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DEPARTMENT OF CORRECTIONS
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Iowa Department of Corrections
Performance Audit Report

Community-Based Corrections
Substance Abuse Treatment
For the Higher Risk Offender

September 2007

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Introduction & Key Findings

In May 2007, The Iowa Department of Corrections participated in the Iowa Performance Audit Program, which is implemented by the Department of Management in consultation with the Legislative Services Agency, Auditor of the State and others. This program, authorized by the Iowa General Assembly, is a key component of the Iowa Accountable Government Act.

The performance audit conducted by the Department of Management concerned the licensed substance abuse treatment programs in Department of Corrections' institutions. This report uses the same methodology, modified for community-based corrections populations, to examine the delivery of substance abuse treatment for higher risk offenders under field supervision, and all offenders who were assigned to community corrections residential facilities.

The Iowa Department of Corrections has embraced performance audit methodologies because we want to do more of what works, and discontinue (or alter) programs that are not working. Traditional outcome evaluations are costly, and usually assess only one program at a time. We were interested in the development of a methodology for assessing the performance of a group of interventions, in a way where fair comparisons among programs could be made.

Research questions for the performance audit included:

- To what extent are the district departments of correctional services addressing higher risk offenders' substance abuse treatment needs?
- Which programs are working? Which are not?
- What can the audit tell us about which offenders, based on risk levels, are likely to benefit from treatment, in terms of reduced likelihood of recidivism?

Key findings are:

- 53.4% of higher risk offenders with substance abuse needs leave community-based corrections supervision without treatment.
- Overall, substance abuse treatment significantly lowers new conviction and total recidivism.
- Younger offenders (under age 40), African-Americans, Native Americans, and very high risk offenders (those scoring over 40 points on the LSI-R risk assessment) all have significantly higher recidivism rates than offenders who are not in these sub-groups. Substance abuse treatment is effective in lowering recidivism rates for all of these sub-groups.

Background

Drug and alcohol abuse among offenders is more common than for the general population. For example, about 16% of Iowans age 18 to 25, and 4% of Iowans age 26 or older, reported using illicit drugs in the past month.¹ An alcohol and/or drug problem was the top need of 57.2% of offenders under community-based corrections supervision at yearend 2005.²

Three studies done in Iowa, *Iowa Adult Methamphetamine Treatment Project – Final Report, 2003*; *Iowa Outcomes Monitoring System (IOMS) Iowa Project, 2005*; and *Final Report of the Polk County Adult Drug Court, 2001* demonstrate that treatment for addiction is effective. Findings from these studies include:

- Treatment is effective in stopping methamphetamine use (Source: Iowa Department of Public Health and Iowa Consortium for Substance Abuse Research and Evaluation).
- Treatment helps those in recovery stay out of jail (Source: Iowa Department of Public Health and Iowa Consortium for Substance Abuse Research and Evaluation).
- Treatment helps people get back to work (Source: Iowa Department of Public Health and Iowa Consortium for Substance Abuse Research and Evaluation).
- A drug court study shows savings on justice system costs (Source: Division of Criminal & Juvenile Justice Planning, Iowa Department of Human Rights).³

With the exception of the drug court study, which was specific to offenders, the other studies cited included both criminal justice and non-criminal justice clients.

The district departments of correctional services seek to reduce recidivism (re-offending or incarceration) of offenders through evidence-based practices. Substance abuse treatment interventions may be provided by trained community corrections staff or by private agencies that either contract with a district department of correctional services, or receive their offender clients via referrals. Intervention categories are listed below. Programs in the first four categories are funded via appropriations to the Iowa Department of Corrections.

- Drug courts
- Treatment Alternatives to Street Crime (TASC) program
- Dual Diagnosis program (1st judicial district only)
- Operating While Intoxicated (OWI) program
- Inpatient/Residential Substance Abuse Treatment
- Outpatient Substance Abuse Treatment
- Substance Abuse Continuing Care
- Alcoholics Anonymous/Narcotics Anonymous (AA/NA)
- Substance Abuse Case Management
- Substance Abuse Education

¹ SAMHSA, Office of Applied Studies, *National Survey on Drug Use and Health, 2002 and 2003*, <http://oas.samhsa.gov/2k3State/drugPerState.htm>.

² Iowa Department of Corrections, *Report to the Board of Corrections: Substance Abuse* (2006), 7.

³ Iowa Department of Public Health, “Treatment Works: People Recover from Addiction even Methamphetamine” (undated handout).

The inclusion of the dual diagnosis program in this study underscores an important point. Other factors, including mental illness, also contribute to offender recidivism, and therefore, substance abuse treatment *alone* is not responsible for offender outcomes. Rather, the role of substance abuse treatment is in *influencing* recidivism rates for the better.

The extent to which mental health issues co-occur with substance abuse issues is substantial. According to a report published by the Journal of the American Medical Association:

- 37% of alcohol abusers and 53% of drug abusers have at least one serious mental illness.
- Of all people diagnosed as mentally ill, 29% abuse either alcohol or drugs.⁴

Dual diagnosis interventions represent a comprehensive approach to addressing both these issues.

⁴ As quoted in National Mental Health Association, *Substance Abuse – Dual Diagnosis* (April 2003) at <http://www.nmha.org/infoctr/factsheets/03.cfm>.

Audit Scope, Objectives & Methodology

The performance audit focused on community-based corrections offenders who:

- were supervised at the high-normal or intensive levels, according to Iowa Risk Assessment/Reassessment classification, at some point during their supervision;
- were assigned to community corrections residential facilities at some point during their supervision.

All offenders closing Iowa community-based corrections supervision between October 1, 2004 and December 31, 2005 were included in the study population.⁵ The time frame was selected to be identical to the Iowa Department of Management's performance audit of licensed substance abuse treatment programs in the Iowa prison system. In turn, the time frame for the prison study was limited because of availability of data in the Iowa Corrections Offender Network (ICON). Specifically, prison records were migrated to ICON from the old mainframe database, and prison data entry into ICON commenced, in October 2004.

Of the total 24,349 community-based corrections closures, 11,429 or about 46.9% met either (or both) of the above criteria, and of these, 8,517 or 74.5% had a substance abuse treatment need. This report will refer to these offenders as the higher risk group. The remaining offenders were considered a lower risk group; this group was used in a number of analyses in order to provide a context for the study's focus on higher risk offenders.

Again, in order to match methodology closely with the prison study, the follow-up period to capture recidivism information was one year. Two recidivism measures were used:

- new conviction resulting in prison or community supervision; and
- new conviction as above, or revocation to prison or jail for any reason. This will be referred to as the total recidivism rate in this report.

All revocations were counted as recidivism regardless of the date of violation. For offenders receiving treatment, new conviction recidivism was counted if the offense occurred after the treatment intervention, or if the conviction led to revocation.

Objectives of the study were designed to closely match the objectives of the prison study:

1. What percentage of higher risk offenders with a history of substance abuse is closed from supervision without treatment?
2. Are community-based substance abuse programs effective at preventing offenders from being reconvicted for new offenses and returned to the correctional system? What are the consequences of the programs being effective or ineffective and why?

⁵ Excluded were Iowa offenders who were under supervision in other states (under interstate compact), because interventions provided by supervising states are not entered into ICON.

- a. Condition – What are the recidivism rates for higher risk offenders successfully completing substance abuse programs 12 months following completion of the program?
- b. Criteria – How do the 12-month recidivism rates of higher risk offenders successfully completing the substance abuse program compare to:
 - (i) higher risk offenders from the same district with a history of substance abuse, but received no treatment;
 - (ii) higher risk offenders from the same district who started the same program, but did not successfully complete it; and
 - (iii) higher risk offenders from the same district without a history of substance abuse?
- c. Effect – How does this impact corrections’ population growth and operational costs?
- d. Causes – Are higher recidivism rates associated with higher LSI-R scores?

Substance abuse needs were identified by LSI-R, Iowa Risk, or Jesness Assessments. Treatment groups’ districts and locations were defined by location where treatment was concluded, which may differ from offenders’ release locations. Comparison groups’ districts and locations were based on offenders’ locations at time of release.

Substance abuse treatment means involvement in one of the following interventions. Substance abuse evaluations were not counted as treatment interventions.

- Drug courts
- Treatment Alternatives to Street Crime (TASC) program
- Dual Diagnosis program (1st judicial district only)
- Operating While Intoxicated (OWI) program
- Inpatient/Residential Substance Abuse Treatment
- Outpatient Substance Abuse Treatment
- Substance Abuse Continuing Care
- Alcoholics Anonymous/Narcotics Anonymous (AA/NA)
- Substance Abuse Case Management
- Substance Abuse Education

Comparisons were made by reviewing the difference in recidivism rates between the treatment group and the comparison groups in the same district or location. The recidivism rates from the comparison group were subtracted from the recidivism rate of the treatment group to determine the difference. Negative values reflect positive results – the expectation is that treatment groups will have a lower recidivism rate.

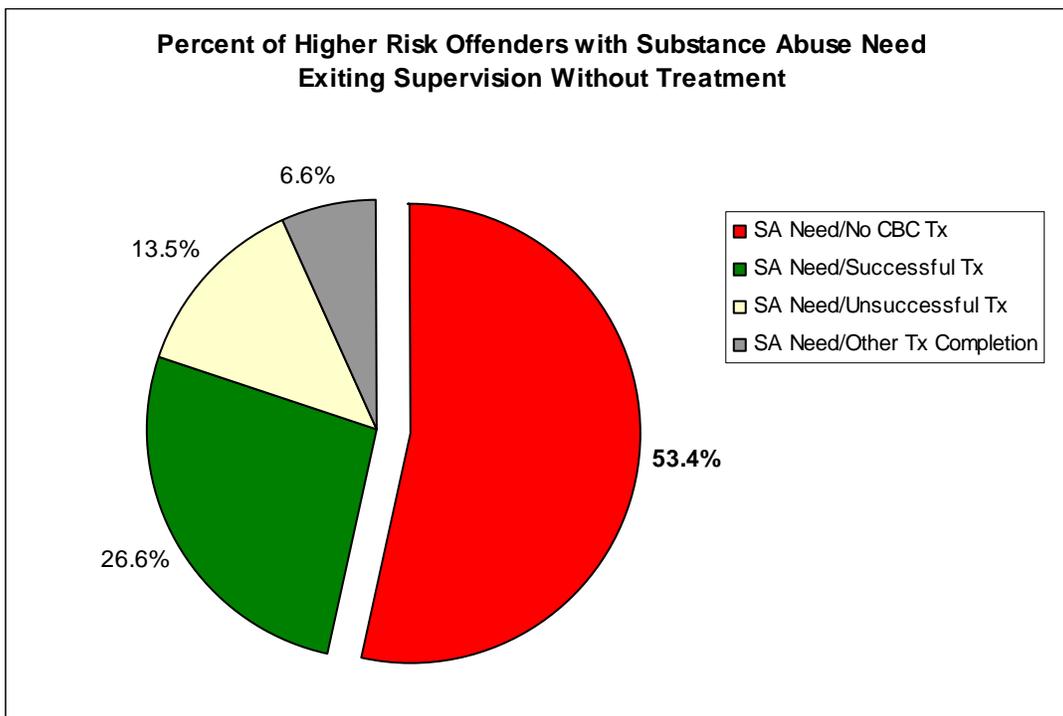
Causes were reviewed by controlling for LSI-R scores to see if a pattern emerged in recidivism rates. Analyses made use of the LSI-R assessment submitted closest to the end of supervision. Treatment completion rates were also examined, to provide more information with regard to the utility of treating offenders in particular risk categories.

Findings of statistically significant differences are reported for confidence levels of 95% or above, and were accomplished using the Z-Test for two proportions.

Findings: Providing Treatment

#1: 53.4% of higher risk offenders with a substance abuse need exit supervision without treatment.

As shown below, of the 8,517 higher risk offenders with substance abuse needs who left community-based corrections supervision between October 1, 2004 and December 31, 2005, 4,547 or 53.4% had not received substance abuse treatment. Higher risk offenders were least likely to receive treatment in the 8th judicial district, followed by the 7th judicial district. Higher risk offenders were most likely to receive treatment were the 4th judicial district, followed by the 2nd and 6th judicial districts.



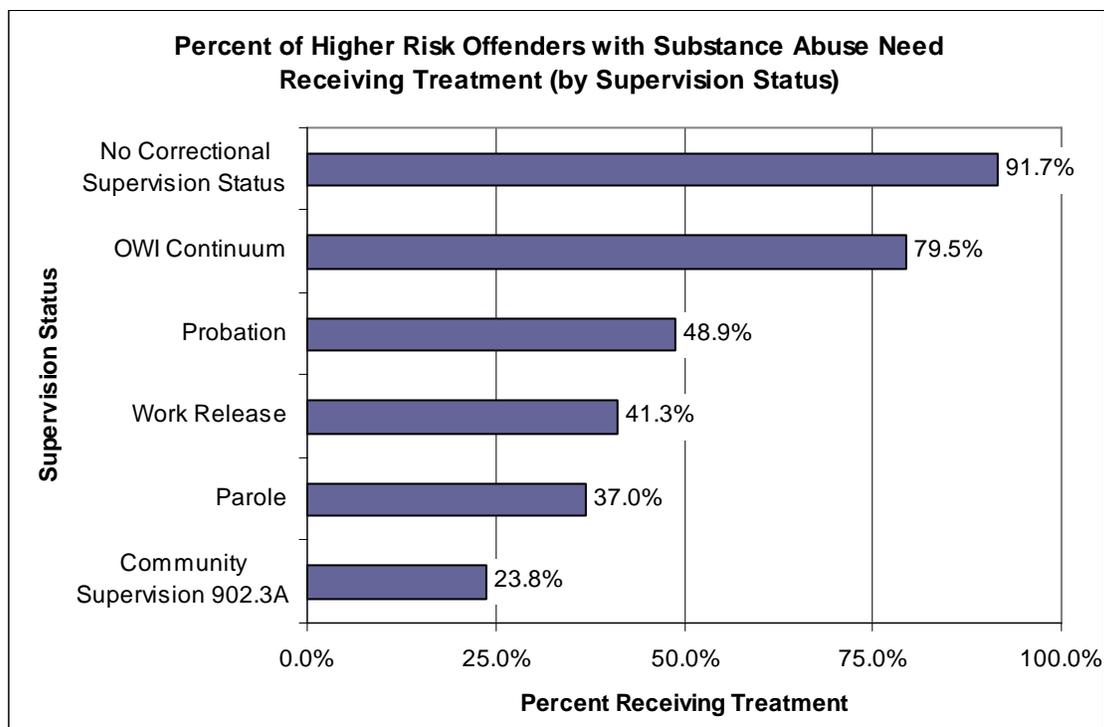
% of Higher Risk Offenders with Substance Abuse Needs Exiting Supervision without Treatment (by District)

District	SA Need/No CBC Tx	SA Need/Successful Tx	SA Need/Unsuccssful Tx	SA Need/ Other Tx Closure	Total
1JD	56.2%	24.4%	12.1%	7.3%	100.0%
2JD	46.5%	29.3%	16.6%	7.6%	100.0%
3JD	58.8%	23.3%	11.3%	6.6%	100.0%
4JD	41.8%	25.2%	23.1%	9.9%	100.0%
5JD	52.6%	27.6%	14.4%	5.4%	100.0%
6JD	46.4%	32.9%	13.8%	6.9%	100.0%
7JD	63.1%	23.0%	9.4%	4.5%	100.0%
8JD	64.4%	20.5%	7.8%	7.3%	100.0%
Total	53.4%	26.6%	13.5%	6.6%	100.0%

#2: Offenders mandated by the courts to receive treatment have the highest rates of treatment involvement.

The provision of treatment for higher risk offenders with substance abuse treatment needs varied by supervision status. The chart below shows high rates of treatment assignment for OWI offenders (whose treatment is mandatory) and those with no correctional supervision status. The latter supervision status consists primarily of offenders assigned to the 4th and 5th judicial district drug court program. Once treatment is successfully completed by this group, their charges are dismissed by the court.

Higher risk probationers were significantly more likely to receive treatment than either parolees or work releasees. Also, although work releasees were more likely to receive treatment than parolees, the difference is not large.⁶



(Note: Community Supervision 902.3A refers to persons placed on post-release supervision, who had been sentenced under an optional determinate sentencing law that has since been repealed. There were only 21 such offenders in the study population.)

⁶ Differences reported are statistically significant.

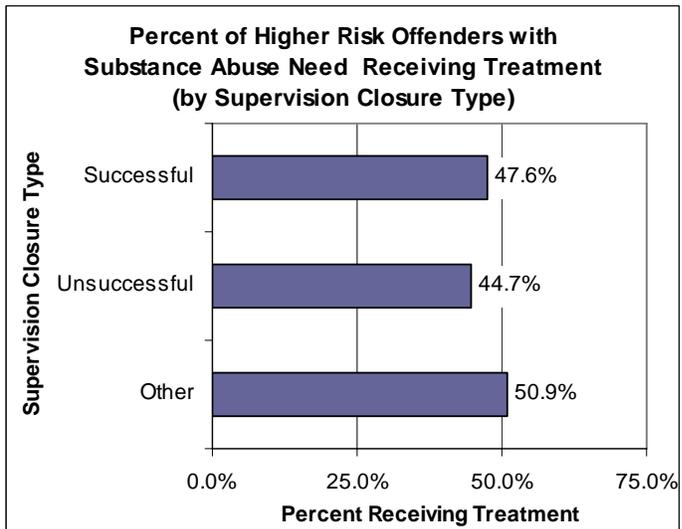
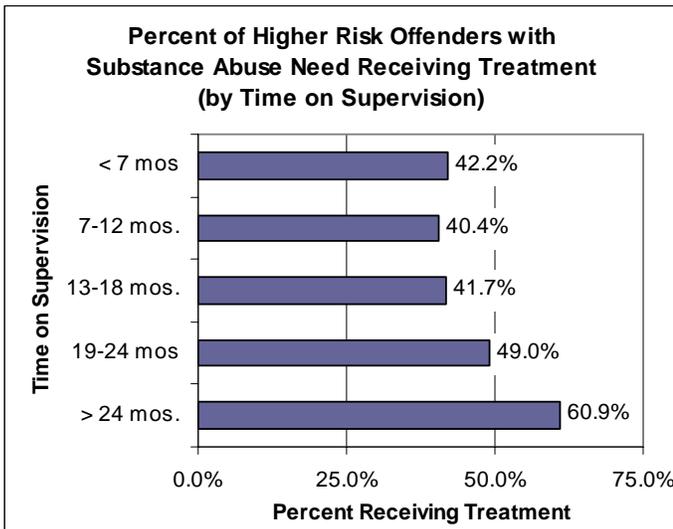
Further analysis was done to compare percent of offenders receiving treatment by time on supervision, as well as the reason the supervision was closed. Time on supervision was thought to be a potential factor because if an offender is under supervision for only a few months, it might be reasonable to expect a low rate of treatment involvement. Similarly, if offenders are revoked, any future plans for treatment assignment are ruined.

#3: Longer time on supervision increases the likelihood of substance abuse treatment involvement for higher risk offenders on supervision for 19 or more months.

As shown in the chart below left, about 40% to 42% of higher risk offenders with substance abuse needs who spent up to 18 months on supervision received substance abuse treatment. However, 49.0% of those on supervision between 19 months and two years received treatment, and 60.9% of those on supervision over two years received treatment. Differences in treatment rates for the latter two groups, compared to those on supervision up to 18 months were statistically significant.

#4: Successful closure of supervision increases the likelihood of substance abuse treatment involvement for higher risk offenders, compared to offenders exiting supervision unsuccessfully.

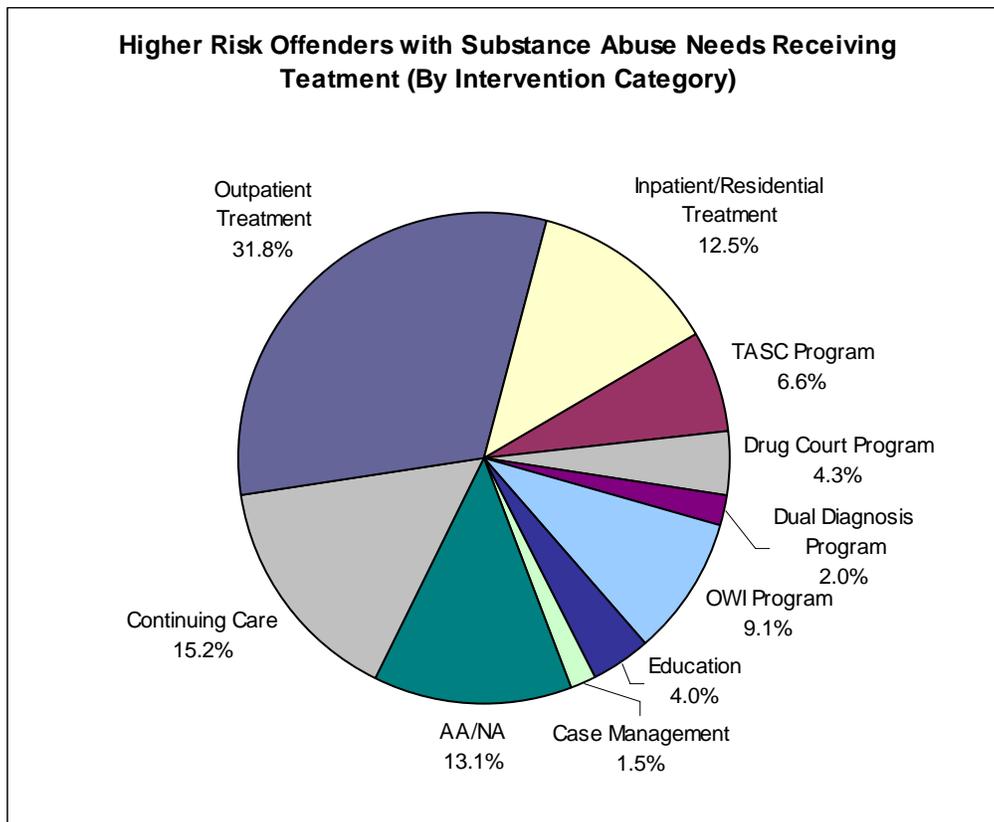
As shown in the chart below right, there was a small but statistically significant difference in the likelihood of treatment involvement among offenders who were successfully discharged from supervision, compared to those who were unsuccessful (i.e., were revoked to prison or jail).



* Time on supervision excludes time on absconder/escape status.

#5: Outpatient treatment, inpatient treatment, continuing care and AA/NA account for 72.6% of substance abuse treatment provided to higher risk offenders.

Higher risk offenders receive substance abuse treatment services from over 150 private providers. Many treatment providers operate multiple programs, and/or provide services in more than one location. Outpatient treatment is the most common form of treatment, with 31.8% of higher risk offenders receiving such services. 28.3% of offenders receive continuing care or are involved in AA/NA. Only 22.0% of offenders receive interventions which are funded via appropriations to the Iowa Department of Corrections (TASC, drug court, dual diagnosis program and OWI program).

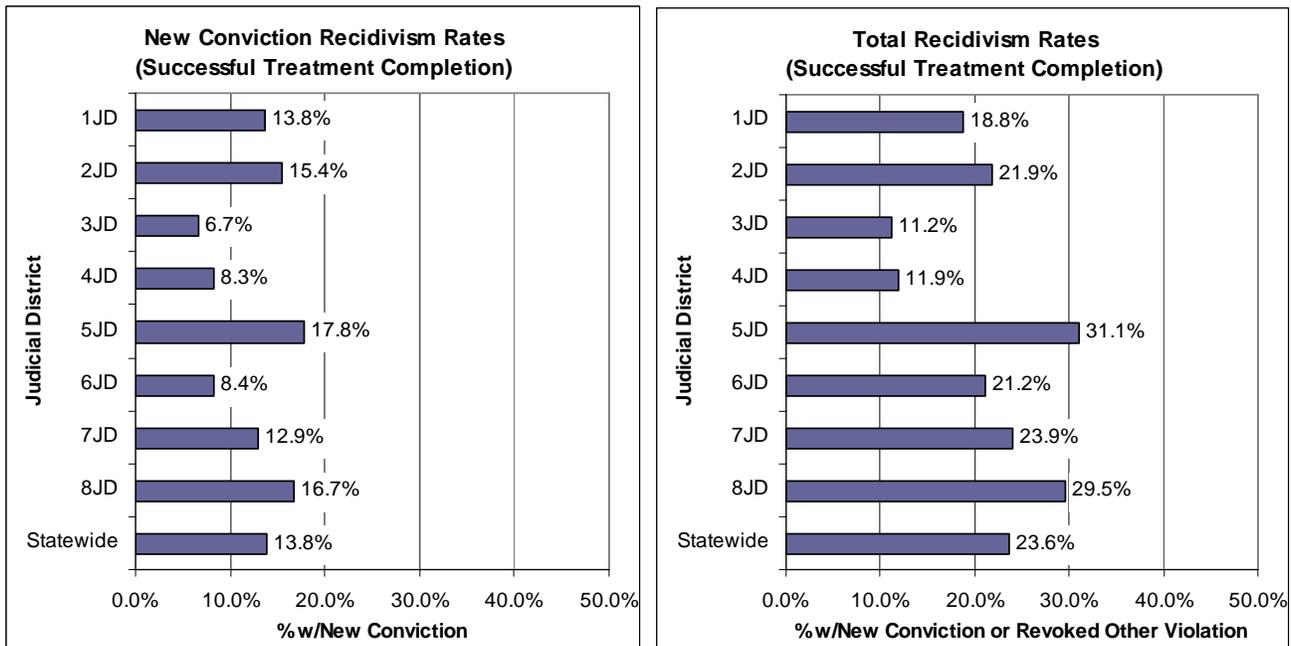


Findings: Effectiveness of Treatment

#1: Overall, substance abuse treatment significantly lowers new convictions and total recidivism.⁷

- 13.8% of higher risk offenders with successful substance abuse treatment are convicted for new offenses within 12 months of release, compared to 26.9% of higher risk offenders with substance abuse needs who did not receive treatment.
- 23.6% of higher risk offenders with successful substance abuse treatment are, within 12 months, convicted for new offenses, or revoked to prison or jail for any reason, compared to 48.6% of higher risk offenders with substance abuse needs who did not receive treatment.

The graphs below show recidivism rates statewide and by judicial district, for higher risk offenders who completed substance abuse treatment successfully. The 5th judicial district had the highest recidivism rates, and the 3rd judicial district had the lowest recidivism rates. Variations in recidivism rates among the districts may be due to a variety of factors (such as differences in the make-up of the offender population with regard to race/ethnicity, age, etc.), and does not necessarily reflect on the effectiveness of the treatment provided.



Graphs depict outcomes for higher risk offenders only.

⁷ Differences were statistically significant.

The chart below provides detail regarding the central findings. Among higher risk offenders with substance abuse needs, those who successfully completed treatment had new conviction recidivism rates and total recidivism rates that were significantly lower than those who received no treatment.

#2: The recidivism rates of higher risk offenders successfully completing treatment are similar to recidivism rates for lower risk offenders with substance abuse needs.

There were no statistically significant differences in recidivism rates (new convictions as well as total recidivism) among higher risk offenders who successfully completed treatment, compared to lower risk offenders with substance abuse needs.

Recidivism Rates by Comparison Group

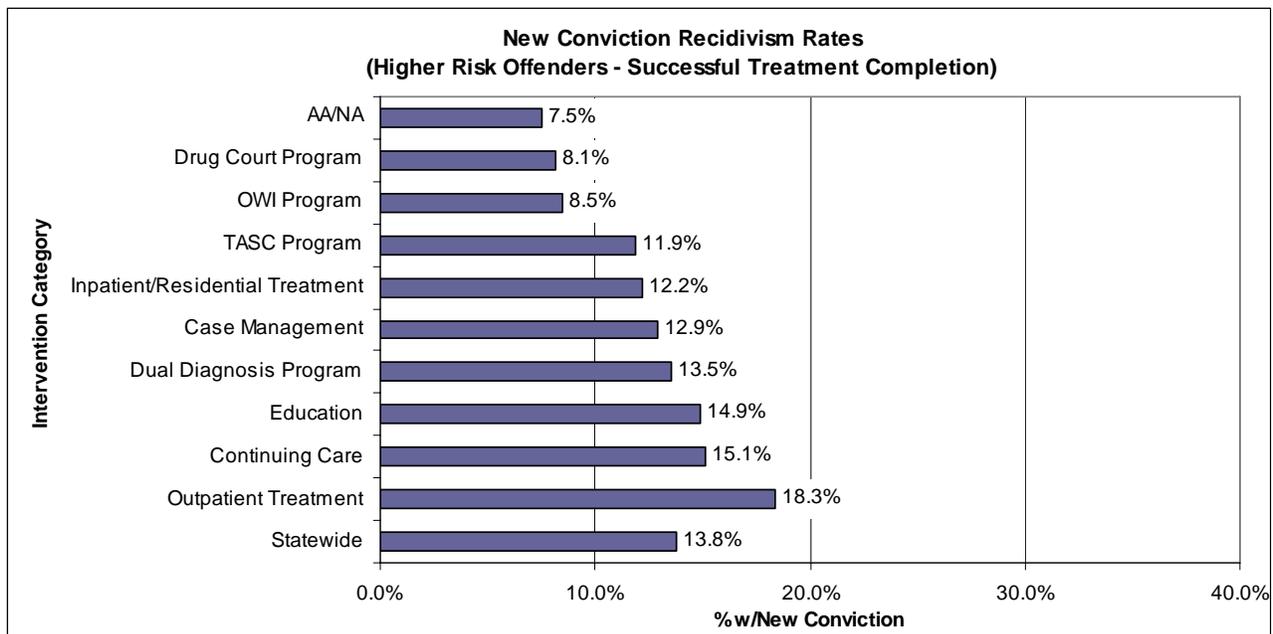
Comparison Group		No Recidivism as Defined	Recidivism Rates		
			New Convictions	Other Violations	Total Recidivism
No SA Need	Count	9,759	1,513	1,380	2,893
	%	77.1%	12.0%	10.9%	22.9%
SA Need/Lower Risk	Count	2,459	402	319	721
	%	77.3%	12.6%	10.0%	22.7%
SA Need/Higher Risk:					
No Treatment	Count	2,337	1,224	986	2,210
	%	51.4%	26.9%	21.7%	48.6%
Successful Treatment	Count	1,730	312	222	534
	%	76.4%	13.8%	9.8%	23.6%
Unsuccessful Treatment	Count	241	352	554	906
	%	21.0%	30.7%	48.3%	79.0%
Treatment - Other Closure	Count	243	157	159	316
	%	43.5%	28.1%	28.4%	56.5%
Total Population	Count	16,769	3,960	3,620	7,580
	%	68.9%	16.3%	14.9%	31.1%

#3: Recidivism rates vary significantly by intervention category. This could be due to differences in offender risk, intensity of treatment needed and other factors.

Statewide, higher risk offenders who successfully completed AA/NA, and drug court and OWI programs had the lowest recidivism rates (new conviction as well as total recidivism). This may be due to a number of factors, including offender risk – that is, making further distinctions of the likelihood of recidivism among these higher risk offenders. For example, OWI offenders have lower recidivism rates than many other types of offenders.⁸ A subsequent section of this report will explore outcomes by LSI-R risk categories.

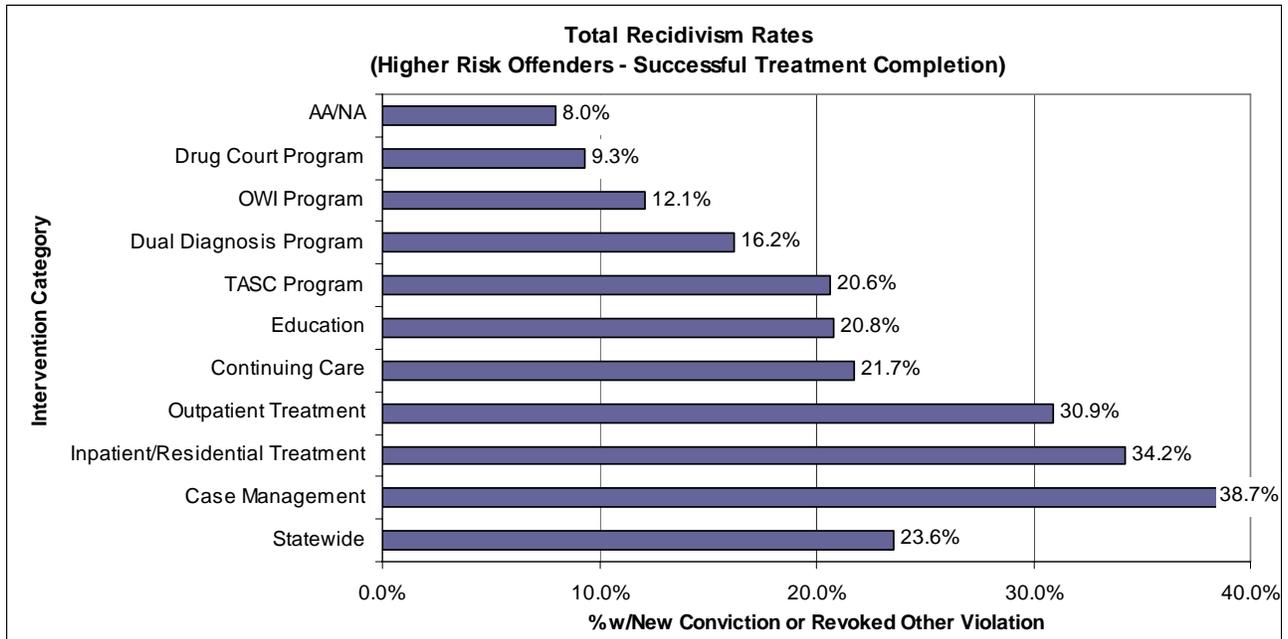
Also, drug court and OWI programs are often mandated by the court, and a national study has demonstrated better one-year outcomes among mandated than voluntary patients.⁹ Such an effect could be contributing to the lower recidivism rate for these programs, compared to other interventions.

Other factors contributing to these differences lie outside the scope of this report. For example, this study looked at whether offenders had a substance abuse need, but not what level of treatment was needed (information on the latter is not readily available in ICON). Offender levels of motivation to change and appropriateness of placement in a particular treatment setting are other factors which may influence outcomes.



⁸ Division of Criminal and Juvenile Justice Planning, *Recidivism Among Iowa Probationers* (Iowa Department of Human Rights, July 2005), p. 53.

⁹ National Institute on Drug Abuse, “Court-Mandated Treatment Works as Well as Voluntary” (*NIDA Notes*, Vol. 20, No. 6, July 2006), p. 1.



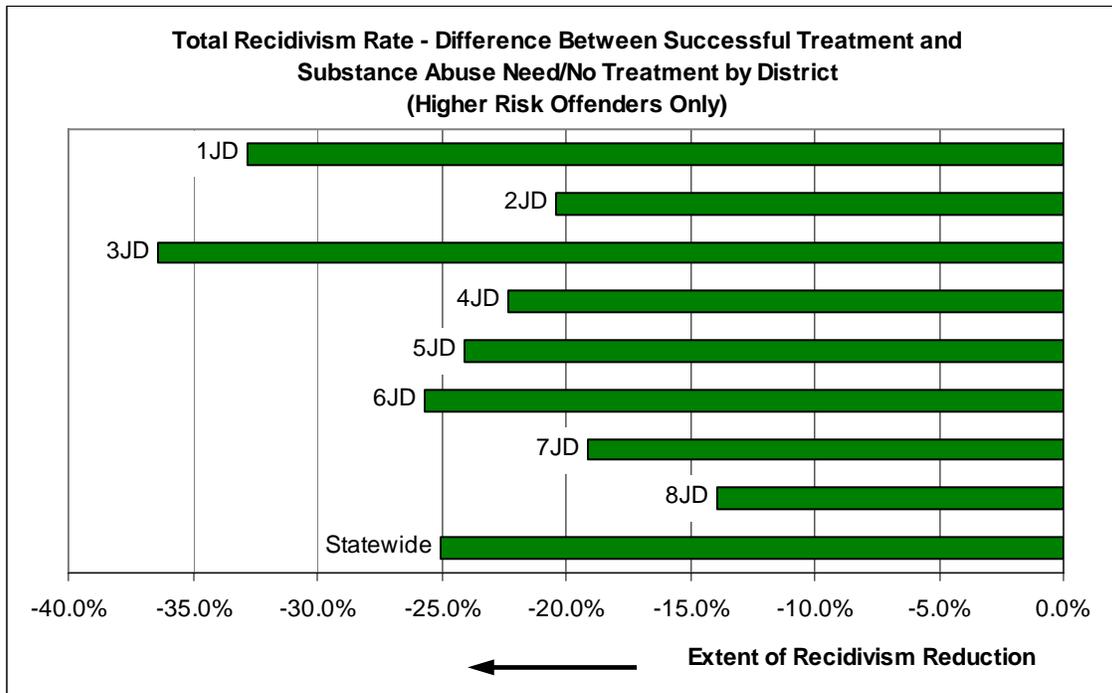
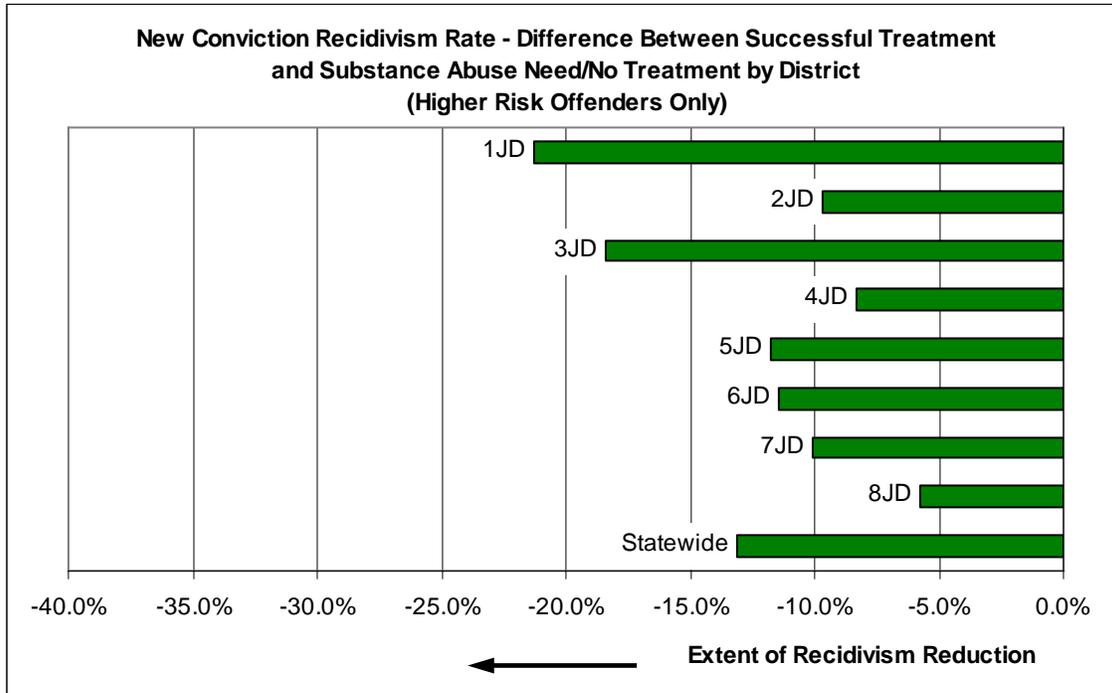
The following section describes recidivism reduction effects found for each intervention category, statewide and by judicial district. This set of analyses will be based on the difference in recidivism rates between higher risk offenders successfully completing the program and higher risk offenders with substance abuse needs who do not receive any substance abuse treatment. As such, the information serves as a replication of the Iowa Department of Management’s performance audit of the licensed substance abuse programs operating within Iowa’s prison system.

Please note that some districts had five or fewer higher risk offenders successfully completing a given intervention category. In these cases, results are omitted from the graphs, although these remain in the statewide counts. All results are shown in the appendix at the end of this report. Results should generally be viewed with caution for groups involving fewer than 20 offenders.

Analysis of outcomes by LSI-R risk category are contained in a subsequent section. The LSI-R assessment is a dynamic tool, so the assessment submitted closest to the end of supervision was examined. Not all offenders had LSI-R scores available for the supervision under study, prohibiting a comprehensive analysis by district and intervention category (due to low numbers involved). Therefore, much of the analysis will focus on statewide results by intervention category.

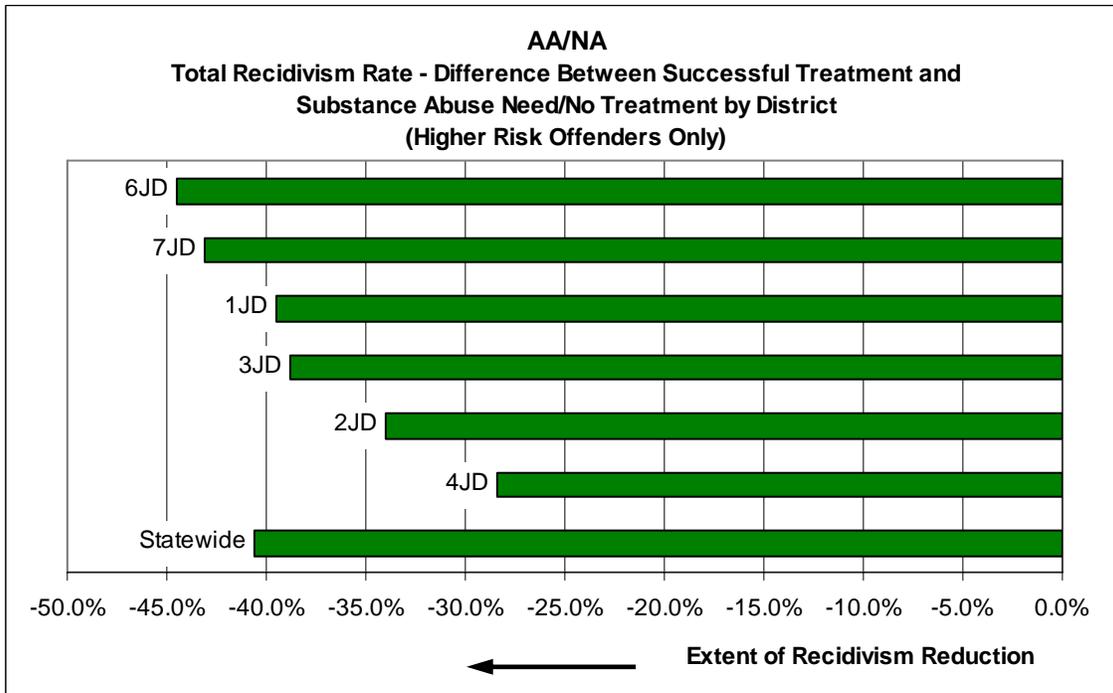
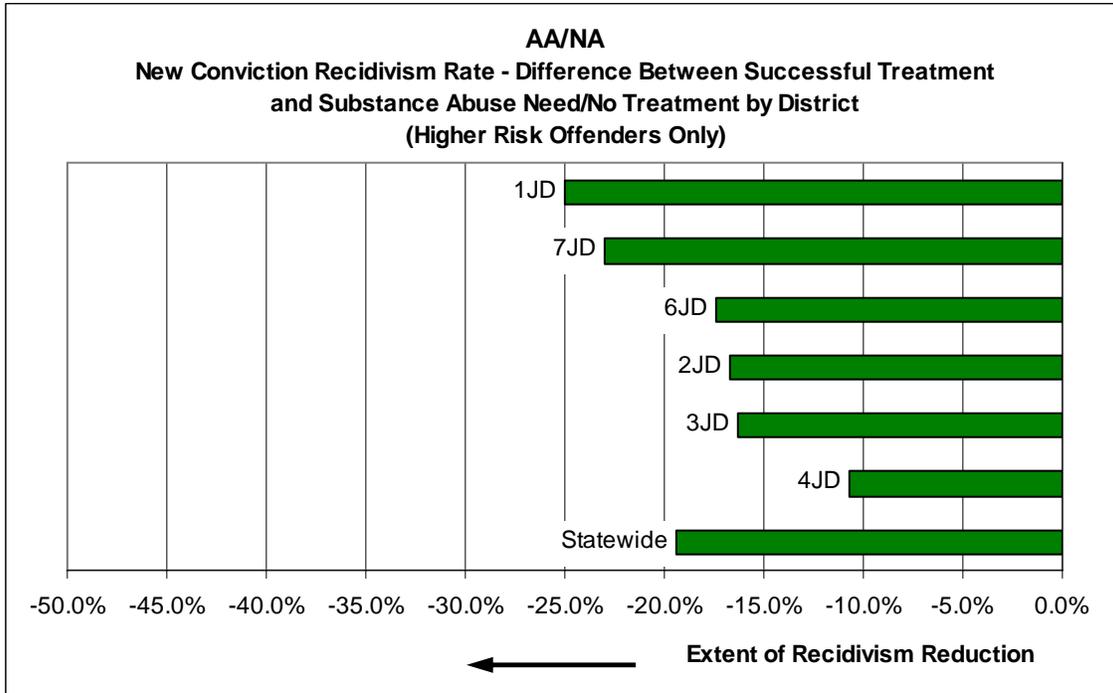
#4: In all eight judicial districts, substance abuse treatment lowers new conviction and total recidivism rates for higher risk offenders.

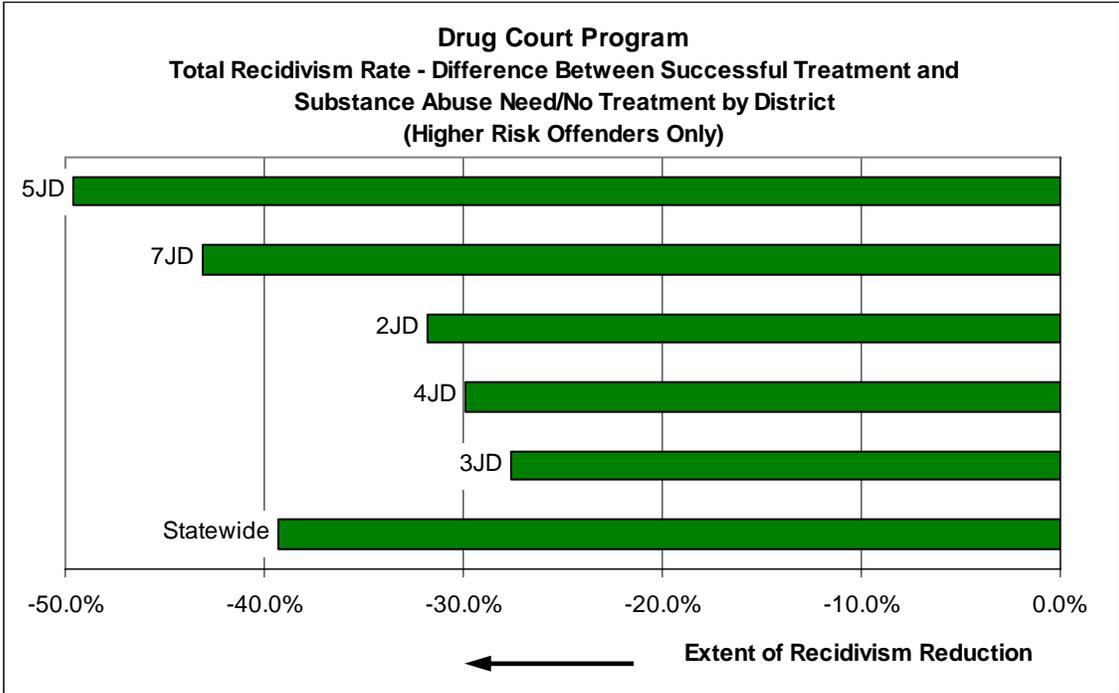
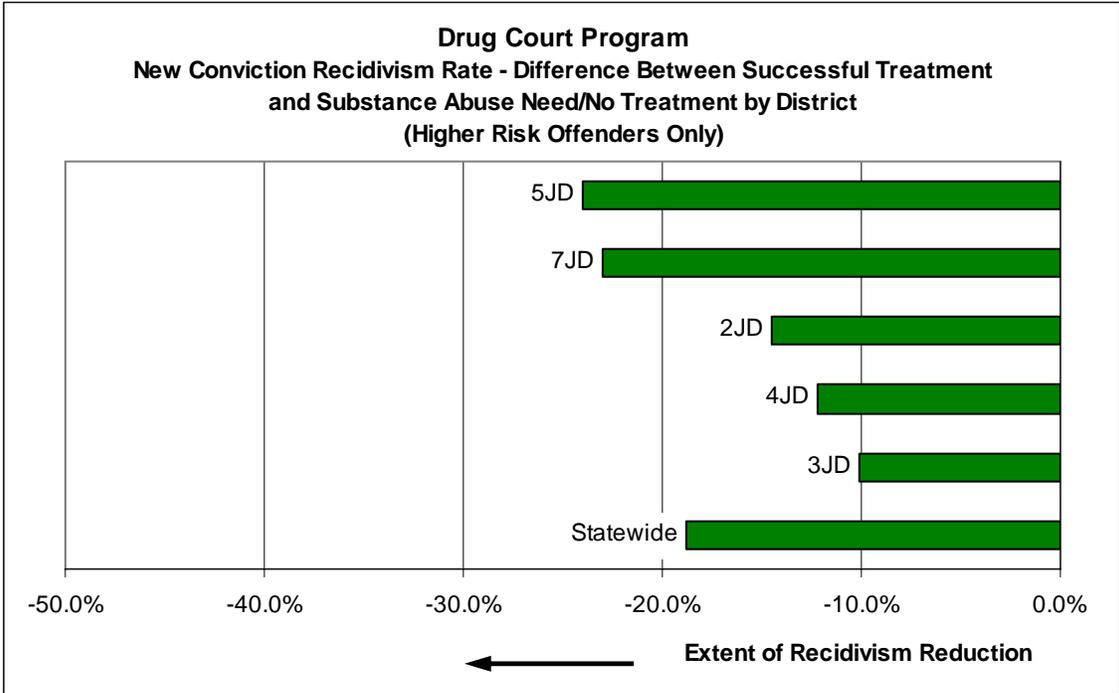
The following graphs show the extent of recidivism reduction realized in each of the judicial districts and compared to the statewide data discussed previously. New conviction recidivism reduction for higher risk offenders ranged between 5.8% and 21.3% among the districts. Total recidivism reduction for higher risk offenders ranged between 13.9% and 36.4% among the districts. Recidivism reduction effects were greatest in the 1st and 3rd judicial districts.



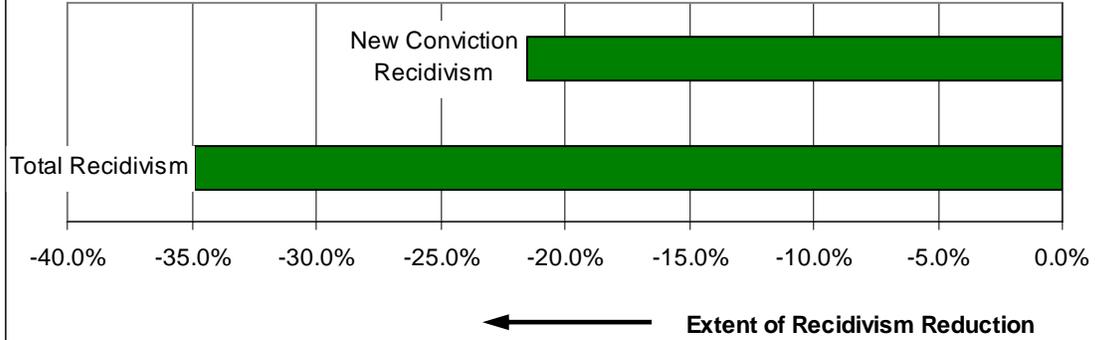
Note: Negative values correspond to positive results.

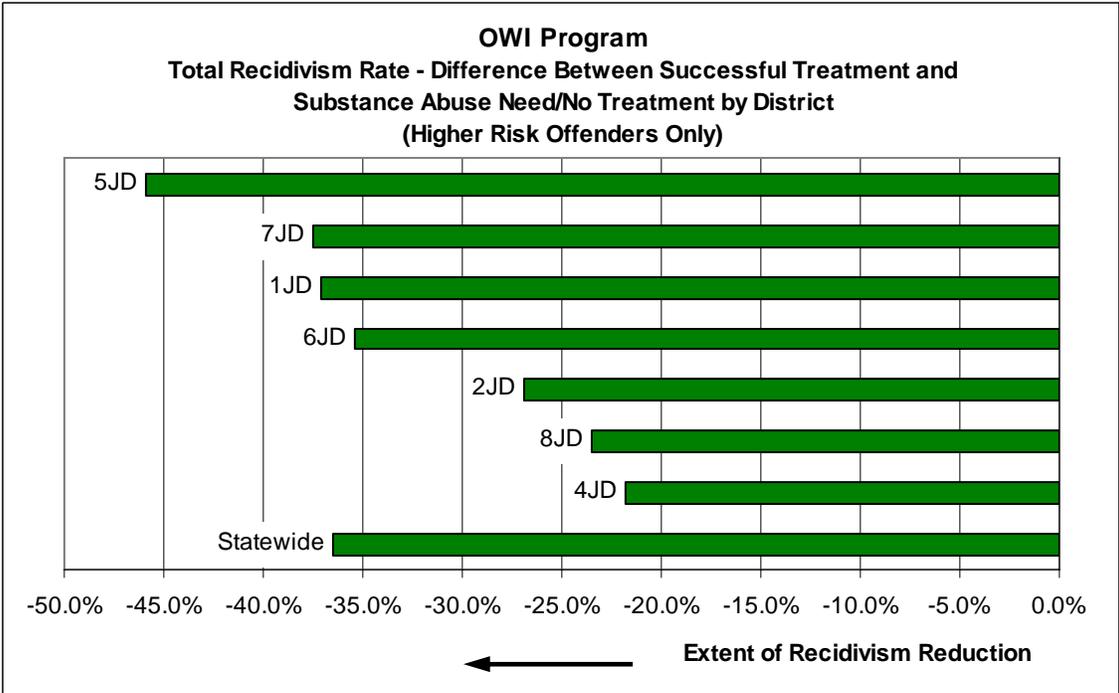
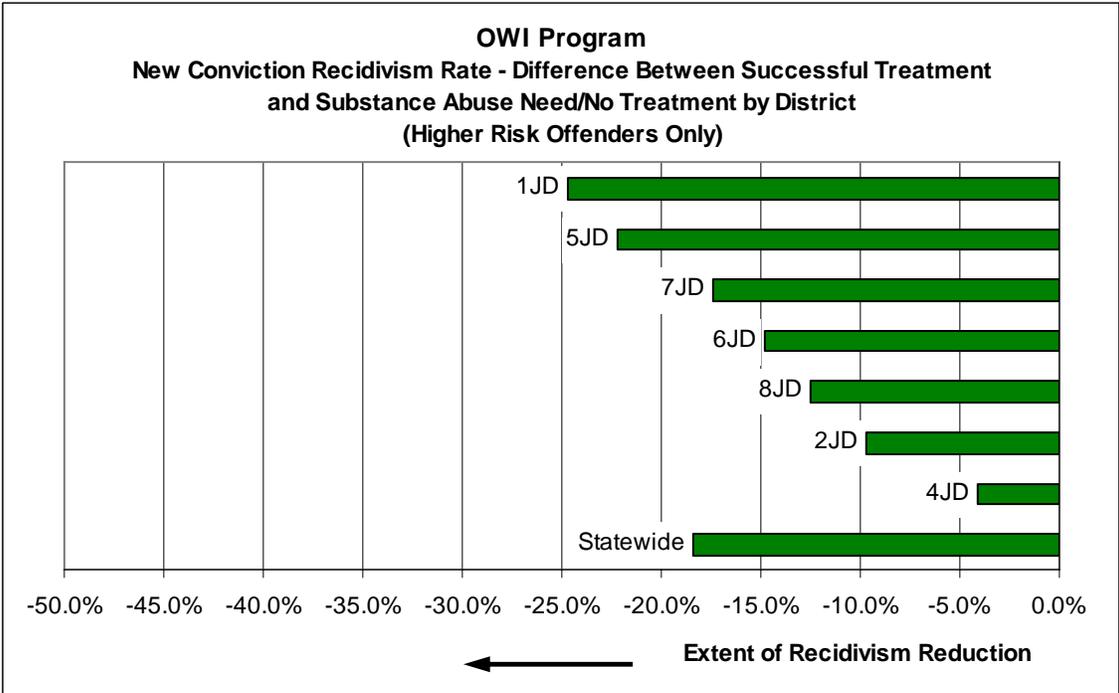
#5: Treatment lowers both new conviction and total recidivism for all intervention categories statewide, as well as in most districts (exceptions noted below).



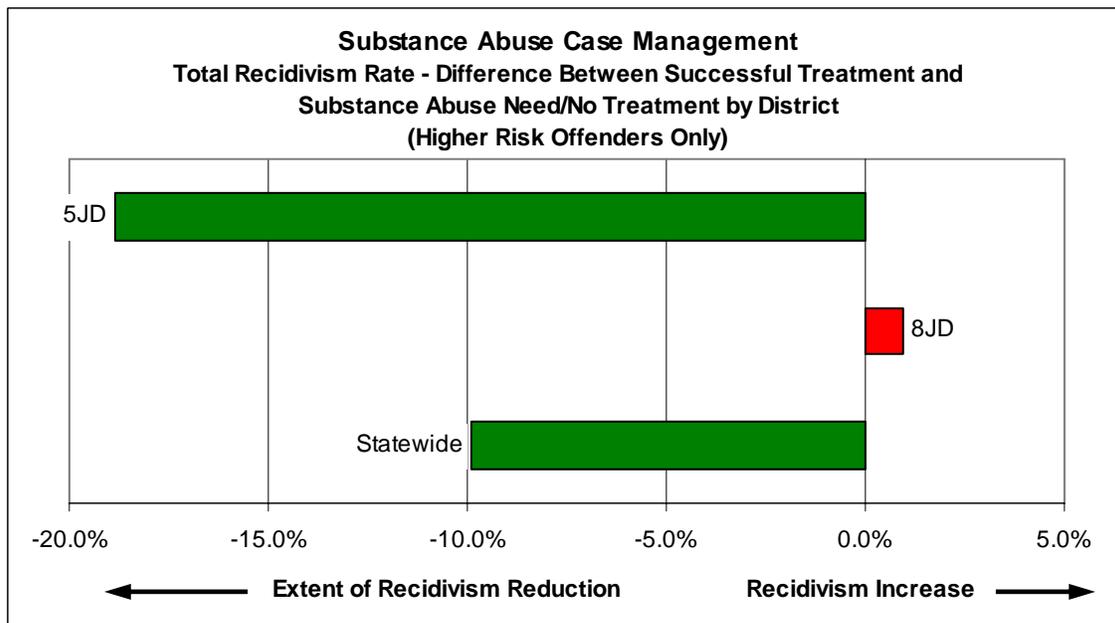
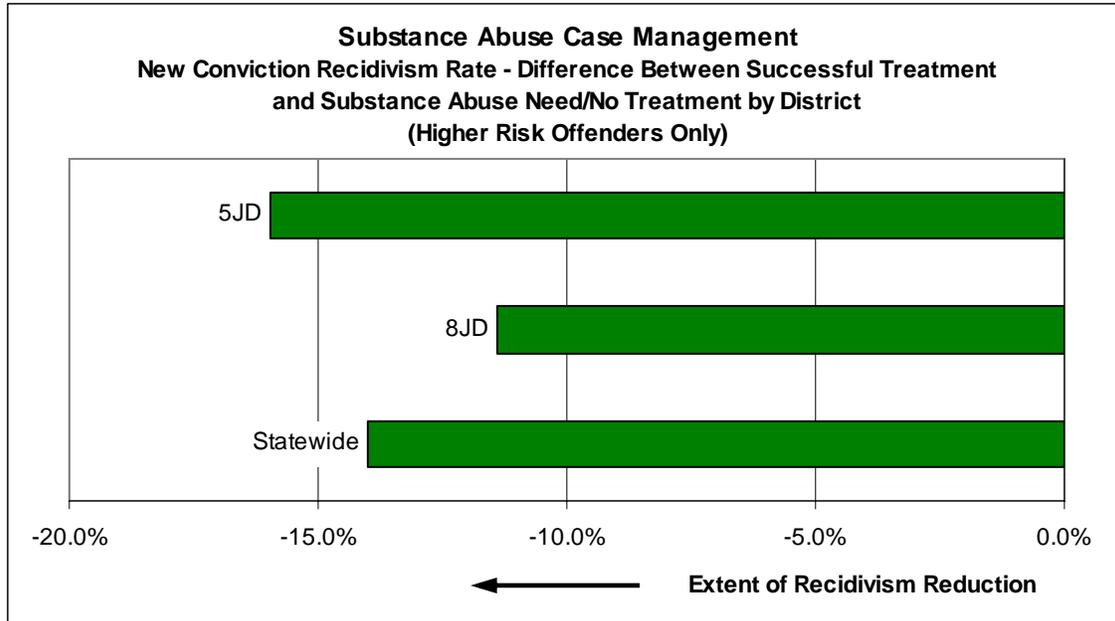


Dual Diagnosis Program (1st Judicial District Only)
Recidivism Rates - Difference Between Successful Treatment and
Substance Abuse Need/No Treatment
(Higher Risk Offenders Only)

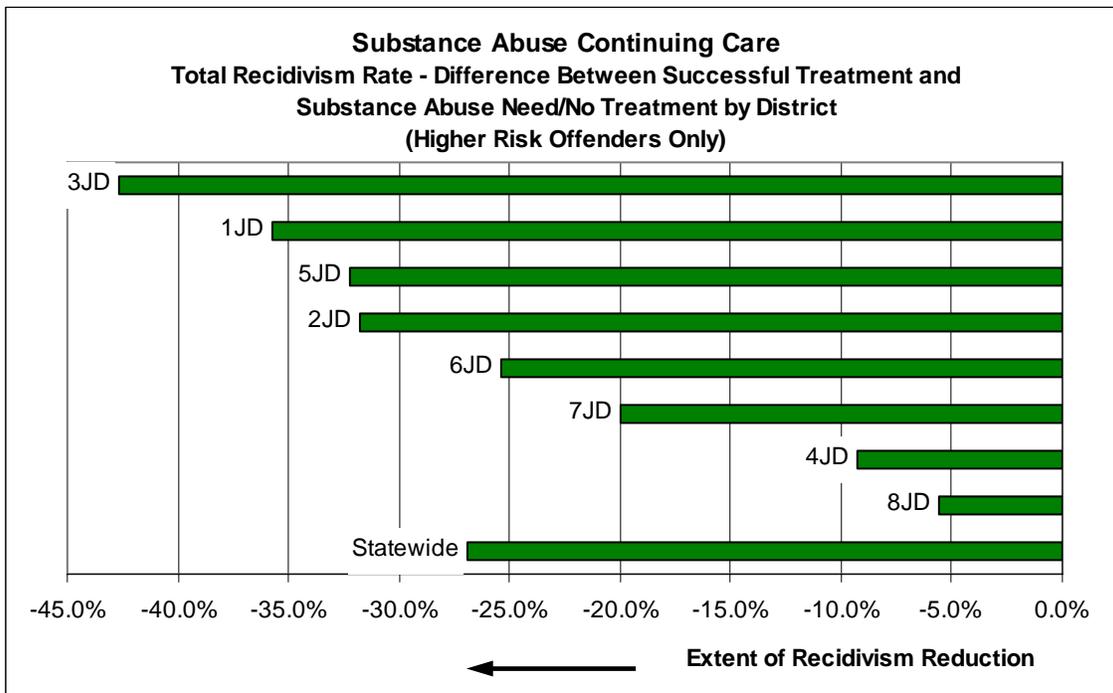
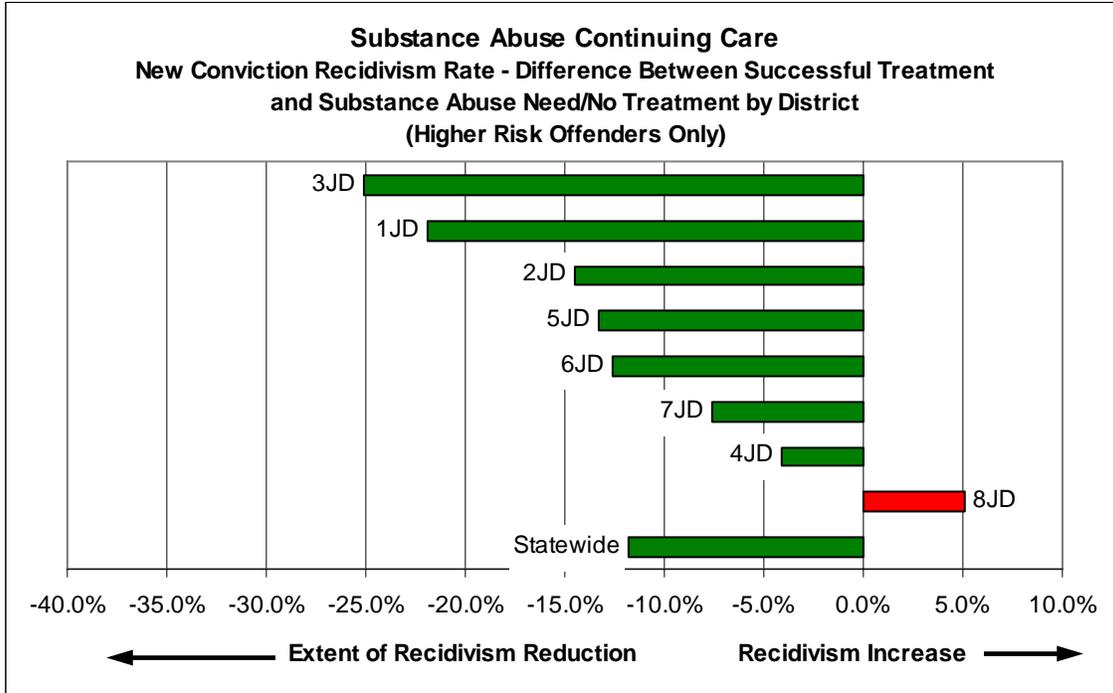




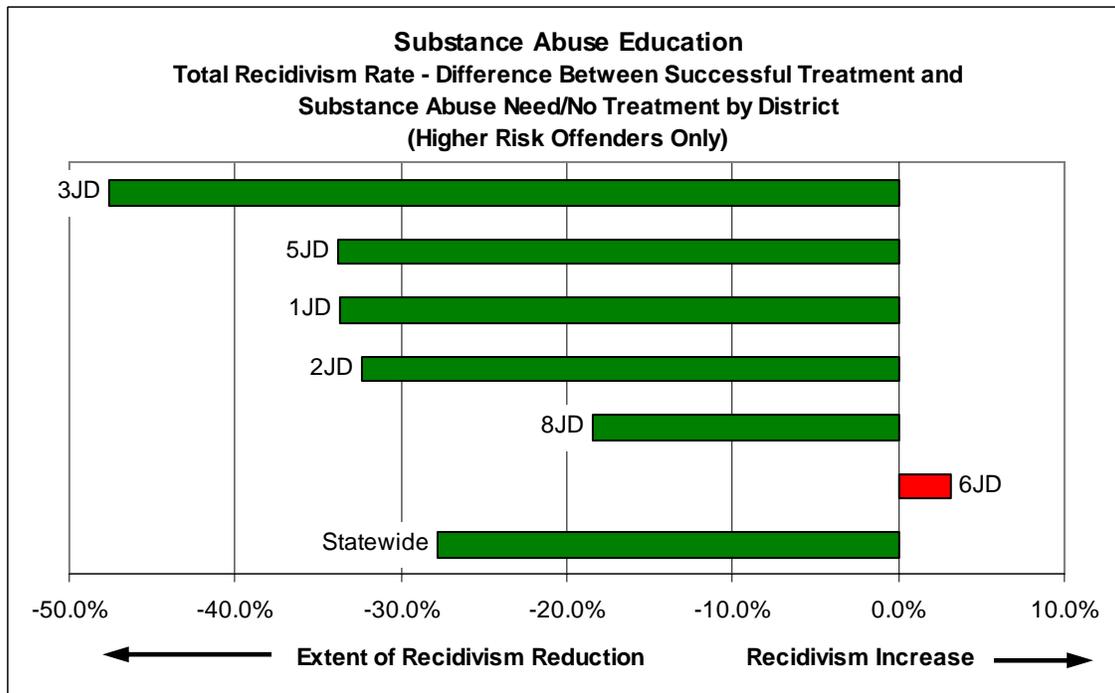
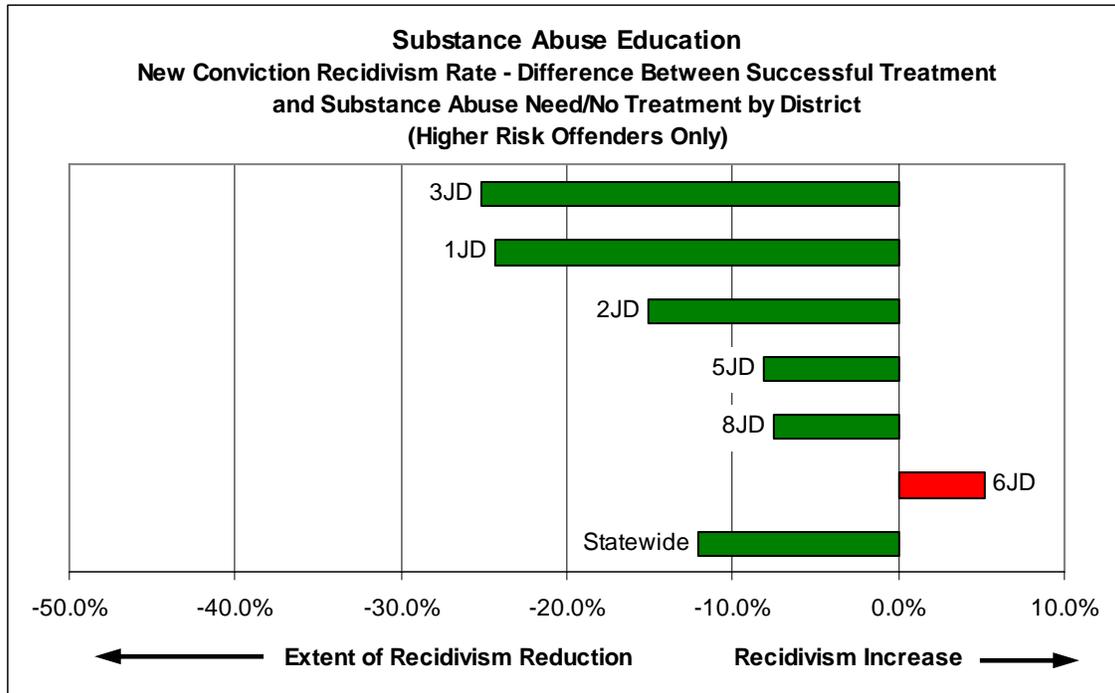
Substance Abuse Case Management in the 8th judicial district does not appear to lower the total recidivism rate for higher risk offenders successfully completing that intervention (note red bar in the second graph below). However, results are based on only 9 offenders, so one should be cautious in drawing conclusions based on this information.



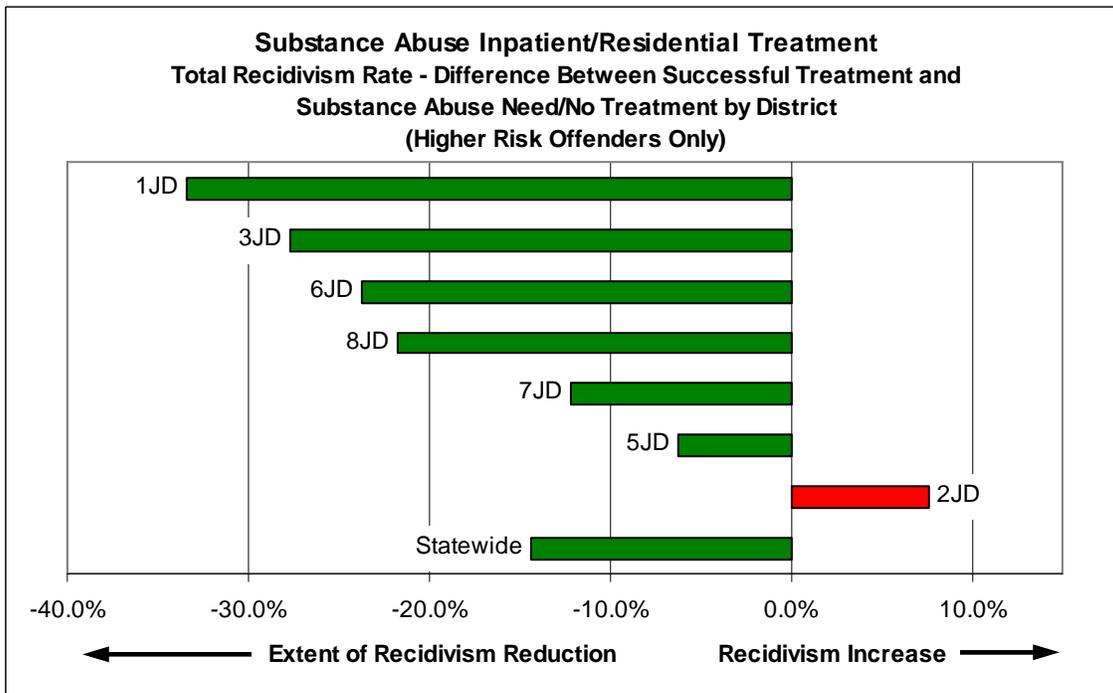
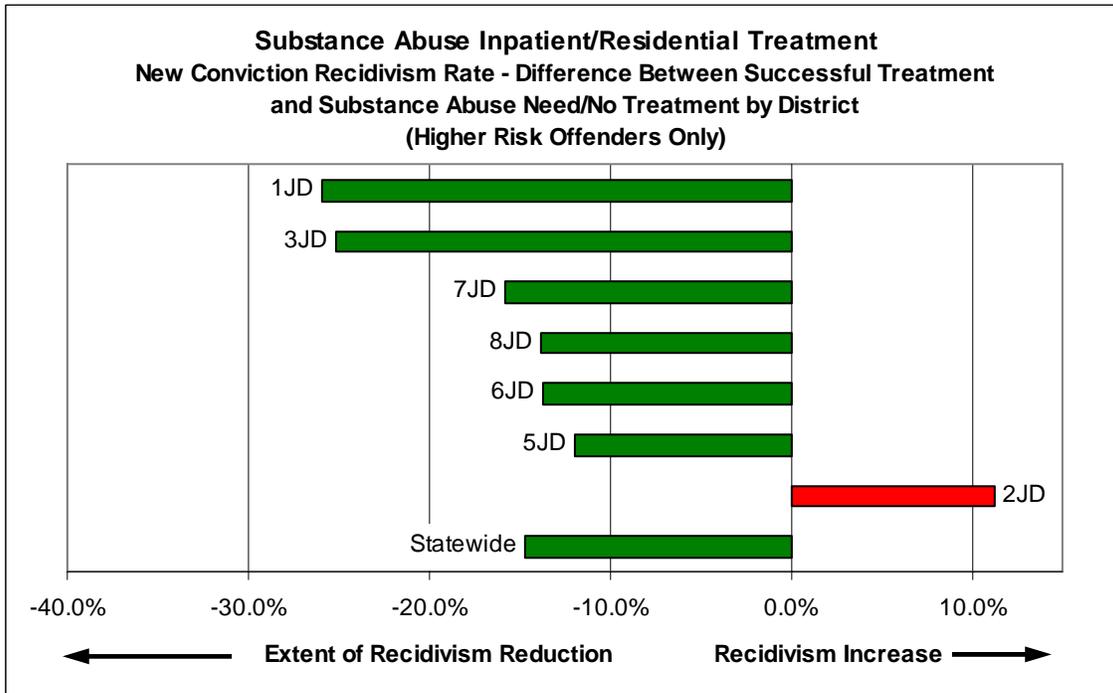
#5A: Substance abuse continuing care in the 8th judicial district does not appear to lower the new conviction recidivism rate for higher risk offenders successfully completing that intervention.



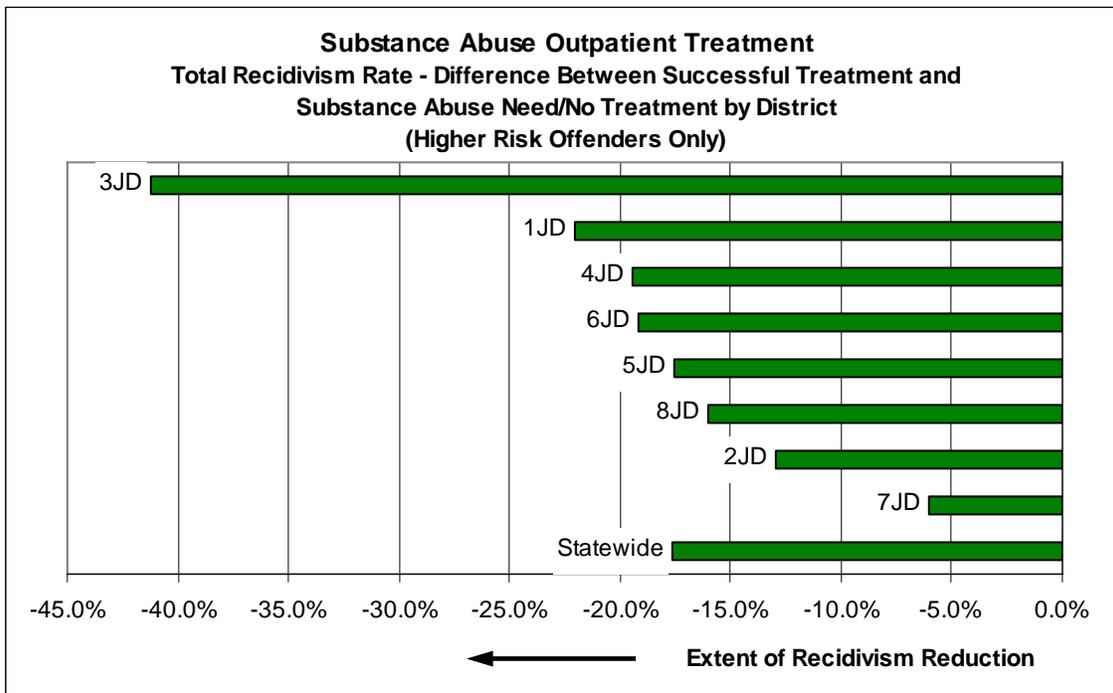
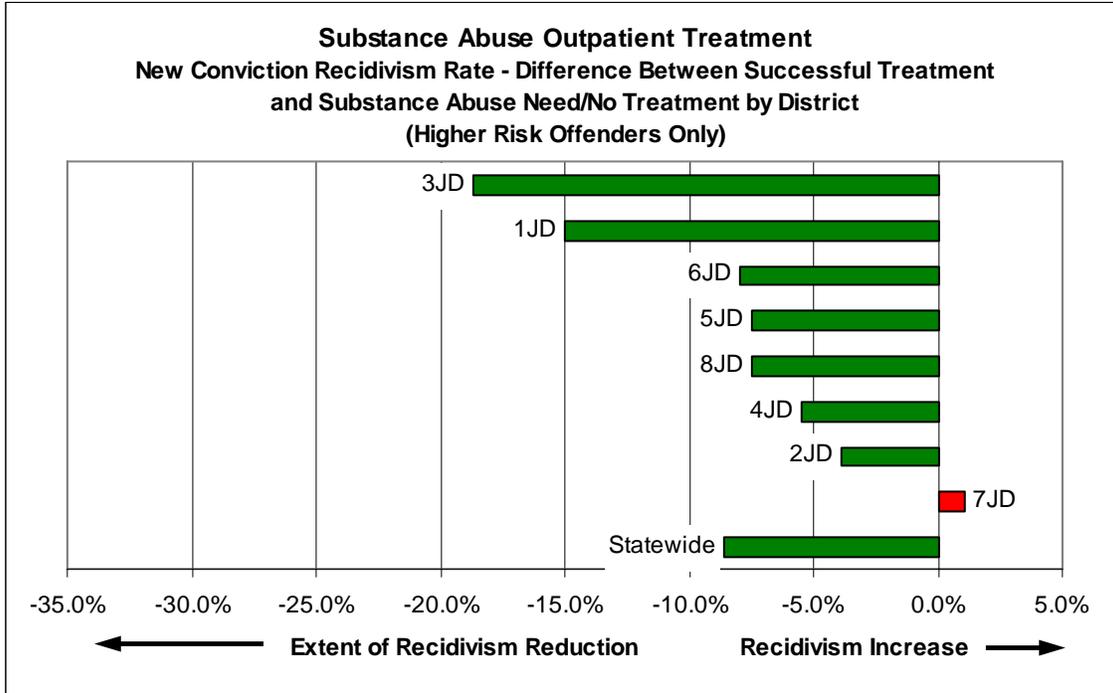
Substance abuse education in the 6th judicial district does not appear to lower recidivism rates (new conviction and total recidivism) for higher risk offenders successfully completing that intervention. However, results are based on only 8 offenders, so one should be cautious in drawing conclusions based on this information.



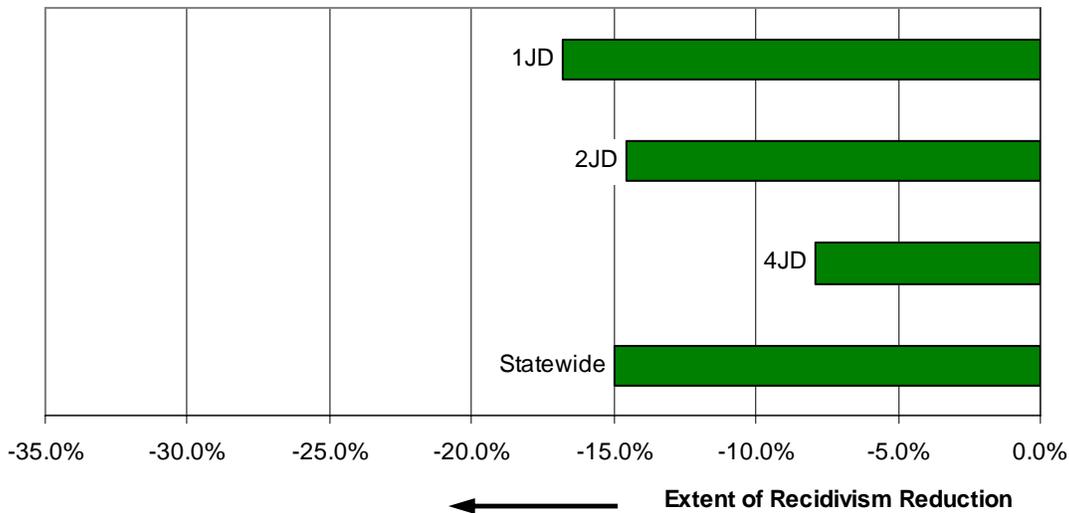
#5B: Substance abuse inpatient/residential treatment in the 2nd judicial district does not appear to lower recidivism rates (new conviction and total recidivism) for higher risk offenders successfully completing that intervention.



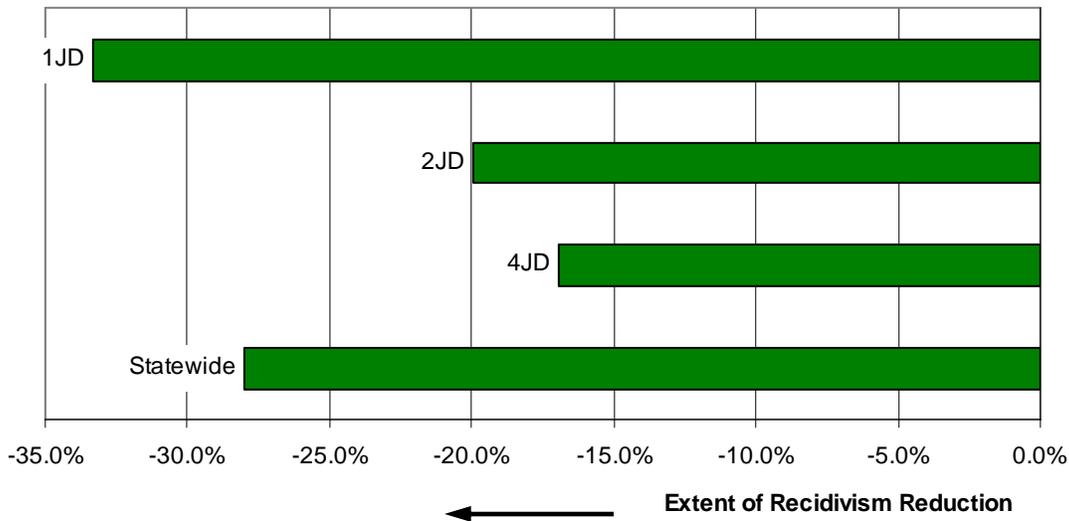
#5C: Substance abuse outpatient treatment in the 7th judicial district does not appear to lower new conviction recidivism rates for higher risk offenders successfully completing that intervention.



TASC Program
New Conviction Recidivism Rate - Difference Between Successful Treatment
and Substance Abuse Need/No Treatment by District
(Higher Risk Offenders Only)



TASC Program
Total Recidivism Rate - Difference Between Successful Treatment
and Substance Abuse Need/No Treatment by District
(Higher Risk Offenders Only)



Findings: Consequences of the Results

#1: Overall, substance abuse interventions prevented 247 higher risk offenders from incurring new convictions during the 14-month review period.

Information in the table on page 11 documents recidivism rates for higher risk offenders receiving treatment, versus those who did not. As shown below, if the recidivism rates of higher risk offenders not receiving treatment are applied to those who successfully completed treatment, 297 additional offenders would have been convicted of new offenses.

Not all higher risk offenders complete treatment successfully, and those who do not have higher recidivism rates than if they had not received treatment. That is, if treatment were provided to the “no treatment” group, it is reasonable to expect those completing treatment successfully would incur fewer convictions – but those who do not complete successfully would incur more. However, since the majority of higher risk offenders complete treatment successfully, and because their recidivism rates drop substantially, overall treatment prevented 247 offenders from incurring new convictions.

Recidivism Rates for Higher Risk Offenders, With Simulation if Treated Group Had Received No Treatment

Comparison Group		No Recidivism as Defined	Recidivism Rates		
			New Convictions	Other Violations	Total Recidivism
SA Need/Higher Risk: No Treatment	Count	2,337	1,224	986	2,210
	%	51.4%	26.9%	21.7%	48.6%
Successful Treatment	Actual Count	1,730	312	222	534
	Count if No Tx	1,164	609	491	1,100
	Difference	566	-297	-269	-566
Unsuccessful Treatment	Actual Count	241	352	554	906
	Count if No Tx	590	309	249	557
	Difference	-349	43	305	349
Treatment - Other Closure	Actual Count	243	157	159	316
	Count if No Tx	287	150	121	272
	Difference	-44	7	38	44
All Treatment Closures	Actual Count	2,214	821	935	1,756
	Count if No Tx	2,041	1,068	861	1,929
	Difference	173	-247	74	-173

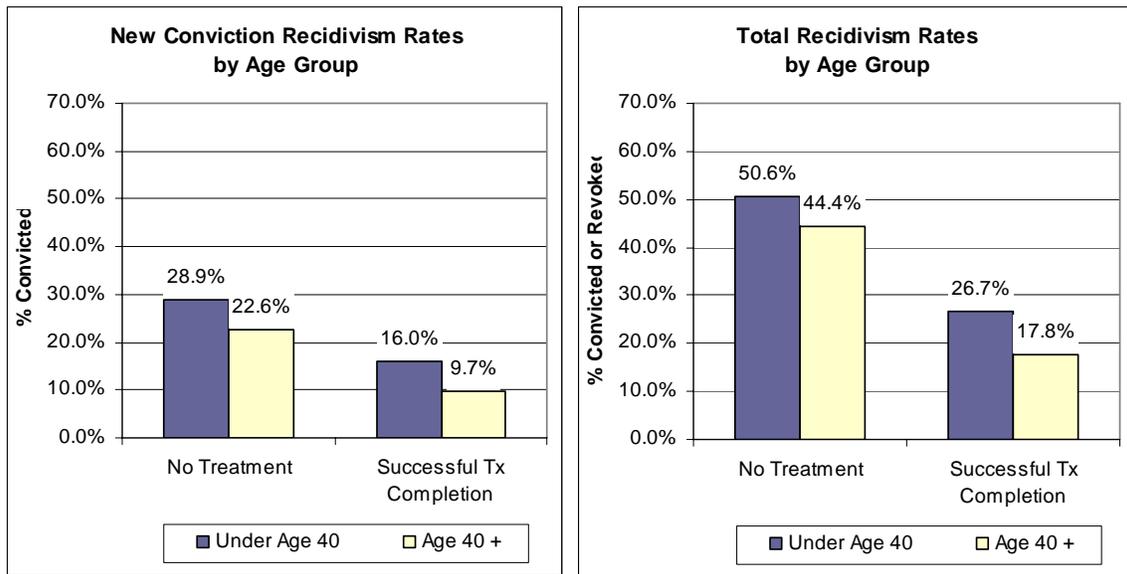
#2: Overall, substance abuse interventions reduced admissions to jail and/or prison, helping to contain costs associated with incarceration.

The chart above shows that, if recidivism rates for higher risk offenders were involved in treatment (all closures) were the same as the “no treatment” group, 173 additional offenders would have been revoked to jail and/or prison.

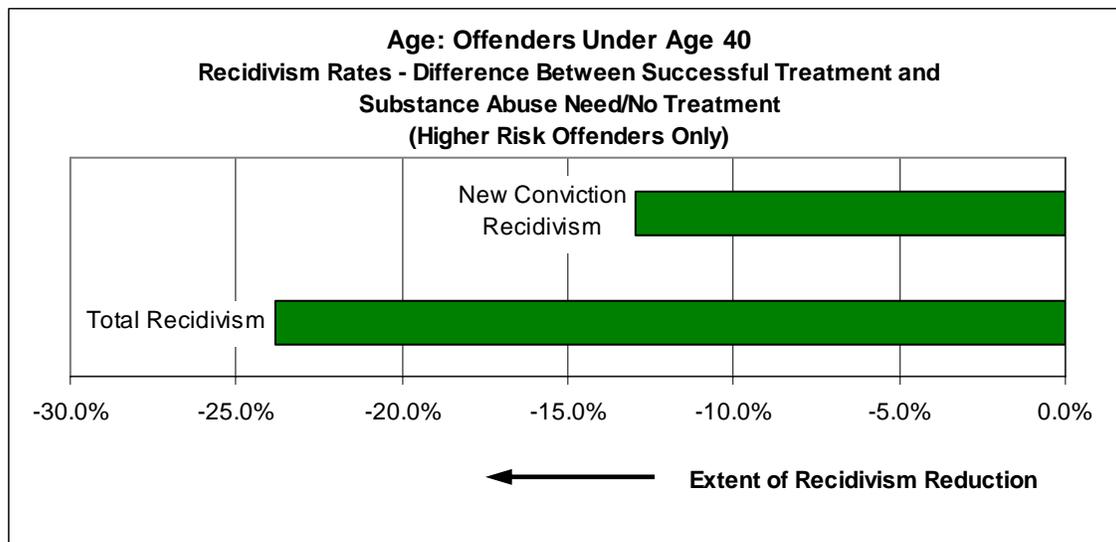
Findings: Factors Influencing Treatment Results

#1: Higher risk offenders under the age of 40 have significantly higher recidivism rates than older offenders – and treatment is effective in lowering their recidivism rates.

The charts below document that recidivism rates are higher for younger offenders (those under age 40) – among those who do not receive treatment, as well as those who successfully complete treatment.¹⁰ However, treatment is effective in lowering recidivism rates (new conviction and total recidivism) for younger offenders.



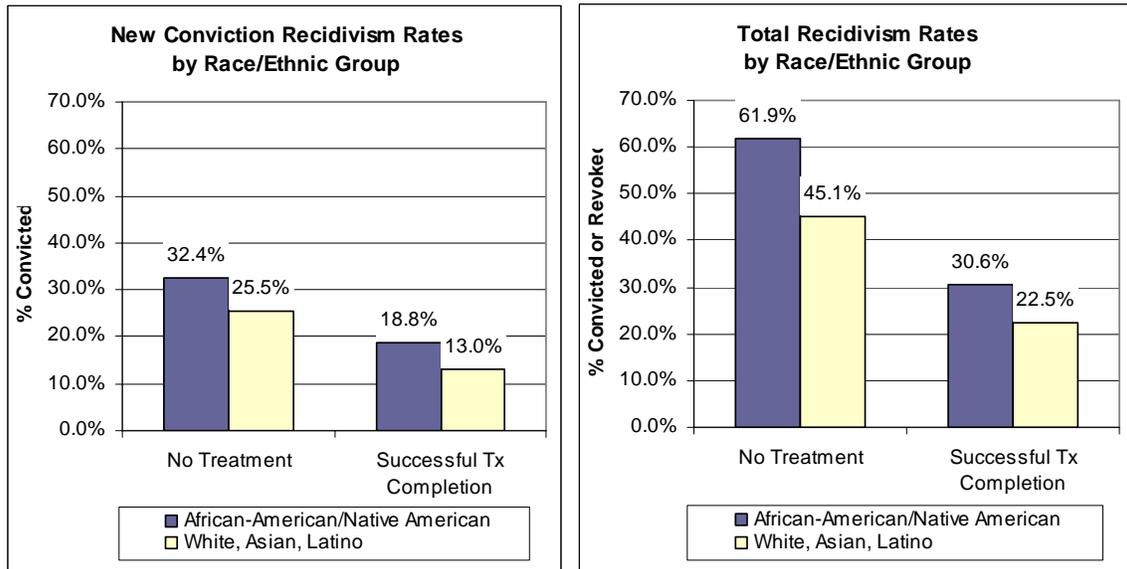
Graphs depict outcomes for higher risk offenders only.



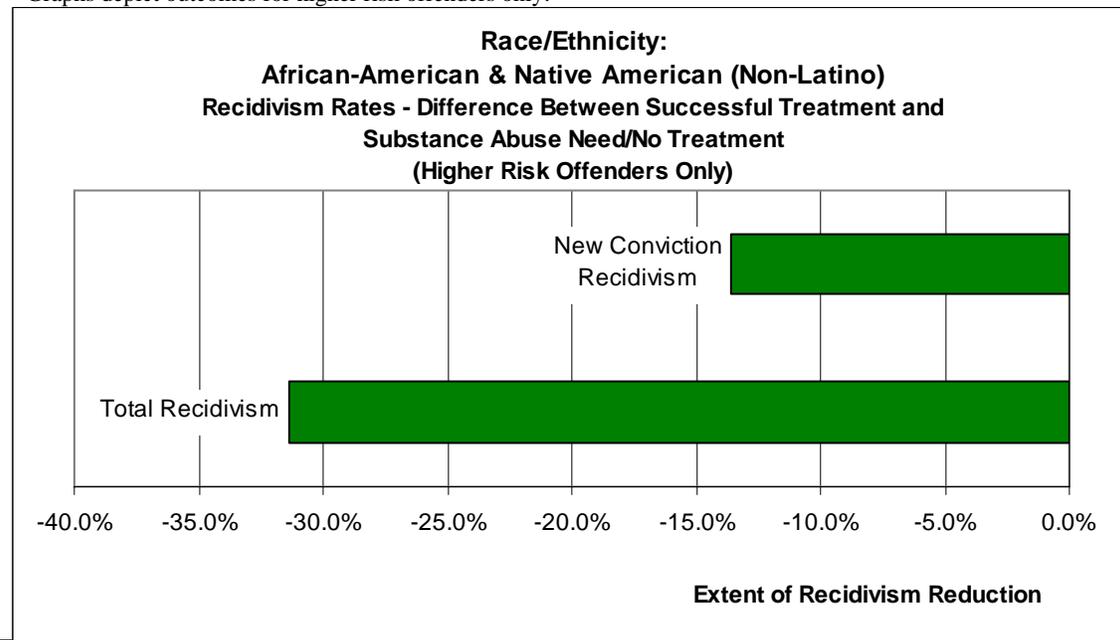
¹⁰ Differences are statistically significant.

#2: Higher risk African-American and Native American offenders have significantly higher recidivism rates than White and Latino offenders – and treatment is effective in lowering their recidivism rates.

The charts below document that recidivism rates are higher for non-Latino African-American and Native American offenders – among those who do not receive treatment, as well as those who successfully complete treatment.¹¹ However, treatment is effective in lowering recidivism rates (new conviction and total recidivism) for those offenders who are African-American or Native American. The low number of Asian offenders in the data set prohibits conclusions for this group.



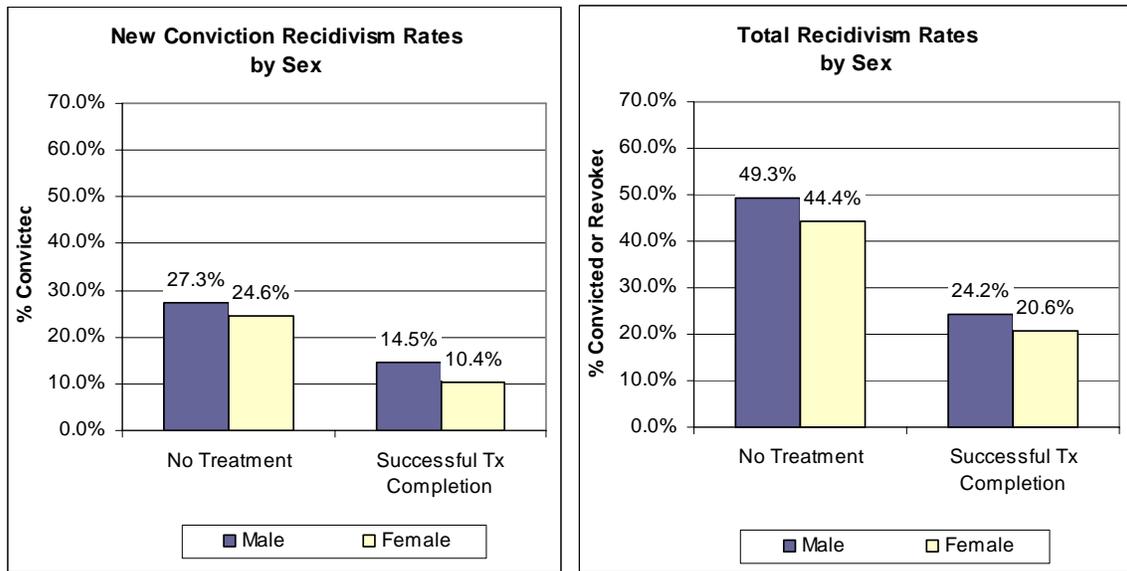
Graphs depict outcomes for higher risk offenders only.



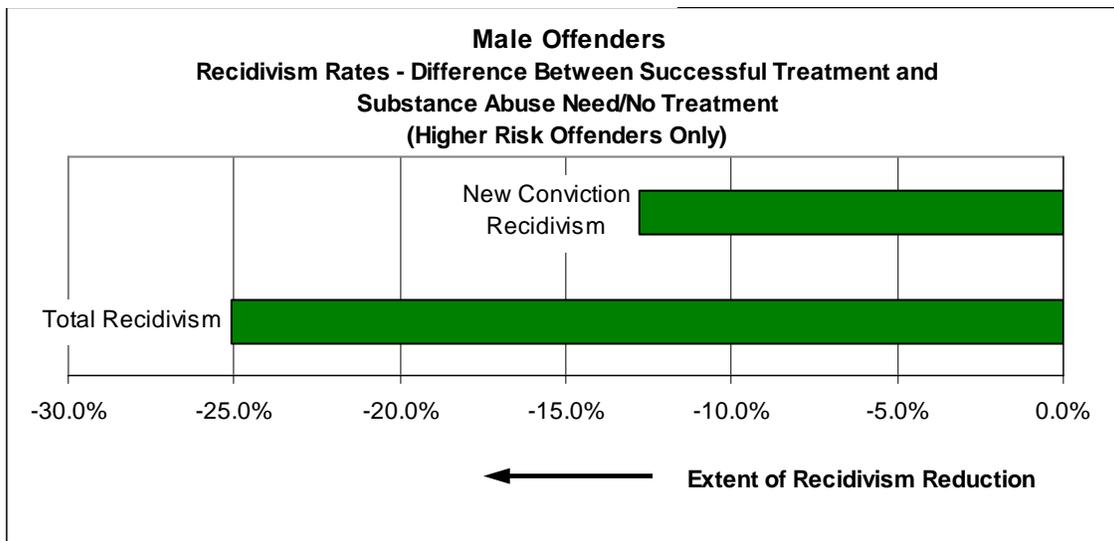
¹¹ Differences are statistically significant.

#3: Higher risk male offenders have significantly higher total recidivism rates than female offenders prior to treatment– and treatment is effective in lowering their recidivism rates.

The charts below document that recidivism rates appear higher for male offenders – among those who do not receive treatment, as well as those who successfully complete treatment. Differences were found to be statistically significant for total recidivism rates prior to treatment, and new conviction recidivism rates following treatment. Treatment is effective in lowering recidivism rates (new conviction and total recidivism) for male offenders.

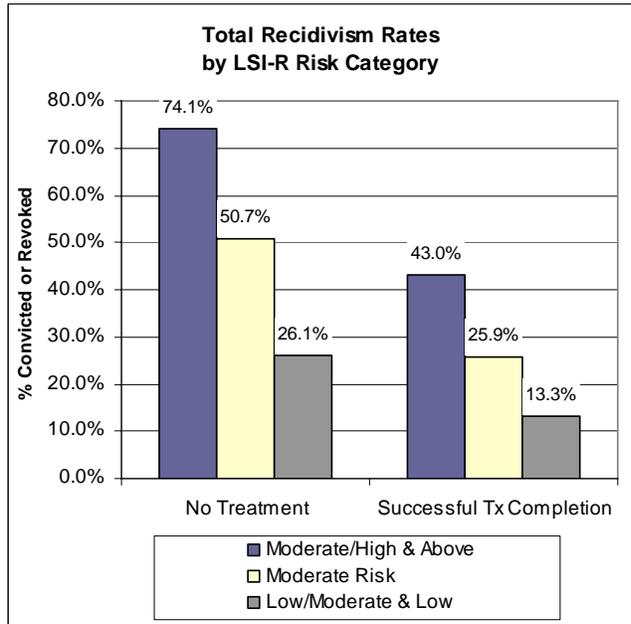
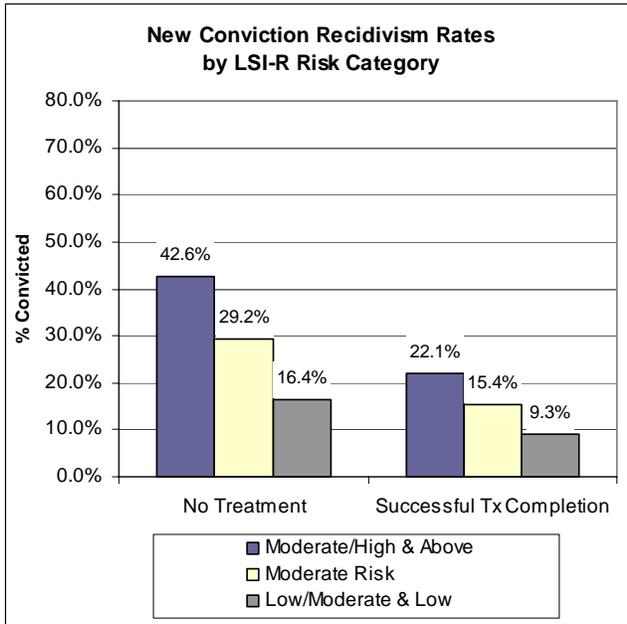


Graphs depict outcomes for higher risk offenders only.

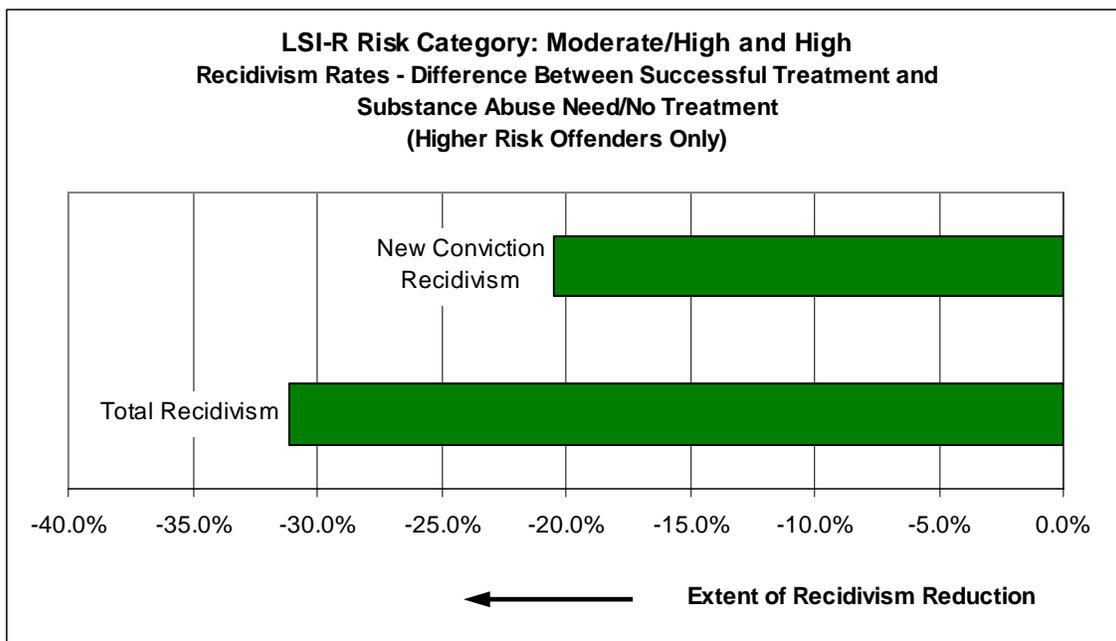


#4: Among higher risk offenders, those scoring in the upper ranges of the LSI-R risk assessment have higher recidivism rates than lower risk offenders – and treatment is effective in lowering their recidivism rates.

The following charts document that recidivism rates are higher for offenders scoring moderate/high or high on the LSI-R risk assessment (34 or more total points) – among those who do not receive treatment, as well as those who successfully complete treatment. However, treatment is effective in lowering recidivism rates (new conviction and total recidivism) for these high-scoring offenders. More on this in the following section.



Graphs depict outcomes for higher risk offenders only.



Findings: Optimizing Treatment Results Based on LSI-R Risk

According to the National Institute of Corrections and Crime and Justice Institute, the risk principle calls for programs to prioritize supervision and treatment resources for higher risk offenders. Their premise is that prioritizing the higher risk offenders places emphasis on harm-reduction and public safety, since higher risk offenders have a greater need for prosocial skills and thinking development and are more likely to commit new offenses. Bonta concurs stating that research evidence suggests that it is the higher risk client that can benefit from treatment more so than the lower risk.¹²

Some research has indicated a strong connection between high scores on the LSI-R and psychopathy, and notes that “mainstream intervention may increase risk with this group of offenders.”¹³ This has led to discussion of when offenders may be too high risk to treat. The following findings would reject the idea that there is an upper threshold of risk beyond which offenders would cease to benefit – at least for high risk offenders undergoing substance abuse treatment in the community. Rather, the data would support the body of evidence that indicates treating high risk offenders lowers their risk of reoffending.¹⁴

#1: Overall, treatment lowers recidivism rates for very high risk offenders – even though the rate of successful treatment completion is low.

The graph at the top of the following page documents that as LSI-R risk increases, the likelihood of an offender successfully completing substance abuse treatment decreases. 43.0% of offenders scoring in the Moderate/High category of the LSI-R (total score 34 to 40) completed substance abuse treatment successfully, and 35.3% of offenders scoring High risk (total score 41 and above) completed treatment successfully.

However, as shown in the chart, those scoring High risk on the LSI-R who were involved in substance abuse treatment had lower recidivism rates (new conviction and total recidivism) than High risk offenders not receiving treatment. Overall, substance abuse interventions prevented 55 offenders from incurring new convictions during the 14-month review period. However, because the revocation rate for reasons other than new conviction was higher for the treatment group than the “no treatment” group, only 26 revocations to jail or prison were avoided due to treatment, during the follow-up period.

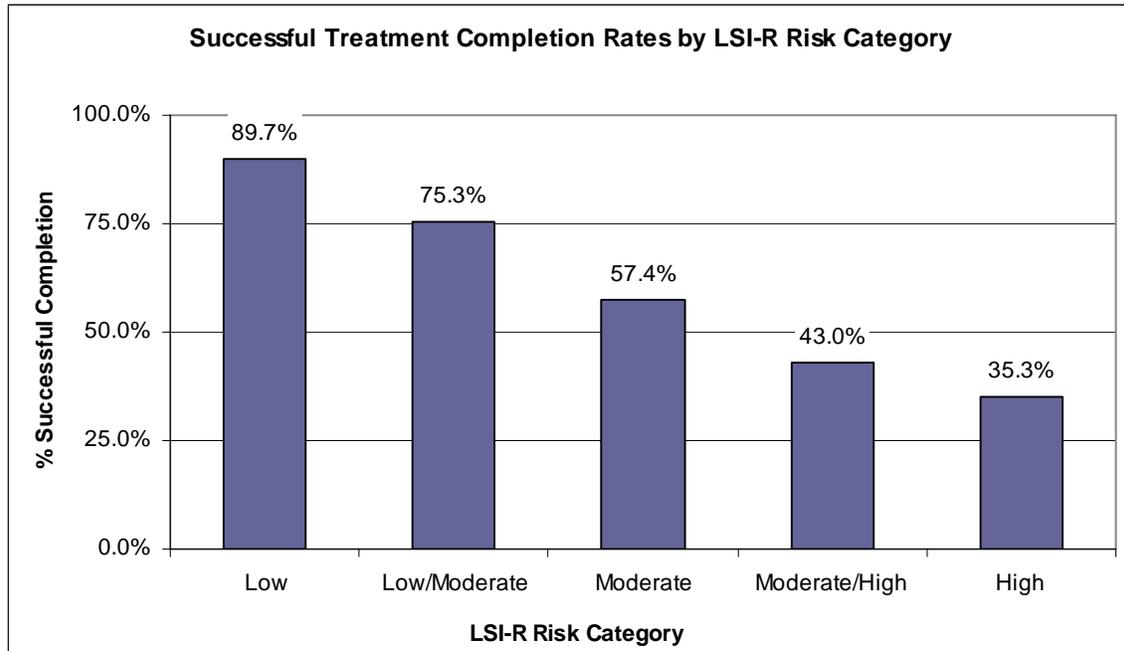
Because of the low rate of successful treatment completion, the cost of providing treatment “per success” for very high risk offenders is large. Such costs must be weighed

¹² National Institute of Corrections, and Crime & Justice Institute, *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention* (U.S. Department of Justice 2004), pp. 3-4. Also James Bonta, “Offender Assessment: General issues and considerations,” FORUM on Corrections Research (May 2000) p. 16. All as quoted in Scott J. Vander Hart, *Does Prison Substance Abuse Treatment Reduce Recidivism?* (Iowa Department of Management 2007) p. 36.

¹³ Susan Wojciechowski, *Criminogenic Need and Responsivity: The Psychopathic Offender* (Probation and Parole Service, New South Wales 2002), p. 2.

¹⁴ D.A. Andrews and James Bonta, *The Psychology of Criminal Conduct* (Cincinnati 2003), p. 260.

against the benefit of reduced likelihood of reoffending for this group. Additionally, there are implications for the use of successful intervention completion rates as a measure of program performance. That is, these findings would imply that a lower rate of successful completion might be worth tolerating, if the intervention is effective in lowering the risk of moderate/high and high risk offenders.



Graph and chart describe results for higher risk offenders only. That is, some offenders who have received residential treatment, or were placed on high normal or intensive field supervision have low LSI-R scores.

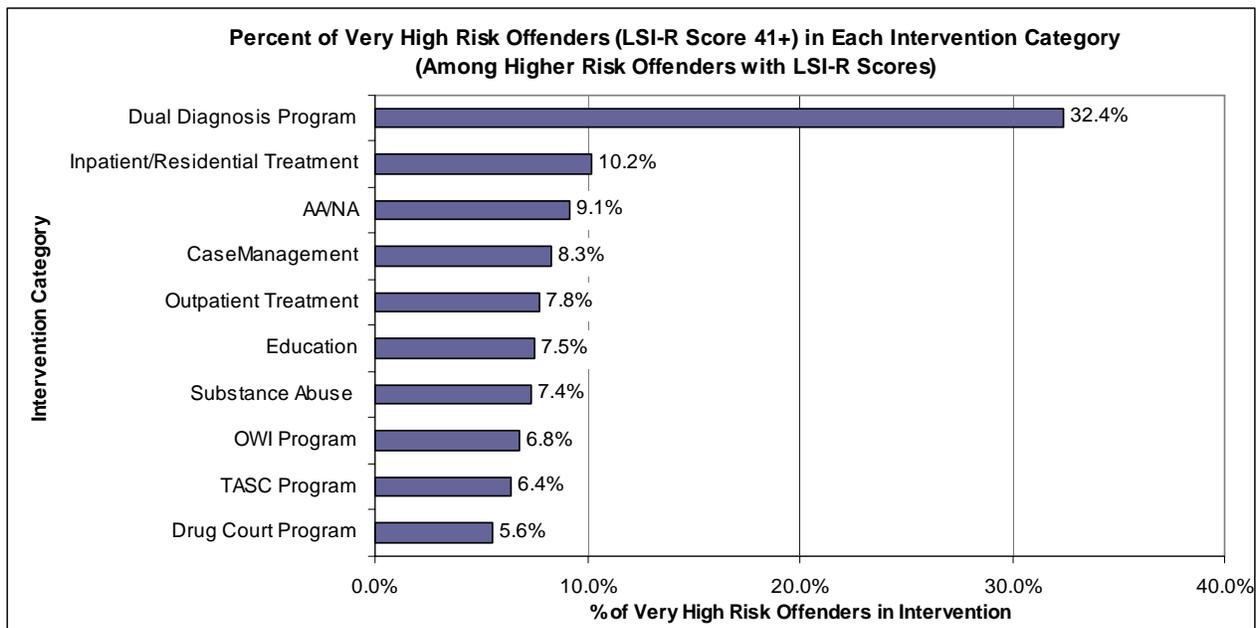
**Recidivism Rates for Very High Risk Offenders (LSI-R Score 41+)
With Simulation if Treated Group Had Received No Treatment**

Comparison Group		No Recidivism as Defined	Recidivism Rates		
			New Convictions	Other Violations	Total Recidivism
No Treatment	Count	68	182	102	284
	%	19.3%	51.7%	29.0%	80.7%
Successful Treatment	Actual Count	52	21	25	46
	Count if No Tx	19	51	28	79
	Difference	33	-30	-3	-33
Unsuccessful Treatment	Actual Count	10	45	62	107
	Count if No Tx	23	60	34	94
	Difference	-13	-15	28	13
Treatment - Other Closure	Actual Count	18	23	22	45
	Count if No Tx	12	33	18	51
	Difference	6	-10	4	-6
All Treatment Closures	Actual Count	80	89	109	198
	Count if No Tx	54	144	80	224
	Difference	26	-55	29	-26

#2: The Dual Diagnosis Program takes on a larger proportion of very high risk offenders than any other type of intervention.

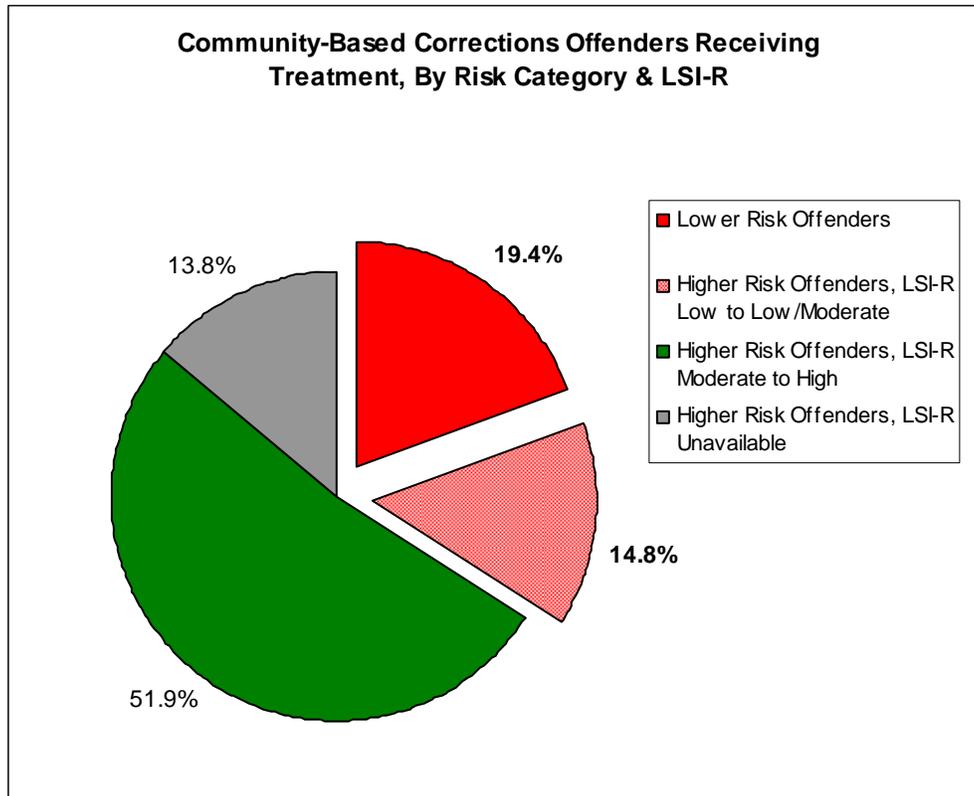
Nearly one-third of higher risk offenders in the study who were placed in the 1st judicial district’s dual diagnosis program scored 41 or more total points on the LSI-R risk assessment.

Because information regarding mental health diagnoses is largely unavailable for community-based corrections populations, it is beyond the scope of this study to compare the success of mentally ill offenders with substance abuse needs who receive the dual diagnosis program with success rates of mentally ill offenders with substance abuse needs who receive other substance abuse interventions. However, given the dual diagnosis program’s overall success in reducing recidivism (p. 17), it appears this intervention program would hold particular promise for replication elsewhere in the treatment of very high risk offenders with co-occurring mental health issues. Those seeking to replicate the program should be made aware that rates of successful program completion could be low, because of the large percentages of very high risk offenders likely to receive the program.



#3: 1,686 lower risk offenders (based on either the level of field supervision or the LSI-R risk assessment) received treatment while 2,620 higher risk offenders scoring Moderate to High on the LSI-R received no treatment for their substance abuse need.

As shown in the pie chart below, of all offenders receiving treatment, 955 or 19.4% are lower risk offenders, and an additional 731 or 14.8% score low to low/moderate risk on the LSI-R risk assessment.



As noted previously (see p. 2), 4,547 higher risk offenders with substance abuse needs exited supervision without substance abuse treatment. Of these, 2,620 score Moderate to High on the LSI-R risk assessment; the chart on the next page shows these offenders are spread across all judicial districts.

It is beyond the scope of the present study to suggest reallocation of treatment resources based on the risk findings. Again, factors such as whether treatment was court-ordered, offenders' motivation to change, intensity or type of treatment needed, appropriateness of particular treatment programs, and other considerations prevent firm conclusions based on this information. Such assessment of the extent to which treatment could be prioritized for higher risk offenders could, however, be undertaken at the district or local level.

Percentage of Higher Risk Offenders Not Receiving Treatment for Their Substance Abuse Needs, by LSI-R Category

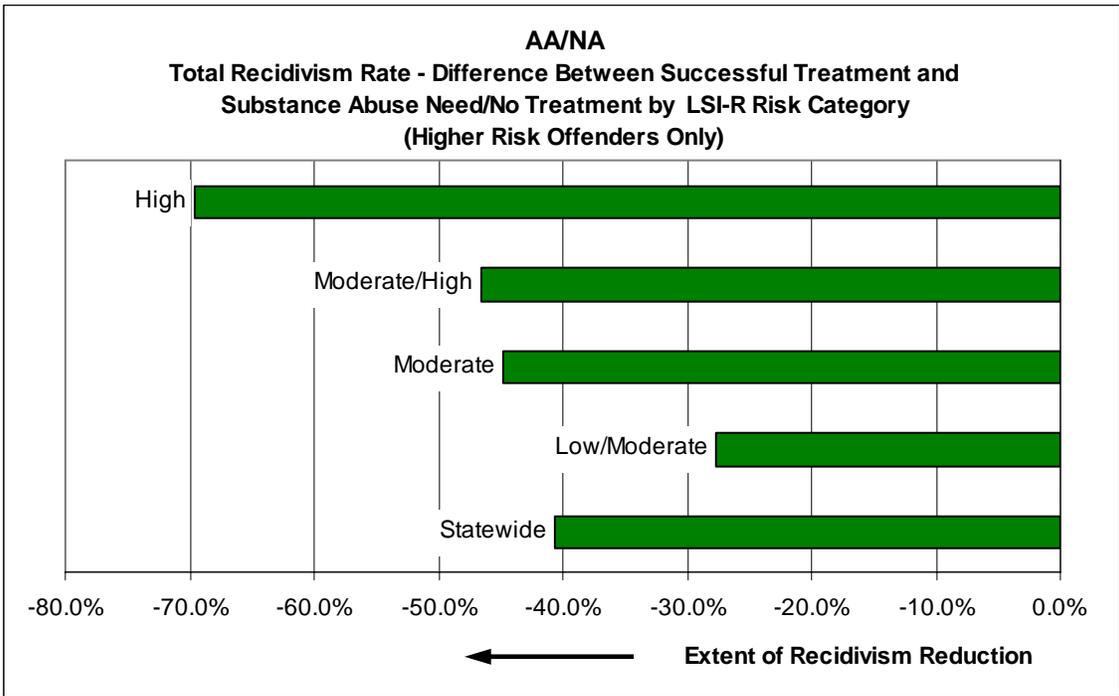
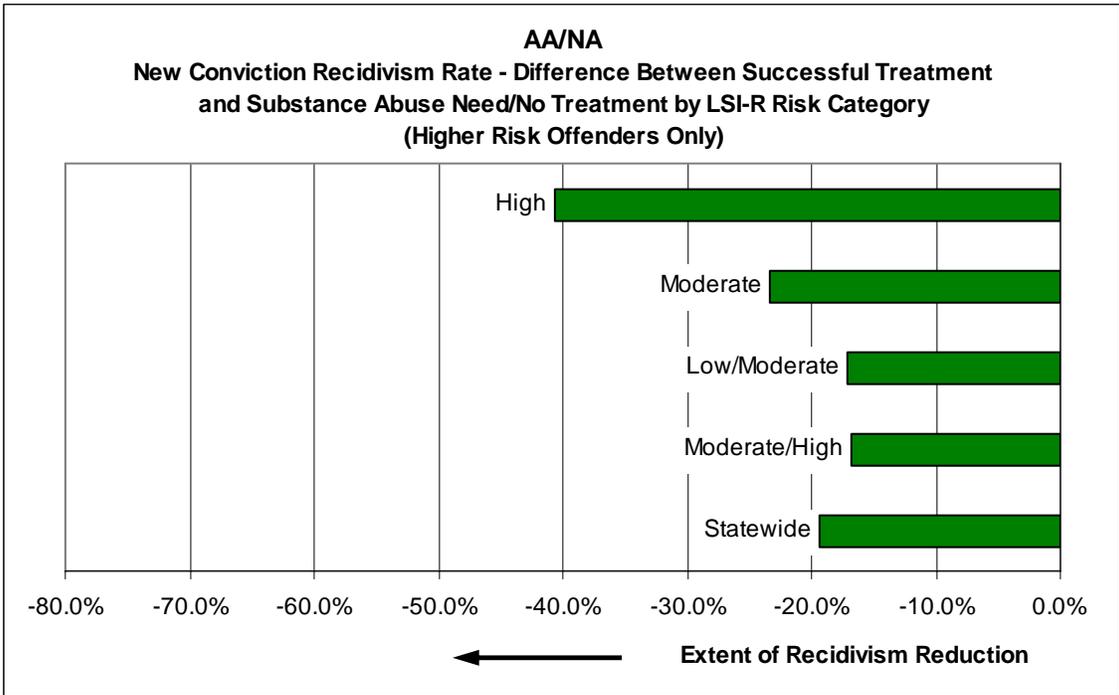
		LSIScoreCategory			Total
		Low to Low/Moderate	Moderate to High	LSI-R Unavailable	
1JD	Count	117	529	225	871
	%	13.4%	60.7%	25.8%	100.0%
2JD	Count	95	251	117	463
	%	20.5%	54.2%	25.3%	100.0%
3JD	Count	54	168	116	338
	%	16.0%	49.7%	34.3%	100.0%
4JD	Count	25	106	50	181
	%	13.8%	58.6%	27.6%	100.0%
5JD	Count	261	735	330	1,326
	%	19.7%	55.4%	24.9%	100.0%
6JD	Count	67	311	128	506
	%	13.2%	61.5%	25.3%	100.0%
7JD	Count	84	260	104	448
	%	18.8%	58.0%	23.2%	100.0%
8JD	Count	67	260	87	414
	%	16.2%	62.8%	21.0%	100.0%
Total	Count	770	2,620	1,157	4,547
	%	16.9%	57.6%	25.4%	100.0%

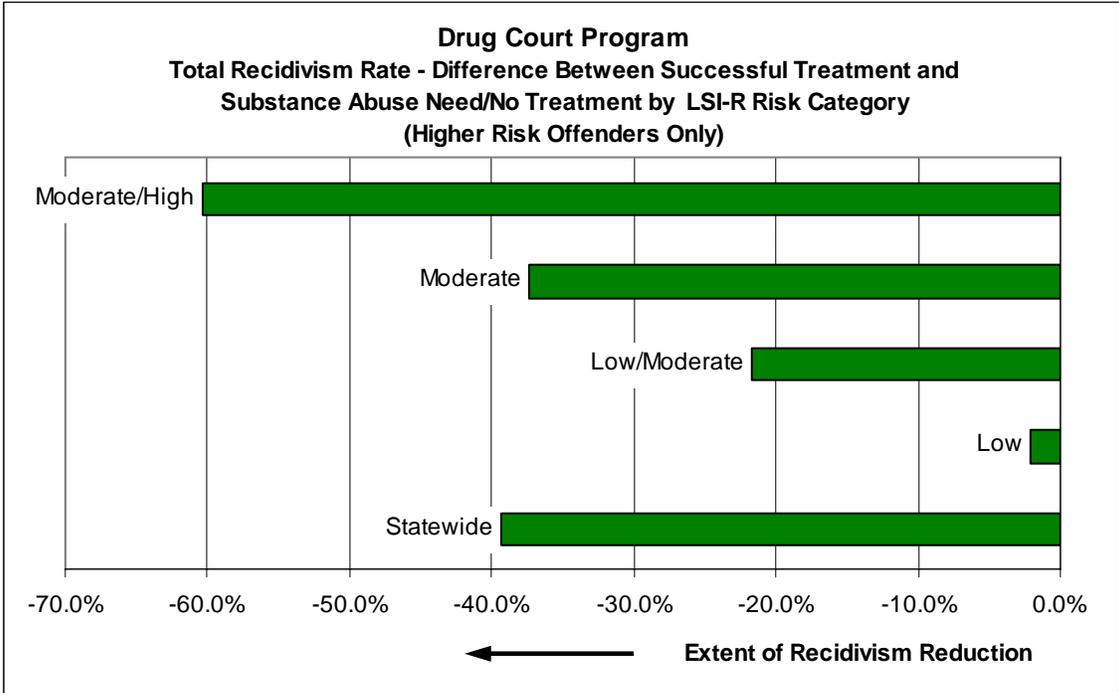
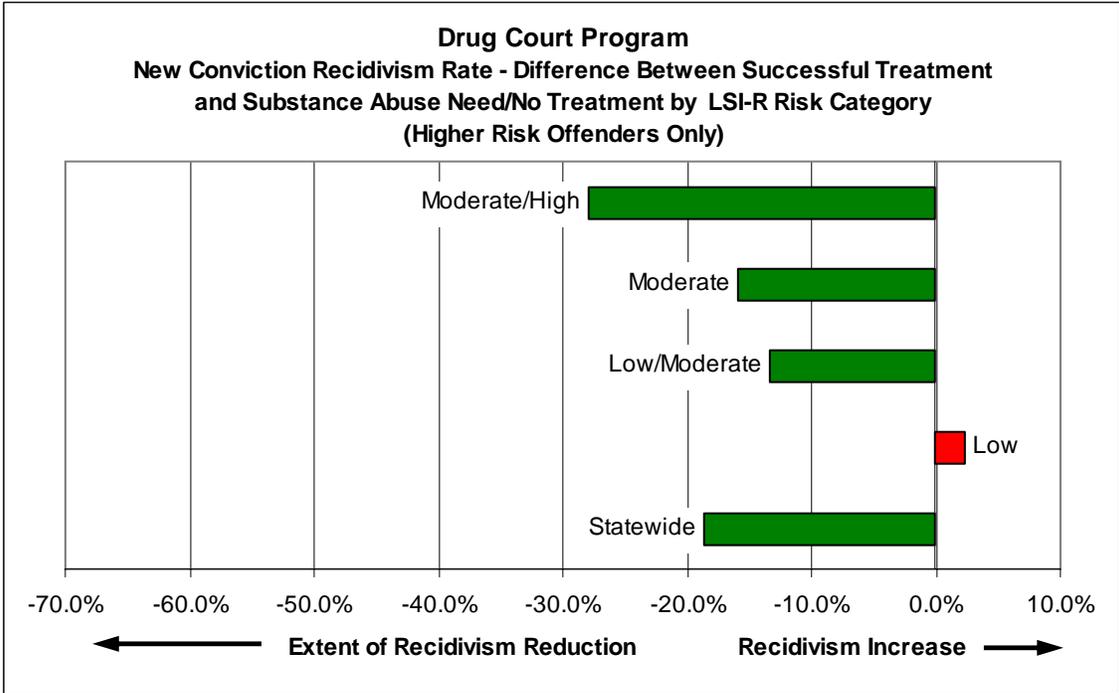
Analysis of outcomes by LSI-R risk category and intervention category are contained in the following sections. As with the district-specific analysis, results are omitted from the graphs where five or fewer higher risk offenders successfully completed a given intervention category. Statewide results include offenders in all LSI-R risk categories as well as offenders whose LSI-R scores were not available. All results are shown in the appendix at the end of this report. Results should generally be viewed with caution for groups involving fewer than 20 offenders.

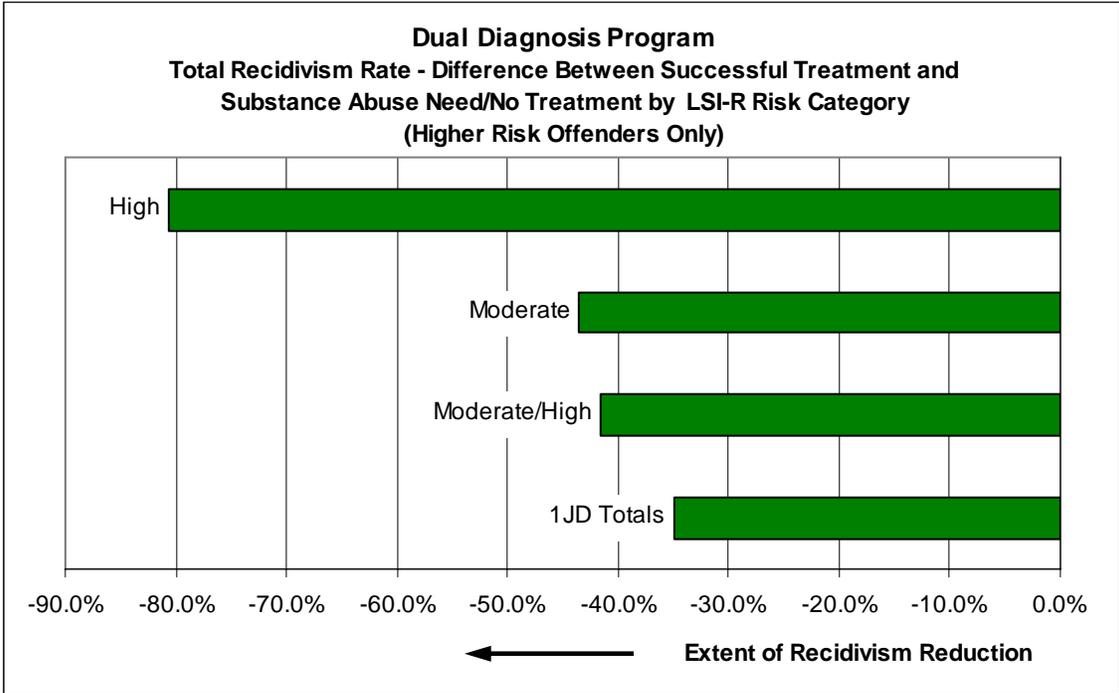
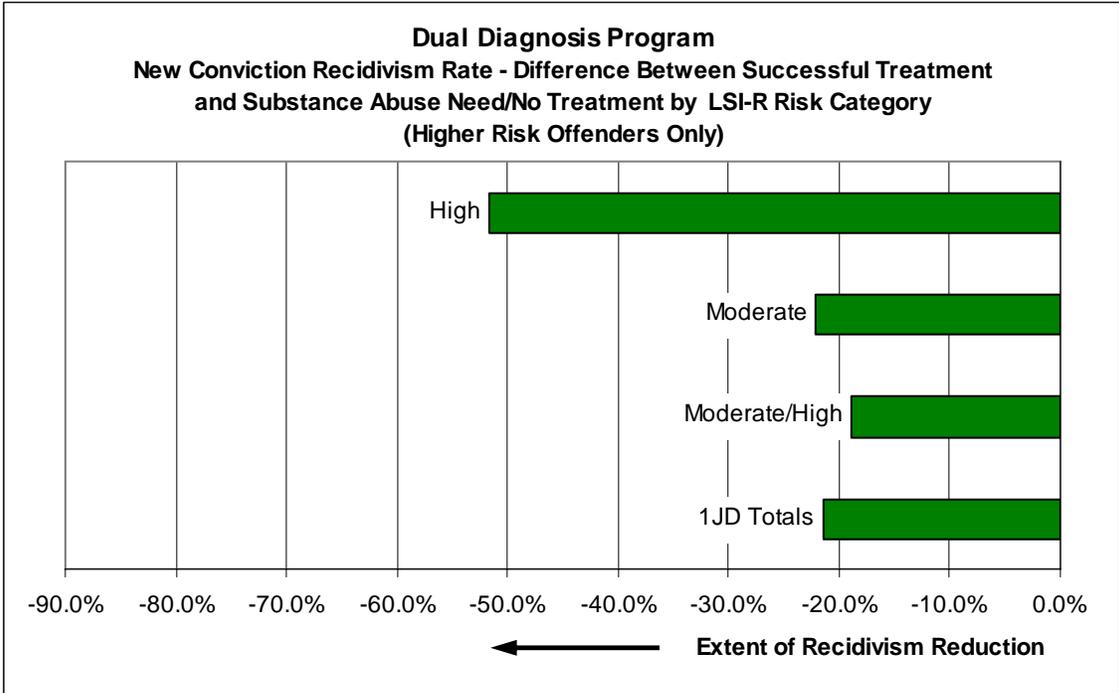
#5: With few exceptions, higher risk offenders scoring Moderate to High on the LSI-R risk assessment who successfully complete treatment have the largest difference in recidivism rates compared to offenders of the same risk level who do not receive treatment for their substance abuse needs.

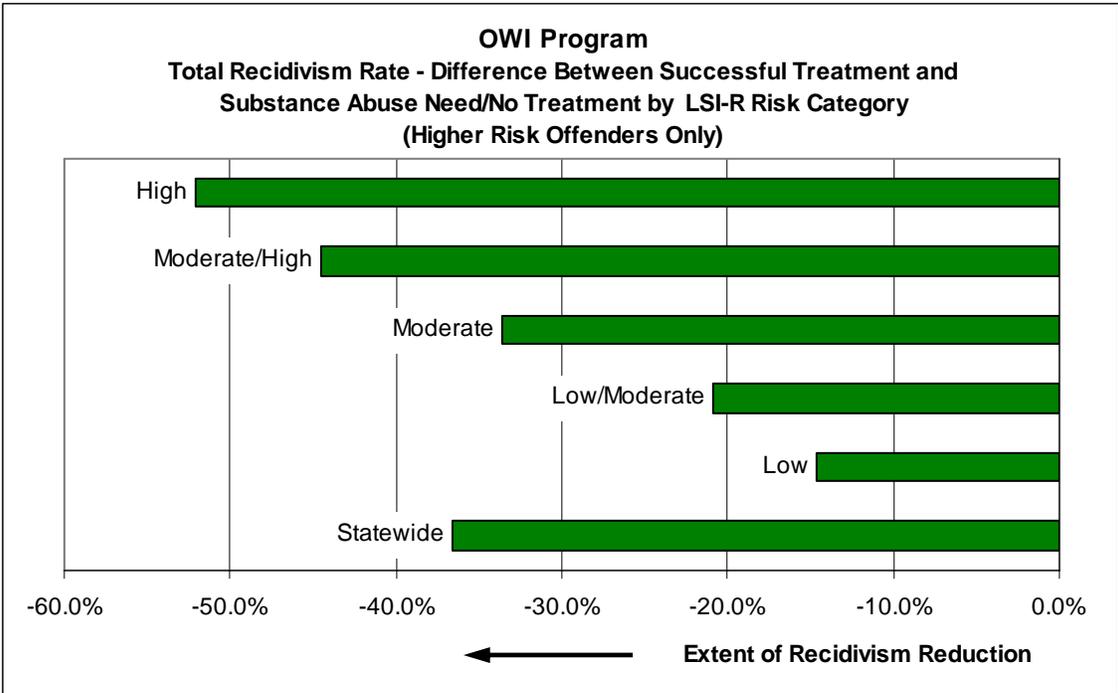
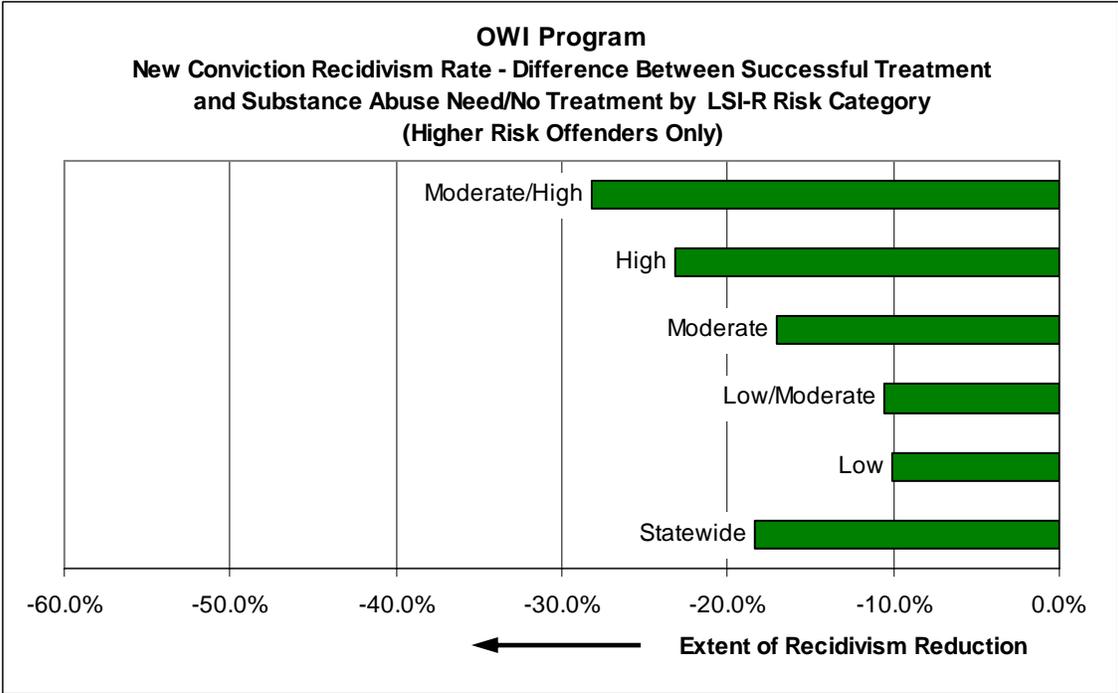
As the graphs on pages 35-44 show, higher risk offenders scoring Moderate to High on the LSI-R risk assessment who successfully complete treatment appear to benefit the most in the way of risk reduction, for most intervention categories. Exceptions appear to be confined to new conviction recidivism, where some categories of lower risk offenders successfully completing AA/NA; substance abuse education and possibly the TASC program appear to benefit at least as much as some higher risk offenders.¹⁵

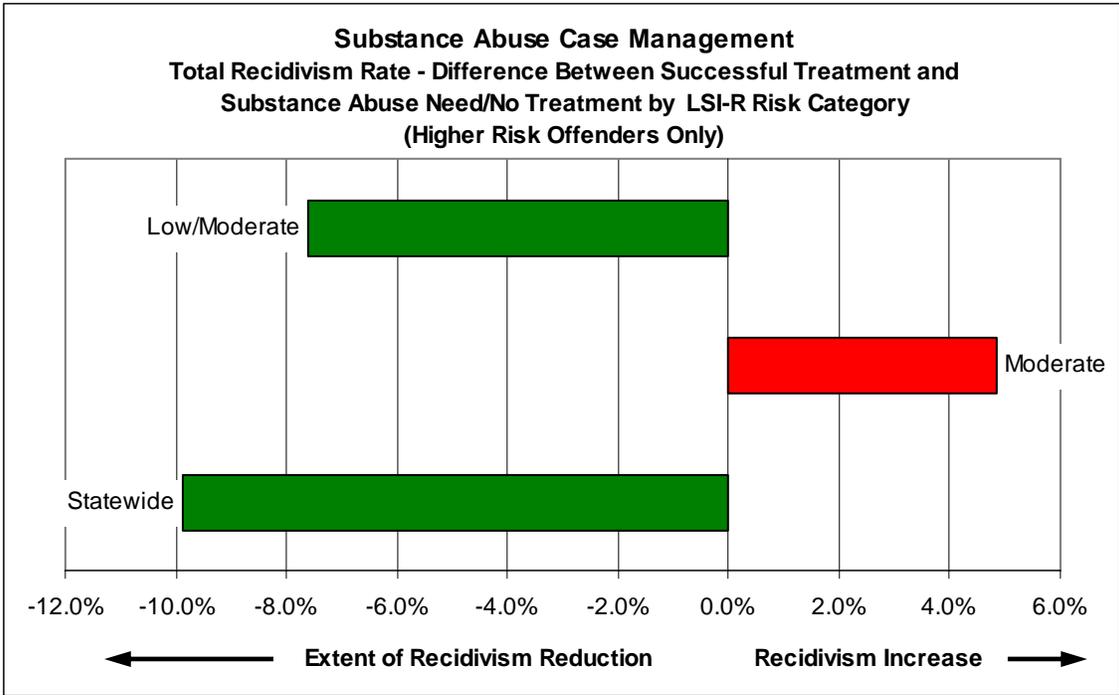
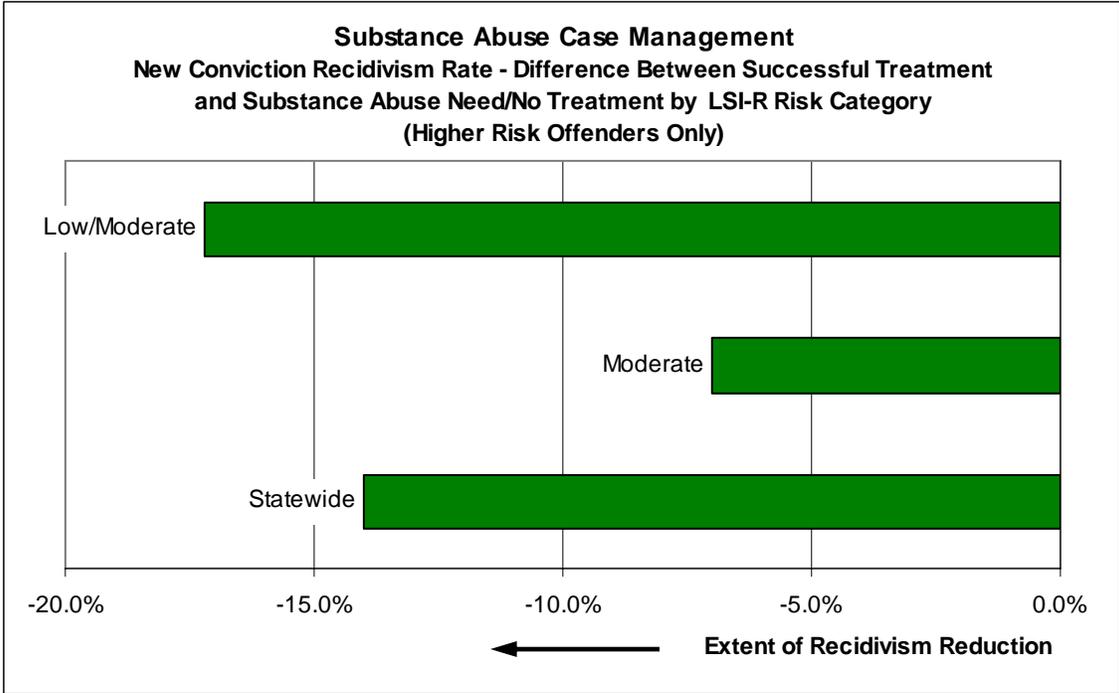
¹⁵ Conclusions are offered for categories where the number of offenders in each LSI-R category is 20 or higher. Observations with regard to the TASC program are based on 19 Low-Moderate offenders.

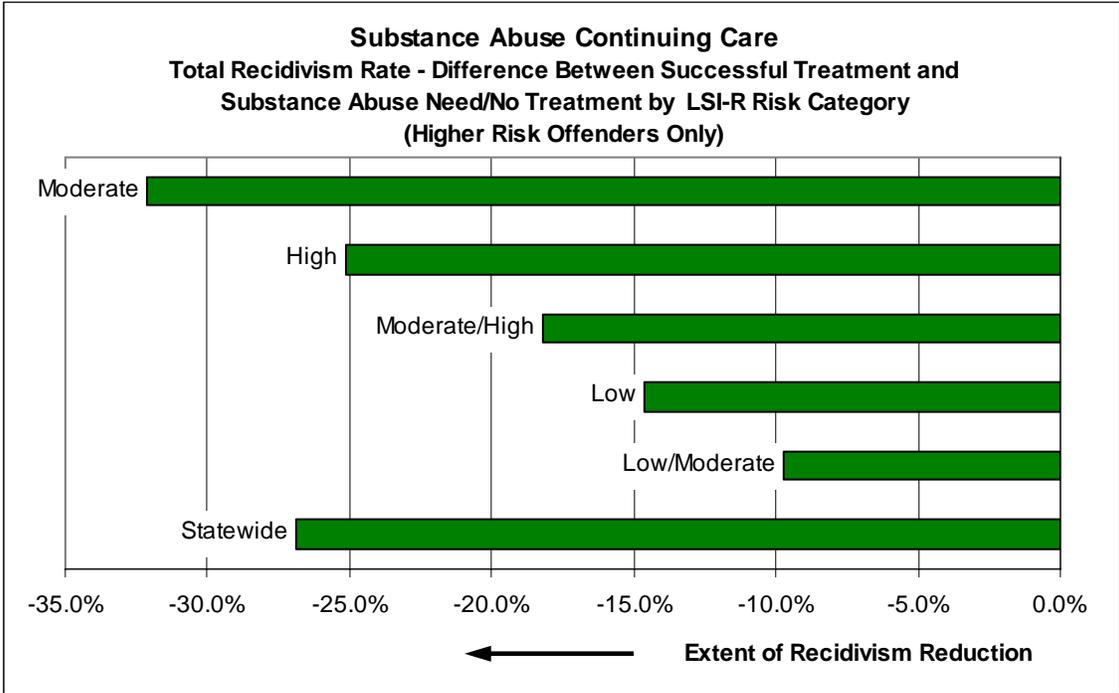
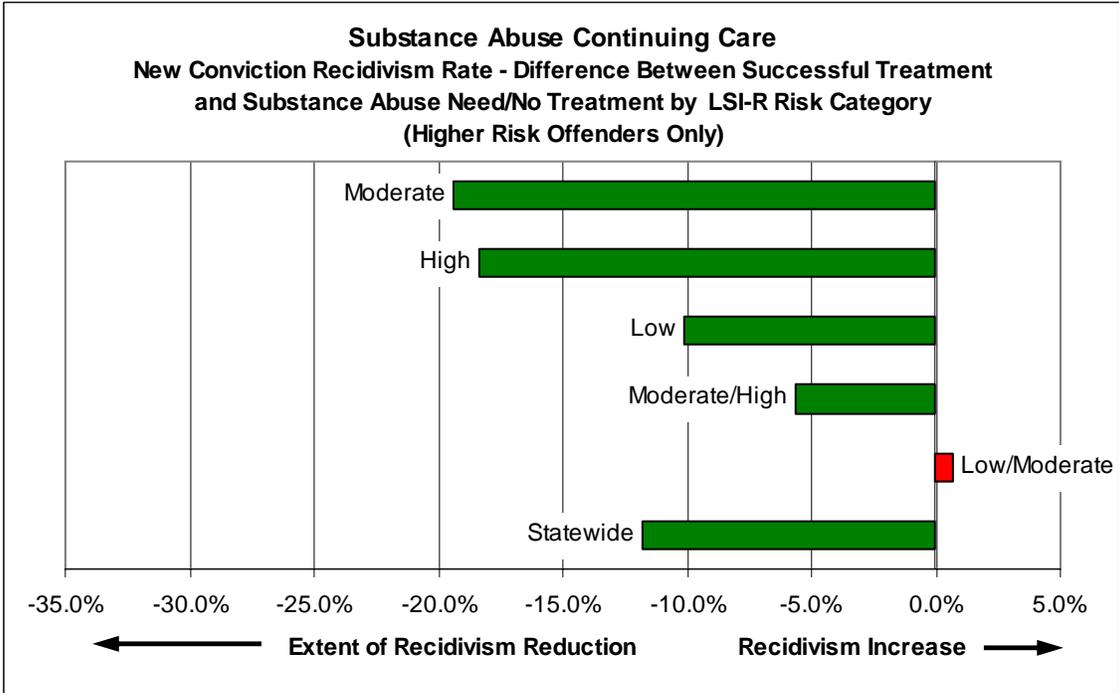


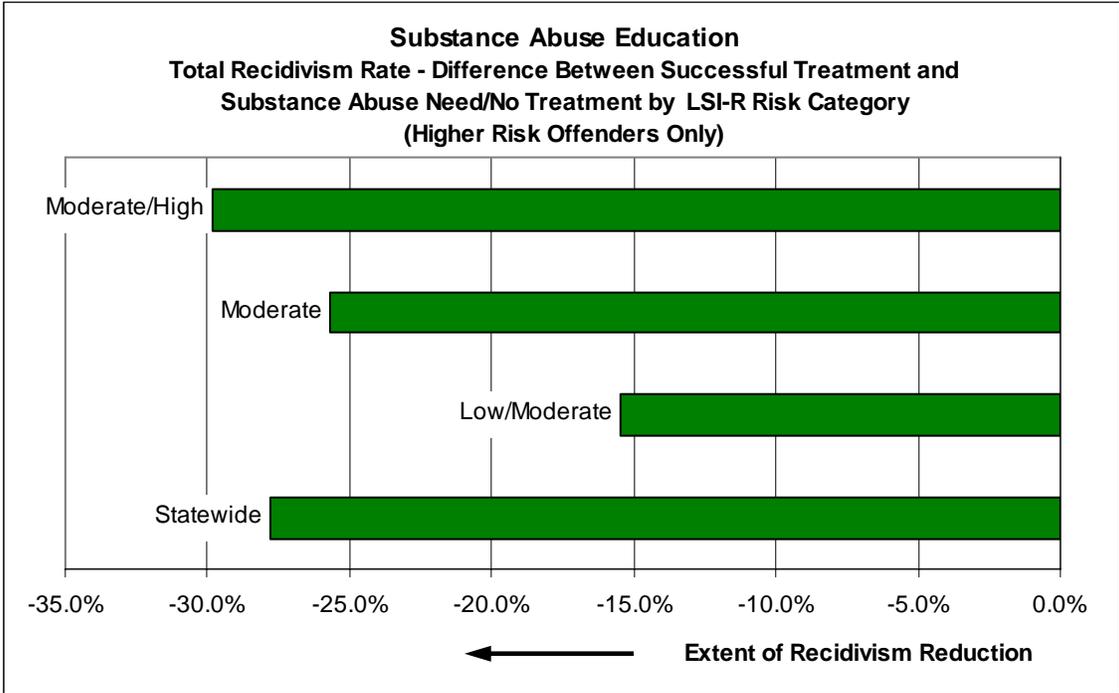
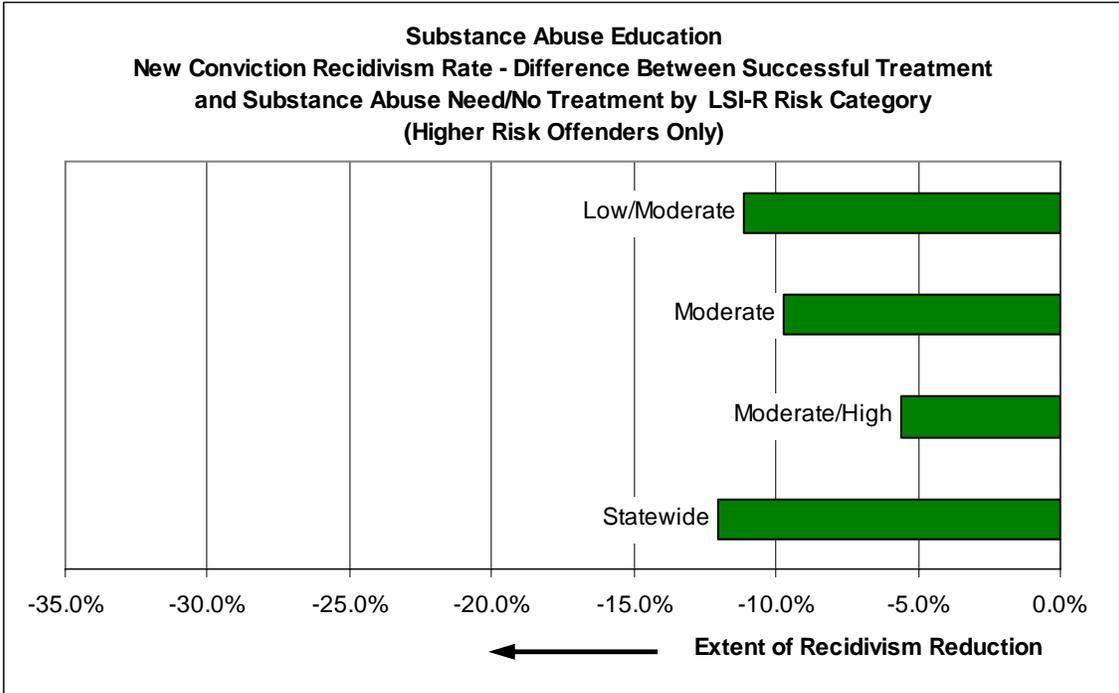




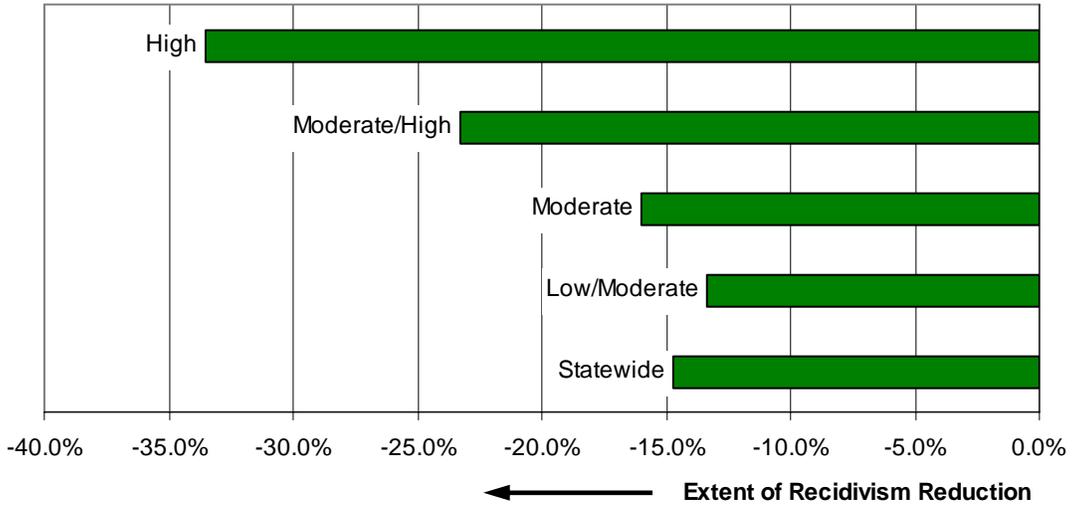




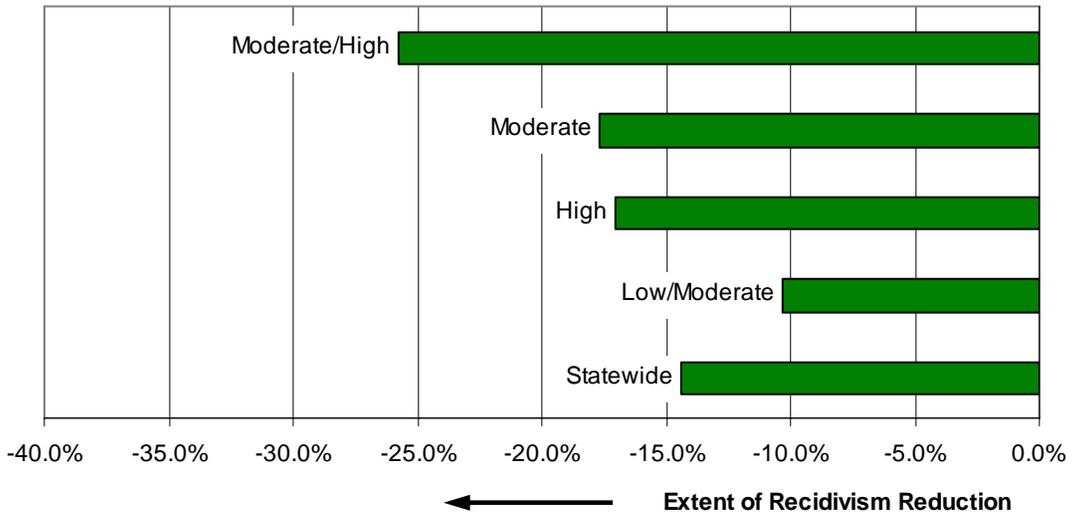


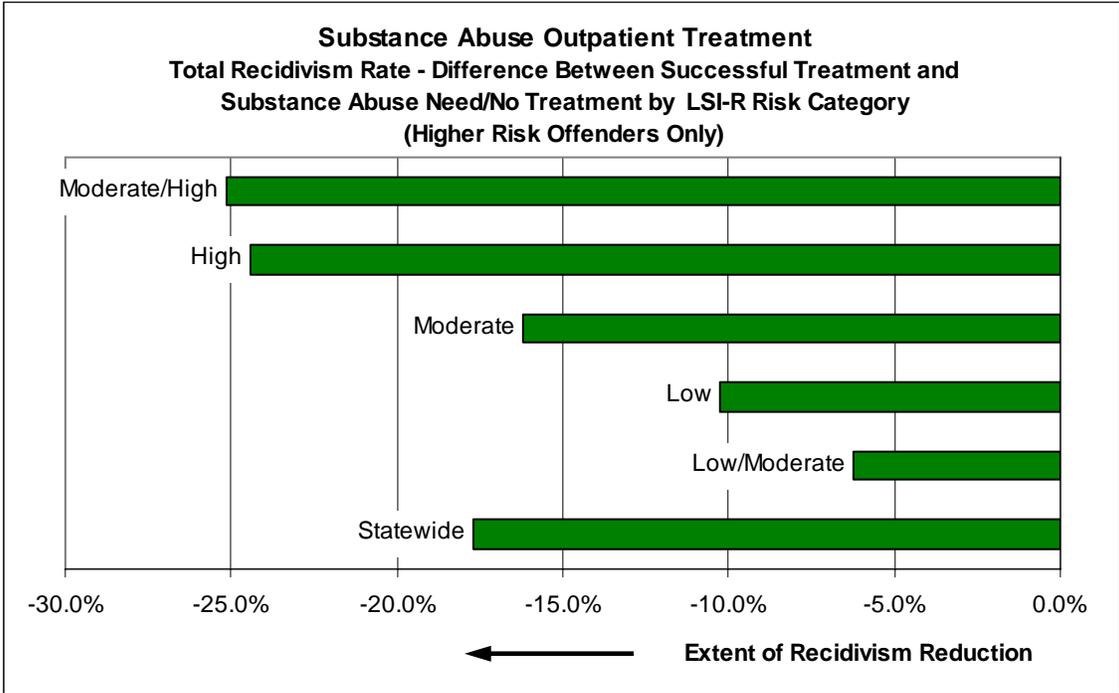
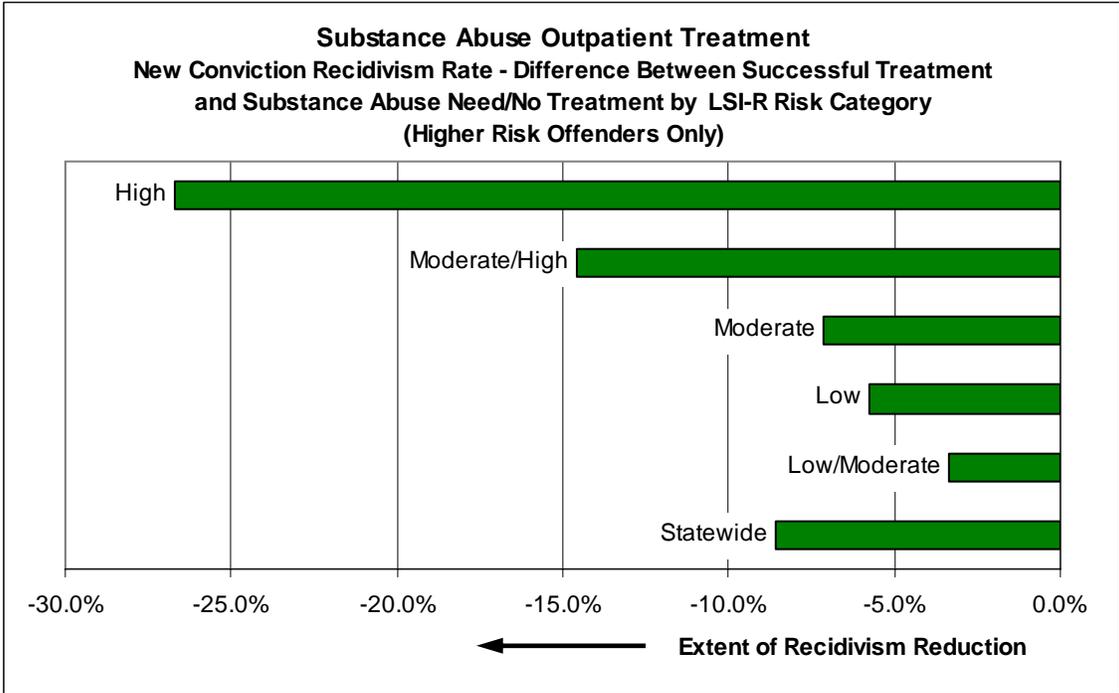


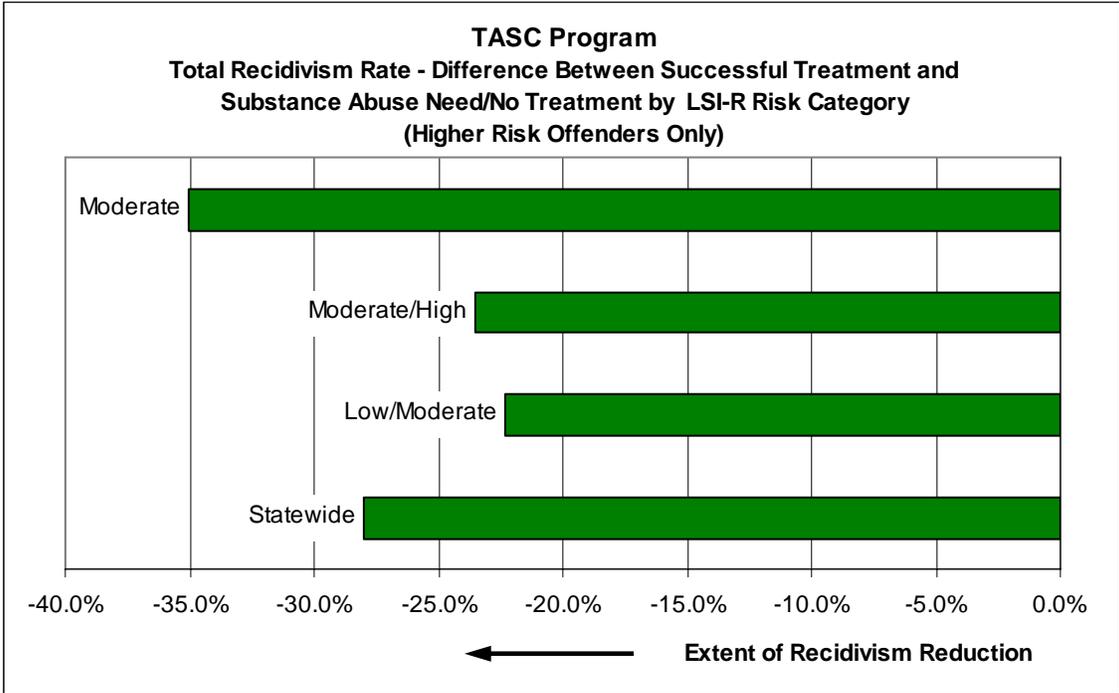
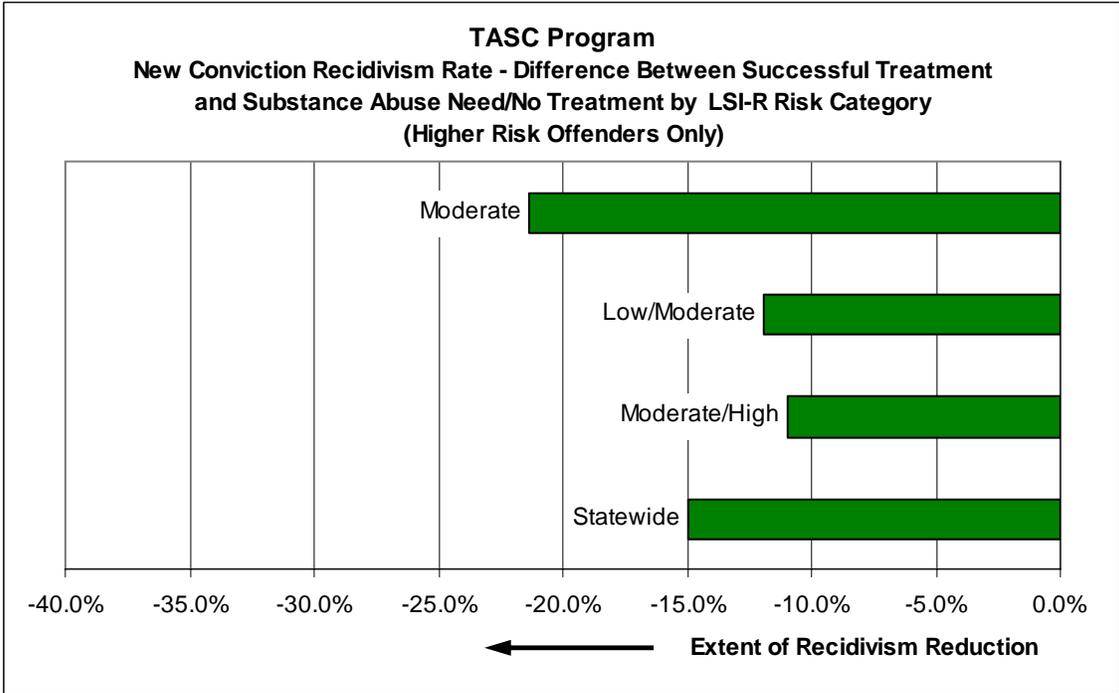
**Substance Abuse Inpatient/Residential Treatment
New Conviction Recidivism Rate - Difference Between Successful Treatment
and Substance Abuse Need/No Treatment by LSI-R Risk Category
(Higher Risk Offenders Only)**



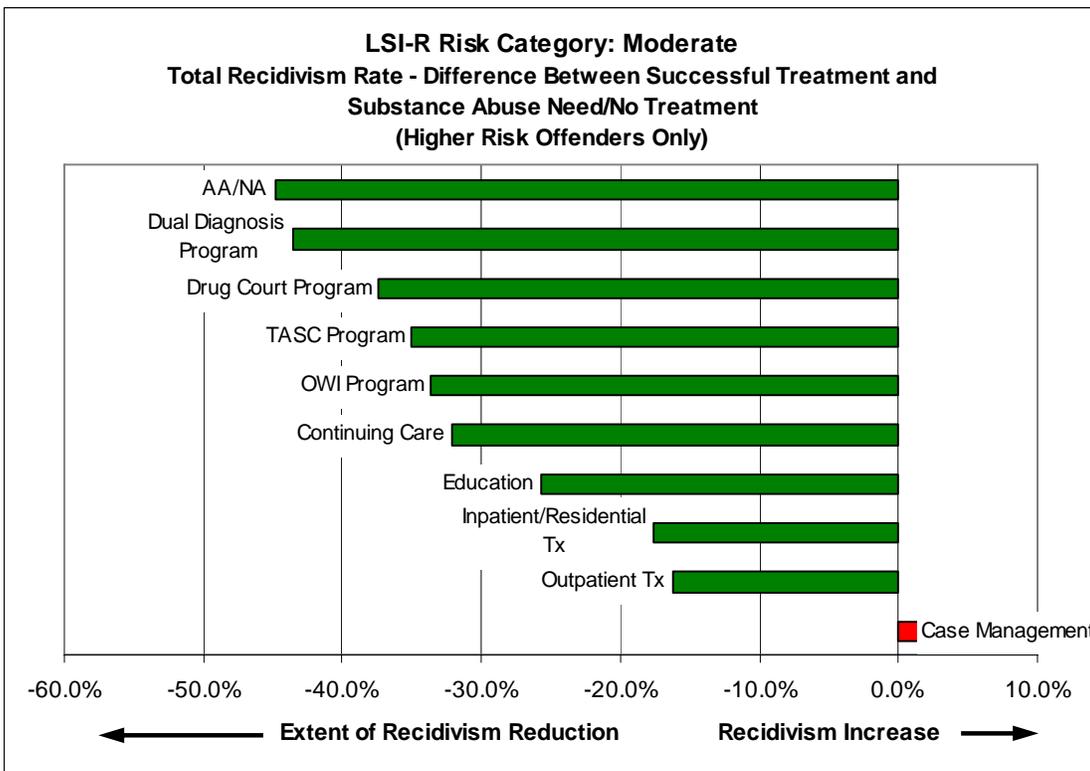
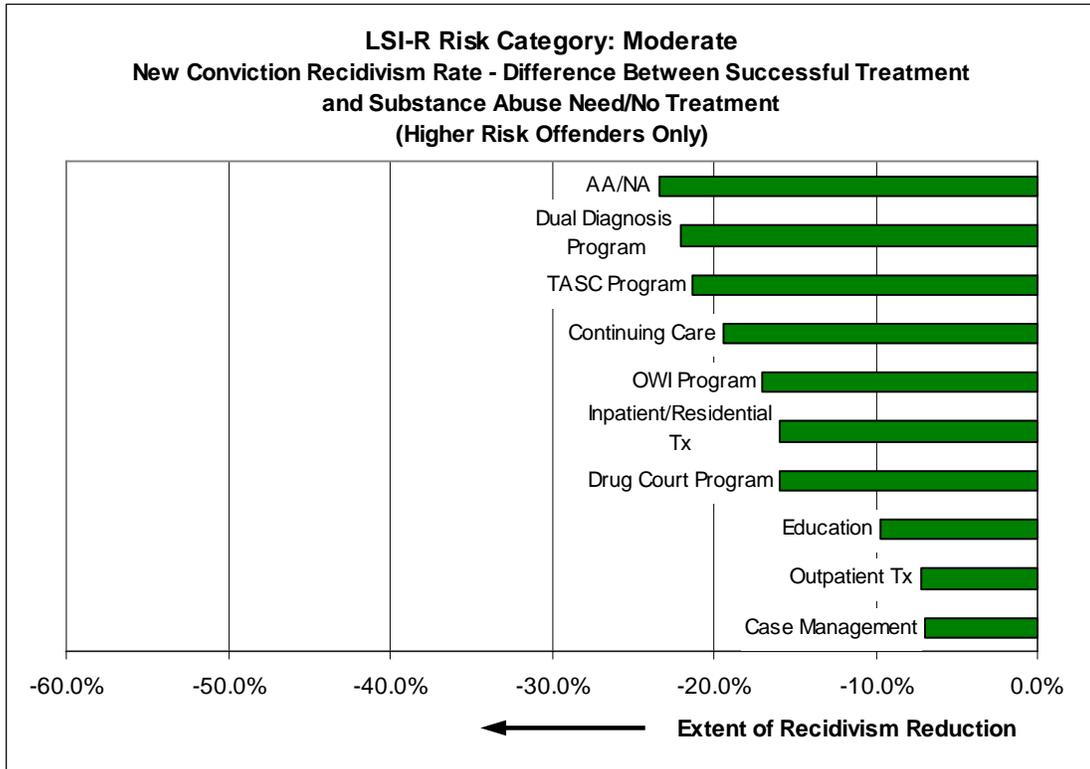
**Substance Abuse Inpatient/Residential Treatment
Total Recidivism Rate - Difference Between Successful Treatment and
Substance Abuse Need/No Treatment by LSI-R Risk Category
(Higher Risk Offenders Only)**

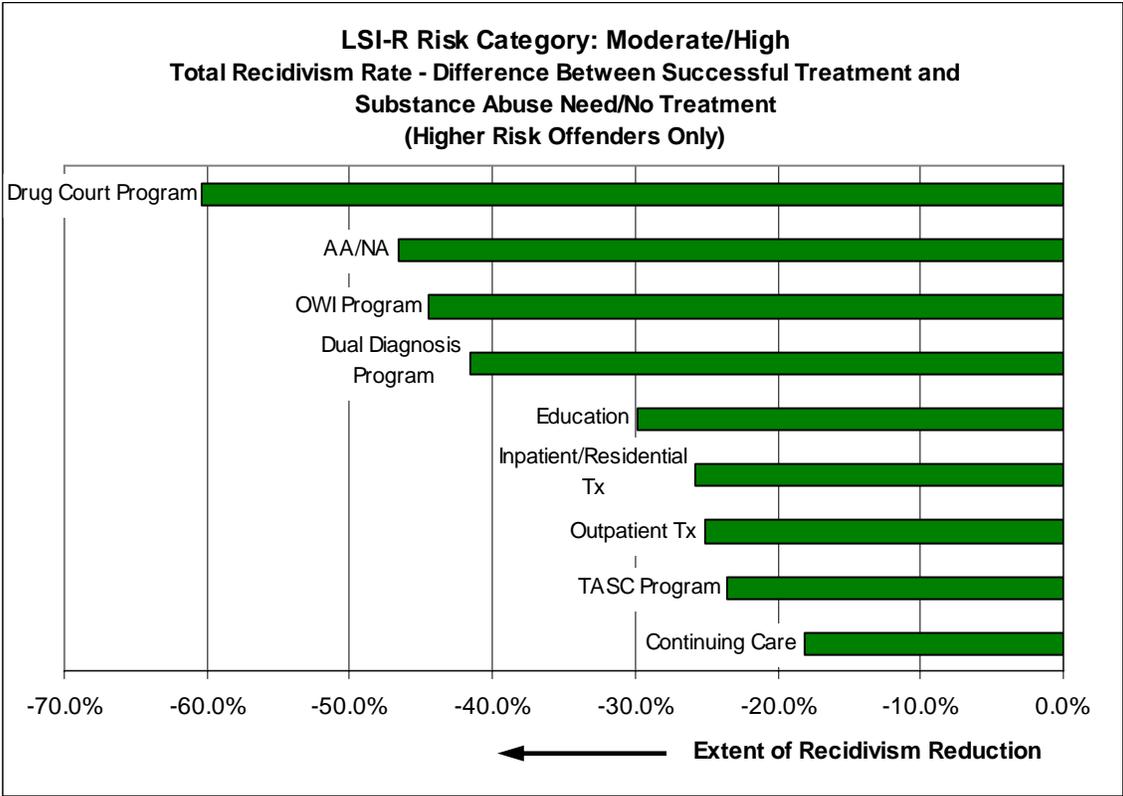
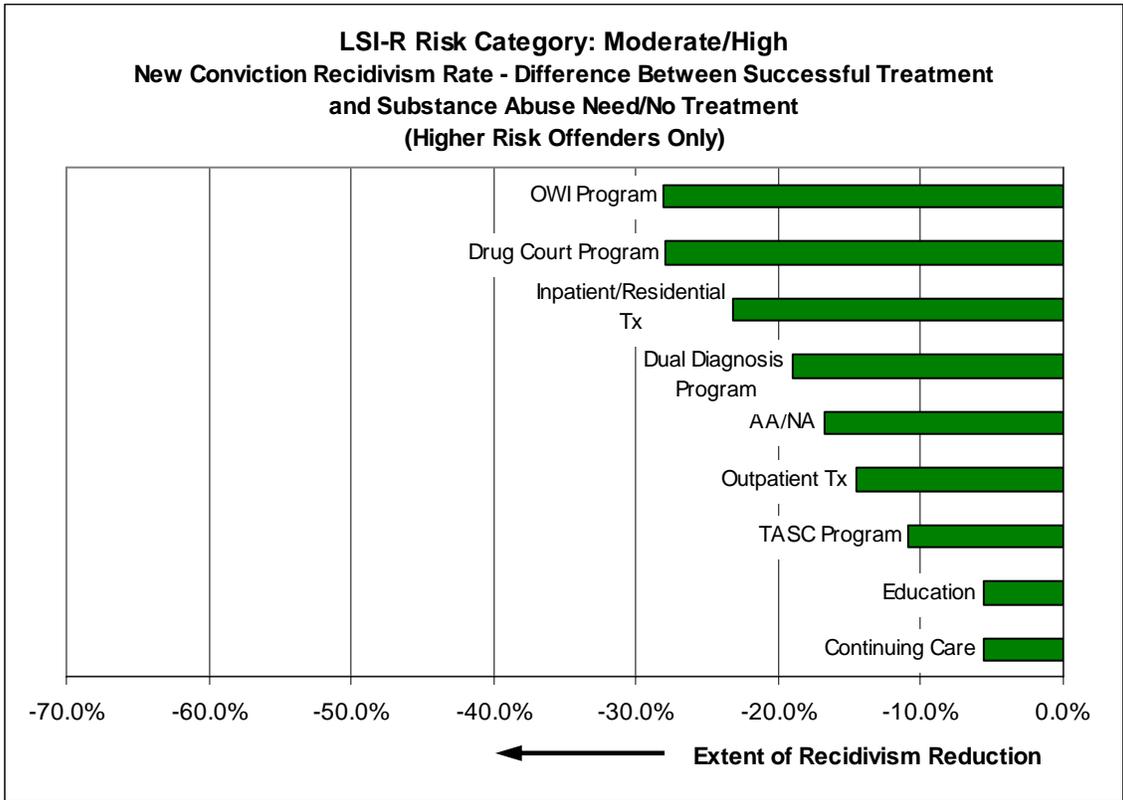


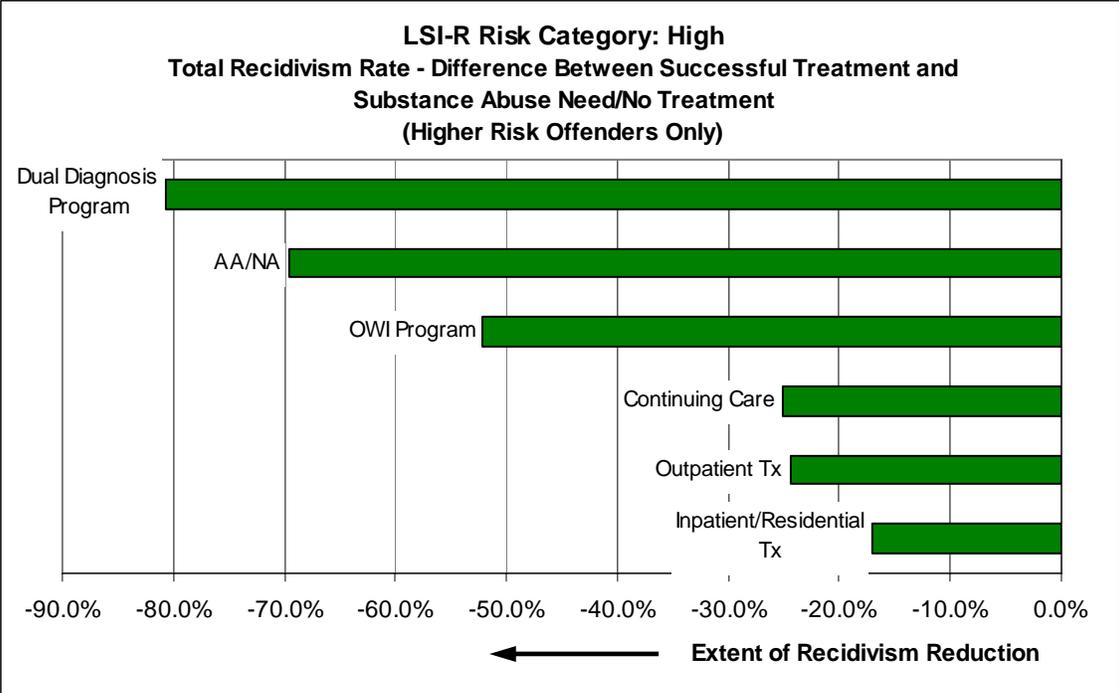
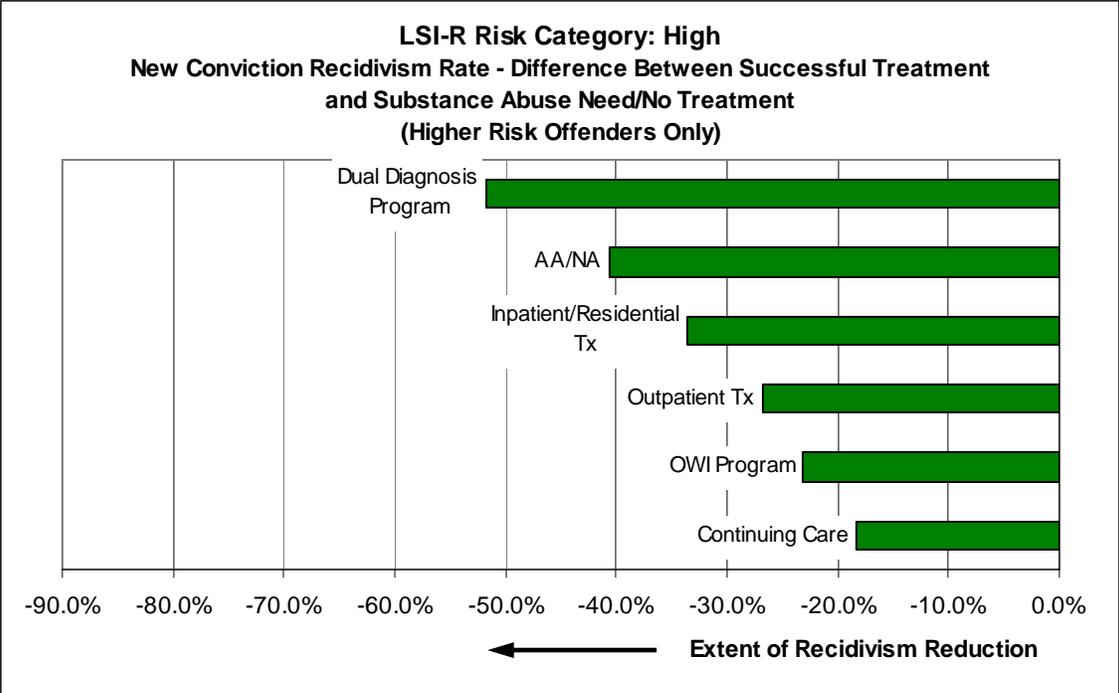




#6: Drug Court and Dual Diagnosis programs appear to be among the interventions that benefit those scoring Moderate to High on the LSI-R risk assessment the most, in terms of recidivism reduction. However, limited availability of these programs hampers firm conclusions.







Follow-Up Activities in Response to Findings

The strength of the methodology used in this performance audit is that it gathers and analyzes useful information in a standard manner, across like programs, and in a way that affords fair comparisons. Performance audits do not, and should not, replace more rigorous outcome evaluations. Because this audit is a high-level overview, it is not advisable to act solely on the basis of this information. Rather, the data contained herein, combined with other information, may point to promising approaches, as well as to areas that merit closer scrutiny because they may not be working as well as we'd like.

Overall, community-based substance abuse treatment interventions achieved consistently better results than many institutional licensed substance abuse programs, based on the Iowa Department of Management's performance audit. There may be an opportunity for decision-makers to consider changes in offender reentry processes that would target some offenders for substance abuse treatment in the community rather than prison. The evidence suggests that doing so would assist in controlling rises in the prison population without jeopardizing community safety. Any such changes would necessarily have to be accomplished with the cooperation of the Iowa Board of Parole.

Report findings suggest there may also be opportunities for districts to assess how they might shift more treatment resources from lower risk offenders to higher risk offenders. Such shifts would necessarily lead to lower rates of successful program completion, but achieve improvements in the degree to which interventions are able to reduce offender risk.

Finally, it appears that some programs, while seeming to be promising, have very limited capacities. Expansion of current drug court and dual diagnosis programs, and start-ups of dual diagnosis programs in other districts, would help facilitate more definitive results with regard to the effectiveness of these programs.

Appendix: Data Tables

Table Series 1. Recidivism Rates by Intervention Category and District

Graphs contained on pp. 15-24 of the report.

Comparison Group					
New Convictions: Higher Risk Offenders with Substance Abuse Needs But Not Receiving Treatment					
			New Convictions?		Total
			No	Yes	
District	1	Count	566	305	871
		%	65.0%	35.0%	100.0%
	2	Count	347	116	463
		%	74.9%	25.1%	100.0%
	3	Count	253	85	338
		%	74.9%	25.1%	100.0%
	4	Count	151	30	181
		%	83.4%	16.6%	100.0%
	5	Count	934	392	1,326
		%	70.4%	29.6%	100.0%
	6	Count	406	100	506
		%	80.2%	19.8%	100.0%
	7	Count	345	103	448
		%	77.0%	23.0%	100.0%
	8	Count	321	93	414
		%	77.5%	22.5%	100.0%
Total		Count	3,323	1,224	4,547
		%	73.1%	26.9%	100.0%

New Convictions: Higher Risk Offenders Successfully Completing Treatment							
Intervention Program or Category				New Convictions?		Total	
				No	Yes		
AA/NA	District	1	Count	45	5	50	
			%	90.0%	10.0%	100.0%	
		2	Count	44	4	48	
			%	91.7%	8.3%	100.0%	
		3	Count	31	3	34	
			%	91.2%	8.8%	100.0%	
		4	Count	16	1	17	
			%	94.1%	5.9%	100.0%	
		6	Count	41	1	42	
			%	97.6%	2.4%	100.0%	
		7	Count	8	0	8	
			%	100.0%	0.0%	100.0%	
		8	Count	0	1	1	
			%	0.0%	100.0%	100.0%	
		Total		Count	185	15	200
				%	92.5%	7.5%	100.0%

Intervention Program or Category				New Convictions?		Total
				No	Yes	
Drug Court Program	District	2	Count	17	2	19
			%	89.5%	10.5%	100.0%
		3	Count	17	3	20
			%	85.0%	15.0%	100.0%
		4	Count	22	1	23
			%	95.7%	4.3%	100.0%
		5	Count	17	1	18
			%	94.4%	5.6%	100.0%
		7	Count	6	0	6
			%	100.0%	0.0%	100.0%
Total		Count	79	7	86	
		%	91.9%	8.1%	100.0%	
Dual Diagnosis Program	District	1	Count	32	5	37
			%	86.5%	13.5%	100.0%
OWI Program	District	1	Count	87	10	97
			%	89.7%	10.3%	100.0%
		2	Count	11	2	13
			%	84.6%	15.4%	100.0%
		3	Count	2	1	3
			%	66.7%	33.3%	100.0%
		4	Count	7	1	8
			%	87.5%	12.5%	100.0%
		5	Count	50	4	54
			%	92.6%	7.4%	100.0%
		6	Count	58	3	61
			%	95.1%	4.9%	100.0%
		7	Count	34	2	36
			%	94.4%	5.6%	100.0%
8	Count	9	1	10		
	%	90.0%	10.0%	100.0%		
Total	Count	258	24	282		
	%	91.5%	8.5%	100.0%		
Substance Abuse Case Management	District	5	Count	19	3	22
			%	86.4%	13.6%	100.0%
		8	Count	8	1	9
			%	88.9%	11.1%	100.0%
Total	Count	27	4	31		
	%	87.1%	12.9%	100.0%		
Substance Abuse Continuing Care	District	1	Count	33	5	38
			%	86.8%	13.2%	100.0%
		2	Count	17	2	19
			%	89.5%	10.5%	100.0%
		3	Count	20	0	20
			%	100.0%	0.0%	100.0%
		4	Count	7	1	8
			%	87.5%	12.5%	100.0%
		5	Count	175	34	209
			%	83.7%	16.3%	100.0%

Intervention Program or Category				New Convictions?		Total
				No	Yes	
Substance Abuse Continuing Care (cont.)	District 6	Count	13	1	14	
		%	92.9%	7.1%	100.0%	
	District 7	Count	11	2	13	
		%	84.6%	15.4%	100.0%	
	District 8	Count	21	8	29	
		%	72.4%	27.6%	100.0%	
	Total	Count	297	53	350	
%		84.9%	15.1%	100.0%		
Substance Abuse Education	District 1	Count	25	3	28	
		%	89.3%	10.7%	100.0%	
	District 2	Count	9	1	10	
		%	90.0%	10.0%	100.0%	
	District 3	Count	6	0	6	
		%	100.0%	0.0%	100.0%	
	District 4	Count	1	0	1	
		%	100.0%	0.0%	100.0%	
	District 5	Count	22	6	28	
		%	78.6%	21.4%	100.0%	
	District 6	Count	6	2	8	
		%	75.0%	25.0%	100.0%	
	District 8	Count	17	3	20	
		%	85.0%	15.0%	100.0%	
	Total	Count	86	15	101	
		%	85.1%	14.9%	100.0%	
	Substance Abuse Inpatient/Residential Treatment	District 1	Count	10	1	11
%			90.9%	9.1%	100.0%	
District 2		Count	14	8	22	
		%	63.6%	36.4%	100.0%	
District 3		Count	20	0	20	
		%	100.0%	0.0%	100.0%	
District 4		Count	2	0	2	
		%	100.0%	0.0%	100.0%	
District 5		Count	84	18	102	
		%	82.4%	17.6%	100.0%	
District 6		Count	77	5	82	
		%	93.9%	6.1%	100.0%	
District 7		Count	39	3	42	
		%	92.9%	7.1%	100.0%	
District 8		Count	21	2	23	
		%	91.3%	8.7%	100.0%	
Total		Count	267	37	304	
	%	87.8%	12.2%	100.0%		
Substance Abuse Outpatient Treatment	District 1	Count	76	19	95	
		%	80.0%	20.0%	100.0%	
	District 2	Count	67	18	85	
		%	78.8%	21.2%	100.0%	
	District 3	Count	29	2	31	
		%	93.5%	6.5%	100.0%	

Intervention Program or Category				New Convictions?		Total	
				No	Yes		
Substance Abuse Outpatient Treatment (cont.)	District	4	Count	24	3	27	
			%	88.9%	11.1%	100.0%	
		5	Count	205	58	263	
			%	77.9%	22.1%	100.0%	
		6	Count	134	18	152	
			%	88.2%	11.8%	100.0%	
	7	Count	41	13	54		
		%	75.9%	24.1%	100.0%		
	8	Count	34	6	40		
		%	85.0%	15.0%	100.0%		
	Total			Count	610	137	747
				%	81.7%	18.3%	100.0%
TASC Program	District	1	Count	18	4	22	
			%	81.8%	18.2%	100.0%	
	2	Count	68	8	76		
		%	89.5%	10.5%	100.0%		
	4	Count	21	2	23		
		%	91.3%	8.7%	100.0%		
	5	Count	1	0	1		
		%	100.0%	0.0%	100.0%		
	7	Count	3	1	4		
		%	75.0%	25.0%	100.0%		
Total			Count	111	15	126	
			%	88.1%	11.9%	100.0%	

Comparison Group					
Total Recidivism: Higher Risk Offenders with Substance Abuse Needs But Not Receiving Treatment					
			New Conviction or Return to Incarceration?		Total
			No	Yes	
District	1	Count	422	449	871
		%	48.5%	51.5%	100.0%
	2	Count	267	196	463
		%	57.7%	42.3%	100.0%
	3	Count	177	161	338
		%	52.4%	47.6%	100.0%
	4	Count	119	62	181
		%	65.7%	34.3%	100.0%
	5	Count	594	732	1,326
		%	44.8%	55.2%	100.0%
	6	Count	269	237	506
		%	53.2%	46.8%	100.0%
	7	Count	255	193	448
		%	56.9%	43.1%	100.0%
	8	Count	234	180	414
		%	56.5%	43.5%	100.0%
Total		Count	2,337	2,210	4,547
		%	51.4%	48.6%	100.0%

Total Recidivism: Higher Risk Offenders Successfully Completing Treatment						
Intervention Program or Category				New Conviction or Return to Incarceration?		Total
				No	Yes	
AA/NA	District	1	Count	44	6	50
			%	88.0%	12.0%	100.0%
		2	Count	44	4	48
			%	91.7%	8.3%	100.0%
		3	Count	31	3	34
			%	91.2%	8.8%	100.0%
		4	Count	16	1	17
			%	94.1%	5.9%	100.0%
	6	Count	41	1	42	
		%	97.6%	2.4%	100.0%	
	7	Count	8	0	8	
		%	100.0%	0.0%	100.0%	
	8	Count	0	1	1	
%		0.0%	100.0%	100.0%		
Total			Count	184	16	200
			%	92.0%	8.0%	100.0%
Drug Court Program	District	2	Count	17	2	19
			%	89.5%	10.5%	100.0%
		3	Count	16	4	20
			%	80.0%	20.0%	100.0%
		4	Count	22	1	23
			%	95.7%	4.3%	100.0%
	5	Count	17	1	18	
		%	94.4%	5.6%	100.0%	
	7	Count	6	0	6	
		%	100.0%	0.0%	100.0%	
Total			Count	78	8	86
			%	90.7%	9.3%	100.0%
Dual Diagnosis Program	District	1	Count	31	6	37
			%	83.8%	16.2%	100.0%
OWI Program	District	1	Count	83	14	97
			%	85.6%	14.4%	100.0%
		2	Count	11	2	13
			%	84.6%	15.4%	100.0%
		3	Count	2	1	3
			%	66.7%	33.3%	100.0%
		4	Count	7	1	8
			%	87.5%	12.5%	100.0%
		5	Count	49	5	54
			%	90.7%	9.3%	100.0%
		6	Count	54	7	61
			%	88.5%	11.5%	100.0%
		7	Count	34	2	36
			%	94.4%	5.6%	100.0%

Intervention Program or Category				New Conviction or Return to Incarceration?		Total	
				No	Yes		
OWI Program (cont.)	District	8	Count	8	2	10	
			%	80.0%	20.0%	100.0%	
	Total	Count	248	34	282		
		%	87.9%	12.1%	100.0%		
Substance Abuse Case Management	District	5	Count	14	8	22	
			%	63.6%	36.4%	100.0%	
	8	Count	5	4	9		
		%	55.6%	44.4%	100.0%		
	Total	Count	19	12	31		
		%	61.3%	38.7%	100.0%		
Substance Abuse Continuing Care	District	1	Count	32	6	38	
			%	84.2%	15.8%	100.0%	
	2	Count	17	2	19		
		%	89.5%	10.5%	100.0%		
	3	Count	19	1	20		
		%	95.0%	5.0%	100.0%		
	4	Count	6	2	8		
		%	75.0%	25.0%	100.0%		
	5	Count	161	48	209		
		%	77.0%	23.0%	100.0%		
	6	Count	11	3	14		
		%	78.6%	21.4%	100.0%		
	7	Count	10	3	13		
		%	76.9%	23.1%	100.0%		
	8	Count	18	11	29		
		%	62.1%	37.9%	100.0%		
	Total	Count	274	76	350		
		%	78.3%	21.7%	100.0%		
	Substance Abuse Education	District	1	Count	23	5	28
				%	82.1%	17.9%	100.0%
		2	Count	9	1	10	
			%	90.0%	10.0%	100.0%	
3		Count	6	0	6		
		%	100.0%	0.0%	100.0%		
4		Count	1	0	1		
		%	100.0%	0.0%	100.0%		
5		Count	22	6	28		
		%	78.6%	21.4%	100.0%		
6		Count	4	4	8		
		%	50.0%	50.0%	100.0%		
8		Count	15	5	20		
		%	75.0%	25.0%	100.0%		
Total		Count	80	21	101		
		%	79.2%	20.8%	100.0%		

Intervention Program or Category				New Conviction or Return to Incarceration?		Total
				No	Yes	
Substance Abuse Inpatient/Residential Treatment	District	1	Count	9	2	11
			%	81.8%	18.2%	100.0%
		2	Count	11	11	22
			%	50.0%	50.0%	100.0%
		3	Count	16	4	20
			%	80.0%	20.0%	100.0%
		4	Count	2	0	2
			%	100.0%	0.0%	100.0%
		5	Count	52	50	102
			%	51.0%	49.0%	100.0%
	6	Count	63	19	82	
		%	76.8%	23.2%	100.0%	
	7	Count	29	13	42	
		%	69.0%	31.0%	100.0%	
8	Count	18	5	23		
	%	78.3%	21.7%	100.0%		
Total	Count	200	104	304		
	%	65.8%	34.2%	100.0%		
Substance Abuse Outpatient Treatment	District	1	Count	67	28	95
			%	70.5%	29.5%	100.0%
		2	Count	60	25	85
			%	70.6%	29.4%	100.0%
		3	Count	29	2	31
			%	93.5%	6.5%	100.0%
		4	Count	23	4	27
			%	85.2%	14.8%	100.0%
		5	Count	164	99	263
			%	62.4%	37.6%	100.0%
	6	Count	110	42	152	
		%	72.4%	27.6%	100.0%	
	7	Count	34	20	54	
		%	63.0%	37.0%	100.0%	
8	Count	29	11	40		
	%	72.5%	27.5%	100.0%		
Total	Count	516	231	747		
	%	69.1%	30.9%	100.0%		
TASC Program	District	1	Count	18	4	22
			%	81.8%	18.2%	100.0%
		2	Count	59	17	76
			%	77.6%	22.4%	100.0%
		4	Count	19	4	23
			%	82.6%	17.4%	100.0%
	5	Count	1	0	1	
		%	100.0%	0.0%	100.0%	
7	Count	3	1	4		
	%	75.0%	25.0%	100.0%		
Total	Count	100	26	126		
	%	79.4%	20.6%	100.0%		

Table Series 2. Recidivism Rates by Intervention Category and LSI-R Score

Graphs contained on pp.34-47 of the report.

Comparison Group						
New Convictions: Higher Risk Offenders with Substance Abuse Needs But Not Receiving Treatment						
			New Convictions?		Total	
			No	Yes		
LSI-R Score Category	Low	Count	80	9	89	
		%	89.9%	10.1%	100.0%	
	Low/Moderate	Count	564	117	681	
		%	82.8%	17.2%	100.0%	
	Moderate	Count	977	403	1,380	
		%	70.8%	29.2%	100.0%	
	Moderate/High	Count	542	346	888	
		%	61.0%	39.0%	100.0%	
	High	Count	170	182	352	
		%	48.3%	51.7%	100.0%	
	Total		Count	2,333	1,057	3,390
			%	68.8%	31.2%	100.0%

New Convictions: Higher Risk Offenders Successfully Completing Treatment							
Intervention Program or Category				New Convictions?		Total	
				No	Yes		
AA/NA	LSI-R Score Category	Low	Count	4	0	4	
			%	100.0%	0.0%	100.0%	
		Low/Moderate	Count	26	0	26	
			%	100.0%	0.0%	100.0%	
		Moderate	Count	64	4	68	
			%	94.1%	5.9%	100.0%	
		Moderate/High	Count	28	8	36	
			%	77.8%	22.2%	100.0%	
		High	Count	8	1	9	
			%	88.9%	11.1%	100.0%	
		Total		Count	130	13	143
				%	90.9%	9.1%	100.0%
Drug Court Program	LSI-R Score Category	Low	Count	7	1	8	
			%	87.5%	12.5%	100.0%	
		Low/Moderate	Count	49	2	51	
			%	96.1%	3.9%	100.0%	
		Moderate	Count	13	2	15	
			%	86.7%	13.3%	100.0%	
		Moderate/High	Count	8	1	9	
			%	88.9%	11.1%	100.0%	
		High	Count	0	1	1	
			%	0.0%	100.0%	100.0%	
		Total		Count	77	7	84
				%	91.7%	8.3%	100.0%

Intervention Program or Category				New Convictions?		Total		
				No	Yes			
Dual Diagnosis Program	LSI-R Score Category	Low/Moderate	Count	0	1	1		
			%	0.0%	100.0%	100.0%		
		Moderate	Count	13	1	14		
			%	92.9%	7.1%	100.0%		
		Moderate/High	Count	8	2	10		
			%	80.0%	20.0%	100.0%		
		High	Count	9	0	9		
			%	100.0%	0.0%	100.0%		
		Total			Count	30	4	34
					%	88.2%	11.8%	100.0%
OWI Program	LSI-R Score Category	Low	Count	12	0	12		
			%	100.0%	0.0%	100.0%		
		Low/Moderate	Count	56	4	60		
			%	93.3%	6.7%	100.0%		
		Moderate	Count	72	10	82		
			%	87.8%	12.2%	100.0%		
		Moderate/High	Count	33	4	37		
			%	89.2%	10.8%	100.0%		
		High	Count	5	2	7		
			%	71.4%	28.6%	100.0%		
Total			Count	178	20	198		
			%	89.9%	10.1%	100.0%		
Substance Abuse Case Management	LSI-R Score Category	Low	Count	1	0	1		
			%	100.0%	0.0%	100.0%		
		Low/Moderate	Count	10	0	10		
			%	100.0%	0.0%	100.0%		
		Moderate	Count	7	2	9		
			%	77.8%	22.2%	100.0%		
		Moderate/High	Count	4	1	5		
			%	80.0%	20.0%	100.0%		
		High	Count	1	0	1		
			%	100.0%	0.0%	100.0%		
Total			Count	23	3	26		
			%	88.5%	11.5%	100.0%		
Substance Abuse Continuing Care	LSI-R Score Category	Low	Count	14	0	14		
			%	100.0%	0.0%	100.0%		
		Low/Moderate	Count	78	17	95		
			%	82.1%	17.9%	100.0%		
		Moderate	Count	92	10	102		
			%	90.2%	9.8%	100.0%		
		Moderate/High	Count	30	15	45		
			%	66.7%	33.3%	100.0%		
		High	Count	6	3	9		
			%	66.7%	33.3%	100.0%		
Total			Count	220	45	265		
			%	83.0%	17.0%	100.0%		

Intervention Program or Category				New Convictions?		Total
				No	Yes	
Substance Abuse Education	LSI-R Score Category	Low	Count	2	0	2
			%	100.0%	0.0%	100.0%
		Low/Moderate	Count	31	2	33
			%	93.9%	6.1%	100.0%
		Moderate	Count	29	7	36
			%	80.6%	19.4%	100.0%
		Moderate/High	Count	8	4	12
			%	66.7%	33.3%	100.0%
		High	Count	3	0	3
			%	100.0%	0.0%	100.0%
Total			Count	73	13	86
			%	84.9%	15.1%	100.0%
Substance Abuse Inpatient/Residential Treatment	LSI-R Score Category	Low	Count	4	1	5
			%	80.0%	20.0%	100.0%
		Low/Moderate	Count	50	2	52
			%	96.2%	3.8%	100.0%
		Moderate	Count	105	16	121
			%	86.8%	13.2%	100.0%
		Moderate/High	Count	59	11	70
			%	84.3%	15.7%	100.0%
		High	Count	18	4	22
			%	81.8%	18.2%	100.0%
Total			Count	236	34	270
			%	87.4%	12.6%	100.0%
Substance Abuse Outpatient Treatment	LSI-R Score Category	Low	Count	22	1	23
			%	95.7%	4.3%	100.0%
		Low/Moderate	Count	125	20	145
			%	86.2%	13.8%	100.0%
		Moderate	Count	244	69	313
			%	78.0%	22.0%	100.0%
		Moderate/High	Count	93	30	123
			%	75.6%	24.4%	100.0%
		High	Count	24	8	32
			%	75.0%	25.0%	100.0%
Total			Count	508	128	636
			%	79.9%	20.1%	100.0%
TASC Program	LSI-R Score Category	Low	Count	1	0	1
			%	100.0%	0.0%	100.0%
		Low/Moderate	Count	18	1	19
			%	94.7%	5.3%	100.0%
		Moderate	Count	47	4	51
			%	92.2%	7.8%	100.0%
		Moderate/High	Count	18	7	25
			%	72.0%	28.0%	100.0%
		High	Count	3	2	5
			%	60.0%	40.0%	100.0%
Total			Count	87	14	101
			%	86.1%	13.9%	100.0%

Comparison Group						
Total Recidivism: Higher Risk Offenders with Substance Abuse Needs But Not Receiving Treatment						
			New Conviction or Return to Incarceration?		Total	
			No	Yes		
LSI-R Score Category	Low	Count	76	13	89	
		%	85.4%	14.6%	100.0%	
	Low/Moderate	Count	493	188	681	
		%	72.4%	27.6%	100.0%	
	Moderate	Count	680	700	1,380	
		%	49.3%	50.7%	100.0%	
	Moderate/High	Count	253	635	888	
		%	28.5%	71.5%	100.0%	
	High	Count	68	284	352	
		%	19.3%	80.7%	100.0%	
	Total		Count	1,570	1,820	3,390
			%	46.3%	53.7%	100.0%

Total Recidivism: Higher Risk Offenders Successfully Completing Treatment						
Intervention Program or Category				New Conviction or Return to Incarceration?		Total
				No	Yes	
AA/NA	LSI-R Score Category	Low	Count	4	0	4
			%	100.0%	0.0%	100.0%
		Low/Moderate	Count	26	0	26
			%	100.0%	0.0%	100.0%
		Moderate	Count	64	4	68
			%	94.1%	5.9%	100.0%
	Moderate/High	Count	27	9	36	
		%	75.0%	25.0%	100.0%	
	High	Count	8	1	9	
		%	88.9%	11.1%	100.0%	
Total		Count	129	14	143	
		%	90.2%	9.8%	100.0%	
Drug Court Program	LSI-R Score Category	Low	Count	7	1	8
			%	87.5%	12.5%	100.0%
		Low/Moderate	Count	48	3	51
			%	94.1%	5.9%	100.0%
		Moderate	Count	13	2	15
			%	86.7%	13.3%	100.0%
	Moderate/High	Count	8	1	9	
		%	88.9%	11.1%	100.0%	
	High	Count	0	1	1	
		%	0.0%	100.0%	100.0%	
Total		Count	76	8	84	
		%	90.5%	9.5%	100.0%	
Dual Diagnosis Program	LSI-R Score Category	Low/Moderate	Count	0	1	1
			%	0.0%	100.0%	100.0%
	Moderate	Count	13	1	14	
		%	92.9%	7.1%	100.0%	

Intervention Program or Category				New Conviction or Return to Incarceration?		Total
				No	Yes	
Dual Diagnosis Program (cont.)	LSI-R Score Category	Moderate/High	Count	7	3	10
			%	70.0%	30.0%	100.0%
	High	Count	9	0	9	
		%	100.0%	0.0%	100.0%	
	Total	Count	29	5	34	
%		85.3%	14.7%	100.0%		
OWI Program	LSI-R Score Category	Low	Count	12	0	12
			%	100.0%	0.0%	100.0%
	Low/Moderate	Count	56	4	60	
		%	93.3%	6.7%	100.0%	
	Moderate	Count	68	14	82	
		%	82.9%	17.1%	100.0%	
	Moderate/High	Count	27	10	37	
		%	73.0%	27.0%	100.0%	
	High	Count	5	2	7	
		%	71.4%	28.6%	100.0%	
	Total	Count	168	30	198	
%		84.8%	15.2%	100.0%		
Substance Abuse Case Management	LSI-R Score Category	Low	Count	1	0	1
			%	100.0%	0.0%	100.0%
	Low/Moderate	Count	8	2	10	
		%	80.0%	20.0%	100.0%	
	Moderate	Count	4	5	9	
		%	44.4%	55.6%	100.0%	
	Moderate/High	Count	2	3	5	
		%	40.0%	60.0%	100.0%	
	High	Count	0	1	1	
		%	0.0%	100.0%	100.0%	
Total	Count	15	11	26		
	%	57.7%	42.3%	100.0%		
Substance Abuse Continuing Care	LSI-R Score Category	Low	Count	14	0	14
			%	100.0%	0.0%	100.0%
	Low/Moderate	Count	78	17	95	
		%	82.1%	17.9%	100.0%	
	Moderate	Count	83	19	102	
		%	81.4%	18.6%	100.0%	
	Moderate/High	Count	21	24	45	
		%	46.7%	53.3%	100.0%	
	High	Count	4	5	9	
		%	44.4%	55.6%	100.0%	
Total	Count	200	65	265		
	%	75.5%	24.5%	100.0%		
Substance Abuse Education	LSI-R Score Category	Low	Count	2	0	2
			%	100.0%	0.0%	100.0%
	Low/Moderate	Count	29	4	33	
		%	87.9%	12.1%	100.0%	
	Moderate	Count	27	9	36	
		%	75.0%	25.0%	100.0%	

Intervention Program or Category				New Conviction or Return to Incarceration?		Total
				No	Yes	
Substance Abuse Education (cont.)	LSI-R Score Category	Moderate/High	Count	7	5	12
			%	58.3%	41.7%	100.0%
	High	Count	2	1	3	
		%	66.7%	33.3%	100.0%	
	Total	Count	67	19	86	
		%	77.9%	22.1%	100.0%	
Substance Abuse Inpatient/Residential Treatment	LSI-R Score Category	Low	Count	4	1	5
			%	80.0%	20.0%	100.0%
	Low/Moderate	Count	43	9	52	
		%	82.7%	17.3%	100.0%	
	Moderate	Count	81	40	121	
		%	66.9%	33.1%	100.0%	
	Moderate/High	Count	38	32	70	
		%	54.3%	45.7%	100.0%	
	High	Count	8	14	22	
		%	36.4%	63.6%	100.0%	
	Total	Count	174	96	270	
		%	64.4%	35.6%	100.0%	
Substance Abuse Outpatient Treatment	LSI-R Score Category	Low	Count	22	1	23
			%	95.7%	4.3%	100.0%
	Low/Moderate	Count	114	31	145	
		%	78.6%	21.4%	100.0%	
	Moderate	Count	205	108	313	
		%	65.5%	34.5%	100.0%	
	Moderate/High	Count	66	57	123	
		%	53.7%	46.3%	100.0%	
	High	Count	14	18	32	
		%	43.8%	56.3%	100.0%	
	Total	Count	421	215	636	
		%	66.2%	33.8%	100.0%	
TASC Program	LSI-R Score Category	Low	Count	1	0	1
			%	100.0%	0.0%	100.0%
	Low/Moderate	Count	18	1	19	
		%	94.7%	5.3%	100.0%	
	Moderate	Count	43	8	51	
		%	84.3%	15.7%	100.0%	
	Moderate/High	Count	13	12	25	
		%	52.0%	48.0%	100.0%	
	High	Count	2	3	5	
		%	40.0%	60.0%	100.0%	
Total	Count	77	24	101		
	%	76.2%	23.8%	100.0%		