

Level of Service Inventory. More than half of all offenders (in all three groups) who completed follow-up LSIs still reported current drug and alcohol problems one year after starting probation.

Table 21 Time 1 – Reductions in Substance Abuse			
	DORA	R3	R2D
Drug Testing			
Average # of days between UDC UAs	86	63	65
Average percent of positive UDC UAs	17	17	17
Average # of days between probation start and last positive UA	372	436	467

Table 21 Time 1 – Reductions in Substance Abuse			
	DORA	R3	R2D
Average # of days between Tx Provider UAs	13		
Average percent of positive Tx Provider UAs	5.9		
Level of Services Inventory (LSI) at One Year Follow-up			
Percent with current alcohol problem	9.4	27.3	11.8
Percent with current drug problem	64.5	60.6	70.6

Time 2. **DORA and R3 received less frequent drug testing by UDC staff than their R2D counterparts; however, DORA also received frequent drug testing by their Tx Providers that showed little drug use during supervision.**

Drug Testing. R2D offenders were drug tested significantly more often by UDC than DORA or R3 offenders; however, the difference between DORA and R3 offenders was not significant. Both DORA and R2D offenders had significantly fewer positive drug tests than offenders in R3. Of those with at least one high drug test, there was no significant difference between the groups on length of time between probation start and their last high drug test. Although, treatment provider drug testing was not available for the comparison groups, DORA offenders were frequently drug tested by treatment providers and had a very small percent of tests identified as high.

Level of Service Inventory. Of those with LSI's at one year after starting probation, DORA and the comparison groups did not differ on the percent of offenders who reported current alcohol or drug problems.

Table 22 Time 2 – Reductions in Substance Abuse			
	DORA	R3	R2D
Average # of days between UDC UAs*	61	72	49
Average percent of positive UDC UAs*	14	23	13
Average # of days between probation start and last positive UA	354	423	394
Average # of days between Tx Provider UAs	10		
Average percent of positive Tx Provider UAs	6.8		
Level of Services Inventory (LSI) at One Year Follow-up			
Percent with current alcohol problem	30.4	21.1	32.1
Percent with current drug problem	66.1	60.5	66.7

Reductions in Criminal Behavior

Time1. **DORA had significantly fewer days from probation start to first non-compliant event (than R3) and was more likely to have probation re-starts (than both groups). This is most likely due to their enhanced supervision, as DORA did not differ significantly from either comparison group on new prison commitments during supervision for either probation violations or new charges. Of those who have exited probation, there were no significant group differences on new arrests,**

new charge jail bookings, new convictions, or new probation placements or prison commitments. It should be noted that approximately one-fifth of Time 1 participants are still active on probation and average follow-up time for those who have exited was only 16 months.

During Supervision. A significantly greater percent of DORA offenders' non-compliance events were handled with methods other than probation revocation (alternative events). Likewise, significantly fewer DORA offenders, than the comparison groups, had their probation revoked in response to non-compliance. DORA offenders' first non-compliant events were caught significantly quicker than the comparison groups. DORA offenders had nearly twice as many probation restarts as the comparison groups. However, time from their initial probation start to restart did not differ significantly between the groups. There were no significant differences in the likelihood of having fugitive statuses during probation; however, of those who were fugitives, DORA had significantly longer days out on fugitive status than the comparisons. There were also no significant differences between the groups on percent of offenders who received new prison commitments for new charges or probation violations while on probation.

There were no significant group differences on the percent of offenders who received a new conviction while on probation. Of those offenders with new convictions during probation, offenders from all three groups had an average of two new convictions and a most severe charge for a third degree felony. The groups did not differ on the number of offenders with new convictions for drug or property offenses, or the average number of convictions for these charge types. Too few offenders were convicted of person offenses while on probation for data to be further analyzed at this time.

DORA and R3 offenders were significantly more likely than offenders in R2D to have at least one new charge jail booking while on probation. Of those with new charge bookings during probation, there were no differences between the groups on the number of days from probation start until this booking or the number of days offenders spent in jail on these bookings. Of those offenders who were booked in the jail on new charges while on probation, DORA and R3 had significantly higher maximum offense severities (Mn = F3) compared to R2D (Mn = MB or MA). A larger percent of new charges committed by DORA and R3 offenders while on probation were for drug offenses; however, the difference between R2D and the other two groups was not significant. There were also no significant differences between the groups on the number of jail days served for bookings that were not for new charges (such as commitments, warrants, etc.).

Post Supervision. Of those offenders who have exited probation, there was no significant difference in the percent of offenders with new jail bookings after exiting probation. The difference in maximum charge severity for new charges committed post-exit was not significantly different between the three groups. There were also no differences in the percent of offenders receiving a new arrest, conviction, probation sentence, or prison commitment for a new charge after exit from probation. It should be noted, however, that the follow-up period for this study was limited and on average was only 15 months long. On average, offenders' first arrest that led to a conviction occurred

approximately one year after exiting probation. These offenders were convicted of class 'A' misdemeanors and third degree felonies and most were convicted of property or drug offenses.

Table 23 Time 1 – Reductions in Criminal Behavior

	DORA	R3	R2D
During Supervision Non-Compliance			
Average # of days from probation start to non-compliant event*	110	178	223
Percent with non-compliance resulting in alternative events*	81.4	52.0	49.5
Percent with non-compliance resulting in probation revocation*	57.1	84.0	78.5
Percent with fugitive status(es)	28.2	39.8	26.9
Of those, average # of days out on fugitive status*	328	163	179
Percent with at least one Probation Restart*	42.4	21.4	27.6
Of those, average # of days from probation start to first Restart	243	350	266
New Convictions and Prison Commitments *During* Supervision			
Percent with new conviction(s)	15.3	18.4	11.9
Of those, average max charge severity (1=MC, 6=F1)	4.0	3.7	3.9
Of those, average # of new convictions	2.6	1.8	2.3
Of those, percent with new drug conviction(s)	61.5	47.4	43.8
Of those, average # of drug convictions	0.7	0.6	0.7
Of those, percent with new person conviction(s)	15.4	5.3	6.3
Of those, percent with new property conviction(s)	38.5	31.6	50.0
Of those, average # of property convictions	0.8	0.5	0.9
Percent with new prison commitment for probation violation	10.6	20.4	12.7
Of those, average # of days b/w intake and prison for violation	339	308	374
Percent with new prison commitment – new charge	2.4	3.9	3.7
Percent with new prison commitment – any reason	12.9	24.3	15.7
Of those, percent released onto parole	63.6	40.0	50.0
Jail Bookings *During* Supervision			
Percent with at least one new charge jail booking*	24.7	22.3	11.2
Of those, average max charge severity (1=MC, 6=F1)*	4.2	4.2	2.7
Of those, percent with new drug charge(s)	52.4	52.2	33.3
Of those who exited probation, *Post Supervision* Events			
Number who have exited probation	63	83	107
Percent who have exited probation	74.1	80.6	79.9
Average # of days from probation exit to follow-up	485	497	470
Percent with new arrest(s)	34.9	26.5	23.4
Of those, average # of days to first arrest	311	244	248
Percent with new charge jail booking(s)	14.3	16.9	10.3
Percent with new conviction(s)	7.9	4.8	4.7
Percent with new prison commitment for new charge	4.8	4.8	0.9
Percent with new probation for new charge	1.6	2.4	2.8

Time 2. **DORA had significantly fewer days to first non-compliant event during supervision (than both comparison groups) and significantly more probation re-starts (than R3). This is most likely due to their enhanced supervision, as DORA did not differ significantly from either comparison group on new prison commitments during supervision for either probation violations or new charges. Of those who have exited probation, there are no significant group differences on new arrests, new convictions, or new probation placements or prison commitments. It should be noted that over one-third of T2 offenders were still active on probation and average follow-up time for those who had exited was less than one year.**

During Supervision. DORA offenders had significantly more probation restarts than R3 that also occurred significantly faster than R3 offenders' restarts. Additionally, significantly more DORA offenders had non-compliance events that resulted in alternative events, instead of probation revocation, and these events occurred significantly closer to probation start than the comparison groups. DORA also had more offenders who were fugitives at some point during supervision. DORA and R3 offenders were significantly more likely than offenders in R2D to have at least one new charge booking during probation. Number of days spent in jail and time from probation start to new charge booking did not differ significantly by group. Although maximum charge severity in R3 and R2D was significantly different, DORA was not significantly different from either comparison group. Offense type (e.g., drug, property) for charges committed during probation did not differ significantly between the groups. However, DORA and R3 were significantly more likely to have jail bookings during probation that were not the result of new charges (bookings for warrants, commitments, etc.). Length of time in jail for these non-new charge bookings did not differ by group.

There were no significant differences between the three groups on percent of offenders receiving new convictions or prison commitments for new charges during probation. Additionally, there were no group differences on the percent of offenders with new prison commitments for probation violations or the time from probation start to prison commitment for probation violations. Too few offenders received a prison commitment for a new charge to allow for further analysis. Most new convictions were for third degree felonies and there were no group differences in the percent of offenders committing drug offenses. Although too few offenders committed person offenses to analyze further, significantly more DORA offenders committed property offenses than offenders in R2D.

Post Supervision. There were no significant differences between the three groups on percent of offenders receiving new arrests, convictions, or prison commitments for new charges after exiting probation. There were also no differences in the percent of offenders receiving new probation sentences after exiting probation. However, it is important to note that over one-third of T2 offenders were still active on probation and the follow-up period for exited participants was limited and was, on average, less than one year in length. Too few T2 offenders had new charge jail bookings post-exit to examine further.

Table 24 Time 2 – Reductions in Criminal Behavior			
	DORA	R3	R2D
During Supervision Non-Compliance			
Average # of days from probation start to non-compliant event*	120	206	201
Percent with non-compliance resulting in alternative events*	72.3	48.5	49.5
Percent with non-compliance resulting in probation revocation*	62.4	80.9	74.7
Percent with fugitive status(es)*	45.5	22.2	18.1
Of those, average # of days out on fugitive status	101	173	91
Percent with at least one Probation Restart*	25.4	18.5	32.3
Of those, average # of days from probation start to first Restart*	237	361	296
New Convictions and Prison Commitments *During* Supervision			
Percent with new conviction(s)	13.4	16.7	15.5
Of those, average max charge severity (1=MC, 6=F1)	3.7	3.9	3.7
Of those, average # of new convictions	2.0	1.7	1.3
Of those, percent with new drug conviction(s)	44.4	27.8	25.0
Of those, average # of drug convictions	0.4	0.3	0.3
Of those, percent with new person conviction(s)	11.1	0.0	16.7
Of those, percent with new property conviction(s)*	77.8	61.1	37.5
Of those, average # of property convictions	1.1	1.0	0.5
Percent with new prison commitment for probation violation	11.2	12.0	8.4
Of those, average # of days b/w intake and prison for violation	404	328	373
Percent with new prison commitment – new charge	0.7	5.6	3.2
Percent with new prison commitment – any reason	11.9	17.6	11.6
Of those, percent released onto parole	43.8	42.1	38.9
Jail Bookings *During* Supervision			
Percent with at least one new charge jail booking*	23.9	19.4	9.7
Of those, average max charge severity (1=MC, 6=F1)*	3.7	4.0	2.6
Percent with at least one non-new charge jail booking*	53.7	43.5	29.0
Of those who exited probation, *Post Supervision* Events			
Number who have exited probation	88	63	98
Percent who have exited probation	65.7	58.3	63.2
Average # of days from probation exit to follow-up	285	333	304
Percent with new arrest(s)	14.8	23.8	11.2
Of those, average # of days to first arrest	246	221	265
Percent with new convictions	3.4	1.6	1.0
Percent with new prison commitment for new conviction(s)	2.3	1.6	1.0
Percent with new probation for new conviction(s)	2.3	0.0	0.0

Other Outcomes

Time 1. **DORA was similar to the comparison groups on employment, education, and living situation. DORA did have more stability than the comparison groups as exhibited by significantly less likelihood to report multiple changes of residence in the first year on supervision.**

Of those offenders who were given a follow-up LSI one year after starting probation (approximately half of those with intake LSIs), a few differences were noted. For instance, R3 offenders had significantly higher total LSI scores; however the differences in average scores between DORA and R2D offenders continued to be insignificant. Additionally, although DORA LSI scores went down more than the other groups, the differences between the groups were not significant.

Those who received treatment were more likely to become employed than lose employment, but there were no differences across the three groups. According to UDC records, R2D had the lowest rate of unemployment and more than half of offenders (in all three groups) became employed while on probation. A similar percent of offenders in all three groups had low levels of education, received public assistance, and were experiencing moderate to severe mental health issues one year into probation. R3 had the highest percent of offenders in mental health treatment one year after starting probation and DORA had the lowest; the difference between DORA and R2D was not significant. There were no differences between DORA and R3 on new Tx admissions following probation exit. The majority of all three groups were living in a private residence at both Tx admission and discharge, no comparisons were conducted.

Table 25 Time 1 – Other Outcomes

	DORA	R3	R2D
Treatment Records			
Percent who became employed – Tx Admission to Discharge	33.3	23.3	43.8
Percent with Tx Admissions Post-Probation	11.9	17.9	
UDC Employment Records*			
Percent with no employment recorded at start or during probation	28.2	29.1	14.2
Percent employed at probation intake	16.5	19.4	23.9
Percent with employment at some time during probation	55.3	51.5	61.9
Level of Service Inventory – 1 year following probation start			
Average LSI score*	16.6	21.5	18.8
Average change in LSI score	-3.6	-1.6	-0.3
Percent with less than 12 years of education	46.9	63.6	47.1
Percent who were unemployed	37.5	45.5	31.4
Percent receiving public assistance	21.9	39.4	17.6
Percent who moved 3 or more times during previous year*	3.1	18.2	23.5
Percent with moderate mental health issues	28.1	42.4	35.3
Percent with severe mental health issues	3.1	9.1	3.9
Percent in mental health treatment*	6.3	31.3	17.6

Time 2. **DORA was similar to the comparison groups on education, living situation, and some measures of employment. DORA had significantly fewer offenders who remained unemployed throughout probation than R3, but had significantly more changes of residence than both R3 and R2D.**

Total LSI scores at one year follow-up did not vary significantly by group. However, both DORA and R3 LSI scores increased slightly from intake to one year follow-up and R2D scores decreased slightly. It should be noted, however, that only the difference between the DORA and R2D average LSI scores were significant.

Those who received treatment were more likely to become employed than lose employment, but there were no differences across the three groups. According to UDC records, R2D had the lowest rate of unemployment and more than half of DORA and R2D offenders became employed while on probation. Significantly fewer R3 offenders became employed while on probation. A similar percent of offenders in all three groups had low levels of education, received public assistance, or experienced moderate to severe mental health issues one year into probation. R3 had significantly fewer offenders in mental health treatment one year after starting probation; the difference between DORA and R2D was not significant. Too few individuals had exited probation and had new Tx admissions to examine. The majority of all three groups were living in a private residence at Tx discharge (no group differences), although R3 offenders were significantly less likely to be living in their own residence at Tx admission.

Table 26 Time 2 – Other Outcomes

	DORA	R3	R2D
Treatment Records			
Percent who became employed – Tx Admission to Discharge	36.7	20.0	40.0
UDC Employment Records*			
Percent unemployed at probation start and during probation	16.4	25.0	11.0
Percent employed at probation start	29.1	36.1	38.9
Percent who started employment while on probation	54.5	38.9	53.5
Level of Service Inventory – 1 year following probation start			
Average LSI score	21.6	18.9	18.9
Average change in LSI score*	1.2	0.2	-1.9
Percent with less than 12 years of education	60.7	52.6	48.7
Percent who were unemployed	41.1	44.7	37.2
Percent receiving public assistance	28.6	21.1	28.2
Percent who moved 3 or more times during previous year*	30.4	10.5	14.1
Percent with moderate mental health issues	35.7	47.4	39.7
Percent with severe mental health issues	1.8	8.1	12.8
Percent in mental health treatment*	23.2	15.8	25.6

Qualitative Feedback on DORA Pilot Process

A qualitative web-based survey was developed by UCJC researchers to provide professionals working on the DORA Pilot program an opportunity to give their feedback on the challenges and success of the effort. In addition, respondents were asked what they felt the purpose of the DORA Pilot was and if they would support expanding it statewide.

Invitations to participate in the anonymous survey were sent by e-mail to 42 professionals working at the various criminal justice and substance abuse treatment agencies that were involved with the DORA Pilot. A reminder e-mail was sent approximately two weeks after the first invitation. The response rate was 54.8% (23 of 42). Based on the responses to the seven open-ended items, recurring themes and issues were explored.

Clear Understanding

Based on survey responses, it appears that all respondents were at least somewhat familiar with the DORA Pilot, and that most had a general understanding of the purpose of the Pilot. As one AP&P respondent stated, the purpose of the DORA Pilot initiative was

> "to determine if clinical assessment and treatment information, given to sentencing courts prior to sentencing, followed up by more focused community supervision impacted an offender's behavior and prevented incarceration. It also created opportunities to increase the collaboration between Adult Probation and Parole agents and the treatment community. This collaboration allowed for greater utilization of treatment resources in lieu of jail time or prison commitment for probation violations."

Although only one respondent mentioned all three of these goals, most respondents mentioned at least one of the three. In fact, a majority of respondents mentioned the collaboration between agents and treatment providers, and many also noted the pre-sentence substance abuse assessments for offenders. Additionally, more than half of respondents stated that the purpose was to reduce recidivism by increasing the use of treatment in lieu of jail with drug offenders. The remainder of respondents suggested that the purpose was to: identify best practices, increase funding for assessments and treatment, and to help offenders re-enter society following incarceration.

Benefits

Nearly every respondent identified the greatest benefit of the DORA Pilot as the collaboration between the treatment providers and AP&P agents. Many respondents noted that AP&P and treatment providers have traditionally viewed themselves as being on opposite, and often opposing, sides. However, respondents found that by working closely together, they were able to gain a better understanding and appreciation for each other. As one treatment respondent noted,

> "I already had a cooperative approach towards AP&P, but the DORA program gave us a much closer and cooperative system to work within. Prior to DORA, success in coordinating with AP&P depended on the agent's attitude, and many were not interested in working with treatment agencies. DORA set up a system where cooperating with treatment was part of their job. Likewise, it forced treatment agencies to stop looking at AP&P as "the enemy"."

Additional comments regarding the new collaborative relationship included:

> Treatment: "I think that we already have some good research to indicate that incarceration alone doesn't change addictive behavior that much. We also know that being forced into treatment by the criminal justice system doesn't make treatment less valuable or effective. A good partnership between substance abuse treatment and criminal justice is a huge step forward in helping addicts recover. It felt like we used to work at odds with each other; now through DORA we have become true partners."

> AP&P: "I think DORA has raised everyone's consciousness regarding the importance of assessment and the importance of using input from the whole "team" when evaluating offenders' behaviors. Treatment should not occur in a vacuum, nor should probation supervision."

> Treatment: "The DORA Pilot increased the Criminal Justice (CJ) appreciation and understanding for the treatment process and their understanding for how the resolution of the drug problems can resolve the public safety problems posed by the drug using offender/client. For the treatment system the pilot increased the appreciation of the public safety mission of the CJ system."

A few treatment respondents also noted that this collaborative relationship not only improved their relationship with AP&P, but also had a positive impact on the way many offenders viewed their probation officer.

> "I was surprised by the change in attitude about AP&P on the part of the client/offender. The client/offender level of confidence in and perception that the agent was there to help had profound meaning for the client/offender contributing significantly to pro-social behavior and positive treatment outcome."

Another respondent echoed this view, stating, "The client/offender now views the agent as a resource to engage to gain access to services, rather than as a threat."

Another unexpected outcome of this collaboration was the role reversals of supervising agents and treatment providers. One AP&P respondent observed that in some cases, "the therapists have recommended jail time where agents believed that more treatment would be appropriate." Role reversals such as these are often noted in non-adversarial relationships (such as those present in problem-solving courts). In fact, a number of respondents specifically mentioned that the newly formed non-adversarial relationship between AP&P agents and treatment providers involved in the DORA Pilot. Collaboration between the two parties was also credited with increasing job satisfaction and improving information sharing, allowing agents to intervene quickly when an offender is not complying with treatment.

> Treatment: "The DORA Pilot formalized the communication and coordination of substance abuse treatment services with AP&P. The Pilot deepened the understanding of the treatment process for the Agents and increased the

> appreciation for public safety concerns for the treatment providers. This convergence enhanced public safety and treatment outcome because the adversarial relationship between the two entities was diminished by frequent communication and collaboration."

In addition to the benefits of collaboration between the criminal justice and treatment sectors, respondents identified the following benefits of the DORA Pilot: having assessments and treatment recommendations prior to sentencing, getting offenders under supervision and into treatment immediately following sentencing, and the increased funding made available for treatment.

> AP&P: "The DORA implementation plan created a process where the offender would be linked to an agent immediately. This relationship becomes crucial in assisting the offender toward a successful probation termination. Treatment was available the first day the offender reported for probation, due to the fact the assessment and acceptance into treatment were completed prior to sentencing. Additionally, the agent, offender, and treatment provider established mutual relationships from the beginning of the treatment/probation episode. Allowing for clear expectations and an understanding on the part of the offender the treatment and probation relationship were in place to assist the offender's success, not failure. Lastly, this relationship continued throughout the treatment/probation episode, with regular treatment meetings and updates. Poor performance in treatment was addressed early on and solutions were found prior to the offender's complete breakdown in treatment."

Although, a number of immediate benefits of the DORA Pilot were noted by respondents, a few cautioned that many of the benefits of the Pilot will not be apparent for some time. Long-term benefits, especially improvements in quality of life measures, are difficult to quantify and may not become evident for many years.

> Treatment: "The DORA program has incredible potential. While not all clients in the program were able to be successful in making life changes that are permanent during treatment, it is impossible to tell how treatment has affected these clients long term. Additionally, many clients did make those life changes, and were able to get jobs, change their social network to a more positive one, develop skills to deal with life stresses, and so on. They have become "Joe Q. Public" rather than a part of the criminal justice system."

Challenges and Suggestions

Respondents were asked to identify any challenges that they experienced with the DORA Pilot. Many respondents noted the lack of funds to hire additional AP&P agents (in order to keep their caseload sizes down), for treatment, or to expand the Pilot to additional offenders. One respondent also complained about the inequitable distribution of resources,

> "Funding has been a major issue in having almost too many resources for some offenders and having none at all for others. This has created a massive ripple effect in the remaining 5,500 offenders we supervise in Salt Lake County alone. DORA beds and dollars were too plentiful and occupied the resources and time of the treatment community. The DORA project, in my opinion, is too comprehensive and does not address the needs of the majority of offenders we supervise."

Some respondents also commented on the need for additional treatment and housing resources. As one respondent put it,

> "Due to the more intensive treatment needs of the clients referred through the DORA program, the clients tended to move up and down the levels in our program more frequently. Therefore, they were often in treatment a little longer, requiring more funding, so fewer clients could use the slots available."

Another respondent suggested the use of short term incarceration to deal with treatment non-compliance, similar to jail sanctions used in drug courts.

> Treatment: "Clients reoffend and then are not given the opportunity to learn from their mistakes, only be punished for their mistakes. Often, the offender needs a 'wake up call' to remind them of the potential consequences but not a 'termination of treatment.' Much like the philosophy of the drug courts, short intense punishment (incarceration for a short immediate time period from court- not allowed to check in when convenient) and return to treatment immediately after."

Some respondents also expressed concerns regarding the accuracy of substance abuse assessments. Although a few were concerned about the overall accuracy of the assessments, one respondent expressed concern with the timing of assessments.

> AP&P: "An evaluation pre-sentencing is good, but people are drastically different when they become supervised and held accountable by AP&P. The evaluation should come within the first 60-90 days of supervision and involve an interview or questionnaire with the evaluator prior to the evaluation with the offender. DORA missed this crucial aspect by putting the cart before the horse."

Support of statewide implementation

Respondents were overwhelmingly supportive of both the DORA Pilot and the statewide implementation of DORA. In fact, only two respondents were unsure of their support of statewide DORA, and only one was not supportive. However, even the one person who was not supportive of expanding DORA statewide commented on the success of the treatment and criminal justice collaboration. In fact, this respondent's lack of support was due to the fact that

> "the program is too expensive and doesn't provide a wide enough base to truly serve community needs. Drugs are a root cause of several crimes, but the DORA screen and limited access simply don't serve enough people."

One of the respondents who voiced concern over the expansion noted that it would only work "if agents and counselors/therapists are adequately selected and trained", while the other felt that no decisions should be made on expanding DORA until the results on the effectiveness of the Pilot program are available. Although these three respondents voiced concern about expanding DORA statewide, the remaining 20 respondents were very supportive of both the DORA Pilot and the statewide expansion of DORA.

> Treatment: "Absolutely! We know that treatment is effective and it's usually less costly than prison. Treatment can return offenders/addicts to society as law abiding and tax paying citizens. I don't think it's a source of national pride to have so many people in jail and prison for substance abuse charges. It's pretty well established that addiction is a disease. Addiction also is a catalyst for lots of criminal behavior. Let's treat these in partnership."

> AP&P: "I am very supportive of statewide implementation. I believe the supervision criteria implemented by the DORA pilot such as, assessment prior to sentencing, collaboration, use of alternative events, and an emphasis on treatment will prove to have a significant impact on the drug addicted population."

Discussion and Conclusion

Early Indicators of DORA's Success

The DORA model was implemented as designed, resulting in systemic changes in the way offenders are supervised and treated. First, DORA offenders were significantly more likely to receive substance abuse assessments, and of those who received assessments, more timely assessments. They were also significantly more likely to receive treatment, and of those who received treatment, more timely treatment and total admissions. Second, DORA offenders also received significantly enhanced supervision, with more community-based contacts with their probation officers at their homes and places of employment. Lastly, the objective of DORA to create a collaborative relationship between the supervising agent and treatment provider was met and exceeded, with nearly every professional who completed a key informant survey mentioning this as the greatest innovation to come out of the DORA Pilot program.

DORA offenders were more likely to complete treatment during supervision and treatment completion was one of the best predictors of successful completion of probation and decreased likelihood of probation ending in a prison commitment or fugitive status. This is an early indicator of success that may suggest the reduction in future criminal offending. The importance of treatment completion in predicting future reductions in criminal offending is also well supported in the literature on offender

interventions. For example, Proposition 36 offenders who completed treatment had significantly smaller drug arrest rates than those who opted-out of treatment and those who did not complete treatment in the 12-months following treatment completion (Longshore, et al., 2005). Another study examining probationers receiving outpatient substance abuse treatment predicted significantly decreased arrest rates for treatment completers (Lattimore, Krebs, Koetse, Lindquist, & Cowell, 2005). Lastly, much of the literature on offenders shows that coerced drug treatment by the legal system can lead to positive outcomes on a number of criminal and treatment variables (see Anglin, Brecht, & Maddahian, 1989; Brecht, Anglin, & Wang, 1993; Leukefeld & Tims, 1990; Friedman, Horvat, & Levinson, 1982; Hser, Anglin, & Liu, 1991).

Despite more intense supervision, DORA offenders were not more likely to have recidivism detected. This is particularly encouraging, as much of the literature on intensive supervision models shows that those who are more closely watched will have more criminal activity detected than their less-intensely supervised counterparts (Anglin, Longshore, & Turner, 1999; Rhodes & Gross, 1997). For example, drug offenders under intensive supervision probation/parole (ISP) were more likely to be rearrested than drug offenders receiving traditional parole/probation due to closer supervision (Turner, Petersilia, & Deschenes, 1992). The lack of increased detection for DORA suggests that they are indeed offending at a rate that is at least similar to standard probationers, and perhaps at a lower rate since increased supervision has not resulted in increased detection.

DORA's early successes in increased treatment access and completion and small gains in criminal justice outcomes are consistent with the literature on similar systemic interventions. For example, four of five Treatment Alternatives to Street Crime (TASC) sites demonstrated increased access to treatment for their offenders than their counterparts who were processed through the criminal justice system as usual (Anglin et al., 1999). Offenders participating in California's Proposition 36 showed better outcomes than comparison groups in some criminal justice measures and worse outcomes in others (Longshore et al., 2005). While two of three Breaking the Cycle (BTC) demonstration sites showed decreased recidivism among their participants compared to similar offenders not in the program (Harrell, Mitchell, Hirst, Marlowe, & Merrill, 2002; Mitchell & Harrell, 2006). For further examination of the successes and challenges of programs similar to DORA see the full literature review in Appendix A.

The foundations of DORA – to get offenders into treatment and under supervision quickly after sentencing, to provide intensive supervision, and to ensure service delivery and completion of treatment – **are strong and predict positive outcomes**. Having fewer days from conviction to probation start was associated with a greater likelihood of successful completion of probation. In addition, having probation officer contacts in the community (visits at home and places of employment) was associated with over three times greater likelihood of successful completion of probation. And most importantly, completing a treatment admission during supervision was associated with a 7-11 times greater likelihood of successful completion of probation. Successful completion of probation was contrasted with unsuccessful completion (often resulting in a jail commitment), commitments to prison, and going fugitive for more than one year. This

means that these factors that predict successful completion of probation also predict decreased likelihood of these negative outcomes.

Recommendations

It is recommended that DORA refine the current practices that have already been demonstrated to predict success.

DORA should work to reduce the amount of time from conviction to probation start, while continuing with their successes in reducing time from probation start to treatment initiation. DORA was implemented on the assumption that quicker time to supervision and treatment would lead to better outcomes. The data show that shorter time from conviction to probation start is a predictor of success. Although DORA groups were not always more likely to have a shorter time from conviction to probation, the assumption that this is an important practice holds true. DORA should strive to follow their model and reduce time from conviction to referral to probation start. One area where DORA has demonstrated significant improvements over the comparison groups is time from probation start to first treatment admission. Although the number of comparison offenders was too small to examine this variable as a predictor of successful outcomes, it is expected that shorter time to treatment initiation will be related to successful completion when sample sizes are sufficient to examine that relationship.

DORA should continue their successful practice of close, frequent collaboration between probation officers (PO) and treatment providers, as it is likely leading to their significantly higher rate of treatment completion. DORA demonstrated significantly more treatment admissions, collaboration between PO's and treatment providers, and ultimately successful treatment completion. Treatment completion was shown to be one of the strongest predictors of successful probation completion and decreased likelihood of revocation of probation/return to prison.

DORA should continue the intensive supervision model. DORA received more community-based contacts with their probation officers (PO), and of those, generally received more frequent community-based contacts. Although this heightened supervision led to significantly earlier detection of noncompliance, it did not result in greater detection of recidivism (such as new convictions during supervision or probation ending in a prison commitment). Many studies of intensive supervision show increased detection of criminal recidivism (Anglin et al., 1999; Rhodes & Gross, 1997; Turner, et al., 1992). Currently, the increased supervision of the DORA model does not seem to predict greater likelihood of criminal recidivism, which may suggest that early detection of noncompliance may prevent escalation of drug use and criminal behavior that would result in new convictions and prison commitments.

Next Steps

Further research is clearly needed on the DORA model.

It is too soon to determine the impact of DORA on the participants and the criminal justice and substance abuse treatment systems. Between 20% and 25% of Time 1 participants are still active in probation, while those who have exited have only been out an average of 16 months. Of Time 2 participants, over one-third are still active on probation and the average follow-up period is less than one year for those who have exited. Research suggests that a minimum of 24 months follow-up beginning on the date the offender is released into the community is required to capture 75-80% of adult recidivism events (Barnoski, 1997). Therefore, the lack of significant findings at the present moment is likely due to both the small number of offenders who have exited the program and, furthermore, the short follow-up period of those who have.

Future research will help determine if early indictors of success lead to long term outcomes. Currently, quicker time to probation, more intensive community-based supervision, and treatment completion, predict successful exit from probation rather than negative discharge, revocation to prison, and extended periods as a fugitive. It will be valuable to determine if these are ultimately predictors of reduced post-supervision recidivism (new arrests and convictions) as well.

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Appendix A: Literature Review of Programs Similar to DORA

Introduction

Substance abuse and criminal activity have long been identified as interconnected problems that are symptoms of broader deviant thinking and behavior patterns (De Li, Priu & MacKenzie, 2000). Data from the Arrestee Drug Abuse Monitoring (ADAM) program in 2000 found that 39% to 85% of female offenders and 51% to 79% of adult male offenders tested positive for at least one illicit substance while involved in the criminal justice system (National Institute of Justice, 2000). Another study found that 83% of prisoners reported having used illicit drugs at least once prior to incarceration (Bureau of Justice Statistics, 1999). Furthermore, research has shown that the frequency and severity of offending escalates as drug use increases (Belenko, 2002; Harrell, 2001; Inciardi & Martin, 1997; Inciardi, Martin, & Butzin, 2004). Although this relationship does not necessarily indicate that substance use triggers criminal careers, substance abuse has been proven to intensify and sustain criminal activity (Inciardi et al., 2004).

This clear demonstration of the co-morbidity of substance abuse and crime has led to over three decades of large-scale criminal justice efforts to identify effective community-based alternatives for reducing drug use among offenders (Belenko, 2002). Following the implementation of prison-based therapeutic communities (which soared in the 1960s and 1970s but later dissipated due to prison overcrowding and cut budgets) was the drug court movement. While drug courts continue to rapidly expand (up to 697 operating in 2001 with 427 in planning stages (OJP Clearinghouse and Technical Assistance Project, 2001)), the need to decrease costs associated with treatment further led to the development of other alternatives including the most visible and perhaps longest lasting of these programs, the Treatment Alternatives to Street Crime (TASC) program. Since then, other programs have popped up across the country including the Arizona-enacted, Prevention and Control Act of 1996 (Proposition 200) and the California-enacted Substance Abuse and Crime Prevention Act of 2000 (Proposition 36). Other programs continue to branch off from these efforts including the Breaking the Cycle (BTC) program and the Drug Treatment Alternative to Prison (DTAP) program (Inciardi & Martin, 1993; Farabee, Hser, Anglin, & Huang, 2004; Belenko, 2002).

The philosophy behind drug abuse management typically reflects two traditional penal theories: deterrence and rehabilitation. The deterrence theory is built upon the assumption that every person is capable of making rational, logical choices and is therefore responsible for their choices and actions. The assumption holds that punishment is an effective means of deterring one from choosing to engage in problematic behavior again. Criminal justice interventions generally adopt this philosophy and turn to punishment in an attempt to reform substance abusers. In contrast, the philosophy behind rehabilitation stems from the positivist movement, postulating that external forces (e.g., social, psychological, economical) limit one's ability to make rational choices. This philosophy holds that programs that reform and treat the individual and their circumstances will reduce crime. Primary interventions under these theories typically involve diverting abusers from jail and prison settings and placing them in a therapeutic setting where psychological and social support can be provided (Sung, 2003). While these two philosophies have generally been observed as competing views, expansive therapeutic

advancements seen in the criminal justice setting have slowly integrated these views and given way to the development of programs such as DORA.
Among criminal offenders, substance abusers have historically had the highest rates of recidivism (Sung & Belenko, 2005). It has been theorized and demonstrated that treating these individuals' substance-related disorders outside of prison will subsequently reduce or deter their criminal activity. The assumption behind this theory is two-fold. First it is theorized that decreasing the individuals' "need" or desire to abuse drugs will subsequently reduce criminal behavior associated with drug obtainment. The second part of the assumption is that by allowing offenders to participate in community-based treatment, their exposure to the "criminal subculture and antisocial networks" prevalent in prisons is greatly diminished. Regardless of the adopted assumption, the theory that treating substance use will diminish criminal activity has long standing (Inciardi et al., 2004).

Overview

Literature regarding the efficacy of diversion programs, while preliminary in nature, is promising. Large-scale reviews of diversion programs have cited average retention rates of approximately 59% which rivals retention rates of non-criminally involved treatment groups (OJP Drug Court Clearinghouse and Technical Assistance Project, 2001). Recidivism rates have also generally shown to be improved across studies (74% of studies reported reduced recidivism rates over no treatment or non-mandated controls). Drug use has been less commonly assessed in the research, but in those studies that do, about half have demonstrated improved abstinence rates over comparisons. Most outcomes generally indicate that success rates are lower in participants with characteristics identified as high-risk, including prior criminal involvement, less education, and younger in age (Harvey, Shakeshaft, Hetherington, Sannibale, & Mattick, 2007).

While these studies of diversion programs have made strides in evaluating programs using representative non-treatment controls, there are still very few outcome studies with strong methodological rigor and large sample sizes and even fewer still that utilize randomized samples. Another gap in the literature is that treatment groups are often compared to a sample of participants who subsequently terminated treatment (due to expulsion or drop-out). While, better than pre/post comparisons, these studies leave little confidence in observed improvements as the nature of terminated clients makes comparisons incongruent. Although these limitations cause conclusions to be minimal, preliminary successes have been observed and should continue to be examined.

Programs Similar to DORA

The Treatment Alternatives to Street Crime (TASC) is one of the most popular alternatives to incarceration programs and has been in operation for over two decades. In 1996, there were an estimated 300 TASC programs in 20 states. Under current TASC guidelines, offenders with drug problems who are likely to be repeatedly involved in the CJS system are identified, assessed, and diverted into community treatment in lieu of current charges or as a supplement to probation (via pretrial diversion, post-trial sentencing, post-trial pre-sentencing, or probation diversion). TASC monitors the client's progress and compliance (such as expectations for abstinence, employment, and other life stability requirements). Status updates and progress are then reported back to the

original court. Non-compliance (with court conditions, TASC contract, or treatment agency requirements) is brought back to the court for additional processing (Inciardi & Martin, 1993). TASC has also been expanded to include alcohol abusers and juvenile offenders (Anglin, Longshore, & Turner, 1999).

Breaking the Cycle (BTC) is a multisite pilot program designed for adult offenders that is closely modeled after the TASC program. It is typically reserved for pretrial defendants, individuals accepted into other diversion programs, and offenders on probation. Here, felony offenders are diverted from the criminal justice system and referred to various treatment agencies and providers from the TASC program. BTC differs from the original TASC guidelines in that any drug-involved felony arrestee is eligible (as opposed to only allowing individuals with drug-related offenses; however, TASC also now serves all types of offenders with drug problems). Elements of BTC include: 1) timely screening of offenders with drug problems and diversion to appropriate treatment, 2) participation in treatment (including case management, drug screening and drug treatment), 3) sanctions for positive drug tests, and 4) judicial monitoring for compliance (Harrell, Mitchell, Hirst, Marlowe, & Merrill, 2002).

Drug Treatment Alternative to Prison (DTAP) began in October of 1990 in King County, New York. DTAP is a program that diverts repeat felony drug offenders (must have one or more previous non-violent felony charge) to 15-24 months of "highly coercive" residential therapeutic community treatment (individual and group therapy, as well as education and vocational training in a communal living environment). At the point of diversion, all participants face mandatory incarceration in prison due to a new drug charge; however, successful completion of the program results in dismissal of the current charge (Belenko, Foltz, Lang, & Sung, 2004). Those who unsuccessfully leave the program (due to dropout or expulsion) are brought back to court using a special DTAP warrant enforcement team and are retried on their original charge (Dynia & Sung, 2000; Sung, 2003).

The Drug Treatment and Education Fund (DTEF), also known as **Proposition 200,** was enacted in Arizona in November, 1996. The purpose of this act was to expand drug treatment and education services for any criminal justice involved offenders in need of substance abuse treatment and to increase the provision of probation for non-violent drug offenders. Half of the proposition's fund is distributed by the Supreme Court to probation departments to fund the diversion of probationers into drug education and treatment programs. The other half of resources is allocated to programs that increase parental involvement and education about the risks associated with drug use. Through Proposition 200, offenders are screened and assessed to determine their severity of abuse and to determine an appropriate treatment placement (typically outpatient and education, however, intensive outpatient and residential placements are also available) (Arizona Supreme Court, 1999).

The Substance Abuse and Crime Prevention Act (SACPA) of 2000, also known as **"Proposition 36"**, was enacted in California in November 2000 and was modeled after Arizona's Proposition 200. This act provides the option for adults convicted of non-violent drug possession offenses to participate in community-based drug treatment in lieu of jail or prison. Proposition 36 also applies to adults on probation or parole who are facing charges for non-violent drug possession offenses and those who have violated drug-related conditions of

supervision regardless of whether their original charge was drug-related or not. Treatment is provided through a contract with substance abuse facilities in the community. Offender's level of care needed is determined by assessment and includes a wide range of treatment modalities, including outpatient, inpatient, and occasionally methadone maintenance programs. All facilities are primarily drug treatment programs (not alcohol-only programs) and typically offer intake assessment, as well as individual and group alcohol and drug counseling. Length of treatment ranges from less than three months to more than six months (Hser, Evans, Teruya, Huang, & Anglin, 2007; Farabee, Hser, Anglin, & Huang, 2004; Longshore, Urada, Evans, Hser, Prendergast, & Hawken, 2005).

Magistrates' Early Referral into Treatment (MERIT) is a 12- month post-arrest, pre-plea demonstration program in Australia. This program diverts individuals who have been arrested for a drug or drug-related offense (except alcohol offenses), who have an assessable drug problem and are eligible for bail, into treatment alternatives. The MERIT program lasts a minimum of three months and includes case management and referrals to an appropriate level of care including detoxification, residential, methadone maintenance, outpatient, and other treatment modalities. Participants are supervised by MERIT staff and screened for abstinence with urinalysis (Reilly, Scantleton, & Didcott, 2002).

Effectiveness of Programs Similar to DORA

The Treatment Alternatives to Street Crime (TASC) program has been cited as the longest lasting and most popular of the various alternatives to incarceration programs that exist today, and has a presence in over 100 jurisdictions across the country (Inciardi & Martin, 1993). The central tenets of TASC are similar to DORA: it seeks to identify, assess, and divert any offender with a substance abuse problem from incarceration into community treatment. The efficacy of TASC is promising, but mixed. The majority of studies that initially evaluated TASC programs, while finding positive results, only focused on process outcomes such as number of clients identified and diverted and treatment engagement. While hopeful, they did not demonstrate the efficacy of the programs. To address this, Anglin, Longshore, and Turner (1999) evaluated five TASC sites thought to be representative. In this study TASC offenders were compared to similar offenders who both were randomly assigned (in two sites) or naturally placed (in three sites) into a control condition that consisted of individuals who were matched on a number of variables (current charges, drug-use histories, and participant characteristics) and would have been eligible for TASC treatment had their judge referred them to it. Control participants were receiving probation or alternative treatment (e.g., counseling, urinalyses).

Results of the study were promising on some indicators of effectiveness (service delivery) and mixed on others (self-reported drug use and drug crimes). In regards to criminal justice indicators, members in two of the five TASC sites (Birmingham and Chicago) committed significantly fewer drug crimes than controls six months following treatment initiation[1] (according to self-report and arrest records). While promising, TASC members at three sites

1 Birmingham TASC participants had 16 fewer drug crimes ($p<.10$) than controls, while Chicago participants with three or more prior convictions had 28 fewer drug crimes. Reductions in number of drug crimes were not significant for Canton, Orlando, or Portland.

(Canton, Orlando & Portland) did not commit fewer drug crimes than controls. Additionally, TASC members' at all five sites had similar new arrests rates for any criminal offense, except at one site, where TASC clients had significantly *more* general crime than controls[2].

Measures of substance abuse were also mixed. Four measures of substance abuse were examined: drug-use days, ratio of drug days to days at risk, frequency of drug use, and number of drugs used. Improvements in number of days using drugs were observed in Birmingham (TASC offenders reported 12.5 fewer drug use days than controls), Canton (improvements were not significant), and Chicago (TASC offenders with no arrests before age 18 had 14.9 fewer drug use days than controls while offenders with one or more arrests before age 18 had 42.6 less drug use days). TASC participants in Chicago also had greater reductions in frequency of drug use and ratio of drug days to days at risk. While promising, a number of variables did not show improvements for TASC participants over that of controls. For instance, Orlando and Portland TASC participants did not show any improvements over controls on any of the four substance abuse variables. Moreover, with the exception of Chicago, none of the sites showed any improvements over controls on frequency of drug use. With the exception of Canton and Birmingham, number of drugs used was no more improved for TASC participants over controls. Measures of service delivery were positive. TASC participants were found to receive significantly more treatment (in four of the five sites) than the alternative services[3]. This treatment was typically drug counseling, urinalyses, and AIDS education (Anglin et al., 1999). Taken as a whole, these evaluations of TASC sites indicate that the program increases access to treatment and that marginal successes have been observed in reducing subsequent use and reoffending. However, such successes were not consistently demonstrated over that of probation and other services (Anglin et al., 1999). For additional studies on TASC see Salmon and Salmon (1983) and Rhodes and Gross (1997).

Breaking the Cycle (BTC) is another alternative to incarceration that originated out of TASC. BTC has many similarities to DORA including the mandatory diversion of felony offenders with drug problems into various treatment agencies. Like DORA, BTC targets offenders with drug problems, not just drug offenders, and collaborates closely with probation offices for supervision of offenders. Findings from the Birmingham BTC have demonstrated success, with reductions in criminal justice activity and substance use. More BTC participants reported not offending in the nine-months following intake (participants were asked to report on the previous six months) than similar participants[4] processed in a traditional court (before the onset of BTC) (79% versus 61%). Official arrests records also revealed that 12 months following initiation, BTC participants offended significantly less than comparisons (76% versus 41% had no new offenses). In regards to substance abuse indicators, when controlling for time spent in jail, demographics variables and

2 TASC participants in Seattle had 1.26 more new arrests over controls ($p<.01$).

3 Mean number of services rendered by site for TASC and controls respectively: Birmingham = 2.5 vs. 0.2, Canton = 2.3 vs. 1.8, Chicago = 2.9 vs. 1.9, Orlando = 0.9 vs. 0.8, Portland = 2.3 vs. 1.5.

4 Comparison group consisted of individuals recruited from jail who would have been eligible for BTC the year prior to the inception of the court. The comparison showed significantly more prior criminal involvement (e.g., months incarcerated, prior arrests) and more employment problems, but the samples were similar on use of drugs in the month before arrests (except marijuana use).

other variables (e.g., prior criminality, employment problems), BTC participants were significantly less likely than comparisons to report 30-day use of any drugs (17% versus 26%), heroin or cocaine (4% versus 8%), or marijuana (4% versus 18%) at the end of a nine-month follow-up period. While these results are only from one jurisdiction, they demonstrate that early interventions for drug-involved felons can result in reduced arrests rates and substance abuse (Harrell et al., 2002).

The Jacksonville, Florida and Tacoma, Washington BTC's have also demonstrated preliminary success, although the results were more mixed. Results from the Tacoma site found that the BTC intervention was successful in significantly reducing criminal activity (at 12 months self-reports of offending were 25% versus 44% and official arrest rates were 45% versus 59% for BTC and nonparticipants respectively), but no more efficacious than traditional court processing in reducing drug use in the 30 days preceding the 12 month follow-up (49% versus 53% for BTC and nonparticipants respectively). Findings in Jacksonville revealed that BTC participants had nearly significantly ($p=0.09$) less drug use (27% versus 40%) and self-reported offending (11% versus 22%) (when controlling for a number of covariates such as demographics), but official arrests records demonstrated no more improvement in BTC offenders over traditionally processed offenders at 12 months following treatment (51% versus 43% for BTC and nonparticipants respectively). The finding that self-reported offending was less for BTC participants but not for official arrest records is troubling as it indicates BTC participants may have underreported. However, to address this concern, 6-month official and self-reported data was retrieved which indicated that BTC clients underreported less often than comparisons (13% versus 24% respectively). Other explanations could be that arrest recording changed in the facility mid-study or that stringent probation led to increased arrest. While ambiguous on the one hand, results demonstrate that BTC lead to decreased drug use and similar improved arrest rates as comparison offenders[5] (Mitchell & Harrell, 2006).

Research on the effectiveness of the **Drug Treatment Alternative to Prison (DTAP)** is promising. In regards to criminal justice measures, one study found that DTAP participants recidivated significantly less than a sample of individuals sentenced to prison who were matched on a number of variables including arrest history and demographics. Specifically, 57% of DTAP participants were arrested at least once in the three years following program completion or drop out compared to 75% of comparisons who exited prison. DTAP participants were also significantly less likely to be reconvicted of a new offense (42% versus 65%), receive a new jail sentence (30% versus 51%), or receive a new prison sentence (7% versus 19%). The DTAP program reduced the odds of being rearrested, reconvicted, and spending time in jail and prison significantly (odds were reduced by 56%, 60%, 59%, and 65% respectively). This was the case

5 Comparison groups at both sites were individuals who met eligibility criteria for BTC before the onset of the program. They were recruited from jails. Both samples were similar on the majority of variables. In Tacoma, the comparison sample was significantly younger, had worked fewer days in the past month, had more prior arrests, and was more likely to report use of cocaine, methamphetamine, and marijuana in the month before the baseline interview. They also had significantly higher scores on the ASI scales of drug, alcohol, family, and legal problems. However, BTC participants were more likely to be charged with a drug offense. Jacksonville comparisons reported significantly fewer days of work in the past month, more prior arrests, more months of prior incarceration, and higher ASI scores on most domains. They were also more likely to be on probation at the time of arrest. However, comparisons reported significantly lower ASI drug problems and marijuana use than BTC participants in the last month. BTC participants were also more likely to be charged with a drug offense.

even when controlling for a number of prior criminal justice records confounds (being arrested prior to 16 years of age, number of prior drug and non-drug convictions, and total number of months ever incarcerated.). DTAP participants were also improved on a number of other recidivism measures including time to rearrest, number of arrests during the treatment period, and adjusted annual rate of arrests (adjusted for time spent incarcerated, which minimizes opportunity for reoffending). These results suggest that programs similar to DORA, that prescribe to coercive treatment as a diversion to incarceration can increase public safety by reducing recidivism over strict incarceration (Belenko et al., 2004).

Other evaluations of DTAP have also demonstrated success in regards to criminal justice measures. Dynia and Sung (2000) found that DTAP participants (both completers and dropouts) had significantly fewer rearrests during the treatment period than similarly matched participants who were sentenced and mostly sentenced to prison (4% compared to 13%). Three-year (post initiation) found that DTAP completers were rearrested significantly less than non-participants (23% compared to 47%) but non-completers had considerably more rearrests than either group (52%) suggesting that DTAP is effective for those who complete the program, but has little influence on those who do not.

The above studies demonstrate that treatment can deter rearrests. However, because offenders diverted to DORA and DTAP are often incarcerated before being diverted to treatment, questions have been raised about what intervention specifically leads to decreased recidivism. One study of DTAP offenders isolated both interventions and found that treatment was the intervention that led to less reoffending. In fact, they found that increased incarceration was significantly related to an *increased* likelihood of being rearrested. Specifically, a 100-day increase in incarceration resulted in a 4% increase in the likelihood of being rearrested. Conversely, increased time spent in residential treatment resulted in fewer arrests. Those who did not reoffend spent 566 days in treatment while those who reoffended spent 404 days in treatment (Sung, 2003). This study goes a step further in demonstrating that treatment for substance abusing offenders is crucial to recovery.

Proposition 200 has several similarities to DORA in that its emphasis is on identifying, assessing, and diverting nonviolent offenders to drug treatment. Preliminary data from the first year of operation is promising. Specifically, out of 932 probationers treated in 15 counties, 61.1% successfully completed the treatment program they were diverted to (one county had a successful completion rate of 92.9%). This is quite striking considering that successful completion required that participants not be transferred to another placement, abscond, reoffend, or have a petition to revoke filed. Additionally, a completion rate of 61.1% is quite impressive considering the average completion rate of all drug courts, which have been well-established for over a decade, is 67% (OJP Drug Court Clearinghouse and Technical Assistance Project, 2001). In regard to substance abuse measures, data from one year following treatment initiation indicated that 76.3% of urinalyses (UAs) were negative (Arizona Supreme Court, 1999). This strongly suggests that the majority of offenders diverted to treatment were drug free for a substantial period of drug treatment.

Preliminary cost effectiveness data has also been assessed for the 551 offenders diverted from prison in the first year of Proposition 200. When accounting for projected costs associated with

prison terms ($5,053,014), probation ($306,399) and Proposition 200 expenditures ($2,183,553), it was estimated that Proposition 200 provided a fiscal year savings of approximately $2,563,062. While all data from these Proposition 200 studies are preliminary, it does suggest that substance abusing offenders can be diverted, treated, and rehabilitated outside of prison or jail at a lower cost to taxpayers (Arizona Supreme Court, 1999).

The Arizona Supreme Court has also conducted subsequent evaluations of Proposition 200. A report of the statute published in 2006 describes its functioning in its eighth year of operation. While these more recent reports do not include outcome analyses, results show that the statute is able to successfully treat a large number of drug offenders and do it with cost savings. In the fiscal year 2005, a total of 8,575 probationers participated in Proposition 200 funded substance abuse treatment or education programs. Of the 7,158 probationers who exited, 56% completed a drug education or treatment program successfully while 44% were terminated from treatment. While this rate marks a slight reduction in successful completers from 1999 (61.1%), the authors noted that 804 probationers (of 8,575 total probationers served) were still participating in treatment services and therefore, did not have treatment outcomes[6]. This could be seen as potential success as some research indicates that as treatment length increases, so does treatment success. Also promising, completion rates among individuals who were sentenced to mandatory treatment were virtually the same as probationers who were offered treatment by the probation departments (49% versus 51%) suggesting that Proposition 200 is successful in engaging offenders in treatment (Arizona Supreme County, 2006).

Costs associated with Proposition 200 operations were calculated for the 2005 fiscal year. Using arrest trends from 1990 to 2005, researchers were able to estimate the number of offenders that would have been sentenced to prison had they not been diverted through Proposition 200. Using this model, it was estimated that of the 6,560 probationers sentenced to Proposition 200, 1,072 would have been sentenced to prison. Using Arizona Department of Corrections fiscal data, it was estimated that Proposition 200 led to a cost savings of $11.7 million in 2005. It was also estimated that a total of $8.2 million could have been saved in addition to the above savings when accounting for indirect costs such as administrative costs (Arizona Supreme Court, 2006). These results demonstrate that the statute not only contributed to considerable cost savings but that the statute continued to advance its cost savings from 1999.

While this more recent evaluation of Proposition 200 still lacks outcome data on criminal recidivism and substance relapse, it continues to demonstrate that statutes similar to DORA are able to place offenders in treatment that they are more likely to successfully complete. It also demonstrates that diversion statutes can contribute to significant cost savings.

Proposition 36 is an act for diverting substance abusing offenders and is similar to Proposition 200 and DORA in that it diverts drug offenders into community treatment. Preliminary data of offenders treated under Proposition 36 in 13 California counties in its first six months of operation were not promising. Even after controlling for drug use severity and treatment placement (outpatient versus residential), Proposition 36 clients were more likely to be rearrested 12 months after treatment admission compared to those of other criminal justice-referred clients and of clients who entered treatment without a current criminal justice status. It should be noted,

6 613 probationers had unreported outcomes.

however, that participants did have reduced arrest rates, compared to rates prior to entering treatment (Farabee et al., 2004). A separate study of Proposition 36 found that three months after treatment initiation, 30% of offenders were employed, drug free, and had not been arrested in the previous 30 days (Hser et al., 2007). While this success is short-term, it does demonstrate an early impact.

A more extensive analysis of Proposition 36 found additional success in participants who completed treatment (Longshore et al., 2005). In the most recent and sophisticated of three evaluations conducted by Longshore and colleagues successful Proposition 36 clients in the first year of operation fared better on a number of indicators compared to similar offenders who 1) were offered treatment but declined or 2) started treatment but did not complete. For example, successful Proposition 36 clients had a significantly smaller drug arrest rate (35%) than those who opted-out of treatment (50.9%) and those who did not complete treatment (53.2%) in the 12-months following treatment completion. Successful participants also had fewer property, violent, felony and misdemeanor drug arrests than either of the comparison groups. Mixed success was observed for substance abuse indicators. For instance, treatment participants reported significantly less drug use of any kind than comparison groups in the 30 days preceding the 12-month follow-up (17.7% compared to 34.6% non-treated and 27.1% partially treated). However, while reports of *any* drug use significantly declined over the other groups, use of primary drug of choice, while improved from intake, did not decline over the comparison groups. Additionally, number of days using any drug (not just primary drug of choice), self-reported drug-problem days, and self-reported need for drug treatment were not significantly improved for successful participants over the other groups, although significant improvements were seen from pre- to post-treatment comparisons. In regards to life stability indicators, more treatment participants reported working and spent more days employed than the comparisons. The employment improvements were also substantially improved from intake (Longshore et al., 2005). These results suggest that treatment completion in Proposition 36 produces significant improvements in criminal justice, some substance abuse, and life stability indicators. It is also suggested, that even minimal treatment among those who are later terminated is better than no treatment.

A separate analysis was conducted to gauge the relative impact Proposition 36 treatment had on criminality. Here, participants were compared to similar drug offenders who were sentenced to jail, prison, or community supervision before the enactment of Proposition 36. Unfortunately, results found that drug arrests were greater among those treated (33.4% versus 28.6% during the 12-month follow-up period). Evaluators suggest the lack of improvement may have resulted from the decreased opportunity non-treated offenders had in reoffending, as the majority of them were incarcerated (Longshore et al., 2005). Taken as a whole, these results suggest that completion of Proposition 36 does contribute to improved outcomes over other groups but that the relative impact it has had on the drug-offending population is unclear.

Proposition 36 has also been compared to the well-established drug courts. This is one important way to understand the effectiveness of programs like DORA. DORA and Proposition 36 differ from drug courts in that they are specific to felony offenders, have adversarial court proceedings, and mandate treatment. Notably, Guydish, Wolfe, Tajima, and Woods (2001) found to Proposition 36 produced promising and similar results to that of drug courts in California.

Specifically, a completion rate of 34.4% for participants in the first year of Proposition 36 was contrasted by an extensive analysis of all the studies published on California's drug courts. Here, it was found that six out of 10 studies on drug courts reported a completion rate of 38% (or lower). An additional study of all drug courts across the U.S found that the 58 courts in California reported a completion rate of 41.8%; this rate has been consistent for several years of drug court operation (OJP Drug Court Clearinghouse and Technical Assistance Project, 2001). Lastly, the Alameda County drug court system, which is the longest standing drug court in California, reported a completion rate of 35.7% over four years (Davis & Taube, 2001). While there are difficulties associated with comparing Proposition 36 to drug courts, these comparisons clearly demonstrate that Proposition 36 has established successful treatment retention in one year that drug courts have worked for years to establish (Drug Policy Alliance Fact Sheet, 2002).

While treatment retention and recidivism measures are of the utmost concern when implementing programs like DORA, cost effectiveness is another area of importance. One study evaluated costs associated with Proposition 36 in its first two years of operation and found significant cost savings to state and local governments. Cost savings were primarily due to reductions in jail and prison terms (a savings of $3,547 and $1,531 per offender for prison and jail costs respectively). Cost savings were also seen in parole usage ($221) and taxes offenders would have paid on earnings and purchases ($59). However, some areas of Proposition 36 resulted in cost *increases*. These were primarily due to subsequent arrests and convictions ($1,326) and drug treatment ($743). Modest cost-increases were also accrued for probation ($198 per offender) and healthcare ($230). Despite cost increases, in the first year of operation, Proposition 36 resulted in a benefit-cost ratio of nearly 2.5 to 1. This resulted in a $2,861 cost savings per offender over thirty-months (Longshore, Hawken, Urada, & Anglin, 2006).

Additionally, Proposition 36 led to greater costs savings during its second year of operation; a cost-benefit ratio of 4 to 1. This analysis focused on cost in relation to offenders' degree of participation and found that prison costs resulted in the greatest cost-savings for those who complete Proposition 36 ($6,175) compared to those who never received treatment ($2,459) or who received some treatment ($4,058). Jail, arrest, and conviction costs were also lower for treatment completers compared to the two other groups while parole savings were relatively equal across groups. However, probation costs, drug-treatment costs, and healthcare costs, were highest for treatment completers followed by treatment drop-outs and those not treated. Despite cost increases in these areas, Proposition 36 still resulted in considerably greater cost savings than individuals who did not receive any treatment ($5,601 versus $2,468).

Independent evaluators recommend the continued use of programs like Proposition 36 due to their cost savings. Evaluators provide recommendations for increased future cost savings. They include: (1) closer state and county government collaboration, (2) involvement of all treatment agencies within the counties (along with greater utilization of probation and program urine-test results), (3) attention to screening to allow for higher acceptance and participation rates, (4) improve offender accountability, (5) greater matching of abuse severity to intensity of services, (5) more services for minorities and those with psychiatric illness, and (6) more attention to treatment-aftercare services (Longshore et al., 2006).

The Magistrates' Early Referral into Treatment (MERIT) program, while implemented in another country, has many similarities to DORA in that the program identifies and assesses offenders with drug problems, prior to sentencing, and refers individuals into appropriately matched services. Preliminary success has been observed for the MERIT program. For instance, following the 12-month trial, 33% of participants had successfully completed the program. This completion rate is competitive with other interventions of its kind (Drug Policy Fact Alliance Sheet, 2002) especially when considering that another 33% of participants did not unsuccessfully leave treatment, but opted to stay in additional treatment. This group of participants could be perceived as successful, as most literature indicates that a minimum of 90 days of treatment is necessary for rehabilitation and the average length of stay among completers was 88 days. Also only (23%) of these participants did not successfully complete the treatment because of reoffending or noncompliance. Additionally promising, police records tracking the first 43 MERIT participants for six to nine months following completion found that only six had contact with the criminal justice system and five of the six were for reportedly minor offenses. While preliminary, these findings again suggest that programs for drug offenders can engage offenders in treatment and result in decreased offending (Reilly et al., 2002).

Effectiveness of Treatment Modalities

The effectiveness of diversion programs are limited when treatment modalities are not appropriately matched to substance abuse severity (more intensive treatment for more severe addictions) and of sufficient duration (Farabee et al., 2004). It is possible that these factors are limiting the effectiveness of the aforementioned diversion programs. In fact, a number of studies have revealed that the majority of diverted participants are not participating in treatment for the recommended 90 days minimum for outpatient and longer for other modalities (Reilly, et al., 2002; Hser et al., 2007; Longshore et al., 2005). In addition to duration, diversion programs may not be matching client appropriately to treatment modalities. Such findings warrant careful consideration for the type of programs substance abusing offenders are diverted to.

Outpatient Programs appear to be the most heavily utilized treatment modality for diversion programs (Reilly et al., 2002; Hser et al., 2007). For example, 73.9% of Proposition 200 participants were treated only in outpatient facilities from 1997 to 1998 (Arizona Supreme Court, 1999) and 84.4% of Proposition 36 clients were treated exclusively in outpatient facilities in 2004 (Hser et al., 2007). A comprehensive review of 15 studies evaluating community-based drug treatment programs found that the efficacy of outpatient treatment for substance abusing offenders is mixed (Chanhatasilpa, MacKenzie, & Hickman, 2000). The reviewers encountered difficulty in interpreting the findings due to poor methodological rigor. One conclusion the review was able to draw from an analysis of the research was that programs with intensive supervision, monitoring, and management in the community (e.g., urine testing, home monitoring) were not clearly effective in reducing recidivism over traditional court treatment (probation or parole). For instance, Turner, Petersilia, and Deschenes (1992) found that drug offenders under intensive supervision probation/parole (ISP) were more likely to be rearrested than drug offenders receiving traditional parole/probation[7] in Seattle, WA (46.1% versus 35.7%) Atlanta, GA (11.5% versus 4.2%), Santa Fe, NM (48.3% versus 27.6%), Macon, GA (42.3%

7 ISP differs from traditional parole/probation in that ISP participants were seen more often by case managers, drug tested more often, and received more drug counseling.

versus 37.5%), and Winchester, VA (28.9% versus 12%). It should be noted, however, that these differences could represent increases in detection, due to closer supervision, rather than increased offending. For additional studies suggesting that supervision, monitoring and community management does not always produce positive outcomes over comparisons see Rhodes and Gross (1997) and Anglin et al. (1996).

In addition to the mixed and ambiguous findings regarding the efficacy of outpatient treatment in large systemic reviews, individual studies of outpatient therapy have also demonstrated mixed results. Less than promising results were demonstrated in a study assessing 260 individuals with criminal justice involvement (89% had offended in the year following admittance) who were receiving substance abuse treatment in one of 28 outpatient clinics. Self-report and patient record data found that outpatient treatment (individual and group counseling) was not associated with future employment or decreased criminality. This was the case even when controlling for drug severity and other covariates (such as demographics). Additionally troubling, success as indicated by employment and decreased criminality was not influenced by whether or not the participant completed treatment or by how long they were in treatment. While a number of extraneous variables (such as measurement error) can account for some difference, it is still likely that outpatient clinics for substance abusers in this study did not demonstrate marked rehabilitation (Dunlap, Zarkin, Lennox, & Bray, 2007).

A different and positive outcome was observed in a retrospective study of probationers receiving outpatient substance abuse treatment in Florida. In this study researchers created a model for predicting the likelihood of arrest dependent on outpatient treatment. Here, researchers looked at 12 and 24-month data for individuals released into community supervision who received some type of non-residential treatment. Data on these individuals were collected on a number of variables including criminal history, demographics, and supervision type. Using this data, researchers were able to forecast or predict what arrests rates would have been in a separate sample of probationers who did not receive treatment. Using this model, it was predicted that had individuals received outpatient treatment, the felony arrest rate one year after probation would have decreased by 23%. Additionally, if the no-treatment group had been given at least 90 days of outpatient treatment the model predicted that arrests rates would have decreased by 28.5% one year after being off probation and 18% after two years. Overall, it was estimated that outpatient treatment resulted in a reduction of 6,188 arrests in one year (Lattimore, Krebs, Koetse, Lindquist, & Cowell, 2005).

Therapeutic Communities (TCs) have had their place in correctional substance abuse treatment for decades. While they were most prevalent throughout the 1960s and into the 1970s (Inciardi & Martin, 1993), therapeutic communities both inside and out of prisons, along with modified versions of TCs are still a viable modality for substance abusing offenders today. In fact, a community-based modified TC known as the Dallas County Judicial Treatment Center (DCJTC) has demonstrated preliminary success. The DCJTC includes a 300-bed residential treatment program that incorporates 12-Step philosophies. Here high-risk offenders on probation receive six months of drug treatment (life skills training, drug education, and group therapy) as an alternative to incarceration. The program also has a residential aftercare component where individuals without a viable support system are sent for three months. All graduates are also required to participate in six months of outpatient aftercare. One year following program

initiation, successful graduates of the DCJTC were substantially less likely to be rearrested than DCJTC clients who were expelled or who were transferred out of the program (11% compared to 21% and 37% respectively). When examining type of reoffense, it was found that only 23% of graduates were arrested for drug offense compared to 43% of the expulsions and 40% of the transfers. While still preliminary in nature, findings suggest that successful completion of TC treatment may contribute to reduced reoffending (Knight & Hiller, 1997).

The cost effectiveness of TCs has also been examined. In a five-year study evaluation of the Amity Prison Therapeutic Community, McCollister, French, Prendergast, Hall, and Sacks (2004) found that the provision of in-prison TC treatment resulted in cost savings over standard imprisonment. Specifically, the average cost of addiction treatment over the baseline and five-year follow-up period for individuals participating in the TC (and a percentage that participated in Vista Aftercare) was $7,041 compared to $1,731 for prisoners receiving no treatment. However, TC treatment resulted in 81 fewer incarceration days (from intake to five years) yielding a cost-effectiveness ratio of $65 (McCollister et al., 2004). These findings, demonstrate that the additional costs associated with treatment result in significant cost savings in the long term.

Methadone maintenance programs (MMP) have had a checkered history of effectiveness with criminally involved drug abusers. In a review conducted by Farabee, Prendergast, and Anglin (1998), MMP programs were found to be the only programs to consistently demonstrate no or negative effect over other programs. Other, individual studies of MMP have demonstrated similar findings. In one study, TASC-referred clients in two counties were compared and it was found that individuals in MMPs were arrested more (at an average rate of .60 compared to a rate of .13) and abstained less (at an average rate of .06 versus .42) than participants in drug-free outpatient programs. Interestingly, MMP participants worked more (an average rate of -.21 versus .87) suggesting, perhaps, that daily interference from substance use was less severe. Also of interest, MMP clients' arrest and abstinence rates were influenced by whether the participants were coerced or voluntarily participated, while outpatient participation success was not influenced by coercion. Again, suggesting an interesting relationship between MMP effectiveness among criminal abusers. Regardless of such quandaries, results suggest that MMPs are less effective than drug-free outpatient clinics for criminally coerced clients on measures of recidivism and drug use (Salmon & Salmon, 1983).

While the above studies show little support for MMP programs, Brecht, Anglin, and Wang (1993) found positive outcomes in legally coerced participants. A large study of MMPs in six California counties found that all participants, those with low, moderate and high levels of coercion, showed similar and substantial improvements on a number of variables. Specifically, all recidivism and substance abuse variables showed significant improvements for all three groups except for daily marijuana groups, drug-related income, and time spent in marital relationships. Substantial improvements were observed on variables of criminal behavior[8] (e.g., arrests, criminal contact) and substance use[9]. While small increases were observed from

8 Property crime arrest rates for the low, moderate, & high coercion groups were 30%, 41%, and 40% at inake, 15%, 13%, and 15% during treatment, and 14%, 19%, and 16% at follow-up (time period not specified).

treatment to follow-up, results demonstrated that MMPs may be able to contribute to decreased offending and drug use in individuals will all levels of coercion.

Residential and inpatient substance abuse facilities have been shown to improve outcomes in offenders over other modalities, including outpatient treatment. For example, two separate analyses of Proposition 36 samples found that residential placement was associated with reduced risk of being rearrested for a drug offense over that of other placements including outpatient. This was the case even up to five years after completing treatment (Farabee et al., 2004; Hser et al., 2007). However, it has been demonstrated that perhaps the intensity of inpatient services are best reserved for individuals with the most severe substance abuse disorders (Hser et al., 2003). As cited by Farabee and colleagues (2004), the effectiveness of treatment is optimized when treatment modalities and intensity are matched to client's needs. Although this is the ideal, several studies have noted that due to limited funding and resources, the majority of clients are being treated in outpatient facilities despite abuse severity, resulting in an under-serving of some clients (Hser et al., 2003; Longshore et al., 2003).

Highlighting these concerns, Farabee et al. (2004) found that Proposition 36 clients were significantly less likely to be treated in an inpatient setting than non-Proposition 36 clients[10] who presented with the same levels of symptom severity (44 non-Proposition 36 clients were treated in inpatient versus 25 Proposition 36 clients). To test the interaction between treatment modality matching and drug use severity, a model was created that used type of treatment modality (e.g., inpatient, outpatient) and drug use severity (per ASI scores) data on Proposition 36 clients and linked the combination of these two variables with clients' recidivism rates in the areas of property arrests, violent arrests, and drug arrests during the 12 months following treatment admission. Results confirmed that individuals with high drug severity were most effectively treated in inpatient settings. Results indicated that Proposition 36 clients were more likely to be rearrested for a drug crime than non-Proposition 36 clients who, as mentioned, were more effectively matched with drug severity and intensity of treatment. It was also demonstrated that drug use severity was associated with increased risk of rearrest for a property or drug crime and that residential placement was associated with reduced risk of being rearrested for a drug offense. Additionally compelling, individuals marked as high-risk (due to drug use severity) who were treated in outpatient were most likely of all individuals in all modalities to be rearrested during the 12 months after treatment admission (Farabee et al., 2004). Such findings present a compelling argument for matching substance abuse severity with intensity of services. Results account for the lack of success observed in programs where high-risk abusers are treated in outpatient facilities in lieu of more intensive, inpatient services.

Aftercare has been theoretically understood to enhance treatment effectiveness in coerced drug offenders, but little research on the effects of aftercare exists for this specific sample. However, one compelling study found that DCJTC clients (offenders diverted to a residential TC) who were not admitted to Phase Four (up to six months of residential aftercare) were 2.1 times more

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9 Narcotic daily use went from 78%, 81%, and 77% at intake to 16%, 13%, and 19% during treatment and 26%, 26%, and 32% at follow-up.

10 Non-Proposition 36 clients were individuals who voluntarily sought treatment at one of the 43 treatment facilities where Proposition 36 clients were being served. Individuals had no criminal justice involvement.

likely than clients who were admitted to Phase Four to be rearrested (Knight & Hiller, 1997). Another study addressing a stand alone aftercare program found that aftercare contributed to reductions in drug use and recidivism in the short-term. Specifically, probationers and parolees were examined six and 12 months after completing six months of outpatient treatment and then six months of aftercare (including counseling case-management and life skills training). Results revealed that treated offenders demonstrated reductions in drug use and criminality when compared to a similar non-treated group. While the effects were significant at six months, they had virtually dissipated after 12 months suggesting that the influence of aftercare may only be short-term (Brown et al., 2001).

Factors that Influence Success

Participants' gender has been implicated in program success. However, it is unclear whether male or female offenders fare better in substance abuse treatment. Some studies suggest that males fare better in treatment. For example, the Dallas County Judicial Treatment Center (DCJTC), a program diverting felony offenders into a residential TC, found that males were 1.7 times more likely than females to complete the program (Knight & Hiller, 1997). Additionally, among Proposition 36 clients, "treatment success" (current employment, no use of any illicit drug, and no new arrest(s) in the 30 days preceding the 12-month follow-up) was more common in male participants (despite the fact that female participants were more likely to report abstinence at the three-month follow-up) (Hser et al., 2007). While compelling, other studies show that gender does not influence treatment outcomes. In a separate sample of Proposition 36 clients, Hser and colleagues (2007) found that men and women completed treatment at about the same rates, while other studies suggest that women fare better than men in treatment. For instance, an analysis of DTAP participants found that males were more likely to recidivate than females (34% versus 20%) five years following treatment (Sung & Belenko, 2005).

Age at which participants enter treatment has been found to impact program success. The research consistently demonstrates that older participants are more successful in treatment; even if the age difference is within five years. For example, DTAP, a program diverting felony offenders to drug treatment, found that the mean age of individuals rearrested was 28 at admission while those who remained crime free three years later had an average age of 31 at admission. A predictive model estimated that being older resulted in a 6% lower chance of being rearrested (Sung, 2003). Being older was also found to contribute to greater program completion in a sample of criminally involved substance abusers. Specifically, being 32 years of age or older resulted in 1.7 times greater likelihood of completing a residential substance abuse treatment program than being younger than 32 years of age (Knight & Hiller, 1997). The influence age has on recidivism was true even up to five years following treatment; another analysis of DTAP participants found that individuals rearrested averaged 29 years of age while those not arrested were averaged 32 years of age (Sung & Belenko, 2005). For additional support for the claim that younger age has an adverse effect on criminal drug abusers' treatment outcomes, see Farabee et al. (2004) and Marlowe, Patapis, & DeMatteo (2003).

Race has frequently been tested for their impact on treatment effectiveness. Some studies demonstrate that White participants fare better in treatment while a large number of studies show no effect in regards to race. One study of Proposition 36 clients found that African Americans,

Hispanics, and Native Americans were slightly less likely than Whites and Asian/Pacific Islanders to reach the 90-day treatment mark. Interestingly, in clients receiving substance abuse treatment with no CJS involvement, Asian Americans had the highest 90-day retention rate while Whites had the lowest (Hser et al., 2007). However, a number of studies have shown that race does not impact treatment effectiveness (Farabee et al., 2004; Knight & Hiller, 1997; Sung, 2003). Moreover, Harrell and colleagues (2002) found that, for the BTC program, non-White participants actually fared better on some variables. Specifically, BTC participants who were African American showed marked decreases in marijuana use in the 30 days preceding follow-up (4% versus 18%) while White participants showed no improvements (Harrell et al, 2002).

Education is strongly implicated in program completion. For instance, Knight and Hiller (1997) found that criminal drug abusers who had at least a12th grade education were 1.6 times more likely to graduate from a residential program than individuals with less than a 12th grade education. Moreover, one-year results of DTAP participants found that 23% of those with a high school diploma or GED versus 34% of those without either were rearrested (Sung & Belenko, 2005). For additional support for the findings that education level influences treatment success see Dynia and Sung (2000) and Marlowe et al. (2003). None of the reviewed studies examined the benefits of providing GEDs/education for offenders while in treatment.

Employment at admission has been linked with successful program completion, and employment at completion has been shown to be related to continued success. For example, Proposition 36 offenders who were employed at intake were more likely to report abstinence at a three-month follow-up (Hser et al., 2007). Additionally, Sung and Belenko (2005) found that graduates of the DTAP program who did not have a job at treatment completion recidivated at significantly higher rates than those who were employed at exit (45% versus 28% three years after treatment completion).

A few studies have examined **martial status** and the influence it has on program success. A small number of studies indicate that being married enhances rehabilitation. One study of substance abusing offenders found offenders that reported being unmarried at intake were 4.6 times more likely than married offenders to be rearrested one year following discharge (Knight & Hiller, 1997). Furthermore, of individuals who completed the program and attended up to six months of aftercare, individuals who were unmarried were 4.1 times more likely to be rearrested after one year than married offenders. On the other hand, a study of DTAP participants found that marital status was not significantly related to recidivism rates five years following treatment (Sung & Belenko, 2005). However, living alone was associated with higher recidivism rates (41% versus 30% for those living with parents 27% living with spouses and 26% living with friends and other relatives).

Treatment duration has been frequently studied for its impact on successful program completion. The research is somewhat conflicted in demonstrating whether or not length of time spent in treatment impacts rehabilitation. A number of studies observed improved outcomes (e.g., decreased reoffending, successful program completion) for those who stayed in treatment longer. For example, Hser and colleagues (2007) found that a greater length of stay in treatment was associated with decreased arrests three months following treatment for all Proposition 36

clients in five counties[11]. Interestingly, of all variables assessed in this study (e.g., number of UAs, demographics), only shorter treatment predicted recidivism at the three month follow-up. Proposition 200 participants were also more likely to successfully complete the program if they spent a greater amount of time in treatment (94.1 days compared to 74 days for unsuccessful completion) (Arizona Supreme Court, 1999). Sung (2003) also had a similar finding for DTAP participants (average length of residential treatment was 404 days for those that recidivated compared to 566 for those who did not). However, a nearly equal number of studies have demonstrated that length of stay is not correlated with success. For example, Belenko and colleagues (2004) found that among DTAP participants, months spent in treatment was not a significant predictor of graduation status or annual rearrest rates. For additional studies demonstrating that a greater duration of treatment contributes to decreased rearrests see Farabee et al. (2004) and Hser et al. (2007). For additional studies demonstrating that length of stay has no effect on program success see Dynia and Sung (2000) and Burke and Gregorie (2007).

Prior treatment failures have been shown to decrease program success. A comprehensive review of coerced offenders receiving drug treatment found that most studies demonstrated that having more treatment failures caused individuals to be less amenable to further treatment (Marlowe, Patapis, & DeMatteo, 2003). Similarly, a study of Proposition 36 clients found that the percent of individuals still in treatment at 90 days was higher for clients with no prior treatment experience (Hser et al., 2007).

Involvement in the criminal justice system (CJS) versus no involvement among individuals seeking drug treatment has been of interest to researchers. It is believed that clients with drug problems who are criminally involved differ from individuals with only drug or alcohol problems. Understanding these differences may be significant in understanding the barriers to treatment success for individuals involved in the criminal justice system. Farabee and colleagues (2004) compared these two groups among individuals receiving substance abuse treatment in one of 18 California counties and identified a number of differences between these two groups. In regards to demographic variables, Proposition 36 clients (or CJS involved clients) were more commonly male (69.3% versus 63.1%) and African American (22.3% versus 16.3%) than individuals with no CJS involvement. With regard to life stability factors, non-CJS clients were employed more often (24% versus 19.6%), less likely to be married (16% versus 19.2%), and had more likely to have completed high school (38% versus 19.2%) than CJS involved treatment seekers. Substance abuse indicators revealed that CJS involved clients were more likely to report methamphetamines as their primary drug (44%) compared to non-CJS participants who most often reported alcohol has their primary drug of choice (38.7%). It is clear that CJS involved individuals differ from non-CJS involved treatment seekers. The importance of coercion to treatment (see the following page) suggests that CJS involved treatment seekers may also have different outcomes than self-referred clients.

Severity of criminality has also been believed to influence treatment outcomes. For instance, one study of Proposition 36 clients found that having a greater number of arrests in the same

11 Number of days in treatment by county: County A = 60.3, County B = 77.0, County C = 79.7, County D = 58.0, and County E = 47.9. Percent arrested in past three months by county: County A = 25.4%, County B = 10.3%, County C = 11.2%, County D = 17.7%, and County E = 19.2%.

offense category one year preceding admission increased the likelihood of being rearrested (Hser et al., 2007). Similarly, in a review of several studies of coerced drug abusers, Marlowe, Patapis, and DeMatteo (2003) found the literature consistently reported that a more severe criminal history, including violent offenses, made offenders less amendable to treatment, or more likely to drop out or be expelled from treatment. Interestingly some research suggests that it may not just be the type of offense that limits treatment effectiveness, but the age at which the offense occurs. For example, DTAP participants with more self reports of juvenile arrests were more likely to recidivate three and five years following treatment (Sung & Belenko, 2005). However, increases in *adult arrests* were not linked with additional arrests three and five years following treatment (Sung & Belenko, 2005). Authors hypothesize that criminal psychopathology and behavioral problems are more pronounced in individuals who offend early in life. None of the studies reviewed indicated that offenders with more severe criminal histories could have similar or better outcomes than less severe offenders.

Primary drug of choice has been shown to impact treatment effectiveness with some drugs producing a more debilitating influence. For example, one study of Proposition 36 found that users of methamphetamine, cocaine/crack, and marijuana had similar treatment retention at 30, 60, and 90 days but that heroin users were somewhat less likely to stay in treatment for 90 days (Hser et al., 2007). A five-year analysis of DTAP participants found that crack usage increased the odds of being rearrested 2.1 times over that of heroin users while other types of drugs and all routes of entry were not associated with recidivism (Sung & Belenko, 2005).

C**oercion to treatment** has been heavily researched for its influence on treatment outcomes. It is a widespread belief that being coerced into treatment limits program success. Large systemic reviews of coerced treatment and quasi-compulsory treatment (of the sample, some offenders are given the option to receive treatment while others are mandated) are mixed in demonstrating the role motivation plays in program success (Klag, O'Callaghan, & Creed, 2005; Stevens et al., 2005). Together both reviews analyzed over 30 years of research from around the world, but the authors have primarily been stumped in making conclusions due to limited methodological rigor of the individual studies. The theme of the reviews, however, is that a substantial number of studies demonstrated that being coerced into treatment did not necessarily limit treatment effectiveness and that in some cases offenders fare as well as, and occasionally better than voluntary participants (see Anglin, Brecht, & Maddahian, 1989; Brecht, Anglin, & Wang, 1993; Leukefeld & Tims, 1990; Friedman, Horvat, & Levinson, 1982; Hser, Anglin, & Liu, 1991) on a number of criminal and treatment variables. While promising, other studies (while considerably smaller in number) suggest that coercion limits treatment effectiveness (Harford, Ungerer, & Kinsella, 1976).

Despite the ambiguity associated with the large systemic reviews, individual studies of coercion in samples similar to DORA demonstrate that mandated participants fare equal to, or better than similar voluntary participants (Kelly, Finney, & Moos, 2005). For example, a study of participants receiving outpatient substance abuse treatment in one of five large facilities in Ohio found that individuals who were legally mandated to receive treatment fared better on a number of outcomes when compared to individuals who voluntarily sought treatment. Specifically, when controlling for severity of addiction and readiness to change (either contemplating or acting on change), it was found that legally mandated participants were 2.8 times more likely to report

abstaining from alcohol or other drugs than voluntary participants in the 30 days preceding the six-month follow-up interview. Additionally, six-month scores on the Addiction Severity Index (ASI) indicated that legally coerced participants had significantly lower drug severity and psychiatric severity scores than non-coerced participants. These participants also had lower scores of alcohol severity although the difference was not significant (Burke & Gregoire, 2007). These results indicate that coercion to treatment from the criminal justice system (CJS) does not preclude treatment effectiveness.

Similar success of mandated substance abusers was observed on various outcomes at one and five years following treatment (Kelly, Finney, & Moos, 2005). The study compared (1) judicially mandated participants, (2) individuals with criminal justice involvement but that volunteered to treatment, and (3) volunteers with no criminal history. All were receiving treatment at an intensive residential facility. In regards to criminal justice outcomes, mandated participants had an arrest rate similar to the non-criminal justice involved clients one year following treatment (20.9% compared to 18.3%). This rate was significantly lower than the criminal justice involved voluntary participants (32.3%) suggesting that being mandated to treatment does not limit treatment effectiveness in reducing criminality but perhaps enhances outcomes among this population. Arrest rates among mandated clients continued to decrease substantially after five years (a reduction of 73% compared to 53% in volunteers with criminal history), but were not significantly different than the other groups. In regards to substance abuse measures, mandated clients reported significantly higher abstinence rates than volunteer offenders and volunteers with no criminal history (53.9% compared to 45.3% and 39.9% respectively). They were also significantly less likely to have received any consequences for using. Mandated clients also showed equal improvements to comparisons on measures of life stability. Specifically, no significant differences were observed in employment rates across all clients after one year. Mandated clients were significantly more likely to be employed than comparisons after five years but when controlling for a number of covariates (age, race, severity, etc), the rates were essentially equal.

Conclusively, these studies provide an alternative to the popular belief that coerced individuals receiving treatment are outperformed by voluntary treatment seekers. Studies presented demonstrate that coerced individuals have equal and occasionally more improved abstinence rates, psychiatric severity, addiction severity, arrest rates, and life stability (e.g., employment) when compared to voluntary treatment seekers.

The role of internal motivation among coerced clients has also been a longstanding concern in the treatment of drug offenders. Evidence of broader clinical samples does suggest that intrinsic motivation for change predicts post-treatment improvements (Prochaska, DiClemente, & Norcross, 1992). However, studies on substance abusing offenders diverted into treatment do not clearly support this claim. Results suggest two possible alternatives: 1) that coerced individuals may enter treatment with the same level of motivations as voluntary samples and/or 2) that level of motivation may not clearly be a factor in program success. For example, in one study, baseline scores on the Readiness to Change Questionnaire (RTCQ) indicated that coerced individuals entered treatment with the same levels of motivation as drug-abusing individuals who were not coerced to receive substance abuse treatment. Additionally, readiness to change at admission was not a predictor of reported substance abuse or ASI severity 6 months following treatment (Burke

& Gregoire, 2007). Sung and Belenko (2005) also provided results that suggest that motivation is not necessarily a factor in program success. Here, it was found that DTAP offenders who scored high on self-ratings of motivation on an internal motivation scale[12] were somewhat more likely to be rearrested. Specifically, a one-point increase on the internal motivation scale increased the odds of being rearrested by 14% five years following treatment completion. While the interaction is only moderate, it provides additional support for the possibility that motivation or readiness to change may not be a factor in determining offender success during and following treatment (Sung & Belenko, 2005).

Other studies also suggest that motivation may not clearly predict program success. Brocato and Wagner (2008) found that although mandated clients had slightly lower levels of motivation on the Stages of Change Readiness and Treatment Eagerness Scale, there were no significant differences between all participants on the two measures of patient satisfaction and treatment environment perceptions. Additionally, while all groups showed significant improvements on measures of clinical gain (self coping, 12-step involvement, and reported symptomology), the improvements were essentially equal across all groups suggesting (as in Burke & Gregoire, 2007) that motivation and readiness to change may not be causally linked to success (Kelly et al., 2005). However, it should be noted that this is not always the case. One study of alternatives-to-prison substance abuse programs found that retention in treatment was positively related to motivation to change (i.e., recognition of a drug problem) which was also positively related to therapeutic alliance (Brocato & Wagner, 2008).

Conclusively, these studies provide alternatives to the long-standing assumption that motivation clearly predicts program success. Studies presented suggest that drug abusing offenders mandated to treatment do not necessarily have lower levels of motivation to complete treatment. Moreover, studies suggest that motivation is not causally a factor in determining program success. Studies have demonstrated that motivation does not predict long term abstinence (Burke & Gregoire, 2007), likelihood of rearrest (Sung & Belenko, 2005), clinical gain, patient satisfaction, or treatment environment perceptions (Kelly et al., 2005). For additional support of these findings see Farabee, Prendergast, and Anglin (1998).

Treatment perceptions have also been of interest in predicting program success. It has been demonstrated that individuals with negative perceptions of treatment are less likely to succeed in treatment. For example, Sung and Belenko (2005) found that DTAP participants who believed they had spent too much time in treatment were twice as likely to be rearrested up to five years following treatment compared to individuals who perceived treatment length to be appropriate (7% versus 16%).

12 The Internal Motivation Scale consisted of two motivation statements that were rated by subjects on level of agreeability from a scale of 1 to 10 upon treatment completion (18 to 24 months). The first statement assessed whether or not the offender was already seeking treatment before being afforded DTAP participation (it was suspected that more motivated individuals would rated treatment seeking desire higher). The second statement assessed how much external pressure (avoiding legal consequences) played a role in the participant's main reason for engaging and staying in treatment.

Other Variables that have been minimally assessed but that may play a role in program success include the following:

Psychiatric severity and the diagnosis of some mental illnesses have been linked with program failure. A system review of offenders receiving substance abuse treatment cited several studies documenting that the diagnosis of Antisocial Personality Disorder (APD) is associated with lower retention rates in substance abuse treatment, higher rates of program non-completion, and greater rates of relapse (Marlow et al., 2003).

Drug use severity has also been found to limit treatment success. For example, Hser and colleagues (2007) found Proposition 36 clients who had been using drugs daily were least likely to be in treatment three months following treatment initiation (Hser et al., 2007).

Heath concerns, such as having a sexually transmitted disease (STD), have been shown to lead to improved treatment success. It is hypothesized that the seriousness of infectious disease is a strong motivator to abstain from drug use (Sung & Belenko, 2005). One study of DTAP participants found that reporting a diagnosis of an infectious disease was consistently linked with lower levels of recidivism. Specifically, individuals who were HIV positive were significantly less likely to be rearrested one year following treatment. A history of an STD or tuberculosis (TB) was also weakly correlated with recidivism (31% of offenders with an STD recidivated vs. 33% of offenders without an STD and 29% of individuals with TB recidivated vs. 51% without TB). Five year rearrest were also smaller for individuals with HIV (20% were rearrested versus 32%) (Sung & Belenko, 2005).

Urine testing by site has also been shown to influence outcomes. One study found that urine testing done at the treatment facility reduced recidivism rates while urine tests done by the treatment facility (but at a separate UA lab) and/or the CJS facility was not related to reduced recidivism three months following treatment (Hser et al., 2007).

Recommendations

A number of best practice guidelines have been proposed for diversion programs including ten published elements critical to the operation of TASC (a program similar to DORA) and a comprehensive identification of best practice standards for diversion programs from the Alcohol and other Drug Council of Australia (ADCA) (Bull, 2005). Standards were provided by a number of criminal justice and mental health professionals including senior judges, justice system personnel, prosecutors, law enforcement, prison and probation personnel, health care, and other professionals internationally. For detailed information on these standards see the following: Bureau of Justice Assistance (1992), Russell & Davidson (2002), Alcohol and other Drug Council of Australia (1996), and Expert Working Group (1999). A comprehensive review of these documents is also provided by Bull (2005). Relevant highlights from this document include several common elements of best-practice diversion programs. The principles include: philosophy, eligibility, access, client rights, monitoring and evaluation, training, partnership, documentation, legalization, range of options, social support and follow-up, and funding.

Philosophy of the given program should be clear, sound and imbedded in all aspects of the program. All individuals involved in the program should have an understanding and commitment to the philosophy of the program.

Eligibility criteria should be carefully decided upon with the intent of reaching the greatest amount of the population in need while providing effective services. Assessment procedures should be in place and early identification in all participants should be sought.

Access to all treatment modalities necessitated by the client's needs should be ensured regardless of sex, race, age or socioeconomic status. Geographical location of eligible clients should not be a barrier to treatment either. Access to treatment should be achieved through timely referral.

Client rights should not be compromised in the treatment process. Client should always be treated under informed consent.

Monitoring of compliance is achieved through clearly defined criteria for completion and expulsion. Strict procedures for monitoring client behavior should be in place. Sanctions for misconduct should be conducted in a timely manner. Information on individual's successes and failures should be shared between all service organizations.

Evaluations of both process and performance outcomes should be conducted regularly. This is facilitated by a procedure for data sharing across all service organizations.

Training should be delivered to all those implicated in service delivery including police, judges, and court workers. Clear job descriptions should be applied to all positions and boundaries between each provider should be set. Training should reflect the program's philosophy and work to improve the efficacy of interventions provided.

Partnerships between all service organizations should be achieved. Techniques for enhancing service integration will be discussed below.

Documentation should be done for all policies and procedures including eligibility criteria, compliance standards, sanctions, confidentiality, and assessment and referral procedures.

Legalization should be achieved by seeking legislative support across jurisdictions.

Social support should be utilized to enhance the offender's ability to secure housing, employment, family support, and financial stability.

Aftercare should be provided to ensure rehabilitation once the legal requirements have been fulfilled.

Funding should be secured by partnerships and networking with stakeholders.

Treatment-oriented recommendations have also been proposed. Delany, Fletcher, and Shields (2003) recommend the following: 1) matching the level of care to the level of drug abuse

severity; 2) acknowledging the chronic nature of drug abuse necessitating treatment that is not based upon a single episode of care, but rather continuing care until rehabilitation is secured; 3) providing treatment that also addresses the social and behavioral consequences associated with drug abuse; and 4) augment primary interventions with ongoing supervision and support.

As highlighted in the overview of s**ervice delivery** recommendations, a strong emphasis is placed upon the need for close collaboration between modalities of care. Five techniques have been recommended for enhancing collaboration between service delivery organizations. Techniques of interest to DORA include the following: **networking** (informal sharing of information and support between supervising agents and treatment providers), **coordinating** (more involved level of integration including collaboratively assigning staff in both agencies to work together based on their work schedules etc. and regularly scheduled meetings to discuss progress), **cooperating** (involves sharing of resources and integration of activities), and **consolidation** (involves structure changes where both entities merge sharing common goals, job descriptions, staff training and information) (Delany et al., 2003).

Model Alternatives to Incarceration for Drug-Involved Offenders

	TASC	BTC	DTAP	AZ Prop 200	CA Prop 36	MERIT
Route of Entry	Pre & Post Conviction	Pre & Post Conviction	Post Conviction	Post Conviction	Post Conviction	Pre Conviction
Qualifying Charges	Any with assessed SA problems	Any felony w/ Assessed SA Problem	Repeat felony drug offenses	First priority = drug offenders. Probation then can use Prop 200 services for any probationer in need	Drug only for new offenses; Any for drug-related supervision violation	Drug or drug related offenses only
Treatment Providers	Community Based	Community Based	DTAP	Community Based	Community Based	Community Based
Treatment Options	Full Continuum	Full Continuum	Residential Therapeutic Community	Full Continuum, outpatient most frequently	Full Continuum, outpatient most frequently	Full Continuum
Average Treatment Length	Varies widely	Not stated	18-24 months	Varies widely	Ranges from less than 3 to greater than 6 months	3 month minimum
Recidivism Outcomes	**Mixed results.** Drug crimes sig. lower for TASC than comparisons @ 6-mon f/u at 2/5 sites. New arrest rates	**Mixed results**. 2/3 sites sig. less recidivism (overall arrests) than comparisons. Birmingham BTC- 61% vs. 79% (Harrell et	**Positive results.** Recidivism 3 years following program completion: 57% DTAP vs. 75% comparisons. DTAP also did better on: new	**Positive preliminary results**. 61.1% of participants successfully completed treatment and did not reoffend in the program's first year of	**Mixed results**. In one study: Prop 36 sig. less drug arrests (35%) opt-outs (50.9%) and non-completers (53.2%). These participants also	**Positive preliminary results**. Police records tracking the first 43 MERIT participants for 6 to 9 months following completion found that only

	(measures any criminal offense) sig. lower than comparisons at 1/5 sites (Anglin et al., 1999).	al., 2002). Tacoma BTC- 45% vs. 59% (Mitchell & Harrell, 2006). Jacksonville BTC- 51% of BTC participants reoffended vs. 43% of comparisons (Mitchell & Harrell, 2006).	convictions and jail or prison sentences (Belenko et al., 2004) In another study, 4% of DTAP participants were rearrested compared to 13% of comparisons. (Dynia & Sung, 2000).	operation (Arizona Supreme Court, 1999).	had less property, violent, felony and misdemeanor drug arrests than any other group (Longshore et al., 2005) In another study: Prop 36 sig. more drug arrests (33.4%) than comparisons (28.6%) (Longshore et al., 2005)	six had contact with the criminal justice system and five of the six were for reportedly minor offenses (Reilly et al., 2002).
Substance Use Outcomes	**Mixed Results.** Number of days using drugs improved in 3/5 sites. 1/5 sites showed greater reductions in frequency of drug use, and	**Mixed Results.** 1/2 sites showed improvements. Birmingham BTC- BTC sig. less 30-day use of any drugs (17%) vs. comparisons (26%), heroin or	**Not stated.**	**Positive results.** 76.3% of urinalyses (UAs) were negative for DTAP participants in the program's first year of operation (Arizona Supreme Court, 1999).	**Mixed results.** Prop 36 participants reported significantly less drug use (17.7%) compared to non-treated (34.6%) and partially treated	**Not stated.**

	ratio of drug days to days at risk vs. comparison group (Anglin et al., 1999)	cocaine (4% vs. 8%), or marijuana (4% vs. 18%) @ 9 mo. f/u (Harrell et al., 2002) Tacoma BTC 49% of BTC used drugs in the 30 days preceding the 12 month follow-up compared to 53% of comparisons (Mitchell & Harrell, 2006).			(27.1%). Other variables were not improved other controls (drug use of any kind, use of primary drug) (Longshore et al., 2005)	
Other Outcomes	**Service delivery was positive**. TASC received sig. more treatment (in 4/5 sites) than the alternative services (Anglin et al., 1999).	**Not stated.**	**Not stated.**	**Cost effectiveness was positive**. Using Arizona Department of Corrections (ADC) fiscal data, it was estimated that Proposition 200 led to a cost savings of $11.7 million in 2005	**Life stability was positive.** Prop 36 who received more treatment reported working and spent more days employed than comparisons (Longshore, et al., 2005)	**Treatment retention was positive.** 33% of MERIT participants successfully completed the program and another 33% stayed on for additional treatment (Reilly et al., 2005)

				(Arizona Supreme Court, 2006).		
Who does best in program	Not stated.	Non-white ethnicities (for decreased marijuana use)	Males, older participants (average of 31), individuals with at least a high school diploma, non-crack users, participants who do not live alone, stay longer in treatment (566 days), and have no juvenile criminal history.	Participants who spent more time in treatment (91.4 days)	Males (females abstinent more but males fare better overall), older participants, White and Pacific Islanders (over Black, Hispanic, and Native American ethnicities), individuals with no prior Tx experience.	Not stated.

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Appendix B: Descriptive Data Tables for Study Groups

DORA Time 1				
	Mean	SD	Min	Max
Average age at referral	32.9	10.5	19.1	65.3
Lifetime prior arrests	8	5.9	1.0	27.0
Lifetime prior drug arrests	3.7	3.0	1.0	16.0
Lifetime prior property arrests	3.2	3.1	0.0	1.0
Lifetime prior person arrests	1.3	2.1	0.0	8.0
Lifetime prior misdemeanor arrests	5.8	4.9	0.0	24.0
Lifetime prior felony arrests	3.4	2.5	1.0	13.0
Prior arrests 2 years pre	3.4	1.9	1.0	8.0
Prior drug arrests 2 years pre	2.2	1.3	1.0	7.0
Prior property arrests 2 years pre	1.3	1.4	0.0	6.0
Prior person arrests 2 years pre	0.5	0.9	0.0	4.0
Prior misdemeanor arrests 2 years pre	2.4	1.8	0.0	7.0
Prior felony arrests 2 years pre	2.3	1.2	0.0	7.0
Average # of prior convictions for any offense type(s)	2.5	1.8	1.0	8.0
Average # of prior drug convictions	1.2	1.5	0.0	6.0
Average # of prior person convictions	0.4	0.9	0.0	4.0
Average # of prior property convictions	0.5	0.8	0.0	3.0
Average max charge severity of prior convictions (1=MC, 6=F1)	3.8	0.8	2.0	6.0
Average # of days in jail prior to probation	55.0	66.3	0.0	304.0
Average max charge severity of prior jail bookings (1=MC, 6=F1)	4.9	0.9	2.0	6.0
Average max charge severity of qualifying charges (1=MC, 6=F1)	4.1	0.3	3.0	5.0
Average criminal history category rating	2.0	1.1	1.0	5.0
Average LSI score at intake	21.5	7.7	7.0	39.0
Average # prior Tx Admissions	3.3	4.4		
Average # of days between qualifying conviction and probation referral	25.6	149.1	0.0	1342.0
Average # of days between referral and probation start	68.9	78.1	38.0	269.0
Average # of days between qualifying conviction and probation start	95.6	151.1	38.0	1390.0
Average # of days on probation	478.9	199.7	81.0	895.0
Average # of jail days ordered at probation start	28.1	81.9	0.0	365.0
Average # of jail days served at probation start	75.2	74.7	0.0	307.0
Average # of days to 1st PO contact	10.9	37.9	-141.0	170.0
Average # of days between PO contacts	17.3	15.4	0.0	137.0
Average # of days between contacts in the community	49.8	33.8	2.5	226.7
Average # of days between PO contacts with Tx Provider	25.7	17.1	1.0	101.7
Average # of days from ASI to Probation Start	14.2	61.6		
Average Medical Composite Score	0.15	0.24		
Average Employment Composite Score	0.80	0.26		
Average Alcohol Composite Score	0.05	0.13		
Average Drug Composite Score	0.11	0.06		

DORA Time 1				
	Mean	SD	Min	Max
Average Legal Composite Score	0.50	0.50		
Average Family/Social Composite Score	0.06	0.09		
Average Psychiatric Composite Score	0.19	0.21		
Average Years Used Stimulants/Amphetamines	4.5	3.9		
Average Self-Reported Prior Tx Admissions	1.2	2.4		
Average # of days to 1st Tx Admission	38.2	66.9	-195.0	329.0
Average # Tx Admissions	3.6	2.1	1.0	8.0
Average Maximum Tx Intensity (1 = Limited Tx, 4 = Residential)	3.4	0.8	1.0	4.0
Average # of days in Residential Tx	149.7	175.9	0.0	731.0
Average # of days in Intensive Outpatient Tx (IOP)	152.3	162.6		
Average # of days in Outpatient	154.4	148.7	0.0	655.6
Average # of days from probation start to treatment start	40.1	59.9	-39.0	329.0
Average # of days in substance abuse treatment	456.5	289.9	2.0	1056.0
Average # of days from probation exit to follow-up	484.9	201.4	58.0	796.0
Average # of days between UDC UAs	85.5	77.2	3.0	346.5
Average # of days between probation start and last positive UA	371.5	246.8	18.0	959.0
Average # of days between Tx Provider UAs	13.2		3.0	82.7
Average # of days from probation start to non-compliant event	109.9	139.4	0.0	627.0
Average # of days out on fugitive status	328.4	276.7	5.0	867.0
Average # of days from probation start to Probation Restart	242.9	176.9	39.0	705.0
Average max charge severity of new convictions during (1=MC, 6=F1)	4.0	0.6	3.0	5.0
Average # of new convictions during probation	2.6	2.1	1.0	7.0
Average # of drug convictions during probation	0.7	0.6	0.0	2.0
Average # of property convictions during probation	0.8	1.3	0.0	4.0
Average # of days b/w probation start and prison for violation	338.9	107.5	201.0	555.0
Average # of days b/w probation start and 1st new charge bkg during	255.9	196.5	84.0	773.0
Average # of days in jail for new charge booking during	41.8	40.6	0.0	105.0
Average # of days in jail for non-new charge booking during	65.1	77.9	0.0	362.0
Average max charge severity of jail bookings during (1=MC, 6=F1)	4.2	1.4	2.0	6.0
Average # of days from probation exit to follow-up	484.9	201.4	58.0	796.0
Average # of days to first arrest post-exit	311.3	190.7	7.0	671.0
Average max charge severity of new charges post-exit (1=MC, 6=F1)	4.0	1.2	2.0	5.0
Average LSI score at 1 year follow-up	16.6	5.8	5.0	27.0
Average change in LSI score from intake to 1 year follow-up	-3.6	8.1	-20.0	14.0

DORA Time 2				
	Mean	SD	Min	Max
Average age at referral	29.3	9.4	18.5	54.1
Lifetime prior arrests	6.4	4.8	1.0	24.0
Lifetime prior drug arrests	2.7	2.5	0.0	14.0

DORA Time 2				
	Mean	SD	Min	Max
Lifetime prior property arrests	3.1	3.3	0.0	17.0
Lifetime prior person arrests	0.7	1.3	0.0	6.0
Lifetime prior misdemeanor arrests	4.5	3.8	0.0	20.0
Lifetime prior felony arrests	3.0	2.1	0.0	11.0
Prior arrests 2 years pre	3.3	1.9	1.0	10.0
Prior drug arrests 2 years pre	1.7	1.4	0.0	6.0
Prior property arrests 2 years pre	1.8	1.9	0.0	8.0
Prior person arrests 2 years pre	0.4	0.8	0.0	4.0
Prior misdemeanor arrests 2 years pre	2.3	1.9	0.0	9.0
Prior felony arrests 2 years pre	2.3	1.2	0.0	7.0
Average # of *prior* convictions for any offense type(s)	2.3	2.2	1.0	12.0
Average # of *prior* drug convictions	0.8	0.8	0.0	3.0
Average # of *prior* person convictions	0.1	0.3	0.0	1.0
Average # of *prior* property convictions	1.1	1.7	0.0	8.0
Average # of days in jail prior to probation	50.8	77.1	0.0	414.0
Average max charge severity of prior convictions (1=MC, 6=F1)	3.8	0.7	2.0	5.0
Average max charge severity of prior jail bookings (1=MC, 6=F1)	4.8	1.0	2.0	6.0
Average max charge severity of *qualifying* charges (1=MC, 6=F1)	4.1	0.3	3.0	5.0
Average criminal history category rating	1.9	0.9	1.0	5.0
Average LSI score at intake	19.5	7.1	0.0	39.0
Average # *prior* Tx Admissions	2.6	2.3		
Average # of days between qualifying conviction and probation referral	38.1	139.5	0.0	1134.0
Average # of days between referral and probation start	65.9	33.5	26.0	182.0
Average # of days between qualifying conviction and probation start	104.2	141.1	32.0	1183.0
Average # of days on probation	446.7	172.9	59.0	790.0
Average # of jail days ordered at probation start	73.3	101.8	0.0	365.0
Average # of jail days served at probation start	61.6	71.9	0.0	345.0
Average # of days to 1st PO contact	0.6	25.1	-133.0	120.0
Average # of days between PO contacts	21.4	11.3	5.7	103.0
Average # of days between contacts in the community	62.6	36.5	7.5	207.0
Average # of days between PO contacts with Tx Provider	35.6	26.9	3.5	164.0
Average # of days from ASI to Probation Start	16.8	77.8		
Average Medical Composite Score	0.16	0.2		
Average Employment Composite Score	0.71	0.3		
Average Alcohol Composite Score	0.07	0.1		
Average Drug Composite Score	0.27	2.1		
Average Legal Composite Score	0.45	0.1		
Average Family/Social Composite Score	0.05	0.1		
Average Psychiatric Composite Score	0.20	0.2		
Average Years Used Stimulants/Amphetamines	5.1	3.8		
Average Self-Reported Prior Tx Admissions	1.3	2.9		
Average # of days to 1st Tx Admission	54.4	72.0	-291.0	358.0

DORA Time 2				
	Mean	SD	Min	Max
Average # Tx Admissions	2.9	2.1	0.0	12.0
Average Maximum Tx Intensity (1 = Limited Tx, 4 = Residential)	3.1	0.8	2.0	4.0
Average # of days in Residential Tx	151.5	149.9		
Average # of days in Intensive Outpatient Tx (IOP)	158.4	206.5		
Average # of days in Outpatient	214.8	160.3	0.0	711.0
Average # of days from probation start to treatment start	72.5	100.2	0.0	534.0
Average # of days in substance abuse treatment	341.5	202.5	5.0	1082.0
Average # of days from probation exit to follow-up	285.4	186.1	2.0	761.0
Average # of days between UDC UAs	61.4	47.3	1.0	180.7
Average # of days between probation start and last positive UA	353.6	253.7	13.0	826.0
Average # of days between Tx Provider UAs	10.2		1.0	46.0
Average # of days from probation start to non-compliant event	119.7	122.6	0.0	620.0
Average # of days out on fugitive status	100.7	125.5	2.0	530.0
Average # of days from probation start to Probation Restart	237.2	164.4	28.0	553.0
Average max charge severity of new convictions *during* (1=MC, 6=F1)	3.7	0.5	3.0	4.0
Average # of new convictions *during* probation	2.0	1.5	1.0	7.0
Average # of drug convictions *during* probation	0.4	0.5	0.0	1.0
Average # of property convictions *during* probation	1.1	0.8	0.0	2.0
Average # of days b/w probation start and prison for violation	404.3	216.9	59.0	790.0
Average # of days b/w probation start and 1st new charge bkg *during*	225.7	226.5	13.0	775.0
Average # of days in jail for new charge booking *during*	54.6	65.0	0.0	252.0
Average # of days in jail for non-new charge booking *during*	81.5	72.8	0.0	286.0
Average max charge severity of jail bookings during (1=MC, 6=F1)	3.7	1.5	1.0	6.0
Average # of days to first arrest post-exit	246.4	160.6	36.0	621.0
Average LSI score at 1 year follow-up	21.6	8.3	5.0	37.0
Average change in LSI score from intake to 1 year follow-up	1.2	6.1	-11.0	-17.0

Region 3 Time 1				
	Mean	SD	Min	Max
Average age at referral	34.8	9.3	18.4	55.7
Lifetime prior arrests	9.8	7.7	1.0	41.0
Lifetime prior drug arrests	4.5	3.1	0.0	14.0
Lifetime prior property arrests	4.3	4.9	0.0	29.0
Lifetime prior person arrests	1.3	2.3	0.0	12.0
Lifetime prior misdemeanor arrests	6.6	5.2	0.0	25.0
Lifetime prior felony arrests	4.0	2.8	0.0	12.0
Prior arrests 2 years pre	3.5	1.9	0.0	10.0
Prior drug arrests 2 years pre	2.5	1.3	0.0	7.0
Prior property arrests 2 years pre	1.5	1.4	0.0	7.0
Prior person arrests 2 years pre	0.5	0.9	0.0	4.0
Prior misdemeanor arrests 2 years pre	2.4	1.8	0.0	9.0

Region 3 Time 1				
	Mean	SD	Min	Max
Prior felony arrests 2 years pre	2.3	1.2	0.0	7.0
Average # of prior convictions for any offense type(s)	3.6	3.5	1.0	22.0
Average # of prior drug convictions	1.1	1.2	0.0	5.0
Average # of prior person convictions	0.3	0.6	0.0	3.0
Average # of prior property convictions	1.6	2.5	0.0	16.0
Average max charge severity of *prior* convictions (1=MC, 6=F1)	3.9	0.8	2.0	5.0
Average # of days in jail prior to probation	61.2	73.4	0.0	342.0
Average max charge severity of prior jail bookings (1=MC, 6=F1)	4.7	1.2	1.0	6.0
Average max charge severity of *qualifying* charges (1=MC, 6=F1)	4.2	0.4	4.0	6.0
Average criminal history category rating	2.4	1.4	1.0	5.0
Average LSI score at intake	22.9	8.6	0.0	39.0
Average # *prior* Tx Admissions	2.3	1.8		
Average # of days between qualifying conviction and probation referral	38.9	101.6	0.0	525.0
Average # of days between referral and probation start	78.1	47.8	35.0	264.0
Average # of days between qualifying conviction and probation start	113.0	110.2	2.0	574.0
Average # of days on probation	438.4	225.5	59.0	966.0
Average # of jail days ordered at probation start	80.8	128.6	0.0	365.0
Average # of jail days served at probation start	122.5	118.7	0.0	486.0
Average # of days to 1st PO contact	16.1	70.6	-138.0	555.0
Average # of days between PO contacts	24.3	19.8	3.5	134.7
Average # of days between contacts in the community	69.3	43.5	0.5	188.0
Average # of days between PO contacts with Tx Provider	70.2	82.9	1.5	361.5
Average # of days from ASI to Probation Start	-193.1	301.5		
Average Medical Composite Score	0.15	0.26		
Average Employment Composite Score	0.85	0.20		
Average Alcohol Composite Score	0.04	0.11		
Average Drug Composite Score	0.09	0.7		
Average Legal Composite Score	0.28	0.20		
Average Family/Social Composite Score	0.13	0.16		
Average Psychiatric Composite Score	0.23	0.20		
Average Years Used Stimulants/Amphetamines	6.0	5.3		
Average Self-Reported Prior Tx Admissions	1.5	2.4		
Average # of days to 1st Tx Admission	91.9	116.8	-87.0	365.0
Average # Tx Admissions	1.7	1.1	1.0	6.0
Average Maximum Tx Intensity (1 = Limited Tx, 4 = Residential)	3.0	0.8	1.0	4.0
Average # of days in Residential Tx	88.9	80.6	1.0	262.0
Average # of days in Intensive Outpatient Tx (IOP)	86.7	61.9		
Average # of days in Outpatient	154.8	128.4	0.0	423.0
Average # of days from probation start to treatment start	148.0	185.3	-37.0	799.0
Average # of days in substance abuse treatment	441.4	375.4	28.0	1784.0
Average # of days from probation exit to follow-up	497.1	236.7	19.0	936.0
Average # of days between UDC UAs	63.3	1.0	1.0	254.3

Region 3 Time 1				
	Mean	SD	Min	Max
Average # of days between probation start and last positive UA	435.6	182.8	180.0	949.0
Average # of days from probation start to non-compliant event	177.9	145.9	3.0	728.0
Average # of days out on fugitive status	163.3	205.3	4.0	993.0
Average # of days from probation start to Probation Restart	349.9	176.9	49.0	658.0
Average max charge severity of new convictions *during* (1=MC, 6=F1)	3.7	0.7	3.0	6.0
Average # of new convictions *during* probation	1.8	1.3	1.0	6.0
Average # of drug convictions *during* probation	0.6	0.8	0.0	2.0
Average # of property convictions *during* probation	0.5	1.0	0.0	4.0
Average # of days b/w probation start and prison for violation	307.7	148.4	74.0	760.0
Average # of days b/w probation start and 1st new charge bkg *during*	342.4	234.8	7.0	823.0
Average # of days in jail for new charge booking *during*	51.9	51.1	0.0	155.0
Average # of days in jail for non-new charge booking *during*	59.2	75.9	0.0	282.0
Average max charge severity of jail bookings *during* (1=MC, 6=F1)	4.2	1.1	2.0	6.0
Average # of days to first arrest post-exit	244.4	184.1	9.0	692.0
Average max charge severity of new charges *post-exit* (1=MC, 6=F1)	3.9	1.2	2.0	5.0
Average LSI score at 1 year follow-up	21.5	9.4	6.0	40.0
Average change in LSI score from intake to 1 year follow-up	-1.6	8.5	-19.0	18.0

Region 3 Time 2				
	Mean	SD	Min	Max
Average age at referral	32.9	10.6	18.1	64.5
Lifetime prior arrests	8.8	6.1	1.0	26.0
Lifetime prior drug arrests	3.0	2.8	0.0	12.0
Lifetime prior property arrests	4.4	3.8	0.0	21.0
Lifetime prior person arrests	0.7	1.3	0.0	11.0
Lifetime prior misdemeanor arrests	4.5	3.8	0.0	16.0
Lifetime prior felony arrests	3.0	2.1	0.0	12.0
Prior arrests 2 years pre	3.4	2.6	0.0	15.0
Prior drug arrests 2 years pre	1.6	1.5	0.0	6.0
Prior property arrests 2 years pre	1.9	2.0	0.0	9.0
Prior person arrests 2 years pre	0.5	1.3	0.0	9.0
Prior misdemeanor arrests 2 years pre	2.5	2.6	0.0	15.0
Prior felony arrests 2 years pre	2.0	1.6	0.0	8.0
Average # of prior convictions for any offense type(s)	2.8	2.2	1.0	11.0
Average # of prior drug convictions	0.7	0.9	0.0	4.0
Average # of prior person convictions	0.2	0.6	0.0	4.0
Average # of prior property convictions	1.4	1.8	0.0	10.0
Average max charge severity of *prior* convictions (1=MC, 6=F1)	3.8	0.8	2.0	6.0
Average # of days in jail prior to probation	52.1	74.0	0.0	312.0
Average max charge severity of prior jail bookings (1=MC, 6=F1)	4.4	1.1	2.0	6.0

Region 3 Time 2				
	Mean	SD	Min	Max
Average max charge severity of *qualifying* charges (1=MC, 6=F1)	4.1	0.4	4.0	6.0
Average criminal history category rating	2.4	1.2	1.0	5.0
Average LSI score at intake	20.3	8.1	2.0	39.0
Average # *prior* Tx Admissions	2.5	3.4		
Average # of days between qualifying conviction and probation referral	51.1	155.0	0.0	1110.0
Average # of days between referral and probation start	58.7	22.8	26.0	182.0
Average # of days between qualifying conviction and probation start	108.8	154.5	27.0	174.0
Average # of days on probation	392.7	155.8	54.0	707.0
Average # of jail days ordered at probation start	105.2	142.9	0.0	366.0
Average # of jail days served at probation start	93.1	110.4	0.0	577.0
Average # of days to 1st PO contact	9.9	66.2	-229.0	277.0
Average # of days between PO contacts	23.3	14.5	0.0	131.5
Average # of days between contacts in the community	86.6	53.9	11.7	240.0
Average # of days between PO contacts with Tx Provider	56.7	46.5	0.5	145.0
Average # of days from ASI to Probation Start	-119.8	370.2		
Average Medical Composite Score	0.08	0.1		
Average Employment Composite Score	0.74	0.3		
Average Alcohol Composite Score	0.03	0.1		
Average Drug Composite Score	0.06	0.1		
Average Legal Composite Score	0.29	0.2		
Average Family/Social Composite Score	0.06	0.1		
Average Psychiatric Composite Score	0.13	0.2		
Average Years Used Stimulants/Amphetamines	8.3	6.7		
Average Self-Reported Prior Tx Admissions	1.2	1.8		
Average # of days to 1st Tx Admission	87.4	99.4	-112.0	323.0
Average # Tx Admissions	2.0	1.4	1.0	7.0
Average Maximum Tx Intensity (1 = Limited Tx, 4 = Residential)	3.0	0.7	2.0	4.0
Average # of days in Residential Tx	124.7	101.0		
Average # of days in Intensive Outpatient Tx (IOP)	111.4	102.4		
Average # of days in Outpatient	115.6	71.9	0.0	226.0
Average # of days from probation start to treatment start	168.8	166.3	-53.0	600.0
Average # of days in substance abuse treatment	304.0	254.6	10.0	987.0
Average # of days from probation exit to follow-up	333.2	158.3	36.0	637.0
Average # of days between UDC UAs	72.1	43.6	4.0	184.3
Average # of days between probation start and last positive UA	423.4	198.0	110.0	773.0
Average # of days from probation start to non-compliant event	205.5	164.8	0.0	712.0
Average # of days out on fugitive status	172.5	196.3	7.0	766.0
Average # of days from probation start to Probation Restart	360.6	134.0	105.0	581.0
Average max charge severity of new convictions *during* (1=MC, 6=F1)	3.9	0.6	3.0	5.0
Average # of new convictions *during* probation	1.7	1.1	1.0	5.0
Average # of drug convictions *during* probation	0.3	0.5	0.0	1.0
Average # of property convictions *during* probation	1.0	1.1	0.0	4.0

Region 3 Time 2				
	Mean	SD	Min	Max
Average # of days b/w probation start and prison for violation	327.7	136.9	135.0	604.0
Average # of days b/w probation start and 1st new charge bkg *during*	263.7	153.6	71.0	589.0
Average # of days in jail for new charge booking *during*	59.8	73.3	0.0	310.0
Average # of days in jail for non-new charge booking *during*	71.5	81.7	0.0	407.0
Average max charge severity of jail bookings *during* (1=MC, 6=F1)	4.0	1.4	1.0	6.0
Average # of days to first arrest post-exit	220.7	161.4	1.0	478.0
Average LSI score at 1 year follow-up	18.9	9.4	2.0	41.0
Average change in LSI score from intake to 1 year follow-up	0.2	6.0	-15.0	15.0

Region 2D Time 1				
	Mean	SD	Min	Max
Average age at referral	34.0	10.2	18.2	58.0
Lifetime prior arrests	6.3	4.4	0.0	20.0
Lifetime prior drug arrests	2.5	1.7	0.0	8.0
Lifetime prior property arrests	2.2	2.4	0.0	11.0
Lifetime prior person arrests	0.8	1.5	0.0	13.0
Lifetime prior misdemeanor arrests	4.0	2.9	0.0	17.0
Lifetime prior felony arrests	1.9	1.4	0.0	10.0
Prior arrests 2 years pre	2.3	1.5	0.0	8.0
Prior drug arrests 2 years pre	1.3	0.8	0.0	5.0
Prior property arrests 2 years pre	0.8	1.1	0.0	5.0
Prior person arrests 2 years pre	0.2	0.5	0.0	3.0
Prior misdemeanor arrests 2 years pre	1.8	1.5	0.0	7.0
Prior felony arrests 2 years pre	1.4	8.4	0.0	4.0
Average # of *prior* convictions for any offense type(s)	2.2	1.5	1.0	7.0
Average # of *prior* drug convictions	0.9	1.2	0.0	5.0
Average # of *prior* person convictions	0.1	0.4	0.0	4.0
Average # of *prior* property convictions	0.7	1.1	0.0	5.0
Average max charge severity of *prior* convictions (1=MC, 6=F1)	3.9	0.8	2.0	6.0
Average # of days in jail prior to probation	32.4	53.4	0.0	303.0
Average max charge severity of prior jail bookings (1=MC, 6=F1)	3.7	1.1	1.0	6.0
Average max charge severity of *qualifying* charges (1=MC, 6=F1)	4.2	0.4	4.0	6.0
Average criminal history category rating	2.2	1.0	1.0	5.0
Average LSI score at intake	19.3	6.1	6.0	37.0
Average # of days between qualifying conviction and probation referral	7.7	41.6	0.0	336.0
Average # of days between referral and probation start	61.5	51.2	14.0	378.0
Average # of days between qualifying conviction and probation start	68.0	64.4	14.0	384.0
Average # of days on probation	515.9	217.9	19.0	1089.0
Average # of jail days ordered at probation start	123.0	142.6	0.0	486.0
Average # of jail days served at probation start	77.0	92.6	0.0	392.0

Region 2D Time 1				
	Mean	SD	Min	Max
Average # of days to 1st PO contact	7.1	100.9	-205.0	613.0
Average # of days between PO contacts	27.1	11.9	0.5	71.25
Average # of days between contacts in the community	73.6	41.4	7.5	202.8
Average # of days between PO contacts with Tx Provider	90.9	98.7	1.0	397.5
Average # of days to 1st Tx Admission	77.0	119.4	-241.4	267.0
Average # Tx Admissions	1.9	1.4	1.0	7.0
Average Maximum Tx Intensity (1 = Limited Tx, 4 = Residential)	2.7	0.9	2.0	4.0
Average # of days in Residential Tx	238.2	217.2	1.0	795.3
Average # of days in Outpatient	273.8	175.8	7.0	650.0
Average # of days from probation start to treatment start	157.8	191.0	-60.0	665.0
Average # of days in substance abuse treatment	481.4	332.9	31.0	1423.0
Average # of days from probation exit to follow-up	469.9	234.4	2.0	1009.0
Average # of days between UDC UAs	64.7	55.1	6.5	239.0
Average # of days between probation start and last positive UA	466.9	230.9	73.0	798.0
Average # of days from probation start to non-compliant event	222.6	194.8	0.0	1014.0
Average # of days out on fugitive status	178.7	157.5	6.0	582.0
Average # of days from probation start to Probation Restart	265.7	151.9	63.0	609.0
Average max charge severity of new convictions *during* (1=MC, 6=F1)	3.9	0.7	3.0	5.0
Average # of new convictions *during* probation	2.3	1.5	1.0	6.0
Average # of drug convictions *during* probation	0.7	0.9	0.0	3.0
Average # of property convictions *during* probation	0.9	1.3	0.0	4.0
Average # of days b/w probation start and prison for violation	374.0	148.4	19.0	935.0
Average # of days b/w probation start and 1st new charge bkg *during*	204.4	172.0	18.0	580.0
Average # of days in jail for new charge booking *during*	78.8	112.0	0.0	323.0
Average # of days in jail for non-new charge booking *during*	85.3	112.8	0.0	588.0
Average max charge severity of jail bookings *during* (1=MC, 6=F1)	2.7	0.9	2.0	4.0
Average # of days to first arrest post-exit	248.5	218.2	1.0	826.0
Average max charge severity of new charges *post-exit* (1=MC, 6=F1)	3.5	1.5	2.0	6.0
Average LSI score at 1 year follow-up	18.8	8.0	5.0	42.0
Average change in LSI score from intake to 1 year follow-up	-0.3	8.0	-24.0	29.0

Region 2D Time 2				
	Mean	SD	Min	Max
Average age at referral	30.8	9.3	18.5	53.0
Lifetime prior arrests	4.9	4.1	1.0	26.0
Lifetime prior drug arrests	1.5	1.6	0.0	6.0
Lifetime prior property arrests	2.0	2.3	0.0	15.0
Lifetime prior person arrests	0.6	1.4	0.0	13.0
Lifetime prior misdemeanor arrests	3.1	3.0	0.0	22.0
Lifetime prior felony arrests	1.9	1.5	0.0	7.0

Region 2D Time 2				
	Mean	SD	Min	Max
Prior arrests 2 years pre	2.1	1.3	0.0	8.0
Prior drug arrests 2 years pre	0.9	0.9	0.0	4.0
Prior property arrests 2 years pre	1.1	1.2	0.0	6.0
Prior person arrests 2 years pre	0.2	0.5	0.0	4.0
Prior misdemeanor arrests 2 years pre	1.5	1.2	0.0	6.0
Prior felony arrests 2 years pre	1.4	0.9	0.0	4.0
Average # of prior convictions for any offense type(s)	3.1	2.7	1.0	13.0
Average # of prior drug convictions	0.7	1.1	0.0	5.0
Average # of prior person convictions	0.4	0.8	0.0	4.0
Average # of prior property convictions	1.4	2.0	0.0	8.0
Average max charge severity of prior convictions (1=MC, 6=F1)	3.8	0.8	2.0	5.0
Average # of days in jail prior to probation	25.1	49.6	0.0	338.0
Average max charge severity of prior jail bookings (1=MC, 6=F1)	3.6	1.2	1.0	6.0
Average max charge severity of *qualifying* charges (1=MC, 6=F1)	4.1	0.3	4.0	5.0
Average criminal history category rating	1.8	0.9	1.0	5.0
Average LSI score at intake	20.3	6.3	4.0	40.0
Average # of days between qualifying conviction and probation referral	6.4	26.5	0.0	217.0
Average # of days between referral and probation start	59.3	30.7	27.0	174.0
Average # of days between qualifying conviction and probation start	65.7	39.0	27.0	265.0
Average # of days on probation	440.8	172.8	26.0	779.0
Average # of jail days ordered at probation start	121.2	135.2	0.0	365.0
Average # of jail days served at probation start	85.4	119.9	0.0	794.0
Average # of days to 1st PO contact	11.4	77.2	-256.0	612.0
Average # of days between PO contacts	24.5	15.9	5.7	171.7
Average # of days between contacts in the community	71.9	44.5	10.0	226.7
Average # of days between PO contacts with Tx Provider	45.1	42.1	3.5	182.0
Average # of days to 1st Tx Admission	21.9	109.9	-300.6	175.0
Average # Tx Admissions	2.0	2.6	1.0	13.0
Average Maximum Tx Intensity (1 = Limited Tx, 4 = Residential)	2.5	0.8	2.0	4.0
Average # of days in Outpatient	275.2	137.0	81.4	476.0
Average # of days from probation start to treatment start	138.1	153.1	-57.0	574.0
Average # of days in substance abuse treatment	355.7	254.8	0.0	1517.0
Average # of days from probation exit to follow-up	304.3	184.9	10.0	820.0
Average # of days between UDC UAs	48.8	43.7	1.0	211.0
Average # of days between probation start and last positive UA	394.4	183.9	32.0	667.0
Average # of days from probation start to non-compliant event	201.4	165.7	0.0	707.0
Average # of days out on fugitive status	90.9	117.8	0.0	447.0
Average # of days from probation start to Probation Restart	296.3	173.6	63.0	688.0
Average max charge severity of new convictions *during* (1=MC, 6=F1)	3.7	0.8	2.0	5.0
Average # of new convictions *during* probation	1.3	0.4	1.0	2.0
Average # of drug convictions *during* probation	0.3	0.5	0.0	1.0
Average # of property convictions *during* probation	0.5	0.7	0.0	2.0

Region 2D Time 2				
	Mean	SD	Min	Max
Average # of days b/w probation start and prison for violation	372.5	228.9	42.0	697.0
Average # of days b/w probation start and 1st new charge bkg *during*	244.7	206.8	13.0	630.0
Average # of days in jail for new charge booking *during*	31.8	65.8	0.0	211.0
Average # of days in jail for non-new charge booking *during*	88.2	74.7	0.0	268.0
Average max charge severity of jail bookings *during* (1=MC, 6=F1)	2.6	1.1	0.0	6.0
Average # of days to first arrest	265.3	142.6	106.0	474.0
Average LSI score at 1 year follow-up	18.9	7.1	4.0	37.0
Average change in LSI score from intake to 1 year follow-up	-1.9	5.9	-16.0	21.0

Appendix C: Glossary of Data Definitions

Arrests: arrest by date recorded in the statewide criminal history database maintained by Bureau of Criminal Identification

- **Lifetime Priors:** arrest dates any time prior to probation start date
- **2-year Priors:** arrests within 730 days to 1 day prior to probation start date
- **Post Supervision:** arrests following community supervision end date (see definition below)

Assessments at start/during: Assessment admissions recorded in the Treatment Episode Dataset (TEDs) from Salt Lake County Substance Abuse Services and Davis Behavioral Health that were within 90-days prior to probation start date or on or after probation start date but prior to community supervision end date

Completion of Probation - Successful: having a successful discharge from probation. Is contrasted against having a negative discharge from probation, probation ending in a prison commitment (any reason), and offender out on fugitive status for one year or longer at the end of the study period.

Completion of Probation and 1+ Treatment (Tx) Admission During: successful completion of probation (as defined above) and having completion of any treatment admission during supervision (see definition below)

Community Supervision End Date: date of probation end, earliest date of: prison commitment for new charge or probation violation or discharge from probation (any reason)

Contacts between PO & Tx Provider: contacts recorded by probation officer in Corrections database that were location = treatment provider and type not "staff to offender." Typical types captured as this event were collateral and case update.

Convictions: convictions recorded in the Corrections referred offense table.

- **Priors:** conviction dates prior to probation start date that were not identified as the qualifying referral (see below) and conviction dates during supervision where arrest date was prior to probation start date
- **Qualifying:** conviction that led to DORA/comparison group probation placement. Most were within same day of or up to 60 days prior to referral date. Those that were beyond these criteria were hand checked for appropriateness. A qualifying conviction was identified for everyone in the sample.
- **During Supervision:** convictions that had an arrest date that occurred during supervision
- **Post Supervision:** convictions that had an arrest date that occurred after supervision

Days between probation officer (PO) contacts: total days from first to last during supervision PO contact divided by total number of PO contacts during that period

Days between UAs (urinalysis drug tests): total days from first to last during supervision UA divided by total number of UAs

Days on probation: days from probation start to community supervision end date (see definition above)

Days to first probation officer (PO) contact: days from probation start date or jail release date (if had a commitment to jail at probation start as a condition of probation), whichever is later, to date of first PO contact with the offender

Jail Bookings: booking into either the Salt Lake County Adult Detention Center (for DORA and R3 comparison group) or Davis County jail (for R2D comparison group)

- **2-year Priors:** bookings prior to probation start date that were not flagged as "jail days served at probation start" (see definition below)
- **New Charge During Supervision:** booking dates on or after probation start date (not flagged as "jail days served at probation start" – see definition below) and prior to community supervision end date (not flagged as jail "commitment at discharge" – see definition below) or probation still active that were also new charge bookings (had a new charge present)
- **Commitment at Discharge:** booking was open at community supervision end date or within 30 days after and was a commitment booking
- **New Charge Post Supervision:** booking was on or after community supervision end date and was not flagged as "commitment at discharge" (see definition above)

Jail Days Ordered at Probation Start: number of jail days ordered as a condition of probation by sentence date in Corrections records

Jail Days Served at Probation Start: number of jail days served from booking to release date on jail bookings that met one of the following criteria where booking type was a commitment: jail booking was open at conviction date, between conviction and referral, at referral date, at probation start date, **or** within 30 days probation start

Non-compliant event: events recorded in Corrections record of alternative events, includes types such as substance use, supervision violations, and truthfulness

Percent of positive UAs: number of UAs flagged as high divided by total number of UAs

Treatment (Tx) Admissions: a single admission to a level of care, multiple admissions can be part of a single treatment episode (e.g., residential admission followed by intensive outpatient admission as part of a single treatment episode)

- **Prior:** admissions with dates prior to probation start date that were not open at probation start and closed during probation (see below)

- **At Start/During:** admissions open at probation start date that were closed within probation and admissions opened between probation start and community supervision end dates

Treatment (Tx) Admission - Completion of Any Admission: having a discharge reason of "Treatment Completed" in any treatment admission occurring during probation

Treatment (Tx) Admission - Days to first Admission: days from probation start to first at start/during treatment admission (see definition above)

Treatment (Tx) Admission - Discharge Status at Final Admission: discharge reason of "Treatment Completed" in final treatment admission occurring during probation.