

**Evaluation of the Hamilton County Community Corrections
Electronic Monitoring Program**

FISCAL YEARS 2009-2010, 2010-2011

Final Report

REPORT SUBMITTED TO:

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EXECUTIVE SUMMARY

This evaluation represents the seventh report of a continued joint effort between the Hamilton County Community Corrections (HCCC) and the University of Cincinnati Corrections Institute (UCCI). It is the second report that evaluates the Electronic Monitoring Program (EMP) specifically. The UCCI began its collaboration with HCCC in 2002 in order to help facilitate evidence-based practices and planning in the Adult Residential Program (ARP).

The purpose of this report is to provide a process and outcome evaluation of the EMP for services rendered between July 1, 2009 and June 30, 2011. The process evaluation describes the EMP service delivery model, program participant characteristics, and the nature and quality of services the participants received during the report years. The outcome evaluation summarizes the program's direct impact on participants, details participant outcomes (i.e., recidivism and employment rates), and provides an evaluation of pretest and posttest changes in offender risk scores and other participant assessments. Finally, the report compares the results from the current sample with the sample from the previous EMP report.

The majority of participants in this sample were white males and the average age was 34. Similar to the previous report, the most common instant offenses for EMP participants was driving while under the influence of alcohol and drug offense, accounting for roughly 44% and 20% of offense referrals, respectively. Also, intake assessment data indicates that the majority of program participants enters the program with an average IQ, holds pro-social values, and is low-risk to reoffend. The program participants continue to demonstrate high needs in two criminogenic areas: use of leisure time and use of alcohol and drugs.

HCCC program staff continues to do an excellent job of administering assessments and identifying the need areas of the EMP program participants. However, further inspection of the

attendance data indicates that only a fraction of the referred participants are in fact attending the programs to which they are referred. The majority of program attendees complete the program. HCCC continues to excel in addressing the criminogenic need area of offender unemployment. Seventy-two percent of the current sample has worked more than 90% of the time in the EMP.

HCCC also continues to do an excellent job of administering participant satisfaction surveys and soliciting positive results. Participant surveys demonstrate that participants had an overwhelming positive experience during their time in the EMP. Specific indicators regarding staff showed that more than 90% of participants found field services coordinators to be helpful and respectful. Indicators regarding employment showed that more than 90% of participants felt confident they could obtain employment upon release, and more than 95% reported that they felt confident they could keep a job upon release from the program. Further, positive results were also seen in the indicators surrounding substance abuse and recidivism, with more than 87% feeling they received appropriate help for their substance abuse and more than 90% reporting that the program reduced their likelihood of committing an offense in the future.

Evaluation of outcome measures demonstrated 79.6% of participants were successfully discharged. Similar to the previous report, 30% of program participants had an administrative hearing where they were found guilty, however, only an extremely small percentage of participants (5.4%) committed a new offense while in the program. Moreover, there was a slight, but significant reduction in risk of recidivism for EMP participants from pretest and posttest according to the LSI-R and IRAS-CST.

Given the findings of this evaluation, the following is recommended:

- More EMP offenders are referred to treatment than are able to actually participate in the available programming. HCCC should ensure that all moderate to high-risk offenders (as indicated by overall risk/needs score) receive access to treatment before the low-risk offenders with moderate to high-risk needs in one particular domain area.

- First do no harm. Some program attendees do not meet the established eligibility criteria. It should be just as important to screen out inappropriate referrals, as it is to target the appropriate ones.
- Given the large number of low-risk EMP participants, HCCC should continue to minimize the contacts between lower risk participants and higher risk participants.
- HCCC should continue to expand the menu of programming options that are available to EMP participants. However, the assessment data should drive which program choices are made and also which programs are offered more frequently.
- Employment is a clear priority of the HCCC EMP program. Subsequently the majority of EMP participants are employed while in the program. Offenders that are employed have other criminogenic need areas. The same program options should be made available to employed offenders, as are available for unemployed offenders. Therefore, program options may also be needed in the evenings and on weekends.
- Given the amount of HCCC data collected since 2002, it is recommended that a long-term outcome study be conducted.
- It may be time to revisit the type of forms used to collect data and the process in which it is collected and transferred. This will ensure that only relevant information is being gathered and may reduce the amount of time HCCC employees spend filling out and processing forms.
- Results from the satisfaction surveys continue to be outstanding. This is no doubt a reflection of the hard work and professionalism from HCCC team members. HCCC should continue to solicit offender feedback in order to monitor their high level of services.
- It is imperative that HCCC continue to improve efforts towards maximizing fidelity. This should include group observation and training in advanced CBT areas.

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INTRODUCTION

Hamilton County Community Corrections (HCCC) provides custody, supervision, and programming to adult and juvenile offenders admitted from local courts as well as the Indiana Department of Correction (IDOC). Participants in HCCC programming are typically convicted of low-level felonies (i.e., theft, habitual traffic violations, second-time DUI) or misdemeanors (i.e., first-time DUI, possession). HCCC currently consists of five program components: adult residential, electronic monitoring, adult day reporting, adult pretrial services and juvenile electronic monitoring.

This report extends the continued joint effort between HCCC and the University of Cincinnati Corrections Institute (UCCI). This collaboration began in 2002 to facilitate evidence-based practice and planning in the Adult Residential Program (ARP), formally known as the Adult Work Release Program (AWR). The current report presents performance and outcome measures for services rendered between July 1, 2009 and June 30, 2011. Any participant who completed intake at HCCC in the Electronic Monitoring Program (EMP) is included in the current sample. This report represents the second evaluation on the EMP individually.

Previous ARP and EMP reports produced by UCCI provided feedback to HCCC administrators and influenced a series of program modifications (see Van Voorhis & Spiropoulos, 2003; Spiropoulos & Van Voorhis, 2004; 2006; Smith, Myer & Ndrecka, 2008). In short, findings from the previous evaluations led to: (1) the validation of the Level of Service Inventory-Revised (LSI-R) risk assessment instrument on the population of offenders served by HCCC; (2) modifications to the assessment protocol (i.e., discontinuing the Comprehensive Adult Student Assessment Systems (CASAS) and replacing these with need domains of the LSI-

R as well as pretest and posttest instruments developed by UCCI); and (3) the implementation of the *Washington Aggression Interruption Training* in November 2005.¹

A new team of researchers from the University of Cincinnati took over the project in 2006 (see Smith, Myer & Ndrecka, 2008). It was decided that future reports would be conducted in two-year intervals for the ARP and the EMP separately. The implementation of the programs at HCCC remained unchanged after this modification with one exception: the *Employment Skills Program* was not offered during the entirety of the current report because no trained instructor was available during a portion of the time period examined.

Consistent with the initial program report, the current document provides information on the delivery and performance of the HCCC EMP. This report is divided into six sections. The first section provides a description of the EMP. Within this section, a discussion is provided on the treatment services offered by HCCC. The second section of this report is the methods section and describes the data collection procedures, a description of the sample and variables, and the research design. The process evaluation encompasses the third section of this report. The process evaluation describes the service delivery model, the characteristics of program participants, and the nature and quality of the services the participants received. The fourth section reports the findings from the outcome evaluation by describing the program's impact on its participants and detailing program participant outcomes (e.g., recidivism and employment rates). This section also evaluates pretest and posttest changes in offender risk scores and other program participant assessments. It should be noted that comparisons have been made between the current sample and the results from the previous sample when applicable. The fifth section

¹ During this time, the agency also discontinued its substance abuse treatment program called *First Step*. It should be noted, however, that program participants still participate in a drug and alcohol treatment program offered in-house.

offers a discussion of the findings, and the sixth section provides recommendations based on findings from this report.

DESCRIPTION OF THE PROGRAM

Adult electronic monitoring was the second program offered by HCCC when it was added in October of 1990. Since its inception, the services provided by HCCC have expanded, by more than 400%.

The vast majority of EMP program participants are men and women who have been convicted of non-violent Class D Felonies or Class A Misdemeanors. Participants of the EMP are monitored electronically 24 hours a day, seven days a week; field services coordinators are responsible for supervising the movements and activities of the participant both inside and outside of their home. While in the EMP, participants are allowed to go to work and attend religious services. Participants are referred to the program from local courts, probation, or the Indiana Department of Correction (IDOC). Referrals to the EMP are provided through executed sentences, direct commitments from court, split sentences, violations of community supervision, conditions of probation, and transitions from prison.

All new participants are assessed with several standardized instruments at intake. These instruments include: an intake form, the Correctional Mental Health Screen (CMHS), TABE, the Criminal Sentiments Scale (CSS; Shields & Simourd, 1991), the Culture Fair IQ test (Cattell & Cattell, 1973), the Texas Christian University Client Evaluation of Self and Treatment—Intake (TCU CESI) and the Client Evaluation of Self and Treatment (TCU CEST; Joe, Broome, Rowan-Szal, & Simpson, 2002),² and the Level of Service Inventory-Revised (LSI-R; Andrews & Bonta, 1995) or the Indiana Risk Assessment System-Community Supervision Tool (IRAS-

² The University of Cincinnati recently validated these instruments on a pilot sample of both Adult Residential participants (Myer & Smith, 2008a) and Electronic Monitoring participants (Myer & Smith, 2008b).

CST). The results of these assessments are then used to make decisions about placement in HCCC programs. Currently, the EMP offers programming to address anger management (*Washington Aggression Interruption Training*), antisocial attitudes and values (*Thinking for a Change*), financial planning (*Making Your Money Work*), and employment skills. HCCC has adopted the cognitive-behavioral model across all components of the program. The program also seeks to emphasize offenders' relationships and responsibilities to their families.

EMP participants who attend the *Making Your Money Work* and *Washington Aggression Interruption Training* programs are administered pre- and posttest assessments, as well as participant evaluation forms. Furthermore, program participants are assessed on intermediate outcomes and service delivery measures. EMP participants also complete a participant evaluation form for the entire program quarterly, as well as a specific program evaluation at the completion of each program in which they participate. The LSI-R or IRAS-CST and the CSS are re-administered upon release to participants who successfully complete the program.

As part of the program, participants are required to pay program fees. Participants are monitored while off-site and are required to meet with their field services coordinator at least once a week. Moreover, participants are submitted to random monthly drug and alcohol testing. The average length of supervision for an EMP participant is 117 days.

Treatment Programming

As previously mentioned, the core treatment interventions for the HCCC EMP include *Thinking for a Change (T4C)*, *Making Your Money Work*, *Employment Skills and Practices*, and *Washington Aggression Interruption Training (WAIT)*. It should be noted that the *Employment Skills and Practices* program was not offered for the majority of the time covered in this report. As a result, data on this treatment component are limited.

Thinking for a Change. The cognitive-behavioral program called *Thinking for a Change* (Bush, Taymans, & Glick, 1998) is delivered on-site to participants by internal staff. The curriculum was developed by the National Institute of Corrections and has received favorable evaluation results in previous research evaluations (see Golden, 2002; Wingard, 2008). *Thinking for a Change* is designed to target criminal attitudes and antisocial thinking for change. Classes meet two times a week for 12 weeks. A total of 14 cycles of *Thinking for a Change* were offered between July 1, 2009 and June 30, 2011.

Making Your Money Work. As some financial issues may be related to subsequent criminal behavior, HCCC offers a financial component in its core treatment. *Making Your Money Work* is a program designed by the Purdue University Cooperative Extension Service. It is designed to teach skills related to budgeting, financial goal setting, savings, debt management, and financial management. The *Making Your Money Work* class meets once a week for five weeks. There were a total of 13 money management cycles offered between July 1, 2009 and June 30, 2011.

Washington Aggression Interruption Training. *Washington Aggression Interruption Training* (WAIT) is a cognitive behavioral program seeking to teach participants new thoughts, attitudes and skills necessary to prevent aggressive behavior (relatedly, see Goldstein, Glick & Gibbs, 1998). WAIT's curriculum is comprised of three components: teaching of skills, anger control training, and moral reasoning. Offenders are taught pro-social skills and behaviors to replace aggressive behaviors (e.g., negotiating skills, responding to an accusation). The anger control training component seeks to enhance offenders' skills for self control in high risk situations. Based on Kohlberg's (1976) Moral Stages, the moral reasoning training component attempts to develop feelings of empathy and support and respect for others in program

participants. The WAIT class meets twice per week for 10 weeks. There were 3 WAIT cycles offered between July 1, 2009 and June 30, 2011.

The University of Cincinnati research team also collected data on referral, attendance, participant evaluation, and pre- and posttest measures for these core program components. UCCI also collected data on referrals to a variety of treatment services by external service providers and external agencies that conducted treatment at the HCCC facility. These included GED classes, mental health counseling, substance abuse treatment, individual and/or group counseling, and sex offender treatment/assessment.

METHOD

Research Design

University of Cincinnati researchers employ pre- and posttest analyses as well as a repeated measures design to evaluate the effects of the treatments offered by HCCC and its contracted services. Participants attending the *Employment Skills and Practices*, *Making Your Money Work*, and WAIT programs are assessed with the LSI-R or IRAS-CST, CSS, and the Money Management questionnaire before and after completing treatment at HCCC. A pretest-posttest design allows for a comparison between intake and discharge scores to determine the impact of the treatment received. A repeated measures design allows for a comparison of measures from the current process and outcome evaluation to previous process and outcome evaluations. Sample demographics, attendance rates, completion rates, and intermediate outcome figures are compared across the current and the previous sample. Repeated measures analysis is designed to evaluate changes in participant characteristics and programming outcomes that have occurred since collaboration began between HCCC and UCCI.

Sample

The sample for the evaluation is comprised of all men and women who had completed intake at the HCCC EMP between July 1, 2009 and June 30, 2011. Data collection for outcome measures on program participants admitted during this time frame ended on August 14, 2011. The current evaluation has intake information for 560 program participants. As with the previous EMP report, the sample was unable to be disaggregated into participants serving community sanctions and participants who had been released from prison (approximately 5% of the sample was released from prison versus 95% serving community sanctions). More specifically, there were not enough participants in the prison release sample to provide meaningful comparisons across groups. In addition, discharge and intermediate outcome data are provided for 469 individuals who were discharged in time for their outcomes to be reported in this evaluation. Furthermore, overall program evaluation forms were available for a total of 540 individuals.³

Data Collection Procedures

To ensure that all information was obtained for each of the program participants, the data collection process required ongoing communication and cooperation between the UCCI research team and HCCC staff. Data for the report were sent to the University of Cincinnati from the HCCC EMP, and upon receipt, data were entered into a secure database. If any information was missing, a UCCI researcher contacted the Program Team Leader, Mark May, to obtain the missing data.

University of Cincinnati researchers obtained both intake and discharge data on program participants. Intake data included the HCCC Intake forms, pretest LSI-R or IRAS-CST, pretest CSS, Culture Fair IQ test, and the Correctional Mental Health (CMHS) screening tool. Discharge measures include the HCCC service delivery/discharge forms, posttest LSI-R or

³ It should be noted that the number of individuals that filled out evaluations is slightly smaller than the number of individuals at intake. Since the documents have no identifications and there can be no distinction between data from different evaluation years, all evaluations filled out by EMP participants since the last report were entered.

IRAS-CST, posttest CSS, as well as participants' treatment referral, attendance, and program completion information. It should be noted that discharge measures were not available on all participants because some individuals had not yet completed the program by June 30, 2011. Participant evaluation forms were obtained from the program participants who participated in the *Thinking for a Change*, *WAIT*, *Making Your Money Work*, and *Employment Skills* programs. In addition, data were collected on referrals to a variety of treatment services by external service providers and external agencies that conducted treatment at the HCCC facility, including GED classes, mental health counseling, substance abuse treatment, individual and/or group counseling, anger management training, and sex offender treatment/assessment. Lastly, overall program evaluation forms were also collected and analyzed.

Variables Examined

Participant Characteristics. Descriptive characteristics of program participants were collected, which include participants' gender, race, age, marital status, education, IQ, employment at intake, nature of the convicted offense, type of court order, and time to be served in the program. Furthermore, intake data for the LSI-R or IRAS-CST and CSS were collected, as well as data from the Money Management questionnaire administered at the start of that program. This report is now able to present comparisons of program participant characteristics for the years 2006-2009 and 2009-2011. These comparisons were done in an effort to provide an overview of the type of participants who have participated in the HCCC EMP.

Participant Outcomes. Outcome data includes program completion, reasons for unsuccessful completions, educational attainment while in the program, reward level achieved, employment information, illegal drug use, new offenses while in the program, and data on

administrative hearings. Comparisons of outcome data are provided across the first and second EMP reports.

Program Characteristics. Descriptive data are provided regarding the distribution of referrals of program participants to core and additional treatment modules, participation rates, and completion rates. This information will now be compared across the first EMP report years of 2006-2009 and the current report years of 2009-2011. This information offers a comprehensive description of HCCC's service delivery efforts.

PROCESS EVALUATION

The process evaluation provides information on the characteristics of the EMP participants and their attendance in treatment programs throughout the years 2009-2011. These data were obtained from the intake form, the initial LSI-R or IRAS-CST, Culture Fair IQ test (Cattell & Cattell, 1973), and the Criminal Sentiments Scale (CSS). Moreover, this section also provides an evaluation of the program participant evaluations of the core programs (*Thinking for a Change*, *Making Your Money Work*, and *WAIT*). The participant evaluation forms were designed by the University of Cincinnati to assess program participant satisfaction with staff (i.e., correctional staff, field services coordinators, case managers, and treatment instructors), as well as determine program participant perceptions of the effectiveness of their program (e.g., will they apply what they learned in class, were class exercises helpful, etc.). Throughout this section, characteristics of the entire sample are reported.

Table 1 illustrates the number of participants admitted to the HCCC Electronic Monitoring Program by sentence type for the total sample ($n = 560$). The majority of participants were admitted from executed sentences (47.7%), followed by probation violations (20.9%). The vast majority of program participants would be classified in the community

sentence sample (94.8%). While previous ARP reports have disaggregated the sample to compare community versus post-prison samples, the current report is unable to make meaningful comparisons across these groups because only 5.2% of the sample would be classified into the prison release sample.

Table 1: Admissions to the Electronic Monitoring Program by Sentence Type (N = 560)

Sentence Type	<i>n</i>	%
Executed sentence	267	47.7
Condition of probation/parole	117	20.9
Probation violation	80	14.3
Direct commitment	67	12.0
Split sentence	28	5.0
Community transition	1	0.2

Table 2 provides the demographic characteristics of the current sample. The majority of the sample was male (72.5%) and white (85.5%). EMP participants had an average age of 34.2 years, but similar to the previous report, the majority (33%) of participants were between the ages of 22 and 29. Approximately half of the participants were single (51.1%), and most of the participants had an education that was higher than high school (51.1%). Finally, 74.1% of the participants were employed at the time they were admitted to the EMP. In a change from the previous report, the most frequent occupation was service worker (29.5%), followed by those who were a laborer (25.2%).

Table 2: Frequency and Percent Distribution of Demographic Measures for the Total Sample (N = 560)

Variable	<i>n</i>	%
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Gender		
Male	406	72.5
Female	154	27.5
Race		
White	479	85.5
Non-white	81	14.4
Age		
21 and younger	53	9.5
22 – 29	185	33.0
30 – 39	159	28.4
40 and older	163	29.1
Marital status		
Single	286	51.1
Married	128	22.9
Separated/widowed/divorced	146	26.1
Education		
Less than high school	78	13.9
High school/GED	196	35.0
More than high school	286	51.1
Employment (at intake)		
Yes	415	74.1
No	145	25.9
Occupation		
No occupation	33	5.9
Professional	45	8.0
Managerial or administrative	39	7.0
Sales	51	9.1
Clerical	14	2.5
Craftsman	20	3.6
Transportation	18	3.2
Laborer	141	25.2
Farmer	2	0.4
Service worker	165	29.5
Armed services	3	0.5
Student	11	2.0
Housewife/househusband	18	3.2

The percentages may not add to 100.0% due to rounding.

Information on the current offense, as well as criminal history for EMP participants is reported in Table 3. Approximately 94% of individuals were admitted to EMP on a non-violent offense. Similar to the previous report, the most common offense committed by EMP participants admitted into the program was an alcohol while driving offense (43.2%). The second most common admitting offense was a drug offense (20.7%). The number of individuals who tested positive on their baseline drug screen when admitted to the EMP decreased from 20.7% in the previous report to 16.3% in the current report. Table 3 further indicates 63.0% of the sample did not have a prior felony conviction, while the overwhelming majority (85.5%) had not been to prison previously. Finally, most participants were serving a sentence of three months or less (40.9%), followed by participants serving sentence between three and six months (30%). The average time to be served, however, was 195 days, similar to the previous report average of 200 days.

Table 3: Frequency and Percent Distribution of Current Offense and Criminal History Measures for the Sample (*N* = 560)

Scale	<i>n</i>	%
Nature of convicted offense		
Traffic violation	45	8.0
Alcohol offense while driving	242	43.2
All other alcohol offenses	9	1.6
Drug offense	116	20.7
Burglary/residential entry	11	2.0
Conversion/theft/fraud	57	10.2
Sex offense	8	1.4
Battery	15	2.7
Resisting law enforcement	8	1.4
Forgery/check deception	17	3.0
Other	32	5.7
Violent offense	36	6.5
One or more prior felony convictions	207	37.0

One or more prior prison term	81	14.5
Positive baseline drug screen	91	16.3
Time to be served		
< 90 days	229	40.9
91 – 180 days	168	30.0
181 – 270 days	44	7.9
271 – 365 days	78	13.9
> 365 days	41	7.3

The percentages may not add to 100.0% due to rounding.

Information on intake assessments is found in Table 4. Approximately three quarters of the participants had an IQ between 86 and 114 (73.8%), which is in the normal range, and the average IQ across the sample was 103.1. Administration of the Criminal Sentiments Scale (CSS) at intake revealed that 61.6% of the sample scored as exhibiting pro-social sentiments (i.e., higher scores), with only 16.8% exhibiting scores indicative of antisocial attitudes and values.

Table 4: Frequency and Percent Distribution of Intake Assessments for the Sample (*N* = 560)

Scale	<i>n</i>	%
IQ (<i>n</i> = 541)		
Lower than average (≤ 85)	29	5.4
Average (86-114)	399	73.8
Higher than average (≥ 115)	113	20.9
Pretest CSS (<i>n</i> = 554)		
Low (16-48) (antisocial)	93	16.8
Middle (49-60)	120	21.7
High (61-104) (prosocial)	341	61.6
Pretest LSI-R (<i>n</i> = 426)		
Risk/need levels		
Low (0-13)	149	35.0
Low-moderate (14-22)	214	50.2
Moderate (23-33)	58	13.6
Medium-high (34-40)	5	1.2

High (41+)	0	0.0
≥ 50% positive indicators in need area		
Education/employment (10 items)	52	12.2
Financial (2 items)	63	14.8
Family/marital (4 items)	53	12.5
Accommodation (3 items)	12	2.8
Leisure (2 items)	191	44.9
Companions (5 items)	40	9.4
Alcohol/drug (9 items)	135	31.8
Emotional/personal (5 items)	91	21.4
Attitude/orientation (4 items)	7	1.6
Pretest IRAS-CST (<i>n</i> = 131)		
Risk/need levels		
Low (Male 0-14, Female 0-13)	101	77.1
Moderate (Male 15-21, Female 14-21)	26	19.8
High (Male 22-29, Female 22+)	4	3.1
Very high (Male 30+)	0	0.0
≥ 50% positive indicators in need area		
Education, employment, financial (6 items)	23	17.5
Family, social support (4 items)	9	6.9
Neighborhood problems (3 items)	3	2.3
Substance abuse (5 items)	41	31.6
Peer associations (5 items)	18	13.9
Criminal attitudes (7 items)	23	17.8

The percentages may not add to 100.0% due to rounding.

Table 4 also displays information on the administration of the LSI-R at intake (*n* = 426). 50.2% of all EMP participants scored in the low-moderate risk category of the LSI-R, and 35% score in the low-risk category. 14.8% scored as moderate-risk or higher. Similar to the previous EMP report, no participants scored in the high-risk category during the timeframe covered in this report. This indicates that the population being served by the HCCC EMP is decidedly lower risk according to the LSI-R. Finally, Table 4 also presents a breakdown of the LSI-R's need domains. Participants were counted as demonstrating needs if they exhibited 50% or more of the score in a domain. Patterns in need areas were found to be similar to the previous EMP report. The highest need domain was Leisure (44.9%), followed by Alcohol/Drug (31.8%). An

interesting finding to note is that in the first EMP report, no other domain exhibited more than 12% of the sample, however, in the current report, several domains were now found to be more prevalent. In the current sample, 21.4% scored as high need in the Emotional/Personal area, 14.8% scored as high need in the Financial domain, 12.5% scored as high need in the Family/Marital domain, and 12.2% scored high in the Education/Employment domain.

The IRAS-CST was instituted as the risk assessment tool for all HCCC programs beginning on December 1, 2010. Table 4 also reports information on the administration of the IRAS-CST at intake ($n = 131$). The majority of participants (77.1%) with an initial IRAS-CST scored as low-risk, with 19.8% scoring as moderate-risk and 3.1% scoring as high-risk. Similar to the LSI-R, the IRAS-CST need domains are also broken down in Table 4 and individuals were also counted as demonstrating needs if they exhibited 50% or more of the score in a domain. The findings from the IRAS-CST need domains were slightly different than the LSI-R. The information from the IRAS-CST demonstrates that the highest need area was Substance Abuse (31.6%), followed by Criminal Attitudes/Behavioral Problems (17.8%), and Education/Employment/Financial (17.5%). It should be noted that the IRAS-CST need domains differ from those of the LSI-R and the sample size producing the percentages for the IRAS-CST results was smaller ($n = 131$).

Demographics, Intake Assessments, and Pretest Scores Across Report Year

Table 5 provides a comparison of demographics across report years. There is a noticeable increase in participants' age compared to the previous report. This increase is most notable in the ages 40 and above category, with an increase from 24.7% to 29.1%. There was also a slight decrease in the 22-29 age category, moving from 36.8% to 33%. Table 5 also investigates if there were increases in violent offense convictions over report years. There was

only a slight increase from 6.1% to 6.5%. This demonstrates that the nature of convicted offenses remain non-violent in nature for EMP samples.

Table 5 also presents a comparison across report years as to whether or not an individual had a prior felony conviction. For the current report, there was a slight increase in the percentage of participants with one or more felony convictions. In the previous report, 32.6% of EMP participants had one or more felony convictions compared with the current 37.0% of EMP participants with one of more felony convictions.

Finally, Table 5 examines whether or not a participant had a prior prison term and compares the results across report years. This shows that there was a slight increase for the current report compared to the previous report. Currently, 14.5% of the EMP sample was found to have spent a prior term in prison compared to the previous report of 12%.

Table 5: Comparison of Demographics across Report Years

Scale	% in 2006-2009 (N = 478)	% in 2009-2011 (N = 560)
Age		
21 and younger	9.8	9.5
22 – 29	36.8	33.0
30 – 39	28.7	28.4
40 and older	24.7	29.1
Violent offense	6.1	6.5
Prior felony convictions	32.6	37.0
Prior prison term	12.0	14.5

Service Delivery

The HCCC EMP service delivery model is analyzed in this report in four ways. First, the number of program participants deemed eligible (i.e., projected referrals) to actual services provided to EMP participants for the current report years (2009 through 2011) is presented for

the annual sample. Second, the ability of HCCC to match program participants to treatment program is examined. This information is presented by comparing the number of program participants deemed eligible to attendance and completion of treatment program-by-program participants. Third, a presentation of out-sourced treatment programs is presented. Finally, participant satisfaction survey results for both the four core programs and the entire HCCC Electronic Monitoring Program are provided.

Referrals and Services. Table 6 presents the frequency and percent distribution of program participants deemed eligible for a treatment program, participation in a treatment program, and completion of a treatment program for the full sample. Four rows of program activity are reported in Table 6 for the report years 2009 through 2011 core programs. The first row, *projected referral*, represents the number and percentage of recipients who were deemed eligible by HCCC staff at intake to be placed in the indicated treatment program. The second row, *override referral*, indicates the number and percentage of program participant referrals to core programs that were not given by HCCC staff even though the program participant was determined to be eligible. There are a variety of reasons to account for the inability of HCCC staff to refer program participants to the core programs. For example, the program participant might have already completed the treatment, the treatment might have been ordered by another agency, additional treatment might be determined not necessary by HCCC, or additional treatment might not be possible. Row three, *attended program*, represents the number and percentage of program participants that actually attended the indicated class. The attendance forms filled out by the facilitators of the programs provided this information. Row four, *completed program*, shows the number and percentage of program participants who completed the indicated core program.

According to forms collected from intake, the program with the largest amount of program participants referred for treatment for all new admissions for years 2009 through 2011 was again, the cognitive skills program, *Thinking for a Change* (56.0%). Compared to the previous report, an increased percentage of EMP participants were referred to the *Making Your Money Work* program designed to target financial management skills. For the current report, almost half of all participants were referred to the program (48.4%) compared to 37.4% of the previous report's sample. In a similar pattern to the previous report, fewer participants were referred as needing the *WAIT* program (22.3%), and even fewer were referred to participate in the *Employment Skills* program (17.4%). There was a decrease in the percentage of EMP participants that were referred to be assessed with the SASSI, a more extensive substance abuse evaluation (55.7%) compared to the previous report, with 72.2% of participants being referred. This decrease is an interesting finding given that a high number of EMP participants were still admitted on alcohol or drug charges and substance abuse was still shown to be a high need domain for the sample. A smaller percentage of program participants were referred to the non-core programs of sex offender treatment (2.2%), GED training (9.5%), and mental health evaluation (12.4%).

Table 6: Frequency and Percent Distribution of Treatment Program Referrals, Participation, and Completion for the Sample ($N = 560$)

Scale	<i>n</i>	%
Cognitive skills program ($n = 554$)		
Projected referral	310	56.0
Overrode referral	16	2.9
Attended program	133	42.9
Completed program	103	77.4*
Employment skills program ($n = 557$)		
Projected referral	97	17.4

Override referral	6	1.1
Attended program	27	27.8
Completed program	20	74.1*
Money management program (<i>n</i> = 558)		
Projected referral	270	48.4
Override referral	12	2.2
Attended program	93	34.4
Completed program	74	79.6*
WAIT treatment program (<i>n</i> = 555)		
Projected referral	124	22.3
Override referral	10	1.8
Attended program	37	29.8
Completed program	28	75.7*
Substance abuse evaluation ordered (<i>n</i> = 555)	309	55.7
Referral to sex offender treatment (<i>n</i> = 557)	12	2.2
Override referral	0	0.0
Referral to GED training (<i>n</i> = 557)	53	9.5
Override referral	5	0.9
Referral to mental health evaluation (<i>n</i> = 557)	69	12.4
Override referral	24	4.3
Participation in one or more core program(s)	198	36.2
Completion of one or more core program(s)*	173	87.4

Percentages based on the number of participants that attended the program.

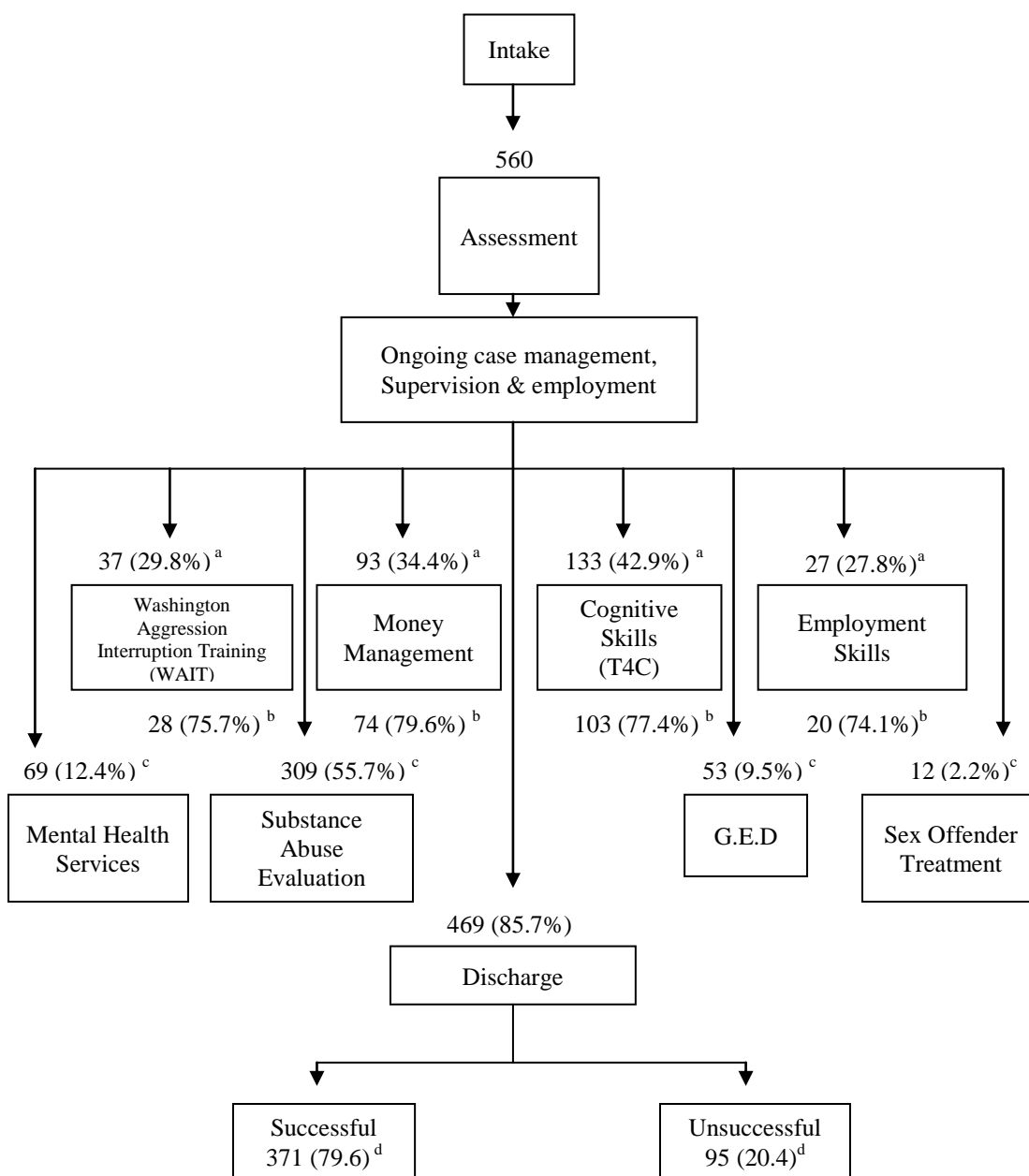
As demonstrated in Table 6, HCCC staff overrode a rather small percentage of program participant referrals. The percentage of overrides to the core programs ranged from roughly one to three percent, with the exception of projected referral to mental health evaluation (4.3%). The reasons for the overrides are presented in Appendix B. As seen in Appendix B, there was little variation found across override options. The most popular reason for a treatment override was that additional treatment had already been completed.

Table 6 also shows a similar trend to the previous report, which is that large portions of EMP participants being referred to core-programs are not attending them. However, it should be noted that the percentages of EMP participants who were referred to core programs and then attended them did increase for this report. To demonstrate this trend, 56% of EMP participants in years 2009 through 2011 were eligible to be referred to the *Thinking for a Change* class, but only 42.9% of these referrals actually attended the class. The *Thinking for a Change* program had the largest percent of referrals attending. The *Making Your Money Work* program had the next highest percentage of referrals attending the program with 34.4%, followed by the *WAIT* treatment program (29.8%), and the *Employment Skills* program (27.8%). Figure 1 provides similar information in a flow chart of EMP participants to treatment programs in the years 2009 to 2011.

Table 6 shows that once a program participant attended a core program offered by HCCC, the overwhelming majority of attendees were likely to complete the program. In comparison to the previous report, three core program completion rates increased, while one decreased. The *Making Your Money Work* program (79.6%), *Thinking for a Change* (77.4%), and *Employment Skills* (74.1%) showed increased percentages of participants completing the program once attending. The only program that showed a decrease in percentage of participants completing the program was the *WAIT* program (75.7%). However, while the *WAIT* program completion percentage decreased from the last report, the majority of participants still attending the program are still completing it successfully. Also increasing from the previous report years is the percentage of participants attending and completing at least one of the core programs. In the previous EMP report, roughly 21% of participants participated in at least one core program

compared to 36.2% for the current sample. In the previous report, roughly 72% of participants completed at least one core program, compared to 87.4% for the current sample.

Figure 1: Core Program and Projected Referral Flowchart for Residential Program Intakes from July 2009 through June 2011



^a Attended class per attendance form, % based on full sample minus overrides
^b Completed class per attendance form, % based on the number who attended the respective class
^c Projected referrals per intake form, % based on full sample minus overrides
^d % based on the number of discharged cases, N=469

There were a variety of reasons why program participants did not complete the core programs that they attended. These reasons, which were reported by the facilitators of the programs on the attendance forms, are listed in Table 7 for each of the core programs.

Table 7: Frequency and Percent Distribution of Reasons Given for Failure to Complete Four Core Treatment Programs for the Sample (N=560)

Scale	<i>n</i>	%
Cognitive skills program (<i>n</i> = 30)		
Sent to jail	2	6.7
Did not show for class	6	20.0
Did not return for class	3	10.0
Removed by instructor	4	13.3
Released	2	6.7
No reason given	13	43.3
Employment skills program (<i>n</i> = 7)		
Sent to jail	1	14.3
Did not show for class	3	42.9
No Reason Given	3	42.9
Money management program (<i>n</i> = 19)		
Did not show for class	7	36.8
Did not return for class	1	5.3
Removed by instructor	5	26.3
Removed to attend another class	1	5.3
Violated program	1	5.3
No reason given	4	21.1
WAIT treatment program (<i>n</i> = 9)		
Sent to jail	1	11.1
Did not show for class	1	11.1
Did not return for class	1	11.1
Violated program	1	11.1
No reason given	5	55.6

**The percentages may not add up to 100.0 due to rounding error.*

Beginning in 2003, information on the referral of HCCC program participants to outsourced treatment programs has been forwarded to University of Cincinnati researchers. The percentage of EMP participants who attended a core or non-core program across the previous

and current report years is presented in Figure 2. With only a few exceptions, there was an increase in the number of participants attending programs. Compared to the previous report, HCCC witnessed small increases in the number of referrals to sex offender treatment (up .5% from the previous report) and mental health counseling (up 4.3% from the previous report). There was a slight decrease in referrals to GED classes (down .6% from the previous report). The most notable decrease in non-core program referrals was for substance abuse treatment, which was down 16.7% from the previous report.

Also reported in Figure 2, there was an increase in participants who were deemed eligible for and attended each of the four core HCCC programs. The highest increase in was seen for the *Thinking for a Change* program, with an increase from 19.5% of referrals attending the program in 2006-2009 to 42.9% of referrals attending the program for the 2009-2011 report years. The percentage of referrals attending the *WAIT* program experienced the next highest increase, with 29.8% of referrals attending the program for the current report compared to 13.5% from the previous report. Next, the number of referrals attending the *Employment Skills* program rose from 19.3% to 27.8%, followed by the number of referrals attending the *Making Your Money Work* increasing from 27.4% to 34.4%.

Figure 3 displays the percentage of participants completing core treatment programs across report years. As consistently noted in other reports, HCCC continues to excel and exhibit a stable pattern of participant completion across all core programs. Participant completion of *Thinking for a Change* increased by 13.4%, and participant completion of *Making Your Money Work* increased by almost 1.3%. While no data were available on completion of the *Employment Skills* program because it was not offered during the previous report, the completion rate for these report years was still high at 74.1%. Last, *WAIT* was the only core program for which

participant completion decreased. While the completion rate for this program was still 75.7%, this is a decrease from 93.3% from the previous report.

External providers also provided data on participants in other treatment programs (see Figure 4). As previously mentioned, the number of participants referred for substance abuse decreased for this EMP report. One hundred sixty-seven participants (30.5%) of EMP participants received substance abuse treatment in years 2009 through 2011. Figure 4 also lists all of the substance abuse treatment programs and providers that were used by HCCC. In addition to substance abuse treatment, roughly 4% of program participants attended Alcoholic Anonymous/Narcotics Anonymous groups. Program participants selected the providers of this service themselves. As such, there was limited information available to HCCC on service providers in this regard. Similar to the previous report, the most common substance abuse treatment was intensive outpatient treatment provided by Aspire (29.3%). The percentage of program participants that completed outsourced substance abuse treatment was roughly 38.9%. It should be noted that completion information was unavailable for 72 of the 167 (43.1%) EMP participants attending outsourced substance abuse treatment and therefore, their completion status was categorized as unknown.

Almost a quarter of program participants received CARE assessments (24.9%), with 76.5% of those referred to CARE assessments completing the assessment. It was reported that only 2 (.4%) EMP participants attended GED classes, with one participant receiving his GED.

Figure 2: Percentage of Participants Attending the Core Programs and Projected to Attend Other Programs at Intake Across Years 2006-2009 and 2009-2011

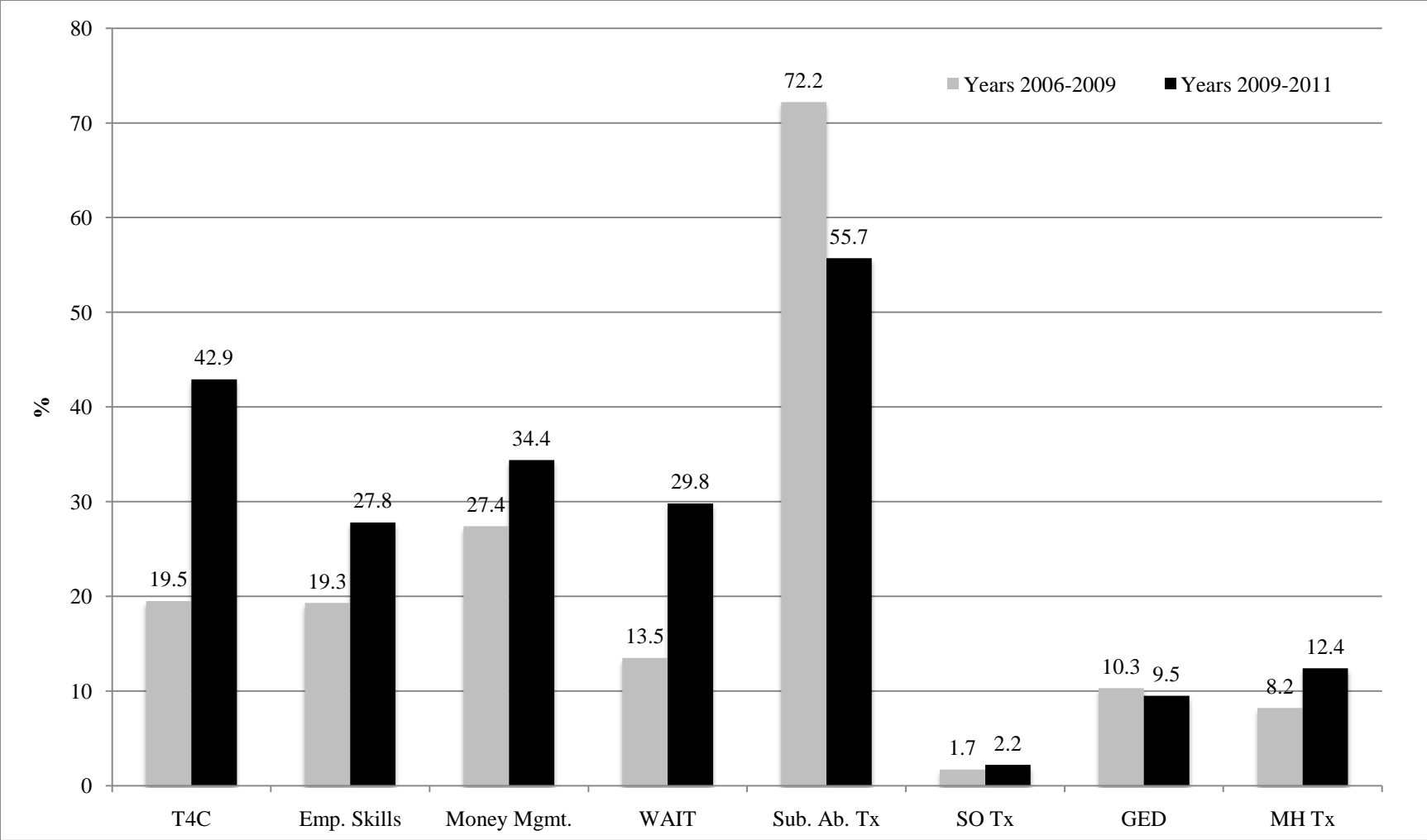
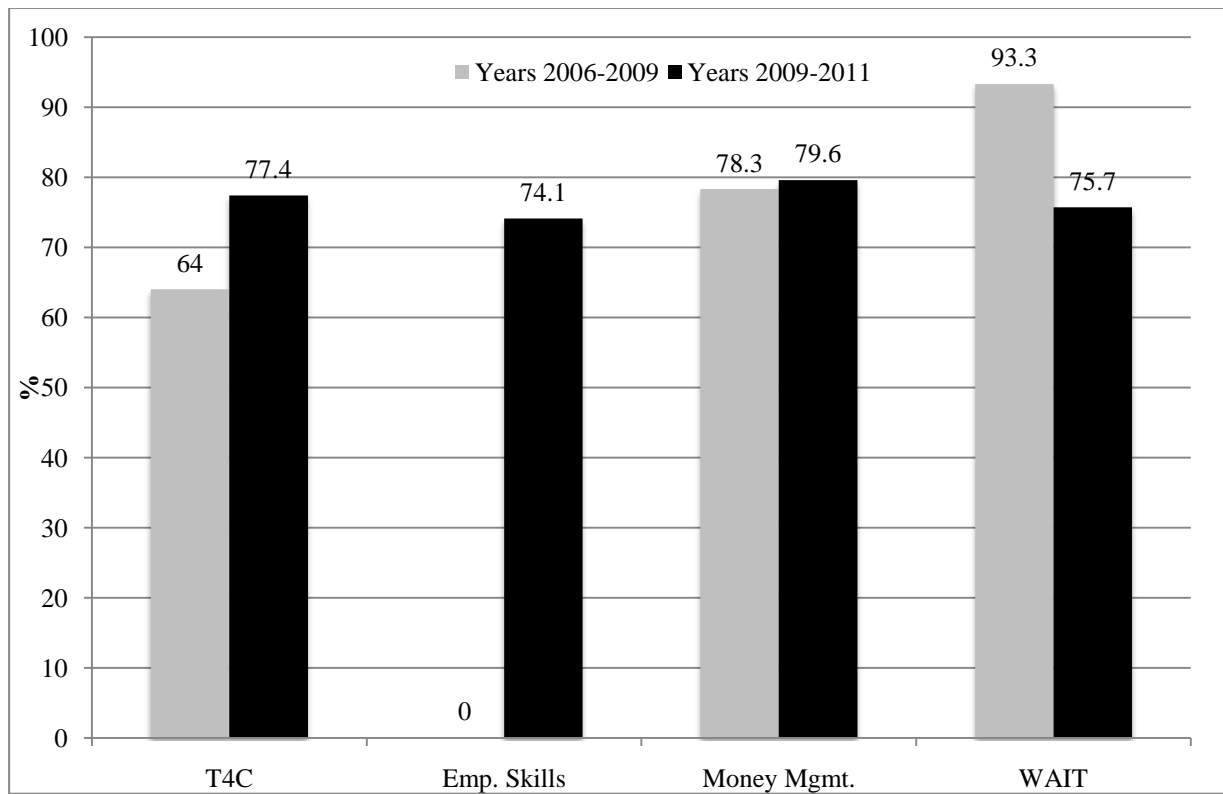


Figure 3: Percentage of Participants Completing the Core Programs Across the Years 2006-2009 and 2009-2011



**Figure 4: Outsourced Treatment Services for Hamilton County Community Corrections
(July 2009 to June 2011)**

547 participants

**Substance
Abuse
Treatment**

167 (30.5%) participants
65 (38.9%) completed program
30 (18.0%) did not complete program
72 (43.1%) unknown

**AA/NA/12
Step**

21 (3.8%) participants
5 (23.8%) completed program
2 (9.5%) did not complete program
14 (66.7%) unknown

Substance Abuse Treatment					
Program Types	<i>n</i>	%	Program Providers	<i>n</i>	%
Intensive outpatient treatment (IOP)	41	24.6	Aspire	49	29.3
Relapse Prevention	14	8.4	HCCC	29	17.4
Extended Outpatient	10	6.0	Proactive Resources	20	12.0
Sober Living	10	6.0	Behavior Corp.	16	9.6
CD Intervention	8	4.8	Serenity	10	6.0
Individual Counseling	7	4.2	Fairbanks	7	4.2
Aftercare	6	3.6	Amani Treatment Center	3	1.8
First Step	5	3.0	Gallahue	3	1.8
Dual Diagnosis	3	1.8	VA Hospital	3	1.8
Extended Inpatient	3	1.8	All else (less than 3 incidents)	26	15.6
Misc (1-2 instances)	30	18.0	<u>Not given</u>	<u>1</u>	<u>0.1</u>
<u>Not Given</u>	<u>30</u>	18.0	Total	167	100.0
Total	167	100.0			

Alcoholics Anonymous / Narcotics Anonymous					
Program Types	<i>n</i>	%	Program Providers	<i>n</i>	%
<u>AA/NA/12 Step</u>	<u>21</u>	<u>100.0</u>	Suburban North	6	28.6
			All Else (less than 2 incidents)	8	23.8
			<u>Not given</u>	<u>7</u>	<u>33.3</u>
Total	21	100.0	Total	21	100.0

Sex Offender Treatment/Evaluation

7 (1.3%) participants

2 (28.6%) completed program
 3 (42.9%) did not complete program
 2 (28.6%) unknown

Sex Offender Treatment					
Program Types	<i>n</i>	%	Program Providers	<i>n</i>	%
<u>Sex Offender Treatment</u>	<u>7</u>	<u>100.0</u>	Path of Prevention	6	85.7
			<u>Path of Life</u>	<u>1</u>	<u>14.3</u>
Total	7	100.0	Total	7	100.0

GED Classes

2 (0.4%) participants

1 (50.0%) completed program
 0 (0.0%) did not complete program
 1 (50.0%) unknown

GED Classes					
Program Types	<i>n</i>	%	Program Providers	<i>n</i>	%
<u>GED Classes</u>	<u>2</u>	<u>100.0</u>	HCCC	1	50.0
Total	2	100.0	<u>Connor Learning Center</u>	<u>1</u>	<u>50.0</u>
			Total	2	100.0

Care Assessment

136 (24.9%) participants

104 (76.5%) completed program
 2 (1.5%) did not complete program
 30 (22.1%) unknown

CARE Assessment					
Program Types	<i>n</i>	%	Program Providers	<i>n</i>	%
<u>CARE Assessment/Evaluation</u>	<u>136</u>	<u>100.0</u>	<u>Not given</u>	<u>136</u>	<u>100.0</u>
Total	136	100.0			

Mental Health Treatment

59 (10.8%) participants

47 (79.7%) completed program
 8 (13.6%) did not complete program
 4 (6.8%) unknown

Mental Health Treatment					
Program Types	<i>N</i>	%	Program Providers	<i>N</i>	%
<u>Mental Health Treatment</u>	<u>59</u>	<u>100.0</u>	Aspire	19	32.2
			Behavior Corp	12	20.3
			Other	21	35.6
			<u>Not given</u>	<u>7</u>	<u>11.9</u>
Total	59	100.0	Total	59	100%

Nearly eleven percent of EMP participants received outsourced mental health treatment, and almost 80% of those that attended completed this treatment. Only 7 (1.3%) of the EMP sample for the current report received sex offender treatment/evaluation. Data indicated that, at the time of this report, two participants had completed their programming, three did not complete successfully, and information was unknown for the remaining two referrals.

Matching Program Participants to Services and Programs. As previously mentioned, fewer program participants actually attended the core programs relative to those who were deemed eligible to attend it. Therefore, analyses were conducted to determine the extent to which offenders who were assessed as needing treatment actually attended and completed the appropriate program(s). Adequate matching of program participants to programs means that HCCC participants were referred to (and attended) programs appropriate for their needs as identified through the intake assessment protocol.

Figure 5 depicts the HCCC program participant matching process. It is important to emphasize that this figure only portrays the assessment-program participant match as suggested by the LSI-R and IRAS-CST. Recall that HCCC considers risk/need scores in addition to other program participant characteristics for referral to each of the four core programs. As in previous reports, the current analysis used the criteria established by HCCC to determine who was eligible for core programming. As such, the program participant selection criteria were as follows:

- **Risk category.** The risk principle (Andrews & Bonta, 2010) maintains that moderate and high risk offenders should be assigned to programs. Any program participant who scored in the moderate to high-risk range was assigned to this category. As in previous reports, additional assignment criteria were set: any offender with more than 75% of positive indicators on any of the LSI-R or IRAS-CST needs categories should also be assigned to services. As shown in Figure 5, 55.2% of program participants admitted to the EM program met these criteria in years 2009 through 2011.
- **Money management.** The *Making Your Money Work* program is assigned on the basis of the *Financial* domain of the LSI-R or the *Education, Employment, and Financial*

Situation domain of the IRAS-CST. According to these criteria, 19.4% of the EM offenders scored in the moderate/high risk range and were thus appropriate for the money management program.

- Thinking for a Change. The *Thinking for a Change* program is assigned on the basis overall risk and/or on the LSI-R and IRAS-CST criminal attitudes subscales. According to these criteria, 9.5% of the EM offenders scored in the moderate/high risk range and were thus appropriate for the T4C program.
- Employment skills. The employment skills program is assigned on the basis of the LSI-R score on the *Employment/Education* domain or the IRAS-CST score on the *Education, Employment, and Financial Situation* domain and/or if they were unemployed at program admission. According to these criteria, 27.8% of the EM offenders scored in the moderate/high risk range and were thus appropriate for the employment skills program.
- Washington Aggression Interruption Training. The *Washington Aggression Interruption Training* program is assigned on the basis of overall risk status and/or LSI-R question 10 (any official history of assault/violence). According to these criteria, 21.0% of the EM offenders scored in the moderate/high risk range and were thus appropriate for the WAIT program.

In Figure 5, the first row indicates the percentage of participants that qualify for treatment based on HCCC's criteria for program eligibility. The second row indicates the percentage of program participants determined by HCCC staff at intake to need a referral to the indicated program. The third row, entitled "*attended/needed*," indicates the percentage of program participants who fit the program participant selection criteria in row one and began one of the four core programs. The fourth row, entitled "*attended/not needed*," indicates the percentage of program participants who did not fit the program participant selection criteria in row one but were assigned to one of the four core programs anyway. The fifth row, entitled "*completed*," indicates the percentage of program participants who were determined to need the program based on the program participant selection criteria and actually completed the program according to the attendance form.

According to Figure 5, a relatively modest number of EM participants were identified as needing core treatment programming. More than 50% of the participants qualified under the risk principle—further inspection revealed that this was a product of need domain scores and typically not the overall level of risk. Offender needs varied by type. For example, 27.8% of participants were identified as needing employment skills training, whereas only 9.5% of participants were identified as needing cognitive skills training. Further examination of Figure 10 reveals that HCCC did well in referring individuals to treatment components; however, it should be noted that while only 9.5% of the sample qualified as needing cognitive skills programming, 55.6% of the sample was referred to the T4C program. Also, while 19.4% of the sample qualified as needing money management programming, 48.6% of the sample was referred to Making Your Money Work program.

HCCC did a moderate job at using the risk principle to assign offenders to treatment. More than 40% of the offenders that met the HCCC eligibility criteria actually attended the appropriate treatment services. The best results came from the T4C program, where 25% of eligible offenders actually participated in the program. Fewer eligible offenders participated in WAIT (17.4%), Money Management (17.0%), and Employment Skills (11.8%).

It is also evident that HCCC did a good job at ensuring offenders that did not need treatment were not referred to programs. For example, only 1.8% of the sample was referred to *Employment Skills* programming that did not need it. Also, the WAIT program had only 3.5% of the sample referred that did not meet the HCCC criteria. Finally, Figure 5 reveals that, with the exception of the risk principle (29.5%), less than a quarter of the offenders initially assessed to need the T4C program (7.7%), *Employment Skills* program (7.9%), WAIT program (9.6%), and *Money Management* program actually completed the programming.

Figure 5: Integration of the Risk/Needs Assessments in Programming Decisions for Electronic Monitoring Participants

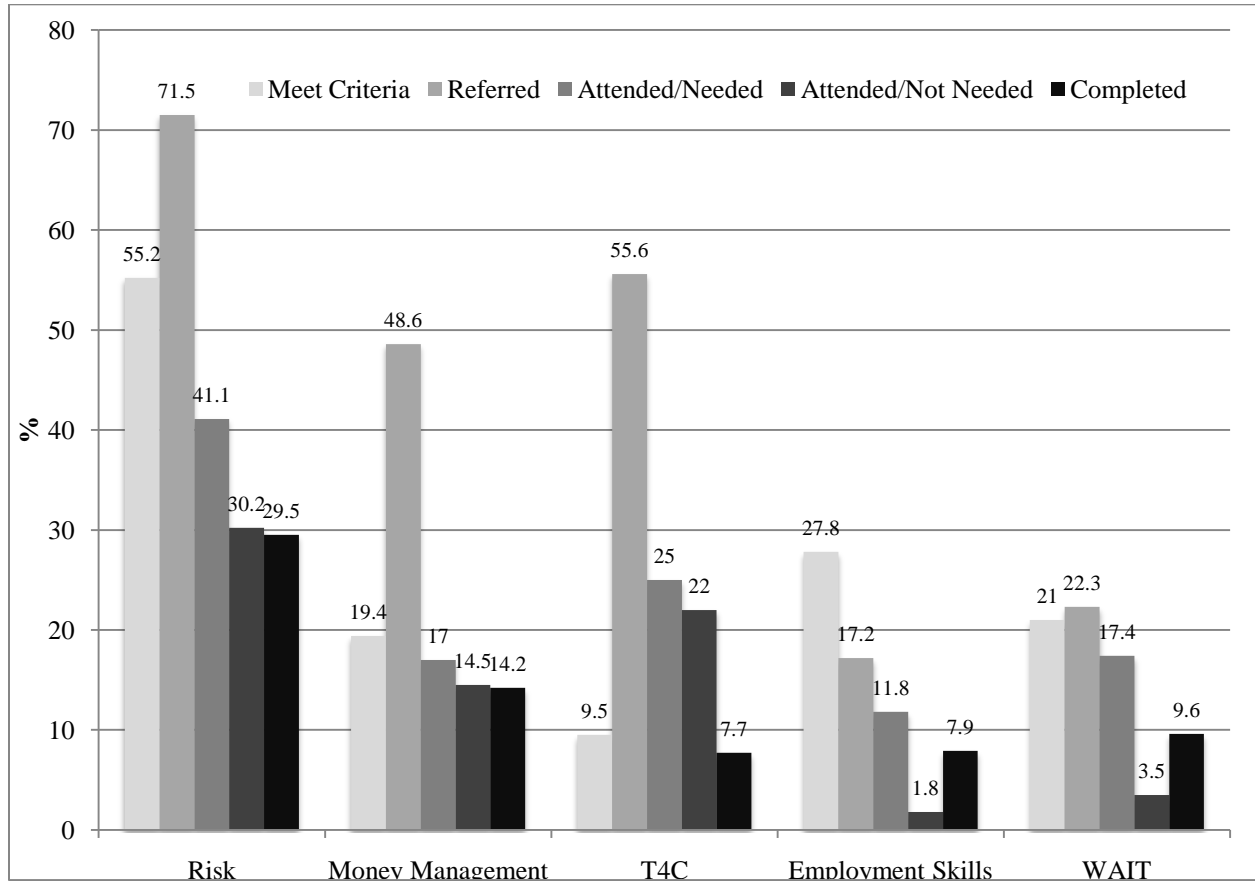
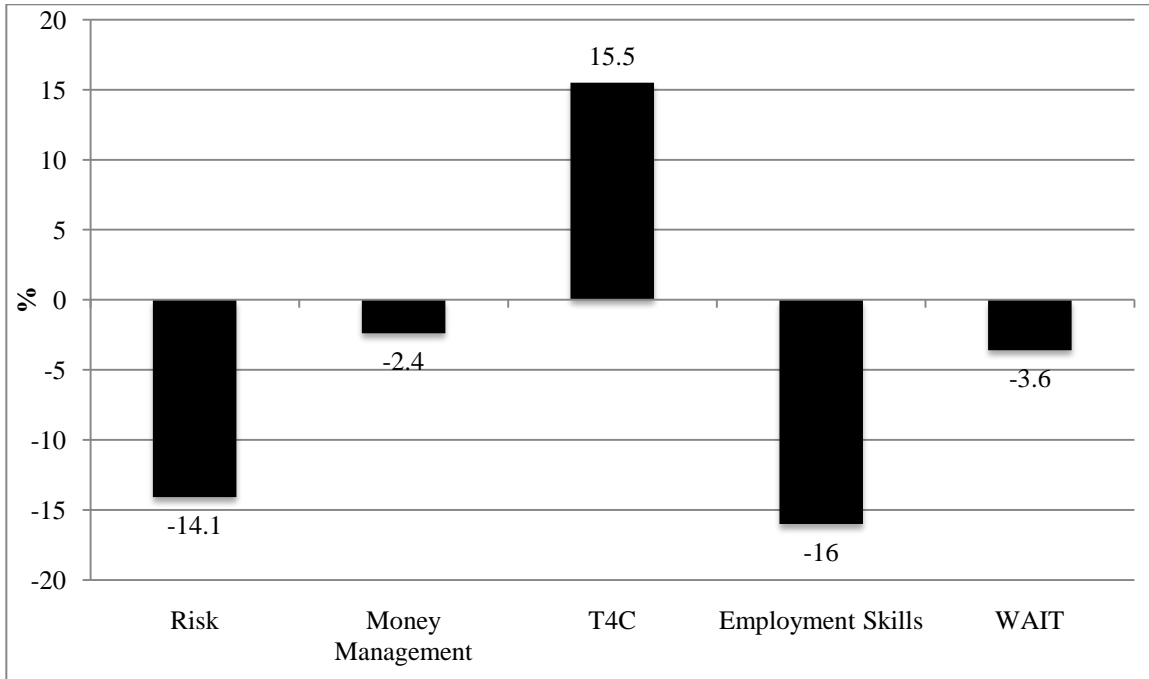


Figure 6 further examines the matching process by depicting program participants who were assessed to need a service but who were not assigned to the program. This score is calculated by subtracting the percentage of offenders meeting the eligibility criteria from the percentage of offenders meeting the criteria that attended the program. A positive score reflects more individuals were assessed to need treatment but were not referred to treatment, whereas a negative score reflects that more people were referred to treatment than were assessed to need treatment. Results indicated that HCCC tended to assign treatment to individuals that were assessed not to need treatment.

Figure 6: Matching Electronic Monitoring Program Participants Who Were Assessed to Need a Program That Were Not Assigned to the Program



Participant Satisfaction Surveys. Results of participant evaluations are presented in Table 8 on an item-by-item basis. The original responses to these items were indicated on 5-point Likert Scales ranging from “1” *strongly agree* to “5” *strongly disagree*, with a score of “3” indicating *no opinion*. These five responses were collapsed into dichotomous categories for this report. The two categories then became *agree* (originally *strongly agree* and *agree*) and *disagree* (originally *no opinion*, *disagree*, and *strongly disagree*). Table 8 displays the number and percentage of program participants who agreed with each participant evaluation item. Also located in the table is the mean score per item. As in the previous EMP report and previous reports conducted on the ARP, there was variation in the responses to the participant evaluation items. This would suggest that program participants took the evaluations seriously. It should be noted that some items are reverse coded and appropriately labeled to reflect this in the table. Moreover, all appropriate items were reverse coded so that the higher the mean score and

percentage, the more positive the response. Table 8 suggests that program participants had a very positive experience in core treatment programming overall. Across all core programs, nearly all questions received at least 80% agreement from EMP participants

Apart from the broad observation that core treatment programs were scored as favorable by participants, a summary of each core program is provided. However, a summary of the program and results from the satisfaction surveys are available for the current report due to the offering of the program once again.

- Cognitive Skills. The responses to the cognitive skills classes were extremely favorable. The percentage agreement of items except those that were reverse-scored ranged from 73.9% to 100%, but most items were generally rated as 85% or higher. There were several items with 100% agreement from the participants including: *The instructor treated me with respect*, *The instructor gave me suggestions for how to improve the way I handle relevant situations*, and *The instructor used examples to help us understand the skills*. The two items indicated as scoring below 70% agreement in the previous report, *The exercises were helpful* and *Most group members seemed to be taking these classes seriously* showed an increase in agreement among participants during these report years scoring 73.9% and 78.3%, respectively.
- Money Management. The responses to the *Money Management* classes were also very favorable. The percentage agreement of items except those that were reverse-coded ranged from 39.5% to 97.4%. Most items were generally rated as 70% or higher. Similar to the previous report, the following item had a response below 70%: *The instructor sometimes told me that I was doing a good job learning the material* (57.9%). An item that previously scored below 70% on the previous report, *The classes seemed relevant to me and my finances*, now indicated 81.6% agreed with this statement. A last item of note is *Some of the students were disruptive*. The participant satisfaction surveys indicated that 73.7% of participants agreed with this statement, indicating that at times, the class was disrupted by other participants.
- WAIT: Similarly, the responses to the WAIT classes were very favorable. As above, most items were generally rated as 70% or higher, with one exception: *The skills and examples seemed pretty realistic* (69.2%). Participants agreed 100% with several items including: *The instructor treated me with respect*, *We practiced and role played parts of the lessons*, and *The instructor used examples to help us understand the skills*. It should be pointed out that previously, the reverse-coded item, *I go through time when I can't seem to cope with difficult people* (37.5%), now indicated that almost 78% of participants agreed with this statement. Another reverse-coded item to note was *Sometimes group members were teased an the instructor did not do anything about it*, which 100% of participants filling out the evaluation agreed with.

- Employment Skills: Responses to the Employment skills classes were generally favorable. Again, most items were generally rated as 80% or higher. The following items that were not reverse-coded had an agreement percent lower than 80%: *We practiced and role played parts of the lessons* (58.3%) and *Because of this class, I know where the job opportunities are in this area* (58.3%). These results are very positive given that during the previous report years, the class was not able to be offered.

Table 8: Item-by-Item Percentage Agreement and Mean Score Across the Core Treatment Programs' Participant Evaluations

Items	Cognitive Skills Training <i>n</i> = 23			Money Management <i>n</i> = 38			Washington Aggression Interruption Training <i>n</i> = 14			Employment Skills Training <i>n</i> = 12		
	<i>n</i>	%	Mean	<i>n</i>	%	Mean	<i>n</i>	%	Mean	<i>n</i>	%	Mean
My thought and feelings seem clearer to me now than they were before I participated in this class	23	87.0	4.0	38	78.9	3.9	14	85.7	3.9	---	---	---
People arrived to class on time	23	91.3	4.4	38	94.7	4.8	14	92.9	4.1	12	91.7	4.3
By using the skills I have learned, I will know how to get out of a bad situation	23	82.6	4.0	---	---	---	14	92.9	4.1	---	---	---
The other group members treated me with respect	23	100.0	4.7	38	97.4	4.8	14	100.0	4.9	12	100.0	4.8
The skills and examples seemed pretty realistic	23	82.6	4.0	---	---	---	14	69.2	3.5	---	---	---
The instructor treated me with respect	23	100.0	5.0	38	97.4	4.8	14	100.0	4.9	12	100.0	5.0
Group members cooperated with the instructor	23	100.0	4.4	---	---	---	14	100.0	4.5	---	---	---
The exercises were helpful	23	73.9	3.8	---	---	---	14	84.6	4.0	---	---	---
The instructor seemed enthusiastic about teaching the class	23	95.7	4.5	38	94.7	4.8	14	92.3	4.6	12	100.0	4.8
I could understand the activities and handouts that we worked with in this class	23	100.0	4.6	38	94.7	4.8	14	100.0	4.6	12	91.7	4.7
The instructor gave me suggestions for how to improve the way I handle relevant situations	23	100.0	4.4	---	---	---	14	100.0	4.6	12	91.7	4.5
We practiced and role played parts of the lessons	23	91.3	4.4	---	---	---	14	100.0	4.7	12	58.3	3.8
Sometimes group members were teased and the instructor did not do anything about it (reverse coded)	23	8.7	2.0	---	---	---	14	100.0	1.6	---	---	---
We had good discussions	23	91.3	4.1	38	94.7	4.8	14	100.0	4.6	12	100.0	4.6
Just a few people seemed to do most of the talking in the class (reverse coded)	23	26.1	2.9	---	---	---	14	92.9	1.9	12	75.0	4.1
I felt that the instructor understood where I was coming from	23	91.3	4.2	---	---	---	14	85.7	4.2	12	91.7	4.3
Instructor used examples (video, pictures, or practice sessions) to help us understand the skills	23	100.0	4.5	---	---	---	14	100.0	4.3	---	---	---
I participated in the class	23	87.0	4.3	38	86.8	4.2	14	100.0	4.7	12	91.7	4.6

Table 8: Item-by-Item Percentage Agreement and Mean Score Across the Core Treatment Programs' Participant Evaluations (cont.)

Items	Cognitive Skills Training <i>n</i> = 23			Money Management <i>n</i> = 38			Washington Aggression Interruption Training <i>n</i> = 14			Employment Skills Training <i>n</i> = 9		
	<i>n</i>	%	Mean	<i>n</i>	%	Mean	<i>n</i>	%	Mean	<i>N</i>	%	Mean
I felt comfortable stating my own opinions in the class	23	87.0	4.2	38	94.7	4.8	14	92.3	4.3	12	100.0	4.8
Most class members participated	23	91.3	4.0	38	86.8	4.2	14	100.0	4.4	12	83.3	4.3
I had several chances to practice the skills during group meetings	23	91.3	4.1	38	89.5	4.3	14	100.0	4.5	---	---	---
Most group members seemed to be taking these classes seriously	23	78.3	3.9	38	81.6	4.1	14	76.9	4.0	12	83.3	4.1
When I had trouble understanding parts of the class, the instructor did a pretty good job of giving us examples and showing us what he or she meant	23	95.7	4.5	---	---	---	14	84.6	4.1	12	91.7	4.8
The instructor sometimes told me that I was doing a good job learning the material	23	87.0	4.0	38	57.9	3.7	14	76.9	3.8	12	100.0	4.4
The classes met for the entire time period	23	91.3	4.3	38	92.1	4.5	14	92.9	4.4	12	91.7	4.6
I believe that my employment goals fit my skills and abilities	---	---	---	---	---	---	---	---	---	12	100.0	4.3
When we did exercises in class, my instructor let me know how I was doing	---	---	---	---	---	---	---	---	---	12	100.0	4.8
I think this class has improved my ability to get and keep a job	---	---	---	---	---	---	---	---	---	12	83.3	4.3
The handouts and assessments were difficult to read (reverse coded)	---	---	---	---	---	---	---	---	---	12	91.7	4.8
The instructor seemed knowledgeable about matters	---	---	---	38	94.7	4.8	---	---	---	12	100.0	5.0

Table 8: Item-by-Item Percentage Agreement and Mean Score Across the Core Treatment Programs' Participant Evaluations (cont.)

Items	Cognitive Skills Training <i>n</i> = 23			Money Management <i>n</i> = 38			Washington Aggression Interruption Training <i>n</i> = 14			Employment Skills Training <i>n</i> = 12		
	<i>n</i>	%	Mean	<i>n</i>	%	Mean	<i>n</i>	%	Mean	<i>n</i>	%	Mean
The instructor used a variety of techniques to present the lessons (individual activities, small group activities, role play, case study, games)	---	---	---	38	92.1	4.3	---	---	---	12	100.0	4.5
The classes were too easy (reverse coded)	---	---	---	38	39.5	2.7	---	---	---	12	41.7	3.5
Some of the students were disruptive (reverse coded)	---	---	---	38	73.7	1.8	---	---	---	12	83.3	4.4
Even though I was required to attend classes, this class was enjoyable	---	---	---	38	89.5	4.5	---	---	---	---	---	---
The classes seemed relevant to me and my finances	---	---	---	38	81.6	4.1	---	---	---	---	---	---
The activities will help me to be financially sound after being released from the correctional system	---	---	---	38	76.3	4.0	---	---	---	---	---	---
The discussion helped me to learn new ways to manage my money	---	---	---	38	89.5	4.4	---	---	---	---	---	---
As a result of this class, I will be making different spending choices	---	---	---	38	78.9	3.9	---	---	---	---	---	---
I go through times when I can't seem to cope with difficult people (reverse coded)	---	---	---	---	---	---	14	78.6	2.0	---	---	---
Because of this class, I know where the job opportunities are in this area	---	---	---	---	---	---	---	---	---	12	58.3	3.9
As a result of this class, I have a good idea of the type of work I would like to do	---	---	---	---	---	---	---	---	---	12	83.3	3.9

Table 9 presents the mean participant evaluation scores for each of the core treatment programs for the total sample. Along with completing evaluations on satisfaction with core programming, participants were also asked quarterly to evaluate the HCCC EMP. Table 10 shows the results of this evaluation for all program participants who completed the evaluation ($n = 540$).⁴ The reporting of the HCCC participant evaluation items was similar to the reporting of the core program’s participant evaluation items described above. The original responses to these items were indicated on 5-point Likert Scales ranging from “1” *strongly agree* to “5” *strongly disagree*, with a score of “3” indicating *no opinion*. These five responses were collapsed into dichotomous of *agree* (originally *strongly agree* and *agree*) and *disagree* (originally *no opinion*, *disagree*, and *strongly disagree*). Table 10 displays the number and percentage of program participants who agreed with each participant evaluation item and the mean score per item. As in the participant evaluations discussed above, there was variation in the responses to the participant evaluation items, suggesting that program participants took the evaluations seriously.

Table 9: Mean Participant Evaluations Scores for the Core Treatment Programs for the Sample ($N = 560$)

Scale	Mean	SD
Cognitive skills program ($n = 23$)	103.2	8.4
WAIT program ($n = 13$)	111.8	10.2
Money management program ($n = 38$)	99.4	10.5
Employment skills program ($n = 12$)	119.6	9.6

⁴ The forms do not have a date or program participant identification information, so it is impossible to determine the time frames that these evaluations cover. This is reason the evaluation sample size ($n = 540$) is slightly different than the overall sample size ($N = 560$).

Table 10: Item-by Item Percentage Agreement and Mean Score for the HCCC Participant Evaluations for the Full and Disaggregated Samples ($N = 560$)

HCCC Items	<i>n</i>	%	Mean
The living unit coordinators are helpful to me ($n = 284$)	254	89.4	4.4
The field coordinators are helpful to me ($n = 527$)	477	90.5	4.6
The case managers are helpful to me ($n = 430$)	392	91.2	4.5
The living unit coordinators treat me with dignity and respect ($n = 295$)	270	91.5	4.5
The field coordinators treat me with dignity and respect ($n = 527$)	499	94.7	4.6
My case manager treats me with dignity and respect ($n = 434$)	421	97.0	4.7
The staff seems to recognize and reward outstanding performance ($n = 480$)	377	78.5	4.2
I feel that I can be honest with at least some staff about what I need in order to be successful ($n = 530$)	476	89.8	4.5
When I make mistakes the staff show me how to improve ($n = 441$)	316	71.7	3.9
Staff understand me ($n = 504$)	338	67.1	3.8
The program allows me to maintain adequate communication with my family ($n = 522$)	456	87.4	4.5
Staff treat me fairly ($n = 532$)	497	93.4	4.6
I feel confident that I can obtain employment once I am released ($n = 372$)	335	90.1	4.5
I feel confident that I can keep a job upon my release ($n = 430$)	412	95.8	4.7
Program rules and regulations are unreasonable (reverse coded) ($n = 505$)	83	16.4	2.3
I received the help I needed for my substance abuse problems ($n = 378$)	331	87.6	4.2
I received the help I needed for my emotional problems ($n = 328$)	252	76.8	4.1
I believe that I will be a better employee for having completed this program ($n = 450$)	325	72.2	3.9
The programs I participated in will reduce my likelihood of committing an offense in the future ($n = 490$)	445	90.8	4.4
My living area was adequate ($n = 220$)	194	88.2	4.3
I felt safe while I was here ($n = 296$)	277	93.6	4.5

Results from quarterly participant evaluations suggest strong satisfaction with the services provided by HCCC while in the EMP. In fact, in an improvement over the previous EMP report, there was only one item that had less than 70% agreement, which was *Staff understood me* (67.1%). There were enormous improvements made by HCCC and EMP staff between the previous and current report on two important items included on the satisfaction surveys. Participants indicated in the previous report there was only 25.7% agreement with the statement *When I make mistakes the staff show me how to improve* and 12.6% agreement with the statement *Staff understand me*. These items improved to 71.7% agreement and 67.1% agreement respectively. Questions surrounding the helpfulness and treatment by field coordinators and case managers were above ninety percent. Also, 90% of responding participants felt that they would be able to obtain a job once they completed the EMP, nearly 96% felt confident that could keep a job upon release, and 72% feel that they will be a better employee after leaving the EMP. Moreover, nearly 88% and 77% felt they received the help they needed for their substance abuse and emotional problems, respectively. Finally, almost 91% felt that the programming provided by the EMP will help reduce the likelihood of the committing of a future offense.

OUTCOME EVALUATION

The purpose of the outcome evaluation is to inspect evidence of program participant success by the end of their term in HCCC's EMP. Outcome measures for participants were collected prior to discharge from the program. These measures describe termination status (successful or unsuccessful), educational attainments while in the program, employment status at discharge, reward level achieved while in the program, as well as drug use and new offenses while participants were enrolled in the program. These findings are descriptive in nature since

no comparison group is included. Pre and posttest analysis of the standardized tests and comparison to findings from the previous years are also reported.

Table 11 presents frequency and percent distribution of intermediate outcome and service delivery measures for each sample. A total of 469 (85.7%) program participants admitted to the EMP in years 2009 through 2011 were discharged in time for their outcomes to be reported in this report. Of the 469 participants, 371 (79.6%) were successfully discharged. The most common reason for unsuccessful discharge from the EMP was a positive urinalysis (51.6%), followed by a technical violation (19.8%) and new arrest or conviction (19.8%).

As demonstrated in Table 11, approximately 6% of the participants in the EMP took advantage of educational resources, and just over one fifth of those who did participate in education attainment completed the educational programming. Similar to previous EMP and ARP samples, the small number of individuals that took advantage of educational attainment while in the program is most likely due to the high education status of participants at intake (refer back to Table 1).

Concerning employment, three quarters of those discharged were employed at discharge (77.6%). It is important to emphasize that according to discharge data collection instruments, 50% of the sample already had employment at intake. Therefore, HCCC ensured that most program participants who did not have a job at intake had secured one by the time they were discharged from the program. 71.9% of the total sample was employed more than 90% of the time they were in the EMP.⁵ These numbers suggest that HCCC continues to excel at placing participants into employment opportunities and maintaining employment for program participants.

⁵ If an individual was employed for 90% of the time they were a participant in the HCCC EMP, they achieved a positive mark for this measure.

Table 11: Frequency and Percent Distribution of Intermediate Outcome and Service Delivery Measures for Total Sample ($N = 469$)

Scale	<i>n</i>	%
Successful E.M. termination ($n = 466$)	371	79.6
Reason for unsuccessful termination ($n = 91$)		
New arrest or conviction	18	19.8
Technical violation	18	19.8
Positive urinalysis	47	51.6
Failure to return/escape/abscond	7	7.7
Sentencing stay	1	1.1
Educational attainment while in EMP ($n = 454$)		
No change since intake	421	92.7
Attending educational program(s)	27	5.9
Completed educational program(s)	6	1.3
Employed at discharge ($n = 469$)	364	77.6
Remained employed ($n = 448$)	319	71.2
Employed $\geq 90\%$ of the time on E.M. ($n = 469$)	337	71.9
Fired from job while on E.M. ($n = 468$)	23	4.9
Reward Level Achieved ($n = 453$)		
A	128	28.3
B	165	36.4
C	90	19.9
D	61	13.5
No reward received	9	1.9
Participant found guilty at administrative hearing ($n = 450$)	134	29.8
Administrative hearing with referral back to court ($n = 453$)	85	18.8
New offense(s) committed during program ($n = 405$)	22	5.4
Positive drug screen on EMP ($n = 454$)	154	33.9

The percentages may not add to 100.0% due to rounding.

Additionally, Table 11 presents information on the number and percent of program participants for each reward level achieved while in the EMP. The most common reward level was level B (36.4%), followed by reward level A (28.3%). Having achieved no reward level was again the least common outcome (1.9%). The number of EMP participants to have an administrative hearing where they were found guilty decreased from 34% in the previous report to 29.8% in the current report. A similar percentage of participants to the previous report had an administrative hearing that referred them back to court, however (18.8%). Roughly 34% of participants in the EMP had a positive drug screen while enrolled in the program. However, only 5.4% of all EMP participants that were discharged for the years 2009 through 2011 had a new offense while in the program.

Table 12: Pretest and Posttest CSS, LSI-R, and IRAS-CST Scores for Total Annual Sample and Disaggregated Sample By Sentence Type (*N* = 469)

Scale	<i>n</i>	Mean	SD
CSS total score			
Pretest	366	67.0	21.5
Posttest		68.0	20.7
T4C group CSS total score			
Pretest	72	65.6	21.9
Posttest		67.6	19.7
Risk category score			
Pretest	370	1.6*	0.7
Posttest		1.4*	0.6
LSI-R pretest	237	1.7*	0.7
LSI-R posttest		1.5*	0.7
(Days between)	(229)	(142*)	(83)
LSI-R pretest	68	1.8*	0.7
IRAS-CST posttest		1.3*	0.6
(Days between)	(68)	(227*)	(140)

IRAS-CST pretest		1.2	0.4
IRAS-CST posttest	65	1.2	0.5
(Days between)	(62)	(111 [*])	(45)

The percentages may not add to 100.0% due to rounding.

**p ≤ .05*

Table 12 presents the pretest and posttest assessment scores for several assessments including the CSS, LSI-R, and IRAS-CST. This information is useful in determining whether or not the EMP succeeded in producing a variety of beneficial outcomes for the program participants from 2009 through 2011. As indicated in Table 12, CSS total scores and *Thinking for a Change* group CSS scores both increased slightly from pretest to posttest, however, these increases were not found to be significant.

As indicated previously, HCCC replaced the LSI-R with the IRAS-CST during the current data collection time period. As a result, pre and posttests included in this report fall into one of three categories: LSI-R pretest and LSI-R posttest ($n = 237$), LSI-R pretest and IRAS-CST posttest ($n = 68$), or IRAS-CST pretest and IRAS-CST posttest ($n = 65$). There are several differences between the LSI-R and the IRAS-CST assessments. For example, the LSI-R contains 54 items falling into 10 domains, whereas the IRAS-CST contains 35 items falling into 7 domains. Due to the differences between risk assessments, comparing pre and posttest total scores may not be as meaningful as comparing pre and posttest risk categories. Therefore, Table 12 presents the means of the risk categories (where 1 = low-risk, 2 = moderate-risk, and 3 = high-risk), rather than the means of the total scores. For ease of interpretation, a mean risk category score of 1.5 would bisect the low and moderate-risk categories.

When examining the mean pretest and posttest risk categories, there is a significant reduction in risk for the LSI-R pretest and LSI-R posttest group (1.7 to 1.5) and the LSI-R pretest and IRAS-CST posttest group (1.8 to 1.3), but not the IRAS-CST pretest and IRAS-CST posttest

group (1.2 to 1.2). However, these findings should be interpreted cautiously because there is a significantly different amount of elapsed time between pretest and posttest between the three groups, $F(2, 356) = 29.836, p < .001$. There is an average of 227 days between the LSI-R pretest and IRAS-CST posttest, 142 days between the LSI-R pretest and LSI-R posttest, and 111 days between the IRAS-CST pretest and IRAS-CST posttest. The sample sizes of the three groups also differ ($n = 237$ for LSI-R to LSI-R group, $n = 68$ for LSI-R to IRAS-CST group, and $n = 65$ for IRAS-CST to IRAS-CST group). Therefore, it may be the reductions in risk are due to time differences or sample size, and may not necessarily be to the type of pre and posttest risk assessment administered.

When all of the assessments are analyzed together, there is a slight, but significant reduction in general risk for recidivism from pretest to posttest. The overall mean risk category score is 1.6 at pretest, compared 1.4 at posttest. This means while offenders at both pretest and posttest were most likely to be low-risk, at the pretest the group average tended to lean more toward the low/moderate range, and at the posttest the group average tended to lean more toward the low range. Similar to the previous report, there was a significant decrease in risk of recidivism from pretest to posttest. These results suggest that HCCC EMP participants were discharged from the program with a lower probability to reoffend, compared to when they entered the program.

Table 13 provides the frequency and percent distribution of program duration for participants who did not complete the EMP successfully. This table is provided in order to further evaluate the participants who were unsuccessfully discharged from the program. As demonstrated from this table, there is very little variation of the time in program when a program participant fails, with most non-completers being discharged between 50 and 99 days. Thus, for

this sample, it appears as if there was no specific stretch of time that was more critical for non-completers.

Table 13: Frequency and Percent Distribution of Program Duration for Non-Completers for the Total Sample (N = 95)

Scale	<i>n</i>	%
Time in the program		
< 50 days	23	24.2
50-99 days	27	28.4
100-149 days	22	23.2
≥ 150 days	23	24.2

The percentages may not add to 100.0% due to rounding.

Comparison of Intermediate and Service Delivery Measures Across Report Years

A comparison of the intermediate outcome and service delivery measures for the current report years are compared to the previous EMP report years. A positive percentage change indicates that there was an increase in the percentage reporting that particular measure from one time period to the next.⁶ A positive percentage change can indicate benefit or detriment to the sample depending on the measure.

Table 14 lists the percentage change of the intermediate outcome and service delivery indicators for the total sample across years 2006-2009 and 2009-2011. This table demonstrates how successful the HCCC EMP has become since the previous report. Positive results to report from Table 14 include: fewer participants from the current years had positive drug screens (-2.6%), more participants successfully completed the EMP program (2.6%), and fewer participants were fired from a job (-18.3%). Unfortunately, Table 14 also presents that: fewer participants from the current report years remained employed (-6.8%), less participants were employed 90% of the time while in the program (-9.4%), less participants were employed at

⁶ Percent change is calculated using the equation $[(\% \text{ year b} - \% \text{ year a}) / \% \text{ year a}]$.

discharge (-6.4%), and more participants committed a new offense (28.6%). It should be noted that while there was a rather large percentage increase in new offenses committed between 2009-2011 and 2006-2009, there were only five additional offenses committed in the latter time period.

Table 14: Comparison of Frequency and Percentage Change Figures for Intermediate Outcome and Service Delivery Measures Through the Years for the Full Samples

Charge	2006-2009 (N = 478)		2009-2011 (N = 560)		% Change
	<i>n</i>	%	<i>n</i>	%	
Positive drug screen	140	34.8	154	33.9	-2.6
Remained employed	308	76.4	319	71.2	-6.8
Employed 90% of the time	320	79.4	337	71.9	-9.4
Successful EM termination	312	77.6	371	79.6	2.6
Employed at discharge	335	82.9	364	77.6	-6.4
Fired from job	24	6.0	23	4.9	-18.3
New offense	17	4.2	22	5.4	28.6

A comparison of the pretest to posttest differences for the CSS and LSI-R scores overtime is shown in Table 15. These year-to-year comparisons are presented as mean differences with statistical significance tests conducted to evaluate the magnitude of changes. A summary of the findings from the previous report to the present sample is provided below the findings for each sample per report year. Note that an increase in CSS scores would indicate an improvement (i.e., more pro-social values) and a decrease in LSI-R scores would indicate an improvement (i.e., a decrease in risk level). It is evident when examining Table 15 that CSS

scores indicated no change in the overall sample across report years. Translating this results means that there continues to be no measurable increase in pro-social values as measured by the CSS. A possible for reason for this result could be that most participants entering the EMP come into the program with pro-social values already. However, the LSI-R scores continue to demonstrate stability in favorable outcomes. Table 15 shows a significant decrease in LSI-R scores across report years.

Table 15: Pretest to Posttest Mean Difference Comparisons of the CSS and LSI across Report Years for the Full Sample

	2006-2009 <i>(N = 406)</i>	2009-2011 <i>(N = 469)</i>
CSS total score (higher positive)	1.6	1.0
Summary [†]	No improvement/change	
LSI total score (lower positive)	-2.3*	-2.9*
Summary [†]	Stability in favorable outcomes	

Note: Each cell number represents the mean difference of posttest scores subtracted from pretest scores.

*p≤.05

[†]Summary description takes into account the direction of the measure and the trend of the mean changes across report years.

DISCUSSION

This report represents the seventh report of a continued joint effort between Hamilton County Community Corrections (HCCC) and the University of Cincinnati, and the second report that is based exclusively on the HCCC Electronic Monitoring Program (EMP). The current report provided a process evaluation and an outcome evaluation of the EMP services rendered between July 1, 2009 and June 30, 2011. The process evaluation provided information on the characteristics of the EMP participants and their attendance in treatment programs, while the

outcome evaluation provided evidence of program participant accomplishments by the end of their term in the HCCC EMP.

Demographics revealed that the majority of program participants were male, white, and had an average age 34 years. Data from assessments administered at intake demonstrated that the majority of program participants had an average IQ. Moreover, in a stable finding across reports, the majority of program participants held pro-social values, as indicated by scores on the CSS. In addition, both the LSI-R and IRAS-CST scores produced by intake assessments demonstrated that the vast majority program participants were low risk. In fact, the majority of program participants was non-violent and had not had a previous felony or prison sentence. Analysis of LSI-R identified needs demonstrated that the program participants of the EMP demonstrated high needs in two areas: use of leisure time and use of alcohol and drugs. Because the IRAS-CST need areas are factored differently, the IRAS-CST identified a high need in one area: substance abuse.

The most common offense that solicited a referral to the EMP was an alcohol offense while driving, followed by a drug offense, accounting for roughly 43.2% and 20.7% of offense referrals, respectively. Inspection of outsourced treatment services suggested that substance abuse treatment was the most common outsourced treatment, with 30.5% being referred to treatment. Nevertheless, only 38.9% of referred substance abuse program participants completed treatment.

Evaluation of outcome measures demonstrated that 79.6% of EMP participants were successfully discharged. However, roughly 30% of program participants had an administrative hearing where they were found guilty and almost 34% had a positive drug screen while in the

program. Despite these findings, an extremely small percentage of participants (5.4%) actually committed a new offense while in the program.

HCCC continued to perform well in the area of employment. Analyses revealed that 72% of the sample worked more than 90% of the time with in the program. Taking into account that 50% of participants were employed at intake, HCCC did well in the fact that an additional 27.6% of participants were employed at discharge.

HCCC continues to also do an excellent job of administering assessments and identifying the needs of EMP participants. Moreover, HCCC staff use an override decision to counter these referral decisions infrequently. However, participant attendance to referred programs is an area that remains in need of improvement. Program referral data revealed that HCCC does well in identifying the needs of program participants and referring program participants to the appropriate programs based on these needs for the majority of the time. However, inspection of attendance data indicated that only portions of program participants who are referred to programs are attending. As an example, 282 program participants were referred to the money management program, *Making Your Money Work*. Of the 282 that were referred, only 93 were indicated as attending class. To the credit of HCCC, the number of participants who were referred to a core program and then attended the program increased for all four core programs. Also, the majority of participants who do attend the programs are completing the programs.

Finally, inspection of HCCC participant evaluations demonstrated that program participants had an overwhelmingly positive experience while in core treatment programs. Across all programs and evaluations, very few items had percent agreements to positive statements about the programs below 70%. In a similar trend to previous EMP participant surveys in the last report, high evaluations ratings were given for items that pertained to

interpersonal interactions between the participants and instructors, and between participants. With no significant exceptions, instructors received high praise from the participants in the program. High praise was given in the areas of: the instructor treated me with respect; the instructor seemed enthusiastic about teaching the class; I felt that the instructor understood where I was coming from; role play was practiced; the instructor used examples (video, pictures, or practice sessions) to help us understand the skills; and when I had trouble understanding parts of the class, the instructor did a pretty good job of giving us examples and showing us what he or she meant. Items with improvement in participant satisfaction include when compared to the previous report: the exercises were helpful; the skills and examples seemed pretty realistic; and the instructor sometimes told me that I was doing a good job learning the material. There were some unfavorable responses towards group dynamics in the *WAIT* program including participants feeling that sometimes group members were teased and the instructor did not do anything about it and just a few people seemed to do most of the talking in class.

The next section offers recommendations to the HCCC Electronic Monitoring program based on the findings noted above.

RECOMMENDATIONS

This section provides recommendations based on the results discussed in the previous section.

- More EMP offenders are referred to treatment than are able to actually participate in the available programming. HCCC should ensure that all moderate to high-risk offenders (as indicated by overall risk/needs score) receive access to treatment before the low-risk offenders with moderate to high-risk needs in one particular domain area.
- First do no harm. Some program attendees do not meet the established eligibility criteria. It should be just as important to screen out inappropriate referrals, as it is to target the appropriate ones.
- Given the large number of low-risk EMP participants, HCCC should continue to minimize the contacts between lower risk participants and higher risk participants.

- HCCC should continue to expand the menu of programming options that are available to EMP participants. However, the assessment data should drive which program choices are made and also which programs are offered more frequently.
- Employment is a clear priority of the HCCC EMP program. Subsequently the majority of EMP participants are employed while in the program. Offenders that are employed have other criminogenic need areas. The same program options should be made available to employed offenders, as are available for unemployed offenders. Therefore, program options may also be needed in the evenings and on weekends.
- Given the amount of HCCC data collected since 2002, it is recommended that a long-term outcome study be conducted.
- It may be time to revisit the type of forms used to collect data and the process in which it is collected and transferred. This will ensure that only relevant information is being gathered and may reduce the amount of time HCCC employees spend filling out and processing forms.
- Results from the satisfaction surveys continue to be outstanding. This is no doubt a reflection of the hard work and professionalism from HCCC team members. HCCC should continue to solicit offender feedback in order to monitor their high level of services.
- It is imperative that HCCC continue to improve efforts towards maximizing fidelity. This should include group observation and training in advanced CBT areas.

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Appendix A

Description of the Assessment Instruments and Measures

The Level of Service Inventory-Revised (Andrews & Bonta, 1995) is a risk assessment that classifies offenders according to four levels of risk for future offending. One of the distinct advantages of the LSI-R is that it also serves as a needs assessment, thereby screening for education, employment, financial, family/marital, use of leisure time, living arrangements, substance abuse, criminal attitudes, mental health, and anti-social peers and attitudes. These characteristics are called *criminogenic needs*, because they are needs associated with future offending. LSI-R scores are obtained through semi-structured intake and pre-termination interviews with offenders. HCCC staff administering the LSI-R were trained and certified according to the guidelines established by its publisher, MultiHealth Systems. The LSI-R has been validated successfully on numerous community correctional populations (see Andrews & Bonta, 2010).

Criminal Sentiments Scale (Shields & Simourd, 1991) is an assessment of antisocial beliefs, feelings, and attitudes. CSS is a paper and pencil test containing 42 self-reported items. It contains several subscales, but the evaluation used only the total CSS score, where higher scores indicate prosocial attitudes. The CSS is one of the most widely used measures of criminal attitudes in evaluation studies of offender populations. Its validity and reliability with adult offenders has been established through a series of studies (see Andrews, Wormith, & Kiessling, 1985; Roy & Wormith, 1985; Wormith, & Andrews, 1984; 1995).

Culture Fair Intelligence Test (Cattell & Cattell, 1973) is a non-reading intelligence test designed to minimize biases due to verbal skills, educational levels and cultural differences. The test contains 46 items, and is completed by offenders upon admission to work release. The test

has been in use for some time. Psychometric test results are available in the manual (Cattell & Cattell, 1973) or from Edits, its publisher.

The Indiana Risk Assessment System-Community Supervision Tool (IRAS-CST) is a risk assessment instrument that classifies male offenders according to four risk levels (low, moderate, high, and very high) and female offenders according to three risk levels (low, moderate, and high). The IRAS-CST also serves as a needs assessment, thereby screening for education, employment, and finances, family and social support, neighborhood problems, substance abuse, antisocial associations, and antisocial attitudes and behavioral problems. These characteristics are called *criminogenic needs*, because they are needs associated with future offending. IRAS-CST scores are obtained through semi-structured intake and pre-termination interviews with offenders. HCCC staff administering the IRAS-CST were trained and certified according to the guidelines established by its publisher, the University of Cincinnati Corrections Institute.

Hamilton County Community Corrections' Education & Treatment Program Guidelines

Employment Services

The following guidelines will be used when determining placement in *Employment Services*.

1. Program participants who score a 1 to question 2.4 on the *Education, Employment and Financial* domain of the IRAS-CST.
2. Self-employed participants who are more than \$210.00 in arrearage.
3. Program participants who have been terminated from employment during residential work release or electronic monitoring participation.
4. By order of the Administrative Hearing Officer.
5. By order of the sentencing court.
6. Case manager and/or field services coordinator discretion.

Financial Management

The following guidelines will be used when determining placement in *Financial Management*.

1. Program participants who score 1 to question 2.6 on the IRAS-CST.
2. Fee arrearage of more than \$210.00 for residential work release participants and \$140 for electronic monitoring participants.
3. Those program participants with prior Hamilton County Community Corrections fee balances.
4. Those program participants who are ordered to pay child support.
5. Those program participants who must pay restitution as part of their sentencing order.
6. By order of the Administrative Hearing Officer.
7. By order of the sentencing court.
8. Case manager and/or field services coordinator discretion.

Thinking for a Change

The following guidelines will be used when determining placement in *Thinking for a Change*.

1. Program participants who score a 15 or higher on the IRAS-CST.
2. Program participants who score a 2 or higher in the *Peer Associations* domain of the IRAS-CST.
3. Program participants who score a 4 or higher in the *Criminal Attitudes and Behavior Patterns* domains of the IRAS-CST.
4. By order of the Administrative Hearing Officer.
5. By order of the sentencing court.
6. Case manager and/or field services coordinator discretion.

Mental Health

The following guidelines will be used when determining referral for mental health evaluation.

1. All female program participants scoring a 5 or higher on the *Correctional Mental Health Screen for Women* and all male program participants scoring a 6 or higher on the *Correctional Mental Health Screen for Men*.

2. All program participants who or are currently on psychotropic medication shall be required to receive a psychiatric evaluation and follow any recommendations of said evaluation.
3. By order of the Administrative Hearing Officer.
4. By order of the sentencing court.
5. Case manager and/or field services coordinator discretion.

Substance Abuse Evaluation

The following guidelines will be used when determining referral for a substance abuse evaluation.

1. All program participants who receive a score of 3 or more in the Substance Abuse domain of the IRAS-CST shall be required to obtain a substance abuse evaluation and complete any recommended treatment.
2. All program participants who have attempted to complete a substance abuse program and failed, as well as those who have completed a substance abuse program and relapsed.
3. By order of the Administrative Hearing Officer.
4. By order of the sentencing court.
5. Case manager and/or field services coordinator discretion.

Washington Aggression Interruption Training

The following guidelines will be used when determining placement in *Washington Aggression Interruption Training*.

1. Any program participant who has a history of violent behavior in the last five years.
2. Any male program participants who has a total score of 24 or higher and any female program participant who has a total score of 22 or higher on the IRAS-CST.
3. Any program participant who scores a 9 or higher on the *Criminal Attitudes and Behavioral Patterns* of the IRAS-CST.
4. By order of the Administrative Hearing Officer.
5. By order of the sentencing court.
6. Case manager and/or field services coordinator discretion.

G.E.D

All program participants without a high school diploma or equivalent shall be required to participate in adult education or G.E.D classes.

Sex Offender Treatment

All program participants convicted of a crime of a sexual nature shall be required to complete an approved sex offender treatment program.

Appendix B

Frequency and Percent Distribution of Referral Overrides to Treatment Programs for Full Sample

Scale	<i>n</i>	%
Cognitive skills program overrides (<i>n</i> = 16)		
Treatment has recently been completed	12	75.0
Treatment has already been ordered by another agency	1	6.3
Additional treatment determined necessary by HCCC	0	0.0
Additional treatment not possible	3	18.8
Employment skills program overrides (<i>n</i> = 6)		
Treatment has recently been completed	1	16.7
Treatment has already been ordered by another agency	0	0.0
Additional treatment determined necessary by HCCC	2	33.3
Additional treatment not possible	3	50.0
Money management program overrides (<i>n</i> = 12)		
Treatment has recently been completed	7	58.3
Treatment has already been ordered by another agency	0	0.0
Additional treatment determined necessary by HCCC	0	0.0
Additional treatment not possible	4	33.3
WAIT program overrides (<i>n</i> = 10)		
Treatment has recently been completed	8	80.0
Treatment has already been ordered by another agency	1	10.0
Additional treatment determined necessary by HCCC	0	0.0
Additional treatment not possible	1	10.0