



Center for Evidence Based Practice
Center for Adolescent and Family Studies
Indiana University

**A Survey of Current Community Corrections
Practices in the Indiana Department
of Correction (2007-2009)**



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in the Indiana Department of Correction (2007-2009)
August 31, 2009**

CEBP

Center for Evidence Based Practice

A collaborative partnership between the Indiana Department of Correction
and the Center for Adolescent and Family Studies
at Indiana University-Bloomington



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Executive Summary

In October of 2008, the Center for Adolescent and Family Studies at Indiana University-Bloomington (CAFS) received funding from the Indiana Department of Correction (IDOC) to survey current community corrections practices in the state of Indiana and to establish the Center for Evidence-Based Practice (CEBP). The CEBP was founded in November of 2008 and consists of a technical assistance center (Evidence-Based Practice-Technical Assistance) and a research institute (Evidence-Based Practice-Research Institute) that function to support and evaluate the implementation of evidence-informed programs in community corrections.

The CEBP is a collaborative partnership between the IDOC and the CAFS. Its staff is composed of senior and junior researchers who are experts in evidence-based practice (EBP) and inquiry methods. All activities of the CEBP are informed by the recommendations of its advisory board that includes members of the CEBP and the IDOC (i.e., Director of Transitional Facilities and Community Based Programs; Community Corrections Program Director; research analyst; county community corrections directors). The advisory board met regularly to discuss the results of the CEBP survey and to agree on a plan of

action with regard to the promotion of EBP principles and the translation of research findings into policy and funding decisions. The primary goal of the CEBP is to help the IDOC develop a system of accountability whereby each county community corrections agency assesses its use of and adherence to national and state standards on effective interventions.

To complete the survey of current community corrections practices in the state of Indiana, the CEBP looked at existing data, namely grant applications, quarterly and annual reports, collected on a yearly and quarterly basis by the IDOC from community corrections agencies. The review of the data generated the following findings which constitute the basis of the recommendations listed below:

FINDINGS

1. Community corrections in Indiana provide a range of services to a wide variety of persons.
2. Current community corrections services fall into three categories of programming: (1) Supervision programs provide alternatives to incarceration and allow offenders' continued involvement with the community under

“At the level of the county, community corrections do not share a common definition of recidivism.”

close monitoring; (2) Rehabilitation programs are psychological and educational interventions designed to reduce the risk of re-offense and to enhance offenders’ social re-integration; (3) Screen and refer programs involve two components, i.e., (a) assessment of offenders’ criminogenic risks and needs and (b) need-based treatment planning and service referrals.

3. Home detention, work release, day reporting, and community service/ restitution are the supervision programs that are the most often implemented across the state of Indiana. Community transition is the screen and refer program that is most often used across the state. Rehabilitation programs are varied and include adult and juvenile substance-abuse interventions and family-focused, mental health and psycho-educational programming.
4. County-level definitions of supervision, treatment, and screen and refer programs share common elements such as motivational interviewing, number of contacts required, use of criminogenic risks and needs assessment, and use of positive reinforcement. However, these definitions provide little information about the specific elements that distinguish these programs from one another.
5. County-level program definitions include some information about the target population served by each program. This information suggests that each community corrections program serves a wide range of adult and juvenile offenders, felons and misdemeanants, from low to high risk, with or without a history of violence. The program definitions do not articulate what standards are used to inform the referral of specific populations to specific programs.
6. Annual and quarterly reports provide aggregate information about the population served by community corrections programs. This information is not specific enough to determine the basic characteristics of the clients served or to assess the basic outcomes of program completion and effectiveness.
7. Current program evaluation practices in community corrections vary from one county to another, and involve the use of diverse outcome measures such as drug screens and payment of dues. The majority of counties (54 out of 58 grant applications reviewed) report using a standardized assessment instrument for varied purposes such as case management and outcome evaluation. Based on the information found in the grant applications, it appears that standardized assessment tools are seldom used to assess the effectiveness of specific programs. County-level community corrections agencies do not indicate what exact procedures they use to evaluate program effectiveness.
8. Annual and quarterly reports do not consistently provide information about what defines offenders’ program completion and success, which makes it difficult to evaluate and compare the effectiveness of particular programs across counties.
9. Information contained in the grant applications suggests that, at the level of the county, community corrections

do not share a common definition of recidivism. In general, this definition includes one or more of the following elements: (a) Time at which community corrections begin tracking recidivism; (b) length of time during which community corrections track recidivism; (c) what constitutes recidivism. Recidivism is described in terms of offenders' new offenses, new arrests, new convictions, return to community corrections, or return to IDOC within a period of 1, 2, or 3 years following offenders' completion of at least one community corrections program.

10. Grant applications make references to staff training procedures, yet do not describe in detail the components and goals of the training. Neither do they specify what procedures are used to monitor whether interventions are implemented with fidelity.

RECOMMENDATIONS

Evidence-based practice calls for well-defined intervention models with clearly articulated goals and desired outcomes. It also necessitates specific staff training and quality assurance protocols as well as outcome evaluation procedures that are consistent with the goals of a given program. The movement towards evidence-based practices in the state of Indiana will depend on the IDOC's ability to develop state standards for the implementation and evaluation of community corrections programming. It is crucial to assess the effectiveness of community corrections services in order to improve these services, to demonstrate the value of community corrections, and to inform future policy and funding decisions. The evaluation of

community corrections requires that specific data elements be collected and that mechanisms for gathering these data be identified. The CEBP recommends that:

1. Each offender be identified and tracked throughout their time in community corrections.
 - a. Ultimately each offender should have a common identification number to allow tracking across systems.
 - b. The recommendations in the report should not wait until the unique identifier is determined.
2. A basic set of information should be gathered about each offender. The information gathered on each community corrections participant should be standardized based on a common set of operational definitions. At a minimum the information should include:
 - a. Basic demographic data (e.g., age, race, sex), level of education, employment status, mental health status, criminal history, past treatment/programs, referral source, standardized criminogenic risks and needs assessment scores.
 - b. Reasons and criteria for referral to particular programs.
 - c. List of services the offender receives during their stay in community corrections, in chronological order, with start and end dates and time in each program.
 - d. Services specified in standardized terms. We suggest the following categories of services. Each category has a number of specific programs. Standardized definitions and specific programs contained within each

“Evidence-based practice calls for well-defined intervention models with clearly articulated goals and desired outcomes.”

- category are contained in the report.
- Supervision programs
 - Rehabilitation programs
 - “Screen and refer” programs
- e. Specific outcomes of each service based on common definitions
- Program outcomes
 - Time in each program
 - Behavioral changes
 - Recidivism
 - Commitment to a residential facility (penal and other)
3. Common evidence-based standards for each type of community corrections service should be clearly articulated and followed in grant applications, reporting, and in evaluation of community corrections.
- a. When national evidence-based guidelines are available they should be used.
 - b. In the absence of national standards, the IDOC may form a task force composed of community corrections leaders that will be responsible for identifying and proposing specific criteria with regard to the definition and implementation of each community corrections program. It is essential that existing definitions be revised with a view to identifying the specific elements that distinguish programs within and across categories (i.e., supervision, rehabilitation, and screen and refer). These definitions as well as implementation procedures should be adopted statewide to ensure consistency.
4. It is essential that community corrections agree on a common definition of recidivism that will facilitate the collection of longitudinal data and the evaluation of the long-term effect of community corrections programming on public safety.
- a. We recommend that recidivism be defined as any adjudicated crime committed by the offender following an IDOC or community corrections service.
 - b. Recidivism should include the time since receiving IDOC services.
 - c. The severity of the offense (e. g. felony, misdemeanor etc.)
 - d. The type of offense (e. g. robbery, drug offense, property crime, etc.)
5. Community corrections information should be aggregated into standardized quarterly and annual reports that describe the activities of county-level community corrections agencies. We recommend IDOC adopt the quarterly report format suggested in this report.
6. The data elements listed above should be gathered and stored in an electronic database that makes it possible to manage and analyze the information. To ensure accurate and easily accessible data collection, we suggest that IDOC move toward a common, web-based data management system that will allow all counties to easily track and receive feedback regarding their outcomes.

Introduction

Adolescents and adults in the justice, mental health, and child and family services systems have historically been viewed as being one of the most difficult prevention and treatment challenges for local communities, individual families, and justice and mental health service providers. These youth and adults typically engage in criminal behaviors that put families, communities, and systems at risk. Such problems commonly include drug use and abuse, school truancy (for adolescents), behavior disorders, crime, and violence. These behaviors impact community safety, community culture, and significantly tax the available mental health, social service, and criminal justice systems of local communities and states. Moreover, traditional treatment programs are notoriously unsuccessful at enrolling those with the greatest need into treatment and prevention programs, keeping them in programs, and demonstrating successful outcomes (Sexton, Robbins, & Weeks, 2003). In other words, the traditional forms of prevention and treatment currently available do not adequately address the broad range of challenges presented by at-risk populations. As such, the psychological and economic cost of these problems with adults

and adolescents is estimated to be in the billions of dollars each year (Surgeon General, 2001). Given these unfavorable conditions, it is essential to use systematic methods for verifying the effectiveness and cost-benefit of treatment options for a broad array of youth and adult offender needs. The evidence-based practice movement has the capacity to address this important issue.

EVIDENCE-BASED PRACTICE

Evidence-based programs are tried and tested interventions that have the potential to provide cost-effective and successful help to adults and adolescents. Within the last decade, the availability of evidence-based or “what works” approaches has been increasing. Indeed, the critical importance of using scientifically based approaches to address the social and behavioral problems of adults and adolescents is clear. The Surgeon General’s Report on Youth Violence (2000) suggests, that to solve the problem of violence and delinquency the need is not for more money but better use of existing funds. “Better use” necessitates that services are evidence-based and accountable through

“Evidence-based programs are tried and tested interventions that have the potential to provide cost effective and successful help to adults and adolescents.”

“Evidence-based practice involves the use of the best available scientific evidence to develop and evaluate services in a wide variety of human service sectors.”

high quality assurance processes and systematic evaluation. This issue is illustrated by the Surgeon General’s report (2001):

Our review of the scientific literature supports the main conclusion of the report: that as a Nation we possess knowledge and have translated that knowledge into programs that are unequivocally effective in preventing much serious youth violence. Most of the violence prevention strategies and interventions currently employed at both the national and local levels either have not been evaluated with rigor or have been evaluated and found to be ineffective. [...] The Nation cannot afford to waste resources on ineffective or harmful interventions and strategies, or to further jeopardize the well-being of youth who may be assigned to ineffective programs.

Despite the great potential of evidence-based programs, few of those in need receive such services; few communities know of the availability of such programs and interventions; and significant gaps remain in our understanding of the degree to which evidence-based programs are effectively disseminated. One significant result is that the funds that are available are not used wisely. That is, local communities often find it difficult to find and implement “best practice” programs, particularly because implementing evidence-based programs at a local and state level is complex. Specifically, successful implementation requires identifying needs; systematically evaluating existing programs; providing technical assistance to both raise awareness and identify existing practices; developing a shared vision of the meaning of evidence-based practice; translating these criteria into evaluation and monitoring systems; and evaluating both the outcomes and the quality of services delivered.

EVIDENCE-BASED COMMUNITY CORRECTIONS PRACTICE

To implement evidence-based programs in Community Corrections settings, four components are necessary: (1) community providers; (2) state agencies; (3) independent research and evaluation; and (4) state wide technical assistance. The Center for Evidence-Based Practice at Indiana University is designed to work in partnership with the Indiana Department of Correction and local Community Corrections agencies to provide (a) systematic research and evaluation, and (b) technical assistance in identifying and implementing evidence-based programs.

Evidence-based practice involves the use of the best available scientific evidence to develop and evaluate services in a wide variety of human service sectors including medicine, psychological practice, education, and corrections. Across these domains, evidence-based practice is based on the notion that every individual should receive the most effective services with the highest likelihood of producing positive outcomes. Evidence-based community corrections practice (EB-CCP) encompasses programs, practices, and guidelines informed by the most reliable and valid scientific information. Its goal is to improve public safety through offenders’ pro-social participation in the community and through the reduction of risk factors that contribute to criminal behaviors, recidivism, and institutional placement. EB-CCP promotes the highest standards of quality and reliability, so that the best, the most accountable, and the most cost-effective care is delivered to all clients of community corrections.

In evidence-based practice, accountability and quality are developed and established through the use of systematic scien-

tific evidence. Evidence-based programs are interventions with empirical evidence supporting their effectiveness. They are programs that produce and maintain positive outcomes over time with the populations and problems for which they are designed. In other words, evidence-based practice requires that a target population be defined for the use of a particular program. This level of specificity is necessary to ensure that a program meets the needs of a given population. In addition, intervention and prevention programs must maintain a level of quality by insuring adherence to the original design of the model as it is transported and implemented in local communities. Simply providing a treatment program is necessary but not sufficient in evidence-based practice. The implementation of programs is a complex process that requires adherence protocols and methods for measuring fidelity. These methods are essential to the provision of the best, most efficient and cost-effective services to the population of interest.

ADVANTAGES OF EVIDENCE-BASED/COMMUNITY/CORRECTIONS PROGRAM

Evidence-based practice has a variety of advantages over other types of community corrections programming:

1. It provides objectivity and consistency in programming and resource implementation;
2. It minimizes the influence of opinions, personal preference, ideology, and lobbying as the basis of programming;
3. It guides IDOC community corrections in making funding decisions;

4. It fosters the cost-effective use of community corrections funds;
5. It promotes accountability;
6. It guarantees that effective services are delivered to those in need;
7. It offers an objective basis for program evaluation;
8. It communicates clear and coherent standards for what constitutes a well-designed program providing community with a consistent and clear 'roadmap' for service development;
9. It is a tool for determining standards by which community corrections programs can be evaluated and improved.

CRITERIA FOR EVIDENCE-BASED PROGRAMS

Successful community corrections programming involves many types of intervention each of which can be evidence-based. At the system level, community corrections practices can follow broad principles of best practice including systematic assessment, systematic evaluation, and culturally and individually tailored programs. At the program level, community corrections interventions can include scientifically validated programs designed to target particular groups. For example, certain programs may have been shown to successfully impact individual criminal thinking or community re-entry for those individuals returning from institutional placement. Finally, in areas where evidence-based programs have yet to be created, new intervention models informed by the broad scientific literature can be developed as pilot programs and tested to

“Evidence-based practice promotes accountability and guarantees that effective services are delivered to those in need.”

determine their effectiveness. When possible, valid and reliable programs should be used. When not available, programs should be evidence informed and systematically tested and evaluated. Regardless of the “level”, evidence-based community corrections programs should follow the principles listed below:

1. Programs should have clearly articulated and well described evidence-based principles as their basis.
2. Programs should specifically target the documented risk and protective factors that are linked to the entry into and the likelihood of re-offense.
3. Programs should be delivered with fidelity (i.e. as designed) in order to ensure positive outcomes.
4. Programs should be responsive to the individual differences of the participants in regard to learning style, motivation, temperament, and culture.
5. Program staff should receive adequate training and education for successful implementation of an evidence-based program.
6. Communities should receive systematic technical assistance to select, implement, and evaluate evidence-based program.
7. Programs should systematically and regularly evaluate the implementation and outcome.

Survey of Current Community Corrections Practices in Indiana Department of Correction

BACKGROUND AND GOALS OF THE PROJECT

In an effort to reduce the gap between research and practice in community corrections, the Indiana Department of Correction has prioritized the implementation of evidence-based programs. Since 2006, the IDOC has used its grant application and funding process to promote the adoption of the Crime and Justice Institute (CJI) Principles of Effective Interventions, and has required that county community corrections agencies specify how they evaluate the success of grant-funded programs. The eight principles of effective intervention are as follows (1) assess actuarial risk/needs, (2) enhance intrinsic motivation, (3) target interventions based on offenders' risks and needs, on their responsivity to treatment, and on dosage requirements, (4) skill train with directed practice, (5) increase positive reinforcement, (6) engage support in natural communities, (7) measure relevant processes/practices, and (8) provide measurement feedback.

On October 29, 2008, the IDOC hired the Center for Adolescent and Family

Studies at Indiana University-Bloomington (CAFS) to assist in the system-wide adoption of evidence-based practice. In September 2008, the IDOC and the CAFS created the Center for Evidence-Based Practice (CEBP). The CEBP was established to support the adoption and implementation of evidence-based practice standards at both state and local levels. It is an independent study group who has the expertise needed to design and conduct systematic studies to evaluate community corrections services. Its role also is to provide technical assistance with the implementation of evidence-based practice, including access to a web-based clearinghouse that contains most current information about evidence-informed community corrections practices.

The first-year goals of the CEBP were to:

1. Conduct a state-wide survey of current community corrections practices, including programs that serve adult and juvenile offenders;
2. Set up the Evidence-Based Practice Community Corrections Technical Assistance Clearinghouse (EBPCC-TAC)

“Since 2006, the Indiana Department of Correction has prioritized the implementation of evidence-based programs and promoted the adoption of the Crime and Justice Institute’s Principles of Effective Interventions.”

“The Indiana Department of Correction uses three methods of data collection as it relates to community corrections practices.”

and provide access to user-friendly information and resources that support the implementation of evidence-based community corrections programs.

To accomplish these goals, the CEBP formed an advisory board whose purpose is to support and guide the activities of the CEBP by providing an informed perspective on community corrections and evidence-based practice. The advisory board is composed of four IDOC staff members, a county community corrections director and two university researchers: Mike Lloyd, Director of Transitional Facilities and Community Based Programs, IDOC; Angie Hensley-Langrel, Program Director of Community Corrections, IDOC; Amanda Copeland, Director of Research and Planning, IDOC; Sarah Schelle, Research Analyst, Research and Planning Division, IDOC; Tammy O’Neill, Director, Porter County PACT Community Corrections; Corinne Datchi-Phillips, Research Associate, Indiana University; and Thomas Sexton, Center Director, Indiana University. The advisory board meets monthly to discuss the findings and recommendations of the CEBP; to decide how, with whom, and for what purpose the findings will be shared; and to plan future research and training activities designed to foster the movement towards evidence-based practice in IDOC.

RESEARCH QUESTIONS

As mentioned previously, evidence-based practice (EBP) calls for well-defined programs with clearly articulated intervention protocols; it requires a high degree of specificity with regard to the population served, the program elements, and the desired program outcomes. These three domains serve as benchmarks for the systematic evaluation of evidence-based

interventions (Sexton, Hanes, & Kinser, in press). Evidence-based intervention models typically target (a) *clinically meaningful problems and involve a (b) coherent conceptual framework that informs (c) specific clinical interventions* (Alexander, Pugh, Parsons, & Sexton, 2000; Kazdin, 1997). In addition, they call for well-defined treatment and quality assurance protocols. Following these EBP principles, the CEBP conducted a survey of current community corrections practices in the state of Indiana. The goal of this survey was to determine:

1. Who are the clients of community corrections programs?
2. What are the common and unique elements of community corrections programs? And are these programs implemented with consistency across the state of Indiana?
3. How do community corrections demonstrate evidence of its effectiveness? What are the outcomes of community corrections programming?

EXISTING DATA GATHERING MECHANISMS IN INDIANA DEPARTMENT OF CORRECTION

At present, the IDOC uses three methods of data collection as it relates to community corrections practices:

1. *Quarterly reports* provide summary information about community corrections practices that is categorized into five domains:
 - a. “Components”: The term “component” is used to refer to specific community corrections supervision programs including residential, work release (free standing & jail operated), day re-

- porting with electronic monitoring, day reporting (other), house arrest/home detention, community service restitution, VORP, jail services, jail work crew, community work crew, and other. The quarterly reports indicate how many offenders by type of offense were served by each of the programs listed above.
- b. “Cases received” represents the total number of new offenders admitted by the agency. This domain also includes information about the reason for referral to community corrections (probation, sentence modification, pre-trial, civil, other, direct commitment, executed sentence, transfer, probation violation, parole violation, community transition, forensic diversion, re-entry court, and other) and the type of offense committed within the preceding quarter (A felony, B felony, C felony, D felony, A misdemeanor filed as D felony, A misdemeanor, B misdemeanor, C misdemeanor, infraction, and other).
 - c. “Cases lost” provides information about the total number of offenders who successfully and unsuccessfully exited community corrections, who have been transferred out of community corrections, or who are inactive in community corrections supervision programs.
 - d. “Offenders by referral” indicate how many offenders participated in community corrections by referral sources (i.e., community transition program, forensic diversion, re-entry court, parole violation, and modification of sentence) and by type of offense.
 - e. The last domain provides information about the race and gender of offenders that participated in community corrections in the last quarter. Offenders are categorized as male or female; as White, Black, Hispanic, American Indian, Asian Pacific, other, or two or more races.
2. *Annual reports* vary in content. However, they typically describe the mission and the values of a given community corrections agency; they include information about the agency’s advisory board, a strategic plan, an organizational chart, a fee schedule for each program, and a fiscal summary. The reports also contain data elements about specific community corrections practices such as home detention. These data elements provide some information about the program, the demographic characteristics of the population served, the relative cost of the program, and the outcomes of the program including success and completion rates.
 3. *Grant applications* constitute the mechanism through which local community corrections agencies apply for funding for particular programs. They require a detailed description of community corrections practices including information about: Client/supervisor ratio; anticipated total number of offenders per program and type of offense; a statement identifying the problem or need for service; the target population; the type of community involvement; a description of the program; the responsibilities of the staff; the responsibilities of the clients; eligibility criteria; the criteria

“Evidence-based intervention models call for specific training procedures that assist practitioners in developing the behaviors and skills necessary to provide the most effective services.”

for successful versus unsuccessful completion; how violations of program guidelines will be handled; procedures for determining recidivism; the purpose of the program; the goals and objective of the program.

To answer the questions of this study, we relied primarily on data found in community corrections' 2007-2009 annual reports and grant applications. Between August 2008 and August 2009, we looked at 62 annual reports and 60 grant applications, which represent a total of 5,258 pages of documentation (1,899 pages of Annual Reports and 3,288 pages of grant applications). The grant applications provided information about the different elements of the programs, the expected number of offenders served, the use of standardized assessment, training requirements, implementation protocols, and eligibility criteria. The annual reports provided some data about:

1. The types of programming
2. The demographic characteristics of the target population for each program
3. The total number of offenders referred to each program
4. The total number of offenders served by each program
5. The success rate or/and completion rate of each program
6. The total number of offenders still active in each program
7. Offenders' average risk and need assessment scores at entry and exit of a program

8. Average number of positive drug screens

As mentioned previously, the annual reports and grant applications vary in content, that is, they do not consistently provide the same level of details with regard to the implementation of community corrections programs. These differences in reporting procedures make it difficult to develop an accurate picture of community corrections practices.

DATA ANALYSIS

The objectives of this survey were to identify (1) what programs are implemented in community corrections and how they are defined across the state of Indiana; (2) who is served by these programs; and (3) what are the outcomes of these programs. Specifically, we were interested in knowing whether a given program involved the use of a manual with clearly articulated systematic goals and desired outcomes as well as well-defined interventions; systematic assessment procedures, staff training and program evaluation protocols; and clear and specific eligibility criteria for participation in the program. We also examined whether a given program was delivered alone or in conjunction with other services. Evidence-based intervention models call for specific training procedures that assist practitioners in developing the behaviors and skills necessary to provide the most effective services (Alexander et al., 2000; Kazdin, 1997, 2001). In other words, training protocols are essential to the adoption of evidence-based practice, together with quality assurance systems that function to assess the degree to which the intervention model is delivered with fidelity to the original model design. Program evaluation is also a core ingredient of evidence-based

practice. It comprises outcome studies that look at clients' behavioral change using standardized outcome measures. The selection of outcome measures depends on the goals and desired outcomes of the program. Given that the mission of community corrections is to increase public safety, it seems crucial to determine the impact of community corrections programming on recidivism. In sum, recidivism should be tracked as a desired outcome of community corrections services. Lastly, to determine the effects of a given program, it is important to identify whether this program is delivered alone or in conjunction with other community correction services, that is, whether clients' behavioral change is linked to the given program alone. When services are delivered simultaneously, it is more difficult to evaluate the effects of a particular program on offenders' behaviors; is also difficult to answer questions of treatment dosage (i.e., how many services do offenders actually need to demonstrate behavioral change?)

What are the Defining Elements of Community Corrections Programs?

To answer the question above, we used data contained in the annual reports and grant applications. In particular, we gathered and organized information about the following program elements:

1. Program goals
2. Program-specific interventions
3. Assessment tools and procedures
4. Quality assurance protocols
5. Population served
6. Program outcomes

First, we examined whether information about the program elements above was included in the annual reports and grant applications; what kind of data were collected consistently, inconsistently, or not reported at all; and whether the data could be used to help community corrections clearly describe its current programming and further move towards evidence-based practice. We looked for any variability in the definition of a given program (e.g., home detention) across community corrections. We considered the possibility that local community corrections agencies may deliver similar services under different program names, and therefore chose to categorize these services according to the elements that defined them. We also looked for national standards that may inform the implementation of evidence-based community corrections programs, and found a lack thereof, which suggests that IDOC is at the cutting edge of the national movement toward evidence-based practice in community corrections.

Who is Served?

Evidence-based practice requires that we use scientific evidence to identify who will most likely benefit from a given program under what conditions. To accomplish this goal, it is essential to gather demographic information about the population served and to look at the differential effects on this population of a given community corrections program. In addition, knowing who is served should guide treatment decisions, and enable practitioners to match interventions to the demographic characteristics of their clients based on scientific knowledge. We used the data contained in the community corrections 2007-2008 annual reports to obtain a picture of the gender, ethnicity, type of offense, and

“Supervision programs are designed to provide alternatives to incarceration and thereby reduce jail overcrowding.”

age (adult or juvenile) of the population served by community corrections.

What are the Outcomes of Community Corrections Programming?

To evaluate the success of a given program, it is necessary to clearly define the desired outcomes of this program and to measure these outcomes using standardized assessment tools. We used the annual reports and grant applications to identify what outcome data were collected and reported across community corrections. We found missing information about the definition of program outcomes and average behavioral change within each program. The existing data did not make it possible to draw conclusions about the effectiveness of community corrections programming.

FINDINGS

In this section, we give a picture of what local community corrections agencies indicate they do in the 2007-2008 annual reports and 2007-2009 grant applications they provided IDOC. From the annual reports we have gathered quantitative data that helped us answer the three research questions: What programs are implemented; who is served; and what outcomes are measured. From the grant applications we obtained qualitative data to identify and compare the definitions of community corrections programs at the level of the county. The information we collected also provided some insight into existing data collection procedures across the state of Indiana.

Although the 2007-2008 annual reports are similar in format, they vary in content (see appendix A “Annual Report Template”). For example, they do not systematically contain basic demographic data on the gender, ethnicity, race, or age

of the population served. Neither do they consistently provide information about the outcome of community corrections services. When available, information about program outcomes is composed of different elements such as program success rate, program completion rate, or average number of positive drug screens. It is important to note that a very small number of counties (1 in 62) describe the criteria they use to determine program success and completion rates. In addition, it is not clear what difference there is between program success and program completion. A small number of annual reports (4 out of 62) includes average criminogenic risks and needs standardized assessment scores at entry and exit of a community correction program. This number is too small to yield data that can be interpreted. For this reason, this section does not provide information about offenders’ average behavioral change as measured by standardized assessment tools at the beginning and end of a program.

What follows is a summary of our findings which inform our recommendations for a new data collection system designed to support evidence-based practice in community corrections. First, we review information obtained from the 2007-2008 annual reports with regard to three types of intervention programs: (1) Supervision; (2) Rehabilitation; and (3) Screen and refer. Specifically, we look at the number of counties which deliver the programs; the projected and actual number of offenders served within the programs; and the success and completion rates of the programs. Because the annual reports vary in content, the tables below show discrepancies in the figures. To facilitate the reading of these tables, we indicate in brackets how many counties provide the information of interest.

Supervision programs: Definition, Population Characteristics, and Outcomes

Supervision programs are designed to provide alternatives to incarceration and thereby reduce jail overcrowding. They function to support offenders' continued involvement with the community while closely monitoring offenders' highly structured activities. Below is a list of supervision programs implemented by local community corrections agencies and documented in the annual reports.

1. *Home Detention* permits offenders to carry on their daily activities (e.g., work; school; health and legal appointments; court-ordered obligations) under close supervision. Offenders stay home at all times except for pre-approved, scheduled absences. Home detention is the second level of home confinement, the first and third levels being curfew and home incarceration. It often is implemented in conjunction with electronic monitoring. In the year 2007-2008, it was projected that home detention programs in the state of Indiana would serve a total of 7211 adults and 686 juvenile offenders. 45 counties offered home detention as a sentencing alternative, and served a total of 6695 adults and 355 juveniles with an average completion rate of 62% and an average success rate of 71% (Table 1).
2. *Electronic Monitoring* (EM) involves the use of passive or active supervision systems to ensure offenders' compliance with set limits on their location, activities, and communications. EM systems range from answering the phone and speaking with a case officer to wearing an electronic device that emits a continuous signal to a home monitoring device. In the year 2007-2008, 3 counties offered electronic monitoring (stand alone) as a sentencing alternative, and served a total of 62 juveniles with an average success rate of 92%* (Table 1).
3. *GPS Parole* involves the use of GPS technology to monitor offenders' movements and activities. In the year 2007-2008, 1 county offered GPS parole as a sentencing alternative, and served a total of 42 adults with a success rate of 41% (Table 1).
4. *Work Release* allows inmates to maintain employment while living in jail or in a community treatment center. It may be implemented in conjunction with other treatment programs such as substance abuse education. In the year 2007-2008, it was projected that work release programs in the state of Indiana would serve a total of 3640 offenders. 25 counties offered work release as a sentencing alternative, and served a total of 2664 adults with an average completion rate of 82% and an average success rate of 76% (Table 1).
5. *Restorative Justice Programs* (e.g., VORP) constitute a sentencing alternative which involves the offender and the victim in the resolution of the troubles caused by the offender's criminal actions. They provide both parties with the opportunity to develop and agree on a plan for restitution. In the year 2007-2008, it was projected that restorative justice programs in the state of Indiana would serve a total of 255 adult offenders. 2 counties offered a restorative justice program, and served a total of 213 adults and 2 juvenile offenders with a completion rate of 50% (Table 1).

6. *Community Service Programs* are used as a form of non-incarcerative sanction. They require that offenders work without pay for public or not for-profit corporations, associations, institutions or agencies. They also contribute to support offenders' rehabilitation. In the year 2007-2008, it was projected that community service programs in the state of Indiana would serve a total of 9001 adults and 929 juvenile offenders. 30 counties offered community service programs,

and served a total of 3465 adults and 699 juveniles with an average completion rate of 78.7% and an average success rate of 76.2% (Table 1).

7. *Work Crew/Road Crew Programs* give low-risk offenders the option to work to meet court-ordered requirements such as fines and community service. They are designed to reduce jail overcrowding. In the year 2007-2008, it was projected that work crew programs in the state of Indiana would serve a total of 513 adults and

Table 1: Supervision Programs

Supervision Program	Counties that Deliver Program	Projected Population**	Population Served**	Average Success Rate	Average Completion Rate
Home Detention	45	<ul style="list-style-type: none"> Total: Adult: 7211 Juvenile: 686 Range: Adult: [28-1215] Juvenile: [1-140] 	<p>Adult:</p> <ul style="list-style-type: none"> Total: 6695 Male*: 2726 Female*: 825 Average: 172 Range: [8-1216] <p>Juvenile:</p> <ul style="list-style-type: none"> Total: 355 Male*: 244 Female*: 112 Average: 47 Range: [2-292] 	<p>71.27% (15 counties)</p> <p>82.1% (adult only/4 counties)</p> <p>63.5% (juvenile only/2 counties)</p>	<p>61.83% (5 counties)</p> <p>1 specified adult: 20</p> <p>1 specified juvenile: 56</p>
Work Release	25	<p>Total: 3640</p> <ul style="list-style-type: none"> Range: [43-760] 	<p>Adult:</p> <ul style="list-style-type: none"> Total: 2664 Male*: 1175 Female*: 67 Average: 158.85 Range: [4-649] 	76.1% (1 county)	81.6 % (5 counties)

*All counties do not report information about the gender of the population served.

**All counties do not provide numbers for population served. Projected numbers were extracted from grant applications.

141 juvenile offenders. 5 counties offered work crew programs, and served a total of 299 adults and 87 juveniles with an average success rate of 68% (Table 1). It was projected that road crew programs would serve a total of 209 offenders. 2 counties offered road crew as a sentencing alternative and served 166 adults.

8. *Day Reporting Programs* are designed for offenders who require greater surveillance. They provide close supervision including daily contact

with a case officer, as well as referral or/and treatment services such as case management, substance abuse treatment, employment and life skills programs. In the year 2007-2008, it was projected that day reporting programs in the state of Indiana would serve a total of 1987 offenders. 22 counties offered day reporting programming, and served a total of 1282 adults and 313 youth with a completion rate of 91% and an average success rate of 66.26% (Table 1).

Supervision Program	Counties that Deliver Program	Projected Population**	Population Served**	Average Success Rate	Average Completion Rate
Electronic Monitoring (stand alone)	3	<ul style="list-style-type: none"> Total: NA Range: NA 	Adult: <ul style="list-style-type: none"> Total: 0 Male*: 0 Female*: 0 Average: 0 Range: 0 Juvenile: <ul style="list-style-type: none"> Total: 62 Male*: 34 Female*: 19 Average: 31 Range: [9-53] 	92 % (1 counties)	NA
Victim-focused program (VORP/ Restorative Justice)	2 (?)	<ul style="list-style-type: none"> Total: 255 Adult: 255 Juvenile: 5 (?) 	Adult: <ul style="list-style-type: none"> Total: 213 Male*: 156 Female*: 57 Juvenile: <ul style="list-style-type: none"> Total: 2 Male*: 2 	NA	50 % (Juvenile/1 counties)
GPS parole	1	NA	Adult: <ul style="list-style-type: none"> Total: 42 Male*: 42 	41%	NA

Supervision Program	Counties that Deliver Program	Projected Population**	Population Served**	Average Success Rate	Average Completion Rate
Community Service/ Restitution (& road crew/work crew)	30	<ul style="list-style-type: none"> Total: Adult: 9001 Juvenile: 929 Range: Adult: [20- 1973] Juvenile: [9- 188] 	<p>Adult:</p> <ul style="list-style-type: none"> Total: 3465 Male*: 1253 Female*: 561 Average: 173.25 Range: [7-489] <p>Juvenile:</p> <ul style="list-style-type: none"> Total: 699 Male*: 63 (1 county) Female*: 35 (1 county) Average: 58.25 Range: [17-152] 	76.2% (6 counties)	78.7% (3 counties)
Work Crew (stand alone)	5	<ul style="list-style-type: none"> Total: 754 (?) Adult: 513 (?) Juvenile: 141 (?) Range: (?) Adult: [94-155] Juvenile: [12-66] 	<p>Adult:</p> <ul style="list-style-type: none"> Total: 299 Male*: 41 Female*: 12 Average: 59.8 Range: [53-107] <p>Juvenile:</p> <ul style="list-style-type: none"> Total: 87 Male*: NA Female*: NA Average: 29 Range: [28-30] 	68% (2 counties)	NA

*All counties do not report information about the gender of the population served.

**All counties do not provide numbers for population served. Projected numbers were extracted from grant applications.

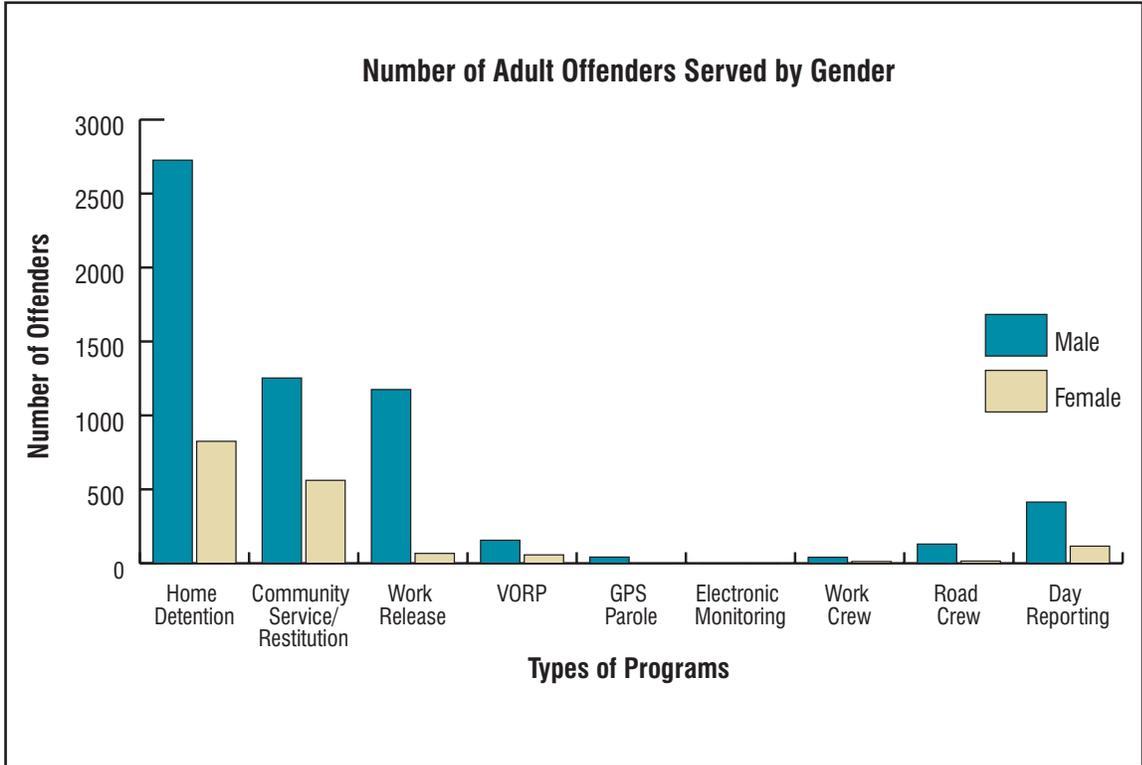
Supervision Program	Counties that Deliver Program	Projected Population**	Population Served**	Average Success Rate	Average Completion Rate
Road Crew (stand alone)	2	<ul style="list-style-type: none"> • Total: 209 • Range: [34-175] 	Adult: <ul style="list-style-type: none"> • Total: 166 Male*: 130 Female*: 15 • Average: 83 • Range: [21-145] 	NA	NA
Day Reporting	22	<ul style="list-style-type: none"> • Total: 1987 • Range: [13-350] 	Adult: <ul style="list-style-type: none"> • Total: 1282 Male*: 414 Female*: 116 • Average: 116.5 • Range: [9-221] Juvenile: (2 counties) <ul style="list-style-type: none"> • Total: 313 Male*: 5 Female*: 3 • Average: 156.5 • Range: [5-305] 	66.26% (6 counties)	91% (1 county)

*All counties do not report information about the gender of the population served.

**All counties do not provide numbers for population served. Projected numbers were extracted from grant applications.

“The primary community corrections program for adult offenders, both male and female, is home detention.”

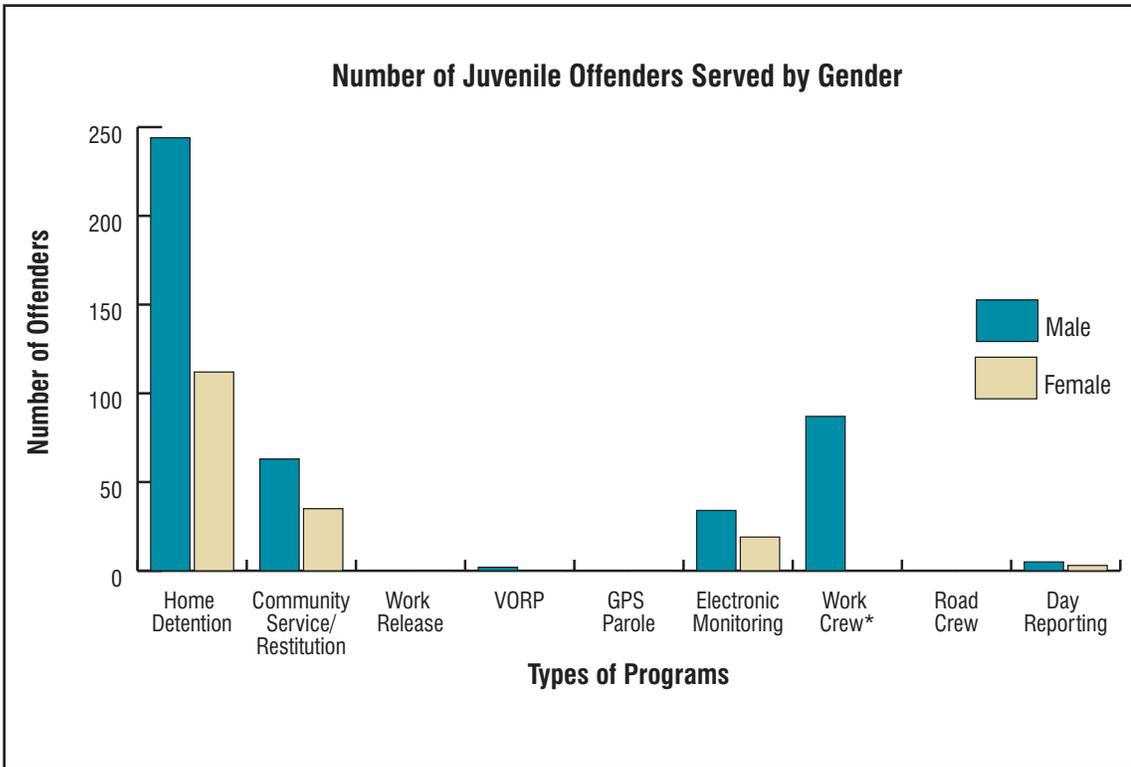
Graph 1: Supervision Programs



The chart above shows that the primary community corrections program for adult offenders, both male and female, is home detention. Over 2,600 male offenders are mandated to undergo home detention while Community Service Restitution, the second most utilized program, has just over 1,200 participants. It is notable that there is often considerable overlap in the definitions of home detention, GPS

parole, and electronic monitoring; thus, while electronic monitoring and GPS appear to be rarely utilized, the individuals in these programs may be receiving very similar treatment to those in home detention. The great disparity in these numbers highlights the need for more consistent definitions that allow for more accurate descriptions of offender placement.

Graph 2: Supervision Programs

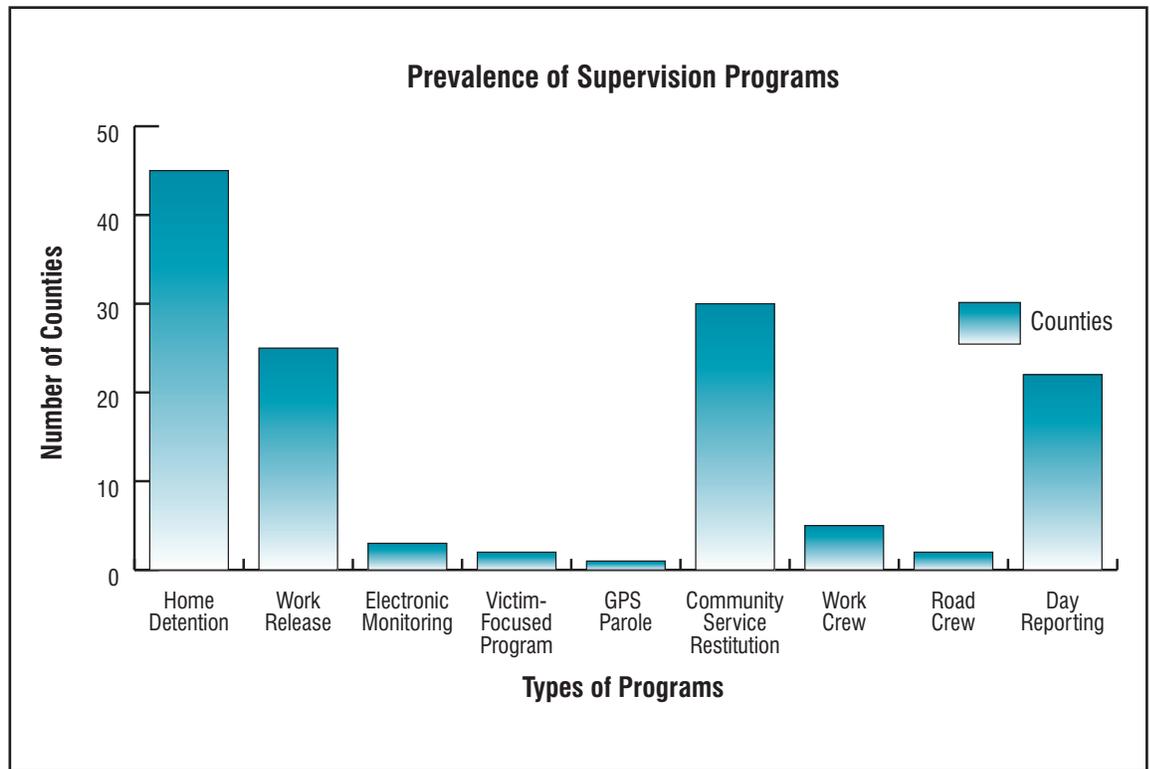


The most utilized supervision program for both male and female juvenile offenders is home detention. While some programs such as work release, GPS, and road crew were identified as potential juvenile supervision programs, no counties reported utilizing these programs. There is considerable

overlap in the definition of home detention, electronic monitoring, and GPS, which makes it difficult to discern what differentiates these three interventions. The 2007-2008 annual reports did not provide information about the gender of work crew participants.

“The most utilized supervision program for both male and female juvenile offenders is home detention.”

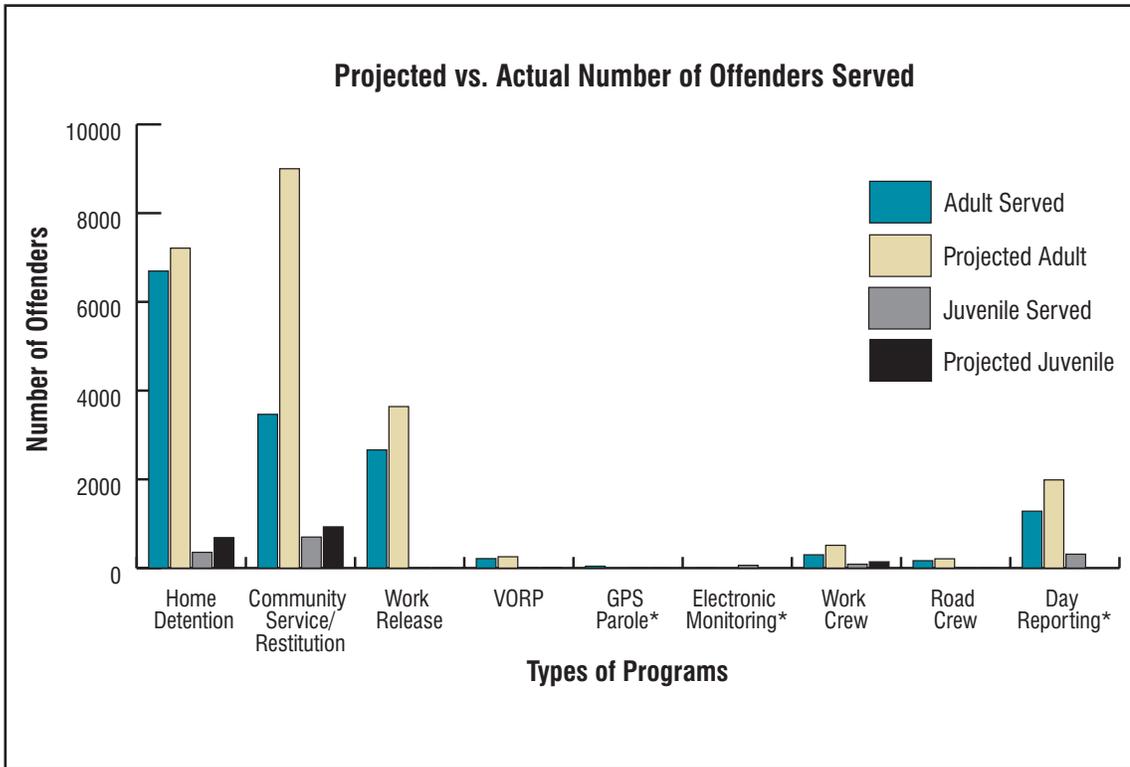
Graph 3: Supervision Programs



This chart shows how many counties implement different types of supervision programs. Home detention, work release, and community service restitution are the most common

community corrections programs. Other supervision programs are present in five or fewer counties.

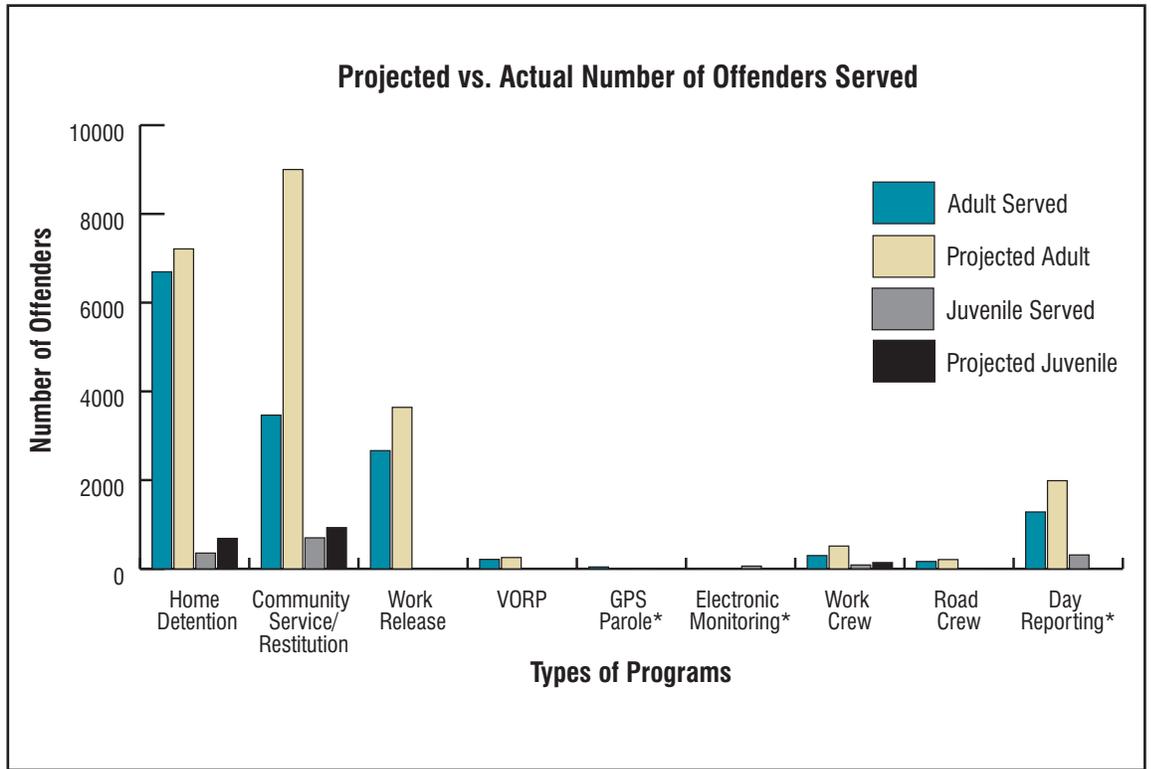
Graph 4: Supervision Programs



This graph depicts the projected versus actual population served by each supervision program. The projected number served is always greater than the actual served and in the case of community service/restitution, the projected number is greater than the actual

number served by over 5,000 offenders. Typically, the difference between the projected versus actual number served is in the 100's. In the case of GPS and electronic monitoring no projected values were reported and very few offenders actually received these services.

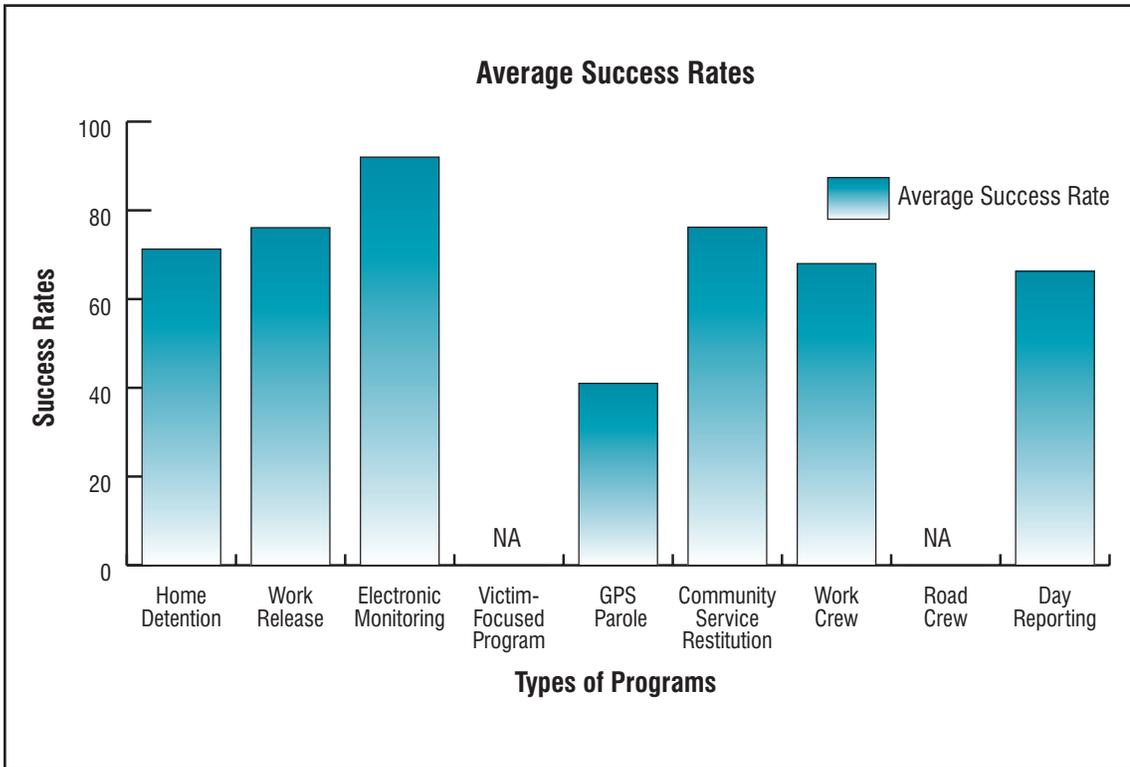
Graph 4: Supervision Programs



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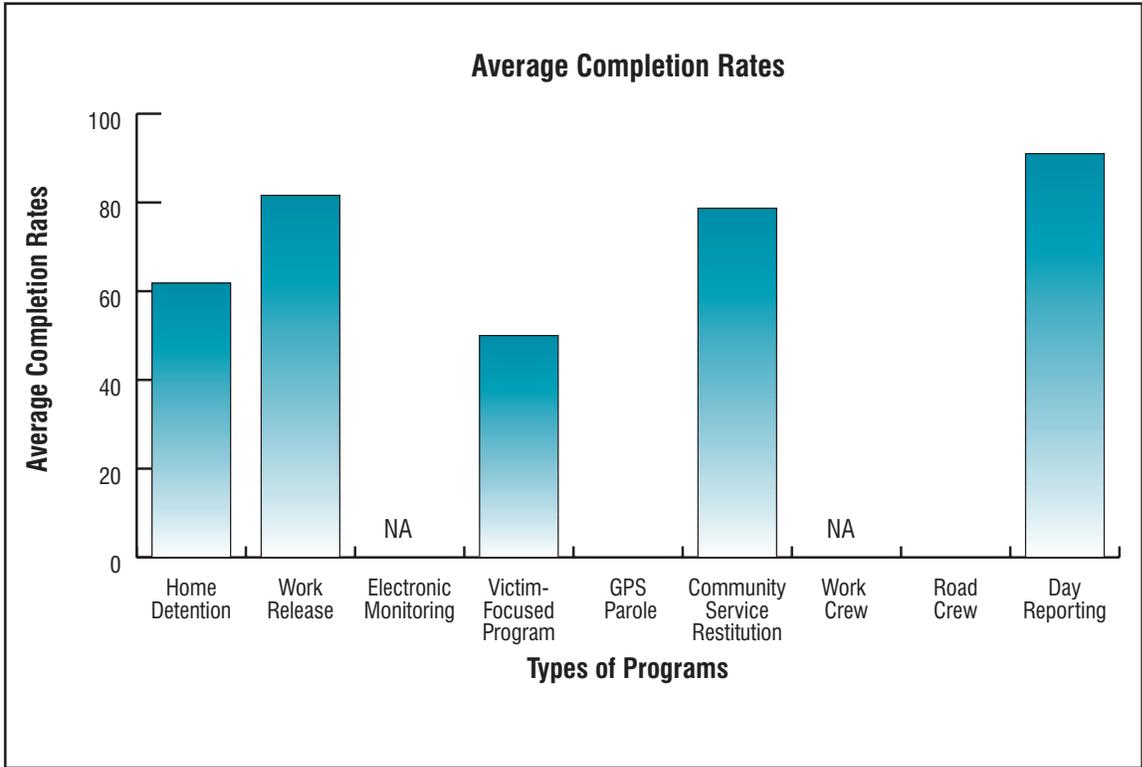
Graph 5: Supervision Programs



This chart presents the average success rate in percentages for each supervision program. The majority of programs report a success rate at around 70% or more with the exception of GPS which has a substantially lower success rate of approximately 40%. Victim-focused programs failed to report suc-

cess rates. It is important to note that only a limited number of counties reported success rates and those that did failed to define what “success” entailed. Thus, these numbers are made up of a limited population of counties which may operationally define success in fundamentally different ways.

Graph 6: Supervision Programs



This graph indicates the average completion rate of each supervision program. We only found information for 5 supervision programs: Home detention has an average completion rate of 60%; work release 80%; victim-focused programs 50%; and community services restitution 80%. The average

completion rate for each supervision program was computed from data provided by a very small number of counties. It is most likely that the numbers cited above do not provide an accurate picture of the actual completion rate of supervision programs in the state of Indiana.

Rehabilitation programs: Definition, Population Characteristics, and Outcomes

Rehabilitation programs are designed to reduce the risk of re-offense by providing services that address the social, educational, vocational, and psychological needs of offenders. They function to advance offenders' re-integration into the community. They also are called "rehabilitation programs" in the literature. Below is the list of rehabilitation programs implemented by local Community Corrections agencies and documented in the annual reports:

1. *Substance Abuse Interventions* are health, psychiatric, social, and psychological services (e.g., counseling) designed to address the multiple risk factors contributing to offenders' substance abuse. They target the offenders' motivation to change, ability to maintain abstinence, as well as intra-personal and interpersonal concerns. In the year 2007-2008, 3 counties offered substance abuse programming, and served a total of 61 adults and 62 juveniles with a completion rate of 89.7% and a success rate of 86% (Table 2).
2. *Juvenile Programs* aim to reduce juvenile delinquency by offering a wide range of services that function to develop youth's pro-social skills and to strengthen youth's ties to their family and community. They offer a wide range of services including case management, behavioral monitoring, family preservation, cognitive restructuring. In the year 2007-2008, it was projected that juvenile programs in the state of Indiana would serve a total of 1647 offenders. 10 counties offered a wide range of interventions, and served a total of 1674 juveniles with an average completion rate of 64% and an average success rate of 73% (Table 2).
3. *Family-Focused Programs* in Community Corrections are based on the recognition that families have the capacity to influence youth's behaviors and to produce better outcomes than formal supervision (e.g., probation). Family-focused programs include Family Resource, which provides case management services, and Functional Family Therapy, an evidence-based intervention program that has proven to be effective in reducing recidivism among juvenile offenders. In the year 2007-2008, it was projected that family-focused programs in the state of Indiana would serve a total of 208 juvenile offenders and their families. 2 counties offered family-focused programs, and served a total of 132 youth with an average completion rate of 70.45% (Table 2).
4. *Psychoeducational Programs* aim to increase offenders' ability to deal effectively with specific issues, by targeting individual strengths, resources, and coping skills. Treatment components vary depending on the specific issue targeted and generally encompass some form of information, support, assistance and empowerment. In the year 2007-2008, it was projected that psychoeducational interventions in the state of Indiana would serve a total of 166 juvenile offenders. 3 counties offered psychoeducational programming (Table 2).

"Rehabilitation programs are designed to reduce the risk of re-offense by providing services that address the social, educational, vocational, and psychological needs of offenders."

Table 2: Rehabilitation Programs

Rehabilitation Program	Counties that Deliver Program	Projected Population**	Population Served**	Average Success Rate	Average Completion Rate
Substance Abuse Intervention Program (Cocaine Methamphetamine Program; Substance Abuse Education; Alcohol and Drug services—FACT & PRIME)	3	<ul style="list-style-type: none"> Total: 209 Juvenile: 65 (1 county) 	Adult: <ul style="list-style-type: none"> Total: 166 Male*: 130 Female*: 15 Average: 83 Range: [21-145] Juvenile: <ul style="list-style-type: none"> Total: 62 Male*: 37 Female*: 25 Average: 31 Range: [28-34] 	86 % (1 county)	89.7% (1 county)
Juvenile Programs (Youth improvement; TEAM; Project SET; Risk Management Program; Lifeskills Training; Truancy Mediation; Thinking for a Change; Adolescent Sex Offender Treatment Program; Alternative Youth Services; Juvenile Alternatives; Juvenile Supervision)	10	<ul style="list-style-type: none"> Total: Juvenile: 1647 (8 counties) Range: [12-700] 	Juvenile: <ul style="list-style-type: none"> Total: 1674 Male*: 425 (6 counties) Female*: 278 Average: 152 Range: [6-700] 	73% (2 counties)	64% (2 counties)
Juvenile Supervision	2	<ul style="list-style-type: none"> Total: Juvenile: 50 (1 county) 	Juvenile: <ul style="list-style-type: none"> Total: 38 (1 county) Male*: 32 Female*: 6 	NA	89.4% (1 county)

*All counties do not report information about the gender of the population served.

**All counties do not provide numbers for population served. Projected numbers were extracted from grant applications.

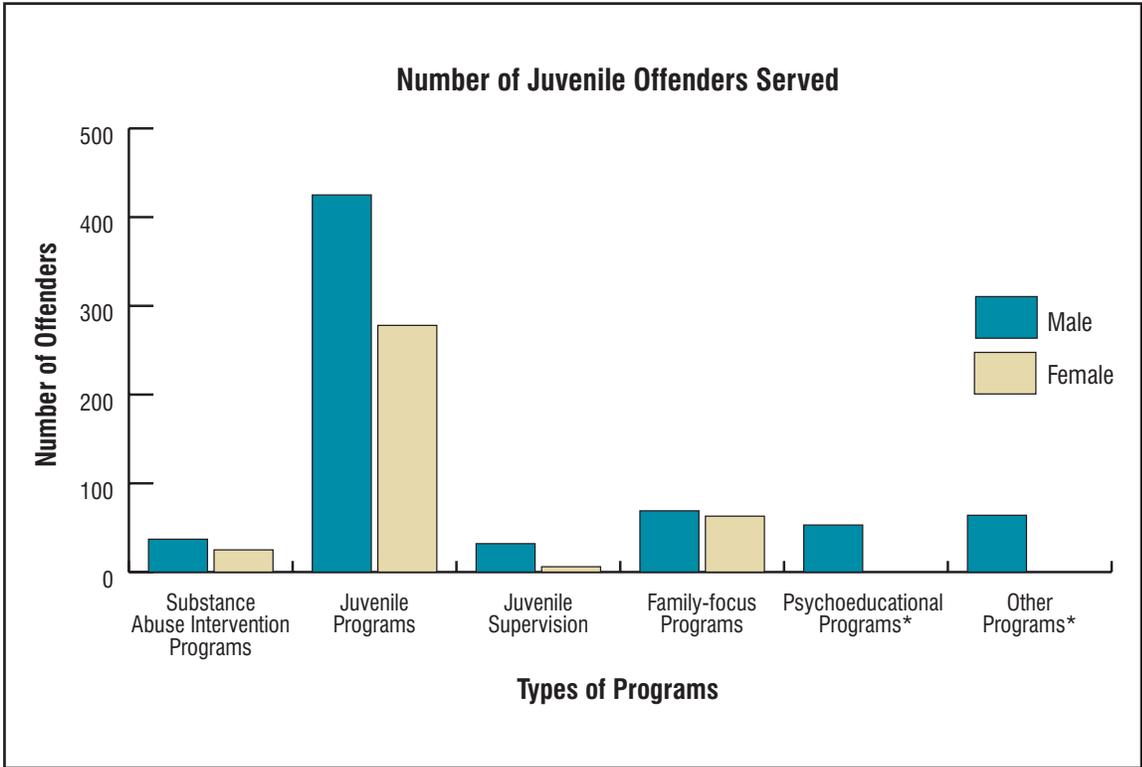
Rehabilitation Program	Counties that Deliver Program	Projected Population**	Population Served**	Average Success Rate	Average Completion Rate
Family-focused Programs (Functional Family)	2	<ul style="list-style-type: none"> Total: Juvenile: 208 Range: [28-180] 	Juvenile: <ul style="list-style-type: none"> Total: 132 (1 county/2 programs) Male*: 69 Female*: 63 Range: [33-99] 		70.45% (1 county)
Psychoeducational Programs (Challenge to Change; Aggression Replacement Training; Behavioral Monitoring and Reinforcement; Parental Aggression Replacement Training)	3	<ul style="list-style-type: none"> Total: Juvenile: 166 Range: [40-126] 	Adult: <ul style="list-style-type: none"> Total: NA Male*: NA Female*: NA Juvenile: <ul style="list-style-type: none"> Total: 53 (1 county) Male*: NA Female*: NA 	NA	NA
Other Programs (GED Education; Prevention)	2	<ul style="list-style-type: none"> Total: Juvenile: 150 (1 county) 	Adult: <ul style="list-style-type: none"> Total: 25 Male*: NA Female*: NA Juvenile: <ul style="list-style-type: none"> Total: 64 (1 county) Male*: NA Female*: NA 	NA	NA

*All counties do not report information about the gender of the population served.

**All counties do not provide numbers for population served. Projected numbers were extracted from grant applications.

“There is a need for more consistency and specificity with respect to the definition of community corrections programs.”

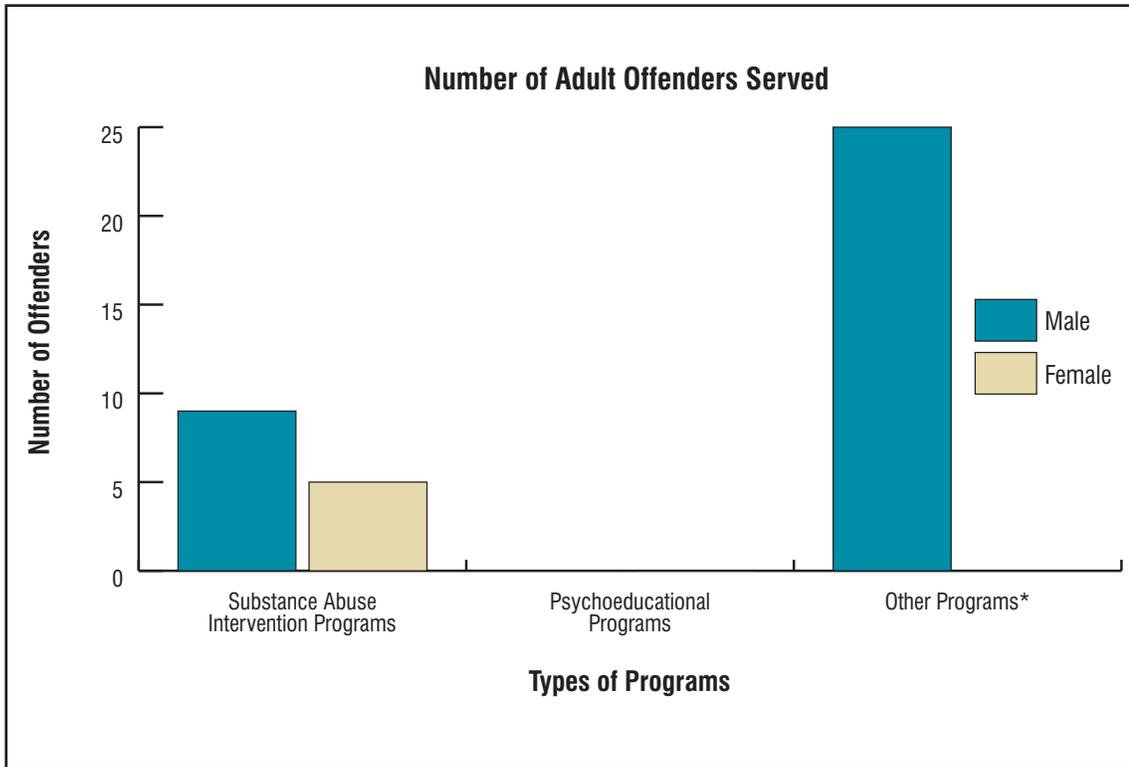
Graph 7: Rehabilitation Programs



This graph shows how many offenders participate in rehabilitation programs in IDOC community corrections. The annual reports did not include data on the gender distribution of the population served by psychoeducational and other programs. Juvenile Programs serve the highest number of offenders relative to other rehabilitation programs. The terms

Juvenile Programs refer to a type of services that is ill-defined and that may consist of any combination of programs including family-focused or psychoeducational programs. In general, our findings indicate a need for more consistency and specificity with respect to the definition of community corrections programs.

Graph 8: Rehabilitation Programs

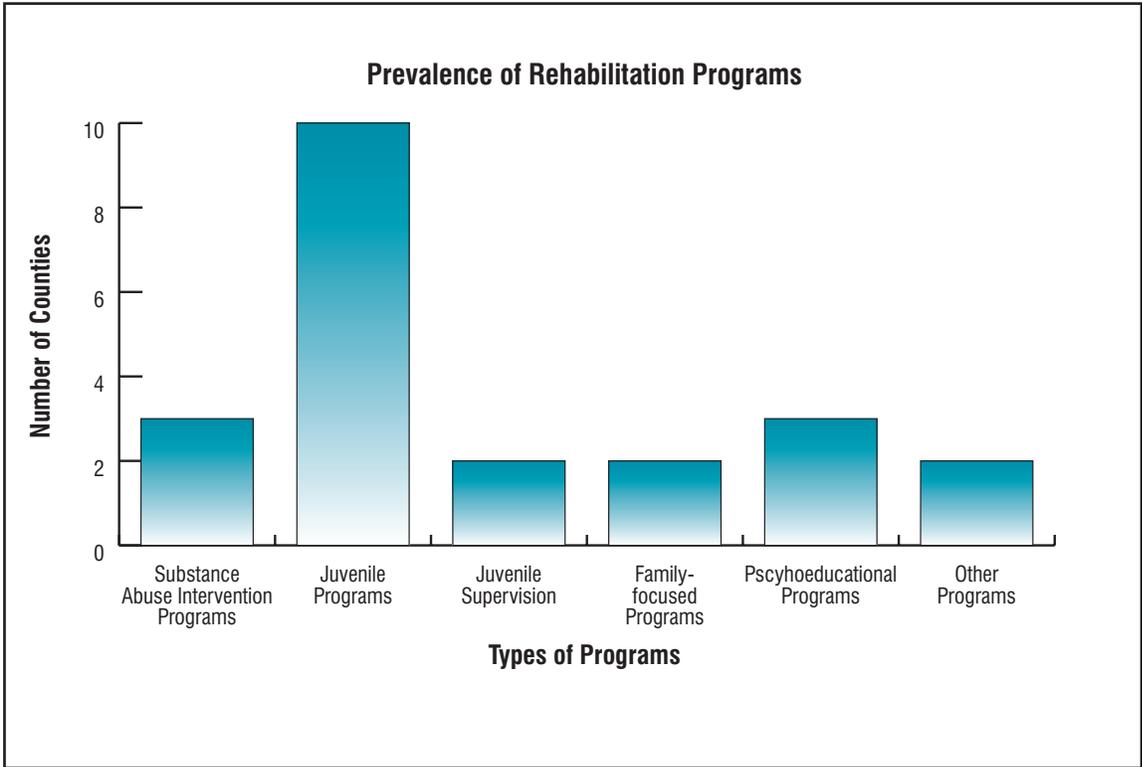


This chart shows how many adults received rehabilitation services in community corrections. The 2007-2008 annual reports provide little information about adult rehabilitation programs; and it appears that a small number of adult offenders are served by these programs. The category *other programs* include GED education and prevention programs. It is the most utilized category of adult community

corrections services. The annual reports do not specify what interventions are delivered within this other category of programming. In addition, they do not provide information about the gender distribution of the population served by other programs. Neither do they include basic demographic data about offenders participating in psychoeducational programs.

“Rehabilitation programs represent a small fraction of community corrections activities across the state of Indiana.”

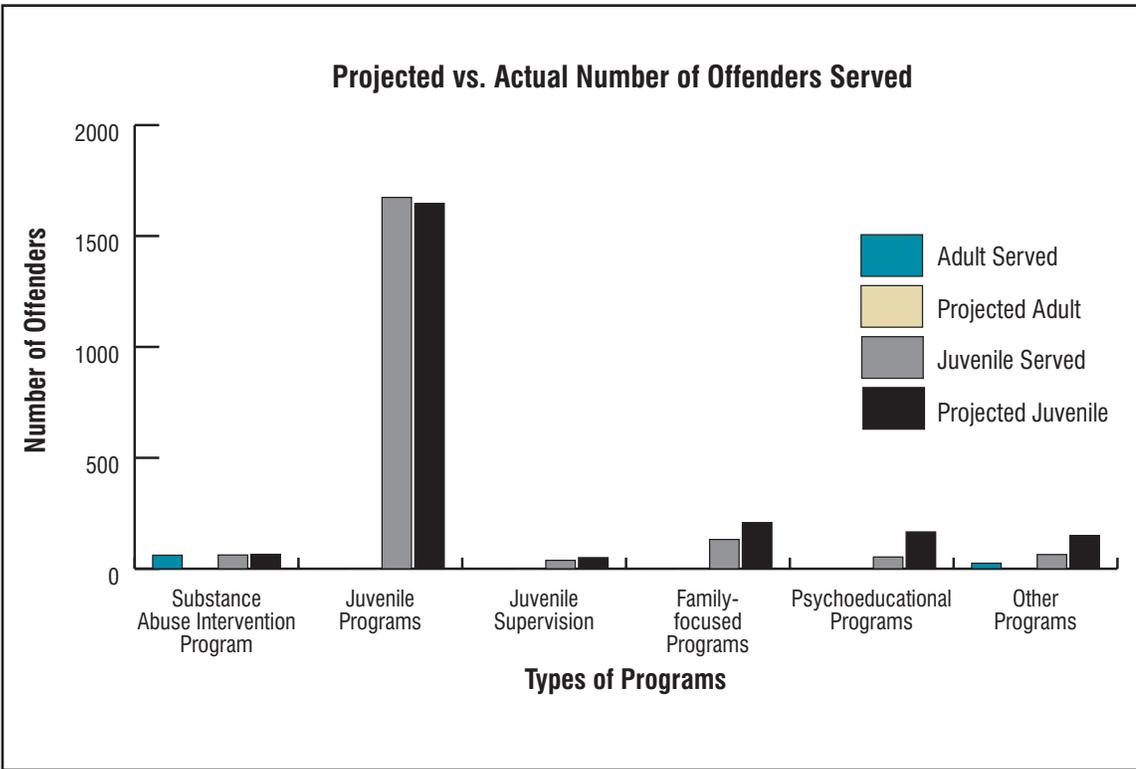
Graph 9: Rehabilitation Programs



This chart presents information about the number of counties that offer rehabilitation programs. Juvenile programs broadly defined are the most common rehabilitation program: 10 counties report implementing juvenile programs. Other rehabilitation programs are seldom offered by community corrections (fewer than 4 counties). This finding suggests

that rehabilitation programs represent a small fraction of community corrections activities across the state of Indiana. It is possible that community corrections refer offenders to local agencies such as community mental health centers based on offenders’ needs, rather than provide rehabilitation services in their facility.

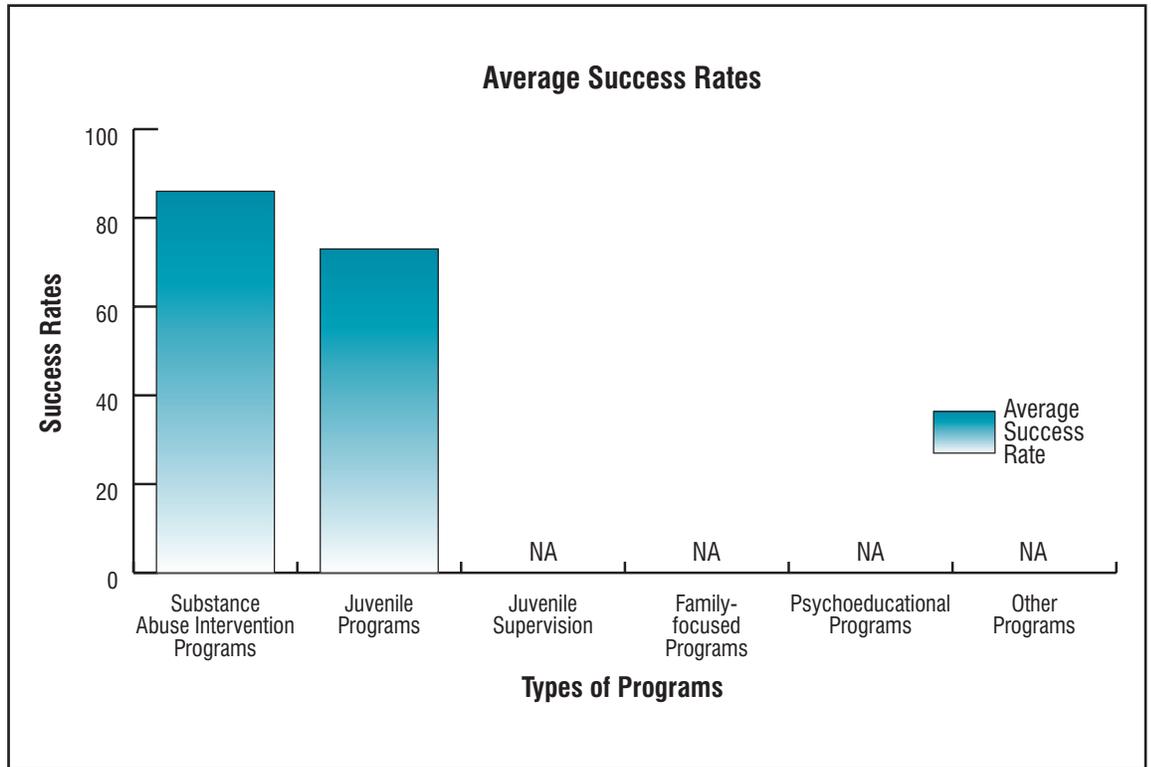
Graph 10: Rehabilitation Programs



This graph shows the projected versus served number of offenders participating in rehabilitation programs. Juvenile programs are the most commonly used programs with over 1600 offenders served. Unlike supervision programs, the actual number of juveniles served by rehabilitation programs is greater

than the projected number of juveniles. It is noteworthy that annual reports only include information about the number of juvenile and adult offenders participating in substance abuse programs and other programs. It appears that family-focused and psychoeducational programs only serve juvenile clients.

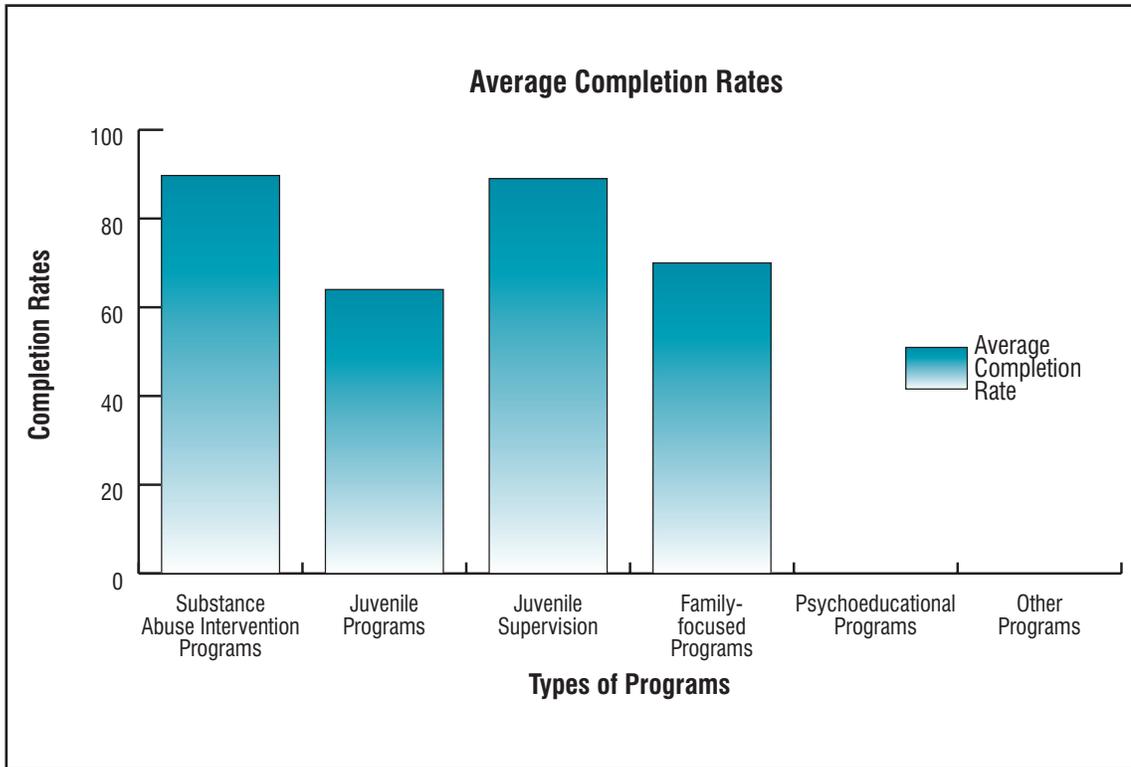
Graph 11: Rehabilitation Programs



Annual reports provide information about the success rate of substance abuse interventions and juvenile programs only. Substance abuse intervention programs and juvenile programs have an average success rate of 85% and 72% respectively. Only 2 counties

report success rates for each program. In addition, the annual reports do not specify what constitutes success, which makes it difficult to determine whether success is measured with consistency across the counties.

Graph 12: Rehabilitation Programs



This chart shows the average success rates of rehabilitation programs. Substance abuse interventions and juvenile supervision have an average completion rate of 90%; juvenile programs and family-focused programs have an average completion rate of 63% and 70% respectively. The annual reports do not contain information about the completion rates

of psychoeducational and other programs. A small number of counties included completion rate data in the annual reports; as a result, it is most likely that the numbers cited above do not represent an accurate picture of program completion in community corrections.

“Screen and refer services are designed to assess the risks and needs of offenders in order to make risk-and-need based referrals to supervision and rehabilitation programs.”

Screen and Refer Programs: Definition, Population Characteristics, and Outcomes

Screens and refer programs involve two types of intervention: (1) Assessing the risks and needs of offenders; (2) Making risk- and need-based referrals to supervision and rehabilitation programs. Below is the list of screen and refer programs implemented by local Community Corrections agencies and documented in the annual reports:

1. *Forensic Diversion Programs* target individuals who have been diagnosed with a serious mental illness and/or a co-occurring substance use disorder, and work to divert offenders from jail. Their main function is to refer offenders with mental health needs to appropriate community-based services. In the year 2007-2008, it was projected that forensic diversion programs in the state of Indiana would serve a total of 1370 adults. 8 counties offered forensic diversion, and served a total of 557 adults with an average success rate of 63% (Table 3).
2. *Drug Court* combines justice system case processing with alcohol and other drug treatment services. In the year 2007-2008, it was projected that drug court in the state of Indiana would serve a total of 120 adults. 2 counties offered drug court programming, and served a total of 85 adults with a success rate of 83% (Table 3).
3. *Reentry* programs seek to facilitate the social reintegration of inmates, by providing case management services that will help offenders acquire the life skills needed to succeed in the community. They include prerelease programs, drug rehabilitation, vocational training, and work programs. In the year 2007-2008, 2 counties offered reentry programs in the state of Indiana, and served a total of 332 adults with a success rate of 85% (Table 3).
4. *Community Transition Programs* in Indiana are designed to assist inmates in returning to the community. They include supervision by probation or by a local community corrections program as well as other referral services such as day reporting that function to support successful re-entry. In the year 2007-2008, it was projected that community transition programs in the state of Indiana would serve a total of 1392 adults. 38 counties offered community transition programming, and served a total of 661 adults with an average completion rate of 91% (Table 3).
5. *SHOCAP* (Serious or Habitual Offender Comprehensive Action Program) is “a comprehensive and cooperative information sharing and case management program” (Department of Criminal Justice Services, 1999). In the year 2007-2008, it was projected that SHOCAP in the state of Indiana would serve a total of 178 juvenile offenders. 4 counties offered SHOCAP, and served a total of 28 juveniles (Table 3).

Table 3: Screen and Refer Programs

Screen and Refer Program	Counties that Deliver Program	Projected Population**	Population Served**	Average Success Rate	Average Completion Rate
Forensic Diversion	8	<ul style="list-style-type: none"> Total: 1370 Adult: 1368 Juvenile: 2 Range: Adult: [13-974] Juvenile: [2] 	Adult: <ul style="list-style-type: none"> Total: 557 Male*: 87 Female*: 39 Average: 69 Range: [6-341] 	63% (2 counties)	NA
Drug Court	2	<ul style="list-style-type: none"> Adult: 120 (1 county) 	Adult: <ul style="list-style-type: none"> Total: 85 Male*: NA Female*: NA 	83% (1 county)	NA
Community Transition Program	38	<ul style="list-style-type: none"> Total: Adult: 13920 Range: Adult: [1-480] 	Adult: <ul style="list-style-type: none"> Total: 661 Male*: 291 Female*: 49 Average: 31.5 Range: [2-120] 	91% (8 counties)	NA
SHOCAP	4	<ul style="list-style-type: none"> Total: Juvenile: 178 Range: Juvenile: [10-104] 	Juvenile: <ul style="list-style-type: none"> Total: 28 (2 counties) Male*: 8 (1 county) Female*: 1 (1 county) Average: 14 Range: [9-19] 	NA	NA
Reentry	2	<ul style="list-style-type: none"> Total: Adult: 30 (1 county) 	Adult: <ul style="list-style-type: none"> Total: 332 (2 counties) Male*: 278 Female*: 58 (1 county) Average: 166 Range: [26-306] 		

*All counties do not report information about the gender of the population served.

**All counties do not provide numbers for population served. Projected numbers were extracted from grant applications.

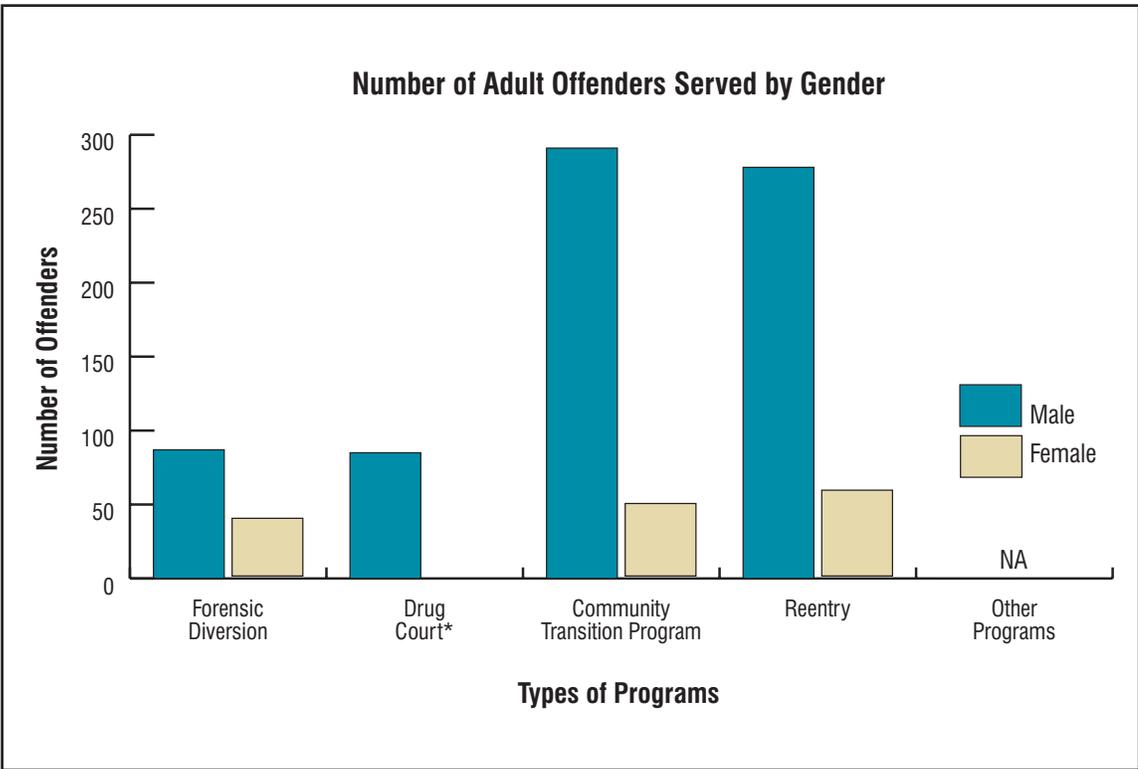
Table 3: Screen and Refer Programs

Screen and Refer Program	Counties that Deliver Program	Projected Population**	Population Served**	Average Success Rate	Average Completion Rate
Other programs (Access Coordination team; Reception Diagnostic; Juvenile Intake)	3	<ul style="list-style-type: none"> Total: 1370 Adult: 400 (1 county) Juvenile: NA 	Adult: <ul style="list-style-type: none"> Total: NA Juvenile: <ul style="list-style-type: none"> Total: 84 (2 counties) Male*: 54 Female*: 30 Average: 42 Range: [19-65] 	66.4%	NA

*All counties do not report information about the gender of the population served.

**All counties do not provide numbers for population served. Projected numbers were extracted from grant applications.

Graph 13: Screen and Refer Programs

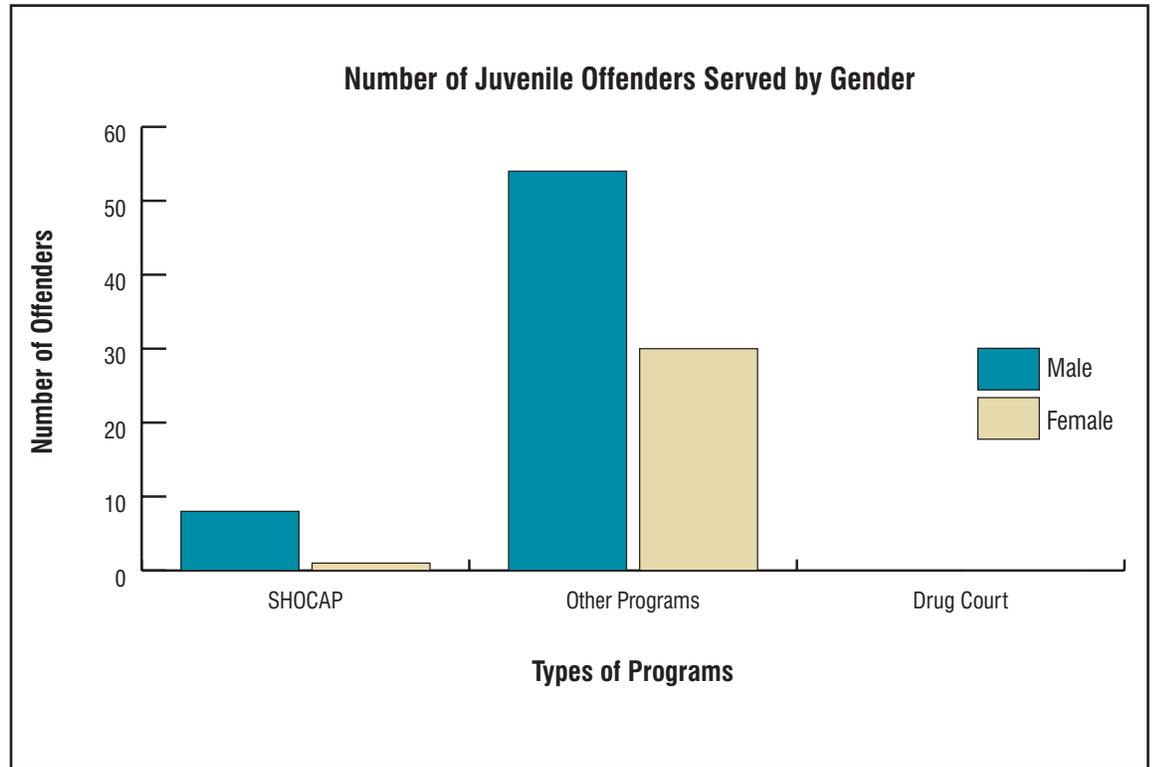


This graph shows how many male and female offenders participated in screen and refer programs. Community transition and reentry programs are the most utilized programs for male offenders. Female offenders participate equally in forensic diversion, community

transition, and reentry. However, compared to their male counterparts, they represent a smaller segment of the population served by these programs. Adult screen and refer programs appear to target male offenders primarily.

“Community transition and reentry programs are the most utilized programs for male offenders.”

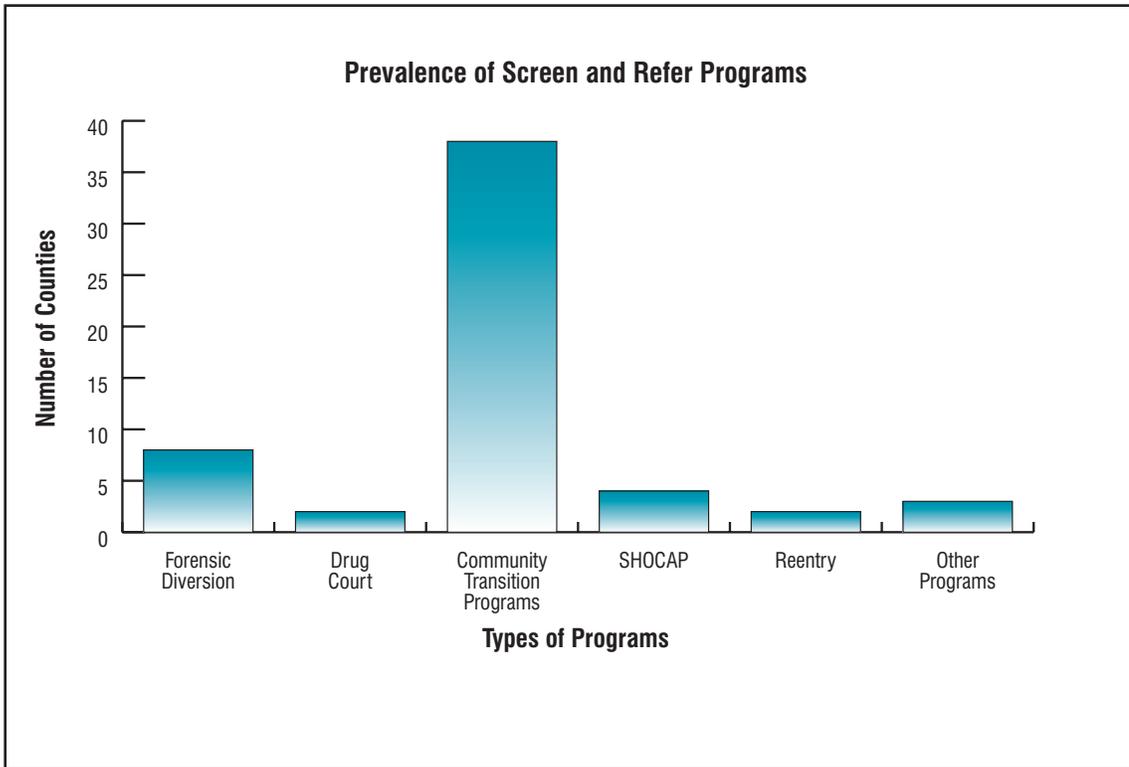
Graph 14: Screen and Refer Programs



This figure shows how many male and female juveniles participated in Screen and Refer programs. The terms *other programs* refer to the following services: Access coordination, reception diagnostic, and juvenile intake. These services are the most often used; however, it is not clear what distinguishes these interventions from other Screen and Refer programs. The annual reports did not contain

any demographic data on drug court, and only 1 county provided information about the actual number of male and female offenders participating in SHOCAP. Consequently, the bar chart above does not provide an accurate representation of the gender distribution of the population actually served by each program.

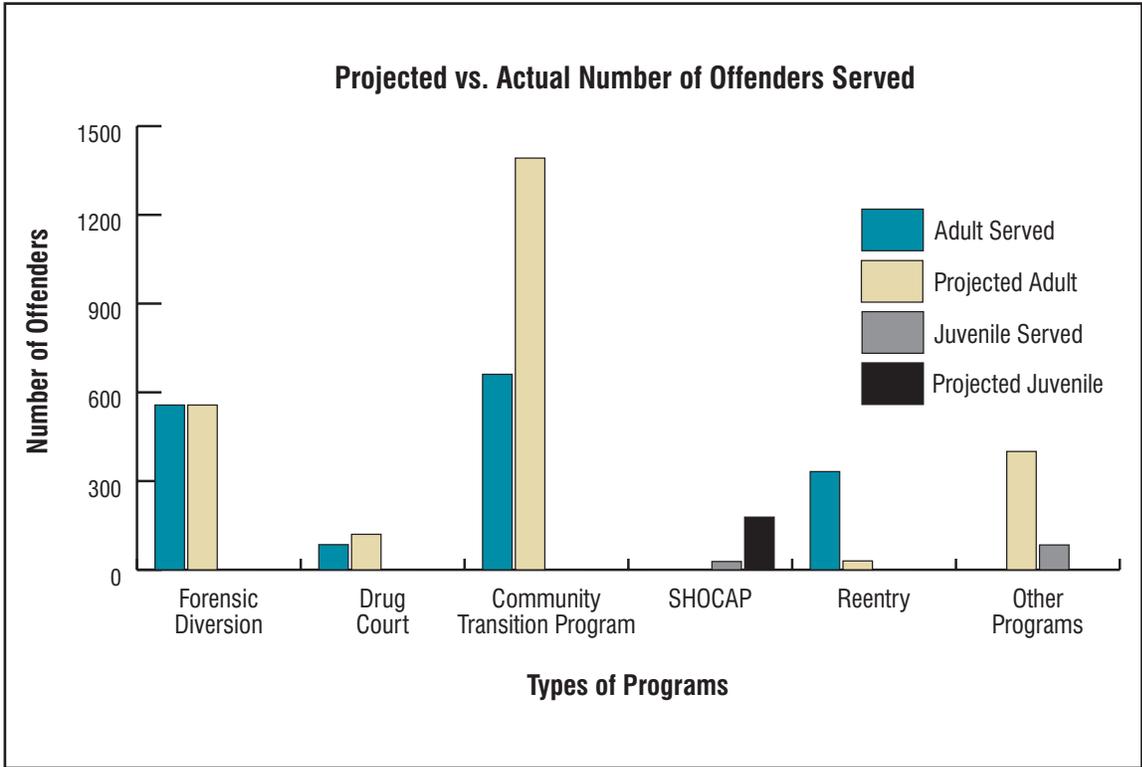
Graph 15: Screen and Refer Programs



This chart shows how many counties offer each screen and refer program. Community transition appears to be the most often implemented with approximately 38 counties

reporting that they provide the program. 8 or fewer counties report using forensic diversion, drug court, SHOCAP, reentry, and other programs.

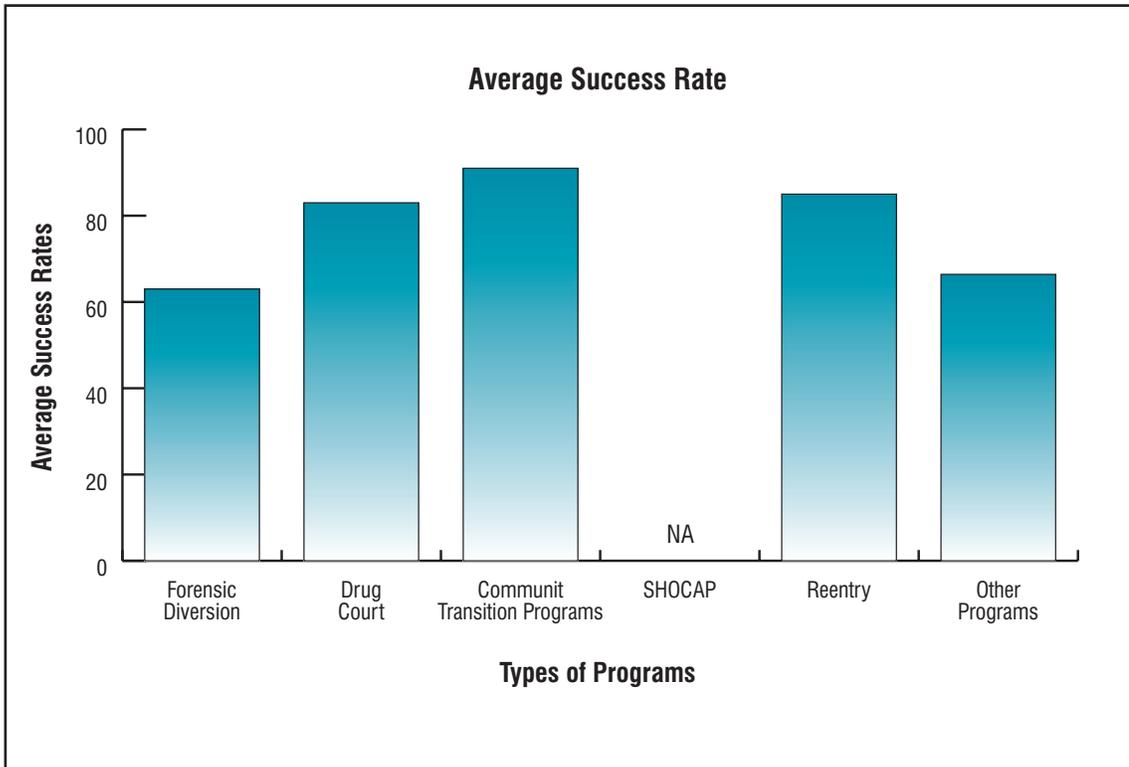
Graph 16: Screen and Refer Programs



This graph shows the projected versus actual number of adult and juvenile offenders who participated in screen and refer programs through community corrections. It is worth noting that the projected numbers are greater than the actual numbers of offenders served

with the exception of reentry and SHOCAP for which we have not found any projected data. This discrepancy is due to the fact that not all counties provide data on the actual number of offenders served by the programs.

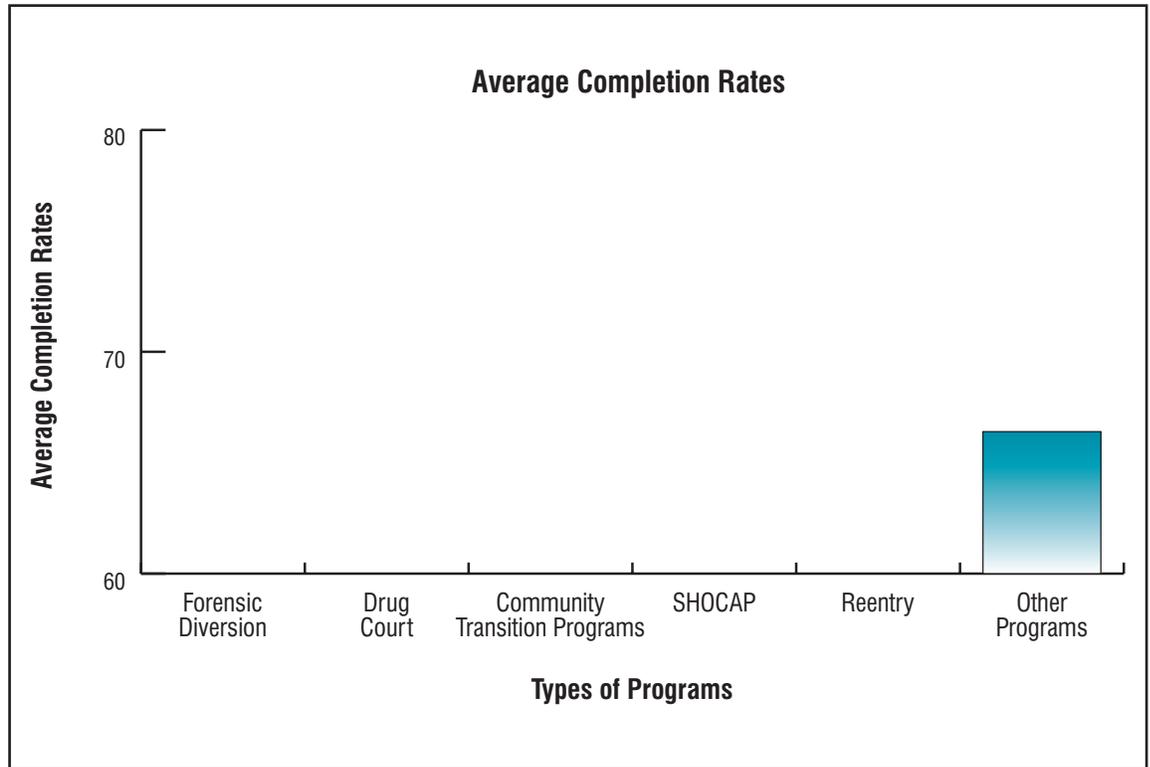
Graph 17: Screen and Refer Programs



This graph presents the average success rate for each screen and refer program except SHOCAP for which we did not find any success data in the annual reports. All success rates are 60% and higher, with success rates above 80% for drug court, community transition, and reentry. However, it is not possible to draw conclusions about the actual success of these programs across the state of Indiana.

Like supervision and rehabilitation programs, the statistics above were obtained by averaging a small sample of success data provided by 1 to 8 counties. In addition, the annual reports do not define what constitutes program success; and it is possible that different counties may have adopted different criteria to calculate the success rate of a program.

Graph 18: Screen and Refer Programs



This chart provides information about the average completion rate of screen and refer programs. We only found data for the category *other programs* which has a completion rate of 66.4%. This shows that local community corrections organizations do not systematically report to the IDOC how many offenders complete the requirements of forensic diversion, drug court, community

transition, SHOCAP, and reentry. Neither do they specify in annual and quarterly reports what are the requirements for program completion. In addition, it is possible that community corrections organizations do not distinguish between completion and success rates, therefore only giving information about the success rates of their programs.

Recidivism

As mentioned previously, the 2007-2008 annual reports do not consistently and systematically provide information about the outcome of community corrections programming. In addition, they do not describe offenders' recidivism at or following discharge of community corrections. Our survey of the 2007-2009 grant applications indicate that most community corrections agencies (60 out of 67) report tracking recidivism; however, they do not agree on a common definition of the term. In general, the definition of recidivism contains one or more of the following elements: (a) Time at which community corrections begin tracking recidivism; (b) length of time during which community corrections track recidivism; (c) what constitutes recidivism. Recidivism is described in terms of offenders' new offenses, new arrests, new convictions, return to community corrections, or return to IDOC within a period of 1, 2, or 3 years following offenders' completion of at least one community corrections program.

1. 21 counties track recidivism over a period of 3 years; 7 counties over a period of 2 years; and 11 counties over a period of 1 year. 5 counties have adopted different criteria to determine the length of time they follow offenders after release from community corrections (e.g., amount of time the offender was in community corrections; 5 years).
2. 8 counties start tracking recidivism after offenders' successful discharge from community corrections; 13 counties after offenders have been released from community corrections; 3 counties while offenders are participating

in community corrections programs; and 1 county after offenders are placed on supervision.

3. 17 counties define recidivism in terms of new arrest; 14 counties in terms of new offense or new crime; 7 counties in terms of new conviction; 11 counties in term of return to community corrections; 6 counties in terms of return to IDOC; and 3 counties in terms of other charges, criminogenic activities, or probation placements.
4. 14 counties do not say how they define recidivism.

Summary of Findings

Our review of community corrections annual reports and grant applications produced the following findings with regard to data collection and program evaluation procedures at the county level:

1. The 2007-2008 annual reports provide some basic demographic information about the population served by each community corrections program. However, there is not an agreement on what demographic information (e.g., gender, race/ethnicity, age, level of education, criminal history) should be systematically included. As a result, the demographic data contained in the reports cannot be used to get an accurate picture of the characteristics of the population served.
2. The 2007-2008 annual reports offer limited information about the outcomes of community corrections programming. In general, program outcomes are defined in terms of success or/and completion rates. However, the

“Community corrections agencies report tracking recidivism, but do not agree on a common definition of the term.”

annual reports do not describe the criteria used to determine program success and completion rates. Neither do they clarify the difference between success and completion rates. In addition, they do not systematically report on offenders' behavioral change and recidivism at or following discharge from community corrections. As a result, it is not possible to draw conclusions about the effects of community corrections programming on the criminogenic risks and needs of adult and juvenile offenders.

3. Although most community corrections agencies report tracking recidivism, they do not share a common understanding of the term.

CURRENT PRACTICES IN COMMUNITY CORRECTIONS: SPECIFIC PROGRAM ELEMENTS

In this section, we examine qualitative data contained in the grant applications with respect to current community corrections practices. Our objective is to identify, if any, the specific ingredients of major community corrections programs (i.e., home detention, community transition, day reporting, community service/work crew, work release, and forensic diversion); the target population; the staff training procedures; and the program evaluation procedures. We also aim to determine whether programs are delivered alone, concurrently, or sequentially. What follows is a summary of our findings, which includes a description of the key elements that characterize and differentiate the programs listed above as well as information about the uniformity of current community corrections practices across the state of Indiana (e.g., Do community corrections define and do day reporting in the same

way?). We obtained information about the definitions of home detention, community transition, day reporting, community service/work crew, work release, and forensic diversion from 51, 58, 29, 46, 34, and 14 out of 60 grant applications respectively.

Program Elements

Home Detention, also called electronic monitoring, is one of the most frequently delivered programs in community corrections (This program is mentioned in 51 out of 60 grant applications). It is defined by the following elements:

1. *Ankle Transmitters* (2 out of 51 grant applications)
2. *Empirically Validated Criminogenic Risks and Needs Assessment* to track change in offenders' needs during the course of the program—In all 51 grant applications, home detention involves the systematic assessment of offenders' criminogenic needs using a variety of empirically validated measures such as the Level of Service Inventory-Revised (LSI-R), which is the most commonly used instrument, the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS), the Youth Level of Service-Case Management Inventory (YLSCMI), the Milan Clinical Multi-axial Inventory III (MCMI-III), the Substance Abuse Subtle Screening Inventory (SASSI), and the Fundamental Interpersonal Relations Orientation-Behavior (FIRO-B). 23 out of 51 grant applications indicate these assessment tools are used at entry and exit of home detention to measure offenders' behavioral change, and to determine offenders' need for additional services.

3. *Home and Field Contacts* between offenders and CC staff (40 out of 51 grant applications)—The grant applications specify the frequency of contacts between offenders and staff (number of contacts per week or month); the method of contact (i.e., phone or face-to-face); and the contact location (i.e., office, home, or field/work). 34 out of 51 grant applications indicate that contacts between offenders, staff, and case managers happen in the field and in the home.
 4. *Case Management and Individualized Case Planning* (38 out of 51 grant applications)—In general, case management is based on offenders' criminogenic needs as measured by the tools listed above. Case managers monitor offenders' participation in home detention and serve as contact persons and administrators.
 5. Offenders' *Skill Training* with Directed Practice (6 out of 51 grant applications)—The grant applications do not specify what life or job-related skills the training involves.
 6. *Illicit Substance Use Screening* (45 out of 51 grant applications), including baseline and periodic drug tests
 7. Use of *Graduated Sanctions* (18 out of 51 grant applications)—Across the counties, graduated sanctions differ in the level of supervision, in the number of contacts, and in the types of services offenders receive based on their needs.
 8. *Positive Reinforcement* (10 out of 51 grant applications)
- Community Transition** (CT) is one of the most frequently delivered programs in community corrections (This program is mentioned in 58 out of 60 grant applications). It is defined by the following elements:
1. *Empirically Validated Criminogenic Risks and Needs Assessment* (54 out of 58 grant applications)—LSI-R is the most widely used criminogenic risks and needs measure. Other assessment instruments include the SASSI and the COMPAS. Not all grant applications specify which measures are used to determine offenders' criminogenic risks and needs.
 2. *Case Management and Individualized Case Planning* (47 out of 58 grant applications)
 3. *Drug Screens* (35 out of 58 grant applications)
 4. *Contacts* between Community Corrections Staff and Offenders (33 out of 58 grant applications)—The grant applications specify the frequency (i.e., times per week/month), the method (i.e., phone or face-to-face), and the location of the contacts (i.e., community corrections office; offenders' home or site of employment).
 5. *Work-related Activities* including paid and unpaid labor such as volunteering and community service (27 out of 58 grant applications)—In most cases, community corrections staff assist offenders with finding and maintaining employment.
 6. *Electronic Monitoring* is a mandatory component of community transition

in 24 out of 58 grant applications.

7. *Home Visits* (18 out of 58 grant applications)—In general, home visits are short, random, unannounced checks performed by community corrections staff and designed to ensure offenders' compliance with CT requirements.

Community Service/Work Crew is one of the most frequently delivered programs in community corrections (as mentioned in 46 out of 60 grant applications). They are defined by the following elements:

1. *Intake Interview* during which community corrections staff discuss the rules and expectations of the program and assign offenders to a work site based on offenders' skills and on the needs of the site.
2. *Monitoring of Work Hours* (36 out of 46 grant applications)—There appear to be three different ways of monitoring work hours: (1) Offenders, (2) employers, or (3) case managers keep a log of offenders' work hours. 7 out of 46 grant applications also mention the measure of "relevant processes"; however, they do not explain what these processes correspond to.
5. *Contacts* between Community Corrections Staff and Offenders (13 out of 46 grant applications)
6. *Empirically Validated Criminogenic Risks and Needs Assessment* (8 out of 46 grant applications)—the LSI-R is the most commonly used measure. 2 out of 46 grant applications mention that offenders' needs are measured at different times during the course of the program.

7. *Case Management and Individualized Case Planning* (20 out of 46 grant applications)
8. *Drug Screens* (9 out of 46 grant applications)

Day Reporting is mentioned in 29 out of 60 grant applications. It is defined by the following elements:

1. *Empirically Validated Criminogenic Risks and Needs Assessment* (28 out of 29 grant applications)—The LSI-R is the most frequently used assessment tool. Other measures include the COMPAS, the PAI, the Beck Depression Inventory, and the YLSCMI. 13 out of 29 grant applications mention that offenders' needs are measured at different times to track change and to match services to offenders' dynamic needs.
2. *Drug Screens* (22 out of 29 grant applications)
3. *Case Management and Individualized Case Planning* (25 out of 29 grant applications)
4. *Use of Positive Reinforcement and/or Sanctions* (16 out of 29 grant applications)
5. *Mental Health and Career Assistance* including job placement and Screen and refers to mental health services and educational programs (15 out of 29 grant applications)
6. *Contacts* between Community Corrections Staff and Offenders (11 out of 29 counties)

Work Release is mentioned in 34 out of 60 grant applications. This program is

either jail-operated or community-based, and is defined by the following elements:

1. *Empirically Validated Criminogenic Risks and Needs Assessment* (33 out of 34 grant applications)—The LSI-R is the most commonly used measure. Other instruments include the SASSI, the COMPAS, the FIRO-B, and the Test for Adult Basic Education (TABE). Not all grant applications specify which tools will be used to perform risks and needs assessments.
2. *Case Management and Individualized Case Planning* (26 out of 34 grant applications)
3. *Contacts* between Community Corrections Staff and Offenders (12 out of 34 grant applications)
4. *Drug Screens* performed during the course of the program (22 out of 34 grant applications)
5. *Reentry Plan* for offenders participating in jail-based work release (2 out of 34 grant applications)
6. *Home Visits* (1 out of 34 grant applications)

Forensic Diversion is mentioned in 14 out of 60 grant applications and involves two major types of programs, i.e., (1) mental health and (2) substance abuse services. In general, this program is defined by the following elements:

1. *Empirically Validated Criminogenic Risks and Needs Assessment* (12 out of 14 grant applications)—The LSI-R is the most commonly used measure. Other instruments are the SASSI and the COMPAS. Mental health evalua-

tions may also be performed. 5 out of 14 grant applications mention that offenders' needs are assessed at different times during the course of the program.

1. *Case Management and Individualized Case Planning* (12 out of 14 grant applications)
2. *Contacts* between Community Corrections Staff and Offenders (9 out of 14 grant applications)
3. *Drug Screens* (12 out of 14 grant applications)
4. *Electronic Monitoring* (12 out of 14 grant applications)
5. *Home Visits* (6 out of 14 grant applications)
6. *Drug Court* (4 out of 14 grant applications)
7. *Forensic Diversion Court* (2 out of 14 grant applications)
8. *Employment*—3 out of 12 grant applications mention that the offender must be employed during the course of the program.

Target Population

In general, home detention and/or electronic monitoring are designed to serve moderate-risk juvenile offenders as well as adult felons and misdemeanants. First-time and substance-related offenders, pretrial detainees, parole violators, and sex offenders may also participate in the program. The grant applications do not specify what standards, if any, are used to assign offenders to the program. However, 1 out of 51 grant applications indicate that

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electronic
monitoring are
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ate-risk juve-
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as well as adult
felons and mis-
demeanants.”

“The most common standards used to assess the success of a program are payment of dues, completion of required time, completion of case plan goals, and absence of additional offenses during probationary period.”

the LSI-R is used to determine offenders' placement in home detention.

Community Transition serves felons who have been incarcerated for two or more years, except those who have convicted with murder. The duration of the program varies based on the nature of the offense committed

Day Reporting serves high-risk male and female offenders convicted of non-violent felonies and/or misdemeanors. In some cases, offenders with cognitive deficits or with a history of probation violations or repeated substance use may participate in the program.

Community Service Restitution and **Work crew** serve low-risk adult and juvenile misdemeanants. In some cases, clients who may participate in the program include: First-time offenders; people with alcohol-related offenses; people who have failed to meet the requirements of other community corrections programs; first time operating a vehicle while intoxicated (OWI); people who have failed to pay child support; offenders who are unable to pay their fines.

Work Release serves a wide range of clients with different risk levels and types of offense: OWI offenders; high-risk and low-risk offenders; sex offenders; high-risk C and D felons; A misdemeanants; substance abuse offenders; and offenders convicted for vandalism. Work release is implemented in both jail-based and community-based settings, which may explain the variety of the population served by this program.

Forensic Diversion refers to two types of services: (1) Mental health and (2) substance abuse. With regard to mental

health, forensic diversion serves male and female felons diagnosed with psychiatric disorders. With regard to substance abuse, forensic diversion serves males and females with alcohol-related offenses or addictions. May also participate in the program offenders with high to moderate risk for recidivism and offenders requiring focused intensive supervision and services may also participate in the program.

Staff Training

The grant applications do not say what procedures are used to train community corrections personnel in the program-specific implementation of home detention/electronic monitoring; community transition; day reporting; community service restitution/work crew; work release; and forensic diversion. However, we found references to general staff training requirements, including training in motivational interviewing, in cognitive interventions, and in the standardized assessment of offenders' criminogenic risks and needs.

Program Evaluation Procedures

The grant applications make references to a variety of evaluation procedures used to determine the effectiveness of community corrections. The most common standards used to assess the success of a program are:

1. Payment of dues;
2. Completion of required time;
3. Completion of case plan goals;
4. Absence of additional offenses during probationary period, including absence of positive drug screens.

In some cases, the LSI-R is used at the beginning and end of a community cor-

rections program to measure behavioral change and to determine whether offenders have successfully or not completed the program. It is important to note that the evaluation procedures listed above are common to all community corrections programming.

Program Delivery

In this sub-section, we list the programs that are delivered in conjunction with home detention, community transition, day reporting, community service restitution/work crew, and work release.

1. *Home Detention* is seldom implemented as a standalone program. Offenders who participate in home detention may also receive the following services based on their criminogenic needs: Thinking for a Change; What Works; Employment Training; GED education programs. The grant applications also make references to other rehabilitation programs, but do not specify what these programs involve.
2. *Community Transition* functions as a Screen and refer program. It serves to facilitate the reentry into society of previously incarcerated offenders. Offenders who participate in community transition may receive a wide range of services based on their criminogenic needs. These services include work release; home detention; Thinking for a Change; GED programs; skills-based training; forensic diversion; day reporting; “A Man, A Can, A Microwave”; Spiritual Transition and Rehabilitation Training; and Reentry Trap. Across the state of Indiana, community transition does not involve offenders’ systematic Screen and refer to a specific set of programs; it appears that offenders’ access to the services listed above depends on the availability of these services at the level of the county.
3. *Day Reporting* is generally a standalone program. However, depending on offenders’ needs, it may be delivered in conjunction with Thinking for a Change, life skills training, Parenting with Love and Limits, cognitive behavioral intervention programs, career resources, and anger management.
4. *Community Service Restitution/Work Crew* is typically a standalone program. However, in some cases, it may be used as an adjunct program to day reporting and community transition. One grant application mentions that offenders participating in community service restitution are also required to complete Thinking for a Change.
5. *Work Release* is delivered as both a standalone and adjunct program. Offenders who participate in work release may also be enrolled in community transition, Thinking for a Change (as mentioned in 4 out of 34 grant applications), skill training with directed practice (7 out of 34 grant applications), and electronic monitoring (9 out of 34 grant applications).

Summary of Findings

Our review of the 2007-2009 grant applications shows that community corrections deliver a variety of programs that share common goals and elements. For example, case management, individualized case planning, and contacts between community corrections staff and offenders are general core

“Community corrections deliver a variety of programs that share common goals and elements; however, the implementation of a given program varies across the state of Indiana.”

requirements of community corrections. We have found inconsistent information about program-specific elements, suggesting that the implementation of a given program varies across the state of Indiana. In addition, grant applications also include references to the use of effective communication, motivational interviewing, and cognitive behavioral strategies. They do not explain how these interventions are used to achieve the specific goals of a given program.

Our review of the grant applications focused on five domains of program implementation to determine the extent to which community corrections meet the national standards of evidence-based practice: (1) Program elements; (2) target population; (3) staff training; (4) outcome evaluation; and (5) program delivery. We have found the following strengths and weaknesses:

1. Community corrections use empirically validated criminogenic risks and needs assessment data to inform offenders' individualized treatment plans;
2. Community corrections programs serve a variety of clients and do not appear to be population-specific or to have a defined target population;
3. There is a lack of specificity with regard to the elements that are unique to each community corrections program (as described by the grant applications);
4. There do not seem to be specific staff training and outcome evaluation procedures (as found in the grant applications);
5. There appear to be no specific standards guiding the concurrent or sequential delivery of programs.

Recommendations

The primary purpose of this survey is to foster the adoption of evidence-based practice with a view to promoting accountability and enhancing the quality of community corrections services. At present, it is not possible to draw conclusions about the success of community corrections programs using the data contained in community corrections annual reports and grant applications. For this reason, we propose the following recommendations for data collection. Specifically, we describe what information should be gathered and how it should be gathered and summarized.

One of the major findings of this survey is that the data gathered in community corrections is inconsistent and not specific enough to inform focused policy and funding decisions. Without accurate data it is difficult to demonstrate the value of community corrections programs, to improve those programs, and to facilitate future policy and funding decisions by state and county officials. The following recommendations are intended to:

1. Define the data elements that will be needed if accurate information is to be gathered;
2. Identify mechanisms that might be used to gather that information;
3. Identify the potential technical assistance that might be needed to help local community corrections agencies provide this information.

DATA COLLECTION: BASIC DATA REQUIRED FOR MAKING DECISIONS

The following data elements are essential to facilitate the evaluation of community corrections services:

Who is Served?

Our survey indicates that most counties do not report specific information on the clients of community corrections programs. As a result, it is difficult to determine the basic characteristics of the population served. We suggest the following data elements in order to identify who is served by what community corrections program:

1. Each person served is given an agreed-upon universal identification number that allow tracking across the IDOC/Community Corrections system.

“The collection of basic data elements is essential to facilitate the evaluation of community corrections as well as future policy and funding decisions.”

2. Each person served is identified and tracked throughout their time in community corrections and IDOC facilities.
3. The information gathered on each community corrections participant should be standardized based on a common set of operational definitions.
4. For each person served the following information should be obtained:
 - a. **Basic Demographic Information** (race/ethnicity, sex, age, level of education)
 - **Race:** The U.S. Census Bureau defines race as “a self-identification data item in which respondents choose the race or races with which they most closely identify.” It distinguishes 6 race alone categories: White alone (Not Hispanic or Latino); Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or other Pacific Islander; other race alone. In Census 2000, Hispanic or Latino and Not Hispanic or Latino are classified as ethnic categories. Individuals who identify with these two ethnic categories may also identify with any or several of the 6 races listed above. The IDOC uses the following race categories to organize demographic information: Black/African-American; American Indian or Alaskan Native; Asian; White/Caucasian; Hispanic or Latino; Native Hawaiian or Pacific Islander; Two or more races, not of Hispanic origin; Unknown.
 - **Sex:** The U.S. Census Bureau distinguishes two categories of sex, i.e., male and female. The category, other, may be added for these individuals that do not identify as either male or female.
 - **Age:** Age is a demographic data item in complete years, derived from information about an individual’s date of birth. The IDOC uses the following age categories to organize age data: Under 18; 18-24; 25-34; 35-44; 45-54; 55-64; 65 and above.
 - **Level of Education:** An individual’s level of education corresponds to “the highest level of educational attainment, i.e., the highest degree or the highest level of schooling completed. The U.S. Census Bureau uses 7 categories of educational attainment: (1) Less than 9th grade; (2) 9th to 12th grade, no diploma; (3) High school graduate or GED; (4) Some college, no degree; (5) Associate’s degree; (6) Bachelor’s degree; (7) Graduate or professional degree. The IDOC uses the following categories to classify offenders’ academic level: Grade level (1 through 11); Twelfth Grade (Finished, but no high school diploma); High school (received diploma); Post-secondary education; Unknown.
 - b. **Level of Risk** refers to offenders’ scores on standardized criminogenic risks and needs assessment tools (e.g., LSI-R). These scores may be collected at entry and at discharge from community corrections.
 - c. **Criminal History:** Offender’s criminal history may be described in terms of the category of their most recent offense (i.e., index offense); the number of past and index of-

fenses for which the offender was involved with IDOC; number of past DOC commitment(s) (or consignment to penal institution); length of current sentence in years. The IDOC currently uses 6 categories of offense, and classifies offenders' criminal activities based on their most serious offense:

- **Controlled substance:** Dealing and possession of illicit drugs
- **Person:** Murder, manslaughter, robbery, battery, carjacking
- **Property:** Burglary, residential entry, theft, auto theft, forgery
- **Sex offenses:** Rape, child molesting, sexual misconduct with a minor, criminal deviate conduct, incest, sexual battery
- **Weapon:** Carrying handgun without a license, Felon in possession of firearm, pointing a firearm, possession of firearm within 1 mile of school
- **Other:** Resisting law enforcement, driving intoxicated/suspended, non-support child, conspiracy, aiding an offense, attempt to commit a felony, and missing data.

d. **Employment Status:** The U.S. Census Bureau distinguishes 2 categories of employment, employed and unemployed, for individuals 16 years and older who are in the civilian labor force. The employed are “at-work” individuals who work as paid employees, in their own business/profession or on their own farm. Included in the employed are individuals who are “temporarily absent due to illness, bad weather, industrial dispute, vacation, and other personal reasons.” The unemployed are individuals who “are not at work and who do not have a job,

who have been actively looking for a job in the past 4 weeks, and who are available to accept a job.” The U.S. Census Bureau identifies two other employment statuses: Individuals who are in the armed forces and individuals who are not in the labor force.

e. **Mental Health Status:** The IDOC currently collects information about offender's medical condition including mental and emotional problems. Mental and emotional problems consist of two categories: (1) Conditions that “require the use of major tranquilizers or injectable psychotropic medications and/or frequent monitoring/surveillance by a psychiatrist” and (2) conditions that “require the services of a psychiatrist limited to (a) an evaluation to determine the presence of serious mental illness and requiring (b) infrequent psychiatric monitoring”. Based on the IDOC's definition of mental and emotional problems, offenders may be classified into 3 categories: (1) Free of mental illness; (2) with a chronic mental illness that requires ongoing psychological and psychiatric care; (3) with mild to moderate mental and emotional problems that require some infrequent psychological or psychiatric care.

f. **Referral source**

What Services do Clients Receive?

Our initial survey indicates that it is possible to categorize the services provided into broad categories (i.e. Supervision, Rehabilitation, Screen and refer Programs). Unfortunately, it is not currently possible to determine the specific elements of each program and the range of specific services clients receive during the course of their stay in community corrections. We suggest

“To make an accurate assessment of the success of each program, it is essential that program outcomes be reported for each person and for each program.”

that the following data elements be collected in order to determine what programs each offender participates in while in community corrections:

1. Chronological listing of programs with start dates, end dates, and time in each program
2. Reasons for referral to the program
3. Services specified in standardized terms. We suggest the following categories of services. Each category has a number of specific programs. Standardized definitions and specific programs contained within each category are contained in the report.
 - a. Supervision programs
 - b. Rehabilitation programs
 - c. “Screen and refer” programs

What are the Outcomes of Community Corrections Programs?

Our survey indicates that it is very difficult to determine the outcomes of community corrections programs. What is reported is aggregate information that is not specific enough to assess basic program outcomes such as completion, effectiveness, or recidivism. We suggest the following data elements in order to make an accurate assessment of the success of each program. It is essential that program outcomes be reported for each person and for each program.

1. *Program Completion (Successful or Unsuccessful)*: Offenders have completed a specific program when they have met all or some of the requirements of the program. Program completion is a program-specific outcome that requires each program to clearly articulate the conditions

that the offender must fulfill in order to graduate from the program. For example, to complete program A, an offender is expected to meet 3 out of 5 criteria, including weekly attendance for 8 weeks and completion of homework.

2. *Specific Reason for Offenders’ Program Completion* (e.g., successful completion with completion of minimum requirements; non-compliance with treatment outcomes; committed another crime; dropout)
 - a. *Dropout*: It is determined that an offender has dropped out of a program when the offender has discontinued attending the program for various reasons including commitment to a penal institution or other residential facility, failure to comply with the requirements of community corrections, etc. It is important to keep track of the reasons why an offender has discontinued a specific program in order to better understand the program retention rate.)
3. *Time in Each Program* (How long offenders participated in the program and dates when they started and completed the program)
4. *Behavioral Change* refers to differences in offenders’ emotional, psychological, and social functioning between their entry and exit of community corrections. These differences may be measured using standardized assessment tools that are sensitive to change. Recidivism is also a good indicator of behavioral change. Information on recidivism may be collected throughout

offenders' stay in community corrections and compared to offenders' criminal history. The National Institute of Justice defines recidivism as "a person's relapse into criminal behavior, often after receiving sanctions or undergoing intervention for a previous crime."

5. *Recidivism*—It is essential that community corrections agree on a common definition of recidivism that will facilitate the collection of longitudinal data and the evaluation of the long-term effect of community corrections programming on public safety.

- a. We recommend that recidivism be defined as any adjudicated crime committed by the offender following an IDOC or community corrections service.
- b. Recidivism should include the time since receiving IDOC services.
- c. The severity of the offense (e. g. felony, misdemeanor etc.)
- d. The type of offense (e. g. robbery, drug offense, property crime, etc.)

6. *Commitment to a Residential Facility (penal and other)*

What is the Quality of Community Corrections Programs?

Efforts toward establishing evidence-based practice in community corrections have been particularly successful in the state of Indiana. In particular, community corrections have adopted the principles of effective intervention endorsed by the Department of Justice. Continued efforts should be made to provide common standards for effective programming. We suggest that the following information

be gathered in the annual reports submitted to IDOC by local community corrections agencies:

1. The principles of effective intervention serve as the primary foundation for specific programming and should be demonstrated by each county.
2. Specific quality assurance measures/ indicators ensure that specific programs are implemented as designed, and therefore increase the likelihood of successful outcomes. They should be described for each specific program.
3. Common evidence-based standards for each type of community corrections service should be clearly articulated and followed in grant applications, reporting, and in evaluation of community corrections. When national evidence-based guidelines are available they should be used. In the absence of national standards, the IDOC may form a task force composed of community corrections leaders that will be responsible for identifying and proposing specific criteria with regard to the definition and implementation of each community corrections programs. It is essential that existing definitions be revised with a view to identifying the specific elements that distinguish programs within and across categories (i.e., supervision, treatment, and referral). These definitions as well as implementation procedures should be adopted state-wide to ensure consistency.

MECHANISMS OF DATA COLLECTION

The data elements noted above are the most basic ones needed to successfully evaluate community corrections programs. With these data, local officials will have the necessary information to make

“The use of a common electronic database would make it possible to manage and analyze the information collected by community corrections in the state of Indiana.”

specific, local, and targeted decisions regarding what programming is necessary, effective, and useful for local needs. State and county officials will be able to make and evaluate specific policy and funding decisions that are based on data about the clients, the programs, and the outcomes of community corrections programming at the level of the county.

It is probable that these data are not currently being gathered by many of the community corrections agencies across the state of Indiana. These agencies will need technical assistance in order to increase the quality of their data gathering capabilities. Improvements in data collection should be incremental and based on available assistance to local communities.

Community corrections information should be aggregated into standardized quarterly and annual reports that describe the activities of county-level community corrections agencies. We recommend IDOC adopt the quarterly report format suggested in this report (see appendix B). The data elements listed in the previous section should be gathered and stored in an electronic database that makes it possible to manage and analyze the information. To ensure accurate and easily accessible data collection, we suggest that IDOC move toward a common, web-based data management system that will allow all counties to easily track and receive feedback regarding their outcomes.

Specifically, we recommend three mechanisms to gather these data:

Quarterly and Annual Reports:

Each year community corrections give IDOC an account of their yearly and quarterly activities by means of annual and quarterly reports. We recommend that:

- a. The information contained in annual and quarterly reports be

consistent, and that annual reports gather together the data included in each quarterly report;

- b. That the annual and quarterly reports be standardized around the data elements suggested above; to accomplish this goal, standardized report forms will need to be developed and disseminated along with the necessary technical assistance.
- c. That community corrections agree on and adopt a common definition of the data elements (e.g., race/ethnicity, recidivism) to be included in the annual and quarterly reports;
- d. That future funding be contingent upon the provision of accurate and complete data.

2. Grant Applications:

Each year local community corrections agencies apply for funds from IDOC. We suggest that IDOC require grant applications to:

- a. Focus on the use of evidence-based, effective community corrections programming;
- b. Describe, in detail the target population and specific elements of each program;
- c. Specify what quality assurance and program evaluation procedures will be used;
- d. Explain how community corrections agencies will collect the required data elements to be included in both annual and quarterly reports.

3. Electronic Records:

It is essential that systematic data gathering be manageable to limit the burden associated with collecting the required data. In addition, the data need to be in a format that is easily accessible for analysis by IDOC. We recommend that IDOC use

electronic records to collect community corrections data.

Community corrections currently use two commercial databases to manage their data. Each database has its strengths and weaknesses. We recommend that at a minimum the database needs to include all of the data elements noted above; be accessible to the IDOC for analysis; and be user-friendly. In the end, a standardized data system will be needed if data is ever to be used in a systematic way for policy and funding decisions.

We recommend that IDOC identify and recommend the basic elements of an electronic data system and systematically move community corrections toward its use. Community corrections may require technical and financial assistance to adopt and use this electronic system. In the interim, we recommend the use of easily accessible software to develop a common electronic data system for quarterly and annual reports. For example, the program Excel may be used to collect and organize data in a preformatted spreadsheet.

Center for Evidence-based Practice: Technical Assistance

The second goal of this project is to provide the IDOC with technical assistance needed to implement evidence-based practice in community corrections. This goal breaks down into three specific objectives: (1) To offer training in EBP; (2) to establish a web-based clearinghouse for the dissemination of EBP information; (3) and to give ongoing technical assistance.

THE LEARNING INSTITUTE

The first objective is to provide IDOC and community corrections leaders with focused training in EBP. To accomplish this goal, the CEBP will conduct two learning institutes where local and state officials will learn about the most current trends and research in community corrections evidence-based practice, and will participate in roundtable discussions that focus on the implementation of EBP in community settings.

The first learning institute, called “Improving Practice, Outcomes, and Accountability in Community Corrections”, has been scheduled for September 21, 2009. It is designed to engage IDOC practitioners in discussions about the

implementation of EBP in community corrections and to provide them with the opportunity to share their experience and feedback and thereby to influence the movement towards EBP in the IDOC. Specifically, the discussions and presentations of the institute will focus on the core principles of best practice with a view to developing and adopting a common understanding of these principles across the state of Indiana. They will also address concrete implementation issues, such as issues and challenges associated with the adoption of EBP, the use of assessment tools to track behavioral change, and quality assurance and program evaluation procedures. In addition, the institute will provide the opportunity to learn more about the activities, findings, and recommendations of the CEBP, including how to use the CEBP’s web-based clearinghouse. Last, we will hear Dr. Thomas E. Feucht, Executive Senior Science Advisor at the National Institute of Justice, talk about national perspectives on EBP.

Future Directions

The second learning institute will take place in late Spring 2010 and will target

“The purpose of the CEBP learning institute is to assist community corrections officials in the implementation of evidence-based practice.”

“The CEBP web-based clearinghouse contains comprehensive and user-friendly information about evidence-based practice and current community corrections programming.”

policy-makers, IDOC leaders, and Indiana state legislators. Its goal will be to inform these leaders about the utility of evidence-based programming in IDOC and about the outcomes and future objectives of IDOC’s ongoing collaboration with Indiana University.

THE WEB-BASED CLEARINGHOUSE

The second objective was to develop and launch a web-based clearinghouse that contains comprehensive and user-friendly information about evidence-based practice and current community corrections programming. The primary purpose of the clearinghouse is to support the dissemination of EBP principles and the development of new community corrections standards by providing access to the most current research and tools required to implement effective evidence-based programs (e.g., guidelines for program evaluation and quality assurance; annual report procedures and forms). The clearinghouse was first presented to IDOC in April 7, 2009, and then modified to integrate the feedback of community corrections leaders. The web-based clearinghouse was launched with IDOC approval on August 21st, 2009. It is intended to serve as a resource for both community corrections officials and state legislators.

The development of the web-based clearinghouse involved the following steps:

1. Identifying and categorizing current IDOC community corrections practices—we reviewed community corrections grant applications and annual reports, and identified three primary types of program: Supervision, rehabilitation, and screen and refer.
2. Identifying the national definition of community corrections programs—we used the clearinghouse of the Office of Juvenile Justice and Delinquency Prevention, the National Center for Mental Health and Juvenile Justice, the Substance Abuse and Mental Health Services Administration, and the National Institute of Corrections; we also searched the criminal justice and evidence-based practice literature to gather information about each type of community corrections program as well as resources related to effective community corrections services at the national level. These resources, including national definitions of supervision, rehabilitation, and screen and refer programs, have been posted on the web-based clearinghouse. They are organized by type of program and by type of population served (adult and juvenile).
3. Summarizing information about evidence-based practice (What is its value? How does it get implemented?)

Future Directions

The clearinghouse is a growing and changing resource that integrates new scientific evidence about effective programming in community corrections. The CEBP will continue to search for the latest information about EBP and will regularly update the clearinghouse by posting information about the most current research as well as information about the activities of the CEBP, including program evaluations and upcoming training opportunities. In addition, the CEBP and the IDOC will continue to meet regularly to identify the web-based tools needed to facilitate the implementation of EBP and the development of relevant policies and procedures in the state of Indiana.

ONGOING TECHNICAL ASSISTANCE

The third objective was to provide ongoing technical assistance with a view to:

1. Promoting the adoption of evidence-based principles in IDOC and the integration of research findings into community corrections practices;
2. Fostering the development of legislative statutes and administrative codes that will create an environment conducive to evidence-based programming in IDOC;
3. Identifying formulas for the funding of future community corrections services, appropriations, and policy decisions.

To accomplish this objective, the CEBP has developed and proposed a template for reporting quarterly and annual data about community corrections programming. We also have posted on the web-based clearinghouse resources (e.g., published evaluation reports) that may be used to inform legislative statutes.

Future Directions

The CEBP will continue to support the IDOC in their efforts to set up state standards for community corrections programming by gathering and summarizing the most current scientific evidence. In addition, the CEBP will help to determine the success of community corrections programming by providing the research expertise needed to evaluate program effectiveness. We propose to conduct research studies designed to answer a range of questions aimed at improving community corrections practices. Potential questions may include:

1. What are the most effective ways of implementing existing programs?
2. What are the best ways to replicate the model programs identified in the EBP literature?
3. What interventions work for which population?

Given our present findings regarding data collection and reporting in IDOC community corrections, we propose to assist IDOC in restructuring their data gathering system to facilitate the future empirical examination of community corrections practices.

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Appendices

APPENDIX A COMMUNITY CORRECTIONS 2007- 2008 ANNUAL REPORT TEMPLATE

Introduction

1. Information about County Population (total county population, median age, racial makeup, median income)
2. Agency Description
 - a. Mission statement
 - b. Staff/organizational chart/list of judges/advisory board members
 - c. Strategic plan and future direction
 - d. Budgetary statement (total budget, income received and expended, fee schedule, collection rates, income balance)
 - e. DOC commitments

Description of CC Services

1. Name of Program
2. Target Population
3. Population Served:

- a. Demographic information
- b. Total number of participants

4. Cost Analysis

- a. Grants
- b. Income (fees collected)
- c. Savings for taxpayers and IDOC (vs. cost of detention)

5. Program Effectiveness

- a. Average length of participation and average number of contacts per client
- b. Goals and progress towards goals (have objectives been met?)
- c. Success rates
- d. Quality assurance
- e. Compliance with principles of effective interventions

APPENDIX B: RECOMMENDED COMMUNITY CORRECTIONS REPORT TEMPLATE

The IDOC Community Corrections quarterly reports are designed to summarize information about county-level community corrections programming.

This information is based on the data that community corrections collect from each individual offender, using a computerized tracking system. It will be used to better understand the demographic profile of the population served and to evaluate the impact of community corrections programming on the criminogenic risks and needs of their clients. The quarterly reports are intended to facilitate the aggregation of data into annual reports which community corrections in each county are required to submit at the end of the fiscal year.

The quarterly reports contain information gathered over a period of 3 months starting July 1st of each year, about the demographic profile of the population served by community corrections in each county (i.e., race, sex, age, level of education, level of risk, criminal history, employment status, mental health status); the referral source or how the offender entered community corrections; the total number of individuals served by each program; the average number of services and contacts each offender receives during their time in community corrections; and the outcomes of community corrections programming. These terms are defined as follows:

1. Basic Demographic Information:

The definitions below were derived from information provided by the IDOC and the U.S. Census Bureau, available at <http://www.in.gov/idoc/2376.htm> and http://factfinder.census.gov/home/en/epss/glossary_r.html.

a. Basic Demographic Information
(race/ethnicity, sex, age, level of education)

- **Race:** The U.S. Census Bureau defines race as “a self-identification data item in which respondents choose the race or races with which they most closely

identify.” It distinguishes 6 race alone categories: White alone (Not Hispanic or Latino); Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or other Pacific Islander; other race alone. In Census 2000, Hispanic or Latino and Not Hispanic or Latino are classified as ethnic categories. Individuals who identify with these two ethnic categories may also identify with any or several of the 6 races listed above. The IDOC uses the following race categories to organize demographic information: Black/African-American; American Indian or Alaskan Native; Asian; White/Caucasian; Hispanic or Latino; Native Hawaiian or Pacific Islander; Two or more races, not of Hispanic origin; Unknown.

- **Sex:** The U.S. Census Bureau distinguishes two categories of sex, i.e., male and female. The category other may be added for these individuals that do not identify as either male or female.
- **Age:** Age is a demographic data item in complete years, derived from information about an individual’s date of birth. The IDOC uses the following age categories to organize age data: Under 18; 18-24; 25-34; 35-44; 45-54; 55-64; 65 and above.
- **Level of Education:** An individual’s level of education corresponds to “the highest level of educational attainment, i.e., the highest degree or the highest level of schooling completed. The U.S. Census Bureau uses 7 categories of educational attainment: (1) Less than 9th grade; (2) 9th

to 12th grade, no diploma; (3) High school graduate or GED; (4) Some college, no degree; (5) Associate's degree; (6) Bachelor's degree; (7) Graduate or professional degree. The IDOC uses the following categories to classify offenders' academic level: Grade level (1 through 11); Twelfth Grade (Finished, but no high school diploma); High school (received diploma); Post-secondary education; Unknown.

b. **Level of Risk Refers** to offenders' scores on standardized criminogenic risks and needs assessment tools (e.g., LSI-R). These scores may be collected at entry and at discharge from community corrections.

c. **Criminal History**: Offender's criminal history may be described in terms of the category of their most recent offense (i.e., index offense); the number of past and index offenses for which the offender was involved with IDOC; number of past DOC commitment(s) (or consignment to penal institution); length of current sentence in years. The IDOC currently uses 6 categories of offense, and classifies offenders' criminal activities based on their most serious offense:

- **Controlled substance**: Dealing and possession of illicit drugs
- **Person**: Murder, manslaughter, robbery, battery, carjacking
- **Property**: Burglary, residential entry, theft, auto theft, forgery
- **Sex offenses**: Rape, child molesting, sexual misconduct with a minor, criminal deviate conduct, incest, sexual battery
- **Weapon**: Carrying handgun without a license, felon in possession of firearm, pointing a firearm, possession of firearm

within 1 mile of school

- **Other**: Resisting law enforcement, driving intoxicated/suspended, non-support child, conspiracy, aiding an offense, attempt to commit a felony, and missing data.

d. **Employment Status**: The U.S. Census Bureau distinguishes 2 categories of employment, *employed* and *unemployed*, for individuals 16 years and older who are in the civilian labor force. The employed are "at-work" individuals who work as paid employees, in their own business/profession or on their own farm. Included in the employed are individuals who are "temporarily absent due to illness, bad weather, industrial dispute, vacation, and other personal reasons." The unemployed are individuals who "are not at work and who do not have a job, who have been actively looking for a job in the past 4 weeks, and who are available to accept a job." The U.S. Census Bureau identifies two other employment statuses: Individuals who are *in the armed forces and individuals who are not in the labor force*.

e. **Mental Health Status**: The IDOC currently collects information about offender's medical condition including mental and emotional problems. Mental and emotional problems consist of two categories: (1) Conditions that "require the use of major tranquilizers or injectable psychotropic medications and/or frequent monitoring/surveillance by a psychiatrist" and (2) conditions that "require the services of a psychiatrist limited to (a) an evaluation to determine the presence of serious mental illness and requiring (b) infrequent psychiatric monitoring". Based on

the IDOC's definition of mental and emotional problems, offenders may be classified into 3 categories: (1) Free of mental illness; (2) With a chronic mental illness that requires ongoing psychological and psychiatric care; (3) With mild to moderate mental and emotional problems that require some infrequent psychological or psychiatric care.

2. Program Outcomes:

- a. **Program Completion:** Offenders have completed a specific program when they have met all or some of the requirements of the program. Program completion is a program-specific outcome that requires each program clearly articulates the conditions that the offender must fulfill in order to graduate from the program. For example, to complete program A, an offender is expected to meet 3 out of 5 criteria, including weekly attendance for 8 weeks and completion of homework.
- b. **Dropout:** It is determined that an offender has dropped out of a program, when the offender has discontinued attending the program for various reasons including commitment to a penal institution or other residential facility, failure to comply with the requirements of community corrections, etc. It is important to keep track of the reasons why an offender has discontinued a specific program in order to better understand the program retention rate.
- c. **Behavioral Change** refers to differences in offenders' emotional, psychological, and social functioning between their entry and exit of community corrections. These differences may be measured using standardized assessment tools that

are sensitive to change. Recidivism also is a good indicator of behavioral change. Information on recidivism may be collected throughout offenders' stay in community corrections and compared to offenders' criminal history. The National Institute of Justice defines recidivism as "a person's relapse into criminal behavior, often after receiving sanctions or undergoing intervention for a previous crime." By contrast, the IDOC defines recidivism as "an offender's return to incarceration within 3 years of their release date from a state correctional institution." (http://www.in.gov/idoc/files/05_07RecidivismRpt.pdf)

3. Other:

- a. **Referral** corresponds to the number of individuals directed/assigned/court-ordered to complete a series of community corrections programs.
- b. **Served** refers to the actual number of offenders who received services and participated in community corrections programs.
- c. **Active** is a term that describes offenders' status with regard to their participation in community corrections programming. An offender is active when they are currently participating in one or several community corrections programs.
- d. **Average Number of contacts** refers to the average number of times offenders have met with a community corrections officer during their stay in community corrections.

QUARTERLY REPORT

Table 1: Basic Demographic Information of Population Served

Offenders		Expected		Actual		
		Referred*	Served**	Referred*	Served**	Active***
Adult	Male					
	Female					
Juvenile	Male					
	Female					
TOTALS						

*Expected and actual total number of offenders Referred to County X Community Corrections during this quarterly period.

**Served by County X Community Corrections during this quarterly period.

***Offenders actively receiving service at present time.

Table 2a: Actual Number of Offenders Served

Race	African American		American Indiana		Asian/Pacific		Causasian		Hispanic	
	Under 18	18-24	Under 18	18-24	Under 18	18-24	Under 18	18-24	Under 18	18-24
Age	Under 18	18-24	Under 18	18-24	Under 18	18-24	Under 18	18-24	Under 18	18-24
Male										
Female										
Total										
Age	25-34	35-44	25-34	35-44	25-34	35-44	25-34	35-44	25-34	35-44
Male										
Female										
Total										
Age	45-54	55-64	45-54	55-64	45-54	55-64	45-54	55-64	45-54	55-64

Table 2b: Actual Number of Offenders Served

Offense	Class	African American	American Indian	Asian/Pacific	Caucasian	Hispanic	Unidentified
Felony	A						
	B						
	C						
	D						
Misdemeanor	A						
	B						
	C						
	D						

Table 2c: Actual Number of Offenders Served

Offense	Class	>18	18-24	24-34	35-44	45-54	55-64	65>
Felony	A							
	B							
	C							
	D							
Misdemeanor	A							
	B							
	C							
	D							

Table 2d: Actual Number of Offenders Served

Offense Category	African American	American Indian	Asian/Pacific	Caucasian	Hispanic	Unidentified
Controlled Substance						
Person						
Property						
Sex Offenses						
Weapon						
Other						

Table 2e: Actual Number of Offenders Served

Offense Category	>18	18-24	24-34	35-44	45-54	55-64	65>
Controlled Substance							
Person							
Property							
Sex Offenses							
Weapon							
Other							

Table 2f: Actual Number of Offenders Served

Level of Risk		Low	Moderate	High
Adult	Male			
	Female			
Juvenile	Male			
	Female			

Table 2g: Actual Number of Offenders Served

Employment Status		Employed	Unemployed	Not in Labor Force
Adult	Male			
	Female			
Juvenile	Male			
	Female			

Table 2h: Actual Number of Offenders Served

Level of Education		Below GED	GED/HS	College
Adult	Male			
	Female			
Juvenile	Male			
	Female			

Table 2i: Actual Number of Offenders Served

Mental Health Status		Free of Mental Illness	With Chronic Mental Illness	Situational Mental Health Problems
Adult	Male			
	Female			
Juvenile	Male			
	Female			

Table 3: Referral Source

Referral Source*	Adult		Juvenile	
	Male	Female	Male	Female
UDOC				
Parole				

Table 8: Program Outcomes for Each Category of Offenders

	Adult				Juvenile			
	Male		Female		Male		Female	
	Mean	Range	Mean	Range	Mean	Range	Mean	Range
Number of Services								
Number of Contacts								
Still Active								
Completers								
DOC Commitments								
Other Residential								
Behavioral Change								
Recidivism								

*Actual Total Numbers of Offenders Transitioning from IDOC, Parole, etc. to Community Corrections

Offender-Level

Outcome data provide information about the effect of community corrections programming on each offender.

Program Outcomes

1. Mean number of services received by offenders during the quarterly period
2. Mean number of community corrections contacts with offenders during the quarterly period
3. Total number of offenders still active in community corrections programs at the end of the quarterly period
4. Total number of offenders who fulfilled all requirements for program completion in Community Corrections during the quarterly period
5. Total number of offenders committed to IDOC during the quarterly period
6. Total number of offenders referred to residential facilities other than commitments to IDOC
7. Behavioral change (Mean and range of differences between offenders’

scores on standardized criminogenic risks and needs assessment at entry and exit of community corrections)

8. Recidivism: Number of arrests or adjudicated crimes during offenders' stay in community corrections

Table 9: Program-level Outcomes

Program Name	Referrals	Served	Dropout	Completion Rate	Average Length of Time	Behavioral Change
T4C						
FFT						

Program-specific data provide information about the impact of each program on community corrections clients.

1. Number of referrals to program
2. Total number of offenders served in program
3. Program dropout rates in percent number of offenders that drop out of the program
4. Program completion rates in percent number of offenders that complete the program
5. Average length of time in program
6. Mean behavioral change for each program (see above)