Drug Offender Reform Act: DORA Statewide Report

November 1, 2012
Updated Report

THE UNIVERSITY OF UTAH

Utah Criminal Justice Center

COLLEGE OF SOCIAL WORK
COLLEGE OF SOCIAL & BEHAVIORAL SCIENCES
UTAH COMMISSION ON CRIMINAL & JUVENILE JUSTICE
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Background and Study Sample

Statewide DORA began with the passage of Senate Bill 50 during the 2007 Utah Legislative General Session. Effective July 1, 2007, offenders convicted of a felony offense or granted parole for the first time after incarceration for a felony offense were to be screened and assessed for substance abuse treatment. This report updates outcomes for Statewide DORA probationers and parolees through June 30, 2012. The final DORA Statewide sample consisted of those offenders who were identified as DORA in Utah Department of Corrections (UDC) records (N = 1,419), had a match in Division of Substance Abuse and Mental Health (DSAMH) records (N = 1,359), and had either DORA indicated treatment in DSAMH records or DSAMH treatment that overlapped with time on DORA supervision (N = 1,336; Probation = 929; Parole = 407). The first Statewide DORA study was completed in 2009. All previous DORA reports can be found on the UCJC website: http://ucjc.utah.edu/

DORA Outcomes

- All Statewide participants have at least three full years of post-start follow-up.
- Treatment completion increased very slightly from the previous report, with about two-thirds of DORA participants completing at least one treatment admission during DORA.
- Nearly all Statewide DORA participants have now exited supervision, with 44% of probationers and 34% of parolees exiting successfully.

	Probation (n=929)	Parole (n=407)
Years since DORA start (Mn)	4.1	4.2
Completed Any Treatment Admit During DORA (%)	66.7	62.1
New prison admission as DORA ending event – any reason (%)	16.5	58.5
Exit Supervision (%)	93.9	99.8
Of those who exited supervision:		
Successfully completed supervision (%)	44.4	34.2
Successfully completed supervision and Tx (%)	37.7	31.0
Years since supervision end (Mn)	2.3	3.0
New arrest(s) 1 year post-end (%)	23.2	24.9
New conviction(s) 1 year post-end (%)	6.5	10.1

Factors Related to Success

The foundations of DORA continue to be related to positive outcomes. For example, more frequent supervision continues to be related to probationer treatment completion (to a lesser degree than in previous reports), probation and parole completion, and longer time to recidivism for probationers (see Appendix A for a table summarizing the key factors significantly related to DORA success). Longer time in treatment during DORA is significantly related to probation and parole treatment and supervision completion – even after controlling for other significant factors.

Furthermore, treatment completion remains one of the strongest predictors of increased time to recidivism for both probationers and parolees.

Higher risk participants remain less likely to have positive DORA outcomes. Higher LSI risk scores remain related to decreased likelihood of successful treatment or supervision completion for both probationers and parolees (although to a lesser degree in some of this year's analyses). Individual LSI items, such as being at risk for negative peer or authority interactions, also negatively impacts the likelihood of successful treatment and supervision completion for both probationers and parolees. Requiring more intensive treatment (e.g., Intensive outpatient (IOP) instead of outpatient) was also related to negative treatment, supervision, and recidivism outcomes for probationers and supervision outcomes for parolees. Lastly, younger offenders, those who have repeatedly shown worse outcomes in criminal justice research, are also less likely to complete treatment and supervision and more likely to reoffend sooner in the DORA sample. As noted in our previous DORA reports, this is not to suggest that higher risk offenders should be removed from DORA. Although higher risk offenders do not have as positive of outcomes, intensive programs should be targeted toward higher risk individuals, even if they have less success than their low risk counterparts, as their decrease in recidivism due to programming is greater (Andrews & Dowden, 2006; Bonta, Wallace-Capretta, & Rooney, 2000).

Suggestions and Next Steps

The data analyzed in this 2012 report continue to support the following recommendations:

- Examine ways to improve outcomes for high risk offenders (higher LSI, younger age, requiring higher treatment intensity)
- Begin serving a parolee population again if funding becomes available ("bang for buck" is greatest with higher risk offenders, and parolees are the highest risk group)
- Maintain the high quality of supervision intensity and access to treatment
- Continue to implement strategies to increase time in treatment and likelihood of completion

One strategy to address improving outcomes for high risk offenders may be to target specific criminogenic needs (in addition to substance abuse) that DORA offenders have. For example, both probationers and parolees who were at risk on negative peer or authority interactions at work/school had worse treatment and supervision outcomes. Improved interpersonal skills and positive employment opportunities for DORA participants may have additional positive benefits on post-DORA outcomes, such as recidivism.

The factors related to positive DORA outcomes have been established and confirmed in multiple years of analysis. A final comparison of the Statewide DORA participants to an appropriately matched comparison group will help determine if the outcomes experienced by DORA participants compare favorably to similar probationers and parolees. Once this set of analyses is conducted, it will be possible to determine if DORA participants have statistically significant better outcomes than similar offenders who do not receive the intensive supervision and coordinated treatment services of the DORA model.

Background

Statewide DORA History

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

- Convicted of a felony offense on or after July 1, 2007 (cannot be pled to a misdemeanor); or granted parole for the first time on or after July 1, 2007, after incarceration for a felony offense [1]
- Total score on the Level of Service Inventory-Revised (LSI-R) must fall within the range of 16 to 35 (originally 16 to 40)
- Substance Abuse Assessment must indicate that treatment is needed

Statewide DORA Findings from Previous Years' Reports

The original Statewide DORA Report from November 2009 that describes the foundations of DORA, study methodology, and complete process and initial outcome results can be found on the UCJC website at: http://ucjc.utah.edu/. The 2010 and 2011 updated reports are also posted there.

The Statewide Study sample was selected based on the following criteria:

- " DORA" offender in Utah Department of Corrections (UDC) records (N = 1,419) from July 1, 2007 to June 30, 2009,
- had a match in Division of Substance Abuse and Mental Health (DSAMH) records (N = 1,359), and
- had either DORA indicated treatment in DSAMH records or DSAMH treatment that overlapped with time on DORA supervision (N = 1,336; Probation = 929; Parole = 407)[2].

Supervision and Treatment

The data from the 2009 report indicated that Statewide DORA offenders received a level of supervision intensity and treatment access that was comparable to the pilot study and in line with the model's goals.

Key Findings

In previous years' reports the key findings demonstrated that the foundations of DORA (e.g., intensive supervision, treatment access and completion) were related to positive criminal justice outcomes. It was also shown that higher risk offenders (e.g., parolees vs. probationers, those with higher Level of Service Inventory (LSI) scores, those requiring higher levels of treatment) had worse outcomes. However, treatment completers, both probation and parole, did significantly better than non-completers on post-DORA criminal justice outcomes.

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

[2] One probationer that was in the original reports was dropped in the 2011 report due to not being classified as DORA in UDC records.

Updated 2012 Results

Sample Characteristics

Both probationers and parolees in Statewide DORA were just over 30 years old on average, less than 25% minority, about around one-third female. Average years of education were under 12th grade and approximately half were unemployed. At the time of their initial treatment intake, about one-quarter had a DSM-IV diagnosis, over half had a previous treatment admission, and methamphetamines were the most common drug of choice. New to this report, participation in Therapeutic Communities (TCs) was examined for DORA parolees for the prison stay immediately preceding their DORA parole. As shown in Table 1, nearly two-thirds of DORA parolees had participated in a TC prior to their DORA release. Of those, the average time in TCs was 264 days and one-third successfully completed.

At the time of their DORA probation/parole intake, DORA offenders had several prior arrests (Prob Mn = 10.3, Parole Mn = 16.1). As calculated for this report, an arrest was counted as each unique charge type on a single arrest date; therefore, a drug distribution, drug possession, and a property charge on the same arrest date would count as three arrests. Over half of the probationers and nearly 90% of the parolees had conviction(s) prior to the one(s) that got them into DORA. DORA probationers' average risk score at intake (LSI = 22.9) fell just within the "Moderate" risk range, while parolees' average risk score (LSI = 26.6) was considered "High." Over half (54%) of DORA probationers had a drug conviction at their DORA qualifying conviction (41% drug offenses only plus 12% drug plus others), while 44% of parolees did (33% drug only, plus 11% drug plus other).

Table 1 Statewide DORA Sample Characteristics

	Probation	Parole
Demographics		
Age at Start (Mn)	30.4	33.9
Minority (%)	16.7	23.1
Female (%)	30.5	31.4
Years Education (Mn)	11.6	11.9
Unemployed (%)	45.9	48.6
At Treatment Intake		
Prior Treatment (Tx) Episode(s) (%)	55.0	76.7
DSM-IV Axis I or II Disorder (%)	22.0	29.7
Methamphetamine as Primary Drug of Choice (%)	29.4	50.4
Therapeutic Community (TC) participation in Prison	--	62.4
Of those, Days in TC (Mn)	--	264
Of those, Successful Exit (%)	--	33.1
Criminal History		
Prior Lifetime Arrests (Mn)	10.3	16.1
Prior conviction(s) for any offense type(s) (%)	52.5	88.0
LSI risk score at Intake (Mn)	22.9	26.6
Qualifying Convictions for DORA Sentence		
Drug Offense(s) Only (%)	41.2	33.2
Drug and Other Offenses (%)	12.3	10.6
Other Offense(s) Only (%)	46.5	56.3

Treatment Completion

As a requirement of being in the study sample, all offenders had substance abuse treatment admissions during supervision. The number of DORA Statewide participants who had treatment records in the statewide Division of Substance Abuse and Mental Health (DSAMH) database dropped to 1,325 for this report. DSAMH staff indicated that the treatment providers may have removed those records that were unavailable in the 2012 download from the statewide repository.

For those with updated treatment data, the average number of treatment admissions remained similar for probationers and parolees as in the previous year's report. This is not surprising as most DORA participants had exited treatment at the time of the 2011 report. For more details on treatment types and participation, see the 2011 report. The percent that completed at least one treatment admission during supervision increased slightly for both groups, with nearly two-thirds of both groups having completed at least one admission during DORA.

Table 2 Treatment Services

	Probation				Parole			
	2009	2010[1]	2011[2]	2012[3]	2009	2010[1]	2011[2]	2012[3]
Treatment Admissions (Mn)	2.1	2.4	2.5	2.6	1.7	1.8	1.8	1.8
Completed Treatment (%)	53.2	64.1	66.1	66.7	54.3	60.5	61.7	62.1

[1] DSAMH data for 2010 update N = 1330, Prob = 925, Parole = 405
[2] DSAMH data for 2011 update N = 1329, Prob = 924, Parole = 405
[3] DSAMH data for 2012 update N = 1325, Prob = 921, Parole = 404

Predictors of Successful Treatment Completion

Predictors of successful treatment completion were examined for the first time for DORA Statewide participants in the 2011 report. Demographic, criminal history and risk (including LSI total and item scores), treatment history, and during DORA supervision (e.g., PO contact frequency) and treatment variables were examined in relation to treatment completion. Individual LSI items and subtotal scores were also examined for the first time in the 2011 report. Those analyses were replicated in this report to determine if the same factors remained significantly related to DORA treatment completion.

As shown in Table 3, four of the same five factors were significantly related to successful treatment completion in the 2012 multivariate analysis (correctly predicted 89% of treatment completers and 47% of non-completers):

- Each point higher a probationer's LSI score was at intake, they were about 5% less likely to complete treatment.
- If the probationer had current or recent negative interactions with authority figures at work/school they were about 44% less likely to complete treatment.
- More treatment admissions during DORA increased the likelihood of treatment completion.
- Those who required higher levels of treatment were about two-thirds less likely to have successful treatment completion at any time during DORA.

Two additional factors were related to successful treatment completion in the 2012 report:

- More days in treatment during DORA increased the likelihood of treatment completion.
- Older age at DORA start increased the likelihood of treatment completion.

Table 3 Factors Significantly Related to Successful Treatment Completion for *Probationers*
Lower LSI Score at intake[1 2]
Not at risk on Peer Interactions item in Education/Employment subsection of LSI
Not at risk on Authority Interactions item in Education/Employment subsection of LSI [1 2]
Older age at DORA start [2]
Fewer days between PO to offender contacts[1]
More days in treatment during DORA [2]
More treatment admissions during DORA[1 2]
Requiring less intensive treatment (e.g., outpatient instead of IOP) [1 2]
[1]Significantly related to successful treatment completion in 2011 multivariate analyses
[2]Significantly related to successful treatment completion in 2012 multivariate analyses

Table 4 serves the same function as Table 3, except for examining factors related to successful treatment completion for *parolees*. Again, factors examined in 2011 were replicated in 2012 to determine if the same relationships existed. Two additional factors were examined for parolees, based on their relationship to treatment completion for probationers: peer interactions and authority interactions items from education/employment subsection of LSI. Participation in Therapeutic Communities (TCs: Conquest, Excell, and Hope) in the prison stay immediately preceding DORA parole was also examined. More days in the TCs and having successful completion of TCs prior to DORA parole were related to increased likelihood of DORA treatment completion in bivariate analyses; however, they were not statistically significant in the multivariate analyses.

As shown in Table 4, one of the three factors significantly related to successful treatment completion for parolees in 2011 remained significant in the 2012 multivariate analyses (correctly predicted 92% of treatment completers, but only 39% of non-completers):

- More days in treatment during DORA increased the likelihood of successful treatment completion.

In addition, two more items were found to be significantly related to successful treatment completion for parolees in the 2012 multivariate analysis:

- More prior convictions
- More days between probation officer and treatment provider contacts

These last two significant findings appear to have a counterintuitive relationship with treatment success. The finding of more pre-DORA convictions being associated with treatment success may be a proxy for offenders who have been involved with the criminal justice system longer and are ready for the DORA treatment opportunity. Further examination of this issue would be required before program recommendations would be made regarding this aspect of criminal history.

In reference to supervision intensity, parolees who successfully completed treatment had significantly *less frequent* supervision than those who did not complete treatment. This difference can potentially be explained in two ways. One possible explanation is that parolees who complete treatment are the lower risk parolees (LSI scores also support this) and, therefore, they receive less frequent supervision throughout parole. Another possible explanation is that parolees who complete treatment remain on supervision for a longer period of time than treatment failures (who are more quickly revoked and returned to prison). As a result, treatment completers may be able to move into the later stages of community supervision where they are not required to contact their PO as frequently.

Table 4 Factors Significantly Related to Successful Treatment Completion for *Parolees*

More convictions prior to DORA qualifying conviction [2]
Lower LSI Score at intake[1]
Not at risk on Frequently Unemployed item on LSI
Not at risk on Peer Interactions item in Education/Employment subsection of LSI
Not at risk on Authority Interactions item in Education/Employment subsection of LSI
More days in Therapeutic Community (TC) during Prison Stay Prior to DORA Parole
Successfully Completing a Therapeutic Community (TC) during Prison Stay Prior to DORA Parole
Older age at DORA start
More days between PO to offender contacts
More days between PO to offender contacts in the community
More days between PO to Tx Provider contacts [2]
More days in treatment during DORA [1 2]
More treatment admissions during DORA[1]

[1]Significantly related to successful treatment completion in 2011 multivariate analyses
[2]Significantly related to successful treatment completion in 2012 multivariate analyses

Supervision Completion

By the end of the new study period, nearly all DORA statewide participants have exited supervision (see Table 5). The average post-start follow-up period is now over four years for both groups, with all Statewide participants having at least three full years post-start follow-up. The average post-exit follow-up period is 2.3 years for probationers and nearly three years for parolees. Although the average is over two years, the minimum post-exit follow-up time is under three months for a few probationers and parolees who have recently exited supervision.

Successful completion of supervision rates remained stable with last year's report, at approximately 44% for probationers and 34% for parolees. Combined successful supervision and treatment (one or more admissions during DORA) was 38% for probationers and 31% for parolees. As previously noted in the treatment section, far more probationers (67%) and parolees (62%) completed treatment during DORA.

Table 5 DORA Outcomes

	Probation	Parole
Exited probation/parole at study end (%)	93.9	99.8
Days since DORA start (Mn)	1,487	1,515
Of those who Exited		
Days since supervision end (Mn)	845	1,079
Exit Status (%)		
Successfully Completed Probation/Parole	44.4	34.2
Unsuccessful	42.2	60.6
Prison – New Offense	4.1	13.3
Prison – Technical Violation	13.4	45.3
Unsuccessfully Discharged	23.9	2.0
Fugitive for 1 year or greater	0.8	0
Other Exit	13.4	5.2

	Probation	Parole
Neutral Discharge	12.0	4.7
Died	1.4	0.5
Probation/Parole and Tx Outcomes Combined		
Successfully Completed Probation/Parole and 1+ Tx Admission During Supervision (%)	37.7	31.0

Predictors of Successful Supervision Completion

Analyses to predict successful supervision completion were replicated from previous years. Demographic, criminal history and risk (including individual LSI items added in 2011 analyses), treatment history, and during DORA supervision (e.g., PO contact frequency) and treatment variables were compared to final exit status to determine which factors were related to successful completion versus negative exit.[3] Sample size for the analyses only increased slightly from last year's analyses with a few additional[4] probationers (n = 755; 368 failure, 387 success) and parolees having exited supervision (n = 385; 246 failure, 139 success).

The following table (Table 6) lists the factors that were significantly related to successful probation completion in the 2012 analyses.[5] Items listed in the table were significantly related to exit status when each was examined separately (bivariate analyses). A footnote has been added to indicate if the factors remained significantly related to exit status in a multivariate logistic regression model when controlling for other significant factors.

Five factors were significantly related to probation exit status in the 2012 multivariate analysis (correctly predicted 63% of failures and 78% of successes). Four of those five overlapped with the 2011 findings and showed a similar relationship with exit status:

- Having *only* drug conviction(s) at the DORA qualifying conviction increased the odds of successful probation completion. Probationers who had other types of convictions in their case that got them into DORA were about half as likely to complete supervision, whether they had drug and other offenses, or other offenses only.
- Those at risk on the Authority Interactions item on the LSI Education/Employment subsection (had current or recent negative interactions with authority figures at work/school or if those authority figures were not good role models) were about 70% less likely to complete probation
- Older age at DORA start continued to be associated with incremental gains in the likelihood of successful probation completion
- Those who required higher levels of treatment were less likely to have successful completion of probation. Compared to those who only required outpatient, those who required intensive outpatient (IOP) were about 60% less likely to complete supervision, while those who required residential were about 80% less likely to complete supervision.

The final significant variable in the multivariate analyses was more days in treatment during DORA. After controlling for the other significant factors, each additional day in treatment during DORA

[3] Negative Exit includes unsuccessful discharge, commitment to prison (any reason), and fugitive status open for one year or greater at study end. Neutral exit, died, and still active were excluded from analyses.
[4] Probationers 2011 n = 682; 326 failure, 356 success; Parolees 2011 n = 377; 241 failure, 136 success
[5] See the previous years' reports at http://ucjc.utah.edu/ for the full list of factors significantly related to supervision completion in earlier analyses

incrementally increased the likelihood of successful supervision completion. This is not surprising since a longer time in treatment is related to greater likelihood of successful treatment completion and treatment completion is an important aspect of successful DORA probation completion.

Table 6 Factors Significantly Related to Successful *Probation* Completion

Fewer convictions prior to DORA qualifying conviction
Lower LSI Score at intake[1]
Not at risk on Peer Interactions item in Education/Employment Subsection of LSI
Not at risk on Authority Interactions item in Education/Employment Subsection of LSI [1 2]
Having *only* drug conviction(s) at the DORA qualifying conviction [1 2]
Not a racial/ethnic minority [1]
Older age at DORA start [1 2]
Fewer days from DORA start to 1st PO contact
Fewer days between PO to offender contacts
More days in treatment during DORA [2]
Requiring less intensive treatment (e.g., outpatient instead of IOP) [1 2]

[1]Significantly related to successful supervision completion in 2011 multivariate analyses
[2]Significantly related to successful supervision completion in 2012 multivariate analyses

Table 7 serves the same function as Table 6, except for examining factors related to successful *parole* completion. The 2012 model correctly predicted 83% of parole failures and 43% of successes. The three (3) factors that were significantly related to parole completion in the 2012 multivariate analysis were also statistically significant in the 2011 multivariate analysis[6] and showed a similar relationship with exit status:

- Older age at intake continued to incrementally increase the likelihood of successful parole completion.
- More days in treatment during DORA continued to incrementally increase the likelihood of successful parole completion.
- Parolees who required more intensive treatment during DORA were less likely to complete parole. For example, those that required IOP as opposed to outpatient had about 70% less likelihood of successful parole completion, while those that required residential were about 80% less likely to complete parole successfully.

Table 7 Factors Significantly Related to Successful *Parole* Completion

Lower LSI Score at intake
Not at risk on Peer Interactions item in Education/Employment Subsection of LSI
Lower Companions Subtotal Risk Score on LSI
Not at risk on Frequently Unemployed item on LSI
Older age at DORA start [1 2]
Fewer days from DORA start to 1st PO contact
More days between PO to Tx Provider contacts
More days in treatment during DORA [1 2]
Fewer Treatment Admissions
Requiring less intensive treatment (e.g., outpatient instead of IOP) [1 2]

[1]Significantly related to successful supervision completion in 2011 multivariate analyses
[2]Significantly related to successful supervision completion in 2012 multivariate analyses

[6] Also statistically significant in the 2010 multivariate analysis, see previous reports at http://ucjc.utah.edu/ for the full list of factors significantly related to supervision completion in earlier analyses

Participation in Therapeutic Communities (TC) in the prison stay prior to DORA parole was also examined in relation to successful parole completion. However, none of those factors (TC participation, length of time in the TC, or successful TC completion) were significantly related to successful parole completion in even the bivariate analyses.

Recidivism

During DORA recidivism has barely increased from the 2011 report, as fewer DORA Statewide participants remained active on supervision. Eighteen percent (18%) of probationers and just over 17% of parolees have experienced a new conviction from an arrest/offense that occurred during DORA supervision. Over half of parolees have returned to prison, while 17% of probationers have gone to prison. As shown previously in Table 5, most of those who exited DORA by going to prison did so due to a technical violation rather than a new offense. Most of those who went to prison at their DORA Statewide exit have now been paroled.

Table 8 During Supervision Recidivism

	Probation				Parole			
	2009	2010	2011	2012	2009	2010	2011	2012
New conviction(s) (%)	8.9	14.3	17.0	18.0	7.6	15.2	17.2	17.4
New prison admission – any reason (%)	6.3	11.2	15.1	16.5	37.1	52.6	57.5	58.5
Of those, released onto parole (%)	11.9	40.4	49.3	60.8	53.0	65.4	67.9	69.7

One year and two year post-exit recidivism was calculated for those that had the full follow-up periods (see Table 9). Of those who have been out of DORA supervision for at least one year, 23% of probationers and 25% of parolees had a new arrest, while only 7% of probationers and 10% of parolees had a new conviction. Of those who had a new arrest within a year of exiting DORA, the most common type was property arrests, while about one-third of both probationers and parolees had a drug arrest. Of those who had a new post-exit conviction (no restriction on follow-up time), the most common offense type was drug for probationers and property for parolees. Both groups were most likely to be convicted of a 3rd Degree Felony. Thirty-five (35) probationers and 23 parolees had a new DUI arrest within a year of leaving DORA supervision. Twenty-two (22) probationers and 18 parolees had post-exit new DUI convictions (no restriction on follow-up period).

Table 9 Post-Exit Recidivism

	Probation	Parole
Exited probation/parole at study end (%)	93.9	99.8
Of those Exited, had full Follow-Up period (%)		
12 months Post-Exit	83.6	97.5
24 months Post-Exit	60.8	88.0
36 months Post-Exit	26.7	52.3
New Arrests (%)		
12 months Post-Exit	23.2	24.9
Of those, drug arrests	36	32
Of those, person arrests	15	16
Of those, property arrests	44	48
Of those, DUI arrests	20	23
24 months Post-Exit	40.3	46.6

	Probation	Parole
New Convictions (%)		
12 months Post-Exit	6.5	10.1
24 months Post-Exit	16.7	23.2
Of those with new convictions, most severe:		
Class A Misdemeanor	18	24
3rd Degree Felony	70	59
2nd Degree Felony	12	14
Of those with new convictions, types:		
Drug	55	48
Person	8	14
Property	38	52
DUI	18	15

DORA Statewide vs. Historical Sample

Previous DORA Statewide reports have included an historical comparison group from FY03-07 that was selected by the Commission on Criminal and Juvenile Justice (CCJJ) Research Director based on having met the DORA statewide eligibility criteria. However, individual data files on this comparison sample were not given to the UCJC research team, precluding the ability to run detailed comparison analyses. Therefore, matched non-DORA comparison groups are currently being developed by UCJC in conjunction with the Department of Corrections (UDC).

Treatment Completers vs. Non-Completers

As previously noted, 67% of Statewide DORA probationers and 62% of parolees completed at least one treatment admission during DORA. To examine the impact of treatment completion on post-start conviction rates, DORA probationers and parolees were split into two groups: those who had completed at least one treatment admission during DORA supervision (tx completers) and those who had not (non-completers; see Table 10). Overall post-start and post-exit recidivism for probationers and parolees is also presented in Table 10.

Table 10 Recidivism for Treatment (Tx) Completers vs. Non-Completers

	Probation			Parole		
	Non-Completers	Tx Completers	Overall	Non-Completers	Tx Completers	Overall
3 Year Post-Start Recidivism						
New Convictions (%)[1 2]	33	18	23	52	25	35
Prison Admissions (%) [1 2]	28	10	16	90	41	59
Pre-Post Comparison for those with 18 months Post-Exit Follow-Up						
18 month Pre-Start Sentence Arrests (Mn)	4.8	4.4	4.6	5.1	5.8	5.5
18 months Post- Exit Arrests (Mn)	0.9	0.9	0.9	0.9	1.3	1.1
1 Year Post-Exit Recidivism for those with 1 Year Follow-Up						
Arrest (%)	25	23	23	27	23	25
Drug Arrest (%)	9	8	8	7	8	8
Conviction (%)	9	5	6	13	8	10

	Probation			Parole		
	Non-Completers	Tx Completers	Overall	Non-Completers	Tx Completers	Overall
2 Year Post-Exit Recidivism for those with 2 Years Follow-Up						
Arrest (%)[1]	47	37	40	52	43	47
Drug Arrest (%)	22	18	19	19	22	21
Conviction (%)[1 2]	19	13	15	30	17	22

[1] Significant difference between Probation Non-Completers and Tx Completers at $p < .05$

[2] Significant difference between Parole Non-Completers and Tx Completers at $p < .05$

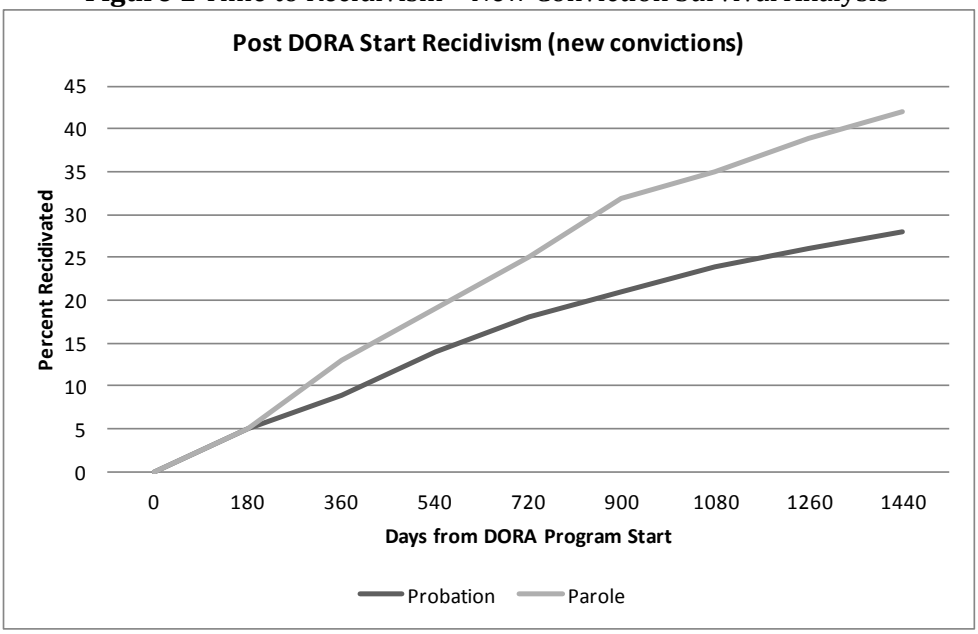
As shown in Table 10, probationers and parolees who completed treatment were significantly less likely to have a new conviction or prison admission in the three years after starting supervision. This time period included both during supervision and post-exit. When the post-exit periods were examined separately, the difference in recidivism between treatment completers and non-completers was not statistically significant in the year following supervision exit. However, once the follow-up time had been extended to two years post-exit (for those that had full follow-up period), there were significantly fewer probationers with a new arrest if they had completed drug treatment during DORA, while there were significantly fewer probationers and parolees with a new conviction if they had completed drug treatment during DORA.

All DORA participants, regardless of treatment completion, showed a statistically significant reduction in the volume of their offending when 18 month pre-sentence to DORA arrest rates were compared to 18 month post-exit arrest rates. It should be noted that a substantial proportion of DORA participants (18% probationers; 59% parolees) entered prison at DORA exit. Therefore, their 18 months post-exit time period would not have been entirely in the community. As such, their opportunity to reoffend during those 18 months would have been somewhat less than those who did not return to prison as their DORA exit status. With that in mind, the finding that two year post-exit arrest and conviction rates are lower for treatment completers when compared to non-completers may suggest that when opportunity for reoffense (based on time in the community) is present for both groups, treatment completers show continued desistance from offending.

Predictors of Time to Recidivism

Survival analyses were conducted to examine time to recidivism (defined as a new conviction during or post-exit) for probationers and parolees and factors that were related to quicker time to re-offense. Time to recidivism was defined as days from DORA program start date to the first offense date that was associated with a subsequent conviction. As of July 1, 2012, 28% of probationers and 42% of parolees had a new conviction (varying follow-up lengths). A Kaplan-Meier survival analysis demonstrated that time to recidivism was significantly sooner for parolees (3.7 years on average) than probationers (4.0 years on average). As shown in Figure 1, the recidivism rate at approximately 180 days from DORA program start is approximately equal for probationers and parolees; however, after that point, parolees begin to recidivate at a much quicker pace.

Figure 1 Time to Recidivism – New Conviction Survival Analysis



Nine of the 11 factors that were significantly related to supervision completion for probationers in bivariate analyses were examined in relation to time to recidivism for probationers (the two individual LSI items were excluded due to small sample size). An additional factor, whether any treatment admissions during DORA were completed, was also added. Of those 10 factors, five were statistically significantly related to estimated time to recidivism in a Cox regression survival analysis. As shown in Table 11, having more frequent supervision (PO to offender contacts) reduced the likelihood of early recidivism. It has been noted in previous DORA Statewide reports that maintaining intensive supervision can lead to better probation completion rates. This analysis suggests that this factor can also lead to lower recidivism rates, by increasing the length of time to first offense. Completing treatment during DORA was also significantly related to longer time to recidivism after controlling for the other statistically significant factors in Table 11. All five of the factors in Table 11 were also significantly related to longer time to recidivism in the 2011 report. Having a drug conviction as part of the DORA qualifying conviction was related to longer time to recidivism in the 2011 report; however, that relationship was no longer statistically significant in this year's analyses.

Table 11 Factors Significantly Related to Longer Time to Recidivism for *Probationers*

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

Six of the 10 factors that were significantly related to supervision completion for parolees in bivariate analyses were examined in relation to time to recidivism for parolees. The three individual LSI items and one supervision item were not included due to small sample size. An additional factor, whether any treatment admissions during DORA were completed, was also added. Of those seven potential predictors of time to recidivism, only two factors were statistically significantly related to time to recidivism for parolees. As shown in Table 12, older age at DORA

start and completing any treatment admission during DORA were the only factors that significantly reduced the likelihood of early recidivism for parolees. Completing treatment during DORA was also related to longer time to recidivism for parolees in the 2011 analyses. At that time more days in treatment during DORA was also related to longer time to recidivism; however, in this report that factor failed to reach statistical significance.

Table 12 Factors Significantly Related to Longer Time to Recidivism for *Parolees*

Older age at DORA start
Completing any Treatment admission during DORA

Discussion and Conclusion

New Areas of Analysis and Findings

Drug-Only vs. Other Qualifying Convictions

A key finding of the 2011 report was the relationship between having a drug conviction at the DORA qualifying conviction and successful supervision completion and increased time to recidivism for probationers. Based on this finding, a recommendation was made to limit DORA to those who had a drug conviction at their DORA qualifying event if funding or slots became limited. In this years' analyses DORA qualifying convictions were coded into a three-category variable to allow for more detailed comparisons between the three groups: 1) having only drug offense(s) at qualifying conviction, 2) having both drug and non-drug offenses, and 3) having only non-drug offense(s). When this new variable was examined, those with only drug offenses were still significantly more likely to complete supervision than those with mixed or only non-drug offenses, even after controlling for other factors that significantly influenced likelihood of supervision completion. However, having only a drug qualifying conviction was no longer significantly related to longer time to recidivism in this report (see Appendix A for a table summarizing the key factors significantly related to DORA success).

Further analyses were conducted to determine what additional characteristics may be unique to those DORA probationers who only had drug offenses at their qualifying conviction. Surprisingly, they did not differ from the other two groups on LSI risk score at intake, level of treatment intensity required during DORA, length of time in treatment during DORA, or whether or not they completed any treatment during DORA. Nor did the three groups differ on the percent who went out on fugitive status at some point during DORA and/or were required to re-start probation as a result of noncompliance. The lack of significant findings in these analyses suggest that there is not something measurable in these variables that demonstrates that drug-only offenders at their qualifying conviction are more engaged in treatment or less liable to violate probation conditions. It is possible that offenders with only drug offenses at their qualifying conviction are more appropriate for the DORA model, due to the focus on addressing substance abuse issues, rather than general criminogenic needs. However, no measures were available in this study to test that hypothesis.

Therapeutic Community (TC) Participation

For the first time in the 2012 report, previous participation in Therapeutic Communities (TCs: Conquest, Excell, and Hope at the Utah State Prison) was examined for DORA parolees. Just under one-third of parolees had participated in a TC during the prison stay that immediately preceded

their DORA parole. Analyses did not find a significant relationship between TC participation and positive DORA outcomes. However, among parolees who spent more time in TCs or had a successful exit status (about one-third), there was increased likelihood of successful treatment completion during DORA parole in bivariate analyses. These relationships did not remain statistically significant in multivariate analyses after controlling for other factors that were significantly related to supervision completion. This may suggest that although longer time in TCs and successful completion may help in treatment completion once released to the community, they are not the strongest predictors. In addition, there was no relationship between TC participation and successful parole completion or recidivism.

Change in Factors Related to Success

A few factors that were significantly related to DORA success in previous years analyses failed to reach statistical significance in this year's analyses that included larger sample sizes and longer follow-up periods. As previously mentioned, having a drug offense at the qualifying conviction (as opposed to drug and other types or only other types) was no longer a significant predictor of increased time to recidivism for probationers. Similarly, more days in treatment during DORA parole failed to have a significant impact on increased time to recidivism after controlling for the significant effects of treatment completion. Also, the strength of the relationship between LSI scores and parolee treatment completion and probationer supervision completion was somewhat weakened.

The strength of the relationship between a few factors and DORA success increased in some instances. For example, longer time in DORA treatment was significantly related to probationers' treatment and supervision success in both the bivariate and multivariate analyses in this year's report. Older age at DORA start is also significantly related to longer time to recidivism for probationers and parolees, in addition to its positive relationship with treatment and supervision completion for both groups that was shown in previous years' reports. *Less* frequent supervision was related to successful treatment completion for parolees. This finding, which appears to be counterintuitive, likely demonstrates the relationship between reduced risk and treatment success. For example, parolees who are lower risk (either at intake or through longer time on parole without incident) will require less frequent supervision and may also have greater treatment success.

Findings Consistent with Previous Years' Reports

The foundations of DORA continue to be related to positive outcomes. For example, more frequent supervision continues to be related to probationer treatment completion (to a lesser degree than in previous reports), probation and parole completion, and longer time to recidivism for probationers (see Appendix A for a table summarizing the key factors significantly related to DORA success). Longer time in treatment during DORA is significantly related to probation and parole treatment and supervision completion – even after controlling for other significant factors. Furthermore, treatment completion remains one of the strongest predictors of increased time to recidivism for both probationers and parolees.

Higher risk participants remain less likely to have positive DORA outcomes. Higher LSI risk scores remain related to decreased likelihood of successful treatment or supervision completion for both probationers and parolees (although to a lesser degree in some of this year's analyses). Individual LSI items, such as being at risk for negative peer or authority interactions, also negatively impacts the likelihood of successful treatment and supervision completion for both

probationers and parolees. Requiring more intensive treatment (e.g., Intensive outpatient (IOP) instead of outpatient) was also related to negative treatment, supervision, and recidivism outcomes for probationers and supervision outcomes for parolees. Lastly, younger offenders, those who have repeatedly shown worse outcomes in criminal justice research, are also less likely to complete treatment and supervision and more likely to reoffend sooner in the DORA sample. As noted in our previous DORA reports, this is not to suggest that higher risk offenders should be removed from DORA. Although higher risk offenders do not have as positive of outcomes, intensive programs should be targeted toward higher risk individuals, even if they have less success than their low risk counterparts, as their decrease in recidivism due to programming is greater (Andrews & Dowden, 2006; Bonta, Wallace-Capretta, & Rooney, 2000).

Suggestions and Next Steps

The data analyzed in this 2012 report continue to support the following recommendations:

- Examine ways to improve outcomes for high risk offenders (higher LSI, younger age, requiring higher treatment intensity)
- Begin serving a parolee population again if funding becomes available ("bang for buck" is greatest with higher risk offenders, and parolees are the highest risk group)
- Maintain the high quality of supervision intensity and access to treatment
- Continue to implement strategies to increase time in treatment and likelihood of completion

One strategy to address improving outcomes for high risk offenders may be to target specific criminogenic needs (in addition to substance abuse) that DORA offenders have. For example, both probationers and parolees who were at risk on negative peer or authority interactions at work/school had worse treatment and supervision outcomes. Improved interpersonal skills and positive employment opportunities for DORA participants may have additional positive benefits on post-DORA outcomes, such as recidivism.

The factors related to positive DORA outcomes have been established and confirmed in multiple years of analysis. A final comparison of the Statewide DORA participants to an appropriately matched comparison group will help determine if the outcomes experienced by DORA participants compare favorably to similar probationers and parolees. Once this set of analyses is conducted, it will be possible to determine if DORA participants have statistically significant better outcomes than similar offenders who do not receive the intensive supervision and coordinated treatment services of the DORA model.

Bibliography

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Appendix A Key Factors Significantly Related to DORA Success

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

* Statistically significant in bivariate analyses only

** Statistically significant in multivariate *and* bivariate analyses

[1]Only multivariate analyses were conducted to explore time to recidivism

[2]Only examined in relation to longer time to recidivism, since treatment completion is the outcome variable in the first set of analyses and a requirement of successful supervision completion